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IMPROVING THE DEMOGRAPHIC SECURITY  
OF THE REPUBLIC OF BELARUS  
BY THE MAXIMUM UTILIZATION OF ITS LABOUR POTENTIAL

The present study was conducted in order to find additional resources for improving the labour potential of the Republic of Belarus. The research focuses on the following tasks: identification of structure and composition of the causes of mortality; some proposals for developing the labour potential in the light of high mortality indices and ageing population.

According to the United Nations (UN) data, the growing number of people at retirement age and growing life expectancy as juxtaposed by declining birth rates are the global trends in the field of demography [*United Nations* 2015: 10]. These problems are quite commonplace in the Republic of Belarus.

The composition of the modern age population of the country was formed as a result of the declining birth index. The main impact on reducing the birth index was exerted the Great Patriotic War (1941–1945), when hundreds of thousands of Belarusians were murdered. As a result, it led to a decrease in the birth rate over the years; the proportion of older population increased at the simultaneous, considerable decline of the share of young people.

In 2002 experts (e.g. S. Lukashevich) noted that before the 90s the population of Belarus “was constantly growing, but the index of growth of the population started to decline steadily. As a result natural population reduced in 1993 the extent of which amounted to 11.2 thousand people and in 2001 reached 48.6 thousand people. Overall during 1994–2001 years the population has decreased by more than 290 thousand people which is equivalent to the population of such regional city as Brest” [Lukashevich 2002: 32].

Currently, the process of aging of Belarus’ population takes place against the backdrop of high mortality indices. According to the data of the National Statistics Committee, in the Republic of Belarus in the first half of 2014 the death rate was 13.1 per 1000 people; in the first half of 2015 the mortality rate increased to 13.3 per 1000 people [*Demographic situation*].

All the above mentioned point to the hyper-mortality index in Belarus. In accordance with the standards of the World Health Organization the hyper-mortality index criteria exceed the figure of 10 per 1000 people [Shakhotko, Paladi, Gagauz 2010: 90].

In the Republic of Belarus the mortality rate of men exceeds the mortality rate of women up to 3 times. The real perspective is a significant excess number of women over the number of men that will adversely affect not only the quantity of the labour potential of the country, but also lead to such negative consequences as “widowhood”, “fatherless”, which badly imbalances the material structure of the population [Morova 2005: 70].

The number of marriages will be reduced and they will not be stable, the birth index will stay low. All these negative trends will also have influence on such spheres as education, culture, social security and also on the formation of the sectorial structure of employment.

The statistics data on causes of mortality in the Republic of Belarus are most alarming. It should be mentioned that among the causes of death at the working age the most significant causes are external ones: accidents, incidents related to traffic accidents, accidental drownings, injuries, alcohol or drug poisonings, suicides, murders, etc.

Up to 48.5% men and 15.0% women at the age of 30–49 years die from external reasons. The mortality rate from external causes among men at working age is 5.8 times higher than the mortality rate among women at the same age (Table 1) [Lukashevich 2002: 33; *Demographic Yearbook* 2015: 343].

Table 1. Mortality from external causes

Year	Deaths					Total births
	Total deaths	Men	Deaths at working age	Deaths at working age from external causes	Men	
		Women			Women	
2012	126 531	64 931	26 992	11 523	6878	115 893
		61 600			1233	
2013	125 326	63 012	25 578	10 456	6256	117 997
		62 314			1065	
2014	121 542	61 274	24 367	9 684	5781	118 534
		60 268			968	
2015 (form January to July)	62 625	data not available at the time of the study	data not available at the time of the study	data not available at the time of the study	data not available at the time of the study	56 548

Resource: designed by the author of the study.

As mentioned earlier, this data indicates that the current structure of the population and its reproduction parameters do not allow to predict the necessary level of reproduction of the Belarus population. Due to the fact that these demographic threats (ageing population; hyper-mortality; low level of reproduction) are not comprehensive, it can be concluded that the stability of the socio-economic development of the Republic of Belarus will not be sustainable.

Depopulation inhibits the growth of labour productivity, an ageing population slows down its development, all these lead the growing pressure on a small share of economically active working-age population and contribute to increasing the pressure on the state republican budget. In addition, the state should find new resources of financing the pension system, the social security system and the health care system.

In the context of depopulation, the objective of saving the labour potential in order to ensure the function of socio-economic development of the Republic of Belarus becomes prioritised.

Preventing the weakening of the labour potential of the Republic of Belarus in the current situation would be possible after developing and implementing measures in numerous relations and different spheres:

- 1) prophylactic and preventive measures for reducing the mortality index of working-age men from external causes,
- 2) updating main directions of the state family policy,
- 3) strengthening target criteria in the provision of certain types of social security support to families with children in order to avoid social dependency,
- 4) promoting the concept of responsible parenthood,
- 5) increasing the opportunities for employing retirees,
- 6) expanding opportunities for employment of persons with disabilities,
- 7) creating and implementing modern mechanisms of alternative medical care and social insurance system, promoting and developing the model of accumulated pension system,
- 8) reducing the huge abortion index.

It should be noted that at present in the Republic of Belarus there exists a network of governmental bodies – institutions for the elderly disabled people and children with disabilities (Table 2). The number of establishments for adults with disabilities grew from 65 institutions in 1995 up to 70 institutions in 2014. The number of elderly disabled people also increased from 13 814 people in 1995 to 16 565 people in 2014.

The number of state institutions for children with disabilities increased from 9 institutions in 1995 to 10 in 2014.

With reference to the number of children with disabilities who stayed in such institutions there is a growing tendency in the number of children as compared to 2010, and also the decreasing tendency in the number of children as compared to data from 1995.

Table 2. Governmental establishments for elderly disabled people and children with disabilities

	1995	2000	2005	2010	2014
The number of governmental establishments for the elderly and disabled adults / number of people living in them	65 / 13 814	63 / 14 257	61 / 14 670	65 / 15 788	70 / 16 565

	1995	2000	2005	2010	2014
The number of governmental establishments for children with disabilities / number of children with disabilities living in them	9 / 1841	9 / 1770	9 / 1643	9 / 1636	10 / 1749

*Resource:* official information of the National Statistic Committee of the Republic of Belarus

Providing care for the health of children is an imperative of any state, as proclaimed in the social policy. It should be noted that the right to health, unlike other human rights, has been provided by the Constitutions in European countries only recently. The 18<sup>th</sup> and 19<sup>th</sup> century Constitutions did not mention the right to health, while other human rights in the fundamental laws of that time were proclaimed. Internationally, the human right to health was recognized as late as in 1948 [Vasilevich 2005: 170; Vorobyov 2014: 93].

Care over children and their development at time of the complex historical events always indicates the importance of taking care of children by governmental bodies just like of the future of the nation.

For example, it can be observed that “in the difficult years of the Civil War and devastation particularly arose such acute questions as the nutrition of children and the fight against child neglect” [Izraylit, Riga 1969: 15]. F. E. Dzerzhinsky devoted work on the elimination of child neglect and as a result “in a short time has grown network of children’s homes and the child neglect was over” [Izraylit, Riga 1969: 16]. The physical development of children and the preservation of their lives were dependent on the quality of resolving those vital questions. In the autumn of 1918, Lenin signed a Decree “On strengthening the children’s food”, and on January 4, 1919 – a Decree “On the establishment of the Council of Children Protection”. These Lenin’s decrees emphasized that the provision of the food, clothing, fuel and health care to children are the most important tasks of the state and the government policy. On May 17, 1919, Lenin signed a Decree “On free food for children”. In accordance with the Decree “all products for children under 14 years old should be issued from that time free of charge, at the expense of the state” [Izraylit, Riga, 1969: 15].

As stated earlier, the welfare of minors was aimed at ensuring the replenishment of labour resources in the state. It should be noted that this pragmatic approach is not novel. For example, in his study examining the legal status of illegitimate children in Russia in 18<sup>th</sup> and 19<sup>th</sup> centuries, P. L. Polanski claimed that “the only important legislation was that illegitimate children were enrolled in one of the tax-paying classes, what class their parents belong to was a matter of secondary importance for the legislator” [Polyansky 2013: 47].

It became particularly important to fulfil the employment potential in the light of the demographic forecast, prepared by Research Institute of the Ministry of Economy of the Republic of Belarus, according to which “the average annual population of Belarus in 2020 compared to 2000 will decrease at 870,0 thousand people and will compose just 9132,4 thousand people” [Stanishevskaya 2008: 88].

Apart from the high mortality index, there are other obstacles to sufficient reproduction level within the country. A registered abortion prevents the natural growth of the population of the Republic of Belarus. Thus, according to the official data of the National Statistical Committee of the Republic of Belarus in 2005 there were born 89,844 people and 64,655 abortions were conducted. In 2013 in Belarus 117,374 people were born and 31 206 abortions were conducted. This means that for every 100 births the share of abortions was 26.6 [Health of the Republic 2014: 103], and therefore the country lost each fourth child that could be potentially born.

High rates of abortions do not contribute to the reproduction of the population of the Republic of Belarus. To replace generations it requires the birth index at the level of 2.1 children per 1 woman. In Belarus the birth index in 2014 was 1.696, which is higher than in 2013 (1.668) and 2012 (1.620) [Demographic Yearbook 2015: 278]. The achievement of these indicators was one of the expected results of the implementation of the National Program of Demographic Security on 2011–2015 approved by Presidential Decree on 11 August 2011 No. 357 [On approve of the National Program]. In accordance with that Decree the total fertility rate should increase up to 1.55–1.65 (the number of children that a woman could give birth to during the entire reproductive period (15–49 years)). However, even the achieved index is not sufficient to replace the generation. Due to the results of sociological measurements “in Belarus the need for children remains at the level of small families” [Stanishevskaya 2008: 92]. In accordance with the results

of the social survey conducted among young Minsk families, just about one in ten young families in Minsk does not have children [Likhacheva 2006: 69].

Currently, abortion under the legislation of the Republic of Belarus is allowed on medical and social reasons.

Medical indications for abortion are defined by the Act of the Ministry of Health of the Republic of Belarus on December 10, 2014 No. 88 “On the establishment of the list of medical indications for the artificial termination of pregnancy and abrogating certain acts of the Ministry of Health and a separate structural element of the decision of Ministry of Health of the Republic of Belarus on November 9, 2007 No. 105” [Act *On establishing*]. Pursuant to this Act, the list of indications dropped due to high quality of medical care in the country. With reference to the last amendment to the subject legislation (2014), such indicators as “heart defects”, “visual disturbances and blindness – decreased vision in both eyes below 0.05 dioptries” and others are excluded from the list of medical reasons for abortion.

Under part four, article 27 of the Law of the Republic of Belarus “On Health Care” [Law *On Health care*], if there are medical reasons and in the presence of a woman’s consent, abortion might be performed in the state health care establishments in any term of pregnancy.

It should be noted that the list of social indications for abortion is also reduced due to the decision of the Council of Ministers of the Republic of Belarus on October 23, 2008 No. 1580 “On establishing the list of social indications for abortion and Annulment of the decision of the Council of Ministers of the Republic of Belarus on July 5, 2002 No. 902” [Decision *On establishing*]. Nowadays, this Act provides the following social reasons for abortion: the court decision on deprivation of parental rights, pregnancy as a result of rape. In accordance to part eight, article 27 of the Law of the Republic of Belarus “On Health Care” [Law *On Health care*], if there are social reasons and a woman’s consent, abortion is allowed in the state health care establishments if the term of pregnancy is less than 22 weeks.

According to the fifth part of article 27 of the Law of the Republic of Belarus “On Health Care”, medical specialists received the right to refuse to perform abortion if the failure does not lead to the threat of life and (or) health of the pregnant woman. The procedure of refusing to perform abortion involves sending a statement to the head of the health care establishment. The head of

the health care establishment needs to organize abortion done by a different medical specialist.

The Decision of the Constitutional Court of the Republic of Belarus on January 20, 2015 No. P-975/2015 “On constitutional legality in the Republic of Belarus in 2014” [*On constitutional legality*] noted that the legislation does not specify reasons for a doctor to refuse the abortion. The Constitutional Court presented its legal position, according to which a refusal to conduct abortion could in particular result from the ethical and moral principles, religious or other beliefs.

It is expected that the granting of such rights might help to get closer to the tasks set out by the National Demographic Security Program, i.e. to increase the birth index and the percentage of births without complications up to 40%. The reproductive health of the woman who did not have abortions is up to 35%–40% stronger.

It should be noted that the right to refuse to conduct abortion on ethnic and religious grounds is given to doctors in the Russian Federation. According to statistics, up to 90% of Italian doctors refuse to perform abortion. The healthcare system in Ireland is based on the model “two patients”: helping the pregnant woman and her child in utero.

The literature provides cases of “ventilation” of the body of already dead woman in order to maintain the pregnancy until birth. Such cases are mentioned in the United States of America in the 1980s [Lang 2000: 380]. Pregnancy was maintained in the medical facility until 32 weeks of pregnancy, after that the child was removed from the mother’s body through a caesarean section. By 1993 there were 5 cases of children born from already dead mothers. The vital features of women in these cases were supported in order to save the child and based on the clearly expressed wish of the father of the child or family members [Lang 2000: 380].

It seems that the development and implementation of such measures as: reduction of male mortality from external causes in working age, preventing cases of social dependency, encouraging responsible parenthood, creating the opportunity to employ pensioners and people with disabilities, developing mechanisms of alternative health care system, social security system, promoting and developing the model of accumulated pension system, reducing the abortion index will enhance the labour potential of the Republic of Belarus in the conditions of hyper-mortality and ageing population.

## SUMMARY

Main aim of this paper is to study the utilization of additional resources to help the labour potential for the development of people of extremely high indices of mortality and ageing population of the Republic of Belarus. The article provides several proposals of implementation into the Belarusian legislation in order to prevent the disintegration of our national labour potential.

The paper outlines the structure and identifies the composition of causes of mortality. It makes some proposals for developing the labour potential in different ways e.g. reducing male mortality due to external causes; updating the main directions of the state family policy, strengthening the targeting criteria in the provision of social welfare, implementing responsible parenthood, integrating retired people and disabled people into the working community; introducing mechanisms of alternative medical and social insurance, promoting and developing the funded pension system; reducing the abortion index. The results may be useful in order to design the renewed National Demographic Security Programme 2016–2020.

*Keywords:* labour potential, labour resources, ageing population, hyper-mortality, abortion.

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