
С РАБОЧЕГО СТОЛА СОЦИОЛОГА

FROM THE WORKING TABLE OF A SOCIOLOGIST

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АНАЛИЗ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ КАЗАХСТАНСКИХ ЖЕНЩИН В КОНТЕКСТЕ СОЦИАЛЬНО-ЭКОНОМИЧЕСКОГО НЕРАВЕНСТВА: РИСКИ И МЕТОДЫ ЕГО ПРЕОДОЛЕНИЯ

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Аннотация. Анализируется влияние социально-экономических факторов на репродуктивное поведение женщин в Казахстане. Выясняется зависимость репродуктивных установок женщин от финансовой стабильности, культурных и гендерных стереотипов, а также от возможностей доступа к медицинским услугам. В ходе исследования используются методы опроса и количественного анализа. Результаты проведенной работы показывают, что социально-экономический статус женщины оказывает значительное влияние на ее репродуктивные установки. Женщины с высоким уровнем дохода имеют лучший доступ к медицинским услугам и менее подвержены влиянию стереотипов, чем женщины с более низким уровнем дохода. Подчеркивается важность социокультурных аспектов в программах поддержки репродуктивного здоровья. Исследование имеет значительную научную и практическую ценность, поскольку его результаты могут быть использованы для разработки программ, направленных на повышение доступности услуг

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Ключевые слова: репродуктивное поведение; социально-экономическое неравенство; Алма-Ата; гендерные стереотипы; финансовая стабильность; социокультурные факторы; социология медицины.

ANALYSIS OF REPRODUCTIVE HEALTH OF KAZAKHSTANI WOMEN IN THE CONTEXT OF SOCIO-ECONOMIC INEQUALITY: RISKS AND METHODS OF OVERCOMING IT

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Abstract. The influence of socio-economic factors on the reproductive behaviour of women in Kazakhstan is analysed. The dependence of women's reproductive attitudes on financial stability, cultural and gender stereotypes, as well as on access to medical services is revealed. The study uses survey and quantitative analysis methods. The results of the work show that a woman's socio-economic status has a significant impact on her reproductive decisions. Women with high incomes have higher level of access to health services and are less influenced by stereotypes than women with lower incomes. The conclusion about the significant impact of socio-economic inequality on the reproductive behaviour of Kazakhstani women is substantiated. The importance of sociocultural aspect in reproductive health support programmes is emphasised. The study has significant scientific and practical value, since its results can be used to develop programmes aimed at increasing the availability of reproductive health services in Kazakhstan (adaptation of relevant medical programmes and development of educational initiatives aimed at supporting young women and economically vulnerable groups of the population).

Keywords: reproductive behaviour; socio-economic inequality; Almaty; gender stereotypes; financial stability; socio-cultural factors; sociology of medicine.

Introduction

The Sustainable Development Goals aim to reduce socio-economic inequalities in access to reproductive health services, as well as differences in access to these services, both within and between countries¹. In particular, the Sustainable Development Goals (goals 5 and 3) emphasise the need to ensure universal access to sexual and reproductive health and rights².

In Kazakhstan, especially in large cities such as Almaty and Astana, Shymkent, socio-economic inequality has a noticeable impact on access to reproductive services and the quality of medical care. The uneven distribution of resources in healthcare is manifested in limited access to qualified medical care for women with lower income levels. This is especially true in urban areas, where the cost of medical services is often higher than in rural areas. However, in large cities, access to information for qualified medical care is also more common.

The importance of this problem is supported by research data demonstrating that the socio-economic situation of the population is related to the level of use of reproductive health services. Women from more

affluent segments of the population in megacities such as Almaty have significantly greater access to private clinics and modern family planning methods. At the same time, residents of the Almaty region (using the example of residents of Talgar district), and women from less well off segments of the population face difficulties in obtaining necessary medical services, including prenatal care and qualified assistance during childbirth.

Currently, Kazakhstan is implementing national programmes and initiatives aimed at improving access to reproductive services. International organisations also provide support by providing financial and material resources for the development of healthcare [1]. However, in order to reduce inequality more successfully, an in-depth analysis of the socio-economic factors affecting the availability of medical care is required. Research shows that the effectiveness of inequality reduction programmes depends on their adaptation to the specific conditions of Kazakhstan. For example, the abolition or reduction of fees for certain types of medical services could help increase coverage for vulnerable groups [2].

¹Health in 2015: from MDGs, millennium development goals to SDGs, sustainable development goals // World Health Organisation : site. URL: https://www.who.int/docs/default-source/gho-documents/health-in-2015-mdgs-to-sdgs/health-in-2015-from-mdgs-to-sdgs.pdf?sfvrsn=8ba61059_2 (date of access: 04.08.2019).

²Transforming our world: the 2030 agenda for sustainable development // United Nations : site. URL: <https://sdgs.un.org/2030agenda> (date of access: 04.08.2019).

Such measures would also reduce the financial burden on low-income households by increasing access to health care and strengthening women's reproductive health.

However, significant differences in access and quality of services remain. Evidence suggests that improving reproductive health requires additional attention to the issue of equity in the distribution of services. Successful programmers aimed at reducing inequality should be based on evidence highlighting the impact of socio-economic factors on access to health care. The reproductive health and behaviour of women in Kazakhstan and other Central Asian countries are shaped by complex factors affecting socio-economic, sociocultural, ethnic and religious characteristics. In large cities such as Almaty, social inequality, cultural differences and economic instability pose unique challenges to ensuring equal access to health services, especially for women from vulnerable segments of society. Religious views, traditions and customs, mentality, and various taboo actions influence the perception of reproductive health, family planning decisions, and attitudes toward medical intervention, forming differences in reproductive behaviour among different population groups. This highlights the importance of a comprehensive approach to the study of reproductive behaviour among different population groups. This highlights the importance of an integrated approach to the study of reproductive

health, which takes into account the entire system of factors influencing women's choice and access to medical services.

The study of reproductive health and behaviour through the prism of these factors is of paramount importance, since it is this approach that allows us to identify barriers and needs of women. But we researchers focus on the study of reproductive health in the context of socio-economic inequality – one of the most relevant topics of modern sociology and the sociology of medicine, and medicine itself. Effective allocation of resources and equitable provision of women's access to reproductive health services are key tasks on which the health of not only individual women, but also the whole society depends. These studies can help not only improve the quality of women's lives, but also ensure the sustainable development of the region, because access to medical services is a fundamental part of the stability and security of society as a whole, and a stable and good state of a woman's reproductive health will be the basis for good health in general, as this also affects the life of our society.

This article aims to explore the relationship between socio-economic inequality and access to reproductive health services in Kazakhstan (using the example of the city of Almaty) in order to develop more effective and equitable strategies for the provision of medical care.

Literary review

The analysis of women's reproductive health in Kazakhstan is of great socio-economic importance for the accessibility and quality of medical care. The problems in this area are multifaceted and relate not only to medical aspect, but also to the social sphere, where the economic situation and cultural attitudes limit women's ability to effectively plan and control reproductive behaviour. Kazakhstan, despite the relative youth of the population and the high level of fertile age, is faced with women with demographic changes, among whom there is a tendency to delay childbearing. This phenomenon increases the risks of age-related infertility, which is especially important in conditions where knowledge about age-related changes in fertility and, possibly, assisted reproductive technologies remains limited.

The social situation causes these problems by limiting access to high-quality medical services for low-income women, as a result of which they have suffered or been affected by atmospheric phenomena. In addition, young people face barriers in obtaining sufficient information about reproductive health, which leads to unwanted pregnancies and sexually transmitted diseases. The lack of well thought out programmes aimed at reducing proportions exacerbates the imbalance, since more targeted, socially oriented measures can reduce the risks associated with data transmission.

Consideration of various aspects of the reproductive health of Kazakhstani women in all economic and social

barriers makes it possible to identify key challenges and propose solutions aimed at improving the quality of life and reducing the level of risk. Research conducted in this area indicates the need for comprehensive reforms in the health care system and the development of educational programmes for women, especially among socially vulnerable segments of the population.

Thus, the purpose of this literature review is a comprehensive analysis of the risks to the reproductive health of women in Kazakhstan in the context of socio-economic development, as well as a description of methods aimed at overcoming existing obstacles.

A literary review on the topic of analysing the reproductive health of Kazakhstani women in the context of socio-economic inequality is associated with many other problems and factors. But these challenges are directly related to the consequences of socio-economic factors and other factors that contribute to access to climatic conditions and can determine reproductive behaviour. In this article, we are doing a literary review on our topic from different aspects, but each time we will justify and show their effects with socio-economic aspects, and how this aspect affects women's reproductive health and behaviour.

Socio-economic aspect and their impact on reproductive health. One of the main problems is the decrease in the birth rate, which is associated with the postponement of the first pregnancy to a later age.

This postponement of fertility leads to the risk of age-related infertility, which is confirmed by statistics: in Kazakhstan, the average age of first childbirth increases from 23 years in 1990 to 28.5 years in 2017, which progresses with the level of Eastern European countries and differs markedly from other countries. Thus, an increase in the number of first births causes a risk of an increase in the frequency of infertility, which is especially problematic in conditions of conducting a sufficient number of studies in this area.

Another important social problem affecting demographic dynamics is a decrease in the birth rate associated with changes in reproductive preferences and increasing social expectations. In Kazakhstan, as in other Central Asian countries, against the background of economic and cultural transformations, there is a tendency to postpone the first birth to a later age. If in 1990 the average age of first births was 23 years, by 2017 it had grown to 28.5 years, which is already approaching the indicators of Eastern European countries and creates new risks [3].

This trend, dubbed delayed fertility, is accompanied by serious consequences. With age, natural fertility decreases, which increases the likelihood of age-related infertility and related problems. In addition, delayed pregnancy increases the burden on health systems, requiring more active monitoring of the health of women of older reproductive age, which also requires additional research and adaptation of medical approaches to this demographic group.

Against the background of this demographic shift, the issue of women's awareness of the factors affecting fertility, as well as the availability and quality of reproductive health services, is also acute. Given the diversity of ethnic groups in Kazakhstan and their cultural differences, educational programmes aimed at improving health literacy should take into account cultural characteristics and linguistic accessibility. For example, programmes to inform about the risks of late motherhood and infertility prevention could be distributed in several languages to reach different ethnic groups while maintaining respect for their cultural traditions.

These measures will not only prevent the growth of age-related infertility, but also strengthen cultural and social stability, ensuring that information is accessible to all segments of the population. Thus, the interaction between demographic changes and linguistic peculiarities in Kazakhstan requires an integrated approach to maintain the health and well-being of society.

These demographic shifts can be explained by the spread of contraceptives, which currently provide greater control over the reproductive cycle, as well as an increase in education and career education, which leads to later entry into motherhood [4]. However, the pro-

blem lies in women's low awareness of the impact on fertility, as well as in overestimated expectations of the effectiveness of assisted reproductive technologies such as in vitro fertilisation, the success of which decreases significantly with the age of the mother [5].

Problems of development and the impact of socio-economic impact. The socio-economic impact affects the reproductive health of the population. Young people in Kazakhstan need specialised support, since this particular group of the population is more likely to face a lack of information, the risk of HIV infection, unwanted pregnancy and restrictions during childbirth. However, some health programmes ignore socio-economic problems affecting the availability of medical services. For example, research shows that reproductive health programmes such as educational initiatives and beneficial services do not distinguish between outcomes with different income levels and specific status³.

The existence of such a disparity limits the access of young people from low-income families to quality services and information. Uneven distribution of resources leads to the fact that young people, moving to a lower social status, cannot receive qualified assistance, which ultimately negatively affects their reproductive health and general well-being⁴. In this case, it is necessary to carefully implement geosensitive and socially oriented programmes aimed at removing barriers for different segments of society.

Antenatal care and social reforms. Problems in the field of antenatal care are key issues in improving the reproductive health of Kazakhstani women. In Kazakhstan, 99.2 % of women turn to antenatal care specialists once, but the quality of services provided often does not meet the requirements of the International Agency for Antenatal Care. The introduction of international approaches in Kazakhstan, such as the «Safe motherhood project» in Zhezkazgan ensures a reduction in the number of hospitalisations and an improvement in the quality of medical care. However, significant social conditions still lead to access to quality services, especially among low-income women and patients with drastic changes [6].

It is important to note that after the start of the reform of antenatal care in Kazakhstan, mortality rates should decrease significantly; however, a number of studies show that the introduction of new methods takes into account the cultural and historical characteristics of the country. In addition, additional research is needed to be aimed at satisfaction with the quality of care received and at eliminating consequences for women in order to support further changes in this area [7].

The reproductive health of women in Kazakhstan requires an integrated approach that will take into account all aspects of a socio-economic nature. There is an obvious need for a more in-depth analysis of the

³The world's youth 2000 / Popul. Ref. Bureau. Washington : PRB, 2000. 24 p.

⁴Reaching young people worldwide: reproductive health communication activities to date, 1985–1995 // USAID : site. URL: https://pdf.usaid.gov/pdf_docs/pnabz446.pdf (date of access: 15.10.2024).

birth rate, strengthening educational work on reproductive health and improving the quality of antenatal services.

The results of the study «Growing inequalities and reproductive health in transitional countries: Kazakhstan and Belarus» by N. Danilovich show that market-oriented reforms in Kazakhstan have led to a decrease in the availability of medical services for vulnerable groups of the population, especially for low-income women [8]. In Kazakhstan, where the healthcare system has undergone reforms with an emphasis on market mechanisms, medical services have become less accessible to economically disadvantaged women. Unlike in Belarus, where health care has a more centralised approach with a focus on accessibility for all, women face difficulties with restrictions due to income and education level. The results of this study show that market reforms aimed at improving efficiency and reducing budget expenditures can have negative consequences for access to basic economic services if there is no support for vulnerable groups of the population. This calls into question the universality and fairness of the health care system, which, when reformed becomes more costly and focused on a solvent society, which creates obstacles for low-income groups to access services including reproductive care.

Research by N. Danilovich also revealed the impact of education levels on access to reproductive care, especially in Kazakhstan, where women with low levels of education are more likely to receive medical services. This factor is not so significant in Belarus, where the socialist model of healthcare remains focused on the majority of the population and provides access to services regardless of the reasons. This observation suggests that systems that are not profit-oriented and do not determine the ability of patients to pay ensure more

equitable and equal access to healthcare. This opens up new opportunities to explore how market reforms and a focus on commercial efficiency can lead to social belonging and reinforce stigmas, especially in terms of rights with women's groups and reproductive rights.

In this case, a link has been established between household income and self-assessment of health, which confirms that the socio-economic factor directly affects women's perception of their health. In Belarus, such a relationship has not been found, which supports a centralised healthcare system with a lower degree of commercialisation, which provides a higher level of satisfaction and better enjoyment in the field of healthcare, regardless of the factor. These data raise the question of the need for reforms in Kazakhstan aimed at expanding the availability of services and removing obstacles for women with low income and education that arise from systemic difficulties in obtaining medical care. It also shows the importance of the role of the state in ensuring equal access to indicators of services and resources, and that not all market mechanisms can be effective and fair in the field of healthcare.

Thus, N. Danilovich's research provides a deeper understanding of how differences in health policy and approaches to reform affect reproductive health and access to basic services for women in Kazakhstan and Belarus. This study requires the need for a comprehensive analysis and further study of systemic factors affecting reproductive health in a socio-economic state. The comparison of Kazakhstan and Belarus in this quarter provides useful conclusions for countries with economies in transition considering the possibilities of market reforms in healthcare: the important consequences they can have for vulnerable groups, and focus not only on economic efficiency, but also on social efficiency.

Empirical relevance of the study

In recent years, Kazakhstan has seen an increase in indicators related to general and current health care costs. In 2018, total healthcare costs amounted to 1885.4 bln tenge which is 1.0 % higher than the level of the year (1759 bln tenge). However, despite the positive dynamics, this indicator is only 3.0 % of GDP, which is significantly lower than the level of the countries of the Organisation of Economic Cooperation and Development, where the average health expenditure is 8.8 % of GDP. According to the World Health Organisation, in order to ensure the quality of healthcare, the healthcare system needs to provide at least 6.0–8.0 % of GDP in the countries of the world and about 5.0 % of GDP in the world [9]. Thus, there is a shortage of scarce financing in Kazakhstan, which entails significant «pocket» expenses for the maintenance of the population and a small financial burden on the household, which especially strongly affects the reproductive health of women who are in conditions of socio-economic factors.

Current healthcare expenditures, not including capital expenditures, also increased growth: they reached 1765 bln tenge compared to 1656.1 bln tenge in 2017, which amounted to 2.9 % of GDP. Despite this, direct household payments accounted for the norm of the share of these expenses (33.0 %, or 585.05 bln tenge), which indicates a constant increase in the financial burden on the country. In dynamics, this indicator has almost doubled since 2013. Due to this, «pocket» payments force women, especially from low-income groups, to restrict access to expanded services, including reproductive health services, which is a significant provision that increases risks to their health [9].

One of the key factors influencing the growth of healthcare costs is the high cost of purchasing medicines. Thus, since 2010, household spending on medicines has more than tripled, from 108.7 to 353.7 bln tenge in 2018. The main reasons for this growth were inflation and the devaluation of the national currency.

In addition, the high cost of medicines and medical services at the outpatient and inpatient levels, which has increased by 6 and 2.6 times, forces the population to use their own funds, which leads to the risk of further cost increases.

The socio-economic phenomenon affects the availability of medical services. The high level of «pocket» expenses (accounting for 38.5 % of all current health-care expenses) creates additional obstacles to obtaining the necessary medical care. The main part of cur-

rent expenses is related to the purchase of medicines and medical devices (60.7 % in 2018) [9], which limits the limitation of financing and the lack of inclusion of a number of basic drugs in the list of guaranteed volume of necessary medical care. This is especially important for reproductive health, as many women, especially from vulnerable groups, cannot afford regular checkups, consultations and medication, which can lead to deterioration of their health and increase the risk of developing diseases during pregnancy and childbirth.

Research methodology

The present study was aimed at studying the social socio-economic factors of reproductive health and behaviour of women of reproductive age in the city of Almaty. It combines theoretical analysis and empirical research, which reveals important aspects that were not taken into account in previous studies. The research questions are designed to determine how socio-economic status affects access to favourable services and reproductive solutions for women.

Method. The main method used was a quantitative sociological study conducted using a stratified random sample based on the principle of profitability. The sample included 320 women from eight districts of Almaty, which makes it possible to analyse differences in reproductive behaviour and the level of access to preferential services among women with different socio-economic status. This approach makes it possible to assess the

representativeness of elections and identify significant dependencies between income level and reproductive health characteristics.

Research tools. A structured survey was used to collect data, which was conducted with the involvement of trainee sociologists from the Public Opinion Research Center. The questionnaire questions cover topics such as the availability and use of reproductive health services, family planning practices, marital status, number of children, and aspects of life.

The main hypotheses are presented as follows:

- the socio-economic situation has an impact on women's reproductive health, determining their access to favorable conditions and reproductive decisions;
- women from low-income households have more limited opportunities for family planning, which apparently depends on their reproductive strategies.

The results of the study

To expand coverage of the socio-economic and geographical composition of the city's population 320 women from eight districts of Almaty took part in the research.

Age. The majority of respondents are young women aged 18 to 25 years (58.4 %), which is due to the active reproductive phase. Women aged 26–35 years make up 15.0 %, those aged 36–45 years – 21.9 %, and participants over 45 years old make up only 2.8 %.

Marital status and having children. Among the participants, 29.4 % are married, 1.3 % are divorced, and 69.4 % are single. The majority of respondents (69.4 %) do not have children, 9.7 % have one child, 6.3 % have two children, 12.2 % have three children, and 2.5 % have four or more children.

Education and employment. Most of the participants have higher education without a degree (47.8 %) or an academic degree (28.7 %). According to the type of employment, the respondents were distributed as follows: 15.9 % are currently working, 26.0 % are in budget organisations, 8.1 % are employees, and 1.9 % are private entrepreneurs. Also, 28.7 % of students graduated which suggests the influence of the level of education and type of activity on reproductive behaviour.

Financial situation. Household income is increasing significantly, which affects access to modern con-

ditions and family planning opportunities. An analysis of the financial situation of households showed that 53.4 % of women believe that they have enough income for everything except large purchases such as a car or an apartment. However, 36.9 % noted that there are only enough funds for food and clothing, while durable goods are difficult for them. The most difficult situation is for 1.6 % of respondents, for whom even buying food is a financial difficulty. Another 1.6 % chose not to go to this question. These data show that in most households in Kazakhstan there are no reserve funds for medical or unforeseen expenses that can take into account the risks to women's health.

According to the goals and objectives of this study, we researchers identified the factors influencing the reproductive decision of Kazakh women (using the example of residents of Almaty), and we asked about various aspects that affect their attitudes and choices. The data obtained allow us to evaluate the effectiveness of various economic, cultural, sociocultural and social factors in our decisions regarding reproductive health. The analysis of responses helps to identify the main areas that require attention and provides information on the consequences of socio-economic impacts, accessibility of medical services, cultural services and, consequently, beliefs in scientific research in the field of reproductive health (fig. 1).

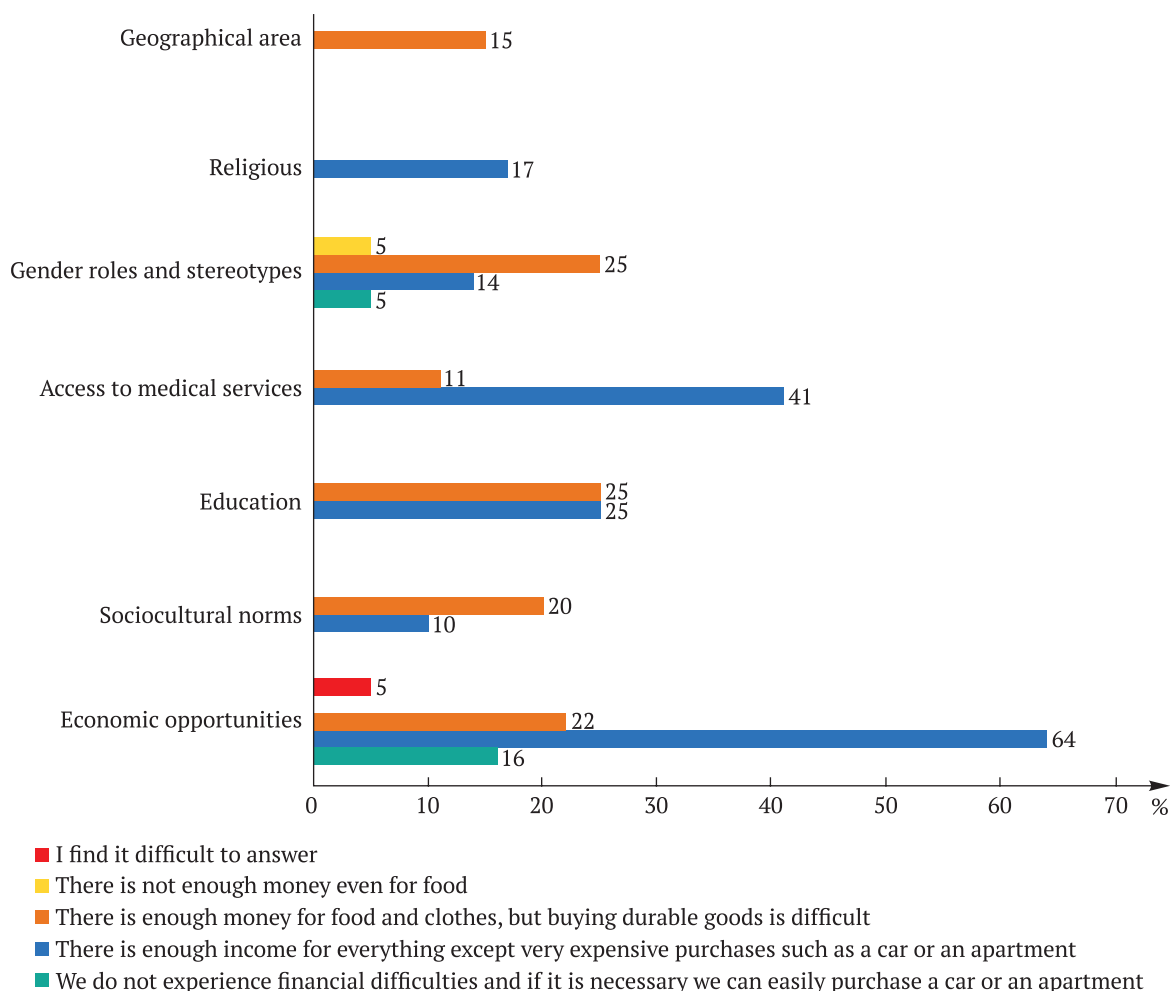


Fig. 1. Factors influencing the reproductive decisions of women in households (analysis of the relationship with the question of assessing the financial situation of Almaty women), $n = 320$

According to the results of our study of women assessing their financial condition as «We do not experience financial difficulties and if it is necessary we can easily buy a car or an apartment», the most important factor that affects women's reproductive decision was said to be gender roles and stereotypes most of all. Gender videos and stereotypes can contribute to solving the reproductive problems of women, even those who assess their financial situation as stable. In cultural and family contexts, women may find it difficult to overcome expectations – for example, to consider motherhood and family life their priority, despite career ambitions or personal plans. For some women, such stereotypes can become the main source of education during childbirth, just as expectations from family, society or a partner can dominate personal preferences. Thus, financially secure women can even make reproductive plans dependent on social and family norms, which plays the role of genetic stereotypes as an innovative influencing factor.

The participants of the study chose various factors as important factors for a reproductive decision such as sociocultural norms, education, access to medical services, religious factors and even the geographical loca-

tion of the place of residence affects the reproductive decision of women. According to the results that we see in fig. 1, economic factors also play an important role in reproductive decisions. The study showed that among women who receive income, 64 respondents, in fact, consider factors as a significant aspect. This suggests that even with financial stability, women may be afraid of the additional costs associated with children such as education and health care. While 22 women from the group where there is only enough money for food and clothing, given the decisions related to the fact that financial conditions affect reproductive function, respondents who are in a difficult financial condition are less willing to associate their financial condition with reproductive ones. This may indicate that in conditions of a limited budget, women may simply not consider the possibility of childbirth as relevant.

Other factors mentioned by participants such as sociocultural norms access to developed services, education, and developed beliefs, also influence women's reproductive decisions. For example, education and access to health services can enhance family planning opportunities and provide women with more informed

solutions. Geographical location can also determine the availability of high-quality medical care and support, which, in turn, affects the solution of the problem of childbirth. The relationship between material conditions and factors of existence indicates that financial resources can provide access to the formation and provision of conditions, create a vicious circle. Thus, women with good financial security have not only certain conditions, but also difficulties with expectations and norms that may limit their choice in the field of reproductive health.

Turning to the discussion of the results obtained on the question «Do financial aspects influence your decision to have children?», it is worth noting that this question directly links the socio-economic situation of respondents with their reproductive decisions. Financial stability or instability can significantly affect women's readiness for motherhood, determining both short-term and long-term family plans. The results show that many respondents recognise lower maternal conditions when making childbearing decisions, which provides a link between causes and reproductive health choices. The analysis provides a better understanding of how financial factors can shape women's attitudes towards motherhood and what conditions they consider as determining for starting a family.

The survey results presented in fig. 2 allow us to identify patterns in reproductive decisions of women from various socio-economic strata. They clearly demonstrate that financial situation has a significant impact on family planning decisions. In particular, women who do not experience financial difficulties and have the opportunity to purchase expensive goods such as a car or an apartment in most cases (16 out of 21) recognise the impact of their financial situation on their reproductive plans. These data emphasise that financial stability allows this group of women to feel confident in the future, which has a positive effect on their readiness for childbirth.

Women in the category where income is sufficient for everything except large purchases such as a car or apartment are also more likely to feel financial pressure on reproductive decisions (63 out of 171). In this case, it is important to note that, despite the relative stability, the lack of the possibility of large purchases can symbolise for many women limited prospects, which indirectly affects the perception of reproductive decisions. This group of women may be characterised by a sense of budget balance, where childbirth is perceived as a serious and partly financially risky responsibility.

The largest number of women who noted financial difficulties as a significant factor were among those who have enough money for basic needs such as food and clothing, but it is difficult to purchase durable goods. In this category, 67 women confirmed the impact of their financial situation on their reproductive decisions, which indicates significant concerns about the additional costs that childbirth will entail. This indicates a deep socio-economic difference, when financial instability creates additional stress and restrictions, making it more difficult to make a decision about childbirth.

Women experiencing serious financial difficulties and unable to provide for basic needs unanimously replied that their financial situation does not affect their decisions about having children. This phenomenon can be explained by the prevailing social and cultural norms in Kazakhstan, where traditional values and religious beliefs play a significant role. In conditions of limited access to material resources and income instability, some segments of the population may maintain the attitude of accepting having many children as an important part of identity. In such cases, the material side is considered as a temporary obstacle, and having children is considered as a natural and valuable continuation of life, regardless of financial condition.

The peculiarities of the perception of financial factors indicate important differences in reproductive attitudes among women in Kazakhstan. This analysis allows

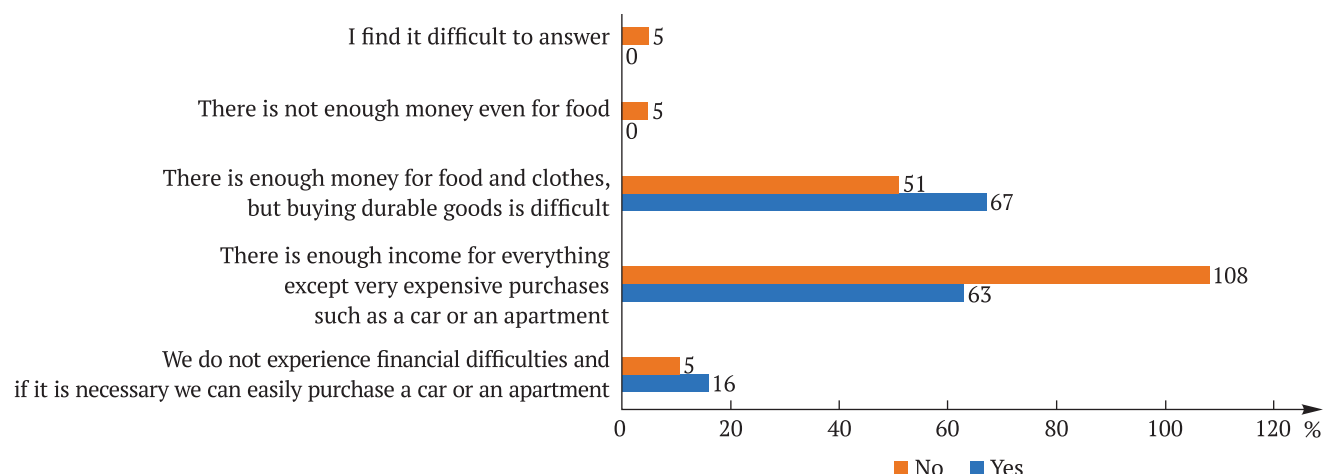


Fig. 2. Analysis of the relationship between the material well-being of the household and the respondents' opinion on their assessment of the impact of financial aspects on their decision to have children, $n = 320$

us to identify several aspects characterising the impact of socio-economic inequality on reproductive health and elections. Firstly, among the more affluent strata, there is a link between income stability and willingness to have children. This is due to access to the best conditions of education and medicine, which contributes to a confident perception of the future. Secondly, middle-income women are most affected by financial constraints, which indicates the need for government support and social security programmes aimed at supporting young families and creating affordable housing conditions.

Sociocultural and religious aspects also play a role in the perception of financial difficulties and childbirth. Traditional values in Kazakhstan, especially among Kazakhstani families, often emphasise the importance of family

and children, which in some cases can lead to a choice in favour of children, despite financial difficulties. Such views contribute to the formation of stable family traditions, which often influence individual decisions.

To overcome the risks associated with socio-economic inequality, it is advisable to develop programmes that will help improve conditions for women's reproductive health. These can be comprehensive measures, including support for young families through affordable housing programmes, preferential medical care for mothers and children, educational programmes on family planning, as well as parenting consultations. It is important that such initiatives be culturally sensitive and take into account regional peculiarities, mentality and traditions of Kazakhstanis.

Conclusions

The analysis of socio-economic factors influencing reproductive behaviour in Kazakhstan reveals for women a deep and multi-layered relationship between material well-being and opportunities for access to economic conditions. The results of the study show that financial stability expands access to reproductive services, making their quality and efficiency more accessible, while women with lower incomes face restrictions in this aspect. Such differences call for clarification of adapted measures aimed at ensuring equity in the field of health care, especially in cities with pronounced economic stratification such as Almaty.

The results of the study show that, in addition to economic factors, women's reproductive behaviour is influenced by sociocultural norms, gender stereotypes and mentality. For example, even among low-income women, social demands and family traditions may be more important than their personal preferences. This confirms the need for an integrated approach to the

study of reproductive health, which takes into account the cultural and social characteristics of different population groups.

In Kazakhstan, where demographic changes and their transformation entail changes in family values and expectations, it becomes especially necessary to increase the availability of educational programmes and medical support, especially for vulnerable groups. This will help not only improve reproductive health, but also strengthen the resilience of society as a whole. Thus, to achieve success in the field of reproductive health, it is necessary to attract both national and international resources based on an evidence-based approach and targeted support for all segments of the population.

An integrated approach, including socio-economic, cultural and educational measures, will contribute to ensuring reproductive health and improving the quality of life of women in Kazakhstan, which, in turn, will create conditions for the development of society.

Discussion

This study examines the impact of socio-economic factors on the reproductive health of women in Kazakhstan, especially in conditions of significant income inequality and access to medical services. The results highlight the relationship between income, social support and access to quality reproductive health services. The discussion of these results provides a deeper understanding of exactly which socio-economic barriers affect women's health and reproductive behaviour, as well as identify areas that can improve the situation in this area.

Compliance with existing research. Our results are consistent with studies conducted by World Health Organisation and the United Nations, which argue that inequality in access to reproductive services remains an urgent problem, especially in countries with economies in transition. In Kazakhstan, the socio-economic situation significantly affects access to quality medical ser-

vices, which is confirmed by statistics on the frequency of use of private clinics by high-income women. These results echo N. Danilovich's research showing that market reforms in Kazakhstan have limited access to health services for economically vulnerable groups [8]. Thus, the data obtained confirm the need to develop more inclusive programmes aimed at ensuring equitable access to health care for all population groups.

Unexpected results and their explanation. An unexpected result of the study was that women experiencing acute financial deficits are less likely to indicate financial difficulties as a factor influencing their reproductive decisions. This may indicate that in conditions of extremely low-income, childbearing is not considered as a possible option, since the availability of basic resources is limited. At the same time, women with more stable incomes perceive the potential costs of children such as education and medical care, as significant obs-

tacles. This highlights that the perception of financial risks varies depending on the economic situation, which requires a deeper understanding of financial preferences and attitudes of different social groups.

Practical significance. The results of our study highlight the need to adapt medical programmes to ensure access to reproductive services for women with different income levels. In particular, the abolition or reduction of fees for certain types of medical services can improve access to reproductive healthcare and reduce the financial burden on low-income households. Programmes such as educational initiatives for young women and specialised health services for vulnerable groups can also play an important role. In the context of urbanisation and economic instability in Kazakhstan, such measures can help to equalise socio-economic differences in access to reproductive health services.

Limitations of the study. Our study is limited to analysing data only for Kazakhstan, which makes it difficult to generalise the results to other Central Asian countries, where socio-economic conditions and access to medical services may differ significantly. In addition,

we have studied only quantitative aspects, without taking into account the deep cultural and religious attitudes that can influence the perception and behaviour of women in the reproductive sphere. In the future, such aspects could be investigated using qualitative methods such as interviews and focus groups to complement quantitative analysis.

Recommendations and prospects for further research. Based on the data obtained, it is possible to recommend the development of educational programmes that increase women's awareness of their rights and opportunities in the field of reproductive health, as well as the introduction of a system of subsidising medical services for economically vulnerable segments of the population. In the future, research may focus on comparing Kazakhstan with other Central Asian countries to identify common and specific factors affecting reproductive health. Research on the role of cultural and ethnic characteristics in access to health services can also contribute to a more accurate understanding of the barriers and needs of various groups of women in Kazakhstan and beyond.

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