Middle-East Journal of Scientific Research 17 (3): 344-348, 2013

ISSN 1990-9233

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DOI: 10.5829/idosi.mejsr.2013.17.03.12141

Self-Preserving Behavior and Labour Activity of Russian Population

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Abstract: Russian citizens' health has been deteriorating last years. Among the main factors that influence this process is non-observance of self-preserving behavior principles and insufficient commitment to healthy lifestyle, growing health risks and increasing number of people working in conditions that does not comply with health standards, in harmful and hazardous working conditions. Commitment to principles of taking care of one's health, temporary inability due to diseases and social and economic losses are strictly correlated. The author analyses the features and general drawbacks of technical and medical methods of evaluating losses due to temporary incapacitation of the workers of main industries of Russian economy in 2000-2011. Up to one third of the workers in Russian economy working in harmful and hazardous working conditions receives no compensation. The author provides recommendations to overcome growth of losses due to temporary inability of workers.

Key words: Self-preserving behavior • Healthy life-style • Days lost • Harmful and hazardous working conditions • Health standards • Temporary disability • Compensation according to medical certificates

INTRODUCTION

In Russian social science self-preserving behavior is interpreted as a specific system of actions and relations in society aimed at preservation of the health of each person, full-fledged quality of life of this person in all his(her) life cycles [1]. Healthy life-style, commitment to extending life, practical actions on promotion of health is core elements of self-preserving behavior.

Negative trends in self-preserving behavior became typical for today Russian society. During the years of transition to market economy when people were focused on surviving with the minimal level of income material and spiritual values were imbalanced. It led to revision of value orientation on preservation and promotion of health [2]. From a terminal value (meaning that the value of health is self-sufficient and define the behavior aimed on its promotion) health transferred to instrumental value and now it is considered as the only natural resource provided by the fact of birth that may be used to obtain material welfare and social status. In the absence of estate, education, family assistance, etc. it become the only mean to obtain life goals [3].

Imbalance of life values led to permanent retention of the elements of risky behavior of a person regarding his(her) health: readiness to engagement in dangerous or hard work, readiness to work in conditions that do not comply with sanitary and health standards, etc. It forms the commitment of Russian citizens to exploitation their health and define negative demographic trends in Russia [2].

Non-observance of the principles of self-preserving behavior in general leads to serious economic problems and losses that make it necessary to evaluate the scope of the problem and its trends.

Calculation Methods: Existing methods of evaluating loss from untimely incapacitation and death are based on sociological approaches to evaluation of health and healthy life-style and may be classified into two major groups – technical methods and medical methods [4-9]. Both consider human life as an aggregation of economical and subjective components [10]. In this context there are used such concepts as under-produced goods, losses of net national income, non-received net product, costs of payments according to medical certificates, costs of

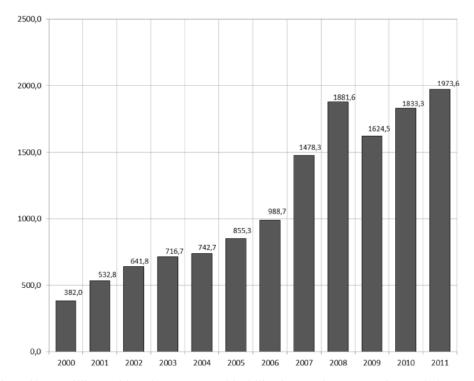


Fig. 1: Variation of loss (million Rubles) due to temporal inability for one day or more in Russia in 2000-2011 years.

support for hospital patients and out-patients, absolute losses of working time, medical treatment costs, welfare, etc. The drawback of these methods is that they consider a person only as an instrument of production [11].

These methods are used mainly to calculate costs of a worker death for society or employer, total amounts of cash indemnity that employer or society have to pay for death or incapacitation of a worker, etc. But these methods do not account for losses for society and employer due to deterioration of workers health and temporal inability; decrease of the quality of his(her) work, with society's costs for compensation of health deterioration that happened through no default of an employer. Analysis shows that these costs are tenfold greater than cash indemnity for death or disability. In the countries where physical labour has been almost completely automated and replaced by intellectual activities deceases developing due to hypodynamia, lack of locomotor activity resulting from changes in methods of work are spreading. People attitude to rest has also transformed and costs of treatment of such diseases grow. For example, in Canada direct and indirect costs of society to treatment of diseases developed due to physical inactivity are about \$2,5B a year. In Russia the situation is almost the same.

Evaluation of Indemnity Costs in Russia: Calculation of these costs may be done on the base of official statistical data [13]. We may consider two statistical indicators: 1) number of man-days due to temporal insability for one working day or more; 2) average salary across the economy. The product of these indicators is total loss from temporal disability of workers. The calculations were done for the period 2000-2011 years. The results are shown in Fig. 1.

As one can see in Fig. 1 during all the analyzed period the amount loss due to temporal inability of workers in Russian economy has been growing. Further the working conditions in individual sectors of Russian economy will be analyzed.

Statistical data show that working conditions in most sectors of Russian economy does not comply with health standards, are harmful, hazardous, hard, etc. Total share of such activities in total employment volume is high and have been growing from year to year (Table 1) [13].

Almost one third of workers working in main sectors of Russian economy (and almost half in mining operations) work under the conditions that does not comply with health standards. It has negative impact on people health and insufficient salary level does not allow most workers to spend significant sums on health and rehabilitation by their own. To make matters worse,

Table 1: Share of workers engaged in harmful and hazardous labour in Russia in 2012 (% total amount of workers of the relevant type of economic activity (TEA))

(11.11))	Sector of economy						
Indicator		Manufacturing activity	Production and distribution				
	Mining operations		of power, gas and water	Building	Transportation	Communcations	
Have been working in conditions that did							
not comply with health standards	46,2	33,4	33,9	21,7	35,1	4,3	
of them: have been working under the							
conditions of increased:							
noise, ultra and infrasonic exposure	27,9	19,5	17,7	10,4	18,2	0,6	
vibration	12	3,3	3,7	4,6	9,1	0,4	
dust level in working area	12,2	6,7	5,2	3,6	1,4	0,2	
gas contamination in working area	5,3	7	4,9	3,6	2,5	0,6	
engaged in hard labour	26,6	11,6	11,4	14,5	14,1	2,2	
used equipment that did not comply with							
safety arrangement and precautions	1,6	0,6	0,7	0,2	0,3	0	
engaged in intense working processes	17,1	6,3	8,9	8,6	19	1,8	
Total in TEAs	91,5	51,9	54,9	45	68,5	8,3	

Table 2: Ratio of workers with granted compensation for harmful and dangerous labour to total amount of workers engaged in harmful and dangerous labour in Russia

	Share of workers engaged in harmful	Share of workers with granted	Share of workers that do not receive		
	and dangerous labour (% of total	compensation for harmful	compensation for harmful and dangerous		
Total amount in TEAs	amount of workers of the relevant TEA)	and dangerous labour	labour in total amount of such workers		
Mining operations	91,5	68,5	25,1		
Manufacturing activity	51,9	41,9	19,3		
Production and distribution					
of power, gas and water	54,9	40,2	26,8		
Building	45	34,3	23,8		
Transportation	68,5	46,7	31,8		
Communications	8,4	6,1	27,4		

different types of compensations (additional paid leave, increased salary level, medical prophylactic supply, milk and other equivalent meals, working clothes, working footwear and other personal protection equipment, etc.) are not granted to all categories of workers. According to statistical data [13], numbers of workers that are granted different compensations by law are much lower that actual number of such workers (Table 2).

As one can see in Table 2 almost ½ of workers in all types of economic activities (and 1/3 in transportation) having to work in harmful and hazardous conditions receive no compensation for their work. As a result workers have no possibility to rehabilitate that leads to decrease of labour longevity and total life span of Russian citizens.

Research has shown that working conditions in Russia are constantly deteriorating. In last years intensity of working process has significantly increased. Analysis shows that in last 6 years share of workers engaged in intensive working processes has grown (RSSS has been

Working Conditions and Self-Protecting Behavior:

gathering information on indicator 'engagement in labour with intense processes" since 2007) (Table 3) [13].

Growing number of labour with intense processes increases stressful conditions that Russian citizens have been bearing for more that two decades [14-15]. Tense mental state with growing intensity that is typical for Russian society resulted in consciousness and behavioral ambivalence widely spread in Russia. It is manifested the most vividly in the way the people treat their health and in behavioral patterns regarding health.

Table 3: Amount of workers engaged in intense working processes (% of total amount of workers of relevant TEA)

TEA	2007	2008	2009	2010	2011	2012
Mining operations	12,7	14,8	15,2	15,7	17,5	17,1
Manufacturing activity	4,3	5,3	5,8	5,8	6,1	6,3
Production and distribution of	6,0	7,0	7,3	8,3	8,7	8,9
Building	3,3	4,7	5,7	7,1	7,9	8,6
Transportation	12,2	14,7	16,8	17,6	18,3	19
Communications	1,0	1,2	1,8	2,1	2,2	1,8

Russian citizens understand the necessity of taking care of their health but in practice do not pay relevant attention to it and often just exploit their health. It is the result of variation in approaches to health value and transformation of health into the category of the values of "attaining" [16-17]. The values of attaining are the base of psychological commitment to carrier or social selfpromotion. It may be vividly seen in behavior of so called workaholics, people working 10-12 hours a day without full-fledged rest. Another example of treating health is professional sport of records where sportsmen are oriented on new records not limiting themselves to winning competitions [18]. From the point of view of selfpreserving behavior orientation only on the values of attaining is harmful for health because does not rely to the nature of self-preserving behavior.

Commitment to the values of obtaining regarding health has a negative impact on the main social and demographic indicators – number of occupational diseases grows, working potential decreases, production traumatism grows, life-span decreases, etc. [19-23]. As result economic losses due to additional payment according to medical certificates, underproduction, low productivity, etc. grows. In such situation the main way to decrease number of diseases and reduce losses due to inability is wide introduction of principles of self-preserving behavior in practical behavior. These principles are aimed on health support, disease prevention, avoiding the injury-prone situations, etc. [24-25].

CONCLUSION

Growing number of diseases of working population is the cause of temporal inability. Sociological and medical researches of health and the quality of life have shown that in today society a number of diseases developing due to lack of physical activity, hypodynamia is growing. Hypodynamia decreases emotional activity and tolerance to stresses. In Russia people live under permanent stress that spreads on the whole society and further deteriorates health creating closed loop.

The scope of the problem is so great that it causes significant losses for society. These losses include time of temporal inability when the worker are paid according to medical certificate but the work is not done; lower quality of the work done in ill-being; costs of employer and society for compensation of health recovery, etc.

Promotion of healthy life-style, physical training and sports, prevention of hypodinamia and diseases developing due to lack of physical activity is the way out. The main factor is forming positive attitude to the principles of self-preserving behavior aimed on healthy life-style.

To overcome negative trends in treating health in Russian society, to form self-preserving but not self-destructing behavior it is necessary to provide correlation between the values and value aiming in health preserving with value orientation being the commitment of a person to society cultural patterns.

REFERENCES

- Revyakin, E.S., 2006. Self-protecting behavior: concept and the essence. The ISPEU bulletin, 1: 1-4.
- 2. Igoshev, M.V. and Zh.A. Mingaleva, 2011. Positive demographic trends forming factors. Forming of a modern demographic potential as the base for structural modernization of economy. Russian entrepreneurship, 2-1: 24-31.
- Shilova, L.S., 1999. The problems of transformation of social policy and individual orientations in health protection. Social conflicts: expertise of forecasting the solving technology. The Sociological Institute of RAS, Conflictology Center, pp. 15.
- 4. Abel, T., 1991. Measuring health lifestyles in a comparative analysis: theoretical issues and empirical findings. Social Science and Medicine, 32(8): 899-908.
- Annendale, E., 1998. The Sociology of Health and Medicine: A Critical Introduction. Cambridge: Polity Press.
- 6. Bowling, A., 2002. Research Methods in Health: Investigating Health and Health Services. Philadelphia: Open University Press, pp. 15.

- Bowling, A., 2005 b. Measuring Health: A Review of Quality of Life Measurement Scales. 3rd ed. Maidenhead: Open University Press.
- Cockerham, W.C., 2001a. Medical sociology and sociological theory. In: W.C. Cockerham, (ed.). The Blackwell Companion to Medical Sociology. Oxford: Blackwell Publishers.
- 9. Cockerham, W.C., 2005. Health Lifestyle Theory and the Convergence of Agency and Structure. Journal of Health and Social Behavior, 46(1): 5-67.
- Legasov, V.A., B.F. Dyomin and Ya.V. Shevelev, 2005. Safety as economical factor. The price of risk. The problems of risks analysis, 2: 141-146.
- 11. Sharpe, M.E., 2012. The Data Game: Controversies in Social Science by Mark H. Maier, Jennifer Imazeki. Inc., pp: 328.
- 12. Igoshev, M.V. and Zh.A. Mingaleva, 2010. The health of a nation, economy and physical training. Overcoming negative trends in creation of quality features of population. Russian entrepreneurship, 4-1: 22-27.
- 13. FSSS., Official site. Labour market, employment and salary. Working conditions. Views www.gks.ru/wps/wcm/connect/rosstat_main/rosstat/ru/statistics/wages/ working conditions.
- 14. Cockerham, W.C., 1999. Health and Social Change in Russia and Eastern Europe. London: Routledge.
- 15. Shilova, L.C., 1994. Behavior of population in society crisis. The h ealth of the population of Russian Federation and the ways of its improvement. The proceedings of the 1st scientific and practical conference.
- 16. Igoshev, M.V., The culture of self-preserving behavior as the system of values and commitment to values. Historical, philosophical, political and juridical science and the study of art. Theory and practice. Gramota, 9(35), in 2 Vols. V.1, pp. 59-62.

- 17. Shilova, L.S., 2005. Health strategies of population in reforming society. The policy of human population: present and future.
- 18. Igoshev, M.V., 2013. Specifics of sport of records targeting as professional occupation and mass sports. Economy and entrepreneurship, 8: 653-656.
- 19. Farquhar, M., 1995. Definitions of quality of life: taxonomy. Journal of Advanced Nursing, 22: 502-508.
- 20. Cockerham, W.C., 1997. The Social Determinants of the Decline of Life Expectancy in Russia and Eastern Europe: A Lifestyle Explanation. Journal of Health and Social Behavior, 38(2): 117-130.
- 21. Abel, T., W.C. Cockerham and S. Niemann, 2000. A critical approach to lifestyle and health. In: J. Watson and S. Platt, (eds.). Researching Health Promotion. London: Routledge.
- 22. Cockerham, W.C., A. Rütten and T. Abel, 1997. Conceptualizing contemporary health lifestyles: moving beyond Weber. The Sociological Quarterly, 38(2): 321-342.
- 23. Cummins, R.A., 1996. The domains of life satisfaction: an attempt to order chaos. Social Indicators Research, 38: 303-328.
- 24. Mingaleva, Zh. A. and M.V. Igoshev, 2010. Institutional requirements for forming of regional strategy of health improvement. Scientific and technical gazette of St. Petersburg State Polytechnical University, 2(96): 40-44.
- 25. The impact of behavioral factors on health state of population. The main results of sampling observation. 2008. Triada, 2009, pp. 84.