

HIGHER MALE MORTALITY IN RUSSIA:
A SYNTHESIS OF THE LITERATURE

Anna Muraveva

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Carrie E. Foote, Ph.D., Chair

Master's Thesis
Committee

Linda Haas, Ph.D.

Ain Haas, Ph.D.

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ABSTRACT

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Russian demographic statistics reflect the persistence of a dramatically wide gender gap in life expectancy and mortality over the last decades - about twice that found in the developed world. On average, men in Russia live 12 years less than Russian women, and 14.5 years less than men in Western Europe. This thesis provides an overview and synthesis of the most recently available literature that addresses the persistent gender gap in mortality and life expectancy in Russia. I reviewed the prevalent behavioral and social-structural drivers that explain the causes of higher male mortality in contemporary Russia. Especially, I looked at how the conceptualization of the male social role and related norms that shape masculine behavior contribute to high male mortality in Russia. The study reveals that men's unhealthy, risky behavior and their higher vulnerability to stress are considered to be linked to their gendered social identity which is created and reproduced by the social-structural context of the Russia's society.

Carrie E. Foote, Ph.D., Chair

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CHAPTER ONE: INTRODUCTION

Background

The overall Russian population has been gradually shrinking for several decades due to Russians having fewer children and dying prematurely. The demographic crisis hit Russia the hardest during the transition to the market economy at the beginning of the 1990s (Shkolnikov, Field, and Andreev 2001). Whereas almost two decades have passed since the Soviet Union collapse and the emergence of the New Democratic Russia, the alarming public health situation in the country still shows few signs of improvement and continues to attract attention from various international organizations, academic and political think-tanks, mass media, and the public on both sides of Atlantic. In his state of the union address in 2006, Russian president Vladimir Putin chose to focus on “vanishing Russians” (*New York Times* 2006). He acknowledged that the prolonged demographic crisis is “the most urgent problem facing Russia” and that current critically detrimental health trends “have significant implications for Russian society, economy, and standing in the world” (Heineman Jr. 2011:1).

The overall population decline in Russia has been attributed largely to declines in birth rates and increases in mortality rates, especially among the working-age male population, and it has been projected to grow considerably worse in the decades ahead (Bobylev 2010; Men, Brennan, Boffetta, and Zaridze 2003; Shkolnikov, Field, and Andreev 2001; Shkolnikov and Mesle 1995). In order to prevent further depopulation of Russia, in 2006, Putin’s administration has chosen “the familiar Soviet solution of encouraging stalwart reproduction,” which would create “programs of financial incentives to women to have more children” (Chivers 2006:1).

While nobody questions the urgency for Russia to reverse the negative demographic trends, many experts point out that most recent government fertility measures aimed solely at increasing birth rates are not sufficient to address the problem. “You have to do this in a variety of ways,” said Murray Feshbach, a demographer at the Woodrow Wilson International Center for Scholars, in Washington DC, who studies the Russian population and its health (Chives 2006:1). New York Times reporter Chivers (2006) also cites World Bank and United Nations analysts, stating that another reason for the rapidly shrinking Russian population, which requires governmental attention, is high death rates. Almost completely neglected, this demographic trend is understandably the most worrisome one, and it shows a distinct gender bias – high mortality among working-age men accounts for nearly the entire mortality increase. Therefore, this thesis aimed to examine the literature to better understand the gender bias that has resulted in higher male mortality in Russia.

Demographers (Shkolnikov and Mesle 1995) attribute the beginning of the long-term rise in mortality, especially among men in their working years, to the middle of the 1960s. According to their detailed analyses, the gender discrepancy in life expectancy at birth in 1965 was 8 years, with women’s life expectancy at 72 years and men’s at 64 years. This was not dramatically different from the gender gap in life expectancy that existed in other industrialized countries at that time. For instance, the gender gap in life expectancy in France and in the United States in 1965 was about 7 years (Shkolnikov, Mesle, and Vallin 1996). But, following that period, the gender gap in Russia grew by 2.5 more years and had increased to 10.6 years by the beginning of 1990s.

A significant discrepancy between men's and women's life expectancy has persisted for a long time (see Figures 1 and 2 in Appendix A). However, it was not until the years of political and socioeconomic breakdown that occurred as a result of the collapse of the Soviet Union that the gender gap became dramatically wide – around 13 years. This gap has largely being attributed to the fact that male life expectancy decreased by almost 6 years during the period of 1991-94 (Bobylev 2010). Such rates are comparable to those that might be expected only in times of famine or war (Chen, Wittgenstein, and McKeon 1996). Today, almost 20 years after the breakdown of the communist government system, the gender gap in life expectancy remains unprecedentedly wide: female life expectancy at birth in 2010 equals 74.2 years, while male life expectancy is only 61.8 years (Bobylev 2010). These data suggest that, on average, men in Russia live about 12 years less than Russian women, and 14.5 years less than men in most Western European countries (Bobylev 2010). For example, the difference between male and female life expectancies in such European countries as Denmark, Norway, the United Kingdom, and Sweden does not exceed 5 years (Bobylev 2010).

Significance

This persistence of higher male mortality in Russia is of concern for several reasons. First, high mortality among men of working age poses a threat to the economic well-being and political stability of the country. A serious shortage of skilled labor, experienced by the Russian economy, will constrain further Russian “diversification into modern manufacturing and services” (Aslund and Kuchins 2009:91). World Bank experts (Marquez 2005) also warn that

...a decrease in working-age population will reduce labor productivity and incentives for investment in human and physical capital, which will in turn reduce per capita GDP [Gross Domestic Product] growth. Government budgets will be squeezed as tax revenues fall because of a decline in the size of the working-age population and an increase in the needs and demands of an aging population. As the elderly population rises, the overall rate of saving and investment in a society will decline as more resources need to go to pensions, health care, and long-term residential care (p.16).

As a consequence, it is highly unlikely that Russia will be able to sustain long-term economic growth, which relies heavily on a healthy young and middle-aged workforce (Marquez 2005).

Moreover, due to increased mortality and morbidity among young and middle-aged men, it soon will be impossible for the Russian army to recruit a sufficient number of conscripts, which potentially can then jeopardize national security. Depopulation of the vast Russian territory may cause political instability in the country and make it extremely difficult to govern over it (Marquez 2005:16).

Secondly, the demographic crisis challenges Russia's long-term prospects for successful human development. The large gender gap in life expectancy has negatively affected marriage and family structure in Russian society. Extremely high mortality among Russian men has led to instability in marriage by leaving many women widowed and children fatherless (Field, Kotz, and Bukhman 2000). According to the World Bank data (2005), "the percentage of widows in Russia at ages 30-44 is about four times the share in the United States" (p.16).

Third, loss of a spouse and/or parent, who is often the main provider in a family, inevitably exposes the family to economic hardship and uncertain future prospects (Eberstadt 2010). Finally, increased male mortality today will have a detrimental impact on the future demographic situation in Russia, contributing to an imbalance in the

numbers of men and women of reproductive age and, as a result, reducing the country's fertility levels in the future (Eberstadt 2010; Waldron 2009). As a consequence, premature male mortality negatively affects family structure in Russia, thereby contributing to the impoverishment of Russia's population. It is for these reasons that it is critical to examine the causes of the disproportionate male mortality in Russia to better understand its complexities, and as a result to develop interventions to reverse the trend.

Possible explanations

Gender discrepancy in life expectancy and mortality is not a uniquely Russian phenomenon. Women live longer than men in most of the contemporary developed world (Waldron 2009). For example, on average, European women's life-spans are 5-7 years longer than men's (Arber and Thomas 2005). This fact is often attributed to a combination of biological, behavioral and socio-structural differences between males and females (Arber and Thomas 2005; Hemström 2001). Most contemporary sociologists (Arber and Thomas 2005; Budrys 2003; Ryle 2012) began to see biological explanations such as genetic and hormonal differences between the two genders as relatively unimportant for conceptualization of gender discrepancy in life expectancy and mortality. Rather, these researchers emphasize the need to focus investigations on the behavioral and socio-structural determinants of higher male mortality.

Men's levels of smoking and drinking, greater susceptibility to violence and work-related hazards, higher vulnerability to stress, and reluctance to seek medical help in case of illness are among the most prevalent behavioral explanations of gender differences in life expectancy across the developed countries (Arber and Thomas 2005; Kay and Kostenko 2006; Waldron 2009). Importantly though, men's unhealthy lifestyles

and their higher engagement in risky behavior are seen as rooted in the social-structural context of society. Waldron (2009) points out that cultural expectations and socialization for male and female gender roles have a profound impact on gender differences in mortality:

...the term “gender roles” is used broadly to refer to the social roles, behaviors, attitudes and psychological characteristics that are more common, more expected and more accepted for one sex than for the other. Differences between male and female gender roles influence gender differences in health-related behaviors (such as cigarette smoking and heavy drinking) and gender differences in exposure to hazards (such as occupational accidents and carcinogens). These effects generally contribute to higher mortality for males. These effects are particularly important in developed countries, including both the developed democracies and the formerly Communist countries of Europe (p.39).

Russia’s gender gap in life expectancy and mortality rates is about twice the norm in the developed world (Shkolnikov et al. 2001). Therefore, it is likely that the phenomenon of strikingly higher male mortality in Russia cannot be fully understood by drawing solely on the behavioral and socio-structural causes associated with the gender gap in life expectancy and mortality rates across other developed countries. For this reason, several researchers of the subject have recently attempted to explain higher male mortality within the broader context of Russia’s society, reflecting on the ramifications of communist rule, predominant Russian gendered attitudes, and current socioeconomic circumstances contributing to this negative demographic trend.

In effect, these social scientific researchers have tried to understand the “social drivers” of the excess male mortality in Russia. Social drivers refer to factors outside of an individual that directly or indirectly influence an individual’s risk of engaging in behaviors that may lead to premature death or that may affect the health outcomes of men already living with such risk behaviors (e.g., alcoholism, crime). Researchers have

addressed a variety of aspects that are associated with this population health phenomenon; however, to my knowledge, no recent synthesis of the current literature on higher male mortality rates in Russia exists.

Thesis Objectives

This thesis provides a concise overview and synthesis of the most recently available literature that addresses the issue of the persistent gender gap in mortality and life expectancy in Russia. Specifically, I review the prevalent behavioral and social-structural drivers, and pay close attention to those that are gendered in nature, to explain the causes of higher male mortality in contemporary Russia. A thorough review and systematization of existing explanations will help one to better understand the higher male vulnerability to stress-related illnesses and their susceptibility to risky behavior (i.e., by providing insight into the social drivers of vulnerability), and therefore, will help direct future research.

CHAPTER TWO: METHODOLOGY

Methods

The method for this thesis involves synthesizing the existing literature on the topic in order to provide a better understanding of a particular social issue (Torraco 2005). Specifically, I have completed a critical literature review on the topic that involved conducting a search of the articles, reports, and books relevant to the topic of this thesis via Google Scholar, EBSCOhost, JSTOR and Sociological Abstracts databases. First, I located a number of speculative and research-based peer-reviewed book chapters, reports, and articles published in academic journals and written during the period of 1995-2011. The search used such key terms as ‘high male mortality,’ ‘low male life expectancy,’ ‘higher male vulnerability,’ ‘crisis of masculinity,’ ‘male mortality disadvantage,’ ‘gender inequality in health’ and similar terms. In addition, all searches were narrowed by the word, “Russia.” A table of these articles, with a summary of their methods and research design, is provided in Appendix B.

Theoretical Framework

The majority of the articles and book chapters identified through the search engines examine different biological, behavioral and social facets of the phenomenon of the gender gap in mortality and life expectancy in Russia from a gendered perspective. In those articles that take a gendered approach, the authors refer to gender as “the socially constructed roles of men and women implicating different social norms and cultural expectations for both sexes” (Moller-Leimkuhler 2003:2). This means that men’s unhealthy, risky behavior and their higher vulnerability to stress are considered to be linked to their gendered social identity, which is created and reproduced by the social-

structural context, i.e., gender drivers of the high mortality rate, of Russian society. A better understanding of male roles and associated normative and cultural expectations that drive male vulnerability to higher mortality rates may be beneficial for addressing the problem of high mortality and low life expectancy of Russian men.

This thesis therefore used a gendered approach to review the literature on high male mortality in Russia. More specifically, I examined articles that incorporated a gendered perspective into the analysis by exploring the link between expectations of the masculine role in the society and men's deteriorating health in Russia. As Annandale (2010) suggests in her article, it is not sufficient to examine static conceptualizations of health and gendered roles and statuses within a particular time frame. On the contrary, the changing lives of men and women should be considered because only a dynamic approach allows for "highlight[ing] the complexity of gender-related social change and its relationship to health and illness" (Annandale 2010:98). This is worth taking into account when the current population health situation in Russia is examined. Men's life expectancy has not only been gradually dropping for several decades, but it also experienced a sharp decline in the early 1990s, and the resulting gap has persisted until nowadays. The shift in gender roles in Russia paralleled the breakdown of the Communist system in 1991 and the transition to a market economy. Therefore, the historical background of Russia may also play an important role in the investigation of present-day gendered norms and expectations, as well as their influence on health.

Ethics

To accomplish the objectives of the M.A. thesis, it is sufficient to review and analyze the existing literature on the subject of gender discrepancy in life expectancy and

higher male mortality rates in Russia. This thesis is based solely on the articles published in peer-reviewed academic journals, refereed books and publicly available secondary demographic data. Therefore, the writing of this thesis project does not involve any direct research on human subjects and is not subject for review by the Indiana University Internal Review Board for Research.

CHAPTER THREE: THE BROADER CONTEXT OF HIGH MALE MORTALITY

This chapter provides a brief overview of the demographic, epidemiological, and cross-national literature on the topic. Outlining socio-demographic dimensions of high male mortality and placing it in the broader cross-national context may help to shed the light on possible social drivers behind this worrisome population health phenomenon.

Epidemiological and Socio-Demographic Dimensions

This section of the review describes the demographic trends of male mortality rates, highlighting epidemiological causes of the situation that men in Russia are more vulnerable to early death than women are. After examining data on death registration from the period of 1970-1993, Shkolnikov, Mesle, and Vallin (1996) state that the gap between males and females is consistently wide in Russia mostly due to men's higher susceptibility to cardiovascular diseases, cancer, injuries, poisoning and violence. Utilizing a health survey of about 3,700 men and women in Archangelsk, Russia (1999-2000), Averina, Nilssen, Brenn, Brox et al. (2003) attempted to assess whether classic risk factors such as family history, smoking, and blood pressure could account for cardiovascular mortality in Russia, the major cause of death among men of working age. The authors found that classic risk factors alone cannot fully explain the much higher male cardiovascular mortality in Russia than found in Europe or the United States, and suggest that other non-classic factors should also be examined (Averina et al. 2003). These findings are confirmed by the secondary analysis of nationally representative data from the Russian Longitudinal Monitoring Survey (RLMS) conducted by Brainerd and Cutler (2005). None of the five traditional risk factors (i.e., hypertension, high

cholesterol, diabetes, obesity and smoking) appeared to account for the increase of deaths from cardiovascular disease over the period from 1993-2000.

The researchers then turned their focus to examination of alcohol consumption as a risk factor for cardiovascular disease among men aged 25-64 in Russia, due to the well-known fact that, on average, Russians drink “a great deal more alcohol in the form of spirits rather than as beer or wine [and] alcohol consumption in Russia is much more likely to be binge drinking” (Brainerd and Cutler 2005:119). The analysis of the data revealed a positive but not statistically significant association between alcohol consumption and cardiovascular disease. However, the researchers found that the effect of alcohol consumption, especially in large amounts, on accidental deaths is positive and significant. Brainerd and Cutler (2005) concluded that about one-fourth of the increase in mortality among Russians in 1989-2000 is explained by the increase in drinking of large amounts of alcohol.

Russian male mortality rates from all causes between the ages of 20 to 64 have been increasing since 1965, except for the short-term decline in 1987, which is often attributed to Gorbachev’s anti-alcohol campaign (Shkolnikov, Mesle, and Vallin 1996). Finally, between 1989 and 1994 the increase in male mortality became twice greater than that of females (Shkolnikov, Field, and Andreev 2001). In 1994, the largest share of this gender gap in mortality and life expectancy was due to “the differences in mortality rates between men and women aged 20 to 65 years from accidents and violent (external) causes and from [premature] cardiovascular diseases” (Shkolnikov, Field, and Andreev 2001:147). Interpreting their findings, Shkolnikov, Field, and Andreev (2001) suggest that the overall long-term unfavorable trend in mortality in Russia is a result of rather low

living standards and inadequately financed health care, accompanied by a low value of individual rights in social policy. In addition, they see high rates of alcohol abuse and prevalence of smoking among men as accounting for their excess mortality and significantly lower life expectancy in Russia. For instance, it is estimated that alcohol consumption accounts for almost half of premature deaths among Russian men of working age (Pridemore, Tomkins, Eckhardt, Kiryanov et al. 2010).

Examining the influence of income, marital status, education and occupation on mortality rates, Shkolnikov, Field, and Andreev (2001) have determined that Communist Russia was quite similar to the Western countries in the differentials in mortality associated with those social factors. Overall, in most Western European countries, disadvantaged groups tend to experience greater gender gaps in mortality than do men and women with higher socioeconomic status. For this reason, the authors argue that stronger emphasis should be put on investigating sociocultural and behavioral determinants of higher male mortality instead of studying “the direct effect of economic inequalities” that exist in Russia (Shkolnikov, Field, and Andreev 2001:152).

Cross-national Comparisons

In order to assess the degree of uniqueness of socio-structural conditions in Russia that may possibly be linked to the increased gender gap in life expectancy, it is important to study this demographic phenomenon within a broader international context.

Identifying social drivers behind high male mortality, shared by Russia and other developed and/or post-communist countries, is indispensable for explaining at least some of the uncertainty linked to higher male mortality. Therefore, cross-national analysis helps to identify factors specific to Russian circumstances.

Comparing major causes of death that contribute to increased male mortality in Russia and the United States, Waldron (2009) observes the similarities between them; although, she notes that “sex mortality ratios for these causes of death are higher in Russia, than in the [United States]” (p.45). Such causes of death as lung cancer, suicide, accidents, and liver disease, oftentimes associated with an excessive consumption of alcohol, are much more prevalent among Russian men than among Russian women. This indicates that gender differences in health-related behavior associated with higher male mortality and as a result, a gender gap in life expectancy, are much more pronounced in Russia than in the United States (Waldron 2009). Therefore, a gender-specific approach is absolutely essential for understanding cultural expectations behind the excess male mortality in Russia (Ashwin and Lytkina 2004; Kay and Kostenko 2006; Pietilä and Rytönen 2008a).

Notably, Russia lags far behind almost all developed countries on male mortality rates during peacetime, and exhibits the widest gender difference in life expectancy; however, its ongoing demographic crisis is not utterly unique (see figure 3 in the appendix A). According to the UN data (2010), several other former communist European countries, including Belarus, Ukraine, and the Baltic countries are comparable in the size of their life expectancy gaps between males and females (about 11-12 years). Almost all of these countries experienced a decline in overall life expectancy after the collapse of Communism in the early 1990s, but none of these societies has been affected as much as Russia (Brainerd and Cutler 2005; Eberstadt 2010). Moreover, some of the post-communist European countries (e.g. Estonia, Latvia, and Lithuania) improved their demographic indicators after their transition to democracy, and “each today reports

higher levels of overall life expectancy at birth than these states had ever achieved during the Communist era” (Eberstadt 2010:113). Simultaneously, Belarus and Ukraine were not as successful in addressing the demographic crisis as their post-communist European neighbors, but their mortality and morbidity indicators are still less severe than ones in Russia (Eberstadt 2010).

Several researchers (Borowy 2011; Brainerd and Cutler 2005; Leinsalu, Vågerö, and Kunst 2004; Stuckler, King, and McKee 2009) have attempted to explain why Russia suffered the most severe decline in male life expectancy after the Soviet Bloc collapse and during the transition to democracy and a market economy in comparison with other post-communist countries.

One plausible explanation for existing variations in adult male mortality trends in the former communist countries is the pace of mass privatization (Stuckler, King, and McKee 2009). Applying multivariate longitudinal regression to the data from UNICEF that monitors transition in Central and Eastern Europe, the authors analyzed age-standardized mortality rates in working-age men (15-59) in 25 post-communist countries from 1989 to 2002. Their findings indicate that rapid mass privatization as part of a radical economic strategy, which is referred to as “Shock therapy” and was used to build capitalism, mainly accounts for the differences in adult mortality trends in the former Soviet Union countries (Stuckler, King, and McKee 2009).

The researchers’ analysis revealed significant association between the pace of privatization and unemployment. For example, from 1991 to 2002 countries that embraced rapid privatization experienced a 61% increase in unemployment compared to those with gradual privatization programs (Stuckler, King, and McKee 2009). This

should probably be attributed to the fact that rapid privatization of state-owned inefficient firms led to increased bankruptcies that temporarily left many people without jobs “before new firms would have emerged” (p.400).

Having a large number of government-owned large-scale heavy industry and manufacturing enterprises, Russia’s unemployment rate was extremely high. For instance, the percentage of working-age people who were unemployed was four times higher than in Belarus (Russia: 0.8% in 1992 to 7.5% in 1994; Belarus 0.5% in 1992 to 2.1% in 1994); similar trends could be observed in mortality rates for Russia and Belarus (Stuckler, King, and McKee 2009). Altogether, the authors identified unemployment as an important pathway that accounted for about a quarter of mortality and was due to rapid privatization in the countries of the former Soviet Union. Outside of the former Soviet Union, no relationship between unemployment and rapid privatization was found, which, the authors speculate, may be attributed to foreign direct investment that these countries received, especially from Western Europe. In addition, the detrimental impact of unemployment associated with rapid privatization is believed to be mitigated by effective governmental social programs (Stuckler, King, and McKee 2009).

Stuckler, King, and McKee (2009) also observed the difference in demographic trends during the transition period between Russia and such post-communist countries of Eastern Europe as Czech Republic and Poland that also pursued a “Shock therapy” economic strategy. The latter countries did not experience the kind of drop in male life expectancy associated with mass privatization that Russia did. This most likely is because a large percentage of the population in these countries (as high as 48% in Czech Republic) belonged to different social organizations, while social membership (i.e. social

capital) in Russia was only about 10%. Further, a regression analysis shows that “the estimated effect of rapid mass privatization on adult male mortality rates linearly decreases with increasing social capital” (Stuckler, King, McKee 2009:403).

In his article, Borowy (2011) likewise emphasizes the inability of Russia to avoid human costs during the economic crisis, which resulted from the collapse of the Soviet Bloc in early 1990s, mainly due to the lack of social capital and effective government policies to prevent harmful ramifications of unemployment. Using secondary quantitative United Nations’ and World Health Organization’s data (i.e., mortality, Gross Domestic Product growth, and unemployment rates), the author compares social, political and cultural specificities surrounded the economic crisis in Cuba and in Russia. Both Cuba and Russia experienced comparable devastating economic crisis; however, male life expectancy has declined substantially only in Russia, whereas the economic crisis has virtually no influence on Cuba’s demographic situation. According to Borowy (2011), this fact may be explained by several reasons.

First, the Cuban government was able to retain pre-crisis levels of life expectancy of its citizens by making every effort to create “labor-absorbing programs, including labor-intensive agriculture and various study programs,” and, therefore, preventing high rates of unemployment. In contrast, Russian citizens were left to struggle with unemployment on their own (Borowy 2011:1491). The author notes that the newly emerged market economy in Russia placed special value on competitiveness, “while simultaneously withdrawing social support systems, [which] systematically undermined people’s resilience to crisis pressures” (Borowy 2011:1491). Secondly, the fact that the high increase in male mortality in Russia was due to circulatory system diseases and

external causes suggests that, unlike Cubans, Russians were less prepared to deal with the economic hardship and stress related to unemployment due to their low level of social cohesion or involvement in social networking. This may explain why Russians turned to alcohol consumption during the year of the economic crisis and Cubans did not.

However, Borowy (2011) accentuates that it is important to investigate the interconnection of Russian cultural gender norms related to drinking, to better understand the dramatic increase in alcohol consumption among Russian men. Finally, after the collapse of the Soviet bloc, Cuban authorities made financing and providing universal access to healthcare one of the top governmental priorities. In contrast, Russia further cut its already underfinanced healthcare spending, which may also account for long-term decline in life expectancy in Russia (Borowy 2011).

Another interesting explanation of the causes of high mortality among Russian men is offered in the study by Leinsalu, Vågerö, and Kunst (2004). Drawing on individual cause-specific mortality data for 1987-1990 and for 1999-2000 from a national database, the researchers assessed the variation in mortality by ethnic group in Estonia. They speculate that cultural tradition and social and economic circumstances of ethnic groups to some extent determine their health status in the multiethnic society. Their analysis demonstrates that ethnic Estonians' advantage in male life expectancy in comparison to ethnic Russians' in Estonia increased from 0.4 to 6.1 years during the period of 1989-2000 due to the 24% rise in mortality among Russian men and 4% fall in Estonians' male mortality by 2000 (p.584).

The widening of the ethnic gap in life expectancy is mainly linked to the socio-economic and political transformation in Estonia during the early 1990s. Leinsalu,

Vågerö, and Kunst (2004) suggest that the restoration of Estonian independence negatively affected Russians' self-identification and cultural values, following the change in power structure of the society. Russians saw themselves as socially excluded, unable to naturalize due to the difficulties associated with fulfillment of the local language requirement for Estonian citizenship. In addition, more Russians lost their jobs and faced more acute social deprivation than Estonians because the majority of Russians had jobs at former Soviet Union industries that became unprofitable during the transition. All these social drivers, combined with the culturally accepted Russian practice of binge-drinking, are believed to be the main contributors to the Russian male disadvantage in mortality in the 1990s (Leinsalu, Vågerö, and Kunst 2004).

Although, that article does not provide any new insights at understanding higher mortality among men in Russia, it does confirm most of the findings discussed earlier in this chapter. The experience of ethnic Russians who were negatively affected by lowering of their social standing that the authors see as a main mechanism that led to high mortality among ethnic Russians in Estonia is not particularly applicable to studying male mortality in Russia. Unlike ethnic Russians in Estonia, Russians who lived in Russia were not forced to accept a fundamental change in their power position or citizenship status within the society in early 1990s. Therefore, other factors underlying higher male mortality in Russia should be examined.

On the whole, these cross-national comparisons support the conclusion that increased male mortality in Russia, especially during the early 1990s, is a part of the broader phenomenon linked to the collapse of the Soviet Union and transition to capitalist society. In contrast to the patterns in other former Soviet Union countries that became

independent at that time, the mortality increase in Russia is more dramatic in its speed and scope due to a distinctive combination of factors such as higher male unemployment, lack of social capital, absence of government policies to help mitigate the harmful effects of unemployment, and alcohol consumption as a widely-accepted strategy to cope with stress (Borowy 2011; Stuckler, King, and McKee 2009).

These demographic and cross-national studies are indispensable in providing reliable public health information. They might be used for tracking and comparing demographic trends and establishing the effect of macroeconomic changes on variations in mortality rates. However, these studies fail to explore in depth the link between large-scale socio-structural factors, especially those that may be specifically linked to gender, and higher male vulnerability to illness and death in Russia. Therefore, in the next chapter, special attention is given to research that looks at how the conceptualization of the male social role, along with related norms that shape masculine behavior, contributes to high male mortality in modern Russia.

CHAPTER FOUR: GENDERED SOCIAL DRIVERS OF HIGH MALE MORTALITY

The chapter examines how the broader socio-structural, political and cultural context shapes individual male health-related behavior and lifestyles that, presumably, contribute to higher male vulnerability in Russia. Specifically, this chapter reviews studies that investigate gendered social drivers behind high male mortality in Russia, such as gender-specific cultural practices and gender-related governmental policies. The review of the gendered social drivers may help to better understand the gender bias in responses that Russians develop, when adapting to the changing socioeconomic circumstances, and to explain the dramatically wide gender gap in life expectancy.

Unhealthy Lifestyle and Response to Illness

Underfinancing of healthcare and, as a consequence, inadequate level of health services available to the population is believed to be one of the major factors that contributes to the long-term negative population health trends in Russia (Borowy 2011). Since the 1960s budget spending on healthcare in the Soviet Russia had been significantly cut and allocated to financing of other spheres that were considered more important for inter-ideological competition (Borowy 2011; Cockerham 2000). A number of researchers (Borowy 2011; Cockerham 2000; Stuckler, King, and McKee 2009) claim that the quality of healthcare services provided in Russia, which was already insufficient before the collapse of Soviet Union, was aggravated even further during the socioeconomic transition from communist to capitalist society in the 1990s. They note that industry in the Soviet Union played a major role in provision of most of the social services for the population. Therefore, a dismantling of government-owned large-scale

enterprises during privatization led to a disruption of preventive health care. This presumably had a particularly detrimental impact on public health in Russia and was “an important mechanism of increased mortality” (Stuckler, King, and McKee 2009:405).

The assumption that inefficient healthcare is at least partly responsible for the overall increase in mortality and decline in life expectancy in Russia seems to make sense. However, in the literature on the subject, I have not encountered a case of convincing analysis of social mechanisms, by which low quality healthcare contributed to long-term increase in the gap in life expectancy between men and women. I believe that gender differences in the utilization of healthcare services should be examined further to better understand whether this social-structural factor is a significant cause of higher male mortality.

While the link between the inefficient healthcare and male mortality disadvantage in Russia remains unclear, there is an agreement among the researchers (Cockerham 2000; Moller-Leimkuhler 2003; Popova 2009; Waldron 2009) that different patterns in health-related behavior between men and women account for a larger part of the gender gap in mortality and life expectancy. For instance, such health-related behaviors as excessive drinking and smoking, reluctance to seek help in the case of illness, and suicidal behavior are widely believed to be much more prevalent among Russian men and thus contribute to their increased vulnerability (Moller-Leimkuhler 2003).

A number of qualitative research studies (Abbott, Turmov, and Wallace 2006; Levant, Cuthbert, Sellers, Matveev et al. 2003; Pietilä and Rytönen 2008b; Popova 2009) overwhelmingly support this claim and attempt to understand what socio-structural drivers are behind this distinct gender bias in health-related behavior of Russians.

Analyzing data from 29 semi-structured interviews conducted in St. Petersburg in 2004, Pietilä and Rytönen (2008b) aimed to uncover the gendered meanings of health. In general, responsibility for health was seen by their respondents as woman's duty, while men were perceived as less capable of taking care of their health. The authors speculate that this view of responsibility for health is rooted in a widely-accepted Russian traditionalist division of male and female roles. That is to say, women are seen as mothers and care-givers and, therefore, perceived as more knowledgeable about health issues and competent to "[take] care of children's and other family-members' health" than their male partners, whose main duty is to support the family financially (p.1076).

Another important finding from the study of Pietilä and Rytönen (2008b) is that most of the study participants attributed higher male vulnerability to socio-structural conditions of Russian society and to a lesser degree to men's own health-damaging behavior. However, if behavioral explanations were given, heavy drinking was the most frequently mentioned cause of male lower life expectancy by both male and female study participants. Interestingly, both men and women seem to justify men's heavy drinking habits by claiming that men are victims of the existing cultural stereotypes of real masculinity, and thus they "are supposed to drink" (p.1078). Male heavy drinking practices are taken for granted by a majority of respondents and seen as a typical way to alleviate job-related stress and frustration. This suggests that traditionalist gendered beliefs continue to a large extent to regulate health-related behavior of men and women in Russia, reflecting "the weak role of individual health choices in Russian discourses of health and illness" (p.1081).

Drawing on data from 230 in-depth qualitative interviews and four focus groups conducted in the Russian cities of Archangelsk and Samara and the Ukrainian cities of Kherson and Lviv in 2003, Abbott, Turmov, and Wallace (2006) also found that smoking and alcohol consumption were predominantly thought of as a part of the normal lifestyle for men in Russia, even though a few female study participants admitted being social drinkers themselves. Overall, unhealthy lifestyles were often seen as a culturally acceptable social response to stress and a way to temporarily forget about one's personal troubles. The authors noted that only a few study participants recognized the danger of drinking and smoking for one's health; others, distinguishing between moderate drinking and binge-drinking, saw the latter "as a social rather than a health problem" (p.233). Furthermore, Abbott, Turmov, and Wallace (2006) indicate that most Russians who were interviewed seemed to be aware of the negative ramifications of socio-structural circumstances for their health, blaming low living standards and financial difficulties for causing stress and frustration. However, unlike the authors of the previously reviewed study, Abbott, Turmov, and Wallace (2006) do not touch on the issue of whether socioeconomic hardships have different implications for male and female health and, as a result, account for lower life expectancy among Russian men.

Cockerham (2000) also ascribes the decrease in Russia's life expectancy to the unhealthy lifestyle choices that Russians make. But he specifically notes that this is especially associated with men. Analysis of data from the Russian Longitudinal Monitoring Survey of 1995 allows Cockerham to demonstrate that alcohol abuse, smoking, and high fat diets, which are major risk factors for cardiovascular disease, are much more likely to be characteristic of Russian males than Russian females. Moreover,

applying a step-wise regression and interaction terms, the researcher found out that frequency of drinking and smoking depends on the socioeconomic status of Russian men: those with relatively low educational level and income tend to drink and smoke more frequently. These findings are consistent with the study by Pridemore et al. (2010), who also indicate that higher socio-economic status, measured by educational attainment, has a “protective effect” against premature male mortality. Cockerham (2000) concludes that unhealthy lifestyles of middle-age working-class Russian men are the major social drivers of the widening gender gap in life expectancy. Importantly, the author notes that “the extent of mortality difference between educational groups is greater in Russia than in the West” (p.1320). Taking into account this observation, it may be suggested that there is a difference in socio-structural life circumstances of educated and uneducated men. For instance, a behavior of less educated men in Russia may be more influenced by existing traditional masculine stereotypes than that of men with higher education. Therefore, when exploring gendered differences in health and life expectancy, it is important to take into account that Russian men are not a homogeneous group of people.

Investigating gender bias in health-related behavior, the majority of the research articles focus predominantly on drinking and smoking habits of Russian men. This fact is not surprising, because as the literature review shows, most researchers generally see these harmful behaviors as the main contributors to the gender gap in life expectancy in Russia. Even though this claim seems to be accurate, there exist other social drivers that may lead to male higher vulnerability as well. For this reason, I found the study of Popova (2009) especially valuable, because it highlights several other important gendered dimensions of health-related behavior that are often neglected in the literature on higher

male vulnerability in Russia. Based on data from hundreds of longitudinal in-depth interviews, conducted in five big and middle-size Russian cities over the period of 1996-2006, and on the data of the nationally representative Pan-Russian survey of 2005, the researcher examines the link between gender and health in Russia. Consistent with previously reviewed studies, Popova (2009) indicates that Russian men are not prepared to give up harmful habits and not willing to spend time maintaining health-related activities.

Her analysis implies that men are less likely than women in Russia to take good care of their health by following healthy diets, taking medications if needed and visiting healthcare specialists for preventive purposes. Even in the case of illness, men “were three times more likely [than women] not to be prepared to do anything about feeling unwell, preferring to wait for everything to go away by itself” (p.247). Some of the male respondents in the sample explained this type of “negligent” behavior by pointing out that seeing a doctor in Russia requires one either to have a lot of money or “an incredible amount of free time” (p.247). In contrast to women, they were less likely to have a permanent doctor, to look for advice regarding health from their significant others and close friends or to call for an ambulance in the case of serious illness. In closing, Popova (2009) argues that two different gendered models regarding health-related attitudes and practices may be clearly distinguishable in Russia’s society. An important gap in her study is that she does not discuss in detail how the organization of healthcare delivery in Russia constrains the choices that men make regarding their health and how this also contributes to the male disadvantage in life expectancy.

In spite of mostly focusing on behavioral causes of higher premature male mortality, these researchers raise the issue that the structural conditions of the society ultimately drive the behavioral choices that Russian men and women make. Moller-Leimkuhler (2003) urges that there is a need to address dysfunction and confusion in male social roles resulting from the recent “change of paradigms” in the system of gender roles. The author argues that the decreased legitimacy of the patriarchal order, the shift in the traditional gendered division of labor, and the general “deconstruction of traditional masculinity which has yet not been substituted by new role models for men” (p.4) are also important causes.

Levant et al. (2003) investigate the link between “men’s endorsement of traditional masculinity ideology” and their risk-taking behaviors by conducting comparative quantitative research among 397 undergraduate students in Russia and 108 undergraduates in the United States. Building on the gender and health theory offered by Courtenay (2000), the authors decided to test empirically whether traditional masculinity norms are “psychologically dysfunctional” and promote unhealthy behavior among men. In their research, the authors use such measures of masculinity as avoidance of femininity, rejection of homosexuals, self-reliance, aggression, emphasis on achievements/status, attitudes towards sex, and restrictive emotionality to assess masculine ideology. Their findings demonstrated a significantly higher degree of support for traditional masculinity stereotypes among Russian respondents than among Americans. The research also indicated that men of lower socioeconomic status tend to be more prone to unhealthy lifestyles.

The authors speculate that strong attachment toward traditional masculine norms among young Russians could be explained by mixed messages about gender roles that they receive within society. In order to avoid being perceived as a deviant and not “manly enough,” the majority of Russian men have chosen to follow a previously familiar traditional gender roles path (Levant et al. 2003). This reasoning of stronger support for traditional masculinity seems to be consistent with the earlier discussed Moller-Leimkuhler’s assumption about the contradictory nature of present-day gender norms in Russia.

Epidemiologically it is very difficult to directly link structural circumstances of the society to Russian men’s causes of deaths that are reported by demographic and population health research articles. However, a gender-specific perspective may help to gain better insight into how socio-structural conditions may determine male risky behavior and constrain the health-related choices Russian men make, thus contributing to their disadvantage in terms of longevity. Therefore, drawing upon the above summary of the articles, it seems safe to conclude that it is important to further examine gendered norms and values of Russian society and to explore how they account for male disadvantage in life expectancy.

Gender Inequality and Men’s Disadvantage in Family and Employment

The role of contemporary norms regarding gender roles in health-related behavior of Russians can be better understood if the Soviet policy on gender equality and ramifications of the transition period at the beginning of 1990s for the structure of gender roles are assessed.

Tsarist Russia until 1917 was characterized by patriarchal values and a strong gendered division of work within both private and public domains (Korovushkina 1999). Therefore, prerevolutionary Russian society was not much different from other patriarchal traditional societies of the same era. After the Communist Revolution in 1917, in a seemingly sharp break with that tradition, the Soviet government officially proclaimed equal treatment of men and women in all spheres of life, which was in line with communist ideology at that time. Even though gender equality was publicly declared in communist Russia, the authorities were mainly interested in women's increased involvement in industry in order to build the economy and in introducing them to communist ideology (Metcalf and Afanassieva 2005). Hence, women's equal participation in the labor force and economic production alongside men was emphasized, but patriarchal assumptions, which underpinned gender roles both at home and within the broader social context, were not challenged. Men were still generally seen as the main providers, while women were perceived as mothers and homemakers first and only then a wage worker, whose income was a welcome addition to the family income.

As a consequence of this inconsistent Soviet policy on gender, Russian women and men had relatively equal employment and educational opportunities (Cubbins and Vannoy 2005); simultaneously, the traditionally arranged gender roles and duties within the private domain were preserved. Korovushkina (1999) describes this situation when "women were emancipated without challenging the basic premises of patriarchal structure" as "the paradox of gender in Soviet society."

Furthermore, despite the declaration of official gender equality in Soviet Russia, men's occupational status on average was higher than women's (Cubbins and Vannoy

2005), partly due to the existence of gendered occupational segregation. As Ashwin and Lytkina (2004) note, women were still seen after the revolution as mothers and wives first, and thus became integrated into the labor force as men's supporters and as "second-class workers." At the same time the communist government accentuated the importance of men's self-realization and their leading role in the public sphere and workforce, while refraining from emphasizing men's traditional family role and household duties.

According to Ashwin and Lytkina (2004), at first the traditional family order was seen as a remnant of the old regime, and later Soviet men were prevented from competing with the ideological image of "the father figures who led the party" (e.g., Soviet propaganda represented Stalin as a father of the whole Soviet nation). Hence, work became the most important characteristic of a real man's identity and the center of his life (Kay 2006).

The popularity of the gender equality ideology started to decline in the period of 1970-80s due to the growing criticism in the society of "Soviet men as feminized and Soviet women as neglectful of their families" (Levant et al. 2003:27). To address this criticism and to increase low birthrates, the Soviet government began stressing the need for men and women to fulfill their "natural" obligations by promoting a return to traditional gender roles via media propaganda and education (Levant et al. 2003).

The collapse of the Soviet Union, and subsequent transition to post-communist society at the beginning of the 1990s further reinforced the male breadwinner role as a part of traditional masculine identity (Ashwin and Lytkina 2004; Cubbins and Vannoy 2004; Kay and Kostenko 2006). With the pressing economic conditions of the emerging market economy and shrinking social support from the government, the ability of a man

to bring money home and to provide for his family became the most important measure of the masculine identity in Russia.

Nowadays Russian authorities officially support equal treatment of men and women in the political, economic and social spheres of society (The Ministry of Labor and Social Development of Russian Federation 2002). However, governmental policies on gender equality are still based on an essentialist understanding of men and women as being fundamentally different in physiological and psychological terms. For instance, Motiejunaite and Kravchenko (2008) note that even though family policy in modern Russia helps family partners maintain a dual-earners' contract and balance their work and childcare responsibilities, it does not touch on the normative orientations related to gender roles, when women are expected to take care of the children, and men are seen as main providers. Therefore, the traditional structure of "sharply differentiated gender roles" continues to exist.

This succinct historic overview reveals how the gender-related policy of the Soviet/Russian government contributed to the creation of gender-biased, unequal, and highly segregated work arrangements in modern Russia that may potentially account for the male disadvantage in longevity. The literature on the subject does not seem to sufficiently examine the potential contribution of gender differences in employment to the increased gender gap in life expectancy in Russia during the Soviet times. Nonetheless, the majority of the reviewed articles (for example, Ashwin and Lytkina 2004; Borowy 2011; Kay and Kostenko 2006; Pietilä and Rytönen 2008a; Popova 2009) do attempt to assess the role that different meanings, which Russian men and women

ascribe to paid work and family responsibilities, played in the dramatic increase in male mortality in the period of socioeconomic transition in the 1990s.

The statistics indicate that both Russian men and women have been adversely affected by unemployment during the period of transition towards post-communist society (Borowy 2011; Ogloblin 2005). Although, it turned out that Russian men still suffered more severely from stress related to loss and other socioeconomic changes of the beginning of the 1990s (Cockerham 2000). Thus, many researchers have started questioning why men appeared to be less prepared to deal with changing socio-structural circumstances. Occupational segregation into “typically” female and male jobs and overall gender inequality in work arrangements in Russia could account for this social phenomenon.

For example, analyzing the data from the Russian longitudinal monitoring survey, which is based on a nationally representative sample of working-age individuals, Ogloblin (2005) found that both gender inequality in hours worked and the gendered distribution of employment can be clearly observed in Russia during the periods of both 1994-96 and 2000-2002.

First, Ogloblin argues that “compared to men, women work shorter hours, and a substantially higher percentage of them work part-time,” e.g. the data from wave 2000-2002 indicates that, on average, men spend at work about 5 hours more per week than women; in addition, 29.1% of women reported working part-time last month versus only 14% of men (p.8). Secondly, Ogloblin (2005) observes a considerably larger number of women who work for pay are employed in trade, consumer services, healthcare delivery and education spheres (45% of women versus 15% of men). At the same time,

agriculture, heavy industry, construction, transportation and protective services (e.g. police, fire fighters, armed forces) are predominantly “male” occupations in Russia (44% of men are in these fields versus 17% of women). His analysis also suggests that men tend to choose higher paying jobs that require at least some degree of entrepreneurship, risk and high responsibility. In general, a large proportion of Russian men’s occupations tend to be more risky and physically demanding or harmful. Whereas women show preference for jobs that allow them to combine wage worker responsibilities and childcare, such as jobs with reduced working hours, flexible schedule and limited responsibility (Ogloblin 2005).

The author notes that while the degree of occupational segregation somewhat decreased from 0.514 in the middle of 1990s to 0.476 in the early 2000s, it still remains relatively high in comparison to other developed countries (Ogloblin 2005). For example, the index of occupational segregation¹ for Switzerland is 0.322, the United States’ index is 0.357, Hungary has the index of 0.408 and Germany – 0.422 (p.9). Summarizing, Ogloblin (2005) assumes that persistence of occupational segregation through the long period of time implies that changing socio-economic and political circumstances have not significantly affected social attitudes in regard to gender roles prevalent among Russians.

Furthermore, during Soviet times, jobs in transport, construction, and industry which were thought of as predominantly male were higher paid than such occupations as healthcare, education, culture and arts where women were more likely to work (Cockerham 2000). As large proportion of Russian males were employed in heavy industries, the breakdown of the Soviet state led to dismantling of these large-scale firms

¹ “Computed as $0.5 \sum_i |p_{im} - p_{if}|$, where p_{im} is the proportion of men employed in industry i and p_{if} is the proportion of women employed in industry i ” (Ogloblin 2005:10).

and to a higher percentage of unemployment among men (Kay and Kostenko 2006; Stuckler, King, and McKee 2009). As a result, male professionals were forced to adapt to the newly emerging socioeconomic reality, which in most instances meant accepting lower-status and poorly paid jobs that oftentimes had no relation to the specialty training they received.

Drawing on her analysis of qualitative interviews, Popova (2009) suggests that men suffered more from the loss of their occupational status during the time of the transition to market economy, mainly because the job played a more important role in the life of Russian males. For a long period paid work has remained a key characteristic of male identity and way of self-realization, while it has been of secondary importance for Russian women.

Popova's findings demonstrate that an opinion that Russian men, by their nature, are less able to adapt to changes related to their socioeconomic and occupational status than women is still quite popular among Russians. This could probably be explained by the fact that, in general, Russian men tended to look for higher paying jobs to be able to provide for a family, while women were minimizing their career needs or rely on the support of working husband (Popova 2009). Due to the emerging economic burdens, in many Russian families higher demands were placed on the role of family provider that is originally associated with traditional masculinity. Korovushkina (1999) suggests that there is a lack of correspondence between the newly imposed masculine expectations of the breadwinner's role and the economic reality of the 1990s that made it challenging for men to find an equal replacement for the job they had lost and, therefore, to fulfill the expectations related to their social role.

A number of authors (e.g., Ashwin and Lytkina 2004; Kay 2006; Pietilä and Rytönen 2008b) suggest that loss of occupational and socioeconomic status is not the only social driver behind higher levels of stress and deterioration of health experienced by Russian men. These authors stress that “downward socioeconomic mobility” (Popova 2009) linked to unemployment or acceptance of lower paid and less prestigious job also had negatively affected men’s family life.

Ashwin and Lytkina (2004) conducted a longitudinal qualitative research project in Russia to study how men experienced job loss in the time of socioeconomic change. The sociologists conducted four waves of semi-structured interviews with 120 women and 120 men in four big Russian cities during a two-year period. Their findings allowed them to suggest that men experienced double marginalization from both work and home during the 1990s. While women who were unemployed in the period of the transition could find respect in the domestic domain and the mother’s role, unemployed men “had virtually no alternative field of respectable gender identity and faced seeming redundancy [displacement] in both domestic and labor spheres” (Borowy 2010:1496). Some researchers (e.g., Popova 2009) point out that that women’s double shift might have diminished the negative consequences of unemployment. On the contrary, men could not achieve self-realization at home: first, there are “few conventionally masculine tasks to perform” in the typical Russian household (most families live in apartments), and second, domestic work is considered the female’s sphere, and, thus, men could only take orders and be women’s “help” (Ashwin and Lytkina 2004). In addition, Ashwin and Lytkina (2004) mention underdevelopment of civil society in Russia: volunteer organizations,

community initiatives and social support groups are virtually non-existent in Russia. This leaves no other opportunities for self-realization outside of work and family.

Kay and Kostenko (2006) also provide valuable insight into the crisis of male identity by using a gendered analysis to explain implications of renewed expectations associated with the reinforced masculine role of main provider in the period of socioeconomic insecurity. These authors state that increases in risk-taking behavior and, as a consequence, higher rates of lifestyle-related illnesses and mortality among men, may be directly associated with the high level of physical and psychological stress they experienced.

In their qualitative study, devoted to understanding Russian conceptualization of stress, Pietilä and Rytönen (2008a) demonstrate that for Russians, stress is understood as a kind of “intermediary concept” that links changing socio-structural circumstances with deterioration in individual health. Interpreting the data from 29 in-depth interviews with Russian males and females, the sociologists show that men and women are believed to be susceptible to stress and stress-related illnesses to different degrees, and thus this social driver has an apparent gendered bias. Most respondents agreed that men’s life is much more stressful than women’s due to their greater responsibilities to support the family financially. Moreover, they explained that higher susceptibility to stress-related illnesses is intrinsic for men, saying that men “naturally burn out faster and die younger.” These findings confirm the conclusions of Popova (2009) that beliefs in biologically predetermined gender roles and norms are still widely used to guide the behavior of men and women in Russia. Pietilä and Rytönen (2008a) state that “such adherence to

conventional gender norms may reflect a pursuit of stability and predictability” in a rapidly changing society.

As mentioned before, the most common present-day strategy for dealing with stress in Russia is to seek relaxation in unhealthy activities such as drinking. Ashwin and Lytkina (2004) notice that by engaging in alcohol consumption, men “compensate” for loss of their masculine status, which they are unable to maintain otherwise (Pyke 1996). Borowy (2011) argues that increase in alcohol consumption as a strategy for dealing with stress during the socioeconomic breakdown of the 1990s has had an overwhelmingly detrimental effect on men’s health in Russian. Hence, the author points out how the combination of culturally rooted and newly emerged gendered norms may come into play and produce such a negative outcome for men’s health.

Other Possible Gendered Social Drivers

In this section I focus on several other socio-structural factors that have not been sufficiently addressed in the reviewed studies on the subject. The reason for these social drivers being neglected in the relevant literature might be that the majority of them have rather limited relevance to explaining the high male mortality rate, when examined individually. However, it still may be useful to outline these social drivers of higher male mortality, since, if combined, they could probably explain at least some share of the increase in gender gap in mortality and life expectancy in Russia.

First, several researchers (Ashwin and Lytkina 2004; Barrett and Buckley 2009; Borowy 2011; Rose 2000; Stuckler, King, and McKee 2009) mentioned the influence of social networking (i.e., social capital) on health outcomes. Social capital refers to the value of collective, interpersonal relationships, often defined as the level of social trust

and of civic engagement,” which “have been shown to have a strong inverse correlation with mortality” (Borowy 2011:1496). Consistent with this claim, as noted previously, a statistical analysis performed by Stuckler, King, and McKee (2009) demonstrates that “the estimated effect of rapid mass privatization on adult male mortality rates linearly decreases with increasing social capital” (p.402), suggesting that lack of social inclusion of men in Russia made them more susceptible to the consequences of socioeconomic disruptions during the 1990s.

Using individual-level data from a nationwide representative survey on social capital that was conducted in 1998 in Russia, Rose (2000) also confirms that social capital appears to be a primary determinant of health in Russia. Specifically, the researcher examined whether such social factors as “involvement or exclusion from formal and informal networks, friends to rely on when ill, control over one’s own life, and trust” have an influence on health of Russian citizens (p.1422). His findings indicate that higher levels of social capital positively contribute to the physical and emotional well-being of people in Russia. However, Rose (2000) also points out that only a small percentage of Russians (9%) reported being a member of a local interest organization or political association, or regularly attending church.

Such limited civic engagement in various social, religious, and interest organizations, along with weakened family ties, may be especially harmful for the health of Russian men, depriving them from much needed material and psychological support in difficult periods of time (Borowy 2011). For instance, the findings of Popova (2009) show that, when ill, Russian men are less likely than women to look for help from a network of relatives, friends and neighbors (Popova 2009). Furthermore, Borowy (2011)

speculates that low levels of social integration could be one of the reasons for the male disadvantage in suicide and homicide rates in Russia.

In general, the investigation of the influence of social capital on health of Russians seems fruitful for understanding the phenomenon of low male life expectancy in Russia; however, this research only provides limited evidence of how low social capital may be associated with higher male susceptibility to stress and their mortality disadvantage. It may be speculated that Russian women attribute higher value to the social relationship and, thus, they are more successful in developing health-related strategies to alleviate psychological stress and cope with illnesses than Russian men.

Secondly, deaths from external causes such as work-related injuries, traffic accidents, homicide, and violence account for about 10% of all Russian deaths. (Bobylev 2010; Marquez 2005). Notably, all these determinants “show persistence of gender asymmetry,” disproportionately contributing to higher male mortality. Most of these detrimental behaviors could also be directly linked to prevalent normative expectations regarding gender roles in Russia. For instance, in a United Nations report on Russia, Bobylev (2010) acknowledges the existence of a highly differentiated gendered segregation in Russia’s job market. According to the author, due to the fact that Russian law prohibits hiring women in about 600 types of occupations, “work-related deaths are 17 times more common among men than among women” (p.56). This implies that female’s health is protected from hazardous working conditions at the expense of men’s health. As a consequence, unequal occupation-related policy directly contributes to the gender gap in life expectancy in Russia by increasing male mortality.

Thirdly, inadequate road conditions and a general lack of road safety measures in Russia are often blamed for frequent traffic accidents causing serious injuries and death. Marquez (2005) notices that reckless driving, speeding and intoxication while driving, associated with masculine risky behavior, also appear to be important determinants of male mortality from car accidents in Russia. In his theoretical article, Courtenay (2000) explains that driving aggressively is one of the possible ways for men to construct and define their masculinity.

Fourthly, military services and participation in the armed conflicts may also contribute to higher male vulnerability and their disadvantage in life expectancy in Russia. However, the only reference that considers the possible negative repercussions of the fulfillment of military duty and involvement in the military conflict for higher male vulnerability in Russia is Kay's book (2006). Elaborating on this subject, the author points out that military service in Soviet Russia was considered "a deeply patriotic act" and a fundamental male duty. Moreover, based on the qualitative analysis of 32 in-depth interviews conducted in Barnaul and Kaluga as a part of an ethnographic project of 2002-2003, Kay states that these Soviet-era attitudes toward military service are still quite prevalent among men in Russia, reflecting their conceptualization of masculinity. Kay (2006) observes that widespread bullying, abuse of the new army conscripts, and difficulties that men experience when going through adaptation to the civilian life upon the completion of army service were seen by most of the interviewees as the most disturbing aspects surrounding male military duty in Russia.

Russia's involvement in military conflicts in Afghanistan, Abkhazia, Karabakh and, most recently, in Chechnya, resulted in higher prevalence of post-traumatic stress

among Russian men (Kay 2006). Specifically, Kay (2006) notes that, according to the chief psychiatrist for the Russian Ministry of Defense, about 15-20% of Russian men who served in the conflict zones during 1980-90s suffered from the post-traumatic condition that is defined as “Afghanistan syndrome” (p.7). Based on her interviews, the author suggests that former military servicemen face prejudice when they attempt to find a civilian job as prospective employers, and society in general, may see them as “troubled” or “abnormal” (Kay 2006). It may be speculated that due to their inability to find a decent job and receive much needed psychological support, in order to cope with their problems, the former military servicemen may turn to drinking or other unhealthy social practices.

Interestingly though, more pronounced negative consequences of traffic accidents and participation in the military services and armed conflicts for men than for women in Russia have not been well researched in the identified literature on the subject. I believe that the reason for not studying these social drivers in relation to higher male mortality in details is their relatively insignificant, in terms of numbers, contribution to this public health phenomenon.

Finally, gender-biased advertisement of cigarettes and hard drinks further deepens prevalent gendered mortality differentials by accentuating the perceived relationship between the use of alcohol and tobacco products and strong masculine identities (Kay and Kostenko 2006). “Such aggressive marketing of alcohol and cigarettes to men [...] appears particularly anachronistic in a country struggling to cope with exceptionally elevated rates of male ill-health and premature death.” (Kay and Kostenko 2006:99). The researchers note that even though some restrictions on anti-alcohol advertisement were

implemented in 2005, such as a ban on strong spirits commercials from television, the companies still find ways to bypass most of the restrictions (Kay and Kostenko 2006). Overall, Russian government seems to turn a blind eye to the fact that alcohol and cigarette producers encourage Russian men's unhealthy lifestyles through the aggressive advertisement of their products.

Chapter Summary

This chapter provided an overview of mostly qualitative studies that attempted to connect individual health-related behavior of Russian men and socio-structural drivers that could account for their mortality disadvantage. Summarizing, it seems safe to conclude that all socio-structural drivers could be conditionally divided into two groups: long-term and time-specific. First, all kinds of gendered behavior such as drinking, smoking and attitudes to health are seen by most of the researchers as deeply embedded in the culture of Russian society. Second, the authors emphasize the important role of such time-specific factor as socioeconomic change. There are almost no studies that examine the socio-structural and behavioral factors behind higher male mortality in Russia that do not touch on the impact of transition to post-communist society. Almost two decades have passed since the time of transition to post-communist society in Russia, and while the consequences of this transition still affect current mortality rates, more studies that evaluate present-day demographic trends and evaluate current social drivers behind male mortality are needed.

CHAPTER FIVE: CONCLUSION

Higher male mortality is one of the key trends associated with the demographic crisis in Russia. It is extremely difficult to establish a direct causal relationship between epidemiologically documented causes of premature male mortality and the social drivers behind them. Most of the reviewed studies, however, attempt to understand how structural conditions of the society might be linked to higher vulnerability and unhealthy behavior of men in Russia. Moreover, due to the fact that higher male mortality in Russia as a subject for research is a very broad and multifaceted topic, most of the studies focus only on some particular dimension associated with this social phenomenon. This thesis provided a synthesis of all the dimensions identified as being associated with this phenomenon.

Below I first provide a concise summary of my findings. Next, I highlight contradictions and gaps in the previously conducted research on the subject. Finally, I suggest possible paths for the future development of a comprehensive theoretical framework for further research and interventions, thereby perhaps helping to narrow the existing gap in life expectancy by sex in Russia.

Summary of the Findings

First, the findings demonstrated that social drivers of high male mortality in Russia reflect a set of socio-structural factors that men face and also succumb to in most of the developed world (Cockerham 1999; Shkolnikov, Field, and Andreev 2001; Waldron 2009). In other words, Russian men have shorter life spans due to their unhealthy lifestyle. Such behavioral factors as excessive drinking and smoking, lack of attention to one's own health issues, unhealthy diet and other detrimental health-related

behaviors that show distinctive gender bias negatively affect male life expectancy in Russia. Simultaneously, the researchers noted that the gender differences in mortality are much more pronounced in Russia than in other countries of the developed world.

Then, analysis of the cross-national research studies revealed additional socio-structural factors that also might have contributed to the increase in gender gap in mortality and life expectancy in Russia. These factors appear to be unique to the former communist countries and are linked to the transition to democracy and a market economy in the early 1990s. Like other former communist countries, Russia experienced profound restructuring of its economic, social and political spheres, accompanied by a rise in unemployment and high levels of uncertainty about the future (Borowy 2011b; Leinsalu, Vågerö, and Kunst 2004; Stuckler, King, and McKee 2009). However, the reviewed literature acknowledges that no former communist country suffered as dramatic decline in mortality rates, especially among men, as did Russia. Therefore, these studies distinguished such social drivers as the lack of a social safety net (i.e., underdevelopment of social capital), governmental cuts in health care spending, change in power position, and cultural acceptance of drinking among men as being specific to the situation in Russia (Borowy 2011; Leinsalu, Vågerö, and Kunst 2004; Stuckler, King, and McKee 2009).

Finally, there is agreement among the researchers that the traditional structure of gendered roles and norms that exist in Russia further sharpen existing mortality and life expectancy differentials between Russian men and women (Kay 2006; Kay and Kostenko 2006; Pietilä and Rytönen 2008a; Popova 2009). Governmental policies of the 1970-80s and a period of economic hardship associated with the transition to post-communist

society accentuated the differences in behavior between men and women, reinforcing the male role as main provider and masculine identity in general (Ashwin and Lytkina 2004; Cubbins and Vannoy 2004; Kay 2006). While higher expectations were placed on men as providers during the period of economic instability, they have significantly fewer opportunities to fulfill them (Kay and Kostenko 2006). This discrepancy, along with prevalent masculine stereotypes, is unanimously believed to be causing stress and ill-health of men by promoting engagement in detrimental for health activities, such as drinking to relieve stress. Therefore, socioeconomic change and prevalent gender norms can strongly influence well-being and alter personal behaviors, especially if access to resources such as social networks or alternative social roles, needed to effectively cope with or eliminate these types of stressors, are unavailable.

Identifying Gaps and Contradictions

I would like to point out a number of gaps in the literature on the higher male mortality in Russia. First of all, there is a lack of reliable up-to-date demographic studies that analyze recent population health trends. Most of the identified studies on the subject seem to discuss in detail the influence of the Soviet heritage and of the transition to democracy and market economy, without even touching on what is happening in Russia today. Further, I was unable to find any studies that analyzed or collected data after 2005. For these reasons, it is hard to discuss the population health situation in Russia in the present tense. Historical circumstances are important for providing a context for better understanding recent trends in male mortality and life expectancy. Yet, it is also important to explore the current gender-related policies of the Russian government, existing gendered norms, present-day norms about drinking, utilization of health care by

men and similar present-day social drivers, especially as the trend does not seem to be reversing.

Second, this review makes it obvious that there is a lack of interaction between qualitative and quantitative branches of research on the subject of higher male mortality in Russia. Analyzing the influence of various social and economic indicators on male mortality and life expectancy, few articles draw on the findings of qualitative research to compare and assess their results in their discussion section (Popova 2009; Stuckler, King, and McKee 2009). Simultaneously, qualitative studies focus narrowly on masculine stereotypes without taking into account what quantitative studies have to offer. While a gendered approach is important, the concept of masculinity does not explain much by itself, but rather provides a frame of thinking. Therefore, it is more important to gain insight into how gendered norms are created and perpetuated in Russia's society through analyzing gender-biased family policies, occupational legislation, advertisement, and lay conceptualizations of gendered behavior.

Suggestions for Future Research

It is a well-documented fact that most of the increase in male mortality is associated with alcohol consumption (Brainerd and Cutler 2005). The majority of the reviewed literature confirms the fact that in general men drink more than women. However, the reasons for the higher levels of drinking among men have not been well addressed (Courtenay 2000). My review of the articles on the subject suggests that men rely so heavily on alcohol to cope with their problems and work-related stress as a result of the lack of more healthy alternative coping resources. The wide availability of cheap alcohol further facilitates this unhealthy social practice, even among more impoverished

men. In his article, Borowy (2011) made a short reference to the government playing a major role in promoting the culture of drinking in Russia, noting that “[u]nder both Tsarist and Communist regimes, government held a monopoly on alcohol production and sale, resulting in substantial state revenues” (p.1496). Still, the explanations for higher alcohol consumption among Russian men that are offered in the reviewed articles seem quite fragmentary (Abbott, Turmov, and Wallace 2006; Brainerd and Cutler 2005; Kay 2006). I believe that it is crucial to thoroughly examine potential factors behind higher male alcohol consumption in Russia, and to investigate men’s own accounts of this issue applying both qualitative and quantitative research techniques. Using mixed-methods studies will provide a more complete understanding of the problem. This may assist others to develop more effective interventions and policies that will address the problem of excessive drinking among men in Russia.

A cross-national comparison of mortality and life expectancy trends suggested that after the collapse of the Soviet Union, Russia’s male life expectancy fell significantly, while male life expectancy in several other former communist countries (e.g., Hungary, Poland, Czech Republic, and Lithuania), on the contrary, was gradually increasing. The research articles reviewed in this paper offered several reasons for this divergence in male mortality trends. I think that further research is needed to assess the difference in policies on gender equality, family, occupational, anti-alcohol and anti-smoking legislation and other government-supported initiatives that may account for such dramatic differences in male life expectancies.

In addition, a more thorough analysis of the impact of gender-biased governmental policies may help to answer the question of why the widest gender gap in

life expectancy among industrialized countries has taken place in that society in which gender equality in education was officially supported by government for the longest period – i.e., Russia. For instance, future research might also examine the retirement policy in Russia. Nowadays, the officially set retirement age for women is 55 years, while men retire when they turn 60 years of age (Eberstadt 2010). Although, Russian men are more vulnerable to premature death, women seem to benefit from the existing retirement social policy more by having the right to stop working earlier. Importantly, this review was unable to find any studies that included retirement age as accounting for differences across countries as a factor in the high mortality rate of Russian men. Therefore, there is a need to investigate how the difference in retirement age could contribute to male lower life expectancy in Russia, and whether the trend towards the raising of the retirement age for women will decrease the existing gender gap in mortality.

Another important issue that should be considered in future research is the potential relationship between the Russian divorce rate and higher mortality among Russian men. Research on gender differences in health shows that men respond poorly to divorce, and do not adjust as well after separation as women do (Hemström 1996). Russian statistics indicate that the Russian divorce rate has increased significantly since the collapse of the Communism, and remains extremely high; there were around 600 divorces per 1000 marriages in 2006 (Eberstadt 2010). The high Russian divorce rate along with the perception that men are not capable of taking care of their health is likely to negatively affect their well-being and, as a result, decrease their life expectancy.

As such, future research needs to consider that to fully address the issue of low life expectancy among Russian men, it may also be beneficial to consider men not as a homogeneous group, but rather men who are different in their level of education, marital, socioeconomic status, cultural and ethnic background (Courtenay 2000). By taking into account multiple social roles and statuses that men occupy, the feminist concept of intersectionality may help to identify the most vulnerable groups of the Russian male population (Ryle 2012). Men's power position in society may determine their degree of masculinity, their constraints on their life choices, and, therefore, shape their health-related behaviors.

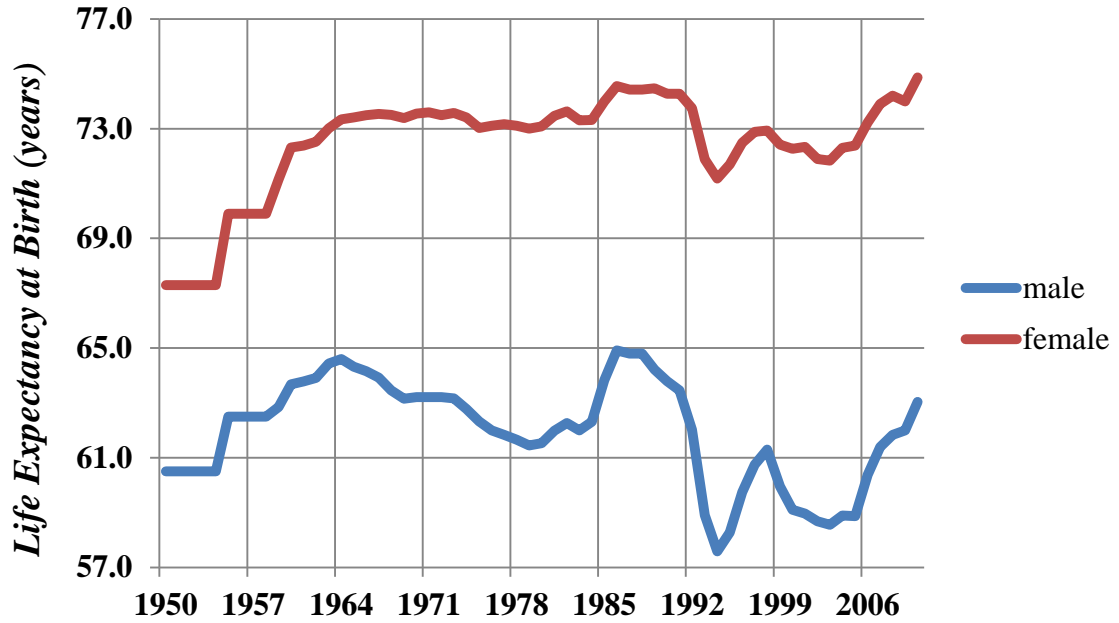
Earlier in the paper it was suggested that Russian women were more involved in social relationships (i.e. had more social capital) and, thus, they are more successful in developing health-related strategies to alleviate psychological stress and cope with illnesses than Russian men. Therefore, another potential area for future research is to focus on the differences in male and female health-related behavior beyond harmful social practices such as drinking and smoking. Differences in utilization of healthcare, usage of health-related advice and information, and illness prevention behavior may also help to explain male mortality disadvantage.

In closing, despite the fact that synthesizing the literature on the subject of higher male mortality in Russia is a very useful undertaking, this kind of research has several important shortcomings. From my viewpoint, identification of the studies relevant to the subject of higher male mortality is a very subjective process. Other researchers doing this type of review may choose different material for their analysis. For instance, it is not completely straightforward whether studies on such subjects as, for example,

occupational segregation or military services should be incorporated in this review. On the one hand, occupational inequality or military services may potentially increase male vulnerability; on the other, available research on these subjects does not always link the negative consequences of occupational segregation or military services to higher male mortality in Russia. The subject of male life expectancy is very multi-dimensional; therefore, it is difficult to incorporate all aspects associated with the existing gender gap in Russia. Finally, even the most thorough review could not provide explicit systematization of all potential social drivers of higher male life expectancy, because oftentimes these drivers are closely intertwined and not directly linked to the epidemiologically registered causes of death.

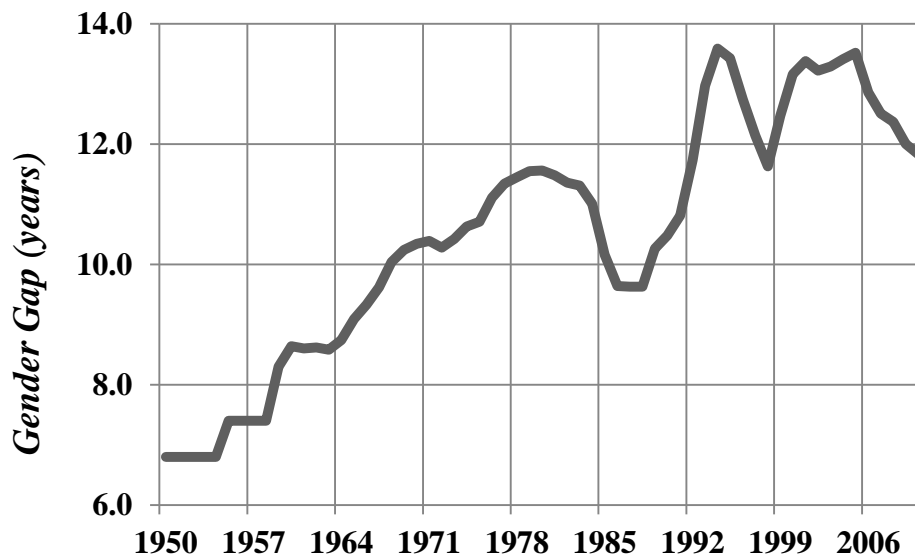
APPENDIX A: LIFE EXPECTANCY GRAPHS

Figure 1. Life expectancy in Russia by gender in 1950-2010.



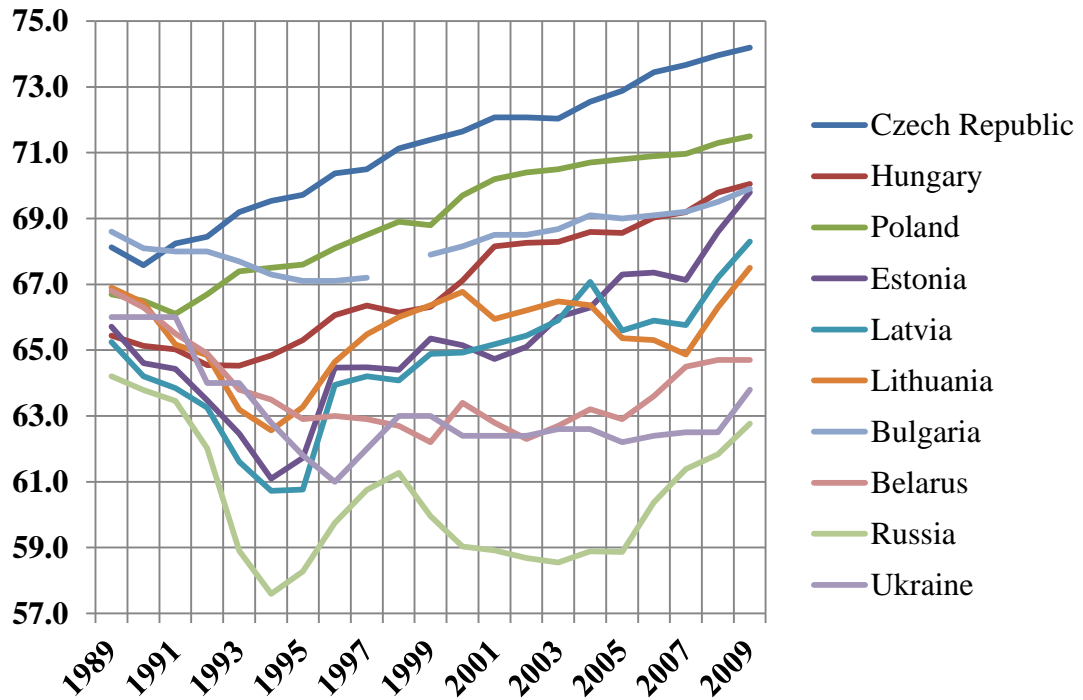
Source: WHO European Health for All Database.

Figure 2. Gender gap in life expectancy in Russia in 1950-2010.



Source: WHO European Health for All Database.

Figure 3. Male life expectancy in former communist countries in 1989-2009.



Source: UNICEF TransMonee database: <http://www.transmonee.org/>.

APPENDIX B: SHORT DESCRIPTION OF ARTICLES' METHODOLOGY

Study	Methodology (Design)
	<i>Quantitative Studies</i>
<i>Averina, Nilssen, Brenn, Brox, Kalinin, & Arkhipovsky 2003</i>	This paper examines risk factors for coronary heart disease, and investigates the potential impact of alcohol on the population health of Russians. The data for the study were collected in the Arkhangelsk region, Russia in 1999. The sample consisted of 1,968 men and 1,737 women aged 18 and over. Participants were recruited to fill out questionnaires during an obligatory annual medical examination at the outpatient clinic or through their work.
<i>Barrett & Buckley 2009</i>	The study investigates gender differences in personal control, and the influence of perceived control on well-being of men and women in Russia. To conduct their analysis, the researchers draw on data from the Russian Longitudinal Monitoring Survey (RLMS), a household-based panel study. The data was collected in 2003, using stratified cluster sampling, and is representative of adult Russian population aged 18 or over. The sample size is 10,636 respondents.
<i>Bobylev 2010</i>	The report highlights Russia's achievements and problems related to human development, examining human rights, gender equality policy, socio-economic, demographic and other dimensions of the society. The report relies on official Russian Statistics such as data from the Federal State Statistics Service (Rosstat), ministries and government institutions and other numerous Russian and International databases.
<i>Borowy 2011</i>	The paper compares existing data on mortality rates in Cuba and in Russia. Data from US institutions, including mortality rates from the WHO Mortality Database, GDP growth rates from the Main Aggregates Database, ILO data for unemployment, and the United Nations Population Division data for life expectancy, general population and migration rates from different time periods were used to investigate the differences in population health trends of Cuba and Russia, following the economic crisis that resulted from the collapse of the Soviet bloc.
<i>Brainerd & Cutler 2005</i>	The study aims to understand the causes behind rapid mortality increase in Russia and its former communist neighbors. The sources of nationally representative data for 23 post-communist countries are: mortality data of 2004 from the WHO Mortality data base; economic and social variables from the WHO Health for All Database (2004), the World Bank's World Development Indicators (2003), the EBRD Transition Report (2003), and the MONEE data base (2003); panel data from the Russian Longitudinal Monitoring Survey (RLMS), 1994-2002. The sample of RLMS is nationally representative, and consists of 4,000 households and 11,000 individuals in each round.

<i>Cockerham 2000</i>	The paper looks at health-related behaviors in Russia, attempting to determine possible causes of premature mortality. The analysis is based on the individual-level data collected in 1995 by the Russian Longitudinal Monitoring Survey (RLMS). The sample is randomly selected, and nationally representative of adult Russian population, aged 16-102. The sample size is 8,402 respondents.
<i>Eberstadt 2010</i>	The report provides a detailed overview of the Russian demographic crisis, discussing its causes and implications. The author uses numerous databases; the most often referred among them are Goscomstat (Russia), databases of the UN institutions, the U.S. Census Bureau International database and many others.
<i>Leinsalu, Vagero & Kunst 2004</i>	The paper focuses on the change in ethnic differences in mortality for ethnic Estonians and Russians in Estonia in the period of 1989-2000. The analysis is based on individual cause-specific death data for 1987-1990 and for 1999-2000 from the national mortality database. The censuses of 1989 and 2000 are sources for population characteristics data.
<i>Levant et al. 2003</i>	The article examines the influence of masculine ideology on health related behavior of Russian and American young men. The sample size is 505 undergraduate students (108 US undergraduates from the University of Florida and 397 undergraduate students from Yaroslavl State Pedagogical University). The data were collected by survey in 1998 and 1999.
<i>Marquez 2005</i>	The report examines different aspects associated with poor population health in Russia. It especially it focuses on causes of premature mortality and ill-health of Russians. The author relies on data from two nationally representative datasets: the results of Russian longitudinal Monitoring Survey for 1992-2003, and National Survey of Household Welfare and Program Participation (NOBUS), conducted in 2003.
<i>Rose 2000</i>	The study seeks to determine the variation in health of Russian citizens based on the extent of their involvement in social capital networks. Individual-level data about self-assessed physical and emotional health from the special-purpose social capital questionnaire, a part of New Russia Barometer survey of 1998, were used. The sample is nationally representative of the adult Russian, and its size is 1,904 Russians age 18 and over.
<i>Pridemore, Tomkins, Eckhardt, Kiryanov, & Saburova 2010</i>	The study analyzes the role of socio-economic status and marital status in premature mortality among working-age Russian men. The researchers use data from the Izhevsk Family Study (IFS), a population-based case-control study that examine high level of premature mortality among Russian men aged 25-54. "Cases were male residents who died between October 2003 and 2005 and for whom at least one proxy interview could be obtained. Controls were living males selected at random from a 2002 population register, and were frequently matched by age to the cases in 5-year age bands." The overall sample size is 3,500 cases (1,750 cases and 1,750 controls).

<i>Shkolnikov, Mesle, & Vallin 1996</i>	This demographic study describes trends in life expectancy and causes of death in Russia for the period of 1970-1993. The researchers use statistical data on mortality and causes of death from Vestnik Statistiki, the statistical yearbooks Narodnoye Khozyastvo SSSR and Naseleniye Rossii, Goscomstat, and Russia's Economic Archives.
<i>Shkolnikov, Field, & Andreev 2001</i>	The paper uses a number of statistical data sources, including the last all Soviet Union census of 1989 and all-Russia micro censuses of 1994, to describe trends in life expectancy and mortality for men and women for the period of 1965-96 and analyze the dramatic increase in mortality in the early 1990s.
<i>Stucler, King, & McKee 2009</i>	The study examines whether mass privatization policy might contribute to the differences in mortality increases in former communist countries. The researchers used mortality rates for 25 former communist countries from the UNICF monitoring transition in Central and Eastern Europe database for the period of 1989-2002.
	<i>Qualitative Studies</i>
<i>Abbott, Turmov, & Wallace 2006</i>	The study explores how Russians and Ukrainians understand health and its determinants. This research is based on data from qualitative case studies conducted in 2003 in two Russian (Archangelsk, Samara) and two Ukrainian cities (Kherson, Lviv). These case-studies include 80 interviews with participants of both genders, aged 25-50 years; two focus groups (one for men and one for women) in each area of study; and one mixed focus group in each area of study.
<i>Ashwin & Lytkina 2004</i>	The article examines how Russian men experienced job loss in the time of the socioeconomic transition and how that affected their role within the household. The study uses data from a longitudinal qualitative research project that explores gendered differences in employment behavior. 240 semi-structured (half of the sample were men, and half – women), in-depth interviews were conducted at six month intervals during a two-year period in Moscow, Ulyanovsk, Samara and Syktyvkar. Most of the study focuses on 17 men who had low-paid jobs or were unemployed by the second or third stage of the research.
<i>Kay 2006</i>	The book provides a portrait of Russian men in lay and media discourses based on data collected using participant observation methods at the Altai Regional Crisis Center for Men and 32 ethnographic interviews conducted in two Russian provincial centers in 2002-2003.
<i>Kay and Kostenko 2006</i>	The article attempts to explain implications of renewed expectations associated with the reinforced masculine role of breadwinner in the period of socioeconomic transition. The analysis is based on participant observation data collected at the Altai Regional Crisis Center for Men and 32 ethnographic interviews conducted in two Russian provincial centers in 2002-2003.

<i>Pietila & Rytkonen 2008a</i>	The study investigates how stress and its influence on health are conceptualized by lay Russians. The researchers conducted 29 semi-structural interviews (15 men and 14 women aged 15-81) in St. Petersburg, Russia, in 2004. Snowball sampling methods were used to recruit the interviewee participants.
<i>Pietila & Rytkonen 2008b</i>	The study looks at how Russian lay people understand and explain the gender gap in life expectancy that exists in Russia. The researchers conducted 29 semi-structured interviews with Russian aged 15-81 in St. Petersburg, Russia, in 2004.
	<i>Mixed Methods Studies</i>
<i>Popova 2009</i>	This book chapter highlights the findings of the research study on the interrelationship between gender, health and material welfare. The researcher relies on data from 2 different sources: 1. Detailed panel in-depth interviews of 104 households that were conducted in Moscow, St.Petersburg, Vladikavkaz, Voronezh, and Kazan' between 1996 and 2005; 2. Database of Russian Longitudinal Monitoring survey of 2005, with a nationally representative sample of 1,750 respondents.

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CURRICULUM VITAE

ANNA MURAVEVA

Education:

2012 M.A. in Sociology, Indiana University, Indianapolis
2006 Specialist's degree (B.A. equivalent) in Sociology, Saratov State University, Russia

Concentration and research interests:

Medical Sociology: Social Determinants of Health and Healthy Behavior, Gender Disparities in Health, Demographic Crisis in Russia, Personal versus Social Responsibility for Health, Medicalization of American Society.

Other Areas of Academic Interest: Political Sociology, Sociology of Ethnic Relations, Post-Communist Russia and Former Soviet Union, Ethnic Conflicts, Ethnic Self-Identification, Nationalism, Political and Socio-Economic Change in Russia.

Awards and fellowships:

2011-2012 IUPUI Graduate Research Assistantship, Department of Sociology, IUPUI
2010-2011 University Fellowship Award for Graduate Students, IUPUI
2004-2005 Kovalevsky Stipend Award for Outstanding Undergraduate Students, Department of Sociology, Saratov State University, Russia

Conference Presentations:

04/2004 Presenter, participant of the round table. "*The Peculiarities of Russian National Character: The Case of Students.*" Research findings of the quantitative student research presented at the XI International Scientific Conference of Students and Young Scientists "Lomonosov-2004," Moscow State University, Russia.

10/2003 Presentation of the student paper "*Russian Conceptualizations of Terrorism.*" First Annual IDL Student Conference "International Security in a Changing World" organized by Stanford Institute for International Studies of Stanford University, Yaroslavl State University, Russia.

04/2002 Presentation of the student paper "*Russians' Self-identification*" at the Conference "Student Insight into Regional Issues," Saratov State University, Russia

Training Experience:

- 2012 Excel 2010: End-User Certificate Series of 4 workshops, IUPUI, Indianapolis, IN
- 2012 SPSS: Basic Workshop, IUPUI, Indianapolis, IN
- 2012 NVivo 9: Basics Qualitative Software Training, QSR E-Workshop
- 2011 EndNote: Advanced Software Training, IUPUI, Indianapolis, IN
- 2011 EndNote: The Basics Software Training, IUPUI, Indianapolis, IN

Additional Courses:

- 2004 Stanford initiative on distance learning course “Major Issues in International Conflict management,” IDL 104, offered at the Saratov State University, Russia under the auspices of the Stanford Institute for International Studies
- 2003 Stanford initiative on distance learning course “Security, Civil Liberties and Terrorism,” IDL 103, offered at the Saratov State University, Russia under the auspices of the Stanford Institute for International Studies

Professional and Volunteering Experience:

- 2009-2011 Mentor at “Starfish Initiative,” a college access and readiness program serving underprivileged high school students in Marion County, Indianapolis, IN
- 2008-2010 Volunteer at the local nonprofit organization “Provocate.org,” Indianapolis, IN
- 03/2009 Volunteer at the nonprofit housing organization “Habitat for Humanity,” Mobile, AL
- 2002-2006 Member of the Student Scientific Committee of the Sociology Department at Saratov State University, Saratov, Russia
- 2003-2006 As-needed interviewer gathering data for research projects conducted by “Regional Sociological Research Center,” Saratov State University, Saratov, Russia
- 2004 Part-time research assistant at the marketing and media research agency “Comcon-Saratov,” Saratov, Russia