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LIFE EXPECTANCY IN MODERN RUSSIA AS A COMPONENT OF THE QUALITATIVE POTENTIAL OF THE POPULATION

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The purpose of the research is to identify the features of the qualitative potential of the population in terms of gender imbalance in the life expectancy of men and women. Gender approach is a trend in the social sciences that focuses on achieving equal rights and opportunities for women and men in society. It recognizes the biological differences between men and women, but gives significant importance to the socio-cultural assessment and interpretation of social differences. Russia is at the second stage of depopulation, the increase of which is due, among other things, to demographic aging. As of January 1, 2021, the population reduction amounted to 510.4 thousand people compared to 2020 due to the pandemic. Distinctive features of Russia's demographic dynamics are the imbalance of the sex ratio in age groups, as well as low rates of overall life expectancy and overall healthy life expectancy. At the same time, indicators of life expectancy, including those of men and women separately, are an essential characteristic of the quality of the population. Last year, the Russian Federation took 110th place in the ranking of average life expectancy in the countries of the world. At the same time, the country ranks 43rd in the world in economic development rankings, 40th in the world in terms of education, 65th in the world in terms of social development index. The peculiarities of gender differences in overall life expectancy in Russia are caused by insufficient development of social institutions aimed at "saving the people". The country needs institutional transformations related to the growth of life expectancy and the reduction of gender imbalance in life expectancy indicators for men and women.

Quality of population, life expectancy, healthy life expectancy, demographic gender asymmetry, quality potential of the population, gender approach, gender gap.

Introduction

Life expectancy is a fundamental concept for a significant number of contemporary studies, not only in demography, but also in economics, politics, medicine and many other branches of scientific knowledge. The study of population quality, human potential, people's ability to achieve well-being is related to the probability for as many people as possible to live a long and prosperous life. The relevance of the study is due to the need to increase life expectancy in the Russian Federation, including in the light of the implementation of the May Decree of the President of the Russian Federation in 2018[1]. At the same time, the researchers note that, despite the increase in life expectancy at birth (LEB) over the past decade, there is still a significant gender gap in the country, with an average of 9 years in Russia in 2021. The purpose of the study is to identify the features of the qualitative potential of the population in terms of gender imbalance in life expectancy for men and women. The object of the study is male and female cohorts of the Russian Federation population, the subject of the study is life expectancy, taking into account its gender characteristics. The author's main hypothesis is that life expectancy is an essential qualitative characteristic of the population, the basis of human potential, which has gender specifics. Gender differences in life expectancy in Russia are due to the underdevelopment of social institutions aimed at "saving the people".

A number of theoretical works, including those written by Nobel Prize-winning economist A. Sen, political philosopher M. Nussbaum, founder of the epidemiological transition theory A.R. Omran, leader of the modern Russian sociodemographic school N.M. Rimashevskaya and RAS Academician A.G. Aganbegyan, are of particular interest within the framework of the article.

In the monograph "Development as Freedom", which was the basis for the author's lectures for the World Bank in 1996-1997, A. Sen underlines that "the approach centering on freedom is inherently close to worldly concerns over the 'quality of life'. When it comes to quality of life, we are primarily concerned with how human life is lived (and probably with the choices an individual has) and then with the resources and income available to that individual" (Sen, 2004, p. 121). A separate section of his book is devoted to gender inequality. The Nobel laureate emphasises that analysing mortality differentials is a sign of inequality, including gender inequality, but that women are often "invisible" to statistics. It is shown that if there is an understanding of human freedom as "the freedom to live according to one's own conception of values, the role of economic growth in enhancing such opportunities is integrated into a more fundamental understanding of development as the enhancement of human capabilities to lead more dignified and freer lives" (Sen, 2004, p. 156). In this vein, the increased mortality of the male population in Russia can be seen as a factor of social inequality, due not only to poverty of the mass strata, but also to the prevalence of patriarchal ideas about the social roles of men and women, in which men are the main "breadwinners" in conditions of widespread poverty, growing unemployment, etc.

M. Nussbaum identifies ten basic capabilities of human development that need to be maintained. The first of these is life expectancy. The most important factor is the prevention of premature mortality (Nussbaum, 2003).

Author of the theory of epidemiological transition A.R. Omran applied epidemiological approach to analyze the dynamics in different historical epochs and in different regions of health, mortality, survivorship and fertility in their relationship with a variety of factors, ranging from the nature of life, level of medicine, technology and many others. This has shown that "over the past few centuries, the world has experienced profound epidemiological changes, although in different populations they begin at different times and proceed at different rates" (Omran, 2019, p. 8). Omran argued that "the

[1] On national goals and strategic objectives of the development of the Russian Federation for the period up to 2024: Decree of the President of the Russian Federation dated May 7, 2018 No. 204. Available at: http://www.kremlin.ru/acts/bank/43027 (accessed April 10, 2022).

epidemiological transition tends to be more favourable for women than for men, especially after pandemics recede and living standards rise. Over time, age-specific mortality rates for women, especially those of reproductive age, become lower than for men, especially when fertility declines" (Omran, 2019, p. 12). "However, it should be stressed that, until recently, women's life expectancy was still significantly shorter in some developing countries. This is particularly noticeable in Asia, where until the 1950s or even later (until the 1980s in Bangladesh) men lived longer than women…" (Omran, 2019, p. 14).

N.M. Rimashevskaya pointed out that in Russia, male life expectancy is lower than female life expectancy. This trend, which actually took shape during the Second World War, persists. Paradoxically, individual health indicators are lower for women (Rimashevskaya, 2003, p. 322).

A.G. Agangebyan has shown that with a systematic approach to solving the problems of population saving in the country, positive results can be achieved. For example, since 2006 two major presidential programmes, the Demographic Programme and the Population Health Programme, have succeeded in increasing the birth rate, while reducing mortality has increased life expectancy in Russia. "We missed the chance to make our country one of the leaders of socio-economic development in the world and began to lag behind. It all started with Brezhnev's stagnation. Now the picture is somehow reminiscent of the past: "neither uphill nor downhill". Stagnation is never eternal, and it has already lasted six years, and will continue… We need to find the strength and force ourselves to finally start climbing uphill" (Aganbegyan, 2018).

Life expectancy is an essential characteristic of population quality. As a scientific category, population quality is viewed in intrinsic (what an indicator is) and evaluative (assessing the extent to which it meets certain criteria) aspects. Population quality and human capacity can be used synonymously. On closer examination, researchers show that human potential is all quantitative and qualitative characteristics of the population (Fedotov, 2020). At the same time, the structure of population quality indicators becomes essential. N.M. Rimashevskaya distinguished three fundamental components of population quality: health (physical, mental and social); professional and educational abilities of people, cultural and moral values and spirituality of citizens. She emphasized that these indicators can be used both at the population level and at the individual level. The integral indicator of health at the population level is the life expectancy of the population, and at the level of an individual it is the indicator of their individual health. The methodology of population quality analysis makes it possible to identify its state and dynamics in different regions and countries on different territorial and temporal comparisons. At the same time, an in-depth study of individual quality indicators provides a differentiated picture of different socio-demographic groups of the population, including the gender one (Rimashevskaya, 2001). The gender structure of the population influences differences in quality. The gender order as social gender shapes perceptions of masculine and feminine benchmarks and gender relations in the process of gender socialization. G.G. Sillaste notes: "Each social time has its social order and its gender expression". The dynamics of the gender order change women's and men's "perceptions of opportunities, rights, freedom and subordination, forms of development and self-actualization, boundaries of the acceptable and rational, access to and use of resources" (Sillaste, 2020). Life expectancy, an essential component of population quality, has a gender dimension.

Main theoretical and methodological approaches

Different boundaries of life expectancy at birth have been proposed. The maximum limits of life expectancy vary. For example, about half a century ago, in 1975, Samuel Preston (Preston, 1975), describing the relationship between life expectancy and GDP, takes 80 years as the maximum limit of life expectancy for both sexes. Further researchers note that in the early 2000s, life expectancy of 80 years became a reality in a number of countries. They suggested taking

100 years of life expectancy at birth as the maximum limit (Andreev, Shkolnikov, 2018).

Life expectancy for men and women, both in the world as a whole and for individual regions and countries, has significant differences. A gender approach is used to analyze and identify the factors of these differences. Gender mainstreaming, as a special direction in the social sciences focused on achieving equal rights and opportunities for women and men in society, recognises biological differences between men and women, but attaches key importance to the socio-cultural assessment and interpretation of social differences and how systems of inequality are constructed on the basis of gender differences (Berger, Luckmann, 1995). The first methodological conclusion is that gender studies is a type of analysis of social reality that seeks to establish the facts and causes of inequalities between women and men in access to resources: social (time and professional status), economic (income and wages), political (power and opportunity to participate in decision-making). A certain outcome of the agglomeration of these resources is the life expectancy of men and women. At the same time, gender methodology is based on an approach that proclaims the idea of equality between women and men. In addition, two important theoretical concepts form the methodological basis of the gender approach: first, the concept of social construction of gender, developed on the basis of the theory of social construction of reality; second, the concept that characterizes gender relations not just as unequal, but also as hierarchical.

Results of the study

One of the findings of this study confirms that the sex ratio (when comparing the 1926 and 2022 figures) shows little difference, despite a significant increase in the total population. Between 1926 and 2022, Russia's population increased from 92.7 million to 145.6 million *(Table 1)*.

At the same time, the sex ratio changed by one percentage point over the period under comparison. While men accounted for 47% of the total population in 1926, in 2022 they accounted for 46%, and only in 1959 and 1970 the ratio became 45 to 55%. Currently, the demographic gender gap is shaping up in age cohorts after 30, reaching its highest levels in the older age groups. Women outnumber men by 11.8 million in 2022.

It is not only the total population that is important for analysing a country's socio-economic development opportunities. Researchers show the relationship between demographic ageing, economic growth and social policy (Lee, Mason, 2015). The process of demographic ageing in Russia has significant features, one of which is the demographic gender asymmetry of the population, which affects older age groups to a greater extent *(Table 2)*.

In today's world, the qualitative characteristics of mass segments of the population are becoming increasingly important. Under these conditions, life expectancy can be regarded as an essential characteristic of the population as a whole, as well as of various social groups and regions. Life expectancy at birth is a basic indicator in demography that depends on mortality rates. Life expectancy at birth is the time period that, on average, a member of a hypothetical generation of births can live, assuming an unchanged mortality rate at each age[2]. A tool for improving the quality of the population in the Russian Federation, including life expectancy, to a certain extent has become the national projects that provide significant financial investments in the health care system, the promotion of a healthy lifestyle, which has increased life expectancy at birth for men in 10 years (from 2010 to 2019) by 5.15 years, including 4.74 years for men living in urbanized areas, and 6.17 years for those living in rural areas. In the Russian Federation as a whole, the indicator for women rose by 3.29 years, including 3.02 years for women in cities and 3.97 years for men in rural areas (see *Table 3*). At the same

[2] On Approval of the Methodology of Calculation of Indicators for Operational Evaluation of Efficiency of Performance of the Executive Authorities of the Constituent Entities of the Russian Federation: Rosstat Order No. 261 dated July 5, 2013. available at: http://www.gks.ru/metod/metodika.htm (accessed April 03, 2022).

Table 1. Number of men and women in the Russian Federation, 1926-2022, million people

Year	Total population	Including		In the total population, %	
		men	women	men	women
1926	92.7	44.0	48.7	47	53
1939	108.4	51.1	57.3	47	53
1959	117.2	52.2	65.0	45	55
1970	129.9	59.1	70.8	45	55
1979	137.4	63.2	74.2	46	54
1989	147.0	68.7	78.3	47	53
1991	148.3	69.5	78.8	47	53
1996	148.3	69.5	78.8	47	53
2001	146.3	68.3	78.0	47	53
2002	145.2	67.6	77.6	47	53
2003	145.0	67.5	77.5	47	53
2004	144.3	67.0	77.3	46	54
2005	143.8	66.7	77.1	46	54
2006	143.2	66.3	76.9	46	54
2007	142.8	66.0	76.8	46	54
2008	142.8	66.0	76.8	46	54
2009	142.7	65.9	76.8	46	54
2010	142.9	66.1	76.8	46	54
2011	142.9	66.1	76.8	46	54
2012	143.0	66.1	76.9	46	54
2013	143.3	66.3	77.0	46	54
2014	143.7	66.6	77.1	46	54
2015	146.3	67.8	78.5	46	54
2016	146.5	67.9	78.6	46	54
2017	146.8	68.1	78.7	46	54
2018	146.9	68.1	78.8	46	54
2019	146.8	68.1	78.7	46	54
2020	146.7	68.1	78.6	46	54
2021	146.2	67.9	78.3	46	54
2022	145.6	67.7	77.9	46	54

Source. Number of men and women in Russia. Available at: https://rosstat.gov.ru/storage/mediabank/yKsfiyjR/demo13.xls (accessed July 10, 2022).

time, this indicator is significantly lower than in many countries of the world[3].

International organizations present calculations for life expectancy at birth both globally and for individual countries. They show a rather dramatic evolution of LEB by gender, which has declined significantly in Russia at the end of the 20th century[4].

Russian researchers (Khotkina et al., 2018) note that the achieved life expectancy is signifi-

[3] World rankings on life expectancy (2020). Available at: https://tyulyagin.ru/ratings/rejting-stran-mira-po-prodolzhitelnosti-zhizni.html (accessed May 22, 2022).

[4] Life expectancy in the Russian Federation by sex 1950-2100. Available at: http//population.un.org/wpp (accessed July 25, 2022).

Table 2. Number of men and women in Russia in 2022 by age groups, people

Age group	Population in the age group	Including		Difference in sex ratio (+/-), men to women
		men	women	
Younger than 15 years old	22180923	11385429	10795495	+589934
15–64 years old	104822751	49973518	54849233	-4875715
65+	19019521	5743092	13276429	-7533337
Calculated from: Population distribution by age groups. Available at: https://countrymeters.info/ru/Russian_Federation#population_2022 (accessed July 25, 2022).				

Table 3: Life expectancy at birth in the Russian Federation by sex for the urban and rural populations, 2010-2020, years

Year	Total population			Urban population			Rural population		
	men and women	men	women	men and women	men	women	men and women	men	women
2010	68.94	63.09	74.88	69.69	63.82	75.39	66.92	61.19	73.42
2011	69.83	64.04	75.61	70.51	64.67	76.10	67.99	62.40	74.21
2012	70.24	64.56	75.86	70.83	65.10	76.27	68.61	63.12	74.66
2013	70.76	65.13	76.30	71.33	65.64	76.70	69.18	63.75	75.13
2014	70.93	65.29	76.47	71.44	65.75	76.83	69.49	64.07	75.43
2015	71.39	65.92	76.71	71.91	66.38	77.09	69.90	64.67	75.59
2016	71.87	66.50	77.06	72.35	66.91	77.38	70.50	65.36	76.07
2017	72.70	67.51	77.64	73.16	67.90	77.96	71.38	66.43	76.66
2018	72.91	67.75	77.82	73.34	68.11	78.09	71.67	66.75	76.93
2019	73.34	68.24	78.17	73.72	68.56	78.41	72.21	67.36	77.39
2020	71.54	66.49	76.43	71.81	66.67	76.61	70.69	65.97	75.82
Source: Life expectancy at birth in the Russian Federation. Available at: https://docs.yandex.ru/docs/view?url=ya (accessed May 19, 2022).									

cantly lower than the population's contribution to the country's economic development. The life expectancy of the male population is close to the LEB in countries on the African continent with significantly lower levels of economic development. The COVID-19 pandemic has had a negative impact on public health, including in Russia. The results of research by Russian scientists are reflected in several collective monographs. Two of them are of particular interest: "Russian Society and the State in a Pandemic: Socio-Political Situation and Demographic Development of the Russian Federation in 2020" (Osipov et al., 2020) and "COVID-19 Pandemic: Challenges, Consequences, Countermeasures", published in 2021 and edited by well-known Russian researchers A.V. Torkunov, S.V. Ryazantsev and V.K. Levashov (Torkunov et al., 2021). One of the chapters of the latter monograph is devoted to the impact of the COVID-19 pandemic on demographic dynamics, showing the risks of demographic development in this period, including increased mortality, the impact on families, young people and the elderly population. The researchers emphasize that the COVID-19 pandemic has both a direct "dimension in the loss of human life and an indirect dimension in the reduction of health potential, destruction of family relationships, depression" (Torkunov et al., 2021, p. 9).

Life expectancy at birth in 2021 for the Russian population as a whole was 65.51 years for men and 74.51 years for women. Life expectancy decreased by 2.73 years for men

and 3.66 years for women compared to 2019. Meanwhile, in developed countries, such as Japan, France or Singapore, the figure exceeds 80 years. In 2021, the Russian Federation ranked 110th in the ranking of average life expectancy in the world[5].

Total life expectancy and total healthy life expectancy (HLE) as indicators of the qualitative characteristics of the population are based on age-specific mortality and health indicators. HLE is a more complete reflection of people's ability to live a full life[6]. According to Rosstat, HLE for both sexes in Russia in 2019 was 60.3 years, in 2020 – 58.9, in 2021 – 59.4 years[7]. Unfortunately, the national projects and Presidential Decree No. 204 of 7 May 2018 do not present this indicator by gender.

According to RAS Academician A.G. Aganbegyan[8], in Russia the number of deaths caused by the pandemic was 50% of total mortality, i.e. half of those who died did not have Covid. In terms of ppm (per 1,000 people) mortality was twice as high as in the USA, the "worst" country for this indicator. The increase in mortality in Russia during the pandemic reached 17.9%. Deaths can be seen in terms of economic loss as a loss in the value of human capital. A.B. Aganbegyan notes that such losses are not yet accounted for in government reports. This determines the scale of non-prediction, because "we do not put the most important thing – a human being and his life in the center". At the same time, in the fundamental documents defining the direction of Russia's development, including the decrees of 7 May 2018 and 11 July 2020, the key objective of Russia's development is related to the preservation of the people.

A comparison of mortality rates in 2019 and 2020 reveals an increase in all age groups except infant mortality *(Fig.)*. Other age cohorts showed an increase in mortality, which peaked at older ages (by about 25% with an overall increase of just under 20%). Males had a higher increase in mortality at middle ages. At older ages, men again overtook women in terms of mortality. It should be borne in mind that total additional mortality in Russia has increased by the corresponding period, not only from the coronavirus pandemic, but also from other pathologies. There were 2,446,000 deaths in 2021, up from 1,801,000 in 2019[9]. In order to return to the 2019 figure by 2024 and continue to reduce mortality, it is necessary, on the one hand, to substantially strengthen the healthcare system by increasing its funding and creating a deployed network of modern hospitals and polyclinics, including in rural areas, deploying a network of gerontological and geriatric institutions taking into account the needs of an ageing population; on the other hand, to create opportunities for the mass population to lead a healthy lifestyle.

In 2021, using the methodology proposed by the N.M. Rimashevskaya Institute of Socio-Economic Studies of Population of the Russian Academy of Sciences (ISESP RAS), a study "The socio-demographic consequences of COVID-19: the gender aspect" was carried out. The sample size was 2,400 people. The respondents included 45.4% men and 54.6% women. An overwhelming majority of respondents (84.6%) say that the pandemic has changed their lives (life has changed insignificantly for 46.3% and significantly for 38.3%). Most of those surveyed fear for their loved ones (62.5%) and fear for their standard of living (54.7%) because of the pandemic. Noticeably fewer respondents fear becoming ill themselves (31.8%) and losing their jobs (19.4%).

The survey results show that 1.1% of respondents do not even have enough money for food, while 27.8% have money only for food

[5] Average age of population in the Russian Federation and other countries of the world: a comparative analysis. Available at: https://visasam.ru/russia/goroda/prodolzhitelnost-zhizni-v-rossii.html (accessed April 10, 2022).

[6] On approval of the methodology for calculating the indicator of "Healthy life expectancy (years)": Rosstat Order No 95 of February 25, 2019. Available at: https://legalacts.ru/doc/prikaz-rosstata-ot-25022019-n-95-ob-utverzhdenii-metodiki (accessed April 05, 2022).

[7] Healthy life expectancy. Available at: https://www.fedstat.ru/indicator/59456 (accessed May 21, 2022).

[8] Aganbegyan A. The myth that we passed the pandemic more easily than others is populism. Available at: https://newizv.ru/interview/12-03-2021/abel-aganbegyan-mif-o-tom-chto-my-proshli-pandemiyu-legche-drugih-eto-populizm (accessed May 21, 2022).

[9] Mortality in Russia by year. Available at: https://gogov.ru/articles/natural-increase (accessed July 26, 2022).

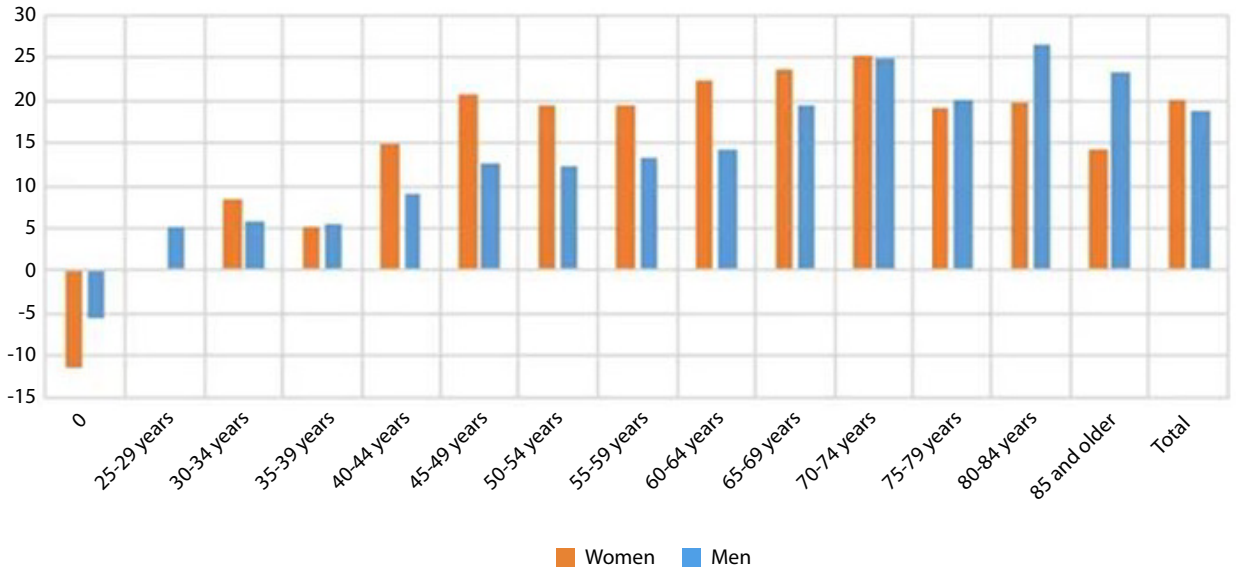

Fig. Change in age-specific mortality rates, 2020 to 2019, %
Source: How much more often people of different ages died in 2020.
Available at: https://aftershock.news/?q=node/1035118&full (accessed July 26, 2022).

and clothing. At the same time, the proportion of women in need is higher *(Table 4)*.

Only 5.5% of respondents were unconcerned about the COVID-19 pandemic. Men were more optimistic *(Table 5)*.

Both men and women made efforts to protect themselves from contracting the coronavirus. Men were more likely to be vaccinated. However, the vaccination rate has not reached 60% overall. Women are more cautiousin in everyday life: they use disinfectants more often, wear a mask outdoors and avoid crowded places and gatherings *(Table 6)*.

The survey was conducted in December 2021. The most significant social problems for the Russian population at this time were the following

– poverty, discrimination, men consider this problem to be more acute;

– COVID-19 pandemic, this problem was indicated as more significant by women;

– environmental problems and international tensions shared the third place with a slight gap, the answers of female respondents showing that this is a more serious challenge for them *(Table 7)*.

The weekly incidence of COVID-19 in Russia increased by 48.9% in July 2022. The increase in incidence was observed in 70 regions, 15 of them more than the national average[10]. This increases the relevance of research on longevity in a pandemic.

It should be noted that different factors influence life expectancy. A number of studies have been conducted to find relationships between LEB and GDP (Preston, 1975; Kolosnitsyna et al., 2019). Four main factors are thought to influence life expectancy: heredity (15%), environment (15%), health care (20%), and lifestyle (50%). Another factor in the LEB gender gap is the level of education of the population. For example, by the end of the 1990s the mortality rate of men with a low level of education was 57% while it was 35% among men with a high level of education. Female mortality increased at a slower rate, with a 30 per cent increase for women with low education and an 8 per cent increase for women with high education[11]. The LEB gender gap can also be attributed to cultural characteristics, different social roles for men and women, the gender component of the labour market,

[10] COVID-19 incidence in Russia increased by 48.9% in a week. Available at: https://news.mail.ru/society/52326532/?frommail=1&utm_partner_id=969 (accessed Jult 25, 2022).

[11] Life expectancy in Russia in 2021-2022 Available at: https://visasam.ru/russia/goroda/prodolzhitelnost-zhizni-v-rossii.html (accessed July 25, 2022).

Table 4: Level of material well-being, % of total number of respondents

How would you define your family's material well-being?	Men	Women	Total
We have enough money so that we do not deny ourselves anything	4,1	2,4	3,2
Can buy a car, but cannot buy a flat	13,1	10,2	11,5
We can buy furniture, electric appliances, but cannot buy a car	52,3	49,5	50,8
We only have enough money for food and clothes	25,2	29,9	27,8
We only have enough money for food	4,4	6,6	5,6
Money is not enough even for food	0,8	1,3	1,1
Source: Findings from the study "The socio-demographic consequences of COVID-19: the gender aspect"			

Table 5: Respondents' concerns of the pandemic, % of total respondents

What concerns about your future do you have about the pandemic?	Men	Women	Total
Fear of getting sick	31.3	32.4	31.8
Fear for my loved ones	59.5	65.0	62.5
Losing job	20.7	18.3	19.4
Loss of quality of life	53.7	55.5	54.7
Other	3.3	4.7	4.0
No fear	6.6	4.5	5.5
Source: Findings from the study "The socio-demographic consequences of COVID-19: the gender aspect"			

Table 6: Measures to protect against coronavirus infection, % of total number of respondents

What actions do you take to avoid contracting the coronavirus?	Men	Women	Total
I have vaccinated	55.6	53.6	54.5
Wash hands often with soap.	58.3	61.2	59.9
Use disinfectants	43.9	52.1	48.4
Stay indoors if necessary	24.1	21.6	22.7
Wear a face mask outside the home	56.4	66.9	62.2
Keep a social distance (1.5-2 metres) when going out	33.1	34.6	33.9
Avoid crowded places and gatherings	43.0	49.4	46.5
Avoid public transport	26.8	25.3	25.9
Avoid travelling	26.1	25.3	25.7
Avoid shaking hands with others	14.1	24.5	20.0
Other	1.6	2.1	1.9
None of these	7.4	5.6	6.5
Source: Findings from the study "The socio-demographic consequences of COVID-19: the gender aspect"			

lifestyle and type of self-preservation behaviour. At the same time, researchers note that the construction and deconstruction of gender has a significant role in the formation of social values (Voronina, 2019). Some works show the impact of gender on various global changes (Arber, 2016).

For developed countries, the LEB gender gap between men and women is 4–6 years, and it has been narrowing in recent years (Kolosnitsyna et al., 2019). In the Russian Federation, the LEB gender gap has also been narrowing, with a gap of 9 years in 2021. Russian studies present calculations showing that a life expectancy of 78 years by 2024 can be achieved when GRP per capita growth between 2021 and 2024 is 4%, consumption of

Table 7: Most important problems, % of the total number of respondents

Choose the two issues that are most important to you	Men	Women	Total
International tensions (terrorism, war)	29.8	30.8	30.3
Environmental issues (waste, air pollution, climate change)	25.6	35.4	31.0
Social issues (poverty, discrimination)	65.0	60.0	62.3
Personal safety	25.3	22.0	23.5
The COVID-19 pandemic	36.8	41.8	39.6
None of these	2.1	1.8	1.8
Source: Findings from the study "The socio-demographic consequences of COVID-19: the gender aspect"			

strong alcoholic beverages is reduced by 45% per capita, and public health expenditure per capita increases by 15% annually in constant prices (Ulumbekova et al., 2019).

Conclusion

The role of this paper in the development of gender research in theoretical terms is as follows: the article has confirmed that the sex ratio has changed by one percentage point in 100 years; the demographic gender gap is now greatest in older age groups; during the COVID-19 pandemic, there was an increase in mortality in all age cohorts except infants, which led to LEB reduction; life expectancies for both men and women in Russia, despite the significant gender gap, are neither at the e In 2021 Russia ranked 110th in the world in terms of life expectancy. Russia ranks 43rd globally in economic development, 40th in education and 65th in social development[12]. From an applied point of view, it is essential that economic sanctions imposed on Russia should not reduce efforts to save the population. Institutional changes are needed, aimed, on the one hand, at increasing the life expectancy of the population as a whole to eliminate the gap with economically developed countries, and on the other hand, at reducing the gender gap in life expectancy between men and women (Rodionova, Kopnova, 2020). National programmes (Dobrokhleb, Yakovets, 2020; Dobrokhleb, Yakovets, 2021) can be a tool to achieve this breakthrough, provided they are fully funded and clearly focused on achieving the country's main development goal of saving the Russian population.

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