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Основная тематическая направленность журнала: вопросы экономической теории и хозяйственной практики, повышения конкурентоспособности, диверсификации экономики, инновационно-технологического развития, инвестиций и финансов, международных отношений и регионального сотрудничества, социального развития, рынка труда и занятости, устойчивого территориального развития, природопользования и экологической безопасности, социальной модернизации, прогнозирования и планирования, валютно-финансовой системы, развития инновационных кластеров, а также методологии экономических исследований и анализа. Журнал ставит своей целью информировать читателя о достижениях экономической науки в мире, в том числе в Центральной Азии и Казахстане.

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## INEQUALITY OF INCOMES AND THE HEALTH OF POPULATION OF MODERN KAZAKHSTAN

The purpose of research is the assessment of inequality of incomes on the population's health, the creation of scientific ideas and recommendations for the formation of socio-economic policy, which causes the increase of life expectancy, professional longevity, decline of morbidity and mortality.

General hypothesis research on theme, that the relation between the indicators of health socio-economic state has a form of dependence "the better is economic state, the better is health".

Hypothesis 1. Are relative indicators such as financial conditions, inequality in allocation of incomes, and socio-economic status significant determinants for health conditions?

Hypothesis 2. As lower is income, as less medical services are available, as worse is health. The research of inequality in health is complicated by the reason that this is the mixed form of inequality (interaction of natural and social factor): (prejudice, poor eating, presence, lack or low quality healthcare system's services).

The quantity survey questionnaire consists of questions divided into four thematic blocks:

I. Socio-demographic characteristics of respondent block: gender, age, nationality, inhabitation in a definite region, accommodation conditions, education, employment, job position, work experience, the nature of labor, professional hazards, income level, marital status, number of children, profession.

The income level was considered as a subjective indicator of economic inequality, i.e. a position, occupied by an individual (ac-

ording to self-identity) on the economic stratification scale with 5 stages, characterizing the continuum, and two poles (low and high income).

II. Analysis of chronic diseases, heredity.

III. A brief WHO questionnaire for the assessment of life quality. The brief version of questionnaire on life quality WHO (WHOQOL-BREF), consists of 26 questions. 24 of them are grouped in 4 scales, and 2 (first and second) are considered separately.

WHOQOL-BREF questions are grouped in the following scales: physical health and wellness, psychological health and wellness, social relations and environmental factors. Each of the scales (sub sphere) signifies the life quality, and as higher is the significance of any sub sphere, the higher is life quality.

**Methods of research.** To reach the purpose of research the quantity method was applied (interviewing people by personal interview method).

**Quantity method.** The basic period of analysis was 2014. 5658 people in age of 18 and elder were used as a selective aggregate volume for calculation. The selection of the respondents was implemented with usage of sudden route method and quote drafting. The selective aggregate is representative, the list of respondents on the specified parameters is converging to the appropriate proportions in the general aggregate in accordance with actual data in Karaganda region and data from the Committee of Statistics of the Ministry of National Economics of the Republic of Ka-

zakhstan at the moment of interviewing <sup>1</sup>. Not only the number defines the representativeness of the selection, but also by the parameters of respondent (such as gender, age, profession, health conditions etc.). In this subject the selection error doesn't exceed 1,5-2%. This is the percentage of difference between the selection and general aggregate (for instance, the whole population).

**Introduction.** The income itself will not make an individual healthier – but things related to high income: the availability of expensive medical services, better education, eating, social linkages, sustainability in family etc [1-4]. The high level of the current income is the essential factor to control the individual's health, to prevent diseases, defining the health deviations [5].

The general hypothesis of the research is the relation between the indicators of health and socio-economic status that has a form of dependence «as better is economic state, the better is health». There are no doubts about the relation between the financial wellness and health's population on the scientific-theoretical and mental level. This was aimed to confirm using the quantity checks of suggestion: «as better is economic state, the better is health» [6-8].

**Analysis and interpretation of the results.** It should be mentioned again that it is difficult to estimate the socio-economic status, as the data on incomes' allocation is not open and available. Within the framework of the given research the level of the income serves for the evaluation of the interinfluence of the level of income and objective, subjective evaluations of population's health.

The income level and anamnesis of chronic diseases. The analysis of dependences and interpretation of the results. The dependence of health on income level (objective

economic status) is also traced on the prevalence of the specific diseases, in particular, the diseases of circulatory organs. As it is shown in the figures, the highest concentration of the people, who had the strokes and myocardial infarctions, the arterial hypertension, stenocardia is observed among the group of citizens with the lowest level and income level lower than average, and it decreases as the subjective economic status increases (Table 1-5).

Table1– **The level of income - The number of stroke**

The level of income	The number of stroke	%
1 – low	32	25,6
2 - lower than average	54	43,2
3 – average	27	21,6
4 – higher than average	12	9,6
Total	125	

In general, except the rare exclusion, the indicators of life quality in all spheres decrease with the age of respondents. In 36-41 age group the life quality's indicators are much higher in all spheres, than in the previous age group. It is remarkable, in the age groups from 18 to 41 the indicators are more comparable, than from 42 to 65: the average point in the sphere of subjective evaluations in 18-23 age group – 73,3, in 36-41 for 1,5 points lower. This indicator is lower for 62 points in 60-65 age group, than in 42-47, the significant decline of life quality's indicators is observed after 40 years.

<sup>1</sup> The base of scientific and technical data 0.0661 program «ecological risks and health of the population.» State registration number - 0114RK00302. The Ministry of Health of the Republic of Kazakhstan.

Table 2 – «Income level – the number of people, who had strokes, Miocardial infarction

The level of income	The number of respondents	The share of the respondents according to the level of income	The number of people, who had strokes	The number of people, who had strokes, %
1 – lower	396	13,9%	32	25,6
2 – lower than average	951	33,5%	54	43,2
3 - average	1071	37,7%	27	21,6
4 – higher than average	400	14,1%	12	09,6
5 – high	25	0,9%	0	0
Total	2843		125	

Table 3 – «Income level – the number of people, who had strokes

INCOME LEVEL	THE NUMBER OF PEOPLE, WHO HAD STROKES	%
1 – LOW	29	25
2 – LOWER THAN AVERAGE	50	43
3 – AVERAGE	25	22
4 – HIGHER THAN AVERAGE	12	10
TOTAL	125	

Table 4 – «Income level – the number of people, who had strokes, Stenocardia

Income level	The number of respondents with stenocardia	%
1 – low	116	14
2 – lower than average	175	21
3 – average	288	35
4 – higher than average	234	29
5 - high	1	0
Total	814	

Table 5 – The dependence “income level – The number of respondents with chronic diseases”

Income level	The number of respondents with chronic diseases	%
1 – low	330	16
2 – lower than average	829	41
3 – average	659	33
4 – higher than average	184	9
5 - high	10	0
Total	2012	

Depending on the level of education, the interesting features of the respondents are defined: respondents who have obtained higher education have higher indicators of life quality in all spheres, respondents, who have got primary education have the lowest indicators in all spheres. Respondents with medium and specialized education have comparable indicators. The result of the research proves that the indicators of life quality are directly proportionate to the level of education of the respondents.

The highest indicators in all spheres belong to the studying respondents, and the lowest belong to unemployed. It can be connected to the fact, that the youngsters usually represent the studying group, while

the group of unemployed also includes the retired people. The relation between the incomes and profession is also obvious. The low incomes are often associated with poorly qualified heavy physical labor, which is characterized by increased risk of getting damage. It is difficult to define the «poor» contribution of the incomes, education and profession, the extent of the contribution of the incomes can be considered only conditionally. Nevertheless, the inequality in health firstly is caused by the age. In other equal terms, the elder people can't compete with in this sphere with the youngsters. In this research a great attention is paid to education. However, the level of education and financial conditions has the equal values. Although in the European countries the level of education is the crucial indicator of social status, in the Post Soviet countries the significance of the level of education extremely declined by the reason of social upheavals. Nevertheless, the higher education positively influences on the position in the society.

The educational state in a lot of countries is used as a main indicator for people's hierarchy of socio-economic inequality, and economic state is firstly considered as a indicator of revenue and efficiency from the investments in cultural capital. In addition to this, education can be an indicator of human's increased ability to accept and analyze the information, make choices, which let people to care and treat their health in a correct and smart way.

The decrease of the contribution of the economic inequality could be the consequence of the change of population's structure according to the level of education, proportion of people employed by the physical or intellectual labor, marital status. It is known, that each additional academic year is coincided by 9% decrease of mortality among men and 7% decrease among women, and people employed by intellectual labor (top managers in particular) show the rather higher level of life expectancy than people employed by

physical labor. Age and education are among the main factors of changes of intensity of the health deviations.

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Түйін

Мақалада халықтың әлеуметтік-экономикалық мәртебесі келесі төрт фактормен анықталады. Ол білім, қаржылық ресурстар, класс, этнос. Факторлардың әрқайсысы жеке назар аударуға лайық. Негізгі мәселе халықтың еңбек етуі мен денсаулығы арасындағы өзара байланыс. Сонымен қатар, білім және қаржылық ресурс деңгейінің ұлт саулығына әсері қарастырылады. Әлеуметтік-экономикалық мәртебе және денсаулық туралы жалпы гипотеза дәлелденген.

*Түйінді сөздер:* реттік LOGIT регрессия, денсаулығына байланысты өмір сапасы, тұрғын халық.

Резюме

В статье построена порядковая логит регрессионная модель, позволяющая выделить социально-экономический статус индивидов, лежащих в основе определения уровня качества жизни, связанного со здоровьем. Зависимой переменной в регрессионном уравнении выступает уровень качества жизни, связанный со здоровьем, независимыми переменными – набор социоэкономических характеристик. Подтверждена общая гипотеза исследования о том, что связь между показателями здоровья и социально-экономическим положением имеет форму зависимости «чем лучше социально-экономическое положение, тем лучше здоровье».

*Ключевые слова:* порядковая логит регрессия, качество жизни связанное со здоровьем, население