

## SCTMG 2020

### International Scientific Conference «Social and Cultural Transformations in the Context of Modern Globalism»

## SOCIO-DEMOGRAPHIC FEATURES OF THE FINNO-UGRIC PEOPLES

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### *Abstract*

Modern socio-demographic processes affect all the countries and regions of the world in connection with the emergence of new global challenges. There are changes in the number and gender-age structure of the population, which have a significant effect on small nations. These include the Finno-Ugric group, which has unique cultural customs and traditions. The purpose of this research is to study the socio-demographic characteristics of the Finno-Ugric peoples. The material for the analysis of the current situation was presented by official statistics, including the World Health Organization (WHO) database. All the information was systematized in the form of a special information system that includes several interconnected blocks: economic development of the territories, demographic situation, health and healthcare. Research methods included a comparative analysis of the main medical-demographic and socio-economic indicators, as well as the use of economic and mathematical tools. The principal feature of the research is a comprehensive assessment of the current situation at the macro- and meso- levels, through a consistent transition from the comparison of the countries to regional trends. As a result of the analysis, it was possible to identify the patterns of socio-demographic processes of modern Finno-Ugric states (Hungary, Finland and Estonia), as well as national autonomies in Russia. The results of the study can be used in the development of regional socio-demographic documents, including the field of prevention of suicidal behavior and alcoholism and the provision of primary health care.

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**Keywords:** Demography, health, Finno-Ugric peoples, socio-economic processes, region.



## **1. Introduction**

Modern demographic processes affect all the regions and countries of the world in connection with the emergence of new global challenges that are caused by changes in the processes of reproduction, gender-age structure of the population, demographic aging of society, migration trends and a number of other circumstances. At the same time, the number of factors that affect the demographic situation is so large that it sometimes becomes impossible to identify key indicators. There is a need to study the complex (synergetic) impact of socio-economic and environmental indicators on the socio-demographic processes of individual countries, regions and nationalities. This problem is especially relevant for the Russian Federation, the situation which is characterized by very high regional differentiation.

## **2. Problem Statement**

Currently, there are various points of view regarding the emergence of a tense socio-demographic situation in Russia (Osipova & Ryazantseva, 2009). World Bank experts believe that the main cause of adverse trends is associated with high mortality, especially at working age, which significantly affects the structure and quality of the population of our society. Many researchers note the need for a more informed migration policy that would help offset the resulting loss of human resources in our country. A number of works is devoted to the study of the crisis of family relations, reducing the birth rate and the value of marriage. In increasing frequency, the authors write that the main reason for the emerging demographic crisis is associated with the loss of previous spiritual values, psychological distress, social stress, which provoke a high level of mortality, suicidal and asocial tendencies in society. In a number of works, it is noted that the socio-demographic situation can only be changed by the development of a special strategy that takes into account the whole range of problems that have arisen, including the reduction of birth rate, the increase in mortality, the maintenance of the public (population) health of the nation, and the absence of a sound migration policy.

## **3. Research Questions**

In our opinion, the demographic crisis in Russia can not be overcome without maintaining and strengthening the physical and mental health of the nation (Burkin et al., 2016; Burkin & Molchanova, 2017; Rimashevskaya, 2010). Moreover, in the materials of the World Health Organization (WHO), health is understood as “a state of complete physical, mental and social well-being, and not just the absence of diseases and physical defects” (WHO order, signed on July 22, 1946). Currently, there are many definitions of the concept of “health”, the most complete work reflecting various approaches to the interpretation of this term is the study of Callou (1988), in which the author considers 79 variants of the meaning of the phrase “human health”. The important place for the assessment of the health of the population in different countries of the world, as well as risk factors, is occupied by the methodology of the Global Burden of Disease (GBD) project and the DALY indicator (“lost years of a healthy life”) (GBD, 2017; Murray & Lopez, 1996). The above list of concepts is far from complete, since the concept of “health” affects a wide range of scientific fields and specialties, including medical work, healthcare, demography, psychology and sociology.

#### **4. Purpose of the Study**

The purpose of this research is to study the socio-demographic characteristics of the Finno-Ugric peoples.

#### **5. Research Methods**

The material for the analysis of the current situation was presented by official statistics, including the World Health Organization (WHO) database “Health for All”, statistical yearbooks “Regions of Russia”, “Healthcare of Russia”, “Medical and Demographic Indicators of the Russian Federation”. All the information was systematized in the form of a special information system that includes several interconnected blocks: economic development of the territories, demographic situation, health and healthcare. Research methods included a comparative analysis of the main medical-demographic and socio-economic indicators, as well as the use of economic and mathematical tools.

#### **6. Findings**

Nowadays, more than 200 different nationalities (ethnic groups) live in Russia, with about 80 % of the Russian population. At the same time, on the territory of the country there are nationalities with an original culture and traditions. These include Finno-Ugric peoples, which are divided into Finno-Permian and Ugric groups. In total, there are about 25 million people in the world who belong to the Finno-Ugric peoples (about 2.3 million in Russia). It is also customary to single out modern Finno-Ugric states; they include Hungary, Finland and Estonia. The main population of Hungary is Hungarians (92.3 %). The country is showing steady economic growth. The service sector in the structure of GDP is 65.3 % (including the tourism), industry and construction – 31.4 %, agriculture and forestry – 3.3 %. The most important industries are mechanical engineering, chemical (including pharmaceutical) and food production. A significant part of the manufactured goods is export-oriented, mainly to the countries of the European Union (EU). At the same time, the country has a low birth rate (9.7 per 1000 people) and a fairly high mortality rate (13.5 per 1000 people), life expectancy at birth is 76.1 years, including for the male population – 72.5 and 79.4 for women.

About 90 % of the population of Finland is Finns. The birth rate in the country is 9.1 per 1000 people, which does not exceed the death rate (9.8 per 1000 people). Nevertheless, there is the increase in the population due to immigration processes. Finland is a highly developed industrial country. According to official statistics from 2017, PPP GDP per capita was \$ 44.492. The country is actively developing an industry focused on the export of manufactured products, the field of information and telecommunication technologies, energy and tourism industry. Finland belongs to the group of countries which have high investment attractiveness, significant educational potential and well-developed healthcare system.

The population of Estonia (the Republic of Estonia) is mainly Estonians (about 68 %) and Russians (about 25 %). The country's economy is growing quite fast: the share of services in GDP is 69 %, industry – 29 %, agriculture and forestry – 3 %. The main industries are fuel, mechanical engineering, electric power, chemical, pulp and paper and woodworking. The tourism industry is actively developing in the country. A significant role is played by the hotel business and trade, the provision of

financial services. In Estonia, the mortality rate (11.8 per 1000 people), which exceeds the birth rate (10.5 per 1000 people), life expectancy is 77.7 years, including 73 years for men and 82 for women.

According to Human Development Index (HDI), an integral indicator that characterizes the standard of living and the quality of human potential of the study area, Hungary, Finland and Estonia belong to the group of countries with a very high level of human development. According to the data for 2017, Finland took the 15th place, Estonia – the 30th, Hungary – the 45th, Russia – the 49th. The HDI includes such characteristics as life expectancy, education level and economic development of a country (GDP per capita PPP\$), therefore a fairly objective indicator for a comparative assessment of territories. Table 1 provides information on the main demographic and socio-economic indicators for modern Finno-Ugric states and Russia for 2017. It is necessary to note that in all the studied countries, the life expectancy of the population is significantly higher than in Russia.

**Table 01.** Main demographic and socio-economic indicators of modern Finno-Ugric states and Russia (2017)

Indicator	Russia	Hungary	Finland	Estonia
GDP per capita PPP\$	27964	29670	44492	32130
Human Development Index	0.82	0.84	0.92	0.87
Health expenses, in % of GDP	5.3	7.4	9.5	6.7
Healthcare expenses according to PPP per capita	1329	1293	3181	1499
Fertility rate (per 1000 people)	11.5	9.7	9.1	10.5
Mortality rate (per 1000 people)	12.4	13.5	9.8	11.8
Natural growth rate (per 1000 people)	-0.9	-3.8	-0.7	-1.3
Infant mortality rate (per 1,000 live births)	7.6	4.5	1.9	2.9
Life expectancy at birth (years, man/ woman)	72.7 (65.7/76.8)	76.1 (72.5/79.4)	81.5 (78.7/84.3)	77.7 (73.0/82.0)

The life expectancy (years) is the most important socio-demographic indicator that characterizes the state of public health of the population. It depends on many factors, including the socio-economic development of society, the organization of the health care system, environmental conditions and lifestyle. Nevertheless, the economic situation in the country largely determines the successful functioning of all other spheres of life. Figure 1 shows the relationship between life expectancy (years) and GDP on PPP \$ per capita for modern Finno-Ugric states and Russia, which shows a linear relationship between the two main indicators of demographic and socio-economic development.

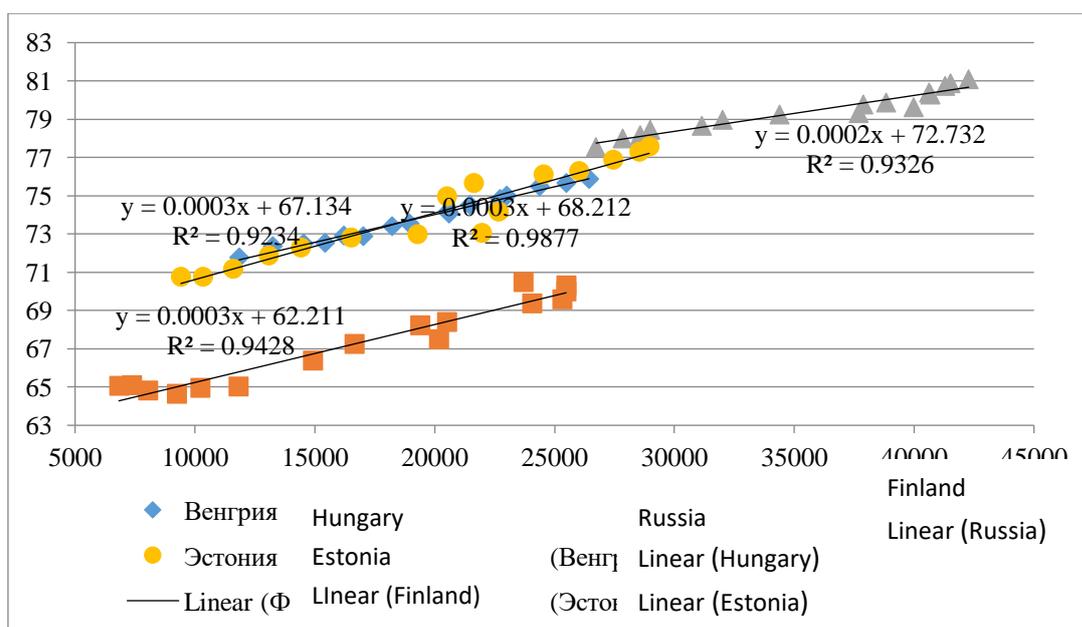
In Russia, there are also Finno-Ugric national autonomies with a fairly high share of the population of this ethnic group, including in the Volga Federal District – The Republic of Mari El (43.9 %), the Republic of Mordovia (40.0 %), the Udmurt Republic (28 %), in the North-West – the Republic of Komi (23.7 %) and the Republic of Karelia (9.3 %). All of these regions are characterized by a rather tense medical and demographic situation. There is a constant decline in the population, a low birth rate and high mortality. Thus, from 2010 to 2017 the population of the Republic of Mari El decreased by 13 thousand people, the Republic of Mordovia by 29, the Udmurt Republic by 7, the Republic of Komi by 58 and the Republic of Karelia by 21 thousand.

Finno-Ugric peoples are united by a common linguistic structure, the same construction of linguistic constructions. Many researchers also note the similarity of genetic data (Derenko et al., 2007)

and cultural traditions, which are reflected in the way of thinking and worldview. In mythology and folklore of the Finno-Ugric peoples, it is possible to find close unity with wildlife, including the legend of the diving of a waterfowl, myths about the ancestor bear, stories about the center of the universe – the Polar Star (eight-pointed star in ornaments), shamanism and patronage of spirits. The connection with ethnic traditions remains today, it can be found in national dances, songs, music, clothing and traditional cuisine (Makarkin, 2012; Napolsky, 1997).

In the villages, ancient wedding and funeral rites based on ancient folk beliefs are preserved. Finno-Ugric peoples are very sensitive to nature, in their character there is moderation and isolation, calmness, consistency, the ability to overcome difficulties caused by harsh northern nature and adverse climatic conditions. In Finland, such a set of qualities acquired a special name (“sisu”). At the same time, these peoples are distinguished by benevolence and peace, they are hardworking, persistent and patient and the ancestors of the Finno-Ugric peoples got along well with their neighbors and were not among the warlike tribes.

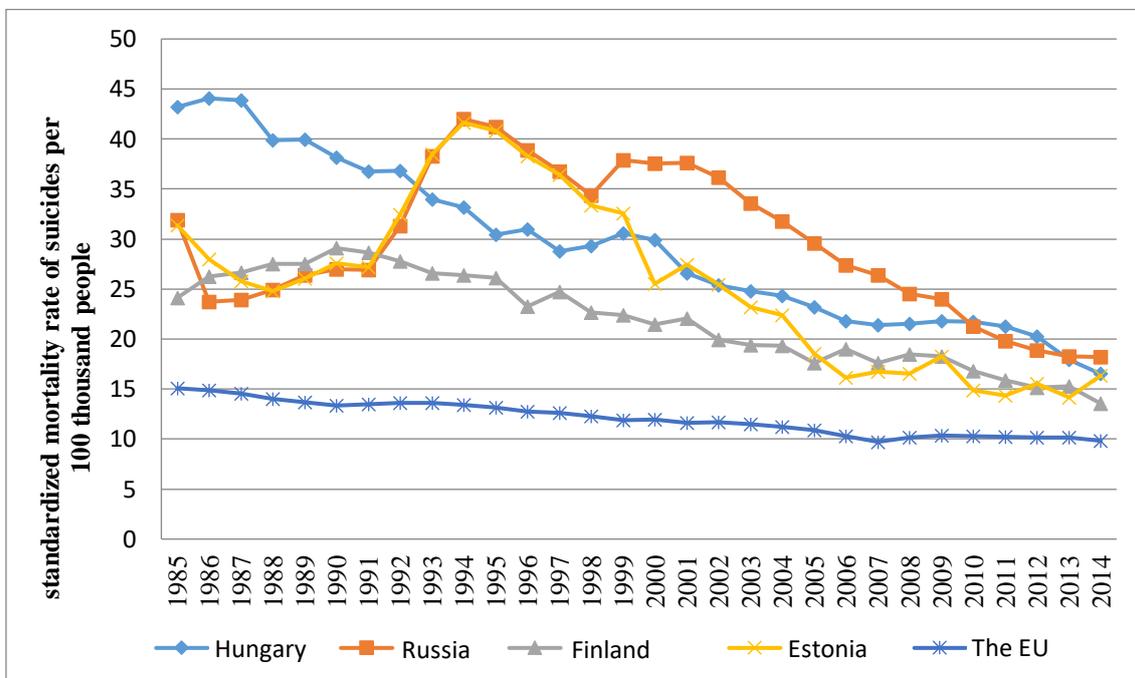
A number of studies indicate that Finno-Ugric peoples are predisposed to depression and suicide, which are associated with the cultural characteristics and traditions of this ethnic group, as well as personal characteristics (Mitikhina et al., 2011; Positive, 2016). For a long time, modern Finno-Ugric states – Hungary, Finland and Estonia were among the leaders in the number of committed suicidal attempts. The situation has now changed. According to WHO data for 2016, the number of suicides per 100 thousand people in Estonia was 14.4 (women – 4.4, men – 25.6), in Finland – 13.8 (women – 6.8, men – 20.8), Hungary – 13.6 (women – 6, 2, men – 22.2), which nevertheless is a rather high indicator, especially among the male population. The dynamics of changes in mortality from suicide and self-harm per 100 people (standardized mortality rates) in modern Finno-Ugric states, Russia and the countries of the European Union (EU) is shown in Figure 2. Unfortunately, our country is a leader in this group of states by this indicator.



**Figure 01.** Relationship of life expectancy (years) and GDP on PPP \$ per capita for modern Finno-Ugric states and Russia from 2000 to 2015

A striking example of the Hungarians' suicidal tendency was Rezio Sheres's composition entitled “Szomorú vasárnap” (in Hungarian) or “Gloomy Sunday” (in English), which means “Gloomy Sunday”. This musical piece is associated with a surge of suicides that swept across the country, it clearly shows a trend of hopelessness and longing, which there is no way to overcome. From 1983 to the present, in Hungary there has been a decrease in the level of suicides, which amounted to 46 %, which is largely associated with the development of psychiatric and psychotherapeutic care in this country. In particular, the diagnosis of depressive disorders has increased markedly; antidepressants have been actively used in clinical practice. There is a correlation between the number of prescribed antidepressant prescriptions and the number of committed suicides (Positive, 2016). This practice helps to overcome negative trends, which has been noted recently in other countries, including Norway, Finland, Sweden and Japan.

For Estonia, the problem of suicides is still relevant today. The University of Tartu conducted a special study, which showed that in Estonia from 2006 to 2016 2543 people committed suicide, with 80 % of men, 16 % of women and 4 % of children and adolescents. In 2017, according to official statistical information, 219 people committed suicide, which is a fairly significant indicator for a small country. A large proportion of suicides among Estonian citizens was associated with various forms of mental diseases. The authors note that in this group people experienced loneliness, routine and financial problems, and suffered from depression. Often suicide attempt provoked the use of alcoholic drinks and drugs. The study showed the importance of the development of a special program for the prevention of suicidal behavior, as well as the need to record every case of suicide attempt in order to provide timely psychiatric and psychotherapeutic care to such patients.



**Figure 02.** Standardized mortality rate of suicide and self-harm per 100 people in modern Finno-Ugric states, Russia and the EU

In 2014, WHO published the report “Suicide Prevention. The Global Imperative”, which emphasized the need to develop special national programs for the prevention of suicidal behavior. It was

noted that the key to the effectiveness of national measures was the existence of a comprehensive multisectoral suicide prevention strategy. Finland was one of the first countries to draw attention to the problem of high levels of suicide. In 1986, a national suicide prevention project was launched (led by Professor J. Lönnqvist) (Upanne et al., 1999; Wilson, 2004). All committed suicides (about 1500) were studied, case histories and psychiatric diagnoses were analyzed, active work was conducted with the relatives of patients and evidence-based medicine methods were introduced into practice. It was found that 93 % of patients suffered from mental disorders, a significant part of them suffered from depression, and adequate therapy in many cases was not offered. A number of suicides revealed alcohol dependence, in some cases due to the inability to find a way out of a difficult life situation (Pirkola et al., 2000, 2009). The project was implemented in two stages: the planning phase of the intervention program (1988–1991) and the evaluation phase of the project (1992–1995). In the process of the implementation of the program, by 2005, the level of suicides in the country was reduced by 40 % (Fig. 2).

It is noted that the level and quality of life, labor and social involvement, and material well-being play an important role in preventing suicide. However, it is impossible to exclude the importance of developing a system of psychiatric care for the population, which contributes to the timely provision of the necessary support to people in a stressful situation, experiencing various forms of depressive disorders, alcohol and drug addiction.

In Russia, the peak of mortality and suicidal tendencies occurred in the 90s, when significant political and socio-economic transformations took place in our country. The level and quality of life of the population has changed, the previous model of society has been demolished, many people have become unclaimed, unnecessary to society and others, important values have been lost, and new principles have become unacceptable. A significant reduction in the income level of citizens, an increase in antisocial and suicidal behavior, and crime were noted. All this could not but affect the socio-demographic processes in our country, which have not been fully able to stabilize to this moment.

Modern Finno-Ugric national autonomies located on the territory of Russia have own dynamics of socio-demographic processes. First of all, the rapid decline in the population living in these territories, including the depopulation of Finno-Ugric peoples, which requires special measures to preserve the traditions and culture of this ethnic group, is of concern. In these regions, low birth rates and high mortality rates, which are characteristic of the entire population of our country, are significant indicators of morbidity, including mental disorders and alcoholism. The mortality rate caused by accidental alcohol poisoning (per 100 thousand people) in the Republic of Mari El, the Udmurt Republic and the Komi Republic is 1.5–2.5 times higher than the average for the Russian Federation. The mortality rate from suicide (per 100 thousand people) in the Udmurt Republic and the Komi Republic is almost two times higher than the same indicator in the country, which can not but cause concern.

## **7. Conclusion**

Thus, the Finno-Ugric peoples have a unique and distinctive culture, which occupies a special place among the multinational composition of the population of Russia. Since 1989, there has been a process of depopulation of this ethnic group in the territory of our country, with the decrease in population of about 27 %. The specialists draw attention to the need to develop special socio-demographic

programs that would highlight key areas of regional development and outline ways to solve problems. The studies showed that in the process of urbanization, the third generation of Finno-Ugric peoples loses national features and characteristics. The Baltic-Finnish peoples in Russia during the Great Patriotic War suffered significant losses, which are not replenished to this day. In Hungarian society, there is a legend about the curse that the state faced after abandoning traditional beliefs and customs and adopting Catholicism. A difficult situation was reflected even in the visual arts, music and cinema in the 1980s. In Estonia, a special direction arose – ethnofuturism, the main idea of which is to preserve national traditions, native language, literature and customs.

The important role is also played by the development of health care and the primary health care system, especially in remote areas. Particular attention should be paid to the problem of a high level of suicides and alcoholism in the Finno-Ugric group. In order to effectively provide timely assistance, an early intervention strategy is needed, which can be implemented as a part of primary health care, by general practitioners, therapists, with the involvement of specialists in this field (psychiatrists and drug therapists).

Finno-Ugric regions have their own socio-demographic characteristics, therefore prevention programs, including the prevention of suicidal behavior, must be developed taking into account the socio-economic situation characteristic of these territorial entities. It is established that there are certain interconnections in the “person-environment” system that affect the state of physical and mental health of citizens and which must be taken into account in the formation of demographic development programs. The results of the study can be used in the development of regional medical and demographic documents, including the field of the prevention of suicidal behavior and alcoholism and the provision of primary health care.

## Acknowledgments

The article was prepared in accordance with the state task of the Karelian Research Center of the Russian Academy of Sciences under the title “Identification of synergistic patterns of regional socio-ecological-economic systems and modeling of dynamic processes of sustainable development in multicomponent systems of various nature.”

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