

Psychological distress, gender, and health lifestyles in Belarus, Kazakhstan, Russia, and Ukraine

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Available online 2 August 2006

Abstract

This paper examines the relationship between psychological distress, gender, and health lifestyles in Belarus, Kazakhstan, Russia, and Ukraine. These countries have been subjected to highly stressful and extensive social change associated with the transition out of communism. Data were collected by face-to-face interviews ($n = 10,406$) in November 2001. Distress was measured by 12 psychological distress symptoms. Health lifestyles focused on measures of alcohol consumption, smoking and diet. We found that females carried a much heavier burden of psychological distress than males, but this distress did not translate into greater alcohol consumption and smoking for these women or for men. The greatest influence of distress on health lifestyle practices was on daily diets in that both less distressed females and males consumed a more balanced diet than more distressed persons. Our findings suggest that it is the normative demands of a particular lifestyle, rather than distress, that principally shapes the pattern of heavy male drinking. This is an important finding as some sources indicate heavy drinking is largely responsible for the health crisis in the former socialist states.

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Keywords: Psychological distress; Health lifestyles; Kazakhstan; Russia; Ukraine; Belarus; Gender

Introduction

There have been several studies of the health crisis that began over 40 years ago in the former Soviet Union and continues today in some of its successor states. An unprecedented rise in mortality, especially for males, and a corresponding fall in life expectancy characterize this crisis. Some sources suggest stress is a major cause, but its precise role is unknown because of a paucity of empirical evidence

(Leon & Shkolnikov, 1998; Shkolnikov, Cornia, Leon, & Meslé, 1998; Siegrist, 2000). Stress was not a state-sanctioned area of study in the former Soviet Union and research on this topic has been slow to develop in post-Soviet societies.

Whereas it is impossible to assess the past connection between stress and mortality because of the lack of data, there are data allowing us to investigate the relationship between psychological distress and health lifestyles in selected present-day former Soviet republics. The term psychological distress refers to an adverse mental state involving marked depression and anxiety that falls short of clinical mental illness and is characterized by negative moods and malaise. Mirowsky and Ross

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(2003) describe it as a state of misery that is a common response to a stressful situation rather than a symptom of disease. Psychological distress is an appropriate measure of mental health for our analysis because Mirowsky and Ross find it undermines an individual's sense of well-being, promotes negative health behaviors (e.g., heavy drinking and smoking), and, if prolonged, may produce physiological reactions that impair health.

The principal aim of this study is to provide an assessment of the association of psychological distress with selected health lifestyle practices in four post-Soviet states: Belarus, Kazakhstan, Russia, and Ukraine. These data also allow us to draw comparisons between countries and genders. This is an important task because the high premature male mortality over the past four decades is a major exception to the global trend toward increased longevity. The factors that caused this crisis and now prolong it need to be fully understood as the poor health conditions in Russia and some of its neighbors persist in contrast to a longevity revival in Eastern Europe.

Belarus, Kazakhstan, Russia, and Ukraine were selected for analysis because they share an adverse pattern of life expectancy that has produced the largest gender gap in longevity in the world. The most recent figures for 2003, for example, show Russian females outliving their male counterparts 13.2 years on average (72.0 years of life for women compared to 58.8 years for men). This gap is *more* than double that of Western countries and four times greater than it was in the 1960s (Shkolnikov, Field, and Andreev, 2001). The gap is not as great in Belarus (11.8 years in 2001), Ukraine (11.3 years in 2002), and Kazakhstan (10.7 years in 2002) as in Russia, but the differences are nonetheless extreme. Moreover, despite the decline in female longevity in each of these countries since 1991, the mortality gap persists as women die earlier and men much earlier. If psychological distress is promoting poor health practices in these former socialist states, the four countries in this study should provide the evidence.

The mortality pattern

Ironically, the downturn in male life expectancy began in the mid-1960s when the former Soviet Union reached its highest level of development. The Soviet economy between 1950 and 1960 grew at a rate faster than any other European country and double that of the United States (Skidelsky, 1995).

Levels of life expectancy in communist Europe in the mid-1960s equaled or exceeded those in the West. Additionally, the division of Germany into separate capitalist and socialist states offered a natural social laboratory for evaluating the health benefits of the two opposing political and economic systems. From the 1950s until the early 1970s, life expectancy was higher in communist East Germany. It could be claimed that communism was good for health.

Yet the mid-1960s is the precise point at which male life expectancy was first seen to decline in Russia. As it turned out, the mortality increase was to be greater in Russia than in the other Soviet republics or the East European satellite states. Meslé, Vallin, Hertrich, Andreev, and Shkolnikov (2003) point out that the reversal in mortality trends in Russia at this time was almost a textbook example of Omran's (1971) theory of epidemiologic transition: deaths from infectious diseases had declined to the extent that any further decreases could not offset the consistent increases in deaths from cardiovascular diseases. Whereas mortality from cancer generally decreased, as did deaths from infectious, respiratory, digestive, and other ailments, mortality from cardiovascular diseases increased dramatically for males (Meslé et al., 2003). Deaths from alcohol-related causes also increased. By 1970, Russian males lived a full year (63.0 years) less on average than they did 5 years earlier in 1965 (64.0 years). Thirty-eight years later in 2003 they lived 5.2 years less (58.8 years).

The mortality increase under communism was not restricted to Russia. Elsewhere in the Soviet Union, male longevity fell in Belarus, Ukraine, and the Baltic States. The only former Soviet republics to escape the downward trend prior to 1991 were in the Caucasus (an exception was Armenia) and Central Asia. Life expectancy for women in the former Soviet Union either stagnated or improved only slightly from 1965 until the collapse of communism in 1989–91, at which time it declined as well. While life expectancy for men and women improved briefly after the mid-1990s, this positive trend was short-lived in the four countries in this study. Between 1989–91 and 2001–02, declines in male life expectancy in these countries ranged from 5.2 years in Ukraine to 1.7 years in Kazakhstan and for females from 2.9 years in Ukraine to 0.8 years in Kazakhstan.

The population group most affected by the adverse mortality trend is middle-age males (Cockerham,

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