Social infrastructure of rural areas

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Abstract. The relevance of the study is due to the need to obtain comprehensive ideas about the social infrastructure of rural areas of the Russian Federation. The purpose of the article is to analyse the features of rural infrastructure development in rural areas. The results of the study show that the public sector prevails in the field of medical services, while organizations of the commercial and non-profit sectors are present in the field of social services.

1 Introduction

The formation and development of the social sphere of the village is based on a distribution and infrastructure approach, in which the use of objects of social infrastructure in rural areas allows you to maintain and develop individual components of human capital and minimize its loss. Many authors connect rural economic growth, human capital and the social sphere. The modern development of agriculture requires the rational use of all the resources available to the industry, and especially labor. The social factors forming favorable social support for employees are living conditions, social support, privileges, accessibility of social infrastructure. It should be noted that from the standpoint of preserving human capital, social services organizations are not included in the social infrastructure of rural areas, which makes a significant problem in the formation of saving measures programs.

The purpose of the article is to obtain a holistic view of the organizational and functional foundations that determine the implementation of the human capital preserving process at rural territories.

2 The theoretical basis of the study

In the works devoted to the formation of the social service system in Russia, the objects of research are either regional units of analysis as in the works Danilova, Antonyuk, Suslova & Aleshin, or the cities as in the works Kalinina, Lopatina, Chagin.

Meanwhile, the problem of the development of social services as an instrument for the preservation of human capital in rural areas needs scientific understanding, since its organization in these territories has its own specifics.

If the primary link in the health care of rural residents is the feldsher-obstetric centre, based directly in rural areas, then the primary link in social services is a comprehensive social...
located in small towns or regional centres. In such a situation, the functions of saving the population are often transferred to other organizations of the public sector: religious institutions, clubs, schools, etc.

Analysis of the scientific works devoted to assessing the capacity of organizations whose activities are aimed at preserving human capital allows us to state the following. Rural areas have few active social organizations, there is almost no social support from private philanthropists [8]. Many rural residents do not receive social assistance because of the isolation and territorial distance of their places of residence from social services and the lack of required specialists [9]. One of the main problems is insufficient coordination of the road chains development in rural areas [10]. The effectiveness of preserving human capital depends on the resources of organizations involved in the existing network and transport accessibility, including the necessary transport and the condition of the local roads.

3 Research results

The analysis of the organizational base of the preserving human capital processes showed that there is a reduction in the network of feldsher-obstetric centres located in the settlements farthest from hospitals, which reduces the availability of primary health care for rural residents. General practitioners’ offices are mainly created in settlements with a population of more than 1000 and, therefore, as a rule are not available for residents of sparsely populated villages. In addition, their technical condition is not high enough, so out of the total number of general practitioners’ office buildings 11.7% were in disrepair, needed reconstruction or major repairs, 34.7% were located in adapted rooms and 6.7% in rented ones.

Despite the significant role of the feldsher-obstetric centres, the leading medical organization at the first stage of providing medical assistance to rural residents is the district hospital, which may include a hospital and a medical outpatient clinic, the number of such hospitals is gradually decreasing, figure 1.
Fig. 1. Availability of health care facilities in rural settlements

In three constituent entities of the Russian Federation, per 10,000 rural residents, there were over 80 beds in round-the-clock hospitals: in the Yamalo-Nenets Autonomous District, Tula, and Kostroma Regions. Compared to the city, rural medical organizations are significantly worse provided with medical specialists, only 8.8% of the total number of doctors worked in rural areas, and 14.9% of the nursing staff of the Russian Federation. Per 10,000 rural residents in 2017, there were 16.4 doctors, which is 3.5 times lower than the city level—58.1 doctors per 10,000 people, and 60.5 people of nursing staff, compared with 118.7 in the city. Next, we present the results of a quantitative analysis of the social service system in rural areas, figure 2.
4 Conclusions

way of rural resident’s life, the dispersion of settlements over a large territory, the low
roads, and the specificity of agricultural labor form specific features of the implementation of functions this infrastructure.

A quantitative analysis showed that the public sector prevails in the field of medical services, while organizations in the commercial and non-profit sectors are present in the field of social services. The development of the private sector among entities that perform the functions of preserving human capital in rural areas is largely due to the presence of a market formed by urban residents who have suburban real estate and enter into economic relations in a specific rural territory. Hierarchical models formed within the framework of the theory of infrastructure cannot cover all potential consumers due to the availability of budgetary constraints, and problems of the quality of services provided due to the lack of competitive mechanisms are also indicated. Private commercial and non-commercial models of preserving human capital experience resource constraints due to the low solvency of users. Such a situation has been repeatedly described in the scientific literature as “market failures” and “government failures”, and the latest tendency to use non-profit charitable organizations to close them cannot provide an effective process for preserving human capital in the long term.

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