

SOME ISSUES OF THE DEVELOPMENT OF THE SOCIAL STATE IN THE CIS COUNTRIES

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Abstract

This article is devoted to the examination of the approaches to the content of the concept of social state and its significance for the CIS countries. In addition, the article investigates some aspects of the formation and development of the social state in the CIS. Furthermore, the article studies the impact of the demographic factor, which is considered one of the social problems observed in the countries of the world, the characteristics of the demographic situation in these countries, as well as provides analysis performed in reliance upon the criteria of standard indicators.

Keywords: social state, social policy, social solidarity, social equality, freedom, standardized mortality rate, total mortality rate, social security, rendering social services.

Introduction

Social state is considered the main problem of modern CIS community. The social aspect of the life activity of a person, state and society is a set of necessary and sufficient living conditions of a person as a biological and social being. These conditions include human health, housing, clothing, food, income, educational opportunities, upbringing and development. Human well-being is the main criterion of social development of society

According to Article 25 of the Universal Declaration of Human Rights and Article 11 of the International Covenant on Economic, Social and Cultural Rights, the strategic goal of the social state is to provide everyone with the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Improving the efficiency of the state social policy, providing effective guarantees of the constitutional rights of citizens in the field of labor, employment, social security, education, health care, housing, improving the material condition and living conditions of people are the priorities of the formation and effective implementation of such a set of measures.

By the beginning of XXI century, new conditions were created for the mutually beneficial economic integration of the CIS countries. Industrial production has significantly increased, the cooperation of non-state companies is developing in the market. However, the conditions for sustainable socio-economic development have not been created. The risk of curbing the processes of economic globalization has not been eliminated.

The demographic situation in the countries of the Commonwealth of Independent States can be assessed as a crisis. Decreasing the living standards of the majority of the population, the loss of the feeling of safety, disappearance of crime, destruction of comfortable social and economic structures, which have been identified for several decades, are intensifying.

Literature Review

The necessity to create the social state in the CIS is emphasized despite the crisis of the welfare state in developed countries noted by a number of researchers [3]. Social philosopher V.G. Fedotova believes that the social state was created in the USSR, and it is based on the principles of solidarity and care for private citizens. However, unlike the western welfare state, it was not a democratic state [8]. What are the characteristics of such a state?

First, it is a fair (equalizing) redistribution that is similar to all living conditions and striving to improve them.

Second, it is the social objectives of the state and its importance in supporting social sectors such as education, health, housing, development of communication and communication tools.

Third, it is the government's concern for the spiritual and cultural development of citizens.

Fourth, this state was not only united, but also was of a subsidiary nature, that is, it provided for a system of social protection of the vulnerable population (in the form of direct financial participation of the state in setting up a financial barrier).

In general, according to V.G. Fedotova, "the soviet socialist state was a state with a justice system that did not fully respond to its essence, but was one of the ways to solve this problem" [8].

At the same time, in the literary sources devoted to the problem of the social state, social and socialist states are fundamentally different types of states, and with their external similarity (solidarity, social concern for their citizens), deep differences are hidden in their nature, the type of solidarity. For example, the philosopher L.N. Kochetkova, a researcher of this problem, demonstrates that the characteristic of the Western social state is, first of all, that it is created in the conditions of the dominance of private ownership and market economy, as well as the existing class structure in the society. The main task of the social state is not to change the nature of social relations (as in a socialist state), but to achieve social stability and class stability [2].

In the opinion of L.N. Kochetkova, "... the social and socialist state are two different conceptual "projects" that differ in their nature, goals, tasks and methods of solving social problems. These are essentially two different responses to the historical demands of the era of industrialized capitalism, in which class tensions intensify and civil society becomes more active as a result. It should be noted that both projects emerged in the social consciousness practically simultaneously, and were then independently implemented in the politics of XX century" [2].

In this case, the essential contradiction of the Soviet socialist state is that the state increased the welfare of the population, and at the same time, in certain periods of Soviet history, it caused open discrimination and even repression against the entire population (for example, the former "exploiting classes", later the "enemies", etc.) and in the opinion of the researcher that conflict was between the class approach. At the same time, according to L. N. Kochetkova, abandonment of class politics and the shift to building a classless society in the late Soviet period implies the beginning of the decline of the Soviet state [2].

Moreover, L.N. Kochetkova makes a completely fair conclusion about the situation in the 1990s: "... the real provision of social guarantees provided by the state in the legally established form is at an extreme, low level: the real situation in the field of social rights implementation is directly reinforced in the Constitution and laws adopted in the section of legal guarantees" [2].

The researcher proposes to talk about the process of formation and emergence of the welfare state in the CIS from a constitutional point of view. Currently, as a strategic task, he brings the transition from the declaration of the principle of the welfare state to the introduction of mechanisms for their development and implementation [2].

From the point of view of the Russian economist V. A. Milyutin, expressed in his work on the problem of pauperism in England and France, in the first half of XIX century, the main problem that prevented the emergence of European civilized capitalism and resulted in the maintenance of the poor condition of the working class is the problem of the fundamental incompatibility and divergence of the interests of the working masses and the bourgeoisie. As long as this problem hasn't been solved, and the interests of the working class and businessmen are not aligned, the poor condition of the workers cannot be ended [4].

O.A. Aleksandrova thinks that all models of the social state known so far, approximately one communication mechanism between the economy and the social sphere is characteristic, which successfully "works" for the simultaneous development of both. This mechanism consists, on the one hand, of a developed system of social transfers, which ensures the demand for mass payment, and on the other hand, the existence of a progressive taxation system, thanks to which the necessary deposits (investments) are formulated for the industry development. Thus, it is for the social state that both the economy and the social sphere are not the same leader, but their efficient interaction and mutual dependence is the peculiar feature [1].

In addition, the researcher of the problems of the social state, political scientist A.F. Khramtsov in his works proposes to call this system the "bureau of liberalism". From his point of view, in this sense it is defined by the general rule of a bureaucracy that exists entirely for its own narrow corporate interests, but operates under some advanced liberal ruling class, the common good, and most importantly, the welfare state, which operates in full compliance with world standards [9].

In our opinion, the welfare state defines the minimum amount of consumption ("consumption basket") as a guarantee of decent living conditions for everyone. The state performs this task by effectively redistributing the value created by the members of the society, first of all, directing it to the underprivileged population. Usually, the consumer basket consists of hundreds of consumer goods and services, sufficient for the life of every person. The state with social status assumes responsibility for the disabled and needy segment of the population.

Research Methodology

The methodological basis of the research is the basic rules and principles of dialectics. In the process of study of the development processes of the welfare state in the Commonwealth of Independent States, we have relied on the method of qualitative study and analysis of changes in population and demographic processes. Logical analysis, synthesis, generalization, induction and deduction, systematic approach to economic events and processes have been used to draw conclusions based on the data.

Analysis and Results

The permanent population of the Commonwealth of Independent States in 2019 constitutes approximately 350 million people. In this case, the population is shrinking in Georgia, Moldova, Kazakhstan, Russia, Ukraine, and Belarus, and in the countries with traditionally high population density, there is a decrease in the capacity to grow. The population of all CIS countries is increasing by more than 4.3 million people during 2017-2020 (Table 1).

In many countries, a number of factors (instability of the socio-economic situation that caused the emergence of refugees and forcibly displaced people, inter-ethnic and military conflicts, changes in young people's views on marriage relations and the institution of the family, etc.) have resulted in the decrease in the total birth rate.

Table 1 Permanent population in the CIS countries (at the beginning of the year, million people)¹

	Region (thousand sq.km)	2017	2018	2019	2020
Uzbekistan	448,97	32,1	32,7	33,3	33,9
Azerbaijan	86,6	9,8	9,8	9,9	10,1
Armenia	29,7	3,0	3,0	3,0	3,0
Belarus	207,6	9,5	9,5	9,5	9,5
Kazakhstan	2724,9	17,8	18,2	18,4	18,6
Kyrgyzstan	198,5	6,1	6,3	6,4	6,5
Moldova	33,8	3,6	3,6	3,6	4,0
Russia	17125,2	146,8	146,9	146,8	146,8
Tajikistan	143,1	8,7	8,9	9,0	9,5
Turkmenistan	491,21	4,8	5,4	5,8	5,1
Ukraine	603,6	42,4	42,4	42,2	41,9
By the total CIS	22093,18	284,6	286,7	288,0	288,9

The number of deaths is mainly due to the increase of the share of elderly people in the population and the decrease in the number of newly registered disabled persons. In particular, the number of adults with the first established active tuberculosis diagnosis per 100 thousand people decreased by more than 2 times from the 1991 rate in Kazakhstan, Kyrgyzstan, and Russia. In almost all countries, the indicator of the provision of medical care to the population is increasing. In Georgia, Kazakhstan, Turkmenistan and Uzbekistan, the number of hospital beds increased by an average of 2 times per 10000 inhabitants.

The accuracy of the analysis of the situation related to the death of the population in different countries can be ensured by the failure to calculate the relevant indicators. In the case of such comparisons, it is necessary to apply them to the countries included in the analysis, or standardized, or included in the framework of general mortality rates.

Standardized death rate is the population death rate adjusted to the standard age distribution. It is calculated as the weighted average of the population death rate. The use of standardized mortality rates allows for comparisons over time and between countries. The reason is that mortality rates can

¹Demographic annual collection of Uzbekistan (2015-2019). – T.:2020. –p.108.

be measured at different times and in different countries regardless of the age composition of the population (gender ration is generally stable).

Age-standardized mortality rate is a weighted average of the age-specific mortality rates per 100 000 persons, where the weights are the proportions of persons in the corresponding age groups of the WHO standard population. The age-standardized death rate is calculated using the direct method, that is, when the age structure of the population is the same as the standard European population, the nearest standard rate is used.

Calculating the overall mortality rate:

For annual figure, the number of deaths per calendar year is calculated as a percentage of the average annual population.

$$Kc = N/S * 1000,$$

here Kc – mortality rate; N – number of people died; S – average annual number of population.

Calculating the standardized mortality rate:

For people aged X ($x= 0, 1, \dots 85+$), the age-specific mortality rate (Mx) is equal to the ratio of the number of deaths at this age (Mx) and to the number of persons living in the relevant age range (Px) during the analyzed period. The total number of deaths during the analyzed period (usually 1 year) can be described as follows:

$$M = M0 P0 + M1 P1 + \dots + M85+P85+$$

The table below shows the standard mortality rates for Europe and the world (Table 3).

Table 3 World Health Organization mortality standards as a set of proportions for relevant age groups [14]

Age (year)	Europe standard	World standard
0	0.016	0.024
1-4	0.064	0.096
5-9	0.070	0.100
10-14	0.070	0.090
15-19	0.070	0.090
20-24	0.070	0.080
25-29	0.070	0.080
30-34	0.070	0.060
35-39	0.070	0.060
40-44	0.070	0.060
45-49	0.070	0.060
50-54	0.070	0.050
55-59	0.060	0.040
60-64	0.050	0.040
65-69	0.040	0.030
70-74	0.030	0.020
75-79	0.020	0.010
80-84	0.010	0.005
85+	0.010	0.005

The age structure of the population of the CIS countries has been changing in the last decade in the direction of the decrease in the share of people over 65 years old, which is related to the reduction in life expectancy in all countries. This trend is observed in many countries of the world, especially in countries that have completed the demographic transition.

According to the UN scale, if the percentage of people aged 65 and older is less than 4%, the population of this country is said to be getting younger; if the percentage of people aged 65 and older is between 4% and 7% the population is on the verge of old age; and the population above 7% is considered the aging population. Commonwealth countries have different age compositions. According to the given scale, Armenia, Belarus, Kazakhstan, Moldova, Russia and Ukraine have an aging population (more than 7% of the population is 65 and older); Azerbaijan is on the verge of old age (6-7%); a younger population (3-4%) is observed in Kyrgyzstan, Tajikistan and Uzbekistan [14].

Table 4 Standardized mortality rates in the CIS countries and EU-28 countries [14]

	Diseases of the blood circulatory system	Dangerous tumors	External causes of death	Problems of respiratory organs		Diseases of the blood circulatory system	Dangerous tumors	External causes of death	Problems of respiratory organs
Armenia	498,2	161,3	136,2	89,7	Cyprus	358,7	211,8	45,0	116,3
Belarus	512,6	154,2	73,9	20	Latvia	841,8	298,7	86,9	43,0
Kazakhstan	250,8	118,3	81,5	148,1	Lithuania	822,1	274,2	97,2	46,7
Kyrgyzstan	551,6	112,5	47,6	50,7	Luxembourg	285,6	238,3	41,4	71,1
Russia	428,6	157,8	89,6	32,5	Malta	334,5	224,6	30,3	105,8
Tajikistan	555,4	71,1	19,1	42,3	The Netherlands	257,2	279,9	52,5	86,8
Uzbekistan	583,2	75,7	39,1	29	Poland	249,9	273,6	40,5	136,0
Austria	391,9	236,2	51	62,9	Portugal	545,2	293,6	54,0	84,2
Belgium	262,9	240,1	60,8	108,6	Romania	289,8	245,2	47,5	116,2
Bulgaria	1 115,8	232,8	38,2	67,7	Slovakia	899,6	276,5	51,6	87,3
Hungary	764,1	342,1	60,7	89,6	Slovenia	652,9	314,9	67,3	95,8
Germany	383,7	248	45,3	75,2	United Kingdom	430,0	308,1	78,1	66,8
Greece	368,1	246,7	35,7	107,5	Finland	345,0	219,2	62,5	36,8
Denmark	242,3	287,9	38,1	123,5	France	197,2	243,8	55,8	57,0
Ireland	290,1	270,9	32,8	135,5	Croatia	637,0	323,3	68,5	82,8
Japan	238,3	228,5	31,5	100,5	Czech	586,1	275,8	58,4	90,9
Italy	306,5	239,3	35	70	Sweden	309,4	231,6	50,3	67,1
					Estonia	633,8	289,2	65,0	43,2

The following tables show a comparison of standardized and general mortality rates according to the most common and socially significant causes (Tables 4, 5):

- the impact of the age structure of the population on the death rate is very obvious;

- in countries where the population is getting younger, the standardized mortality rate, for example, the mortality rate from the blood circulatory system diseases is significantly higher than the standard mortality indicators.

The critical state of the social sphere is described as follows:

- decrease in average life expectancy, increase in death rate, reduction of a number of diseases, alcoholism, depopulation in the form of drug addiction;
- changes in the consumption of genetically modified food products, reduction in caloric content;
- a decrease in the use of social infrastructure services in the context of limited budget financing and large-scale commercialization of its objects;
- extreme stratification of society by income level, where the income of the poorest 10% of the population is 15 times more than the income of the poorest 10% of the population;
- reduction of poverty scope (absolute and relative);
- the expansion of the critical areas of the labor market, which include those who do not work, but do not have the status of employment, who receive income from the subsistence minimum rate (fully or partially).

Table 5 General mortality rates in the CIS countries and EU-28 countries [14]

	Diseases of the blood circulatory system	Dangerous tumors	External causes of death	Problems of respiratory organs		Diseases of the blood circulatory system	Dangerous tumors	External causes of death	Problems of respiratory organs
Armenia	577,9	181,2	129,2	101,8	Cyprus	199,6	164,4	36,7	60,1
Belarus	754,1	201,6	83,7	25,2	Latvia	818,5	308,3	83,0	48,0
Kazakhstan	174,8	83,9	69,4	92,2	Lithuania	781,1	284,6	93,6	49,4
Kyrgyzstan	318	64	34	41	Luxembourg	197,2	176,2	41,5	64,0
Russia	640,8	202,0	95,3	65,9	Malta	255,3	215,8	23,7	80,3
Tajikistan	174,2	30,3	12,5	15,1	The Netherlands	220,8	260,4	50,7	81,8
Uzbekistan	308,2	40,7	...	37,0	Poland	443,2	267,2	53,7	72,7
Austria	382,2	241	48,6	63,3	Portugal	318,7	271,1	50,9	129,2
Belgium	252,0	229,3	67,2	113,2	Romania	768,8	264,3	52,1	88,0
Bulgaria	1 004,2	247,2	36,7	69,3	Slovakia	426,3	258,3	59,7	64,2
Hungary	660,7	333,2	56,8	82,9	Slovenia	386,6	316,8	73,4	52,5
Germany	418,1	277,9	50,7	86,7	United Kingdom	224,9	250,4	40,1	127,6
Greece	412,0	276,3	40,2	117,8	Finland	342,5	227,7	64,6	40,6
Denmark	214,5	270,5	37,6	117,0	France	215,8	245,7	58,0	62,1
Ireland	186,2	190,2	29,2	83,2	Croatia	564,2	340,9	73,3	57,7
Japan	256,2	231,5	32,9	114,3	Czech	459,8	260,8	55,7	78,3
Italy	363,1	281,5	39,8	85,4	Sweden	297,7	221,3	51,2	68,7
					Estonia	602,4	295,8	63,3	49,5

The mechanism of implementation of the social state in the CIS countries. The implementation of the social state according to the previously stated principles is ensured, first of all, with the help of the appropriate mechanisms of social security.

1. Social policy is implemented in the following areas of social relations: labor market, employment and unemployment; payment and protection of labor; regulation of income and

consumption of goods in mass demand; pension provision; provision of social assistance and targeted social assistance; social insurance; social service provision; education and vocational training; retraining and qualification upgrading; science; health protection; culture; social education, sport and tourism; demography, family, motherhood, fatherhood, childhood and youth; protection from environmental hazards, natural and man-made disasters; protection of social rights of all categories of citizens.

2. Financial support of the social state is an important factor and condition for its development. In order to implement the specific tasks of the social state, mechanisms for the formation of resources have been developed and implemented. and they are jointly financed by all levels of budgets and extra-budgetary social funds, citizens, and employers' donations.

3. Legal support is an important factor for the functioning of the social state. In a social state, the rights and freedoms guaranteed to every citizen by the Constitution should be fully used and a high level of legal protection should be provided.

4. Social protection is considered an essential element of the public social policy. In general, social protection is the mechanism that protects people from unfavorable effects of the social environment and mitigates their consequences. This is protection from possible personal rights and liberties, from criminal attacks on life, property, conscience and dignity.

5. According to the world experience, the system of social protection of citizens and the social equalization of their income includes redistribution of taxes, state payments and allowances, compulsory social insurance, pension provision and social assistance.

6. Expanding the complex of social service networks (healthcare, medicine, light and food, housing and communal services, catering, household services, etc.) and providing services at affordable prices, social security of the population is of great importance in order to cover all segments of the population, including those in difficult life situations, with appropriate services.

7. Creating basic conditions for studying, getting a job and housing, providing job guarantees for young people by the state, developing their civil and labor activities, teaching young people about real culture, creating conditions for wide involvement of young people in social education, sports and tourism. It is an integral task of the social state to lead an efficient youth movement focused on the worthy living conditions.

8. Social partnership is an important factor in reconciling conflicts between the interests of labor and capital, and it is objectively similar to the social state as a social institution and social process. In the creation of equal rights and equal responsibility for labor and economic relations related to it, participation of the authorities, together with other entities of these relations - workers and employers in the form of trade unions, results in the formation of market disorder, at the same time, it does not give the opportunity for development to the administrative and command methods of the management.

9. Implementation of the social responsibility of all levels of power and management bodies, society, and every citizen is a necessary condition for the functioning of the social state.

10. Social responsibility of government authorities. Public authorities are responsible for the implementation of social programs developed by them. In addition, they ensure proper functioning of social infrastructure sectors (education, science, health care, culture, etc.); monitor the observe the

state social standards, the allocation of budget funds allocated for social needs; fulfill other tasks of social nature provided by legislation, social partnership agreements and contracts.

Conclusion

The problem of creating a social state in the modern CIS society is a process related to the positive intervention of the state in social processes, as before.

It is necessary to develop the concept of protection of reproductive health of the population in all CIS countries, which envisages the creation of a comprehensive system of protection of reproductive health: implementation of a single state initiative in this field; increase the responsibility of all power structures for its implementation; improvement of the legislative and regulatory framework in the field of reproductive health protection; integration of HR training system; preventive measures to protect the reproductive health of workers; development of social security; providing social services to the elderly and child-bearing population; development of the programs focused on top-target objectives.

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