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IMPLEMENTATION OF MATERNAL CAPITAL IN RUSSIAN FEDERATION: REGIONAL PRACTICES

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Abstract: The article analyzes peculiarities of implementation of demography policy in various regions of Russia. The dominating part of regions started to develop regional programs of social support additionally to a federal program. Russian regions gained experience in the use of regional maternal capital. Authors studied regional practices on implementation regional maternal capital: terms of receiving support; amount of maternal capital; means of funds disposal. Regions and cities that do not implement regional maternal capital are viewed as a separate segment. Different directions and ways to use means of regional maternal capital in Russian regions are analyzed and systemized. Expert estimates of the policy of various use of maternal capital are viewed. Authors distinguish measures that should be spread while implementing demographic policy in Russian regions. Practices of using regional maternal capital for medical examination and treatment, purchase of medicine for children and sanatorium-resort treatment of children are studied. The article presents proposals aimed at improving demographic policy in the country.

Keywords: demographic policy, regional maternal capital, Russian regions, social support of population, total fertility rate.

INTRODUCTION

Demographic future cannot be definitely forecasted, and this fact should be taken into consideration while making social-economic, marketing, financial and other decisions (3; 1). This uncertainty is created mainly due to the difficulty of understanding demographic processes. Adverse scenario of population development in Russia gives reasons and justifies necessity to pro-long measures of demographic policy. Efficiency of

financial measures taken in Russian that are aimed to support birth-rate finds improvement in theoretical and empirical researches (2; 5; 9).

Specialists develop different models, programs and forms of state support to overcome demographic crisis (4). In response to the task of the President of Russian Federation majority of Russian regions started to develop local regional programs of support for young women with children. Since 2011 Russian Federation regions began to implement local programs of social support additionally to a federal program. In fact, corresponding regional programs are basically aimed to support families with more than two children (14). Local, municipal, republic and other regional programs function in more than 70 regions of Russia. Range of regions use corresponding program even for families with two children. Big Russian cities that possess federal status have their own original systems of family support – Moscow, Saint-Petersburg and Sevastopol. If a subject of Russian Federation doesn't provide local maternal capital, it doesn't mean that they don't have other additional financial to young families. Almost every Russian region has definite forms of support (11; 7). The experience of Moscow city, for example, shows instead of regional maternal capital there were developed other social support sets. There are at least 5 types of regional social benefits aimed to support young mothers. Important peculiarity of these Moscow government benefits for young mothers is that it is possible to take cash and use it for purchase of goods and services necessary to kids and their parents (7). Despite taken measures fertility rate in Moscow city is still lower than median Russian level.

METHODOLOGY

Methods of analysis and synthesis of scientific literature published in Russia and abroad were used. General approaches were proven during the research.

RESULTS

Amounts of regional maternal capital grow annually – it is caused by inflation and increasing necessities of population; amounts differ in every region. Not all regions index the size. Many Russian regions implement capital for the birth of the fourth, fifth, sixth child and some regions increase the size of the capital in case of twins or triple birth (Regional maternal capital – how to use and receiving instruction). Russian regions continue to implement and improve corresponding programs fulfilling regional policy in the sphere of demographic development (13). The average amount of maternal capital in regions is 100 000 rubles: in Nenetsky autonomous area 366 400 rubles, Yamalo-Nenetsky 350 000 rubles, in Dagestan 10000 rubles. Moreover, regions with high amount of capital imply indexes (List of regions with regional maternal capital).

Regions of Russian Federation possess the right to set independently: terms of receiving the support; the amount of capital; ways to use the financial means; period of program fulfillment. Differences in regions are based on the following factors: minimal number of children in a family to start the support, for example, for the birth of the second, third or further child; index system; possibility to cash part of a social benefit; punishment for the use of a benefit not for its intended purpose. The study of the experience of some Russian regions on implementation of regional demographic policy proved existence of various multiple directions and ways to use maternity capital funds. The research showed that more frequent corresponding support is used for repayment

of all types of target loans. Some programs are integrated in the majority of regions and other types function in single areas. Komi Republic, for example, is the only region of Russia where regional maternal capital can be used for payment of utilities. This experience should be taken into consideration by other regions as utilities payment are obligatory and make up a significant proportion in a family budget.

There are regions that started to use maternal capital for parent's education. In Tula region, for example, not only children but the owner of the certificate can get education; similar opportunities are provided in Stavropol region, and in Tolyatti city regional maternal capital is intended for payment of parents' professional education. Thus, use of regional maternal capital for getting any type of parents' education is quite rare in Russia. Cashing in regional maternal capital in Zabaikalsky Krai is the only way of its payment. Money is transferred on a bank account of a citizen or by a postal order. Worthy of analysis are practices of Sakhalin and Magadan region who use the following approach to stimulate birth-rate: regional capital is intended to women who give birth to the first child at the age up to 25 and the right for a social benefit while giving birth to the third child is maintained. Demographic science proves that marriage age and the age of giving birth to the first child determines quantity and planning of further children. G.V.Kadakoyev, associate professor, Maikop state technological university, department of finances and credits, distinguishes main perspective directions how to use regional maternal capital: treatment of systemic diseases by family members; getting a higher education by a parent in the region of residence (6).

It is important to analyze experience of regions that use regional maternal capital for medical examination, treatment, purchase of medicines for children, and sanatorium-resort treatment of children. Almost every region has its own demands for using financial means in this direction. 20 regions of Russia implemented regional maternal capital in this way: Nenets Autonomous district, Republic of Buryatia (providing them with medical care, including travel to and from the place of treatment; purchase of essential goods for newborns (according to the list established by the legislation of Buryatia), Jewish Autonomous region, Novgorod region, Primorye territory (children's medical services, including the purchase of medicines based on medical prescriptions), Voronezh region, Kaliningrad region (medical examination and treatment of children), Kirov region, Republic of Tyva, Magadan region, Republic of Karelia (treatment or rehabilitation of a child), Samara region, Tomsk region (treatment of children and their recovery in sanatoriums), Tula region (children's sanatorium treatment); Saratov region, Komi Republic, Ulyanovsk region (except for medical services for children, organization of their recreation), the Republic of Bashkortostan (to pay for the treatment of an adopted child or his stay in a sanatorium), the Republic of Kalmykia (for the treatment of children in any medical institutions); the Republic of Sakha (Yakutia), treatment of children (including sanatorium).

Regional maternal capital is used in 5 regions of Russia not only for treatment of children: Khanty-Mansi Autonomous Okrug-Yugra, Sakhalin region – cash out of regional maternity capital in Yuzhno-Sakhalinsk can be carried out by periods: 5000 rubles monthly; 15000 rubles quarterly; 30000– at a time. The amount of regional maternity capital in 2018 in Yuzhno-Sakhalinsk is 150000rubles. The law does not provide its indexing, Yamalo-Nenets autonomous district (medical care for any family member in Russian and foreign institutions, 350000rubles), Khabarovsk territory (treatment of parents and children under 23 years of age, the amount is 200000 rubles. Expenditure of the subsidy is allowed 2 years after the birth of the child), Chelyabinsk region (50000

rubles) (List of regions with regional maternal capital).

SUMMARY

Summing up, it should be noted that the fight against poverty is one of the most urgent and strategic tasks facing the country today. The determining factor of the size of the regional maternity capital is the financial capacity of the region. Obviously, for large families with low income the problem of poverty is most acute, even if the regional program of the parent capital contributed to the increase in the number of large families that is confirmed by the data of the Russian monitoring of economic situation and population health at the HSE (Russian monitoring of the economic situation and population health by HSE), the implementation of appropriate measures improved social wellbeing of the population, has had an impact on the health of the population of these regions. In foreign countries, they try to apply measures in the field of labor legislation in order to smooth out the problem of combining parenthood and employment in the labor market (15). In our opinion, it is necessary to consider the possibility of introducing at the legislative level accounting by employers of the distance and time that is spent daily on the road from home to work for employees with young children, to create 'meeting points' for children in schools and kindergartens. We believe that the use of maternity capital funds for medical examination of treatment, purchase of medicines, operations, organization of sanatorium-resort treatment at a good level not only for children, but also for parents will allow you to get the greatest effect from this assistance.

DISCUSSION AND CONCLUSION

The list of events in Moscow used in relation to families with 5-9 children deserves attention. If the regions will be assisted at birth for 3-4 children, it is realistic that it could have influenced the main demographic indicators, but it becomes clear that this will require huge amount of funds and this raises the question not only economic, ideological, but also moral character, as children should be born not only for material means.

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