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СОВРЕМЕННЫЕ СОЦИОКУЛЬТУРНЫЕ ФАКТОРЫ ФОРМИРОВАНИЯ РЕПРОДУКТИВНЫХ ЗНАНИЙ У КАЗАХСТАНСКОЙ МОЛОДЕЖИ

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Аннотация. Представлен анализ современных социокультурных факторов, влияющих на формирование репродуктивных знаний у казахстанской молодежи. Изучено взаимодействие глобальных вызовов и локальных особенностей, таких как этническое разнообразие, культурные и религиозные нормы, уровень цифровой грамотности и доступ к услугам здравоохранения. В качестве теоретической основы, помогающей объяснить механизмы формирования знаний и поведения, использованы концепция репродуктивного здоровья Всемирной организации здравоохранения, теория запланированного поведения Айзена и теория социального обучения Бандуры. Особое внимание уделено влиянию цифровизации на доступ молодежи к информации. Определено, что социальные медиа и цифровые платформы выступают как источником знаний, так и каналом распространения недостоверной информации. Установлено, что стигматизация обсуждения вопросов сексуального здоровья, ограниченный доступ к проверенной информации и отсутствие целевых образовательных программ являются ключевыми барьерами для формирования здорового репродуктивного поведения молодежи. Подчеркнута необходимость разработки целевых образовательных программ, адаптированных к культурным и этническим особенностям населения Казахстана и направленных на вовлечение семей и местных сообществ. Рекомендовано повышать цифровую грамотность молодежи, изучать гендерные и этнокультурные различия, преодолевать эмоциональные и психологические барьеры при обращении за медицинской помощью. Указано, что комплексный и междисциплинарный подход позволит устранить имеющиеся пробелы в знаниях и улучшить репродуктивное поведение казахстанской молодежи.

Ключевые слова: репродуктивные знания; молодежь Казахстана; социокультурные факторы; половое воспитание; цифровизация; гендерные различия; этнокультурные особенности.

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CONTEMPORARY SOCIO-CULTURAL FACTORS IN THE FORMATION OF REPRODUCTIVE KNOWLEDGE AMONG KAZAKHSTANI YOUTH

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Abstract. The article analyses contemporary socio-cultural factors, influencing the formation of reproductive knowledge among Kazakhstani youth. The interaction of global challenges and local specifics such as ethnic diversity, cultural and religious norms, level of digital literacy and access to health services is studied. The World Health Organization's concept of reproductive health, Ajzen's theory of planned behaviour and Bandura's social learning theory are used as a theoretical framework to help explain the mechanisms of knowledge and behaviour formation. Particular attention is paid to the impact of digitalisation on young people's access to information. It is determined that social media and digital platforms act both as a source of knowledge and as a channel for disseminating inaccurate information. It was found that the stigma of discussing sexual health issues, limited access to verified information and the lack of targeted educational programmes are key barriers to the formation of healthy reproductive behaviour among young people. The need to develop targeted educational programmes adapted to the cultural and ethnic specificities of Kazakhstan's population and aimed at involving families and local communities was stressed. It is recommended to improve digital literacy of young people, study gender and ethnocultural differences, overcome emotional and psychological barriers when seeking medical help. It is indicated that an integrated and interdisciplinary approach will allow to eliminate existing gaps in knowledge and improve reproductive behaviour of Kazakhstani youth.

Keywords: reproductive knowledge; Kazakhstani youth; socio-cultural factors; sexual education; digitalisation; gender differences; ethnocultural characteristics.

Introduction

Modern socio-cultural processes have a significant impact on the formation of reproductive knowledge and behaviour of young people, including their awareness of sexual and reproductive health. In the context of globalisation, digitalisation and transformation of traditional social structures, young people in Kazakhstan face unique challenges. These challenges manifest themselves in the need to adapt to new sources of information, changing norms and expectations, as well as in the presence of growing contradictions between global standards and local cultural characteristics. Kazakhstan with its ethnocultural diversity is a unique platform for studying the interaction of global trends and local factors in the field of reproductive health. The role of the family, traditional gender attitudes, religious beliefs and access to educational and medical resources form a complex context, in which young people acquire reproductive knowledge. At the same time, the growing influence of digital technologies and social media brings both positive and negative aspects to the socialisation process, providing access to a wide range of information, but also increasing the risk of misinformation. Reproductive health, defined by the World Health Organisation (WHO) as a state of complete physical, mental and social well-being, remains one of the most important components of the health of the young generation. To ensure a high level of reproductive health, a systemic approach is required, including comprehensive sexuality education, access to health services, the elimination of stigmatisation barriers and strengthening trust in official sources of information.

Materials and methods

This article aims to identify main socio-cultural factors, influencing the formation of reproductive knowledge among Kazakhstani youth. The object of the study is the reproductive behaviour of young people in Kazakhstan, including their attitude to the use of contraception, visiting medical institutions and obtaining information on reproductive health. The subject of the study is the sources and nature of information available to youth, as well as the influence of social, cultural and economic factors on their behaviour.

Based on the existing data and theoretical information, the work examines the interaction of global challenges and local characteristics, the influence of traditional norms and modern technologies on the formation of reproductive attitudes. The use of such concepts as Ajzen's theory of planned behaviour and Bandura's social learning theory allows for a deeper understanding of the mechanisms of youth behaviour formation in the context of cultural and social changes. Introduction to the discussion of the specifics of Kazakhstan in the

context of reproductive health and the analysis of existing problems in this area helps to identify key areas for educational and social policy. The article also aims to develop recommendations to facilitate the creation of inclusive and effective programmes adapted to local cultural conditions.

The methodological basis is a secondary analysis of data presented in the following studies: the report «Generations and gender», the article «The ethnicity factor in the reproductive behaviour of citizens of Kazakhstan» by J. Iskakova and N. P. Kalashnikova, materials from the WHO on sexually transmitted infections (here and futher – STIs) and reports from the Public Opinion Research Center of Kazakhstan. The method used allows us to systematise and compare the results of various studies in order to highlight common trends and unique aspects related to the Kazakhstani context.

Theoretical basis

Socio-cultural factors play a significant role in the formation of reproductive knowledge among young people in Kazakhstan. Young people, who are in the conditions of social transformation under the influence of globalisation and digital changes, are faced with the need to comprehend and adapt new knowledge about reproductive health. In the conditions of the modern information society, both official (educational programmes) and informal (social media and digital platforms) information channels become sources of knowledge. It is important to take into account that these channels have both positive and negative impact, since information can be both useful and reliable, and misinforming and fragmented.

The foundation for the study of reproductive knowledge issues is the concept of reproductive health, proposed by the WHO[1]. According to WHO, reproductive health is a state of complete physical, mental and social well-being, and not just the absence of diseases or disorders in the reproductive system. In the context of young people, this concept aims to ensure access to quality information and health services, which is a fundamental principle for the formation of informed reproductive behaviour.

Particular attention is paid to the concept of sexual and reproductive education[2], which is aimed at systematically teaching young people about sexuality and reproductive health. Despite the recognition of this concept at the international level, its implementation in Kazakhstan faces cultural and moral barriers. These barriers are due to traditional ideas about gender roles and reproductive behaviour, as well as religious beliefs and social stereotypes.

An important approach to the analysis of reproductive knowledge is the socio-cultural approach, which emphasises the influence of cultural norms, values and customs on the knowledge and behaviour of young people. In the context of Kazakhstan, religious beliefs, family values and gender norms play a major role in shaping the perception of sexuality and reproductive behaviour. Social expectations regarding the behaviour of young people are often formed through family education and religious institutions.

Ajzen's theory of planned behaviour. A theoretical explanation for the reproductive behaviour of young people can also be given using Ajzen's theory of planned behaviour [1]. This theory states that a person's intentions to control their behaviour are determined by subjective norms, perception of control over behaviour and attitudes toward it [2]. In the context of Kazakhstan, subjective norms of youth behaviour are formed under the influence of family, religious beliefs and social expectations. Accordingly, the behaviour of young people in the area of reproductive health is predetermined by the perception of approved and disapproved norms. Ajzen's theory of planned behavior is one of the key concepts used in sociology and psychology to explain and predict human behaviour. The main idea of the theory is that human behaviour is determined by the following interrelated components: attitude toward behaviour, subjective norms and perception of behavioural control [3]. These three elements play an important role in shaping intentions, which are ultimately transformed into actual behaviour. In the context of youth reproductive behaviour, this theory allows for a deeper understanding of the mechanisms, by which behavioural attitudes and actions are formed.

The first component, attitude toward behaviour, emphasises an individual's subjective perception of a specific action. For young people, this perception includes their personal attitude toward the use of contraceptives, visiting gynecologists and other aspects of reproductive health. In Kazakhstan, young people's attitudes toward such actions are influenced by family norms and cultural attitudes. In some families, a visit to a gynecologist by unmarried women may be perceived negatively. Attitude toward contraception, sex education and open discussions of sexuality vary greatly depending on the cultural and family context.

The second important element of the theory is subjective norms. This component reflects the influence of the social environment on an individual's behaviour [4].

[1]Reproductive health: report of the World Health Organisation Secretariat // World Health Organisation : site. URL: https://apps.who.int/gb/ebwha/pdf_files/WHA57/A57_13-ru.pdf (date of access: 15.04.2024) (in Russ.).

[2]Comprehensive sexuality education: for healthy, informed and empowered learners // UNESCO : site. URL: https://www.unesco.org/en/health-education/cse#:~:text=gender%20equitable%20relationships.-,What%20is%20comprehensive%20sexuality%20education%20or%20CSE%3F,and%20social%20aspects%20of%20sexuality (date of access: 19.11.2024).

Young people are influenced by their parents, peers, teachers and religious leaders. In Kazakhstan, subjective norms regarding reproductive behaviour are highly dependent on social expectations and pressure from significant others. In particular, if a family adheres to strict traditional values and supports the concept of abstinence before marriage, a young woman is likely to follow these expectations to avoid judgment from her parents and immediate environment. Similarly, religious beliefs and customs prevalent in certain regions of Kazakhstan may inhibit young people's desire to access contraception or attend reproductive health education.

The third component, perception of behavioural control, is defined as the extent, to which an individual feels able to control behaviour in a particular situation [4]. In the context of reproductive behaviour, perception of control is directly related to access to health services and educational resources. Young people, who have access to information about contraception and consultations with health professionals, will feel more confident in making decisions about their health. At the same time, young people from low-income families may feel less confident in their control over the situation due to limited access to health services. Perception of control is also enhanced by digital literacy. Access to information via social media and the Internet helps to increase young people's awareness of the possibilities of control over their reproductive health. According to the Ajzen's theory of planned behaviour, the process of intention formation is the central mechanism for the transition from beliefs to actions. Intention serves as a direct precursor to behaviour and is formed under the influence of the three above-mentioned components. The more positive the attitude toward behaviour, the greater the social support and the higher the level of control over the situation, the higher the likelihood that the intention will be realised. In the example of contraceptive use, the following situation can be considered: if a young woman believes that using contraceptives is good for her health (positive attitude), her parents and partner support this behaviour (positive subjective pressure) and she knows, where to get contraceptives and how to use them (high perception of control), then the likelihood that she will use contraceptives will be high. In the absence of at least one of these components, the likelihood of the desired behaviour decreases.

A critical assessment of the Ajzen's theory of planned behaviour in the context of youth reproductive behaviour shows its high explanatory power. The predictive power of the theory allows us to determine, which factors have the greatest impact on youth behaviour and how these factors can be influenced through educational and information campaigns. However, critics of the theory point to certain limitations. Firstly, the theory assumes that behaviour is always conscious and rational, but in the context of youth reproductive behaviour, spontaneous behaviour is often observed, especially with regard to sexual contacts without contraception. Secondly, the theory does not sufficiently take into account the role of emotions and affective factors that can have a significant impact on behaviour. For example, shame or fear of condemnation from parents or peers can lead to a refusal to visit a gynecologist, despite the intention to do so.

The practical application of the Ajzen's theory of planned behaviour in the context of youth reproductive behaviour in Kazakhstan has significant potential. The theory can be used to develop educational programmes and information campaigns aimed at changing the behavioural attitudes of young people. Research based on this theory can identify, which factors have the greatest influence on the intentions of young people. For example, educational programmes can be aimed at changing the perception of contraception, forming a positive attitude towards health services and increasing the confidence of young people in their ability to control their behaviour.

Thus, the Ajzen's theory of planned behaviour provides a reliable conceptual tool for analysing the reproductive behaviour of young people [1]. Its application allows to identify the mechanisms through, which attitudes, beliefs and intentions of young people regarding reproductive health are formed. Subjective norms and family influence play a particularly important role in shaping the behaviour of Kazakhstani people. The introduction of educational programmes that take into account the cultural context, as well as the development of intervention strategies based on the Ajzen's theory of planned behaviour, can help to increase awareness and improve the reproductive health of the younger generation.

Bandura's social learning theory. In the digital age, Kazakhstani people often receive information through social media and digital platforms. Access to information has become more democratic, but at the same time the problem of the reliability of this information has arisen. Teenagers and young adults can be influenced by stereotypes and myths, which affects their reproductive behaviour. Bandura's social learning theory [5; 6] is one of the fundamental approaches to explaining the mechanisms of the formation of an individual's behaviour under the influence of the social environment. The main provision of the theory is that people learn new behaviour not only through direct experience and personal actions, but also through observing the actions of other people and subsequent modelling of their behaviour. This principle is important for analysing the reproductive behaviour of young people, since young people actively borrow behavioural models from their parents, teachers, peers and media content.

In the context of youth reproductive behaviour, Bandura's social learning theory helps understand how adolescents and young adults learn behaviour patterns related to contraceptive use, seeking medical care and

developing reproductive knowledge. In today's society, the main source of behaviour patterns is not only the family, but also the media. Social networks, digital platforms and the media play a key role in communicating information about reproductive health, which is especially relevant in Kazakhstan, where access to information about sexual and reproductive education remains limited.

According to A. Bandura, learning mechanism includes the following main stages: attention, memorisation, reproduction and motivation. Attention to a behaviour pattern is determined by its attractiveness, social significance and accessibility to the observer. In the context of Kazakhstani youth, it can be noted that adolescents pay special attention to the behaviour of their peers, especially if it is promoted through social media. If popular bloggers or influencers promote the idea of caring for one's health or using contraceptives, this can generate interest and attention among young people. Memorisation involves storing observed behaviour in memory. Young people remember examples of behaviour observed on social media or through everyday interactions at school and family. Reproduction, or modelling, of behaviour occurs when adolescents feel confident in their ability to repeat the behaviour. Perception of control plays an important role here, similar to the approach of I. Ajzen. Finally, motivation is a key factor that determines whether a behaviour will be reproduced. If a behaviour is accompanied by a reward (peer approval, increased status), it is more likely to be repeated.

An important feature of social learning theory is its ability to explain why certain behaviours spread faster than others. In the context of reproductive behaviour of Kazakhstani youth, this is manifested through the influence of digital media. In modern conditions, young people increasingly access information about reproductive health through the Internet and social media. If adolescents see their peers, discussing issues of sexual education or demonstrating behaviour related to the use of contraceptives, they are likely to be inclined to reproduce such behaviour. However, if these actions are criticised or condemned by society, the motivation to repeat them decreases. In Kazakhstan, cultural and religious norms play a significant role in limiting the behaviour of young people in this area. For example, discussing sexual health issues in traditional families can be a taboo topic, which reduces the likelihood that adolescents will receive relevant information from their parents. In such a situation, the role of media and social networks increases, since they become the main source of knowledge and behaviour patterns.

Bandura's social learning theory emphasises the importance of not only the behaviour of individuals, but also their environment. The influence of the environment is manifested through the concept «reciprocal determinism» [7], which suggests that behaviour, personal characteristics of the individual and the environment mutually influence each other. In the context of the reproductive behaviour of Kazakhstani youth, this means that not only the environment (the educational system, cultural norms, access to health services) influences the behaviour of young people, but the behaviour of young people itself is capable of changing this environment. For example, if young people start using contraceptives more actively and share this experience through social networks, this can lead to a transformation of social norms, increased tolerance and greater accessibility of information about reproductive health.

Particular attention should be paid to the concept «self-efficacy», proposed by A. Bandura. Behavioural efficacy is an individual's confidence in their ability to perform a specific action. This concept is closely related to the perception of behavioural control in Ajzen's theory of planned behaviour. In the case of young people's reproductive behaviour, the feeling of confidence in their ability to access contraceptives, find the necessary information or seek medical help plays a critical role. Young people, which believe they can control their reproductive behavior, are more likely to follow healthy behavioural patterns.

The practical application of social learning theory in the context of the reproductive behaviour of Kazakhstani youth in lies in the possibility of developing interventions and programmes aimed at forming positive behavioural patterns (for example, creating educational content using influencers and bloggers, which convey positive messages about contraception and health services can influence young people's attitudes). Using videos that show examples of how young people can seek help or receive medical advice can increase their confidence and ability to control their behaviour. Widespread implementation of media literacy programmes can also help young people better understand the reliability of information sources.

Thus, Bandura's social learning theory is a powerful tool for analysing and explaining the reproductive behaviour of young people. Its use allows us to identify how behaviour patterns are formed under the influence of observing the actions of others and how these patterns can be transformed through educational interventions and media campaigns. Understanding the mechanisms of attention, memory, reproduction and motivation helps not only to predict the behaviour of young people, but also to develop strategies to influence their attitudes and behaviour. In the context of Kazakhstan, where cultural and religious factors limit the discussion of reproductive health issues, social networks and digital media can be important tools for transmitting positive behaviour patterns. The use of A. Bandura's approaches in educational programmes and social campaigns can help improve young people's awareness of reproductive health and increase their self-confidence in exercising control over their reproductive behaviour. The formation

of reproductive knowledge of young people is also conditioned by the influence of social, economic, cultural and political factors. Social determinants include the influence of the family, the educational system and the social environment. The family plays a crucial role in transmitting reproductive knowledge, but research shows that parents often avoid discussing these issues, especially in traditional societies. Kazakhstan's education system includes elements of reproductive health education, but the programmes are often formal and limited.

Particular attention should be paid to the influence of social media and digital platforms. Young people actively use social media to obtain information, including information on sexual and reproductive health. However, there is a risk of receiving unreliable or distorted data, which requires strengthening digital literacy. Social media are becoming a space, in which young people receive alternative knowledge that may contradict official sources.

Cultural and religious factors play a key role in shaping reproductive knowledge. In Kazakhstan, religious norms and traditional values often limit the discussion of sexuality. This affects educational programmes, which avoid open discussion of topics related to reproductive health. As a result, young people find themselves in conditions of knowledge deficit and lack of access to reliable information.

Economic factors also influence the level of knowledge. Family income determines young people's access to educational and medical resources. Adolescents from low-income families have fewer opportunities to receive quality information about reproductive health. Political factors include the influence of government policies and legal frameworks governing sexuality education and access to reproductive health services. In Kazakhstan, the lack of a coordinated sexuality education programmes hinders the provision of necessary knowledge to young people.

Despite the variety of theoretical approaches and concepts, there are a number of gaps in the research on reproductive knowledge of young people in Kazakhstan. Firstly, regional specificity is limited. Most studies are based on international data, which makes it difficult to take into account the cultural characteristics of the region. Secondly, there is a lack of empirical data on reproductive knowledge and behaviour of young people in Kazakhstan. Thirdly, the impact of digital technologies and social media remains poorly understood, despite their significant impact on young people's behaviour. Fourthly, gender differences in the perception of reproductive knowledge between men and women are understudied. The existing knowledge gaps highlight the need for further research aimed at identifying socio-cultural differences within Kazakhstan and their impact on the reproductive knowledge of young people. It is also necessary to study how family values and religious beliefs influence the perception of reproductive health. These issues require more careful analysis, as they may influence policies and educational programmes aimed at improving reproductive knowledge of young people in Kazakhstan.

Thus, understanding the socio-cultural factors that influence the formation of reproductive knowledge is an important step in developing effective educational programmes. Given the cultural diversity of Kazakhstan, it is necessary to adapt international approaches to local conditions. Research in this area will contribute to the development of reproductive health policies and the formation of a more informed young generation.

Results and discussion

Current challenges in the field of reproductive health of young people in Kazakhstan reflect the complex interaction of global and local factors that shape their knowledge and behaviour. Socio-cultural characteristics, such as ethnic diversity, traditional and religious attitudes, access to information and the level of educational programmes, play a key role in this process.

To understand the global context of the impact on the reproductive health of young people, it is important to consider the WHO data on STIs and their impact on the younger generation[3]. STIs pose a significant threat to the sexual and reproductive health of young people around the world, including Kazakhstan. According to the WHO[4], more than 1 mln new cases of curable STIs, such as chlamydia, gonorrhea, syphilis and trichomoniasis, are registered every day. Young people aged 15–24 are particularly at risk of contracting STIs due to insufficient knowledge about prevention methods and safe sexual behaviour. Socio-cultural factors, for example taboos around sexual health topics, limited access to reliable information and educational programmes, and the influence of traditional and religious norms, may hinder the development of adequate reproductive knowledge among young people in Kazakhstan. Lack of open discussion of sexual health issues and insufficient awareness of STIs symptoms may lead to late seeking of medical care, which increases the risk of complications, including infertility and susceptibility to HIV infection. In addition, stigma associated with STIs may deter young people from seeking the necessary information and services. In order to reduce the prevalence of STIs among Kazakhstani youth, it is necessary

[3]Comprehensive sexuality education: for healthy, informed and empowered learners // UNESCO : site. URL: https://www.unesco.org/en/health-education/cse#:~:text=gender%20equitable%20relationships.-,What%20is%20comprehensive%20sexuality%20education%20or%20CSE%3F,and%20social%20aspects%20of%20sexuality (date of access: 19.11.2024).

[4]Sexually transmitted infections (STIs) // World Health Organisation : site. URL: https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis) (date of access: 21.05.2024).

to take into account socio-cultural characteristics when developing and implementing educational programmes aimed at raising awareness of reproductive health. This includes adapting materials to local cultural contexts, engaging authoritative individuals to disseminate information, and creating a trusting environment that promotes open discussion of sexual health issues. Thus, understanding and taking into account modern socio-cultural factors are key to effectively developing reproductive knowledge among Kazakhstani youth and reducing the burden of STIs in the country.

WHO global data emphasise the importance of social and cultural factors influencing the prevalence of STIs. However, to analyse the specifics of Kazakhstan, it is necessary to turn to local studies reflecting the ethnic and cultural characteristics that determine reproductive behaviour. The article [8] examines the influence of ethnicity on the reproductive behaviour of the country's population. The authors note that during the years of Kazakhstan's independence (from 1991 to 2023), significant changes have occurred in the demographic structure of the population, in particular, the share of Kazakhstani people has increased from 40.0 to 70.7 %, and the share of young people in the overall population structure has also increased. Kazakhstani people, as a key ethnic group, have become decisive in the process of population reproduction. Until the 1990s, demographic development was determined mainly by the non-Kazakhstani population. However, the ethno demographic structure of Kazakhstan remains complex, with representatives of more than 120 ethnic groups living in the country.

J. Iskakova and N. P. Kalashnikova emphasise that the birth rate is influenced by a set of conditions, including the socio-economic status, religious attitudes and other factors. At the same time, ethnicity is one of the main factors determining reproductive behaviour. In particular, traditional demographic behaviour patterns persist among Kazakhstani people, especially in rural areas, which is reflected in the birth rate. Understanding these aspects is important for the development of effective educational programmes and policies in the field of reproductive health, taking into account the ethnocultural characteristics of the population [8].

Ethnic diversity and cultural attitudes create a complex background for the development of educational programmes. For a more in-depth analysis of the influence of socio-cultural factors on the formation of reproductive knowledge of Kazakhstani youth, it is advisable to consider the data presented in the report «Generations and gender», prepared with the support of the United Nations Population Fund[5]. According to the survey results, there is a significant proportion of youth in the overall population structure in Kazakhstan, which emphasises the importance of studying their reproductive behaviour and knowledge. The report also points to the need to develop educational programmes aimed at raising awareness of young people about reproductive health, taking into programmes local cultural and social characteristics.

United Nations Population Fund data emphasise the importance of educational programmes to increase the level of knowledge among young people. However, empirical data from the Opinion Research Center offer a more detailed understanding of the current situation and challenges associated with the sexual and reproductive behaviour of young people in Kazakhstan. The report of the Opinion Research Center «Sociological study on the state of reproductive health of adolescents and young people 15–19 years old, their sexual behaviour and access to services and information in the field of reproductive health protection»[6] presents the results of a sociological study devoted to the reproductive health and sexual behaviour of Kazakhstani youth 15–19 years old.

According to the study, about 29.4 % of surveyed youth 15–19 years old had experience of sexual intercourse. The average age of onset of sexual activity was 16.5 years. At the same time, 15.5 % of young people entered into sexual intercourse before reaching the age of 16. These figures indicate an early onset of sexual activity among a significant portion of young people, which emphasises the need for early sexual education. The study also found that 41.2 % of young people, which had sexual intercourse did not use a condom during their last sexual intercourse. This indicates a low level of protection use and an increased risk of STIs and unwanted pregnancy. Knowledge of HIV or AIDS among young people remains limited. Only 14.3 % of respondents demonstrated correct and comprehensive knowledge of HIV transmission routes. In addition, 52.7 % of respondents did not know where to get tested for HIV, indicating a lack of awareness of available health services.

Socio-cultural factors such as family values, religious beliefs and social norms have a significant impact on the reproductive behaviour of young people. Many young people noted that discussing sexual health issues in the family is a taboo topic, which limits their access to reliable information. In addition, stigma associated with the use of contraceptives and seeking medical help for sexual health issues hinders the formation of healthy reproductive behaviour. To improve the situation, it is recommended to develop and implement educational programmes that take into account the cultural and social characteristics of Kazakhstan, aimed at raising awareness among young people about reproductive

[5]Key findings from analysing data from the first wave of the survey «Generations and gender» in the Republic of Kazakhstan: summary report // Kazakhstan UNFPA : site. URL: https://kazakhstan.unfpa.org/sites/default/files/pub-pdf/%D0%9F%D0%BE%D0%BA%D0%BE%D0%BB%D0%B5%D0%BD%D0%B8%D1%8F%20%D0%B8%20%D0%B3%D0%B5%D0%BD%D0%B4%D0%B5%D1%80%20%D1%80%D1%83%D1%81__06-2020.pdf (date of access: 05.03.2019) (in Russ.).

[6]Sociological study on the state of reproductive health of adolescents and young people 15–19 years old, their sexual behaviour and access to services and information in the field of reproductive health protection // Public Opinion Research Center : site. URL: https://ciom.kz/upload/userfiles/files/!!!RUS___Report_02-2019_PRINTTTT__FIN.pdf (date of access: 05.03.2019) (in Russ.).

health, contraception methods and STIs prevention. Involving families and communities in these programmes can help reduce stigma and create a favorable environment for discussing sexual health issues[7].

The analysis of the presented materials emphasises that the formation of reproductive knowledge among Kazakhstani youth is determined by the complex interaction of global challenges and local socio-cultural factors. Problems related to STIs, ethnic characteristics, lack of awareness and stigmatisation require an integrated approach. An effective educational policy that takes into account ethnocultural characteristics can be the key to improving the situation and raising awareness of young people about reproductive health. This will emphasise the importance of interdisciplinary and intersectoral cooperation in solving these problems.

A number of insufficiently studied aspects of reproductive knowledge formation among Kazakhstani youth have been identified. Thus, the presented materials do not pay enough attention to the role of social media and digital platforms in the formation of reproductive knowledge. In the context of digitalisation, when a significant portion of young people receive information via the Internet, it is extremely important to understand, which sources they consider reliable, how they interpret the data they receive and how this affects their behaviour. Social networks can be both an educational tool and a source of misinformation, which makes it necessary to study the mechanisms, by which digital content influences reproductive behaviour.

Important aspect is the influence of emotional factors and psychological barriers, such as shame, fear of condemnation, or self-doubt, on the behaviour of young people. These barriers often prevent them from seeking medical help or discussing sexual health issues, even among those who have the necessary knowledge. Studying these factors would not only help understand the reasons for such behaviour, but also develop approaches to help overcome them.

In addition, gender differences in perceptions and behaviour remain virtually unexplored. Young men and women face different social expectations and barriers that affect their access to information, use of contraceptives and seeking medical help. Analysing these differences is crucial for creating programmes tailored to the specifics of each group.

Ethnocultural characteristics of minority behaviour in Kazakhstan also require more in-depth study. Existing materials focus on Kazakhs as the largest ethnic group, while the reproductive behaviour of other ethnic minorities remains in the shadows. Meanwhile, these groups may have their own unique socio-cultural and religious factors that need to be taken into account when developing educational programmes.

Equally important is studying the relationship between economic inequality and youth access to health services and educational resources. While materials mention limited access, they do not provide an in-depth analysis of how family income, place of residence and the quality of local educational programmes affect youth knowledge and behaviour. Such an analysis would allow for a better understanding, of which groups are most vulnerable and how to address their needs.

Also, the role of family attitudes and interactions with parents remain understudied. Although the literature mentions taboos around sexual health topics in the family, there is no systematic analysis of how family values, parents' level of education, and their willingness to talk about this topic shape young people's reproductive knowledge. These aspects require further study, as the family is one of the key sources of information for adolescents. Particular attention should be paid to the consequences of early sexual experience for reproductive health and subsequent behaviour. Despite the data on early sexual activity, there is no analysis of the long-term consequences of this phenomenon, such as the impact on contraceptive use, frequency of visits to health care or the prevalence of sexually transmitted infections. These aspects are essential for understanding, which prevention measures and educational programmes are most effective.

Social stigma associated with discussing sexual health remains a significant barrier to developing healthy behaviour. Although the materials highlight their impact, the mechanisms of formation and overcoming of stigmatisation are not disclosed. Analysis of these mechanisms will help create a more favorable environment for discussing sexual and reproductive health issues.

Thus, the existing materials reveal important aspects influencing the formation of reproductive knowledge among Kazakhstani youth, but at the same time leave significant gaps in understanding the complex picture of this problem. To eliminate them, it is necessary to conduct interdisciplinary research that would include sociological, psychological and medical approaches. An in-depth study of digital influence, gender and ethnocultural differences, as well as socio-economic factors will help create more effective educational programmes and strategies, aimed at improving the reproductive health of Kazakhstani youth.

Conclusions

A theoretical analysis of contemporary socio-cultural factors influencing the formation of reproductive knowledge among Kazakhstani youth demonstrates the complex interaction of global and local processes that determine the behaviour and attitudes of young people. The use of conceptual approaches such as the concept of reproductive health, proposed by the WHO, Ajzen's theory of planned behaviour and Bandura's

[7]Sociological study on the state of reproductive health of adolescents and young people 15–19 years old, their sexual behaviour and access to services and information in the field of reproductive health protection // Public Opinion Research Center : site. URL: https://ciom.kz/upload/userfiles/files/!!!RUS__Report_02-2019_PRINTTTT__FIN.pdf (date of access: 05.03.2019) (in Russ.).

social learning theory allows for a deeper understanding of the mechanisms of knowledge and behaviour formation. These theories emphasise the importance of subjective norms, social environment, level of control and availability of information in forming a conscious attitude toward reproductive health issues. Particular attention is paid to the influence of cultural and religious norms, family values and educational programmes. In the Kazakhstan context, these factors play a key role, often limiting open discussion of sexual health issues and access to reliable information. At the same time, digitalisation creates new opportunities for obtaining knowledge, but requires studying the risks of disinformation and the role of social media in the dissemination of both positive and negative behaviour patterns. The analysis revealed the need for a deeper integration of theoretical approaches into practice. In particular, it is important to take into account ethnic and gender diversity, as well as socio-economic inequalities that affect the level of knowledge and access to services.

Factors such as access to information, the role of the family, ethnocultural characteristics, economic inequality and stigmatisation of sexual health issues play an important role in the formation of reproductive knowledge. However, the lack of a systemic approach to these issues leads to gaps in understanding the real situation and developing effective strategies. The main conclusion is that improving reproductive knowledge requires taking into account the interaction of macro- and microsocial factors. Global challenges such as the spread of STIs should be considered in the context of local characteristics, including ethnic diversity, family values and the influence of social media. The analysis showed that insufficient information about contraceptive methods, limited access to health services and taboo sexual health topics in public discourse create additional barriers to the formation of healthy behaviour.

In order to effectively address the identified issues, the following actions should be carried out:

- develop educational programmes, adapted to the cultural and ethnic characteristics of the population, with an emphasis on the involvement of families and local communities;
- increase the digital literacy of young people and develop an information ecosystem that would provide access to reliable and up-to-date information on reproductive health;
- explore in-depth the gender differences and the specific behaviour of ethnic minorities to create inclusive approaches to sexual education;
- study of emotional and psychological barriers to seeking medical care and develop of approaches to overcome them.

Thus, a comprehensive and interdisciplinary approach to the study of reproductive behaviour and knowledge of young people in Kazakhstan will not only eliminate existing gaps, but also create a sustainable basis for the formation of a healthy generation. The development of policies and programmes focused on local realities, combined with taking into account global trends, will be an important step in improving the reproductive health of young people and reducing the risks associated with this area.

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