This thesis examined health, health-related behaviour and attitudes of adults aged 18-64 on the basis of a postal survey, conducted in Moscow (n=545, response rate 29%) and Helsinki (Finnish-speaking population, n=824, response rate 71%) in 1991, the year when the Soviet Union was dissolved. The data represented sufficiently the sex, age, and marital status distributions of the cities. The Moscow sample was biased towards higher education, which was taken into account by various methodological solutions in the analysis and the interpretations.

Well-being was lower in Moscow and was shown as greater discontent with central life spheres, greater alienation and more experience of stress. Muscovite women had the worst health on most indicators. In view of notions of a 'classless' or homogenous social structure in socialist societies, weaker social gradients on health were expected in Moscow compared to Helsinki. This was so among women, but less clearly among men. Health was a highly salient value in both cities. The Muscovites valued traditional and private spheres of life more than the Finns and were more external and fatalistic in their causal attributions. Finnish respondents were more individualistic and hedonistic in their value ratings and internal in their causal attributions, believing more in the significance of talent and strength of character.

Men and women in Helsinki were more 'egalitarian' in their health-related habits. An 'all-healthy' lifestyle (no smoking, no frequent drunkenness, healthy diet, physical exercise) was found among 39% of women and 29% of men in Helsinki, but only 6% and 7% in Moscow. Alienation was expected to undermine the motivation to lead a healthy life. This proved more clearly true in Helsinki than in Moscow.

Methodological problems of comparison between different societies were addressed in terms of identity and equivalence of measurement. Explanations for the Russian health crisis of the 1990s, and the long-term fluctuations since the mid-1960s, are suggested on the basis of research literature. They range from general modernisation approaches to more specific suggestions (e.g. generation lag hypothesis), while the main models propose explanations concerning lifestyle, psychosocial stress and social inequalities, which were all relevant to the present study.