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Health-related lifestyles and alienation in Moscow and Helsinki

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Abstract

Health-related lifestyles (smoking, drinking alcohol, exercise and diet) and feelings of alienation (powerlessness and hopelessness) of the citizens of Helsinki and Moscow are examined and discussed in a framework of life chances and life choices. The data were collected by a postal survey of 18–64 yr old citizens of Helsinki ($N = 824$) and Moscow ($N = 545$) in 1991. Almost all respondents in both cities used alcohol, but heavy drinking was more frequently reported in Helsinki. Muscovite men were smokers more often and Muscovite women less often than their counterparts in Helsinki. Nearly half of the Muscovites, but less than one-fifth of the Helsinki respondents considered their diet unhealthy or of poor quality. Regular exercise was much more common among the Finns compared to the Muscovites. The sex difference in health-related lifestyles was wider in Moscow than in Helsinki, especially concerning health-damaging behaviour. Feelings of alienation were more pronounced in Moscow. In both cities alienation was more clearly associated with socioeconomic life chance factors than with lifestyle factors. In Helsinki feelings of alienation had stronger associations both with health and health related lifestyles, which possibly points to a conventional stratification effect of a market-based class society. In Moscow, which represents a more traditional community, alienation seemed to be part of a widely felt general discontent. Health was a highly salient value in both cities, especially among women. In Helsinki a high valuation of health was connected with less smoking, more exercise and a healthier diet. Valuing health did not seem to emerge as a distinct healthy lifestyle in Moscow where behavioural choices were limited by many material constraints. © 2000 Elsevier Science Ltd. All rights reserved.

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Introduction

A growing number of studies have found socioeconomic differences in mortality and morbidity in Russia

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and other East European countries similar to those found elsewhere (Valkonen, 1987; Kunst, 1997; Shkolnikov, Leon, Adamets, Andreev & Deev, 1998; Watson, 1998; Carlson, 1998; Bobak, Pikhart, Hertzman, Rose & Marmot, 1998). At the same time the question has been raised whether the structural models that emphasise the effects of social class on health (Wnuk-Lipinski & Illsley, 1990) are as plausible in explaining health differences in Russia and other former socialist countries as they are in western societies (Palosuo,

Uutela, Zhuravleva & Lakomova, 1998; Watson, 1998). This has to do with the differences in the stratification structures. Soviet Russia was not a classless society as used to be claimed, neither was it a class society, but rather a system stratified by 'preclasses' or estates, where material and symbolic rewards were distributed not so much by the market mechanism as by the rules of the centrally planned economy and party oligarchy (see, for example, Piirainen, 1994, 1977; Beliaeva, 1994; Starikov, 1995; Tihonova, 1999).

While a process of restructuration of the social hierarchy towards a class society is currently taking place (e.g. Piirainen, 1997; Tihonova, 1999), many 'incongruities' originating from the Soviet time seem to persist. An example are those well-educated Russians who have not been able to convert their Soviet time cultural or material 'assets' (such as higher education in humanities, engineering skills in the war industries, or social networks essential in managing everyday life) to meet the requirements of the peculiar Russian market of the transition time but have instead fallen into great social and material difficulties which would have been unlikely for persons with similar resources in the West (Piirainen, 1997). Because of such incongruities with regard to education, occupation, material rewards and social status, the health consequences of social inequality, including the impact of lifestyles, might in Russia be patterned somewhat differently from western countries.

Lifestyle and alienation

Alcohol and other lifestyle factors have become an important area in the examination of the East–West differences in health (Cockerham, 1996, 1999; Bobak & Marmot, 1996; Uitenbroek, Kerekovska & Festchieva, 1996). A healthy way of living has also been acknowledged as a major challenge of preventive public health policy in Soviet and especially present day Russia at least in principle, if not always in practice (see, for example, Kopyt & Sidorov, 1986; Lisicyn, 1989; Towards a Healthy Russia, 1994, 1997).

The epidemiological lifestyle approach has, however, also been criticised for being devoid of social context and as such unable to understand the Eastern European trends in health (Makara, 1994). One critical claim has been that the levels of smoking, overall consumption of alcohol or high fat diet have not been substantially higher in the East European populations but sometimes even lower than in the West (Watson, 1995). Instead, Watson (1995) has proposed a psychosocial framework for analysing the health outcomes of the socialist modernisation, or its flaws, which were disclosed as high levels of frustration and anomie as well as a growing relative deprivation felt by the East European people in comparison with western people.

This development had resulted in hopelessness concerning future and turning away from the public into the private sphere. The ways to cope with everyday demands were centred and dependent on the family, which under socialism not only retained but even strengthened its position. A family-oriented 'neo-traditionalism' or traditionalism in Russia (Piirainen, 1994, 1997) and elsewhere in Eastern Europe may have provided women with better resources to cope with change, which has been suggested as one possible explanation for their better survival as compared to that of men (Watson, 1995).

However, psychosocial frameworks are not inconsistent with lifestyle explanations, if lifestyle is understood in a wider social context (e.g. Blaxter, 1990; Abel, 1991; Cockerham, Rütten & Abel, 1997). The application of the concept of lifestyle of Max Weber into a health context (Abel, 1991; Cockerham, 1996; Cockerham et al., 1997) gives tools also for comparative purposes. In the Weberian framework two interdependent aspects of lifestyle are distinguished: life chances, which are contingent on structural conditions, and life choices or life conduct, which refer to the personal choices made by individuals. While health-related practices are based on personal choices, they are available to people according to their life chances (Cockerham, 1996). Life chances are conditioned by the structural opportunities embedded in the social positions of the individual, such as sex, age and social class.

If values, norms and attitudes are incorporated into the lifestyle approach as suggested by Abel (1991), then cohesion and integration into the society, or its reverse, alienation and anomie, implicated in the psychosocial model (Watson, 1995), can also be included. Values, which are embedded in tradition and steer individual goals, and norms, which regulate behaviour, can obviously have different degrees of cohesive capacity in different societies.

The facets of alienation singled out by Seeman (1959) have been useful in empirical research (Ekerwald, 1998; Geyer, 1996). Seeman distinguished between five basic meanings of alienation, as seen from an individuals point of view: powerlessness, meaninglessness, normlessness, isolation and self-estrangement, each of which could be located in and delineated from the classical notions of alienation and anomie. Alienation in the sense of social-psychological powerlessness is related to various concepts of control orientations (see Seeman, 1959). An alienated person is not strongly attached to the goals of society and may not be particularly motivated to follow generally accepted norms (see, for example, Israel, 1994). In the context of health this means that an alienated person may not be interested in keeping fit or healthy. A society emphasising productivity and competition may estrange those citi-

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