

WE, KAZAKHSTAN

Report

Population Situation
Analysis of the
Republic of Kazakhstan



Ministry of National Economy
of the Republic of Kazakhstan
Committee on Statistics



WE, KAZAKHSTAN

SUMMARY

This document summarizes the “Population Situation Analysis of the Republic of Kazakhstan,” as prepared with technical assistance from the United Nations Population Fund (UNFPA) in Kazakhstan.

The Population Situation Analysis is an analytical document that presents the key findings of a comprehensive assessment of the country’s population dynamics and structure, and of its demographic trends and outlooks. The authors analyze the country’s population situation and provide evidence for policy development and for the implementation of such data in national development planning and monitoring.

This document is based on official statistics provided by the Statistics Committee of the Ministry of National Economy of Kazakhstan, including up-to-date statistical data, statistical bulletins and compendia, and census data. Where information necessary for the analysis was unavailable, the existing data was used to calculate and estimate respective indicators.

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The full version of the Population Situation Analysis of the Republic of Kazakhstan can be accessed at our website <https://kazakhstan.unfpa.org>

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Translated, edited, and designed by | **text and the city**



Foreword and Expression of Appreciation from the Chairman of the Statistics Committee, Kazakhstan Ministry of National Economy

In its first years of independence, Kazakhstan faced significant upheavals in its population situation, such as massive population outflow, a large fertility gap, and an increase in mortality. This pushed down key indicators in many sectors. Since the 2000s, Kazakhstan’s population situation has improved, driven by projects and roadmaps designed and implemented by the government. As of today, Kazakhstan is a unique multi-ethnic country. Its population of over 18 million people continues to grow steadily due to natural population change.

The analysis provided in this document was based on data submitted by the Statistics Committee at the Kazakhstan Ministry of National Economy. It outlines the country’s population trends and its demographic composition, its reproductive health, and its standards of living, and forecasts future statistics for the country by region and as a whole, until 2050.

The United Nations Population Fund (UNFPA) has contributed greatly to this analysis. I hope its results will be useful not only at the national level, but also at the regional level. It should help the Government of Kazakhstan and civil society organizations to plan and monitor social programs and develop the nation’s demographic policies.

I would like to express my sincere gratitude to the authors of this report, including international consultants Valery Elizarov and Vladimir Arkhangelsky (Lomonosov Moscow State University) and Mikhail Denisenko (Higher School of Economics, Moscow), who has significant experience in implementing similar work for UNFPA Kazakhstan; domestic consultants Baurzhan Zhusupov and Gaziza Moldakulova, UNFPA Kazakhstan’s Coordinator of National Population, Development and Gender Programs; as well as Nurlan Khanzhigitov and Bakytkul Uteulina from the Statistics Committee at the Ministry of National Economy of Kazakhstan, who were also involved in the project.

I appreciate UNFPA Kazakhstan’s technical assistance in improving our country’s capacity to collect and analyze demographic data, and am looking forward to continuing our fruitful cooperation in implementing other joint projects.

Sincerely,
Nurbolat Aidapkelov,
Chairman of the Statistics Committee of the Kazakhstan Ministry of National Economy



Foreword from the UNFPA Representative for Kazakhstan and Country Director for Kyrgyzstan and Turkmenistan

The most valuable form of capital to any country is its people. Demographic analysis and knowledge of the country’s population composition by age, gender, education, profession, economic activity, and other characteristics is a prerequisite for making effective state decisions. This knowledge plays an indispensable role in monitoring progress towards the internationally ratified UN Sustainable Development Goals.

The Population Situation Analysis (PSA) presented in this document expresses the commitment of UNFPA in Kazakhstan to mainstream demographic analysis, reproductive health, and gender issues to National Development Strategies, thereby taking an explicit human rights-, culture-, and gender-oriented perspective. It responds to the request from the government of the Republic of Kazakhstan to promote national capacity-building through international cooperation, recognizing national ownership and leadership as prerequisites for development. This follows the principles agreed upon at the International Conference on Population and Development (ICPD), and as part of the Sustainable Development Goals. The socio-demographic analysis included in this study demonstrates the capacity of data disaggregated by age, sex, region, and ethnic group to highlight significant disparities and important trends. As such, the PSA can provide the foundation for an integrated demographic assessment of population trends and reproductive health dynamics, as well as their impact on poverty, inequality and development factors. We hope that it can generate the data needed to inform plans and policies, especially at the local level, and between urban and rural areas.

I express special gratitude to the Committee on Statistics of the Republic of Kazakhstan’s Ministry of National Economy and to the team of authors who prepared this important document. I hope that the enclosed information will be useful to government bodies, non-governmental and international organizations, academia, the media, and the general public, as well as everyone interested in expanding their understanding of the Republic of Kazakhstan’s population situation, with a special focus on vulnerable groups.

Sincerely,
Giulia Vallese,
UNFPA Representative for Kazakhstan and Country Director for Kyrgyzstan and Turkmenistan

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Abbreviations

AAI	Active Aging Index
MICS	Multiple Indicator Cluster Surveys
PSA	Population Situation Analysis
SDG	Sustainable Development Goals
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
YPLL	Years of Potential Life Lost

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INTRODUCTION

Context

Population dynamics and demographic projections are regarded by the global development agenda as important components in devising sustainable development strategies and programs. Significant attention is paid to the incorporation of such population data into socioeconomic planning and the monitoring of development programs. **Population factors are important components of both causes and responses to future economic, environmental, and social change.** Understanding the consequences of changes in a country's population size and age structure, the current and future population replacement rates, as well as how demographic processes interact with regional economic and social development, can help governments devise policies based on the economic potential inherent in demographic changes.

Human capital is the most important form of capital in any society. Quantifying human capital and assessing its quality at both regional and national levels is a critical component of contemporary public administration. Generating numerical values for a national profile, including population size and its composition by age, gender, education, profession, economic activity, and other important characteristics, is a prerequisite for evidence-based public decisions, and plays a crucial role in monitoring progress towards internationally accepted Sustainable Development Goals.

In 2016, the international community officially began to implement the UN 2030 Agenda for Sustainable Development in order to solve urgent global issues. Kazakhstan's priorities and objectives, as outlined in its "Kazakhstan 2050" long-term development strategy, fully comply with the goals and benchmarks of sustainable development. The national strategy is intended to ensure that Kazakhstan becomes one of the world's thirty most developed countries. It is supported by a national plan to implement five main institutional reforms, entitled 100 Concrete Steps, as well as the Rukhani Zhangyru (National Identity) program.

The "responsive government" initiative, spearheaded by President Kassym-Jomart Tokayev, aligns fully with the 2030 Agenda for Sustainable Development, pledging to ensure that "no one will be left behind."

Sustainable development can only be achieved when all women and men, girls and boys, are empowered to exercise their human rights, including their reproductive rights and the right to the protection of their reproductive health, to the fullest extent, in order to enhance their opportunities. The path to sustainable development also lies in creating decent working conditions and fostering economic development.

Population dynamics have a significant impact on development processes and determine the possibility of achieving development goals.

Changes in age structure, fertility rates, disease incidence and mortality, population growth, urbanization, and internal migration are interlinked with income and inequality of opportunity in various regions of the country. In addition to national averages, subnational data plays a special role, as it reflects regional differences in economic opportunities and access to basic social and health services, including services for reproductive health.

As the potential for future development, young people drive technology innovations and social transformations. To do so, however, they also need to be provided with quality health care, education, and decent work opportunities.

Objectives

An important priority of the UNFPA Kazakhstan's Program of Action is supporting countrywide initiatives to study the relationship between population and development. This program is focused on ensuring the integration of population data into the socioeconomic planning and monitoring of development programs.

In 2019, UNFPA Kazakhstan provided technical assistance to the government of Kazakhstan in a comprehensive assessment of the demographic situation in the country, and the interconnections between population dynamics and poverty, inequality, and national and regional development. The assessment also provides evidence necessary for policy development and for incorporating population data into the planning and monitoring of national development programs.

The Population Situation Analysis (PSA) of the Republic of Kazakhstan is an important component of this program. This analytical report was prepared at the national level by Kazakhstani and international consultants. It analyzes sociodemographic information derived from a comprehensive assessment of the country's population size and structure, population reproduction trends and outlooks, and the relationship between demographic processes and regional socioeconomic development.

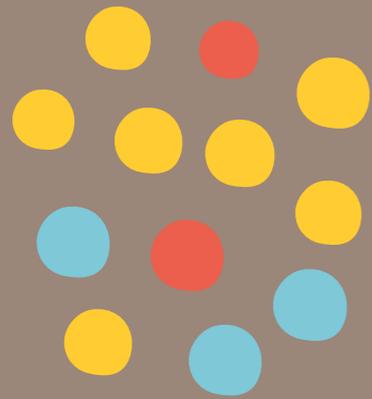
The purpose of the Population Situation Analysis of the Republic of Kazakhstan is to ensure the practical application of evidence-based statistics in planning and monitoring development programs and the development of a national demographic policy framework.

After analyzing existing statistical sources, the authors summarize the principal trends of population size and structure, their rate of change, and the dynamics of fertility, mortality, family composition, resettlement, internal and external migration, and the socioeconomic characteristics of the population. They then offer demographic forecasts and give recommendations that should be taken into consideration in the creation of development programs.

Sources

This report is based on official statistics found on the website of the Statistics Committee of the National Economy Ministry of Kazakhstan, including up-to-date statistical data, statistical bulletins and compendia, census data, and national case-study thematic surveys. Where information necessary for the analysis was unavailable, the existing data was used to calculate and estimate respective indicators. When employing statistical data, the authors took into account the establishment of the new Turkestan Oblast, with Turkestan as its central city; the significant change in the population size and structure of South Kazakhstan Oblast after the exclusion of Shymkent, a city with a population of 1 million people; and the establishment of Shymkent as its own administrative and territorial unit, a so-called "republican city" under jurisdiction of the central government.

POPULATION OF KAZAKHSTAN¹



Kazakhstan is a multi-ethnic country and home to more than 100 ethnic groups and 18 religious denominations. The nation is the world's ninth-largest country by area, with an average population density of only 6.8 people per square kilometer. Kazakhstan boasts the world's sixth-largest natural resource reserves and is officially classified as an upper-middle-income country. The 2018 Human Development Report listed Kazakhstan among the countries with a very high Human Development Index (0.800), ranking 59th among 188 countries².

During the first decade of independence, from 1992 to 2001, Kazakhstan's population shrank by 1.6 million people (9.7%). Since 2002, however, it has been growing steadily, and reached 18.4 million in 2019. This growth was associated, in the first place, with the lower depopulation due to migration, and an increase in natural population growth.

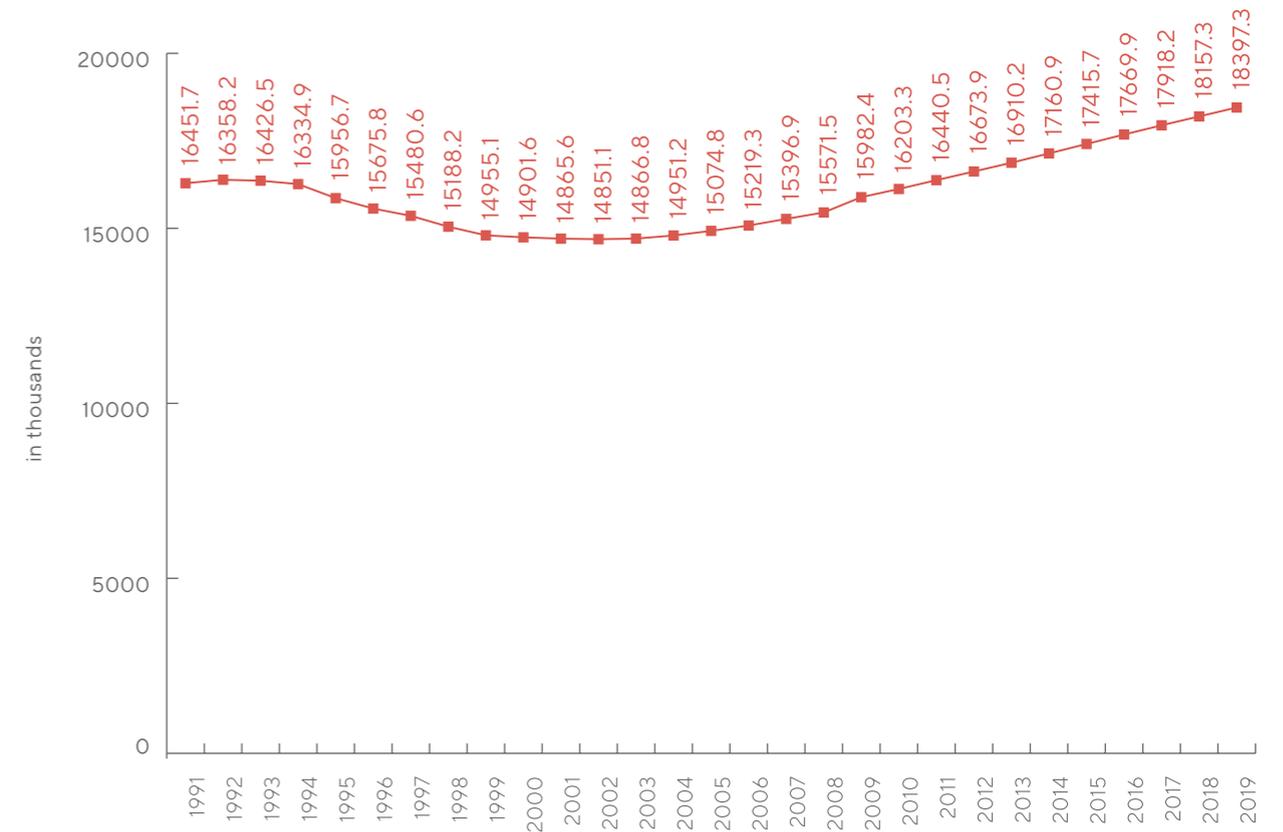
Over the past 20 years, the increase in Kazakhstan's population was largely due to natural increase (the difference between the number of live births and the number of deaths), which totaled 3.628 million between 1999–2018. The decline in population between 1999–2001 was a result of migratory losses that exceeded the natural population increase. Migration growth only took place from 2004 to 2011. However, the natural increase over the same period accounted for more than 80% of the total population growth. This suggests that the country's population grew mostly due to natural population increase, an excess of births over deaths.

Population growth over the past five years would be even greater (by 260,000–270,000) if not for an increasing rate of migration loss (from 300 people in 2013 to 29,100 in 2018), which curbed population growth by 7.3% from 2014 to 2018, and 10.8% in 2018.

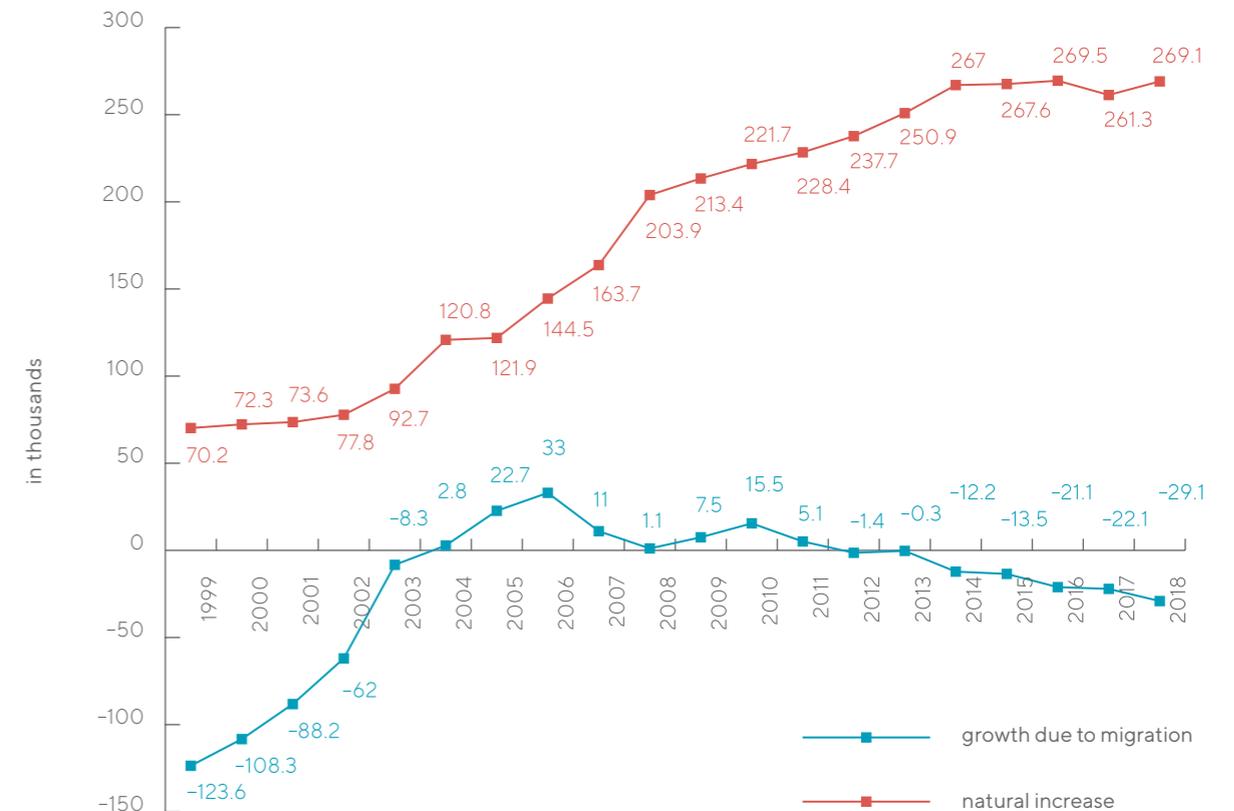
¹ Source of data for the section: Основные демографические показатели Республики Казахстан; Экспресс-информация «Об уточненной численности населения Республики Казахстан на начало 2018 г.». [Key Population Indicators of the Republic of Kazakhstan. Information Update on the Population of the Republic of Kazakhstan as of Early 2018.]

² Human Development Indices and Indicators/ 2018 Statistical Update. United Nations Development Programme.

Kazakhstan's population in 1991–2019 (beginning of year)



Kazakhstan's population growth composition, 1999–2018 (in thousands)



TERRITORIAL DISTRIBUTION

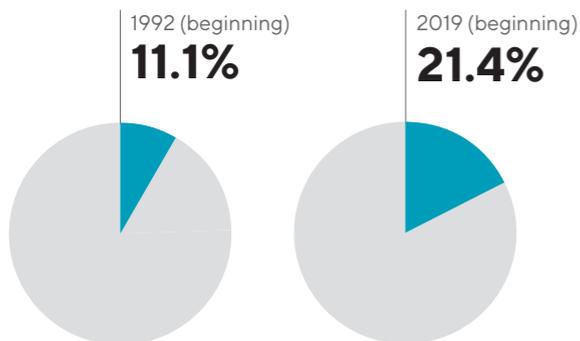
Population dynamics vary significantly by region, causing changes in how population is distributed over territory.

Since independence from the Soviet Union, Kazakhstan's southern and western regions demonstrated significant population growth and increased their share of the nation's total. Between 1992–2018, the population of Mangistau Oblast almost doubled, and that of Atyrau Oblast increased by 46.4%. In Kyzylorda and Turkestan oblasts, the population grew by around a third (34.1% and 33.3%, respectively); in Almaty Oblast, by 22.7%; and in Aktobe Oblast, by 17.5%. From 1992 to 2019, the share of these regions in the country's total increased from 42.2% to 47.7%.

At the same time, areas located in the central, northern and eastern parts of the country saw a substantial decline in population size over the same period. The most significant decreases were in North Kazakhstan (-39.6%), Akmola (-31.0%) and Kostanai (-29.6%) Oblasts. In East Kazakhstan Oblast, the population experienced a reduction of 22.4%; in Pavlodar Oblast, 21.1% and 18.6% in Karaganda Oblast. The share of these six regions in Kazakhstan's total population decreased by one and a half times; from 46.5% in the beginning of 1992, to 30.9% in early 2019.

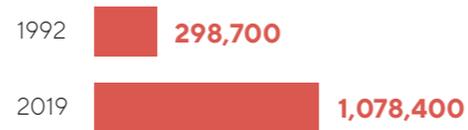
Since 2008, the urban population has been growing steadily, driven by the country's three largest cities, which jointly accounted for 11.1% of the country's population in early 1992, and 21.4% in early 2019.

Nur-Sultan, Almaty, and Shymkent's population to total population



Nur-Sultan

Since 1992, Nur-Sultan's population grew by 3.6 times, from 298,700 to 1,078,400 at the beginning of 2019. The percentage of residents of Nur-Sultan to Kazakhstan's total population increased from 1.8% to 5.9%.



Shymkent

Since 1992, Shymkent's population increased by 2.5 times, from 400,500 to 1,009,100 at the beginning of 2019, and made up 5.5% of the country's total population (up 2.4% from 1992).



Almaty

Almaty's population grew by 63.5% since 1992. With 1,854,800 residents, Almaty remained the country's most populated city at the beginning of 2019. Its share of the country's total population increased from 6.9% in 1992 to 10.1% in 2019.

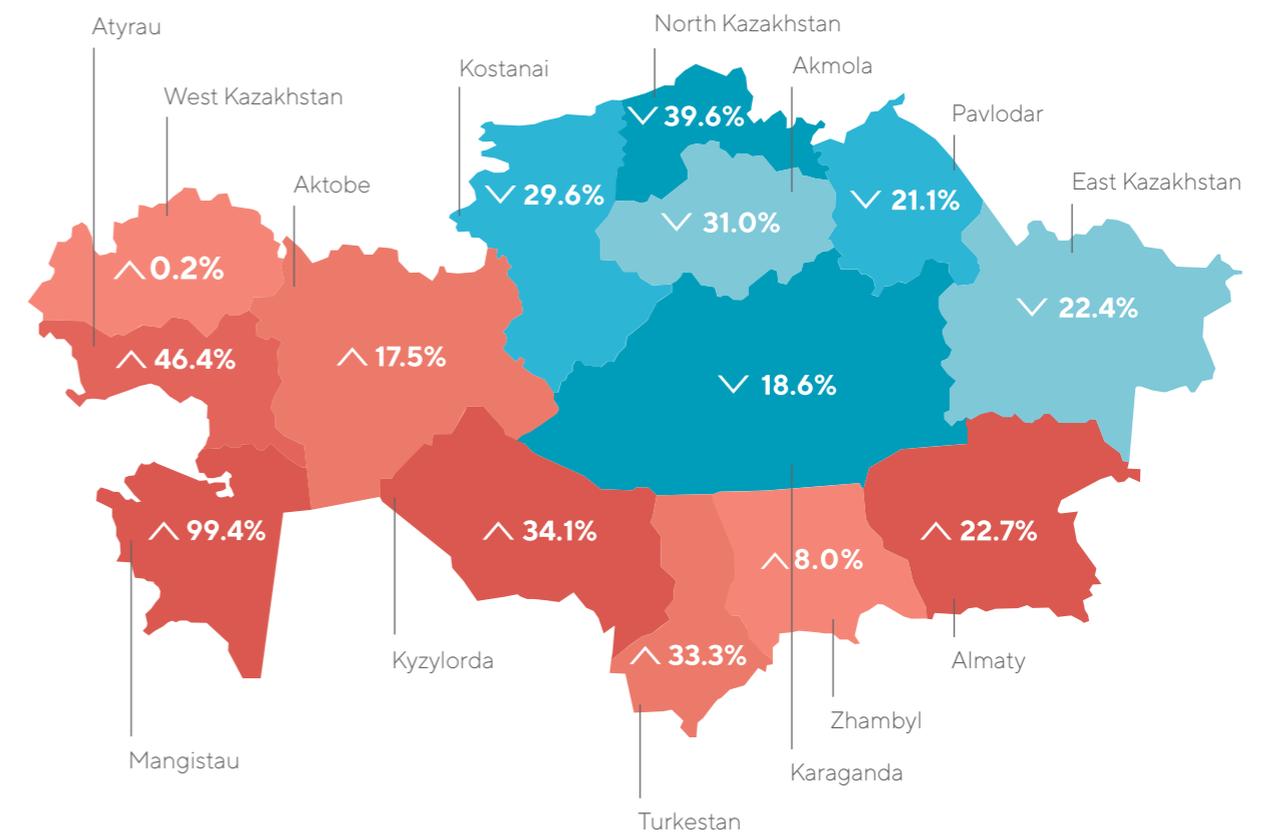


By the beginning of 2019, compared to early 1992, Kazakhstan's urban population grew by 1,234,700 (13.6%), accounting for 58.2% of its total population.

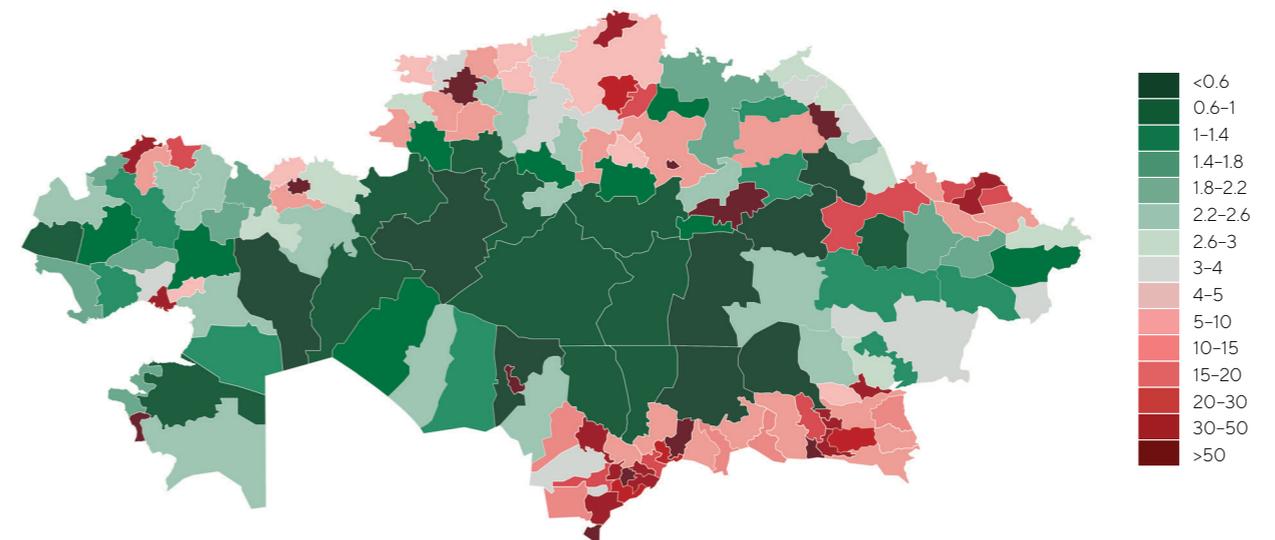
The rural population predominates the country's southern regions, such as Turkestan (80%), Almaty (77.5%) and Zhambyl (60.3%) Oblasts.

10,698,210 Urban population
7,697,357 Rural population

Population dynamics by region, from 1992 to 2018



Population density (people per square kilometer, in thousands)



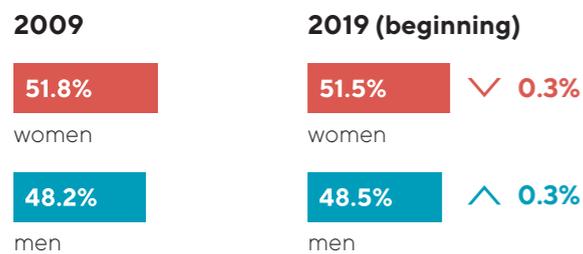
Kazakhstan's urban population has been growing due to both natural increase and migration growth, though favors the natural increase, accounting for 76.1% of urban population growth in 2009–2018.

The rural population has been growing only as a result of natural increase. The migration balance is negative—as a whole, it comprises 42.7% of the natural increase in 2009–2018.

POPULATION STRUCTURE

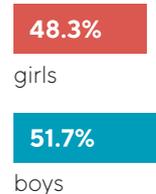
The current **age and gender composition** of the population, reflecting both demographic and socioeconomic history, determines to a significant extent future demographic trends, and creates opportunities and constraints for economic and social development.

Compared to the 2009 census (with women accounting for 51.8% and men 48.2% of the total population), the proportion of women decreased by 0.3%. These changes are mainly due to changes in the age distribution, in which the share of those under the working age, where the proportion of men is higher, experienced a substantial increase.

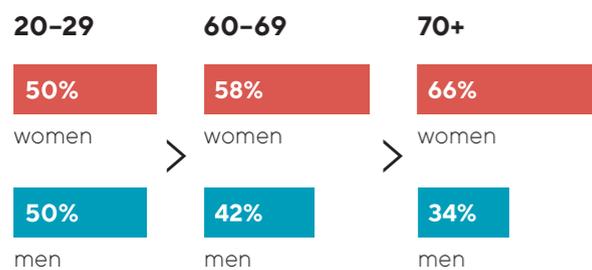


Males outnumber females amongst the younger population due to the higher rate of male births (in 2017, for example, boys accounted for 51.7% of all births, and girls 48.3%)³.

Births by gender, 2017



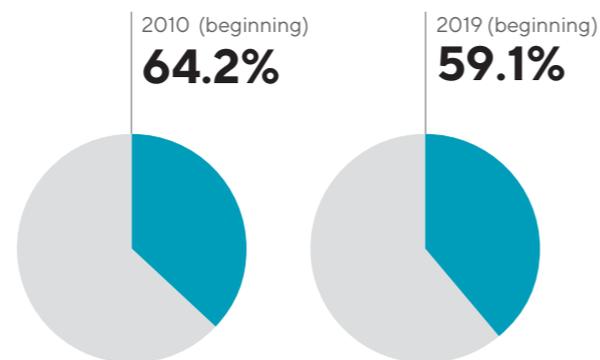
However, higher mortality rates among men at all ages equalize the gender ratio, resulting in a significant number of women in later years.



In Kazakhstan, the proportions of women and men are almost equal in the 20-29 age range. At ages 65-69, women outnumber men by one and a half times, and at age 70 and over, there are twice as many women as there are men.

In the period after the 2009 census, the share of the population of working-age decreased slightly, while the proportion of those older and especially younger than working-age grew. This is driven by a natural increase in population growth, including higher fertility and lower mortality rates.

The population of working age



At the start of 2019, the population of working age accounted for 59.1% of the total. Compared to early 2010 (64.2%), it decreased by 5.1%.

The share of those under the working age has been growing since 2010, reaching 29.9% by 2019.

The increased retirement age for women resulted in an increase in the size and proportion of the working-age population, and consequent decrease of the population above working age.

The share of the working-age population is higher among the urban population than in rural areas (60.2% and 57.6%, respectively, at the beginning of 2019).

The proportion of those above working age is also higher among urban residents (11.6%) vs. 10.3% in rural areas.

At the same time, the share of people under working age at the beginning of 2019 was significantly lower among the urban population (28.3%) than among rural residents (32.0%).

Kazakhstan's population by age group from 2002-2019 (%; beginning of year)^{4,5}



Age (years): under working age (0-15); working age (women aged 16-57 and men aged 16-62; and women aged 16-58 at the beginning of 2019); over working age (women aged 58 and over and men aged 63 and over; and women aged 59 and over at the beginning of 2019).

Age structure

The age structure varies significantly by region and city.

In early 2019, the shares of the working-age population were the highest in the cities of Nur-Sultan (62.3%), Almaty (64.7%), Kostanai (62.7%) and Pavlodar (61.3%) Oblasts. The lowest were in Turkestan (53.3%) and Zhambyl (55.3%) Oblasts. Turkestan Oblast also has one of the lowest proportions of the population older than working age (7.1%), second only to Mangistau Oblast (6.9%).

Turkestan and Mangistau Oblasts have the **youngest population**, with children and adolescents under 16 years of age accounting, respectively, for 39.6% and 36.6% of the total population at the beginning of 2019. This age group also made up more than a third of the total in Zhambyl (35.1%), Kyzylorda (35.0%), and Atyrau (34.8%) Oblasts, and the city of Shymkent (34.5%). These regions may be considered to have a relatively young population age structure.

The regions with the lowest percentages of the population under working age (comprising less than a quarter of the total) are Kostanai (21.4%), North Kazakhstan (22.1%), Pavlodar (23.9%) and East Kazakhstan (24.1%) Oblasts, and the city of Almaty (23.6%). These have a **relatively higher proportion of the population older than working age**: 17.7% in North Kazakhstan, 16.1% in East Kazakhstan, 15.9% in Kostanai, 14.8% in Pavlodar, 14.4% in Karaganda, and 14.2% in Akmola Oblasts.

The population of working age

Almaty

64.7%

Kostanai oblast

62.7%

Nur-Sultan

62.3%

Pavlodar oblast

61.3%

Zhambyl oblast

55.3%

Turkestan oblast

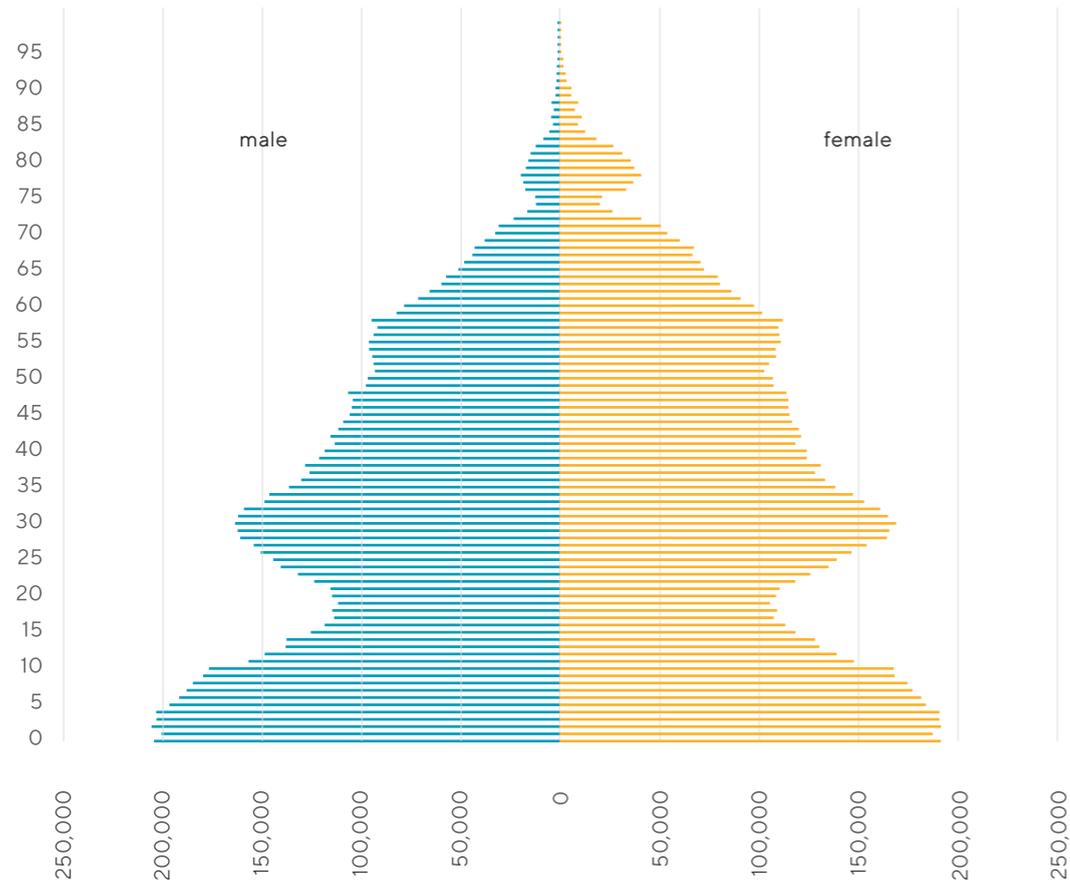
53.3%

³ Демографический ежегодник Казахстана. 2013-2017. Астана, 2018, с. 55. [Source of data for calculation: Kazakhstan's Demographic Yearbook. 2013-2017. Astana, 2018.]

⁴ The data is provided beginning from 2002, as on July 1, 2001, the retirement age was set at 58 for women and 63 for men (Law 105-V of the Republic of Kazakhstan, dated June 21, 2013, *On Pensions in the Republic of Kazakhstan*; Law 32-1 of the Republic of Kazakhstan, dated July 16, 1996, *On Amending and Supplementing the Law of the Kazakh SSR On Citizens' Pensions in the Kazakh SSR*).

⁵ Source of data for calculation: population size of the Republic of Kazakhstan by age and gender at the beginning of 2017, 2018, and 2019.

Kazakhstan's population pyramid (early 2019)⁶



Kazakhstan's population pyramid (at the beginning of 2019) has a relatively broad base (expanding at younger ages). This reflects an almost annual increase in the number of births since 2002, after the decline in fertility in the 1990s. This decline shows up as a notable indentation on the population pyramid at the age span of 15–20, with its nadir in the age group 17–21 (those born between 1997–2001).

A reduction in the population of reproductive age has most likely been offset by relatively high age-specific fertility rates. As a result, the difference in the population size in the age span 49–58 (people born between 1960–1969) in the beginning of 2019 is insignificant.

In the 1970s and the first half of the 1980s, the number of births increased. This growth was especially high in 1984–1987, and was partly due to the implementation of state measures to support families with children. An increase in generation size is found in the age span 30–39 (as of early 2019).

Regional differences in the age structure are clearly visible in the population pyramids for North Kazakhstan and Turkestan Oblasts (located in the north and south of the country).

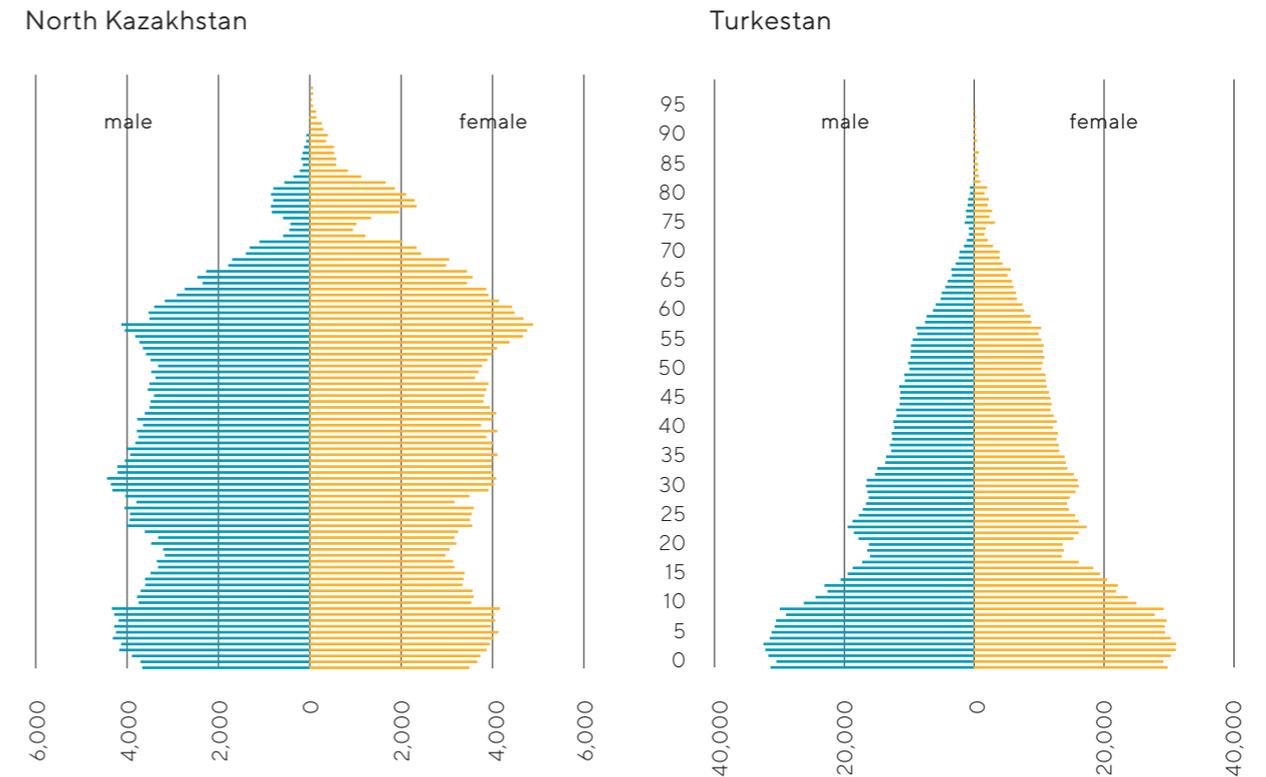
The population pyramid of North Kazakhstan Oblast shows a relatively high proportion of those of working-age, while that of Turkestan Oblast demonstrates a smaller share of the elderly population and a larger share of children under 16 years of age.

The proportion of **adolescents aged 15–19** makes up 6.2% of Kazakhstan's total. This age group accounts for 7.0% of the population in Zhambyl and Kyzylorda Oblasts, 8.0% in Turkestan Oblast, and 7.8% in Shymkent. The percentage is significantly lower in the East Kazakhstan and Pavlodar Oblasts (5.4% each), and the lowest in the cities of Nur-Sultan (5.0%) and Almaty (4.7%).

The share of those **aged 15–24** in the beginning of 2019 was 12.8% of the country's total. The highest percentages of young people from this age group were in Turkestan (15.2%) and Kyzylorda (14.3%) Oblasts, and the lowest were in East Kazakhstan and Pavlodar Oblasts (11.2% each).

The percentage of the population **aged 20–24** in early 2019 was 6.6% of the total. It exceeded 7% in Kyzylorda (7.2%) and Turkestan (7.3%) Oblasts, as well as in the cities of Almaty (7.2%) and Shymkent (7.8%), and was below 6% in East Kazakhstan and Pavlodar Oblasts (5.8% each).

North Kazakhstan and Turkestan Oblasts' population pyramids (early 2019)⁷



Population aged 15–24 in the beginning of 2019 (percent)

	15–19	20–24	15–24
Shymkent	7.8%	7.8%	15.6%
Turkestan Oblast	8%	7.3%	15.2%
Kyzylorda Oblast	7%	7.2%	14.3%
Almaty	4.7%	7.2%	11.9%
East Kazakhstan Oblast	5.4%	5.8%	11.2%
Pavlodar Oblast	5.4%	5.8%	11.2%
Nur-Sultan	5%	6.9%	11.9%
Zhambyl Oblast	7%	6.7%	13.7%

⁶ According to the Statistics Committee of the Republic of Kazakhstan.

⁷ According to the Statistics Committee of the Republic of Kazakhstan.

DEPENDENCY RATIO

The dependency ratio is a generalized quantitative coefficient of the age structure of the population that characterizes the burden the non-productive population places on society. The figure may be positive if the child dependency ratio exceeds the elderly, or negative if the ratio of the burden of the elderly is higher.

Since 2010, Kazakhstan's working-age population has declined, causing an increase in the dependency ratio (those under and over than working age). While in the beginning of 2010, the indicator was 557 per 1,000 of the working-age population, by the beginning of 2019 it increased to 692 (135%).

The increase in the dependency ratio was primarily due to a rise in the number of young dependents, from 404 in 2010 to 505 in 2019 (101%), while the increase in older dependents was almost three times less, from 153 in 2010 to 187 in 2019 (34%). In early 2018, the old-age dependency ratio was relatively higher (191), but decreased as women aged 58 were reclassified from retirement age to working age.

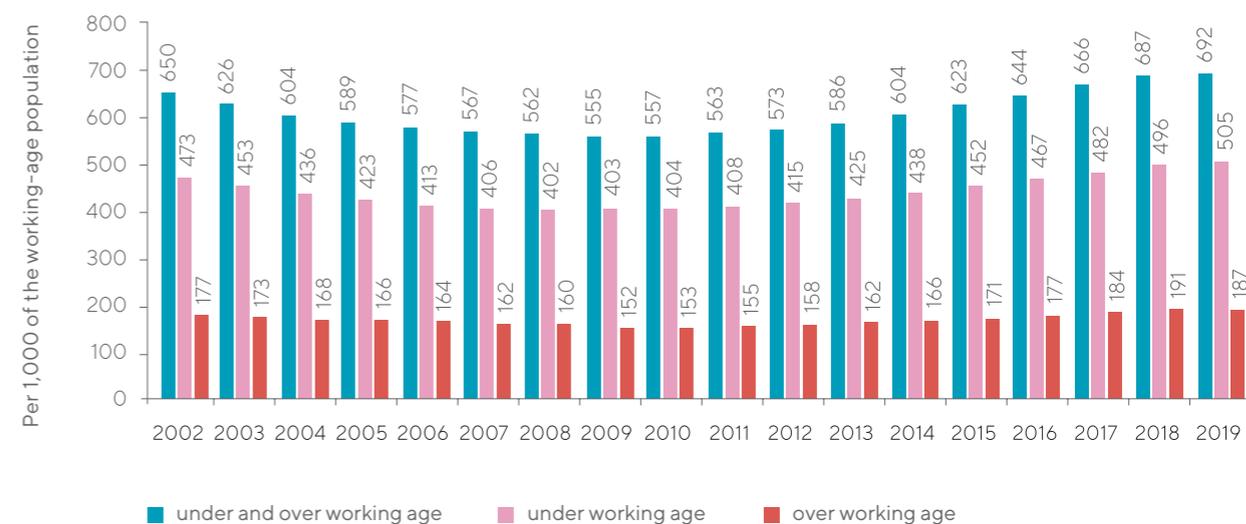
At the beginning of 2019, the child dependency ratio (505 per 1,000) was 2.7 times higher than that of people older than the working age (187).

The dependency ratio differs significantly by region and city. It is lower among the urban population than in rural areas (656 and 731, respectively). In addition, it is lower in cities for those younger than working age (459, vs. 549 among the rural population) and higher for those older than working age (197, vs. 182 among the rural population)⁸.

Turkestan (877) and Zhambyl (808) Oblasts have the highest dependency ratios. The indicator is also higher than 750 in Mangistau (772) and Kyzylorda (758) Oblasts. This is due to a relatively high child dependency ratio in these regions: 744 per 1,000 of the working-age population in Turkestan Oblast, and higher than 600 in other regions. At the same time, the old-age dependency ratio in these regions is significantly lower than Kazakhstan's average.

Kostanai Oblast (596) and the cities of Almaty (544) and Nur-Sultan (605) have the lowest dependency ratios. In North Kazakhstan Oblast, the smallest demographic burden on the able-bodied population by persons under working age in Kazakhstan (367) is combined with the largest demographic burden in the country by those older than working age (294).

Dependency ratio in Kazakhstan from 2002–2019 (the number of people younger and older than working age, per 1,000 of the working-age population)



Conclusions

The age and gender structure of the population reflects demographic history and determines, to a significant extent, future population dynamics.

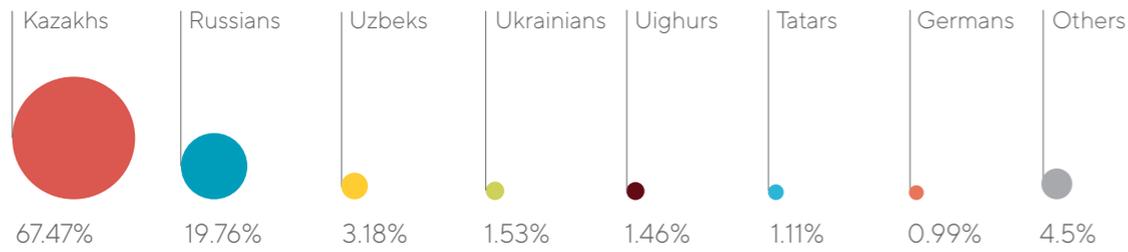
On the one hand, the cohort of those born in the 1990s will comprise a relatively small contingent of those of active reproductive age. At the beginning of 2019, the number of females aged 15–19 was 7.6% less than that of women aged 20–24, which, in turn, was 22.2% less than that of women aged 25–29. Consequently, the number of women aged 15–19 was 28.0% less than that of females aged 25–29. The anticipated reduction in the number of females of active reproductive age will almost inevitably lead to declines in the absolute number of births and the crude birth rate.

On the other hand, more and more generations will reach 70 years of age, a threshold after which mortality becomes relatively high. For example, in early 2019, the number of people of 60 years of age was twice as high as 70 year-olds, while the probability of surviving 70 years of age for 60-year-olds was 71.3% for males and 86.6% for females. This suggests that, in the years to come, the number of people who live to this age will increase substantially. These changes in the age structure will lead to an increase in the crude death rate.

The transformation of Kazakhstan's age structure in the years to come will contribute to a decrease in the overall fertility rate, an increase in the overall death rate, and a reduction in natural population growth.

⁸ According to the Statistics Committee of the Republic of Kazakhstan.

Ethnic structure (2018)



ETHNIC STRUCTURE

In early 2018, ethnic Kazakhs accounted for more than two-thirds of the country's population (67.47%), and Russians almost a fifth (19.76%). The next largest ethnic groups were Uzbeks (3.18%), Ukrainians (1.53%), Uighurs (1.46%), Tatars (1.11%), and Germans (0.99%).

The differences in coefficients of changes in population size, especially fertility and mortality, and the nature of migration processes govern differences in the size of ethnic groups and, consequently, changes in Kazakhstan's ethnic structure.

The proportion of ethnic Kazakhs in the country's total population has grown substantially, soaring from 53.48% to 63.07% in the decade between the 1999 and 2009 censuses. After the 2009 census, the figure has continued to rise, reaching 67.47% in early 2018.

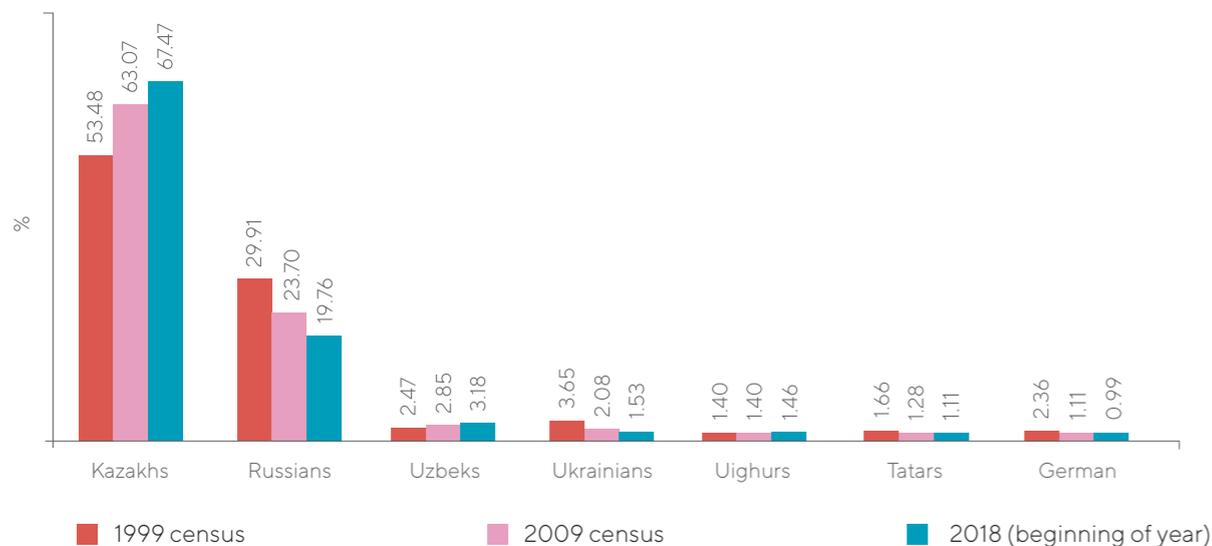
The ethnic composition of the population varies by region and city. The southwestern regions (Kyzylorda, Atyrau, and Mangistau Oblasts) are almost mono-ethnic, dominated by ethnic Kazakhs. Here, the proportion of Kazakhs in early 2018 exceeded 90% in each region, accounting for 96.2%, 92.4%, and 90.7% of the total population, respectively, followed by ethnic Russians,

who comprised 1.9%, 5.4%, and 5.7% of the total population, respectively.

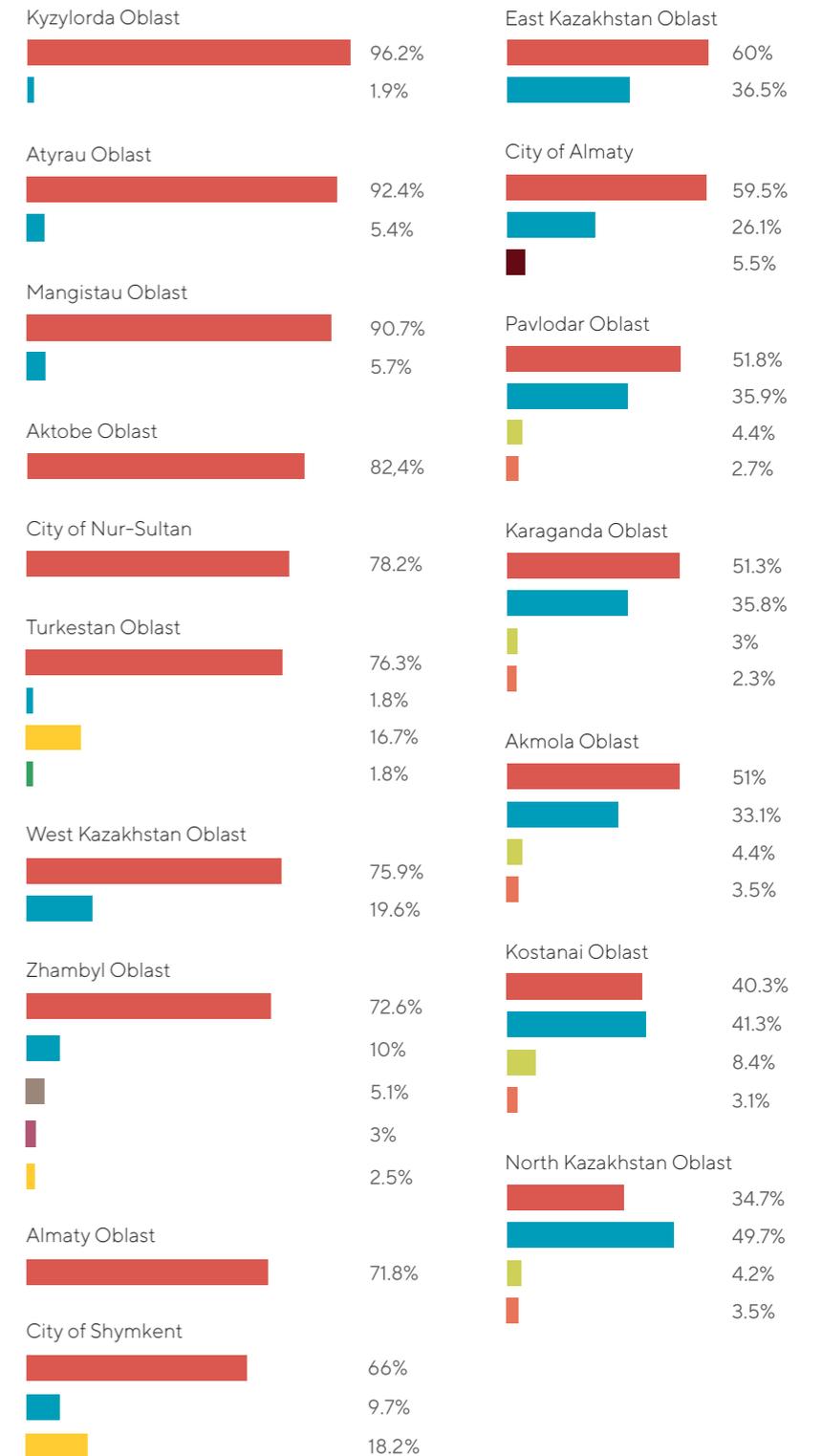
The proportion of Kazakhs in Aktobe (82.4%), Turkestan (76.3%), West Kazakhstan (75.9%), Zhambyl (72.6%) and Almaty (71.8%) Oblasts, as well as in the city of Nur-Sultan (78.2%), exceeds the proportion of Kazakhs in the country as a whole. The percentage of Russians in these regions (except Turkestan Oblast) ranges from 10.0% in Zhambyl Oblast, where Dungans (5.1%), Turks (3.0%), and Uzbeks (2.5%) also have significant shares, to 19.6% in West Kazakhstan Oblast. Turkestan Oblast has a very significant percentage of Uzbeks (16.7%) and the lowest proportions of Russians and Tajiks (1.8% each).

In Shymkent, the share of Kazakhs in early 2018 was 66.0%, Uzbeks 18.2%, and Russians 9.7%. In East Kazakhstan Oblast, the percentage of Kazakhs was 60.0% and Russians 36.5%. The proportion of Kazakhs is almost the same in Almaty as in East Kazakhstan (59.5%). Russians account for 26.1% of the city's population, and the share of Uighurs is rather high (5.5%).

Kazakhstan's ethnic structure according to the 1999 and 2009 censuses, at the beginning of 2018 (percent)⁹

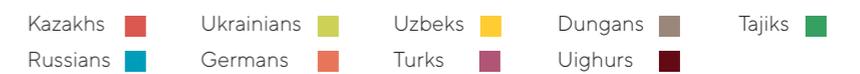


Kazakhstan's ethnic structure at the beginning of 2019, by region

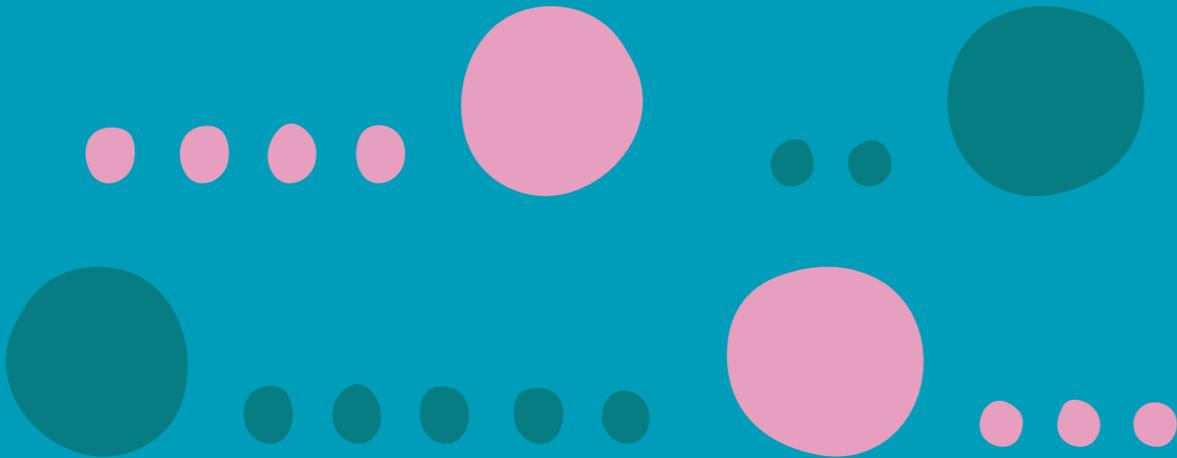


⁹ Source of data for calculation: Национальный состав, вероисповедание и владение языками в Республике Казахстан. Итоги Национальной переписи населения 2009 года в Республике Казахстан. Астана, 2010, с. 4-5; [Ethnic Composition, Confessions and Knowledge of Languages in the Republic of Kazakhstan. Results of the 2009 National Census in the Republic of Kazakhstan. Astana, 2010]; population of the Republic of Kazakhstan by ethnic group at the beginning of 2018.

¹⁰ Source of data for calculation: population of the Republic of Kazakhstan by ethnic group at the beginning of 2018.



FERTILITY



FERTILITY DYNAMICS IN KAZAKHSTAN

Kazakhstan's overall fertility rates declined significantly in the 1990s, with the lowest recorded in 1999, when the number of births fell by 38.4% compared to 1991, and the crude birth rate by 32.1% (per 1,000).

In subsequent years, births grew almost every year, exceeding 400,000 in 2016 (up 84.2% compared to 1999). In 2018, however, fertility failed to reach the level of 2014–2016.

The crude birth rate peaked in 2014 (23.1‰) but decreased in subsequent years, with 2017–2018 seeing the lowest rate since 2008.

The crude birth rate depends largely on the age and gender composition of the population—the higher the proportion of women of active reproductive age, all else being equal, the relatively higher the value of this coefficient. The main reason for the decline in the crude birth rate in recent years is the decrease in the number and share of women of active reproductive age, as those who are currently entering this age were born in the 1990s, when birth rates were also low.

The total fertility rate (TFR)—the average number of births per woman in a hypothetical cohort over her entire life, at current age-specific fertility rates—provides a more accurate assessment of regional differences in fertility rates and their dynamics. The TFR is the number of children a woman would give birth to if she were to live to the end of her child-bearing years and have children in accordance with the current age-specific fertility rate. It may be influenced by timing shifts—changes in the birth “calendar” that have taken place in Kazakhstan over the past 20 years. These include earlier births associated with particularly favorable

conditions, such as measures to provide time-limited support to families with children or, conversely, delaying births. Kazakhstan's total fertility rate averaged 2.84 in 2018, reaching its highest level since 2000 and having increased by 1.0 over this period. This indicator confirms natural population growth observed in the country.

Fertility rates by region

The total fertility rate in rural areas is significantly higher than in urban areas (3.09 and 2.68 in 2018, respectively). In the early 2000s, however, the TFR in cities rose more steadily and significantly than in rural areas.

An analysis of the total fertility rate in 2018 by region and city has shown that the highest TFR was observed in Turkestan Oblast (4.07). The TFR of North Kazakhstan Oblast (2.01) was twice as low, and at the lowest in Kostanai Oblast (1.77) and the city of Almaty (1.76), which is almost twice (1.84 times) as low as the TFR of the city of Shymkent.

An important characteristic of fertility is its **age-specific model.**

In the early 2000s, the fertility rate of Kazakhstan's women aged 25–29 grew more significantly than that of women aged 20–24. As a result, these two cohorts demonstrated almost equal fertility rates by 2006. From 2007–2017 and 2017–2018, the fertility rate of women aged 25–29 was a bit higher than of those aged 20–24. The mean age of mothers at childbirth in Kazakhstan has increased considerably in the first decade of the 21st century, from 26.7 in 2000, to 28.3 in 2010, and 28.5 in 2018. This figure is higher among women in urban areas (28.7) than in rural areas (28.3). This discrepancy emerged after 2009, when the mean age at childbearing was the same for both urban and rural women.

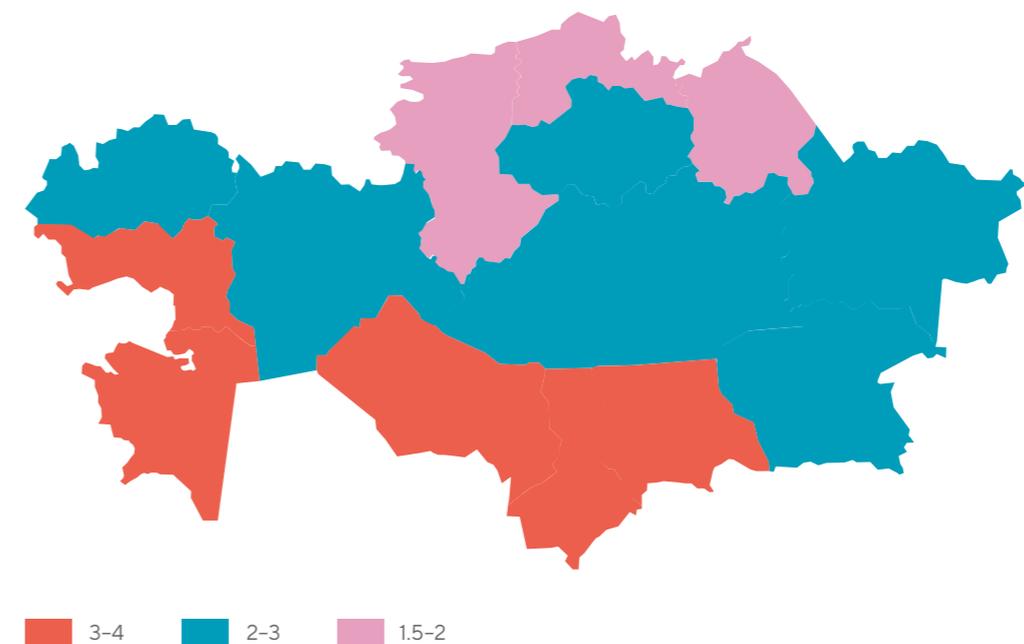
The mean age of mothers at the birth of their first child rose from 23.7 in 2000 to 25.1 in 2010, and decreased to 24.7 in 2018. The average age at which women have their second child climbed from 26.7 in 2000 to 27.9 in 2007, and then slid to 27.4 in 2018.

The average age of women at the birth of their third child increased from 29.9 in 2000 to 31.2 in 2007, and dropped to 30.5 again in 2018.

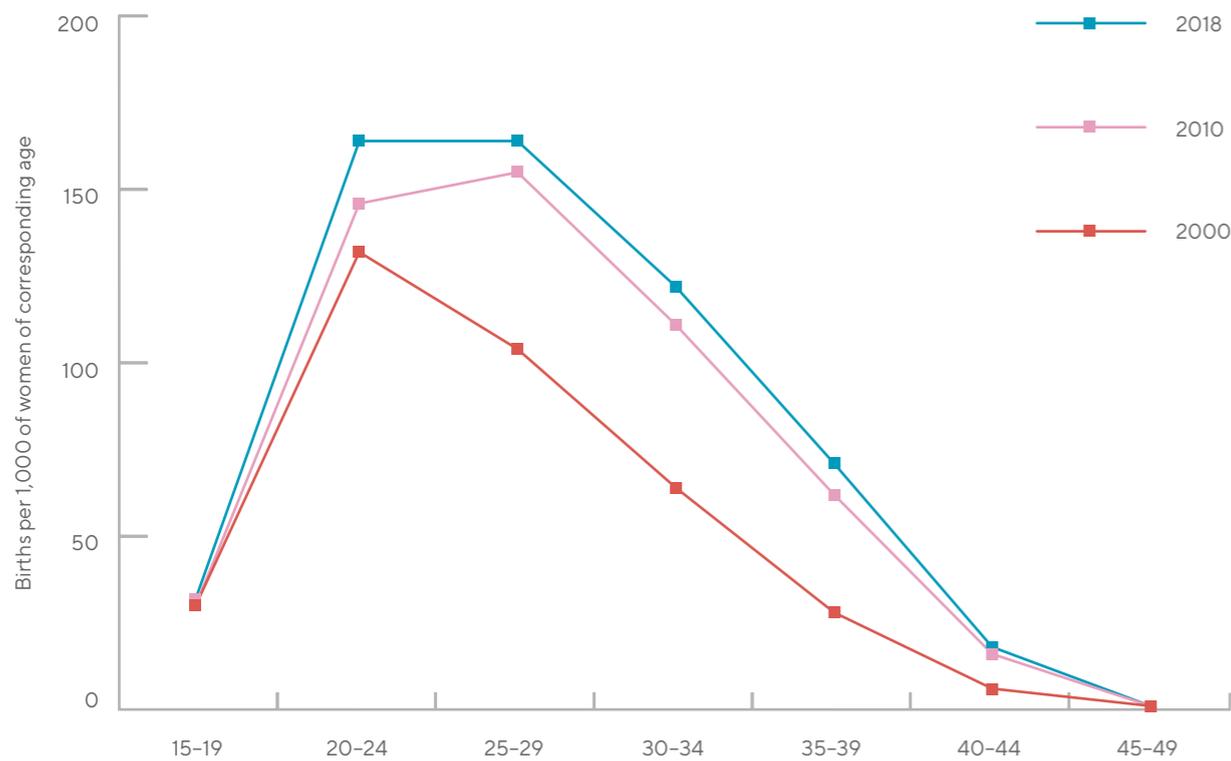
The use of fertility rates in assessing real cohorts makes it possible to balance the influence of timing shifts. An analysis based on the use of these figures provides a more accurate picture.

The 2009 census in Kazakhstan showed a decline in the average number of children born to younger cohorts of women. Among the women born in 1959–1963 (those aged 45–49 who stopped childbearing at the time of the census), the average number of births exceeded 3.0 in South Kazakhstan (3.48), Kyzylorda (3.39), and Mangistau (3.05) Oblasts.

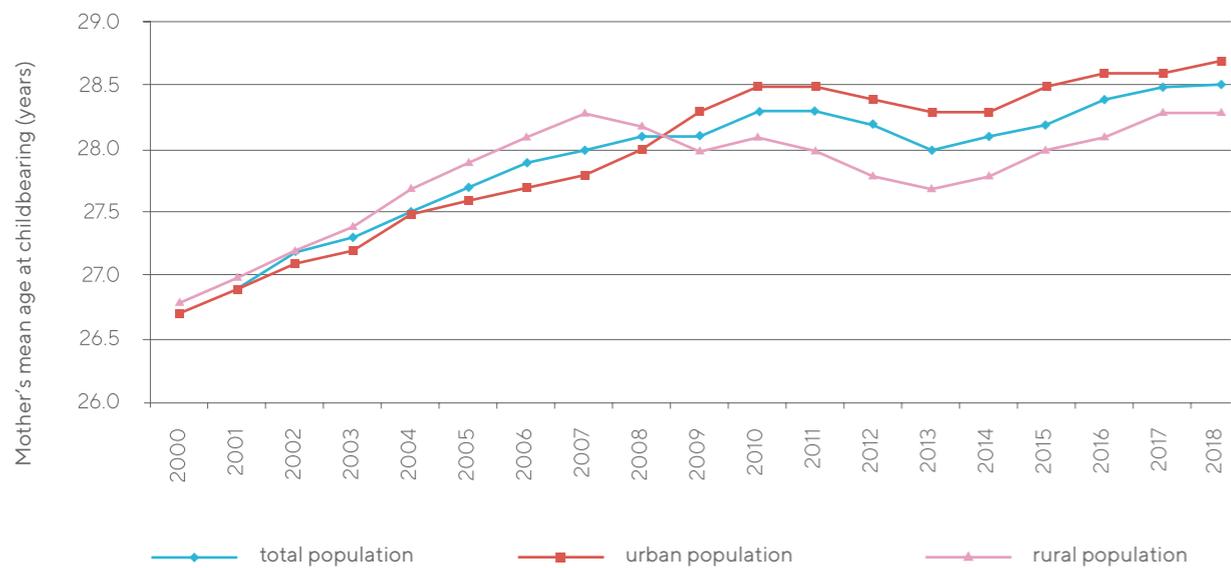
Total fertility rate by region in 2018



Age-specific fertility rates in Kazakhstan in 2000, 2010, and 2018¹¹



Mean age at childbearing in Kazakhstan, 2000–2018¹²



¹¹ Демографический ежегодник Казахстана. Астана, 2017, с. 162; 2018 [Kazakhstan's Demographic Yearbook. Astana, 2017]. Age-specific fertility rates in 2018. The 2000 figures were calculated using data from the Statistics Committee of the Republic of Kazakhstan.

¹² Calculated using data from the Statistics Committee of the Republic of Kazakhstan.

Marital and extramarital fertility

In 2017, 87.0% of children in Kazakhstan were born to married couples.

The percentage of children born outside of marriage declined annually, from 24.4% in 2005 to 13.0% in 2017.

Increased fertility could be one of the reasons for this decline, and, consequently, a higher percentage of second, third and subsequent births, for which extramarital births are traditionally less common than in first births.

Extramarital births are a bit higher among the urban population (13.4% in 2017) than in rural areas (12.4%). However, this difference has shrunk (in 2005 it exceeded a 5% difference; respectively, 26.6% and 21.3%) and in 2014 the proportion of births outside marriage in rural areas was even higher (15.2%) than among the urban population (14.8%).

The lowest extramarital birth rates were in Atyrau (6.9% in 2017), Mangistau (6.9%) and Kyzylorda (7.7%) Oblasts, and the highest in North Kazakhstan (21.3%), Pavlodar (20.1%), and Kostanai (19.9%) Oblasts.

Fertility rates by education level

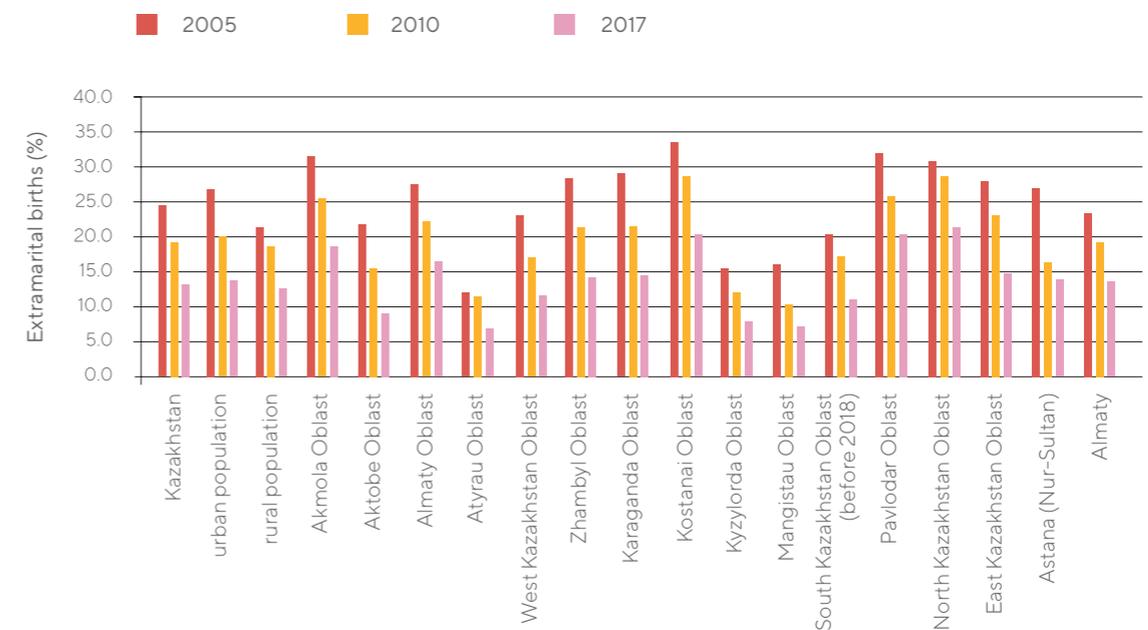
Fertility rates vary significantly depending on a woman's level of education, although in younger cohorts these differences are less marked. According to the 2009 census, in the cohort of women born in 1939–1943, the average number of children born to women with higher and incomplete higher education was significantly lower than that of women with lower levels of education. The statistic is 0.21 times lower for women with higher education than for those with specialized secondary education, 0.69 times lower than those with initial vocational education, 1.63 times lower than those with general secondary education, 1.87 times lower than those with basic secondary education, and 2.18 than for those with primary education.

Reproductive planning

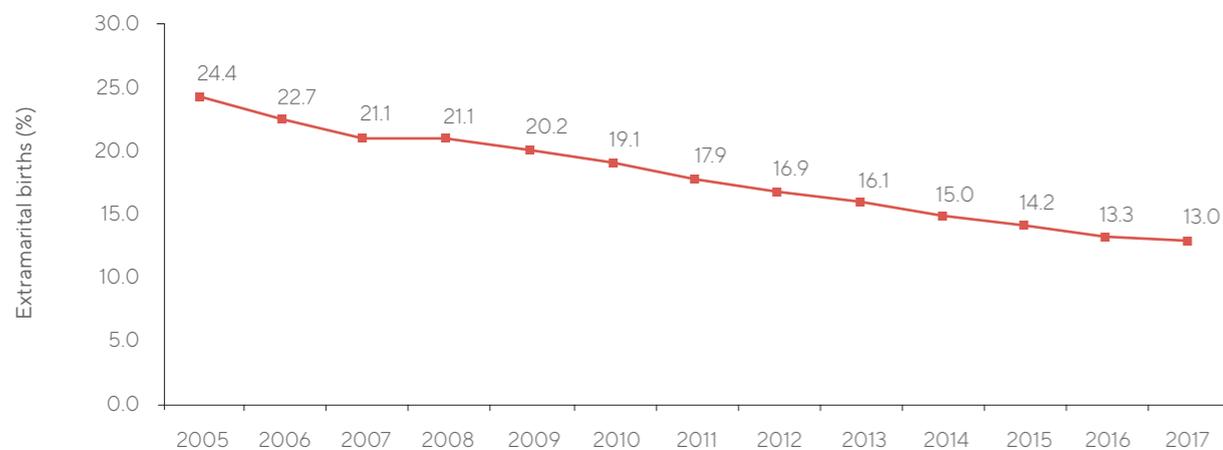
Kazakhstan seems to be the only country (or, at least, one of the few) where the census included a question about how many children a woman planned to have. In the 2009 census, women aged 15–55 were asked a question about the "planned number of children (including existing ones)."

The census results showed that the expected number of children was almost the same in the cohorts of women born in 1976 and earlier (aged 32 and older at the time), but for younger women it was significantly lower: 2.79 for women aged 32, 2.58 for those aged 25, 2.28 for those aged 20, and 2.01 for those aged 15. If these plans come to fruition, Kazakhstan's fertility rate may experience a significant decline.

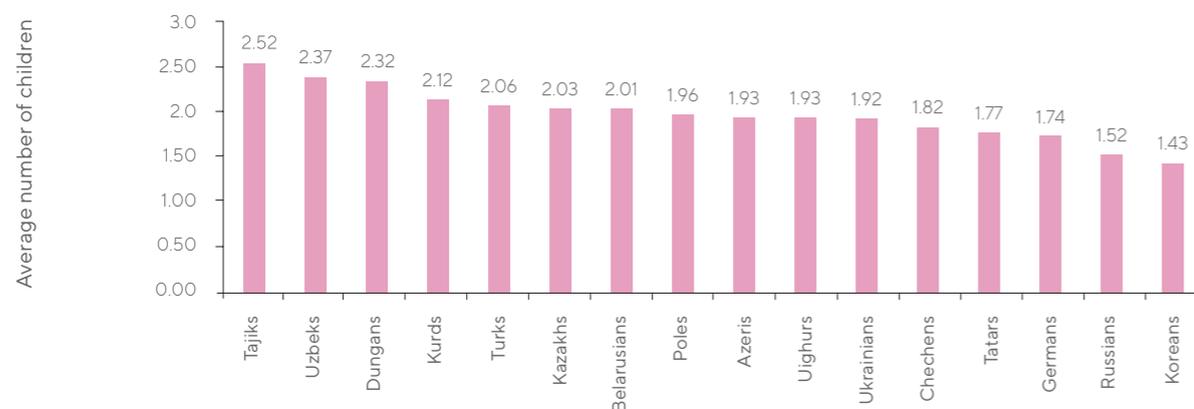
Extramarital births by region and city (%)



Extramarital births, from 2005–2017 (%)



Average number of children born to women of different ethnic origins in Kazakhstan (per woman, according to the 2009 census)¹³



A significant decrease in the average number of children women would like to have was observed in the same cohorts of urban and rural women, but was more significant among the latter. As a result, the average number of children planned by urban dwellers and the average number by rural residents converging considerably among those of younger ages, and, among those who were younger than 20 years of age by the 2009 census, is almost equal.

Ethnic differences in fertility

It should be noted that the differences in the average number of children born to women of different ethnic origins may be partly due to differences in their respective age structures.

¹³ Source of data for calculation: Женщины в Республике Казахстан. Итоги национальной переписи населения Республики Казахстан 2009 года. Астана, 2011, с. 86–112. [Women in the Republic of Kazakhstan. Results of the 2009 National Census in the Republic of Kazakhstan. Astana, 2011.]

REPRODUCTIVE HEALTH AND REPRODUCTIVE RIGHTS

Reproductive health is a key factor influencing the reproduction of the population. It is one of the most important components of individual health, family health, and the health of society as a whole. The World Health Organization defines reproductive health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so.

Reproductive rights include the right of men and women to be informed about and have access to safe, efficient, affordable, and adequate methods of family planning, as well as appropriate health-care services that allow women to survive pregnancy and childbirth safely. Reproductive health care is defined as the constellation of methods, techniques, and services that contribute to reproductive health and well-being, by preventing and solving reproductive health problems.

National reproductive health data

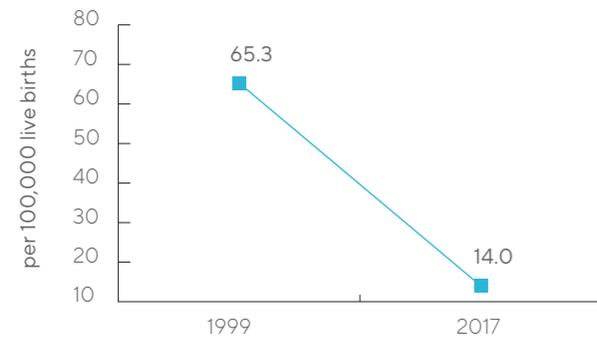
Special sample surveys were conducted in Kazakhstan using World Health Organization's indicators for assessing reproductive health at the national level.

The Multiple Indicator Cluster Survey (MICS) is a source of comprehensive data on health, education, and other critical areas of well-being of Kazakhstan's children and women, including statistics on reproductive health. The following section is based on two key sources of data – official statistics and the MICS, conducted in 2010 and 2015.

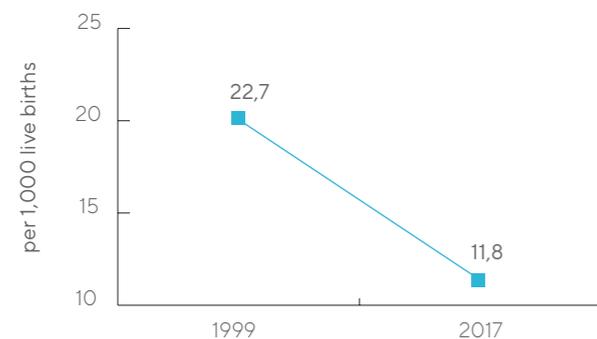
MICS¹⁴ data was used to determine **infertility prevalence** among women. Infertility prevalence was established based on data from women aged 15–44 who had had sexual experience and had not conceived for two or more years. Prevalence was 3.0%, and increased with the age of the woman: 0% for the age cohort of 15–19; 0.9% for ages 20–24; 2.0% for ages 25–29; 2.6% for ages 30–34; 4.4% for ages 35–39; and 4.9% for ages 40–44.

¹⁴ Multiple Indicator Cluster Survey in the Republic of Kazakhstan 2015. Monitoring the Situation of Children and Women. Astana, 2016.

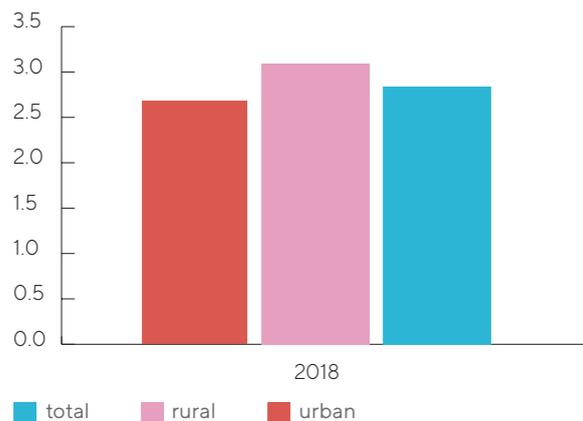
Decreased maternal mortality



Decreased perinatal mortality



Total fertility rate



Positive dynamics

Decreased maternal mortality

1999 – 65.3 per 100,000 live births

2017 – 14.0 per 100,000 live births*

*significantly lower than in neighboring Russia (25.0) and China (27.0)

Decreased perinatal mortality

2008 – 22.7 per 1,000 births

2018 – 11.8 per 1,000 births

2018

Total fertility rate

at the national level – 2.84

urban population – 2.68

rural population – 3.09

In 2011, 39% of women of reproductive age had **anemia**, which was less than in 2006 (44.5%). **HIV prevalence** among pregnant women in 2017 was 1.8 per 1,000. This is significantly less than the 1% threshold, which, if exceeded, suggests that HIV has become generalized. The prevalence of seropositive test results for **syphilis** in 2007 was 2.3%¹⁵.

According to UNICEF MICS 2015, almost all pregnant women received **prenatal care**: 99.3% of women aged between 15 and 49 with a live birth in the last two years were attended to by a skilled health professional at least once, and 95.3% at least four times.

Almost all deliveries (99.4%) in the recent two years were carried out in the presence of skilled health personnel and in a medical institution (99.3%). A total of 97.5% of women received postnatal care.

According to the MICS, in 2015 26.7% of young women aged 15–24 could correctly identify **ways of preventing the sexual transmission of HIV** and reject major misconceptions about HIV transmission. This is an almost 10% reduction from 2010 rates (36.2%). HIV awareness may have declined because the HIV infection is now considered a chronic rather than terminal disease, thanks to the availability of antiretroviral therapy. Information campaigns have also become rarer, and **schools and colleges provide insufficient information about HIV.**

Promoting reproductive health is a key objective of population policy. Besides the obvious humanistic component of this goal, there is also an important demographic aspect. Every individual should have the right to freely and consciously choose how many children to have, when to have them, and how long to wait in between.

When childbearing is postponed until older ages, where they may be some deterioration in overall health condition and especially reproductive health, it is vitally important to ensure accessible and quality reproductive services. In this way, women at any stage of their reproductive can give birth to their desired number of healthy children.

Reproductive health and medical care

Kazakhstan has achieved undeniable success in ensuring safe maternity. To maintain this trend and prevent maternal mortality, the government must enhance the quality of prenatal care, involve health care providers in decision-making processes, and develop tools to conduct confidential audits of maternal mortality and morbidity indicators, which can aid robust policy decisions.

At the same time, knowledge about reproductive health and contemporary methods of contraception has remained stable, or even declined.

¹⁵ Национальный доклад «О ходе работы для ССГАООН. Республика Казахстан. Отчетный период: январь 2006 года – декабрь 2007 года». [UNGASS Country Progress Report. Republic of Kazakhstan. Reporting period: January 2006 – December 2007.]

The number of **prenatal clinics** and obstetrician-gynecologist offices has grown significantly in Kazakhstan in recent years. There were 973 such facilities in 2017, up 31.3% compared to in 2010. At the same time, the ratio of obstetrician-gynecologists (per 1,000 live births and stillbirths) declined from 10.5 in 2010 to 9.7 in 2017.

In 2017, the city of Almaty had the highest ratio of obstetrician-gynecologists (14.6 per 1,000 births). In Atyrau (5.9), Almaty (6.4) and Mangistau (6.5) Oblasts, the obstetrician-gynecologist coverage was significantly lower than Kazakhstan's average.

The highest ratios of hospital beds for pregnant women, women in labor, and new mothers in 2017 were observed in North Kazakhstan (37.2 per 1,000 deliveries) and Kostanai (35.3) Oblasts, and the lowest in Nur-Sultan (12.6), which is almost twice as low as in 2010. The disparities in the doctor and bed to population ratios may be associated with the fact that health care infrastructure does not always catch up to demographic changes. High ratios of appropriate medical care are closely linked to low fertility rates, while low ones are linked to high birth and migration rates.

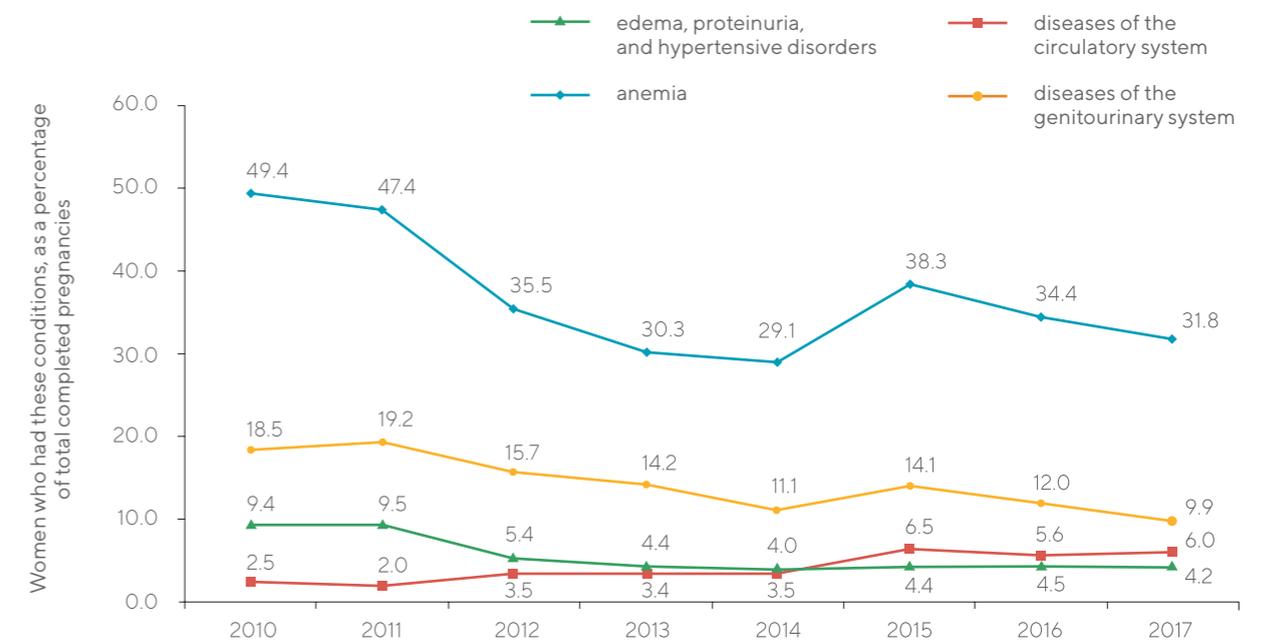
The proportion of women who began to receive early prenatal care at a gestational age of less than 12 weeks has grown yearly, from 64.8% in 2010 to 82.7% in 2017.

An important characteristic of reproductive health is the incidence of conditions that complicate pregnancy and delivery.

Almost a third (31.8%) of women who completed their pregnancy in 2017 had anemia, a rate one and a half times lower than in 2010 (49.4%). The percentage of pregnant women with diseases of the genitourinary system plummeted from 19.2% in 2010 to 9.9% in 2017. The proportion of those with edema, proteinuria, and hypertensive disorders dropped from 9.5% in 2011 to 4.2% in 2017. At the same time, the share of women who were diagnosed with diseases of the circulatory system increased from 2% in 2011 to 6.0% in 2017, with the highest figures reported in Nur-Sultan (12.6%) and Pavlodar Oblast (10.3%).

The rate of complications during childbirth decreased in 2016 and 2017, from 31 per 1,000 births in 2015 to 23 in 2017.

Women with complications during pregnancy and delivery in Kazakhstan, 2010–2017 (% of total pregnancies)



Abortions in Kazakhstan in 2010–2017

Year	2010	2011	2012	2013	2014	2015	2016	2017
Abortions, in thousands	106,1	95,3	95,7	84,3	83,7	81,5	78,9	80,3
Per thousand women aged 15–49	23,0	20,7	20,8	18,4	18,3	17,9	17,3	17,7

Ensuring reproductive rights

Chapter 17 of the Code of Kazakhstan on public health and the healthcare system ensures the protection of citizens' reproductive rights.

A basic reproductive right is the right to receive family planning services; namely, the free choice of efficient methods of contraception. According to the 2015 MICS, 55.7% of women aged 15–49 who were married or in a domestic partnership were using a (modern or traditional) contraceptive method. The **unmet need for contraception**, or the percentage of women aged 15–49 who were married or in a domestic partnership, were fecund, wanted to space their births or limit the number of children they had, and who were not currently using contraception, was 9.8%. In 2010, the unmet need for contraception was slightly higher, at 11.6%.

One indicator of improved efficacy of family planning services is a reduction in the number of induced abortions. The total abortion rate (the total number of abortions per woman by the end of her reproductive age, based on age-specific abortion rates) in Kazakhstan has decreased sixfold since 1995. Over twenty years, it saw a reduction to 0.3 in 2015 (compared to 0.57 in Russia and 0.43 in the U.S.)¹⁶.

The number of abortions per 1,000 women aged 15–49 in 2010–2017 dropped from 23.0 to 17.7.

According to the Ministry of Health of Kazakhstan, in recent years the proportion of women of reproductive age who used **contraception** was in the range of 38–39% (it was 35.6% just in 2016). Approximately half of them used an intrauterine device. The percentages of those using condoms and oral contraceptives were almost equal and varied from 7% to 9%. The share of women of reproductive age is higher in cities than in rural areas (44.0% and 31.0%, respectively).

Reproductive health and the reproductive rights of adolescents and young people

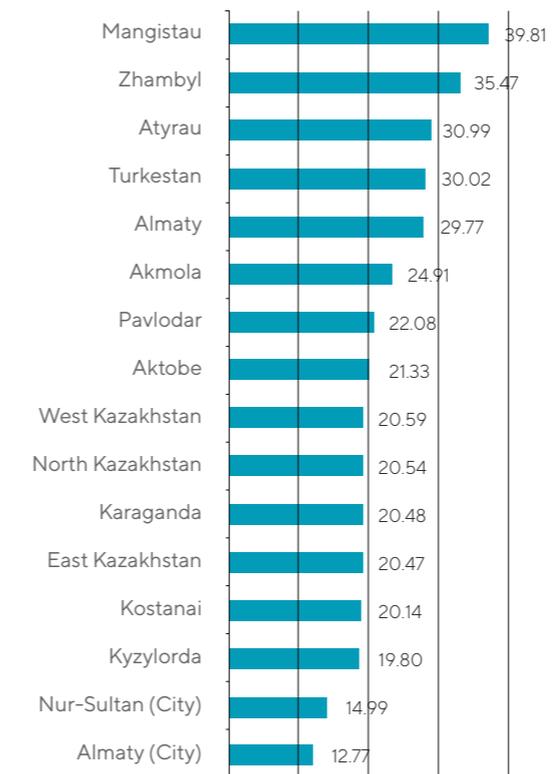
Ensuring the reproductive health of adolescents in Kazakhstan remains a serious problem. In 2017, the adolescent birth rate for girls aged 15–19 was 24.93 per 1,000 (34.72 per 1,000 in 2014). The highest rates were in Zhambyl (35.47), Atyrau (30.99), Turkestan (30.02), Almaty (29.77) and Mangistau (39.81) Oblasts.

Adolescent girls living in rural areas give birth on average 20% more often than their urban counterparts. Each year, five to six girls aged 15–18 out of 1,000 have an abortion. Adolescent girls living in rural areas are 12% more likely to face unintended pregnancies and childbirth than their peers.

According to the results of studies conducted with UNFPA support, 21% of young people experience sexual intercourse for the first time before the age of 18, and approximately a third of adolescents aged 15–19 reported being sexually active. A total of 16.7% of sexually active girls were pregnant at some point in their lives. A high percentage of these girls (62%) reported that their pregnancies resulted in childbirth, while 22% had an induced abortion, and 16% had a spontaneous miscarriage. Among the surveyed girls who had been pregnant, 62% delivered, 22% had an induced abortion, and 16% had a spontaneous miscarriage¹⁷.

A significant proportion of adolescents reported a lack of concern with having risky sexual intercourse and unsafe sexual behavior. A total of 91% of the teenage respondents did not have sufficient knowledge about sexually transmitted infections (STIs), including HIV and AIDS. This trend, combined with low awareness about sexual and reproductive health issues and the prevention of unintended pregnancy and STI/HIV, has contributed to an increase in the rates of abortions, sexually transmitted infections, and infertility.

Adolescent (15–19 years of age) birth rate by region births per 1,000 women



Reproductive health depends largely on the ability to exercise reproductive rights, including the right to education and access to information that aid in free and informed reproductive decisions, prevent unwanted and unintended pregnancies, and reduce the transmission of STIs and HIV. Accurate information helps aid adolescents and young people to form healthy attitudes to gender relations, preserves their reproductive health, and ensures their reproductive rights.

Reproductive rights are the rights of men and women to make free and independent decisions concerning their reproductive health, including the right to decide the number, spacing, and timing of childbirths and the right to information about these issues. “Free and independent” means such decisions are made free of discrimination, coercion, and violence.

The reproductive rights of adolescents also include:

- the right to education and access to information that allows them to make free and responsible reproductive choices and prevent the sexual transmission of HIV and other infections;
- the right to access quality reproductive health services; and
- the right to contraception and protection against HIV and other STIs, including necessary medications.

According to the Health Departments of 14 regions and the cities of Shymkent, Almaty, and Nur-Sultan, in 2019 there were 116 Youth Health Centers in Kazakhstan that provided comprehensive health and psychosocial services to adolescents and young people. However, the number of youth-friendly clinics and health centers is insufficient to reach all young people¹⁸, especially in rural areas. Standards of services in such settings require special qualifications for service providers and targeted approaches to adolescents and their needs. They must also abide by the principles of voluntary participation, accessibility, goodwill, trust, and confidentiality.

Reproductive health and the reproductive rights of persons with disabilities

Article 25 of the United Nations Convention on the Rights of Persons with Disabilities, which Kazakhstan acceded to in 2008, states that persons with disabilities are entitled to the highest attainable standard of health without discrimination on the basis of disability, and should be provided with the same range, quality, and standard of free or affordable healthcare provided to other persons, including sexual and reproductive healthcare. Article 23 of the Convention requires that participating states take effective measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, and parenthood; recognize their rights to decide freely and responsibly the number and spacing of their childbirths; provide access to age-appropriate information and reproductive and family planning education; as well as provide the means necessary to exercise these rights and maintain their reproductive health.

There are 674,200 persons with disabilities (3.7% of total population) officially registered in Kazakhstan. Of these, 44% are women. 88.5% of people with disabilities are over 16 years of age.

¹⁶ Сближение России и США по уровню аборт. Демоскоп № 745–746. [Russia and the U.S.'s Converging Abortion Rates. *Demoscope Weekly*, 745–746.]

¹⁷ According to the results of a sociological survey on the status of reproductive health of adolescents and young people aged 15–19, their sexual behavior and access to reproductive health services and information. Almaty, 2018. The survey was conducted by Kazakhstan's independent Public Opinion Research Centre (CIOM). It was commissioned by the Ministry of Health of the Republic of Kazakhstan and the United Nations Population Fund (UNFPA) with financial support from UNFPA and the Embassy of the Kingdom of the Netherlands in Kazakhstan and technical support from the Republican Center on Prevention and Control of AIDS.

¹⁸ According to the National Center for Public Health Care at the Ministry of Health of the Republic of Kazakhstan.

Sociological studies of the sexual and reproductive health of persons with disabilities in Kazakhstan show that they face unmet needs for family planning and their rates of abortions and sexually transmitted infections due to inadequate access to reproductive health information and services are significantly higher than in the general population.

The extremely low awareness among people with disabilities of how to prevent unintended pregnancies leads to high abortion rates among women with disabilities, which is eight times as high as for the total population. The highest abortion rate was observed among disabled women with hearing impairments. The rate of unmet needs for family planning among women with disabilities was 41.5%, which is four times higher than for the total population*.

Less than half of women with disabilities who must be screened annually for breast and cervical cancer

* The surveys were conducted in 2010–2012 by the Public Opinion Research Center (CIOM) as part of joint projects of the National Commission for Women’s Affairs and Family and Demographic Policy under the President of Kazakhstan and the United Nations Population Fund (UNFPA) with financial and technical support from UNFPA.

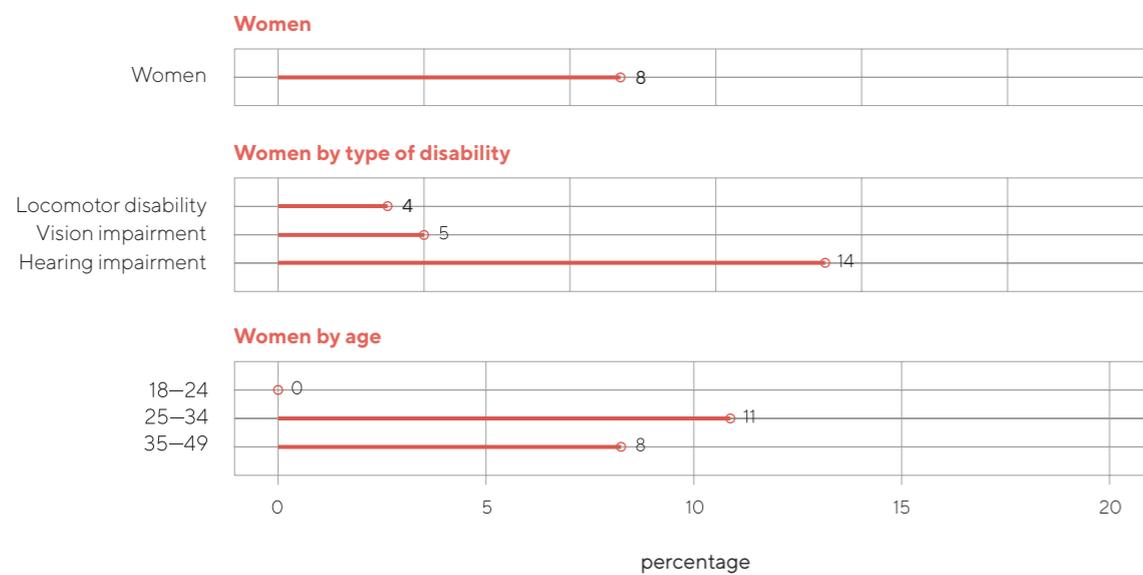
according to age criteria undergo these examinations. Only a fifth of men with disabilities aged 51 and older have undergone prostate cancer screening. The low awareness among people with disabilities of reproductive health issues indicates that this group has inadequate access to the requisite knowledge. Access of people with disabilities to STI diagnosis and treatment is unacceptably low (40%). Most respondents (71%) have not been tested for HIV.

Only 0.5% of women with disabilities of childbearing age (in the first six months of 2018, there were 293,511 women with disabilities in Kazakhstan), or every 183rd woman with a disability, exercise their right to maternity**.

Poor sexual and reproductive health figures are common to all persons with disabilities, of which the most vulnerable are those with hearing loss.

** Исследование «Право женщин с инвалидностью в Казахстане на репродуктивную автономию в свободном выборе контроля деторождения», Ирма Бобкова [Irra Bobkova. Disabled Women’s Right to Reproductive Autonomy in Choosing Birth Control Methods]. Кабинетное исследование «Оценка потребностей по социальным и гендерным вопросам людей с инвалидностью в Казахстане, с акцентом на особые нужды женщин с инвалидностью, подвергшихся насилию». Калтаева Л. М. 2019 [Kaltayeva, L. Assessing Social and Gender-Specific Needs of People with Disabilities in Kazakhstan with a Focus on the Special Needs of Women with Disabilities Who Have Experienced Violence. Desk Study. 2019].

Percentage of women with disabilities who had induced abortions in the past three years



MORTALITY AND LIFE EXPECTANCY



Mortality rates and regional differences

The crude death rate in Kazakhstan has been declining steadily since 2005. In 2014, it fell below 8 per 1,000 (‰) for the first time since independence, and in 2018 reached 7‰.

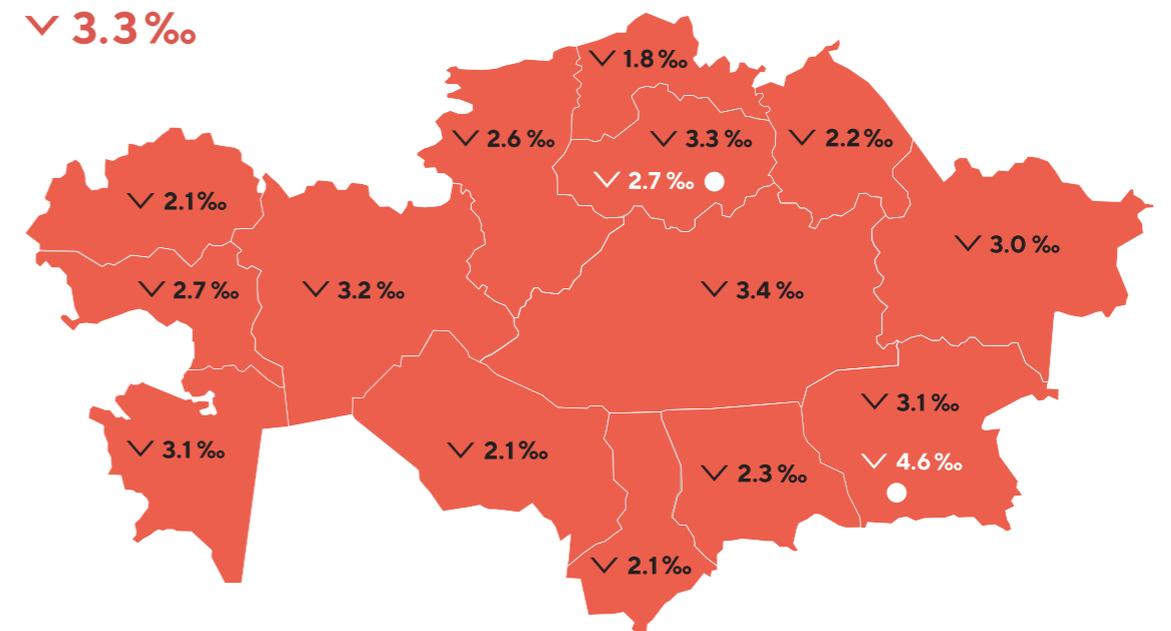
The crude death rate dropped by 3.3‰ points from 2005 to 2018.

Almaty by 4.6‰ points
Zhambyl Oblast by 2.3‰ points

Pavlodar Oblast by 2.2‰ points
West Kazakhstan Oblast by 2.1‰ points
Kyzylorda Oblast by 2.1‰ points
North Kazakhstan Oblast by 1.8‰ points

In 2018, the crude death rate was below 5‰ in the cities of Nur-Sultan (4.0‰) and Shymkent (4.6‰), as well as in Mangistau Oblast (3.1‰). The highest rates (above 10‰) were reported in Kostanai (10.1‰), East Kazakhstan (10.3‰) and North Kazakhstan (11.8‰) Oblasts¹⁹.

Decline in crude mortality, from 2005 to 2018



¹⁹ Natural population change data from the Statistics Committee of the Republic of Kazakhstan.

Regional differences in the crude death rate are largely due to varying sex and age distributions, which differ significantly in Kazakhstan's regions and cities. The age structure of the population has a significant impact on the overall mortality rate, since mortality is directly related to age. To take the age structure of Kazakhstan's population into account, as well as differences between the age structures of men and women in analyzing mortality rates, we used the direct standardization method²⁰. The world standard population was used as a standard population²¹.

In 2018, the registered death rate (7.1/1,000) was lower than the standardized rate (7.9/1,000), due to the fact that the population of Kazakhstan is younger to an extent than the global population.

Direct standardization for the general mortality rate reveals a twofold difference between the crude death rate among men (up to 10.8 per 1,000) and women (up to 5.9 per 1,000).

Infant mortality²²

Infant mortality in Kazakhstan has declined substantially in the last decade, amounting to 7.9 deaths under one year of age per 1,000 births in 2017, and 8.0 in 2018. The continuous decrease in infant mortality stopped in 2008, due to the transition to new criteria for live births recommend by the World Health Organization.

In Kazakhstan's urban environments, the infant mortality rate is slightly lower than in rural areas. However, this is relatively new; before 2016, the rate amongst the urban population was higher. It should be noted that deaths may be registered either at the place of residence (for infants, the place of residence of their parents), or at the place of death²³. Women with high-risk pregnancies and deliveries receive medical assistance at second and third-tier health institutions, which are located in cities, and this may contribute to an increase in the urban infant mortality rate.

In 2018, the lowest infant mortality rates were observed in Akmola and Pavlodar Oblasts (5.6‰) while Kostanai (10.3‰), Atyrau (10.7‰) and North Kazakhstan Oblasts (10.8‰) had rates exceeding 10 deaths under one year of age, per thousand births.

The main causes of death of children under one year of age are conditions that arise in the perinatal period. These conditions accounted for more than half of infant deaths in 2018.

Infant mortality due to conditions arising in the perinatal period has been declining substantially every year, and in 2018 it was 2.7 times lower than in 2009. Infant deaths because of congenital anomalies also declined considerably (by 1.9 times) over the period. Infant mortality from respiratory diseases decreased even more noticeably – by 3.4 times compared to 2009.

Crude death rate in Kazakhstan, 1991–2018²⁴



²⁰ Агентство Республики Казахстан по статистике. Методика расчета стандартизованных коэффициентов рождаемости и смертности // Методическое руководство. – Астана, 2012. – С. 1-10. [Statistics Agency of the Republic of Kazakhstan. Guidelines for Calculating Standardized Birth and Death Rates. Astana, 2012.]

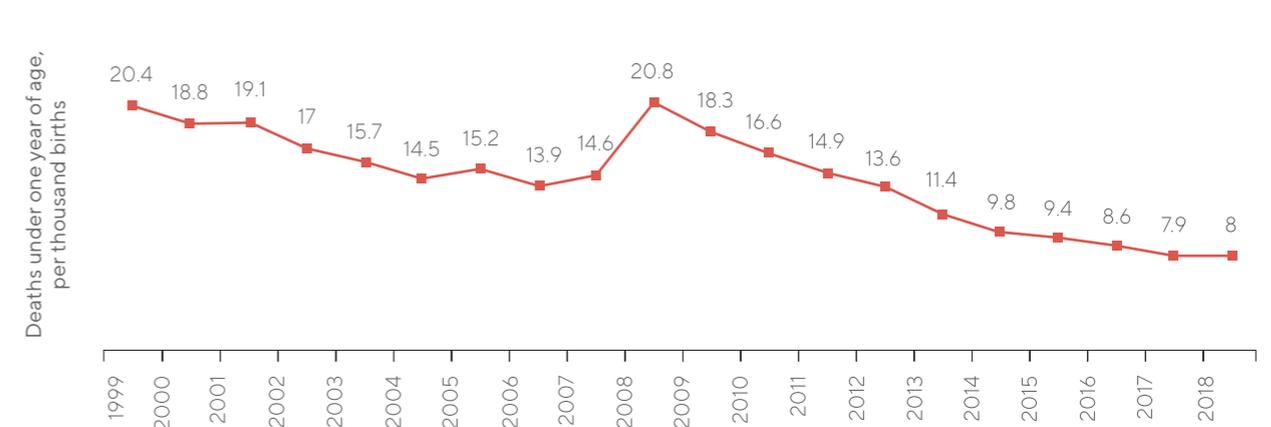
²¹ World Standard Population.

²² Source of data for the section: Демографический ежегодник Казахстана. 2005. Алматы, 2005, с. 339 Демографический ежегодник Казахстана. Астана, 2007, с. 258-260, Демографический ежегодник Казахстана. 2007 Астана, 2008, с. 266-268, Демографический ежегодник Казахстана. 2008. Астана, 2009, с. 352-354, Демографический ежегодник Казахстана. Астана, 2017, с. 261, 264-265, 295-313, Демографический ежегодник Казахстана. 2013-2017. Астана, 2018, с. 200-205, 229-243, 2018 г. [Kazakhstan's Demographic Yearbooks for 2005-2008 and 2013-2017.]

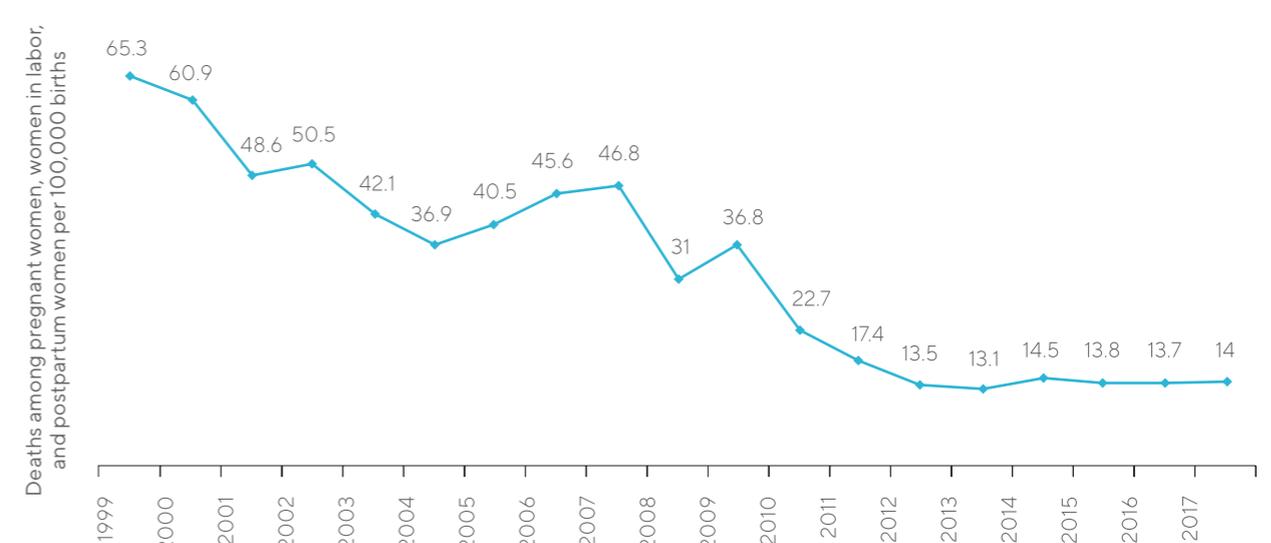
²³ Code of the Republic of Kazakhstan 518-IV, dated December 26, 2011, *On Marriage (Matrimony) and Family*. Article 269. Place of State Registration of Death.

²⁴ Kazakhstan's key population indicators from the Statistics Committee of the Republic of Kazakhstan.

Infant mortality in Kazakhstan



Maternal mortality in Kazakhstan, 1999–2017



Maternal mortality

Over the last 20 years, the most noticeable decrease in maternal mortality occurred from 2010 to 2012, when the number of deaths among pregnant women, women in labor, and postpartum women dropped 2.7 times, from 36.8 per 100,000 births in 2009, to 13.5 in 2012.

Since 2012, this rate has remained stable and varied between 13.1 and 14.5.

The main causes of maternal mortality were obstetric hemorrhage, eclampsia, septic infections, and abortion-related complications.

The maternal mortality rate directly correlates to the quality of the healthcare system, reflecting the socioeconomic development of a country or region. Accordingly, it is monitored by local authorities, who make administrative measures based on this rate. Progress achieved since 2011 is the result of the introduction of effective WHO-recommended perinatal technology throughout the country's 16 regions.

Mortality by gender and age

Over the last decade, mortality rates in Kazakhstan fell among all age groups, and among men and women. The largest decreases in mortality rates in 2018, when compared to 2008 levels, were reported in those 25–29 years old and those 30–34 years old (a 61.4% and 60.3% decline in male mortality, and 60.0% and 52.6% decline in female mortality, respectively). The highest relative decrease in age-specific death rates was therefore in younger age groups.

The mortality rate for men is significantly higher than for women in all age cohorts (except for those 85 and older). In particular, it is 2.8 times higher among those aged 25–34, and 2.5 times higher for ages 50–59.

Changes in nosological structure

Causes of death have changed substantially over the last decade. The changes in the distribution of causes of death are so significant that the question arises whether these changes have a real basis or are the result from changes in approaches to reporting the cause of death.

In 2008, more than half of deaths (50.3%) in Kazakhstan were caused by **diseases of the circulatory system**. Their prevalence declined to 23.4% in 2018, but still remain the most significant causes of death, followed by **respiratory diseases** (12.89%), and **malignant neoplasms (cancer)** (12%). The least prevalent cause of death was deaths from infectious and parasitic diseases (1.09%). Since 2014, the proportion of deaths **from external causes** (accidents, including road accidents, homicides, and suicides), which ranked second among all causes of death in 2008, has fallen to 9.3% in 2018. The percentage of deaths from malignant neoplasms declined steadily in 2016–2018 and reached 11.6% in 2018. The proportion of deaths from digestive diseases grew from 4.9% in 2008 to 10.3% in 2014, and slid to 8.8% in 2018.

Deaths from infectious and parasitic diseases fell from 2.3% in 2008 to 1.0% in 2018.

At the same time, **mortality from diseases of the nervous system** soared from 0.9% in 2008 to 13.4% in 2018.

Males

The main causes of deaths among men under 45 years old are external causes. From 45–49, the prevailing causes of deaths are diseases of the circulatory system. In 2018, the highest death rate among men aged 85 and older was attributed to unknown causes, followed by diseases of the nervous system and diseases of the circulatory system.

Females

Among females, the main causes of deaths under 40 years old are external ones. The main causes of deaths in the age span of 40–54 are malignant neoplasms, and at ages 55–80, diseases of the circulatory system. At ages 80–84 most deaths are caused by diseases of the nervous system and at the ages of 85 and older by unknown causes.

In 2018, the difference in the prevalence of deaths from **diseases of the nervous system** compared to those from diseases of the circulatory system at the oldest ages is the result of divergent trends in these two types of causes of death over the recent decade. The age-specific rates of deaths from diseases of the circulatory system have decreased and this decline was more substantial in older age cohorts. At the same time, mortality from diseases of the nervous system grew significantly in 2018 compared to 2008 in age groups of both men and women older than 40 years of age. This growth was more pronounced in older age cohorts: from 1.8 times among men aged 40–44, 18.7 times for ages 65–69, 31 times for ages 70–74, 55.7 times for ages 80–84, and up to 94.5 times for ages 85 and older. Women exhibited similar trends.

Cancer mortality has decreased substantially in the last decade. In 2018, men aged 30 and over experienced declines from 26% (for ages 40–44) to 43% (for ages 55–59), when compared to 2008 levels. The decline in female cancer mortality was approximately the same.

Death rates for men are higher than death rates for women for all causes and in almost all age cohorts. The greatest differences between men and women are in deaths from external causes. In 2018, the rate of male deaths from external causes in the age span of 25–60 was four times as high as among women. Male mortality from diseases of the circulatory system

in the 30–65 age interval was three times as high as among women. The differences in the rates of death from respiratory diseases in the age cohort of 50–70 were even higher, at 3.2–3.4 times the rates for women.

Life expectancy by gender, region, and age

In Kazakhstan, the average life expectancy has been growing annually since 2006. In the previous period, it declined significantly in the first half of the 1990s.

Since 2005, life expectancy has been growing annually, and increased by 7.29 years for both genders in 2018. The rise in male life expectancy (by 8.54 years) was significantly higher than that of women (by 5.39 years). As a result, the gap between female and male life expectancy shrank from 11.5 years in 2005 to 8.35 years in 2018.

Among the urban population, the difference between female and male life expectancy (8.79 years in 2018) was considerably greater than among the rural population (7.73)²⁵.

Life expectancy also differs noticeably by region. Nur-Sultan, Kazakhstan's capital, was reported to have the longest life expectancy, followed by Almaty. It was almost the same for men living in these two cities (71.87 in Nur-Sultan, and 71.84 in Almaty in 2018) but differed for women (79.88 and 78.53, respectively). In 2018, Almaty had the lowest gap in life expectancy between women and men (6.69 years) in Kazakhstan. North Kazakhstan Oblast was reported to have the highest gap in female and male life expectancy, which exceeded 10 years (10.1). The lowest figure was observed in Turkestan Oblast.

In 2018, the average life expectancy was

73.15 for both genders
68.84 men | **77.19** women

This was the first time the figure exceeded 77 years for women.

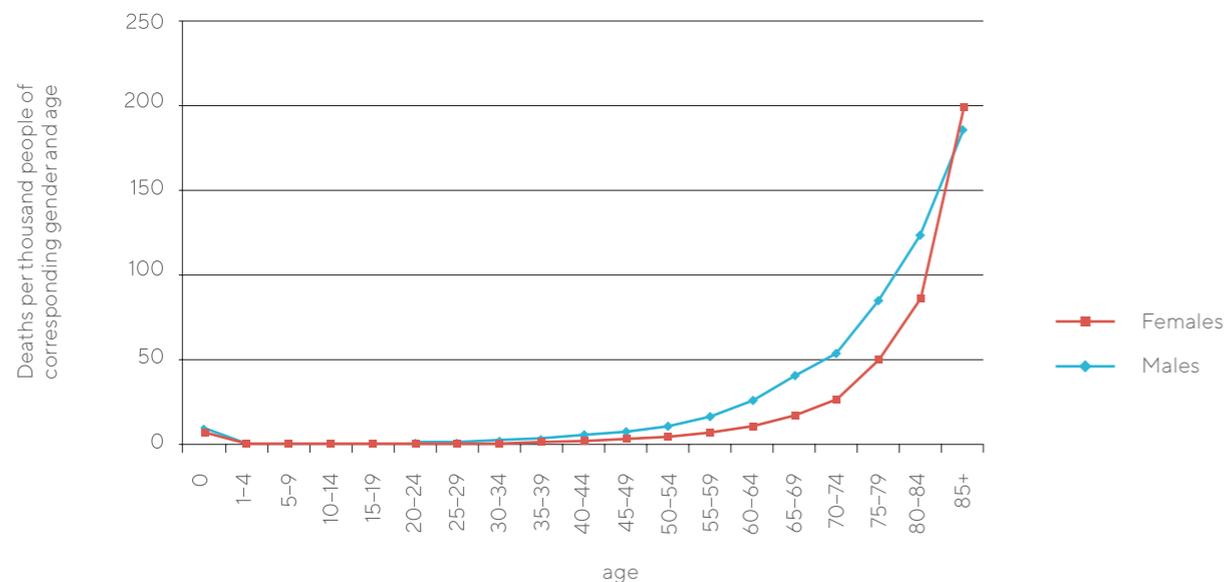
Loss of life expectancy by age and cause of death

Over the last decade, the loss of life expectancy among the working-age population has declined substantially, from 4.92 in 2008 to 2.67 in 2018 for men aged 20–60, and from 1.78 to 1.06 for women in the same age span.

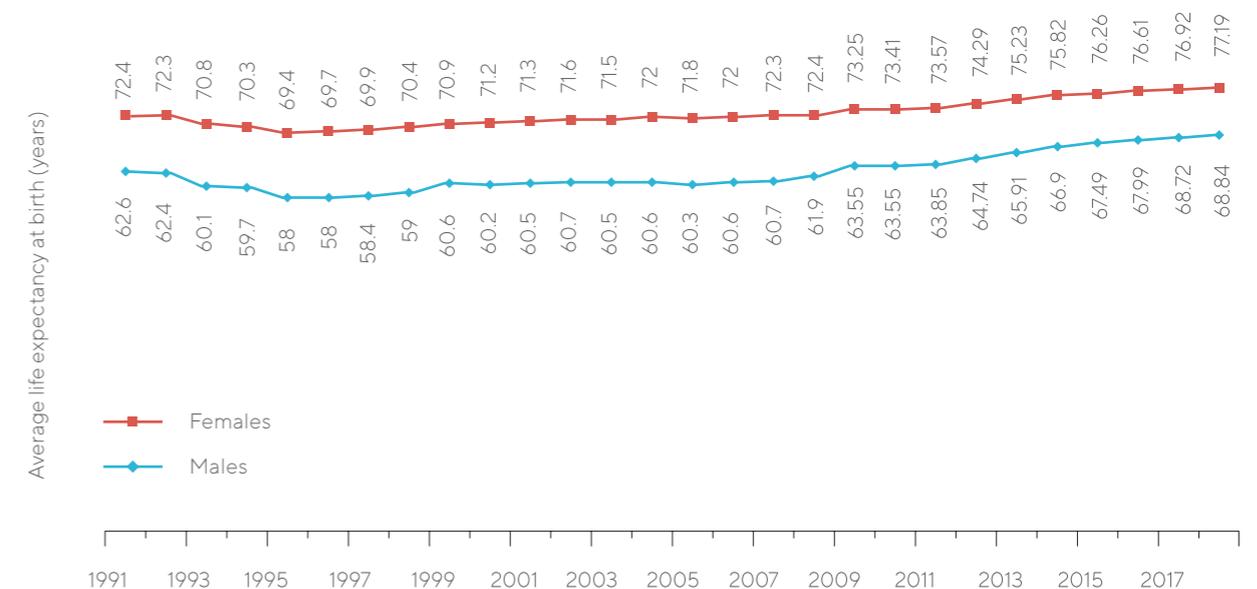
The main reduction in male life expectancy is primarily due to a decline in deaths from external causes. While in 2008 these causes reduced life expectancy in this age span by 2.07 years, in 2018 it was 1.06 years. External causes, however, remain the most pressing cause of mortality in this age group.

The loss of female life expectancy at ages 20–60 fell almost twofold, from 0.45 in 2008 to 0.23 in 2018, as a result of a decline in the rate of deaths from external causes. The reduction in deaths from diseases of the circulatory system also contributed significantly to the decline in the loss of life expectancy.

Age-specific female and male mortality in Kazakhstan in 2018



Average male and female life expectancy in Kazakhstan in 1991–2018



²⁵ Source of data for calculation: Демографический ежегодник Казахстана. Астана, 2017, 2018 гг. [Kazakhstan's Demographic Yearbook. Astana, 2017 and 2018.]

Diseases of the circulatory system are the main contributor to the loss of life expectancy in the age span from 60 to 100. However, though this category predominated in 2008 (15.95 out of 25.77 years of the total loss for men, and 14.42 out of 21.11 for women), by 2018 it plummeted to 6.27 for men and 4.45 for women.

An analysis of the loss of life expectancy by age and causes of death has shown that, despite positive changes in key indicators, there is still considerable room for improvement in the reduction of mortality caused by diseases such as acute myocardial infarction, stroke and cerebrovascular diseases, malignant neoplasms, accidents (unintentional injuries), and childbirth. Moreover, it also revealed issues with the coding of the causes of death, which somewhat distort the actual picture of mortality from diseases of the circulatory system and malignant neoplasms. These include high numbers of deaths from unknown causes, and a striking increase in the prevalence of certain causes, which are not yet in the focus of the health care system. This includes, for example, diseases of the nervous system, the prevalence of which increased by 18.7 times among the causes of male mortality in the age span 65–69, and even more for certain age and gender groups.

The main potential drivers for increasing life expectancy are associated with the reduction in premature male mortality. Premature mortality due to various causes may be measured by years of potential life lost (YPLL)—the number of years a person would have lived until a certain age (for example, 70 years) if there were no mortality before reaching this age. Kazakhstan's YPLL figures are close to the highest values of OECD countries and differ significantly by gender. Most pressing are the causes of death that demonstrate the greatest gap between YPLL for men and women, such as external causes of death (accidents—including road accidents, homicides, and suicides), diseases of the circulatory system, and respiratory and digestive diseases. In our opinion, the gender gap in YPLL due to these causes is largely a result of behavioral factors, such as the abuse of alcohol and other psychoactive substances, including smoking.

All this should be the subject of special attention when developing national healthcare policy and measures to reduce mortality.

NATURAL POPULATION INCREASE

Kazakhstan has recently demonstrated substantial natural population growth, exceeding 267,000 people a year in 2014, 2015, and 2018. The rate of natural increase has stabilized to the 14.5–15.5 per thousand range.

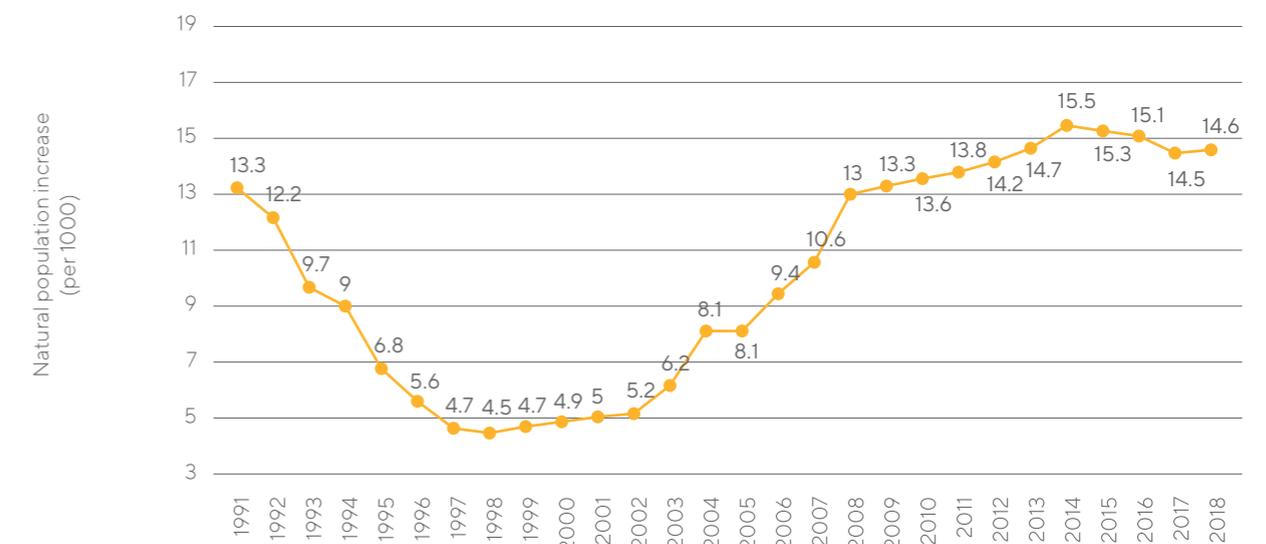
Until 2017, the rate of natural increase was higher among the rural population than among the urban population. In recent years, the urban and rural rates have converged.

The natural increase rate varies significantly by region and city.

The northern regions reported the lowest natural population increase, while the southern and western regions and the cities of Nur-Sultan and Shymkent had rates that significantly exceeded the country's average.

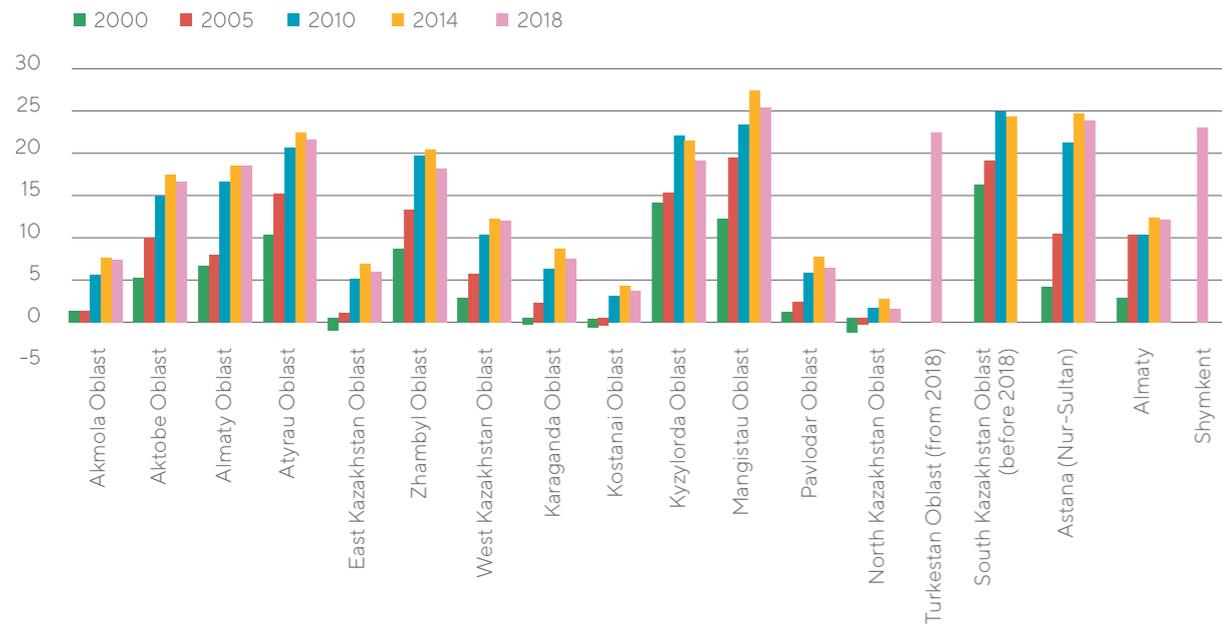
In 2018, the highest natural increase rates were observed in the cities of Nur-Sultan (23.7‰) and Shymkent (22.9‰), as well as in the Mangistau (25.2‰) and Turkestan (22.3‰) Oblasts. North Kazakhstan Oblast had the lowest rate of 1.1‰. The highest rates in almost all regions were recorded in 2014–2015, driven by a countrywide increase in fertility and decline in mortality.

Natural population increase in Kazakhstan, 1991–2018 (per 1,000)²⁶



²⁶ Kazakhstan's key population indicators from the Statistics Committee of the Republic of Kazakhstan.

Natural population increase by region and city, 2000–2018 (per thousand)



The net reproduction rate shows the rate at which generations are being replaced, and by how many times larger or smaller a cohort of children is than that of their parents (more specifically, this refers to the cohorts of daughters and mothers, as this rate is traditionally calculated for women).

The net reproduction rate in Kazakhstan is determined mainly by fertility rates. At current fertility rates and rates of female mortality before the end of reproductive age, the current generation of girls is approximately 30% larger than their mothers' generation.

The net reproduction rate in rural areas is significantly higher than in cities (in 2017, 1.421 and 1.218, respectively).

In 2017, the highest net reproduction rates were reported in Mangistau (1.783), Atyrau (1.641), Almaty (1.597), Zhambyl (1.597) and Kyzylorda (1.570) Oblasts where, at current replacement rates, the generation of girls is 1.5 times larger than their mothers' generation. The former South Kazakhstan (now Turkestan) Oblast also had a high net reproduction rate, 1.717 in 2017. High net reproduction rates in these regions create the prerequisites for a significant population increase. However, this will depend on whether the rates remain at current levels, as well as future death rates, the gender and age structure, and migration.

In 2017, the lowest net reproduction rates were observed in North Kazakhstan (0.968) and Kostanai (0.810) Oblasts, and the city of Almaty (0.787). When the indicator is below 1.0, it means that the generation of girls is smaller than that of their mothers, and reproduction has fallen below replacement level.

MARRIAGES AND DIVORCES

Marriage trends – in particular, first childbirths – are known to affect fertility rates, as well as family and household composition and structure.

In Kazakhstan, **the number of marriages is declining, while the rate of divorce is growing**. Between 2013 and 2018, the number of marriages dropped countrywide by 18%, though East Kazakhstan Oblast saw a drop of 28%. If this trend continues, the number of first childbirths should decrease.

The number of divorces between 2000–2018 almost doubled. Divorces became more frequent in all regions of the country – from an increase of 1.3 times in East Kazakhstan Oblast, to 2.8 times in Almaty Oblast.

Divorces are most frequent in the northern and eastern regions and the cities of Nur-Sultan and Almaty, where divorce rates are higher than the country's average. Fewer people divorce in the southern and western regions of the country.

The crude marriage rate – the number of marriages per thousand population – is declining countrywide, with Kazakhstan's average standing at 24% (relative to its greatest value) and the rates of Aktobe and Almaty Oblasts at 29% (the greatest decline). The marriage rates in the cities of Almaty and Nur-Sultan as well as in Karaganda Oblast decreased by less than 20%. The highest number of marriages per 1,000 was reported in 2013, and amounted to 9.89.

A faster decline in the relative rates suggests that the decrease in marriages has been offset by population increase, especially in cities with population over one million.

Age at marriage

The age at first marriage has risen in recent years. From 2013–2017, it grew nationwide by six months among both men (from 27.0 to 27.5 years of age) and women (from 24.5 to 25.0), which means that the gap of 2.5 years between men and women remained unchanged. Urban citizens tend to marry a little later than rural residents. The age of urban men at first marriage exceeds that of rural residents insignificantly, by 0.1 years on average, while rural women at first marriage are younger than urban ones by one year on average. Mangistau Oblast was the only region where the age of men at marriage in rural settings dropped, by 0.2 compared to urban residents from 2013–2017.

The highest average age at first marriage for men was observed in North Kazakhstan (28.3 years of age) and East Kazakhstan (28.1) Oblasts and the lowest in Mangistau (26.1) and Atyrau (26.7) Oblasts. Among females, the highest indicators were recorded in the city of Almaty (26.1), North Kazakhstan, and Pavlodar Oblasts (25.8), and the lowest in Turkestan (23.5) and Mangistau (23.9) Oblasts.

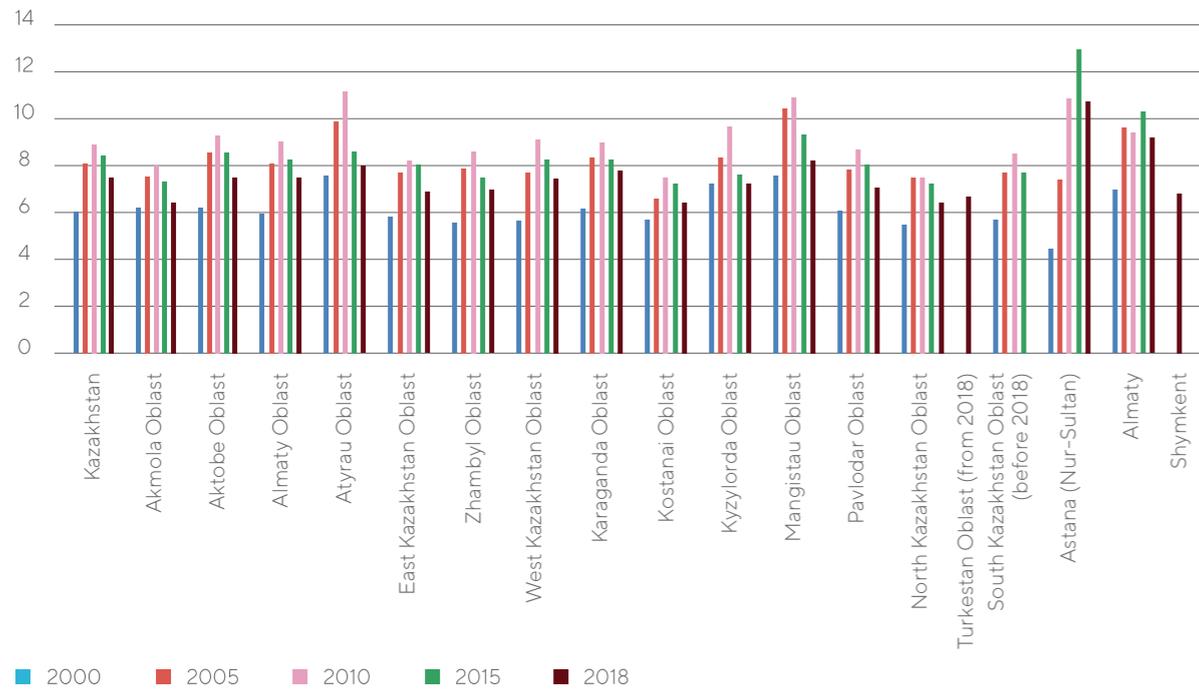
27.5

age at first marriage for men

25

age at first marriage for women

Marriages by region, 2000–2018 (per 1,000)



Interethnic marriages

Between 2013 and 2017, interethnic marriages became somewhat rarer, due to an overall decline in the number of marriages. Over this period, the total number of marriages fell from 168,400 to 141,800 (by 15.8%), and the number of interethnic marriages from 26,200 to 22,900 (12.5%). The prevailing interethnic marriages are those where one of the spouses is of Russian origin.

Future dynamics of interethnic marriages will depend on the proportions of ethnic groups living in Kazakhstan, as well as individuals' readiness to marry representatives of other ethnic groups.

Divorces

Over the last twenty years, the number of divorces and the crude divorce rate have been steadily growing in Kazakhstan. From 2000 to 2018, the number of divorces almost doubled. Divorces became more frequent in all regions of the country—from an increase of 1.3 times in East Kazakhstan Oblast to 2.8 times in Almaty Oblast.

The highest divorce rates that exceeded the country's average were reported in the northern and eastern regions, as well as in the cities of Nur-Sultan and Almaty. Fewer people divorce in the southern and western regions of the country. While the country's average crude divorce rate grew by 1.63 times (from 1.84‰ in 2000 to 3.00‰ in 2018), it rose by 2.73 times in North Kazakhstan Oblast, 2.15 times in West Kazakhstan Oblast, and 2.14 times in Almaty Oblast. In 2018, the highest divorce rates were observed in Pavlodar Oblast (4.19‰), the cities of Nur-Sultan (3.84‰) and Almaty

(3.80‰), and North Kazakhstan (3.79‰) and Karaganda (3.74‰) Oblasts.

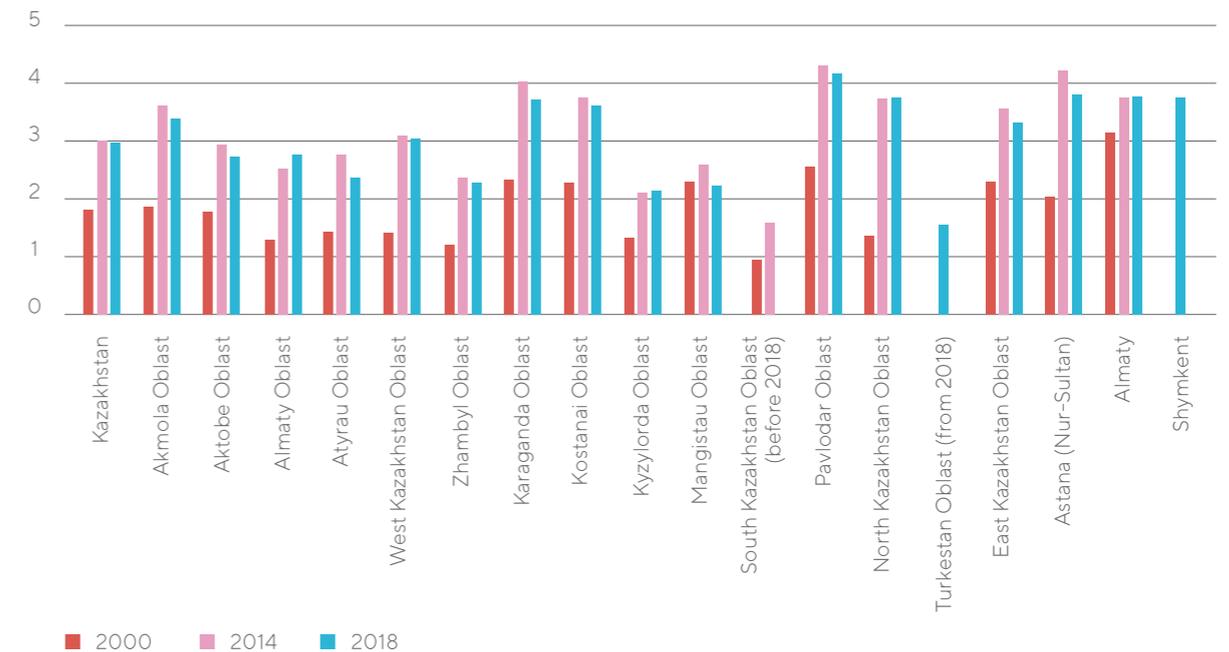
The number of divorces per 1,000 marriages fell from 301 in 2000 to 247 in 2007 (by 18%) and then soared to 398 in 2018 (by 61%).

If in 2000 divorces accounted for 30% of marriages, in 2018 the ratio increased to 40%. Should this divorce-to-marriage ratio persist, over a third of marriages will dissolve in the future.

A further increase in the divorce rate may contribute to a decline in the number of second and subsequent births. Therefore, family and demographic policies should focus on strengthening the family and preventing divorces, especially among families with children.

The government is concerned with the growing number of divorces and the weakening of the institution of the family, and believes that these issues should be addressed at the governmental level. To this end, it adopted the Family and Gender Policy Framework until 2030, approved by Presidential Decree 384 on December 6, 2016.

Divorces by region in 2000, 2014, and 2018 (per 1,000)²⁷



Key principles of the family policy:

- 1) equality of spouses' rights, opportunities, and duties in fulfilling their family functions;**
- 2) accessibility of the conditions necessary for the best functioning of families;**
- 3) families' independence in making decisions about their lives;**
- 4) families' responsibility for the upbringing, education, health and development of their child(ren);**
- 5) partnership between the family, society, and the state;**
- 6) targeted and inclusive governmental family policies that take into account families' needs;**
- 7) zero tolerance for all types of domestic violence; and**
- 8) zero tolerance for immoral behavior in society.**

The objectives of the governmental family policy are to support, strengthen, and protect families; create conditions conducive to their physical, intellectual, spiritual, and moral development; and protect motherhood, fatherhood, and childhood.

To achieve these objectives, a plan of action was developed to implement the Family and Gender Policy Framework (with the period of 2017–2019 as the first stage). The plan envisions amendments to family and gender policy laws in line with the Concluding Observations of the UN Committee on the Elimination

of Discrimination against Women, as well as the standards of OECD countries.

To ensure that parents can efficiently combine family obligations and work, labor laws provide for flexible forms of employment and parental leave, and regulate the work of women, pregnant women, and women having children.

The government also provides social allowances and services to families with children. Social benefits include a childbirth allowance, a childcare allowance until the child reaches one year of age, a child disability allowance, a state allowance for children under 18 years of age, and a special state allowance for mothers and families with many children. The effectiveness of these social assistance measures is confirmed by positive birth statistics. However, despite governmental family assistance, the number of divorces is growing.

²⁷ Source of data for calculation: Natural population change data from the Statistics Committee of the Republic of Kazakhstan.

Marriages and divorces, 2000–2018



To achieve the objectives of the family policy, the following issues must be addressed:

- improving family policy laws and bringing them in line with international standards and UN, SDG, and OECD recommendations;
- bridging the gap between male and female life expectancy and ensuring healthcare access, including family planning;
- protecting the rights and interests of children and promoting their physical, intellectual, and spiritual development;
- promoting a positive image of the family and strengthening the spiritual and moral values of society and the upbringing of younger generations;
- improving the protection of socially vulnerable families, including those with minor children;
- combating violence against all family members, including gender-based violence; and
- raising the quality of state social services for families to the level of OECD countries.

Family policy is expected to strengthen Kazakhstan's statehood and modernize society. It should address the issues of economic well-being; the efficient development of the labor market; decent and productive employment with a special focus on young people; the availability of property for families; the affordability of housing for young families; quality education and health care (in particular, reproductive health and family planning services); and social support.

In addition, laws should be improved to efficiently ensure equal rights and opportunities for men and women in family relationships, protect motherhood and childhood, enhance parental responsibility for bringing up children, and prevent gender-based discrimination and violence.

HOUSEHOLDS



A household is a person or a group of people living together, sharing (in full or in part) their income and property, who jointly consume certain goods and services (primarily housing and food products)²⁸. A household is a key statistical indicator used in modern-day census-taking. As distinct from a family, a household may comprise one person, or include individuals who are not members of the same family.

Analyzing the dynamics and structure of households and the families that comprise them can elucidate both reproductive trends and the relationships between demographic changes and socioeconomic development.

Studying households' characteristics (such as their size and type, the number of children, etc.) is only possible based on census data. There have been two censuses in Kazakhstan's contemporary history – in 1999 and 2009. The census scheduled for 2019 was postponed until 2020.

A comparison of the censuses of 1999 and 2009 shows that the number of households grew by 231,500, from 4.16 million to 4.39 million (5.6%), though the number of urban households grew by a mere 1.2%, and rural households by 13.4%.

The largest numbers of households, according to the 2009 census, were recorded in South Kazakhstan (now Turkestan) (490,700), East Kazakhstan (446,600), the city of Almaty (438,200), Karaganda Oblast (437,800), and Almaty Oblast (432,200).

There are four types of households: nuclear, extended, composite, and one-person.

A **nuclear** household consists of one married couple with or without children, or one parent with their unmarried children. An **extended** household consists of: a single family nucleus and other persons related to it; two or more family nuclei related to each other without any other persons; two or more family nuclei related to each other and other related persons; and persons related to each other, who do not constitute a family nucleus. **Composite** households are households consisting of non-related persons²⁹.

According to the 2009 census, nuclear (2,321,978 or 52.9%) and extended (1,311,265 or 29.9%) households accounted for the largest shares of all households (4,391,759). One-person (639,890) and composite (118,626) households comprised 14.6% and 2.7% of the total, respectively.

The average household size was 3.6 persons in both 1999 and 2009. The size of rural households (4.4) also remained unchanged, while that of urban households increased by 0.1, from 3.1 to 3.2 persons.

²⁸ Домохозяйства Республики Казахстан. Итоги Национальной переписи населения Республики Казахстан 2009 года. Астана, 2011. Т. 1. [Households in the Republic of Kazakhstan. 2009 National Census Data. Astana, 2011.]

²⁹ Домохозяйства Республики Казахстан. Итоги Национальной переписи населения Республики Казахстан 2009 года. Астана, 2011. Т. 1. [Households in the Republic of Kazakhstan. 2009 National Census Data. Astana, 2011.]

Average household size³⁰

	Average household size					
	total		urban		rural	
	1999	2009	1999	2009	1999	2009
All households	3.6	3.6	3.1	3.2	4.4	4.4
including:						
one-person households	1.0	1.0	1.0	1.0	1.0	1.0
nuclear households	3.5	3.5	3.2	3.2	4.0	3.9
including:						
households consisting of a married couple with or without children	3.7	3.7	3.4	3.4	4.2	4.1
households consisting of a mother with children	2.6	2.6	2.5	2.5	3.0	2.9
households consisting of a father with children	2.7	2.8	2.5	2.6	3.0	3.1
extended households	5.2	5.2	4.7	4.6	5.9	5.9
composite households	3.9	3.9	3.7	3.7	4.6	4.5

The size of a household is determined predominantly by the number of children: the larger the number, the higher the average household size. The composition of households has changed over the period between the censuses: the number of those without children grew from 29.2% to 36.2%, while households with children declined by 7%.

An analysis of regional differences in average household size has shown that, despite the fact that the country's average household size remains stable, regions demonstrate diverging dynamics, which cannot be explained by a single factor such as fertility, migration, or economic development.

The average household size fell in eight regions, and rose in six.

It is possible to draw the conclusion that in Almaty, Mangistau and South Kazakhstan (now Turkestan) Oblasts the statistic rose as a result of an increase in the average size of urban households, and dropped in Akmola, Aktobe, Atyrau and other oblasts because of a decline in the average size of rural households.

An analysis of household structure by type reveals significant differences in their dynamics between censuses. In particular, the number of composite households almost doubled (up 92.7%), extended households grew by 39.4%, and one-person households increased by 7.7%. The number of rural households

of these types has been growing faster than urban households.

The number of nuclear households – the largest category – fell by 9.4%, including by 13.7% in urban areas and 2.1% in rural settings.

An analysis of the 1999 and 2009 censuses suggests that the different dynamics of various household types have determined changes in their composition between the censuses. This was primarily due to a reduction in nuclear households, consisting of a married couple with or without children, from 49.90% to 41.01% (by 8.89%), and a rise in the percentage of extended families, from 22.61% to 29.86% (by 7.25%).

Among nuclear families, the proportion of those consisting of a father with children has soared by 60.9%. The number of households consisting of a mother with children increased by 1.6% and was 6.6 times as high as that of households consisting of a father with children.

An analysis of household composition by region shows that nuclear households remain the predominant type of households in all regions (accounting for 51–59%). The exceptions are the cities of Nur-Sultan and Almaty, where these households comprise 42–43% of the total.

The number and percentage of extended households remain high because of the traditional way of life in Kazakhstan, where several generations

of a family live together, in particular parents and their married children and grandchildren.

With an increase in the urban population, the share of one-person and composite households can be

expected to remain high. The increase in urban housing in multi-family apartment buildings will contribute to household nuclearization, as young families will have more opportunities to establish their own domiciles.

Households consisting of two or more persons, by number of persons under 18 years of age³¹

	Number of households		Composition of households (%)		Composition of households with children (%)		Average household size	
	1999	2009	1999	2009	1999	2009	1999	2009
	All households	3,566,179	3,751,869	100.0	100.0			4.0
Households with persons under 18 years of age	2,523,112	2,395,310	70.8	63.8	100.0	100.0	4.6	4.8
including:								
one child	998,466	1,030,592	28.0	27.5	39.6	43.0	3.4	3.7
two children	865,195	771,348	24.3	20.6	34.3	32.2	4.5	4.7
three children	395,261	356,504	11.1	9.5	15.7	14.9	5.7	5.9
four children	171,391	158,225	4.8	4.2	6.8	6.6	6.8	7.1
five and more children	92,799	78,641	2.6	2.1	3.7	3.3	8.8	9.5
Households without persons under 18 years of age	1,043,067	1,356,559	29.2	36.2			2.6	2.8

Household composition by type³²

	total		urban		rural	
	1999	2009	1999	2009	1999	2009
All households	100.0	100.0	100.0	100.0	100.0	100.0
including:						
one-person households	14.28	14.57	18.31	18.51	6.99	8.21
nuclear households	61.63	52.87	60.62	51.69	63.45	54.78
including:						
households consisting of a married couple with or without children	49.90	41.01	47.26	38.54	54.68	45.00
households consisting of a mother with children	10.71	10.31	12.27	11.56	7.88	8.28
households consisting of a father with children	1.02	1.55	1.09	1.59	0.90	1.50
extended households	22.61	29.86	19.23	26.35	28.74	35.53
composite households	1.48	2.70	1.84	3.46	0.82	1.48

³¹ Домохозяйства Республики Казахстан. Итоги Национальной переписи населения Республики Казахстан 2009 года. Астана, 2011. [Households in the Republic of Kazakhstan. 2009 National Census Data. Astana, 2011.]

³² Домохозяйства Республики Казахстан. Итоги Национальной переписи населения Республики Казахстан 2009 года. Астана, 2011. [Households in the Republic of Kazakhstan. 2009 National Census Data. Astana, 2011.]

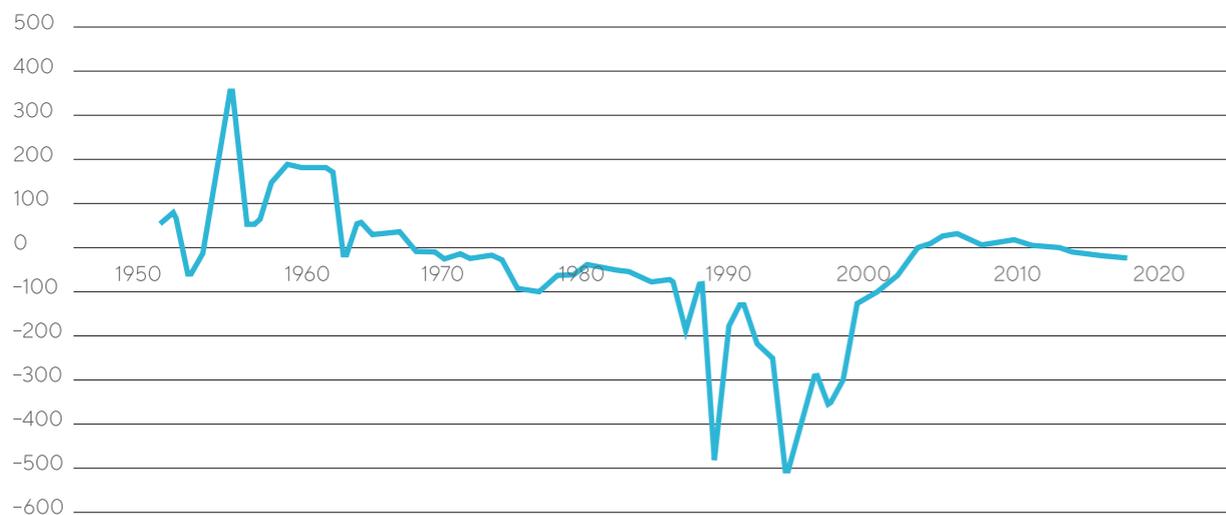
³⁰ Домохозяйства Республики Казахстан. Итоги Национальной переписи населения Республики Казахстан 2009 года. Астана, 2011. [Households in the Republic of Kazakhstan. 2009 National Census Data. Astana, 2011.]

MIGRATION

Migration has influenced population development in Kazakhstan throughout its history. During the Soviet period, the republic received migrants of many types. These included economic migrants who came here to develop what were known then as “the virgin lands,” and built and then remained to work in mines, plants, and factories. More than half a million people came to Kazakhstan to develop these virgin lands³³. During WWII, the republic also received many evacuees from the Soviet Union’s European parts – 381,260 people³⁴ arrived in Kazakhstan as of January 1, 1942. Some estimates suggest that the total number of evacuees

exceeded half a million. Many of them remained to live and work in Kazakhstan after the war had ended. In addition, between 1930 and 1940, many people were forcibly resettled in Kazakhstan. These included rich peasants (kulaks) who had been forced into exile, Gulag prisoners, and deported ethnic groups (Germans, Poles, Chechens, Ingush, and many others). As of the first of January, 1949, 820,000 deportees, including around 400,000 Germans, were living in special settlements in the Kazakh SSR. Migration has turned Kazakhstan into one of the most ethnically diverse countries of the world.

Net migration³⁵ in Kazakhstan, 1950–2018 (in thousands)



Sources of data for the chart: Госкомстат СССР, Население СССР 1987 г. М.: 1988; Госкомстат СССР Демографический ежегодник СССР 1990 г. М.: 1990. Комитет по статистике Республики Казахстан. Демографические показатели 2018 [USSR State Statistics Committee’s data for 1987 and 1990. Statistics Committee of the Republic of Kazakhstan’s data for 2018].

Until the end of the 1960s, Kazakhstan’s net migration rate was positive. In subsequent years, population’s inflow reversed to an outflow, and the first years of independence saw an explosive rate of exodus due to repatriation.

In the 1990s, the outflow of returnees, especially to Russia and Germany, soared. The Statistics Committee of Kazakhstan estimates that between 1992 and 2003 the country lost 2.2 million people, due to unequal migratory interchange with the outside world. As a result of this interchange, Russia and Germany received approximately 1.5 million and 850,000 people, respectively.

This period also saw positive changes such as the open-door policy, the market-based transformation of the economy, and the development of entrepreneurship, which influenced Kazakhstan’s migration processes in the new century. The relocation of the capital from Almaty to Astana (currently Nur-Sultan) in 1997 had a significant effect on migration. Below we consider the main areas and characteristics of migration flows in the 21st century.

Permanent emigration

Political stability and economic growth achieved in the 2000s have changed Kazakhstan’s international migration trends compared to the previous decade. From 2004 to 2011, the country had a positive net migration rate. According to Kazakhstan’s statistical bodies, over this period, Kazakhstan’s net migration with Russia and Germany was minus 180,000 and 32,500 people, respectively, while the flow of immigrants from Central Asian states, China, Mongolia, and some other countries increased, driven by governmental efforts to support the return of ethnic Kazakhs from abroad. Between 2004 and 2011, Kazakhstan’s positive migration balance with Uzbekistan was 211,000 people, China 36,600 people, Mongolia 27,000 people, and the Kyrgyz Republic 14,000 people.

Oralman and settlers

Oralman are ethnic Kazakhs who have “returned” to their historical homeland from abroad, while internal migrants are Kazakhstan citizens who relocate from southern to northern regions.

The government sets yearly quotas for the numbers of permissible oralman and internal migrants (Article 8 of the Law On Migration of the Population).

From 1991 to January 1, 2016, 261,104 families (957,722 ethnic Kazakhs, comprising 5.5% of the country’s population) “returned” to Kazakhstan and received the status of oralman. Of these, 61.1% arrived from Uzbekistan, 14.2% from China, 9.2% from Mongolia, 6.8% from Turkmenistan, 4.6% from Russia, and 3.6% from other countries.

South Kazakhstan (now Turkestan) Oblast received 21.2% of oralman, Almaty Oblast 16.3%, Mangistau Oblast 13%, Zhambyl Oblast 9.4%, and other regions 40.1%.

The working-age population comprises 55.6% of oralman, children under 18 years of age 39.9%, and pensioners 4.5%.

Between 2012 and 2018, Kazakhstan experienced another migration loss, with some 100,000 leaving the country. Changes in the migratory trend were due to a decrease in the influx of ethnic Kazakhs from other countries. As a result, the net migration with Uzbekistan over the period fell fourfold, to 51,000 people; China, to 12,700 people; Mongolia, to 1,800 people; and the Kyrgyz Republic, to almost 5,000 people. The outflow to Russia over the same time remained almost unchanged, at approximately 17,000. The loss due to migration interchange with Germany dropped almost thrice, to 12,700. Kazakhstan’s total migration increase from 2004 to 2018 was 1,000 people. The United Nations Population Division, in its population projections for Kazakhstan, suggests that after 2017 the average net immigration over a five-year period will be zero.

The ethnic composition of migrants reflects the two most important processes in the post-Soviet space: ethnic Kazakhs’ desire to return to their homeland from other countries, and the desire of many from the Russian-speaking population to emigrate to Russia. Kazakhs and Russians accounted for 65% and 15%, respectively, of 195,000 people who arrived in Kazakhstan in 2007–2017. At the same time, Russians comprised 71%, Germans and Ukrainians 7% each, and Kazakhs a mere 4% of all those who left the country (245,000).

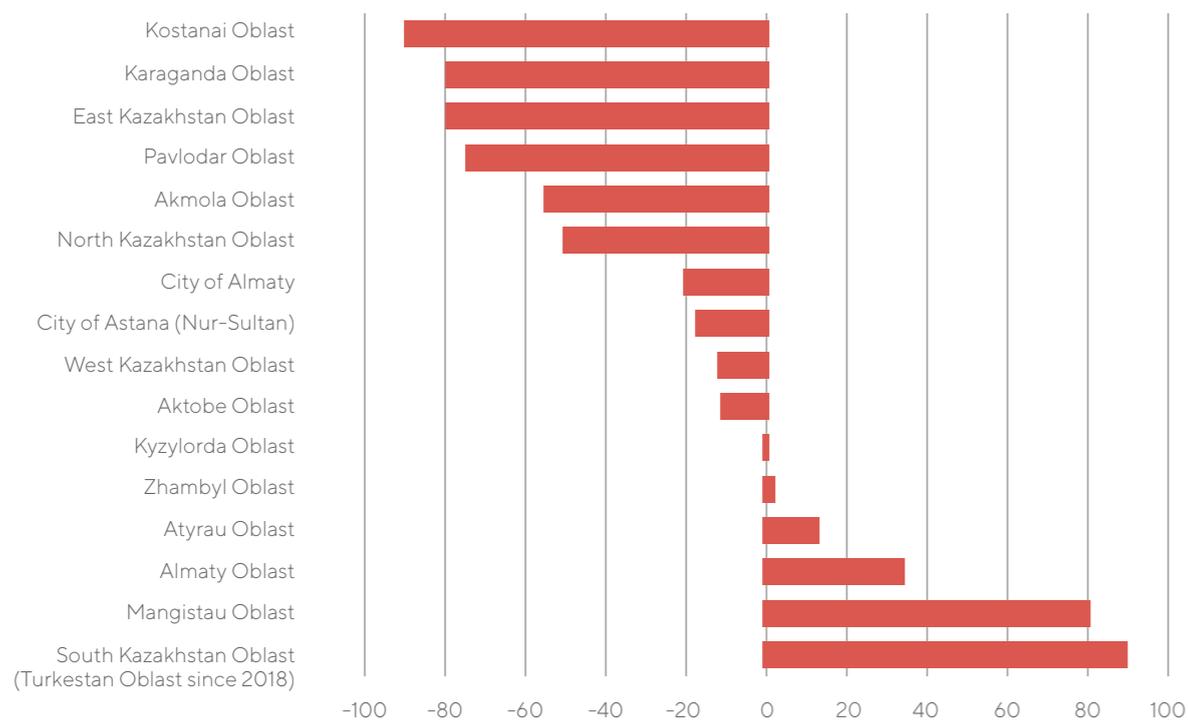
Kazakhstan’s regions can be divided into two distinct groups when looking at outward migration trends. The northern regions, where the proportion of the Russian-speaking population has historically been high, have a significant negative balance. South Kazakhstan Oblast (which in 2018 was divided into Turkestan Oblast and the city of Shymkent) as well as Mangistau and Almaty Oblasts, meanwhile, received the largest number of Kazakh returnees.

³³ Кульбаев Т. Все для фронта, все для Победы! – Алматы: Асыл сөз, 2015. – С. 247–251 [Kulbayev T. *All for the Front, All for Victory!* Almaty, 2015].

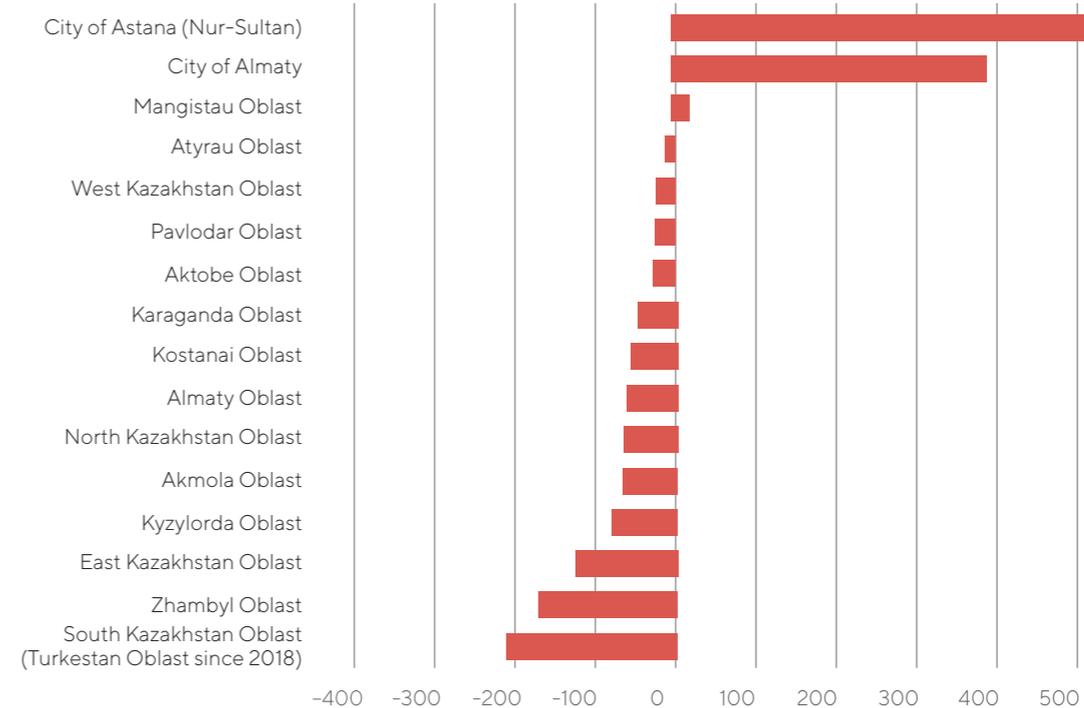
³⁴ Земсков В.Н. Спецпоселенцы. Вопросы социологии, 1990, № 11: 5–26. [Zemskov S. *Special Settlers. Journal of Sociology Issues.* 1990]

³⁵ Net migration (migration balance) is the difference between immigration into and emigration from the area during a certain period (quarter, year, intercensal period, etc.) and an indicator of the result of population territorial movements.

Outward migration by region, 2004–2018 (in thousands)



Internal migration by region, 2000–2018 (in thousands)



International labor migration

Driven by accelerated economic growth in the early 2000s, as bolstered by its huge natural resource reserves, Kazakhstan now receives the second most migrant workers from other states among post-Soviet countries, after Russia. Given its large youth population, the Government of Kazakhstan has been setting quotas for foreign workers since the early 2000s to restrict their employment in various sectors, and therefore protect the domestic labor market. Quotas are set as percentages of the economically active population³⁶. The initial quota was set at 0.15%, which did not exceed 10,000–11,000 people. Since 2004, the quota was increased annually to reach 1.6% (132,800) in 2008. In 2014, because of the 2008–2009 global economic crisis it was lowered to 0.7% of the economically active population³⁷. The practice of setting quotas was subsequently enshrined by the Law *On Migration of the Population*, adopted in 2011.

According to the official statistics, the highest inflow of legal migrant workers to Kazakhstan (58,800 people) occurred in 2007. Of these, over 90% came from outside the CIS, primarily from Turkey and China. In 2005–2009, the proportion of foreign workers from these countries was 40% and 16% of the total, respectively. Unlike Russia, where the majority of legal migrants are employed in positions that do not require high qualification, Kazakhstan’s migration policy is aimed at attracting skilled labor. This is largely a result of the migration interchange with Russia, Germany, and

Ukraine, in which the country had lost over 2 million people, most of whom were highly qualified workers such as engineers, doctors, technical workers, scientists, and university lecturers.

The demand for unskilled labor has been met by illegal migration from Uzbekistan, the Kyrgyz Republic, and Tajikistan. The 2006 legalization of migrant workers identified 164,500 foreigners who worked in Kazakhstan illegally³⁸. In the second half of the 2000s, experts estimated the number of irregular migrants to range from 250,000 to over one million people³⁹.

In 2010–2014, after the recovery of the economy from the 2008–2009 crisis, the influx of migrant workers resumed. Yet though the number of legal foreign workers in Kazakhstan increased, it did not reach the values exhibited before the crisis, which exceeded 50,000 people. The number of officially registered skilled migrant workers continued to decline in subsequent years — from 37,000 in 2015, to 28,000 in 2017. The influx of legal migrant workers, primarily from Uzbekistan, Tajikistan, and the Kyrgyz Republic, continues. Illegal migration estimates vary significantly, from 300,000 to 1.5 million people⁴⁰. The predominant estimate is one million. Since 2014, migration police divisions have been issuing permits for migrants to work in individual households. These efforts helped to legalize over 140,000 migrants in 2015 alone⁴¹.

Another driver of labor migration emerged in 2014, when Belarus, Kazakhstan and Russia established the Eurasian Economic Union (EAEU), which envisioned

the creation of a single labor market and the free movement of labor. Armenia and the Kyrgyz Republic acceded to the EAEU in 2015. This initiative was intended to foster movement between the member states without requiring work permits for EAEU citizens. However, because of high domestic demand for labor, Kazakhstan’s citizens, as distinct from the citizens of other former Soviet Union countries, do not take such an active role in migration to Russia for work. According to the Russian Ministry of Internal Affairs’ Main Directorate for Migration, 111,000 migrant workers arrived in Russia from Kazakhstan. Sample surveys show that Kazakhstan’s citizens are primarily employed in semi-skilled or skilled positions.

³⁶ The practice of setting quotas was then entrenched by the Law *On Migration of the Population* adopted in 2011.

³⁷ Садовская Е. Казахстан в системе международных трудовых миграций. Демоскоп-Weekly, № 583-584, 27 января – 9 февраля 2014 г. [Sadovskaya Y. Kazakhstan in the System of International Labor Migrations. *Demoscope Weekly*, 2014.]

³⁸ Ни В. Права трудящихся-мигрантов в Казахстане: анализ национального законодательства, международных стандартов и правоприменительной практики. — Алма-Ата: МОТ, 2008. — С. 12. [Ni V. *Migrant Workers’ Rights in Kazakhstan: An Analysis of National Laws, International Standards, and Law Enforcement Practices*. Almaty, 2008.]

³⁹ Комиссия по правам человека при Президенте Республики Казахстан, Специальный доклад «О ситуации с правами мигрантов в Республике Казахстан». Под общей редакцией Куаныша Султанова, Тастемира Абишева. Астана, 2013. — 161 с. [Commission on Human Rights under the President of the Republic of Kazakhstan. Special Report on the Situation with Migrants’ Rights in the Republic of Kazakhstan. Astana, 2013.]

⁴⁰ FIDH, 2016: 9.

⁴¹ Комиссия по правам человека при Президенте Республики Казахстан. Аналитический доклад «Актуальные проблемы защиты прав трудящихся-мигрантов и жертв торговли людьми в Республике Казахстан». Астана, 2017. — 196 с. [Commission on Human Rights under the President of the Republic of Kazakhstan. Pressing Issues Related to the Protection of Migrant Workers and Victims of Human Trafficking in the Republic of Kazakhstan: Analytical Report. Astana, 2017.]

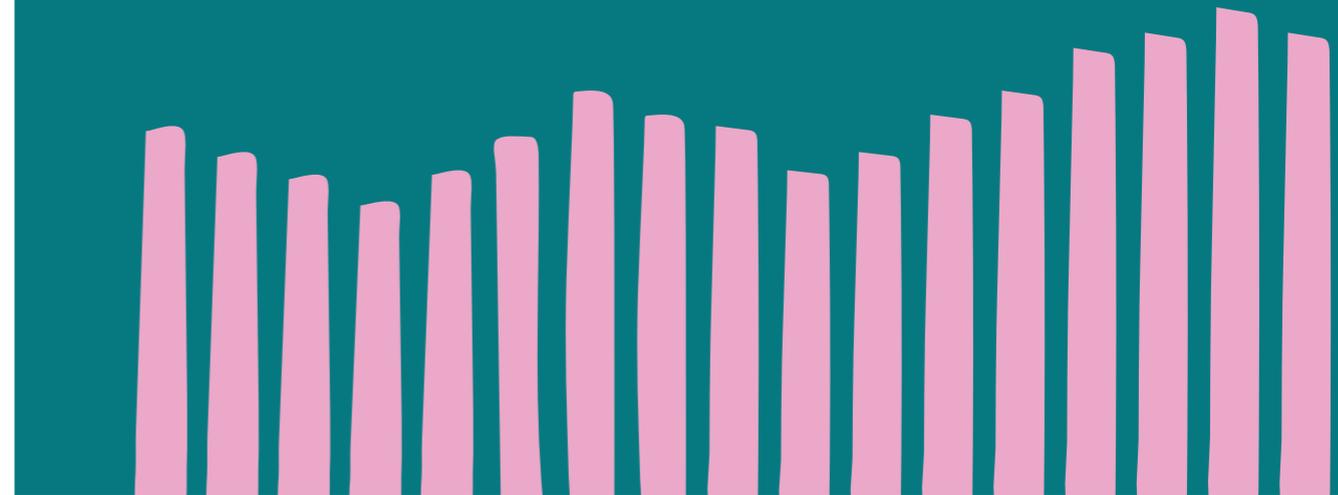
Internal migration

In 2000–2018, Kazakhstan’s internal migration primarily flowed to two urban centers. One of them was the new capital Astana (now Nur-Sultan) that received 510,000 people as a result of internal migration, according to official statistics. The other was Almaty, Kazakhstan’s former capital, which saw a migration increase of at least 385,000. The main sources of internal migrants were Turkestan, Zhambyl, and East Kazakhstan Oblasts. Domestic migration flows thus did not help mitigate territorial imbalances in population distribution. The government’s efforts aimed at directing migration flows from the overpopulated south to the north (comparatively depopulated due to the outflow of the Russian-speaking population) have not yielded tangible results. This problem, however, still needs to be resolved, as the northern regions are home to large enterprises and significant agricultural and mineral resources. In the near future, the country will need to factor in the growing demographic pressure from the south and possibly upgrade its current migration policy in respect of labor and permanent migrants. Moreover, skilled workers continue to leave Kazakhstan, although this outflow is not as high as in the 1990s.

Internal migration flows also need to be regulated. Otherwise, territorial imbalances in population distribution will hamper socioeconomic development. The northern regions cannot develop to the fullest extent because of a lack of workers, while the southern ones burden the state with high social welfare demands. To improve the regulatory system of migration, the government adopted the Migration Policy Framework for 2017–2021, approved by Governmental Resolution 602 on September 29, 2017.

Kazakhstan pursues a strategy of attracting temporary foreign migrant workers, optimizing the countrywide distribution of the population, and permanently resettling “returnees.”

STANDARDS OF LIVING



Household income, expenditure, and consumption

The quality of a person’s life is inextricably linked to their fundamental rights, such as their right to health and education, their freedom of choice and non-discrimination, their reproductive rights, and their right to productive employment and well-being. People can achieve the best quality of life if they can exercise these rights.

In recent years, Kazakhstan has seen a steady increase in per capita **nominal monetary** income. From 2013 to 2017 it increased by 47.1%, almost 1.5 times. The highest nominal incomes were recorded in Atyrau Oblast, with the lowest in South Kazakhstan Oblast. However, **changes in real earnings in Kazakhstan differ from those in nominal earnings due to inflation.**

Real earnings have been growing at a much slower rate in all regions, as well as in Kazakhstan as a whole. Between 2013 and 2017, they increased by only 5.2%, while nominal earnings soared by 47.1%. Only three regions saw a steady yearly rise in real earnings: Akmola Oblast (a 10.8% growth over this period), Kostanai Oblast (16.5%, the highest among all regions), and North Kazakhstan Oblast (8.7%). These are the regions where nominal earnings also demonstrated the highest growth. Over the same period, real earnings declined in South Kazakhstan (by 10.5%), Mangistau (5.2%), Kyzylorda and Aktobe (4.3%) Oblasts.

The regional **structure of monetary income** in 2017 differed significantly by the **share of labor income**, both from labor activity as a whole (from 87.0% in Mangistau Oblast, to 64.2% in North Kazakhstan) and from employment (from 80.6% in Mangistau Oblast, to 54.5% in North Kazakhstan), as well as from self-employment and entrepreneurship (from 24.2% in South Kazakhstan

to 5.4% in Karaganda Oblast and the city of Almaty).

In the regions with a significant share of the population over working age, such as North Kazakhstan, East Kazakhstan, Akmola, Pavlodar, and Kostanai Oblasts, the percentage of pensions as income exceeded 20%, unlike regions with relatively young population, such as Mangistau (9.0%), Turkestan (12.9%) and Atyrau (also 12.9%) Oblasts.

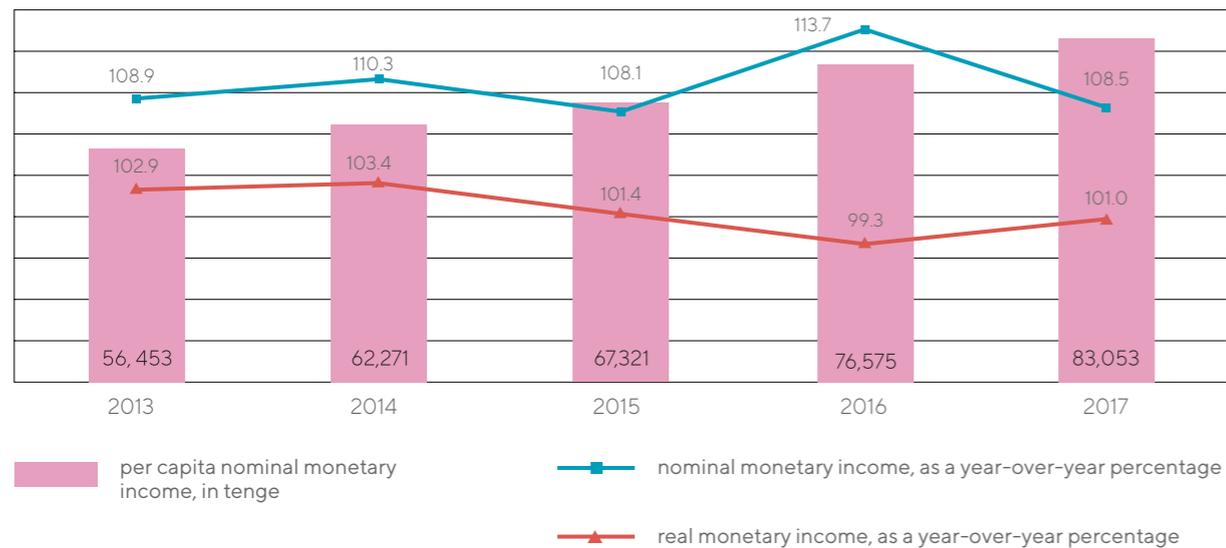
From 2013–2017, the monetary expenditure of the population grew on average by a third. Average consumer spending was rather stable, and accounted for 92.3–92.8% of the total expenditure. This percentage was significantly higher in cities than in rural areas (by more than 1.4 times).

Food spending comprised about half of all expenses. This proportion grew in urban areas from 46.1% in 2013 to 48.8% in 2017, and from 47.7% to 53.3% in rural areas.

To compare the standard of living by region, we used the **subsistence minimum**, the cost of the minimal consumer basket, which itself is the cost of the food basket and expenditure on non-food goods and services. Between 2013 and 2017, this value has grown on average by 33.7%.

A commonly used measure of absolute poverty is the subsistence level, or expenses necessary for basic nourishment. The poverty level (the share of the population with incomes below subsistence) decreased from 2.9% in 2013 to 2.6% in 2017, and 2.5 times compared to 2010. In January 2018, the structure of the subsistence level changed (the fixed portion of the expenditure on non-food items and services was set at 45% of the minimum consumer basket), which drove an increase in poverty to 4.3%.

Nominal and real monetary income of the population



The proportion of the population with income below the cost of the consumer basket has remained stable, and comprised around 0.1% of the total.

From 2013–2017, income inequality has been exacerbated to a certain extent: the Gini coefficient⁴² rose from 0.263 to 0.273, and the income ratio between the richest and poorest 10% of the population grew from 5.6 to 5.9.

To analyze regional poverty patterns, the proportion of the poor in a region was compared to the national proportion, and the proportion of the region's population compared to the country's total population. If this ratio exceeds 1, the region is considered relatively poor compared to the national average.

The most severe situation is in South Kazakhstan (now Turkestan) Oblast, where the proportion of people in poverty is almost twice as high (1.9) than the ratio of the regional population to the country's total. This region is home to 31% of all people in the country living in poverty. Zhambyl, Mangistau, and North Kazakhstan Oblasts may be considered relatively poor regions, as the share of people in poverty in these regions is 1.3 times higher than their share of the country's total population.

The most favorable situations are in the cities of Nur-Sultan and Almaty, where the proportion of the poor is significantly lower than these cities' shares of the country's total population (by 3.4 and 2.5 times, respectively). These cities also have the highest salary and employment rates. The relatively "non-poor" regions are the industry-heavy Karaganda and Pavlodar Oblasts, where the proportion of the poor is 1.6 times lower than their share of the total population. Kazakhstan has achieved some success in eliminating

poverty, honoring its commitments under the previous Sustainable Development Goals (SDG) global agenda. Yet, despite this progress, poverty elimination remains a priority in fulfilling the commitments of the SDG. The poverty level still varies significantly by region, as well as among urban and rural areas. **Poverty in rural areas is 2.7 times higher than in cities.**

A demographic factor that determines the regional prevalence of poverty is household size, which depends on the proportion of families with many children. In particular, among households consisting of five or more people, the proportion of the population with incomes below subsistence is twice as high as the national average. Some groups in Kazakhstan, especially those living in rural areas, remain vulnerable to poverty. These include the self-employed, large or single-parent families, the elderly, people with disabilities, and migrants. This should be a matter of further study.

The most vulnerable groups are large families (with four or more children). These comprise 97% of all people with incomes below subsistence. A total of 90% of these families have an average per-capita income used for consumption no more than twice the cost of living, and are at risk of poverty. Most people with disabilities (comprising 3.7% of the total population) are poor, and do not receive adequate pensions that cover their needs.

⁴² The Gini coefficient is a quantitative measure of income inequality.

The main causes of poverty are unemployment, unproductive labor, and lower wages of the rural population, whose income is just half the national average. At the same time, 40% of those employed in agriculture are self-employed, with earnings insufficient to maintain a decent standard of living. In 2017, the country had 2.1 million self-employed people (24.5% of the employed population). In southern regions, up to 80% of the working population are self-employed⁴³.

The country's food security in terms of key commodity supplies is dominated by local food production, by more than 80%. In 2018, Kazakhstan ranked 57th among 113 nations in the Global Food Security Index⁴⁴.

Recommendations

Kazakhstan needs to urgently boost agricultural labor productivity. To do so, the government has been trying to improve the competitiveness of the sector. One of the objectives is to digitalize agriculture: 100% of arable land and 70% of pastures have already been digitalized. By 2021, the country intends to have at least 20 digitalized and 2,000 advanced farms, which will use "precision agriculture" approaches⁴⁵.

To reduce poverty, ensure sustainable development, and stabilize standards of living, the government needs to create conditions that would help people to realize their labor potential; improve incomes and the affordability and quality of education and health care; and implement measure of social adaptation, economic rehabilitation, and social support for the most vulnerable groups.

National poverty reduction policies should focus not only on those who live in absolute poverty but also on those at risk of poverty (those whose income is insufficient to maintain a decent standard of living). For this reason, it is very important to assess the efficiency of social policies using the concept of relative poverty, which will help to devise an approach aimed at preventing poverty and reducing social inequality.

National policies should aim to solve the issues of productive employment and unemployment among women and young people, especially in rural areas. To this end, the government needs to improve access to information, subsidies, and financing for rural entrepreneurs; develop rural infrastructure; and create conditions for decent employment in rural areas.

In particular, it needs to enhance social protection for the most vulnerable groups, with a special focus on rural residents; the self-employed; large or single-parent families; people with disabilities; the elderly; and migrants, by:

- providing social support to vulnerable groups, ensuring their social integration, and improving their competitiveness in the labor market, as well as creating decently paying jobs;
 - ensuring access to high-quality education and health care;
 - ensuring coordination between social security and education agencies, in order to promote high-quality vocational education among poor and vulnerable families with the goal of preventing persistent poverty;
 - ensuring efficient coordination among social support institutions, businesses and civil society extending support to vulnerable groups under governmental social-sector procurement schemes and grants;
 - creating databases of socially vulnerable groups to improve the efficacy of programs aimed at meeting their needs, and using data to extend targeted support;
 - creating a new measure of poverty, to extend the coverage of people who need social protection; and
 - improving agricultural labor productivity by introducing cutting-edge technology, diversifying agricultural production, promoting agrarian science, and digitalizing agriculture, which includes the development of digital and advanced farming and the automation of processes and public services.
- To develop a **poverty measurement system**, it is necessary to determine the poverty line for various categories of people and households, factoring in their individual characteristics (age, gender, number of children, disability, region, and urban or rural place of residence) and inflation rates. A poor family with children, or a person with disabilities, bears a double burden. Introducing several types of living wages or poverty lines will help distribute social support in a more targeted and efficient manner.

Government social policies should also aim to reduce relative poverty, or social inequality. To this end, measures of both absolute and relative poverty should be included in relevant program documents.

⁴³ Социальный портрет самозанятого населения в южных регионах Республики Казахстан. Алматы, 2018. Казстатинформ. [A Social Profile of the Self-Employed Population in Kazakhstan's Southern Regions. Almaty, 2018. Kazstatinform.]

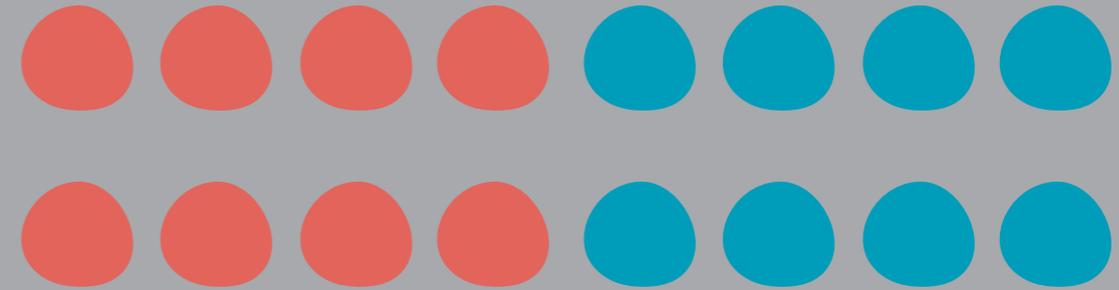
⁴⁴ Global Food Security Index 2018. A report from The Economist Intelligence Unit.

⁴⁵ Добровольный национальный обзор Республики Казахстан «О реализации Повестки дня до 2030 года в области устойчивого развития». 2019. [Voluntary National Review of the Republic of Kazakhstan on the Implementation of the 2030 Agenda for Sustainable Development. 2019]

Proportion of population with income below subsistence level (urban vs. rural population), %



GENDER EQUALITY AND GENDER-BASED VIOLENCE



Gender equality means that a society's women and men have equal opportunities, rights, and responsibilities. Both genders must have equal access to education and health care, to leadership and management positions, and equal opportunities to achieve financial independence and fulfill their personal and professional needs and interests. Enhancing economic, political, and social opportunities for women is critical to ensuring gender equality, reducing poverty, and improving access to resources and services.

Worldwide feedback on the post-2015 development agenda has shown that gender inequality remains a universal form of inequality, existing worldwide and affecting more people than any other form of inequality.

Enhancing women's rights and opportunities is a prerequisite for creating a more just and equitable world for all and solving key issues relating to poverty, inequality, and health. Sustainable development is impossible without gender equality. This is confirmed by the 2030 Global Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDG).

The SDG declare the priority of gender equality and women's rights in the economic, social and environmental dimensions of sustainability and contain a separate goal of achieving gender equality and empowering all women and girls (SDG 5).

This goal requires that countries end violence against women and girls, ensure equal access to education and employment and equal pay for equal work, eliminate all forms of discrimination against women of any age, and ensure women's equal participation in decision-making and equal access

to assets and resources. To ensure gender equality, it is critical to empower women and involve men in these processes.

Kazakhstan has adopted a number of important documents to promote gender equality. The key principles of the nation's gender policy are set forth by its constitution. In 2009, the country adopted the gender-sensitive laws On the State Guarantees of Equal Rights and Equal Opportunities of Men and Women, and On Preventing Domestic Violence. Kazakhstan joined the Beijing Platform for Action (1995), ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1998), and signed the CEDAW Optional Protocol (2001). It has implemented the Gender Equality Framework, and in 2016 approved the Family and Gender Framework until 2030.

In 1995, the National Commission for Women, Family, and Demographic Policy was established under the President of Kazakhstan to provide an institutional basis for ensuring gender equality.

Along with many other UN member states, Kazakhstan joined almost all key international obligations in the field of gender equality and the elimination of gender-based violence, including the 2030 Sustainable Development Goals.

Kazakhstan ranks 60th among 149 countries on the Global Gender Inequality Index. The index assessed progress in achieving gender equality in four dimensions: economic empowerment, education, health care, and political empowerment.

Despite the country's success in achieving gender equality in education and health care, Kazakhstan still has significant gender gaps in economic participation, caused by gender segregation in the labor market, differences in pay and access to resources, and the under-

representation of women at all levels of government and political decision-making.

Women comprise 49% of the total workforce. In the past five years, women became significantly more active in small and medium-sized enterprises. As of January 1, 2019, 43.2% of all registered active entrepreneurs were women. They also hold 28% of positions at small, medium, and large businesses countrywide.

However, women are still underrepresented at all decision-making levels: they make up 28% of Parliament's Lower Chamber, and 22% of local representative bodies. At the same time, 55.4% (50,300) of all government officials are women⁴⁶.

Women's participation in the political decision-making of state institutions, such as Parliament, executive bodies, and courts is of crucial importance, since these institutions make laws and decisions that directly affect the rights, behavior, and choices of the country's citizens.

The Law On Equal Rights and Equal Opportunities stipulates that women must comprise at least 30% of the management of state institutions.

Preventing and eliminating violence is another important priority of Kazakhstan's state policy.

The country's 2030 Family and Gender Policy Framework emphasizes the need to scale up the application in judicial practice and courts of the United Nations Convention on the Elimination of All Forms of Discrimination against Women, and improve legislation fostering the elimination of gender-based discrimination and violence, in accordance with the international requirements set by the United Nations, SDG, and the OECD.

Article 1 of the Declaration on the Elimination of Violence against Women defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

Violence against women is a global problem for which there are no cultural, geographic, religious, social, or economic boundaries. Violence against women in a variety of forms and manifestations is a violation of human rights and fundamental freedoms. It impacts women all over the world, regardless of age, class, race, and ethnicity. Recent estimates suggest that every third woman globally has experienced violence, most often from somebody she knows, including her husband. Every fourth woman is exposed to violence

during pregnancy. Violence against women has serious implications for a woman's health and well-being, as well as for the health of their children.

In 2015, the Statistics Committee of Kazakhstan's Ministry of National Economy conducted the first National Sample Survey on Violence against Women in Kazakhstan with technical support from the UNFPA, WHO, and UN Women (National Sample Survey on Violence against Women in Kazakhstan, Astana, 2017) to obtain a reliable picture of the **prevalence of violence against women**. The survey has shown that violence against women is widespread in Kazakhstan:

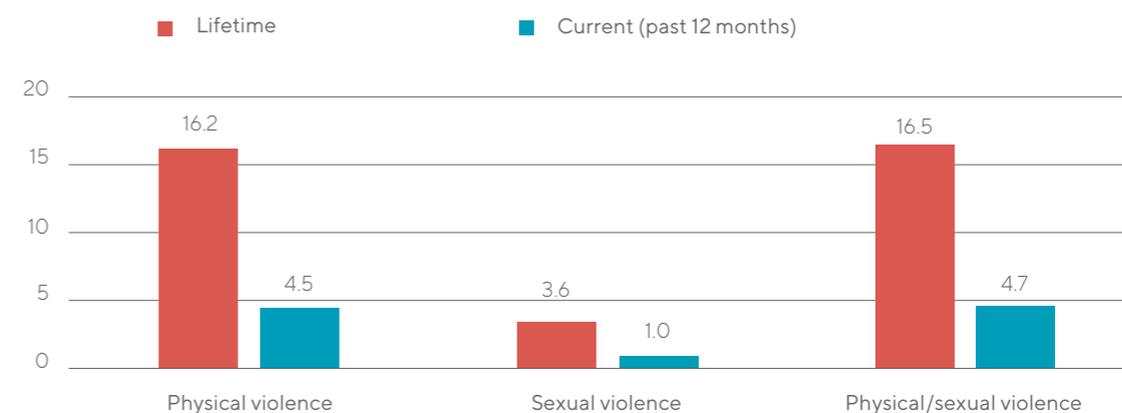
- 17% of women aged 18–75 who have had or currently have a partner reported having repeatedly experienced physical or sexual violence, or both, by an intimate partner in their lifetime;
- half of women who were exposed to physical violence by an intimate partner reported severe forms of physical abuse;
- every fifth woman (21%) reported experiencing emotional abuse from an intimate partner in her lifetime;
- one in three (33%) women with previous or current partners reported experiencing at least one form of controlling behavior by an intimate partner;
- almost a quarter (24%) of women who have experienced physical, sexual, or emotional violence suffered from all three forms of partner violence at some point of their lives; and
- women who said that their mother had experienced abuse also reported experiencing physical and/or sexual intimate partner violence themselves in their lifetime.

The highest prevalence of intimate partner violence was observed in North Kazakhstan (31.2%), East Kazakhstan (22.3%), Turkestan (21.0%), and Almaty (20.1%) Oblasts. The rates were lower in the country's southern regions, where women may tend not to report violence by an intimate partner because of a strong patriarchal mentality.

A total of 6.2–6.3% of women aged 18–24 and 30–39 reported having experienced violence in the past 12 months, and over 18% of women aged 30–49 and 50–59 have experienced intimate partner violence during their lifetime. The prevalence of partner violence against women with previous or current partners in urban and rural areas was almost the same (16% and 17%, respectively).

Women with elementary or secondary education suffer from intimate partner violence twice as often as those with higher levels of education, especially those with higher or postgraduate education.

Prevalence of intimate partner violence, among women aged 18–75 with previous or current partners, by type of violence and by period of occurrence



Gender-based violence and people with disabilities
Gender-based violence is particularly acute for girls and women with disabilities, who are more likely to experience violence than those without a disability.

Research around the world has shown that girls and women with disabilities who seek legal protection against sexual harassment and other offenses face discrimination on the basis of their disability. In the absence of state and public support, they rarely seek justice.

Women and men with disabilities experience various forms of violence by their families and in broader society.

According to research⁴⁷ conducted in Kazakhstan with technical support from the United Nations Population Fund, **people with disabilities, regardless of their age and gender, experience violence to an almost equal extent.**

This research has shown that 39% of respondents with disabilities (both men and women) suffer from various forms of violence. They most often experience economic and psychological pressure because of their disability, and are exposed to various forms of violence in their families. The most frequent forms of violence include control over income and spending, as well as various types of physical and emotional abuse.

The research suggests that half of the respondents (49.4%) suffered from various forms of violence in their families. Those with disabilities of both genders and of all ages are exposed to family violence to an almost equal extent.

The lack of legal awareness among the disabled often exposes them to violence, ill-treatment, deceit, and other personal crimes. There is no special psychological service or hotline with knowledgeable

and skilled experts for people with disabilities in Kazakhstan.

Domestic-violence protection programs often disregard the special needs of such people. Social and medical workers, as well as crisis center and hotline employees, often lack skills to provide information about gender-based and domestic violence and related services to people with certain types of disability, in forms accessible to them.

Isolation and the lack of information in forms accessible to the disabled make it more difficult for them to obtain protective services against violence. They often cannot discern forms of violence, and are not aware of their rights in cases when they suffer from domestic or gender-based violence.

On the other hand, the lack of information about family violence against people with disabilities prevents the development of adequate services. Individuals with sensory impairments and intellectual disabilities often face communication barriers and have difficulty or cannot report violence, receive crisis protection and intervention, and defend themselves in a violent situation. Physical barriers, such as the lack of accessible transport or infrastructure, limit access of people with disabilities to protective and gender-based violence services.

Early (child) and forced marriages are a form of gender-based violence, which is detrimental to the well-being of girls.

An early (child) marriage is the union of two persons, at least one of whom is under legal age. By virtue of being children, child spouses are considered to be

⁴⁶ Source: Parliament of Kazakhstan, Central Election Commission of Kazakhstan.

⁴⁷ The surveys of the social and economic status of people with disabilities in Kazakhstan were conducted by the Public Opinion Research Centre (CIOM) as part of joint projects with the National Commission for Women, Family and Demographic Policy under the President of Kazakhstan and the United Nations Population Fund (UNFPA), with financial and technical support from UNFPA.

incapable of giving voluntary, free and full consent, meaning that child marriages should be considered a violation of human rights and the rights of the child and are often forced.

Child and forced marriages are found in Kazakhstan in some ethnic patriarchal communities, especially in rural areas⁴⁸. This is due to low awareness among adolescent girls of their rights, shortcomings in legislation against bride kidnapping, as well as the practice of religious registration of marriages with girls under legal age, which is not legally binding and fails to protect the rights of married girls.

Over the past five years in Kazakhstan, over 1,200 girls under the age of 18 married each year⁴⁹.

In 2017, the share of marriages with minor girls was 0.71%. Importantly, boys under 18 years of age marry 21 times less often than underage girls. This suggests that every 20th girl marries a boy of her own age, while the rest marry older men, which often signifies a forced marriage.

The number of marriages among adolescents aged 15–19⁵⁰ is even higher and comprises 10.8% of all marriages in Kazakhstan. The rate of adolescent marriages has declined by 1.7% since 2013, when it was 12.5%⁵¹.

The government also needs to pay special attention to bride kidnapping and forced marriage, especially in southern regions.

Child marriage is a gendered phenomenon that affects girls and boys in different ways. Overall, the number of boys in child marriages around the world is significantly lower than girls. Married girls are vulnerable to domestic and sexual violence. If they get pregnant, they often face problems in childbearing, as their bodies are physiologically not ready to give birth. Upon marrying, girls have to stop their education, limiting possibilities to fulfill their potential.

The Multiple Indicator Cluster Survey (MICS) for Kazakhstan showed that the women respondents who had married at a young age were more likely to agree that a husband has the right to beat his wife or partner in certain situations, such as “transgressions” in childcare or housework, or refusal to have sexual intercourse. These women are also more susceptible to domestic violence⁵².

Girls in early/forced marriages get caught into the vicious circle of poverty as the lack of education and work makes them excessively dependent on their partners, and results in early pregnancies, inability to complete secondary education, and health issues. Children whose mothers married early tend to become victims of early and forced marriages themselves. Child and forced marriages violate girls’ rights to education and their reproductive rights, increasing the risk of diseases and maternal mortality. There are no reliable statistics on marriages with persons under 16 years of age and in forced marriages in Kazakhstan; therefore, it is difficult to determine their number.

Child and forced marriages are an appalling violation of human rights:

- **child marriage violates girls’ rights, denies them of their childhood, disrupts their education, jeopardizes their health, and limits their opportunities. No cultural, religious, or economic rationale for child marriage can possibly justify the damage these marriages do to young girls and their well-being;**

- **a girl should have the right to choose whom she marries and when. Parents need to support their girls’ choices and decisions to marry;**

- **when a girl delays marriage, she is more likely to stay in school and/or work and reinvest her income into her family. She is then more empowered to choose whether, when, and how many children to have.**

- **There is a huge cost for inaction regarding child and forced marriage. It is time for policy-makers, parliamentarians, communities, and families to address this issue head-on.**

To prevent and combat violence against women, a variety of institutions need to coordinate their efforts aimed at ensuring psychosocial well-being and access, as well as access to law and health care for those who suffer from gender-based or domestic violence. A system of interagency response to gender-based violence should be created. Coordinated action of institutions and organizations involved plays a key part in providing assistance to persons who have suffered from violence, and improves the quality and timeliness of relevant services.

The 2030 Family and Gender Framework of Kazakhstan promotes mechanisms of inter-agency response to gender-based violence, in accordance with Kazakhstan’s international obligations accepted under the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Beijing Platform for Action. The special needs of people with disabilities in cases of gender-based and domestic violence should be studied and taken into account as part of national programs aimed at improving the quality of life of people with disabilities. They should also be factored in to attempts to address such needs, by adopting mechanisms of inter-agency response to gender-based and domestic violence and standard operating procedures for the identification and referral of victims of abuse.

To prevent early/child and forced marriages, the government should strengthen relevant legislation to eradicate these practices and those that infringe upon the rights and interests of individuals in matters of marriage and family relationships, improve criminal law-enforcement practices, and enhance criminal legislation with relevant provisions.

⁴⁸ Child Marriage in Kazakhstan (Overview). 2012. Initiated and supported by the United Nations Population Fund (UNFPA).

⁴⁹ Демографический ежегодник Казахстана. 2018. [Kazakhstan’s Demographic Yearbook. 2018.]

⁵⁰ According to the United Nations Population Fund’s (UNFPA) terminology, adolescents are persons aged between 10 and 19 years of age (early adolescence is from 10 to 14, and late adolescence from 15 to 19 years).

⁵¹ Демографический ежегодник Казахстана. 2018. [Kazakhstan’s Demographic Yearbook. 2018.]

⁵² Multiple Indicator Cluster Surveys (MICS) for Kazakhstan. 2005, 2010, 2015.

SPECIAL NEEDS OF PEOPLE WITH DISABILITIES



In December 2008, Kazakhstan signed the Convention on the Rights of Persons with Disabilities and its Optional Protocol. In doing so, it demonstrated a serious commitment to address issues that affect people with disabilities, in accordance with international standards, and ensure their human rights and promote their social integration.

There are 674,200 persons with disabilities (3.7% of total population) officially registered in Kazakhstan. Of these, 44% are women. 88.5% of people with disabilities are over 16 years of age. In the last five years, the number of disabled persons in Kazakhstan increased by 7.5%. In some regions, disability rates exceed the national average and vary from 3.9% to 4.7%. The regions with the highest disability rates are Karaganda (4.7%), Turkestan (4.15%), and East Kazakhstan (4.1%) Oblasts. 18.4% of the total disabled population live in Turkestan Oblast.

Ensuring social integration for people with disabilities is a priority of Kazakhstan's state programs. In 2005, the country adopted the law *On the Social Protection of Persons with Disabilities in the Republic of Kazakhstan*. In January 2009, the law *On Special Social Services* took effect to ensure the provision of services to people with disabilities. In January 2012, a Governmental Resolution approved the first stage of the Plan of Action to Ensure the Exercise of Rights and Improve the Standards of Living for People with Disabilities in the Republic of Kazakhstan for 2012–2018. The plan aggregates and unifies laws governing the protection of rights, freedoms, and interests of persons with disabilities by introducing amendments and additions to existing regulations and relevant technical standards.

On December 11, 2008, Kazakhstan signed the

18.4% of the total disabled population live in Turkestan Oblast

United Nations Convention on the Rights of Persons with Disabilities, which was ratified by Law 288-V ZRK on February 20, 2015. The law provides people with disabilities with an opportunity to freely enjoy, like all other groups of citizens, the civil, political, social, economic, cultural, and other rights and freedoms outlined in the Constitution of Kazakhstan and international treaties to which the country is a party.

The ratification of the Convention and the Plan of Action to Ensure the Exercise of Rights and Improve the Standards of Living for People with Disabilities for 2012–2018 marked a **shift from extending social protection for people with disabilities to recognizing their rights and creating equal conditions.**

However, there are still unresolved issues that require the attention of representative and executive bodies and civil society. These include reproductive health care and the ensuring of reproductive rights for people with disabilities. The mechanisms ensuring the exercise of disabled persons' reproductive rights and their access to quality medical services, including sexual and reproductive health care and family planning services, still need improvement. People with disabilities who have experienced gender-based violence lack access to adequate health care, psychosocial support, and equal justice under the law, which must be a part of an interagency response to gender-based violence.

Reproductive health is closely linked to reproductive rights, including: the right to education and access to information that encourages informed and independent reproductive choices and prevents the

sexual transmission of HIV and other infections; the right to quality reproductive health care, including safe maternity and the diagnosis and treatment of HIV and other sexually transmitted infections (STIs), reproductive system diseases (including cancers), and infertility; the right to contraception and protection against HIV and other STIs, and the requisite medications; the right to safe and legal abortions; the right to freedom from coerced pregnancy, sterilization, abortion or contraception; and the right to the protection against trauma and injuries that affect reproductive functions.

Sociological studies of the sexual and reproductive health of people with various forms of disability in Kazakhstan⁵³ have shown that these people experience disadvantages in family planning. The high prevalence of abortions and STIs among people with disabilities stems from their limited access to reproductive-health and family-planning information and services.

Women and men with disabilities face problems in obtaining reproductive health services. The overwhelming majority of people with disabilities lack access to quality medical information about their sexual and reproductive health, family planning, and birth control methods. Unmet needs for family planning among women with disabilities amount to 41.5%, which is more than four times higher than the total population.

The extremely low level of awareness about the prevention of unintended pregnancies results in a high rate of abortions among disabled women—eight times as high as the total population. All people with disabilities—regardless of their gender, age, and diagnosis—have poor sexual and reproductive health statistics. STI and abortion rates are especially high among people with hearing impairments. This suggests that the need for quality information about these issues remains high. Less than half of women with disabilities undergo screening for early detection of diseases.

The special needs of persons with disabilities in the areas of sexual and reproductive health, and their access to quality family planning services and safe maternity should be taken into account in national programs that aim to improve the standards of living for people with disabilities, and must be integrated into health care

293,511 number of women with disabilities in the Republic of Kazakhstan (in the first half of 2018)

programs and relevant legislation.

The government must guarantee people with disabilities equal access to reproductive health care and family planning services and sex education in forms accessible to them, and:

- actively involve civil society organizations of people with disabilities in crafting policies that concern persons with disabilities and decisions affecting their interests, in accordance with the idea of the “responsive government,” as declared by the President of Kazakhstan;

- take into account sexual and reproductive health data and the reproductive rights of people with disabilities, in line with the Agenda for Sustainable Development and the principle of “leave no one behind,” and monitor this reproductive health care data and the exercise of reproductive rights by people with disabilities;

- develop informative material on reproductive health care, family planning, and maternal health (in Braille, sign language, and audio/video formats) for women, girls, and men with disabilities; and

- include awareness-raising and specialized training in reproductive health care, including the prevention of unintended pregnancies and the transmission of HIV and STIs, in national long-term development plans that aim to improve the standards of living for people with disabilities, as well as in government social-sector procurements from regional non-governmental organizations.

The government also needs to ensure:

- the availability of health-care services and diagnostic equipment at clinics, maternity hospitals, and perinatal centers to women with disabilities;

- access to reproductive health and family planning services and facilities free of charge, or at a reduced and affordable price, to people with disabilities;

- access to HIV and STI prevention services, with a special focus on people with hearing impairments as the most vulnerable group in terms of access to information; and

- the integration of the need of people with disabilities into the national system of interagency response to gender-based violence, in line with international standards.

⁵³ The surveys of the social and economic status of people with disabilities and their reproductive health in Kazakhstan were conducted by the Public Opinion Research Centre (CIOM) as part of joint projects with the National Commission for Women, Family and Demographic Policy under the President of Kazakhstan and the United Nations Population Fund (UNFPA), with financial and technical support from UNFPA.

KAZAKHSTAN'S POPULATION PROSPECTS UP TO 2050

Fertility, mortality, life expectancy, and migration projections up to 2050

A key task of population studies is to make population projections. The estimates of future population size, age, and sex composition and demographic changes should inform plans and strategies for the socioeconomic development of the country, its regions, and its economic sectors. The section below presents projections for Kazakhstan's population size, age, and sex composition up to 2050, as well as the main assumptions and hypotheses used to make these projections.

Three projections were made for Kazakhstan. The "medium" variant describes the most probable changes in population size and its structure until 2050, while the "low" and "high" ones set the limits for possible changes in the size and composition of the population.

The **low variant** assumes: (1) a quick decline in fertility; (2) a slow increase in life expectancy, and (3) significant emigration. This variant is expected to take place in the case of slow economic growth and insignificant improvements in the standards of living.

The **high variant** is different in that it is an optimistic scenario of demographic development, including (1) a slow decline in fertility; (2) a quick increase in life expectancy; and (3) insignificant or zero migrant outflow in the near future. Rapid economic development would assuredly suspend the out-migration of the country's resident population, boost life expectancy, and create

new opportunities to support families with children in both urban and rural areas.

The **medium variant** is the most expected, or realistic, trend of population change. As a rule, it is the one most commonly used in practice.

The projections were made using the cohort-component method⁵⁴.

The 2019 UNFPA projections prepared by the authors of this report are compared with the revised projections of the United Nations Population Division. The base/starting point for the 2019 UNFPA projections is January 1, 2019 (December 31, 2018). The data on population size at that date were obtained from the Statistics Committee of Kazakhstan's Ministry of National Economy. The base year in the United Nations' projections is mid-2017, and therefore Kazakhstan's population size in 2019 used in these projections is an estimate.

Differences in initial conditions and in the scenarios of changes in fertility, mortality and migration lead to different projections. The difference between the United Nations and UNFPA high- and low-variant scenarios indicates the extent of uncertainty in the estimates of the future demographic development of Kazakhstan. The differences are mainly due to the fact that when developing the scenarios, we relied to a greater extent on the analysis of the socioeconomic situation and the latest assessments of the country's demographic trends.

⁵⁴ In the cohort-component method, a demographic balancing equation is derived for each age and sex group (or cohort born during a set period of time) at each projection interval (one or five years) using the expected numbers of deaths and births (for the youngest group), and net migration data. The equation calculates the size of a cohort at a new date. The calculation is repeated a number of times until the projection horizon – the final date for which the projection is made (January 1, 2050, in our case) – is reached. The initial population size was estimated at January 1, 2019.

Population change scenarios in Kazakhstan by UNFPA (2019) and the United Nations Population Division (2017)

Organization and base year	2018	Low		Medium		High	
		2030	2050	2030	2050	2030	2050
UNFPA (2019)*							
Total fertility rate (children per woman)	2.84	2.47	1.85	2.53	2.05	2.6	2.2
Life expectancy – men (years)	68.9	70.3	72.3	71.6	75.1	73.0	77.9
Life expectancy – women (years)	77.2	78.6	80.6	79.9	83.6	81.2	86.5
Net migration (in thousands)	-29.1	-24.1	0	-14.2	0	-0.7	0
Population size (in thousands, end of 2018)	18,396						
United Nations (2017)**							
Total fertility rate (children per woman)	2.75	2.00	1.63	2.45	2.13	2.90	2.63
Life expectancy – men (years)	68.9	70.7	74.0	70.7	74.0	70.7	74.0
Life expectancy – women (years)	77.4	78.9	81.3	78.9	81.3	78.9	81.3
Net migration (in thousands)	-18.0	0	0	0	0	0	0
Population size (in thousands, end of 2018)	18,436						

* The 2019 UNFPA column provides actual data, while the United Nations column comprises medium-variant estimates.

** The United Nations project population size at mid-year. The projections for the end of 2018 are the median of mid-2018 and mid-2019 figures. The net migration projection for 2018 is the median of 2015–2020 figures.

Sources: United Nations, DESA, Population Division (2019). World Population Prospects: The 2019 Revision; Statistics Committee of the Republic of Kazakhstan; authors' calculations.

Mortality scenarios

Separate projections were made for men and women. The gap between male and female life expectancy is expected to remain unchanged, primarily because the current life expectancy of both genders is still relatively low.

Kazakhstan, along with Russia and Ukraine, is well known to have a high working-age mortality by world standards. However, we expect the mortality pattern inherited from the Soviet period will be gradually replaced by one typical of Eastern European countries, which also experienced a similar transformation

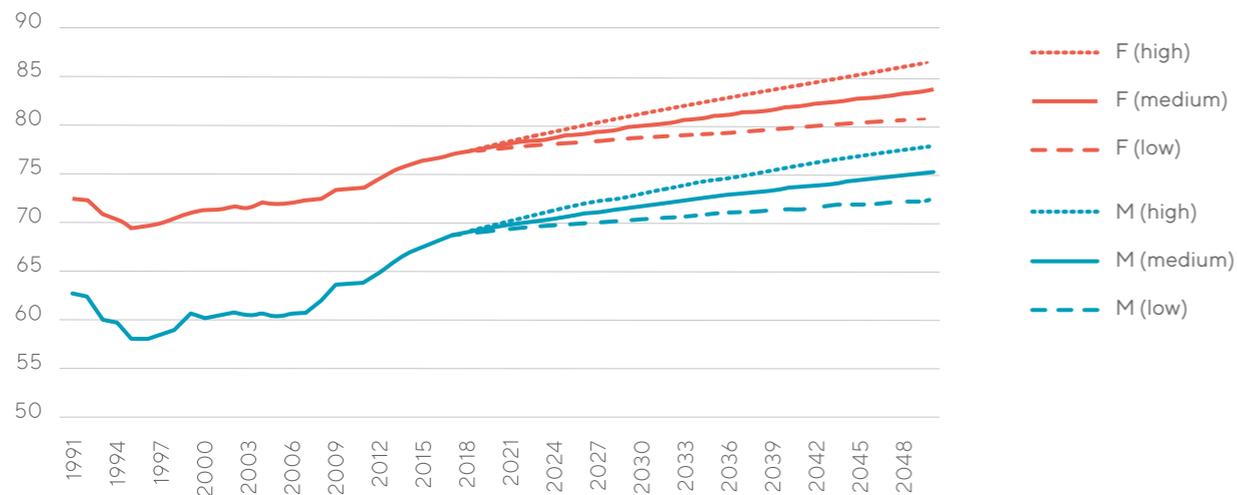
between the 1990s and early 2000s.

Fertility scenarios

To assess fertility trends and the dynamics of the total birth rate, it is preferable to use birth rates for real cohorts. Even if the average planned number of children does not decrease in younger cohorts (under 15 years of age at the 2009 census, including unborn children) and the average number of births is close to the former figure, the total fertility rate could gradually decline to approximately 2.0 by 2050. **This forecast scenario seems to be the most probable.**

Should this projection prove accurate, an effective demographic policy aimed at boosting fertility rates

Projections of male (M) and female (F) life expectancy at birth in Kazakhstan (years)



Sources: Statistics Committee of the Republic of Kazakhstan, authors' calculations.

could slow down the expected decline in fertility. In this case, the total fertility rate may still decrease compared to the current level, but will not fall below 2.2–2.3 by 2050. **This scenario may be regarded as the high variant.**

The low-variant projection suggests that fertility rates will continue to drop in younger real cohorts of women. In this case, the total fertility rate may fall to approximately 1.85 by 2050.

Changes in the mean age at childbirth depend on how this rate fluctuates with each subsequent birth, as well as on changes in the ratio of births by order (the higher the percentage of first births, the lower the mean age at first birth, all else being equal). In the future, by 2050 the second factor will most likely have a more significant effect.

The **low-variant scenario** predicts a higher proportion of first births. Given that mother's mean age at first birth will increase slightly, by 2050 **the mean age at childbirth** for all births may approach 28 years of age.

In the **medium-variant projection**, the two factors that influence the mean age at childbirth may offset each other (a decline in the proportion of third and subsequent births and an increase in the mother's mean age at the birth of the first and second child) and the rate will remain around its current level of 28.5.

The **high-variant forecast** suggests that the demographic policy could help to maintain a relatively high proportion of second, third, and subsequent births, but is unlikely to significantly slow down an increase in the mean age at childbirth. In this case, the mean age at childbirth may grow to 29.5 by 2050.

Migration scenarios

As a basic forecasted variable, we used net migration (the value of population growth due to migration),

which, according to our model, is distributed by age and sex. The main assumption in generating international migration scenarios was that, **due to the peculiarities of the country's economic and demographic development, the outflow of people from Kazakhstan will gradually decrease over time.** The key factors behind this trend will be:

- 1 – the country's continued economic development, accompanied by a high demand for labor;
- 2 – the gradual cessation of significant ethnic out-migration; and
- 3 – the rapid growth of the population in the countries south of Kazakhstan: Uzbekistan, the Kyrgyz Republic, Tajikistan, and Afghanistan.

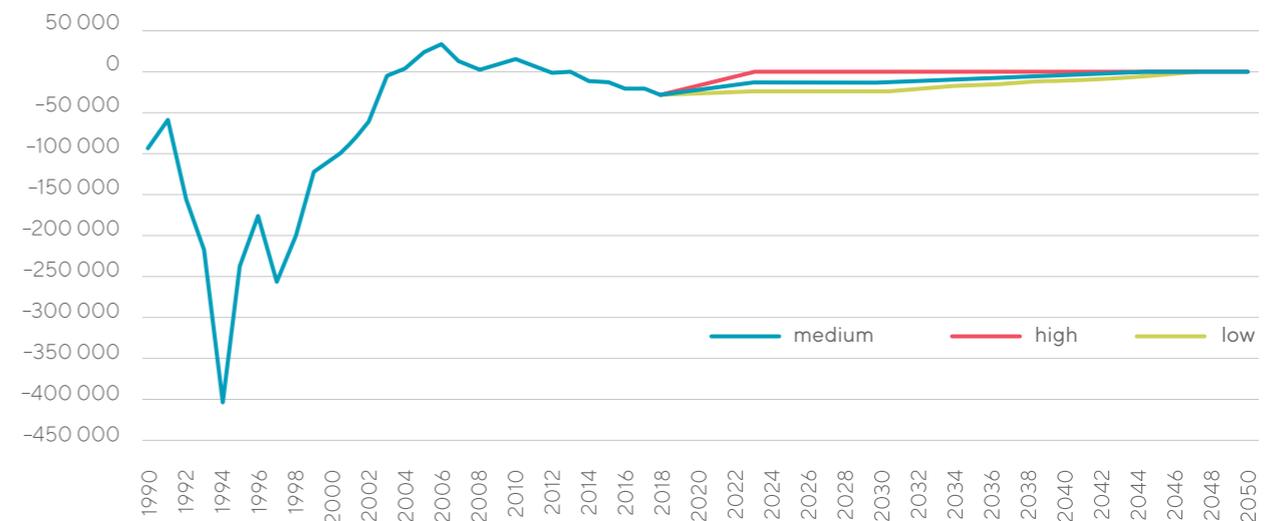
There were three periods of outward migration in Kazakhstan since independence. The first one was in the 1990s, when over 2 million people left the country. The second occurred in the 2000s, when the outflow of migrants sharply decreased, while at the same time, thanks to the repatriation program for oralman – ethnic Kazakhs "returning" from abroad, the migration balance became positive (2004–2011). The third period began in 2014, and is characterized by an increased negative net migration rate.

Population size projections up to 2050

According to all three forecasts, Kazakhstan's population will grow. Demographic growth will be sustained throughout the projection period, but the rate of growth varies from the low to high variant. That said, the three variants of our projections fall within the boundaries of the medium and high variants disseminated by the United Nations Population Division.

The 2019 UNFPA **medium variant** suggests that Kazakhstan's population will reach 24.3 million by 2050.

Population growth due to migration in Kazakhstan, 1990–2049 (in number of people)



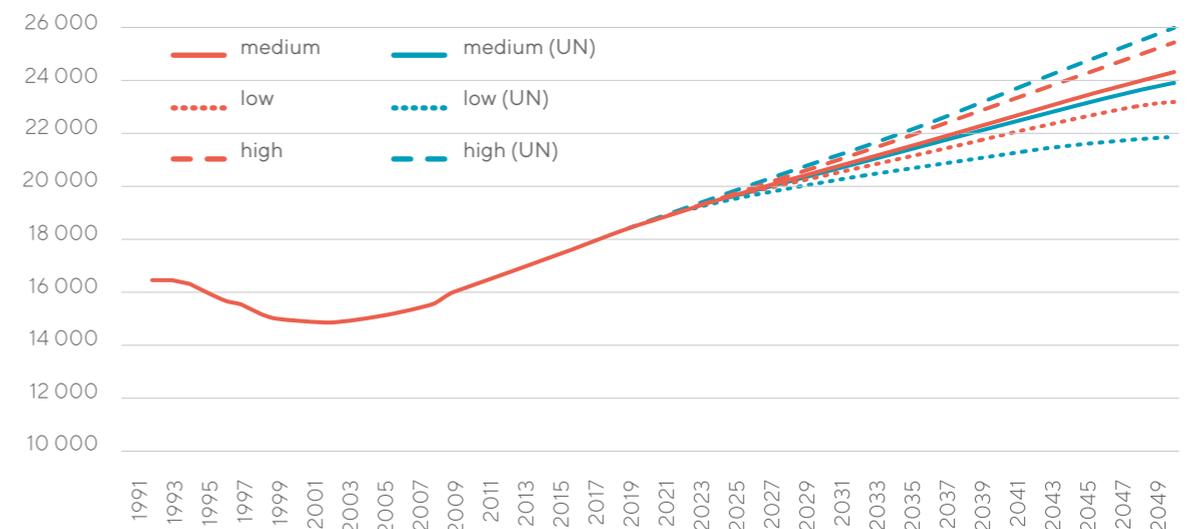
Source: Statistics Committee of the Republic of Kazakhstan; authors' calculations.

According to the **high variant**, it may exceed 25 million. To achieve this figure, the country will need to ensure an accelerated decline in mortality (as in the high variant) and maintain birth rates at a level higher than the replacement-level fertility (as in the medium variant). A positive net migration will only accelerate population increase. It is unlikely the fertility rates used in the high variant will be maintained, due to Kazakhstan's rapid socioeconomic development. At the same time, bridging the gap in life expectancy with developed countries is a critical prerequisite for this progress, and a key measure of the country's economic success.

Because of continued demographic transition,

Kazakhstan's population increase will not surpass 1.3%. In the years to come, Kazakhstan will approach its final phase, characterized by low birth rates and high life expectancy. As a result, population growth will decline to the extent determined by the rate of the decline in fertility. The fertility rates corresponding to UNFPA's low-variant projection and outward migration will result in a 0.5–0.7% population increase in the 2040s. If these rates correspond to the United Nations' low-variant forecast, population growth will be a mere 0.2–0.4%. However, **population increase in the 2040s will most probably be 0.7–0.9%, as suggested by our medium projection. The age structure of the population shifting towards**

Population trends and estimates, 1991–2050, total population, both sexes (in thousands)



Source: United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects: The 2019 Revision; Statistics Committee of the Republic of Kazakhstan; authors' calculations.

younger ages will contribute to this in part.

Factors influencing population size

The number of demographic events depends on the size of the population they occur in, the age and sex composition, and the intensity of the processes they produce. Accordingly, we single out two factors to describe the dynamics of Kazakhstan's population: (1) population processes; and (2) the contribution of the age composition to population growth.

Components of population growth

The valence and cumulative effect of demographic processes on population growth are demonstrated by the dynamics of the numbers of births and deaths. According to the projections, the number of births will fluctuate substantially, due to changes in the age composition of the population, thereby causing fluctuations in population growth. The number of deaths will grow steadily even under the high variant, as a result of the aging of the population driven by a decline in birth rates ("from the bottom") and a decrease in mortality in older ages ("from the top"). The aging of the population determines the crude birth rate, while demographic waves determine the crude birth rate.

Population growth will be primarily determined by changes in birth rates. In the next ten years, the number of births will decline as a result of changes in the age composition (a decrease in the number of prospective parents). Higher birth rates are the only factor that may interrupt this trend. Our scenarios suggest, however, that fertility will drop, and its decline will drive down births and population growth accordingly. The situation will reverse after 2030, when the large generations born in the 2010s reach reproductive age, and the number of births will grow despite a decline in fertility.

If life expectancy follows the high variant, compared to the low scenario and ceteris paribus, Kazakhstan's population will increase by almost 900,000. As fertility

declines, migration influences population change more profoundly. An increase in out-migration to the high levels of the 1990s would cause population decline. However, this is an unlikely development for today's Kazakhstan.

Population momentum

To assess the potential increase in population inherent to its age composition, we use the population momentum indicator proposed by the demographer Nathan Keyfitz in the 1970s. In assessing the momentum he supposed that, at a certain point of time, reproduction in a population drops to replacement-level fertility, which remains constant. According to ergodic theory, such a population will become stationary over time. Its size during the stabilization process will change only because of its initial age distribution.

We estimate **Kazakhstan's population to grow by 23% over approximately two generations, or a little more than half a century**, as a result of momentum or replacement-level fertility. This is a considerable potential increase, amounting to 4.2 million people relative to the population size on January 1, 2019.

Population age and sex structure projections until 2050

In the next 30 years, the age distribution of Kazakhstan's population will continue to transform. The main direction of change will be an increase in the absolute and relative numbers of older persons, or, in other words, **population aging**. That said, population pyramids will preserve strong deformations generated by past crisis events. These deformations cause fluctuations in the size of certain age groups (cohorts), or demographic waves. The latter, in turn, have a significant impact on socioeconomic development.

The key patterns of changes in the age structure are exemplified by three age cohorts: 0–14, 15–64, and 65

Kazakhstan's average annual population size up to 2050 by projection variant: the 2019 UNFPA and the United Nations Population Division (in thousand people, start of year)

Variant and base year	2019	2025	2030	2035	2040	2045	2050
2019 UNFPA							
Low	18,396	19,587	20,372	21,111	21,879	22,619	23,231
Medium		19,660	20,577	21,485	22,459	23,446	24,339
High		19,732	20,804	21,894	23,063	24,274	25,432
2019 UNFPA							
Low	18,436	19,120	19,691	20,764	21,257	21,676	21,905
Medium		19,694	20,556	21,397	22,281	23,158	23,951
High		20,061	21,174	22,378	23,665	24,996	26,053

Source: United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects: The 2019 Revision; Statistics Committee of the Republic of Kazakhstan; authors' calculations.

Components of population change in Kazakhstan, 2016–2050 (in thousands, yearly average)

Variant	Component	2020–2024	2025–2029	2030–2034	2035–2039	2040–2044	2045–2049
Low	Births	1813	1668	1689	1770	1786	1685
	Deaths	710	762	836	918	992	1048
	Natural increase	1104	906	853	853	794	636
	Net migration	-132	-121	-109	-78	-48	-18
Medium	Births	1829	1707	1745	1852	1906	1849
	Deaths	690	719	772	835	900	955
	Natural increase	1139	988	974	1017	1006	894
	Net migration	-89	-71	-62	-38	-14	0
High	Births	1846	1750	1799	1925	2022	2017
	Deaths	674	675	706	755	810	860
	Natural increase	1172	1075	1093	1170	1212	1158
	Net migration	-38	-3	-3	-1	0	0

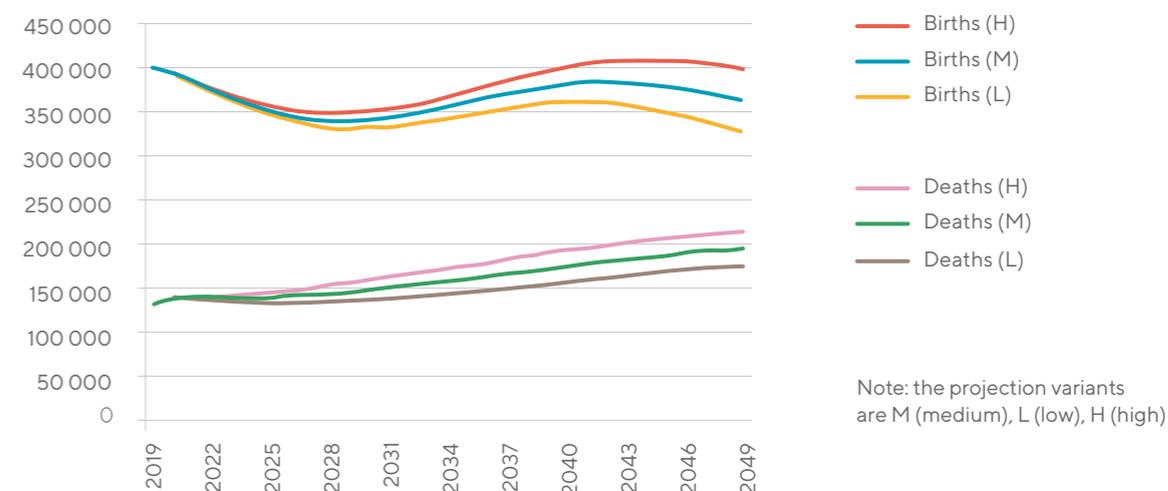
and older (according to international classification). The number of older people will markedly increase in the next thirty years. It will grow particularly quickly in the next ten years, on average 4–5% a year. **In the medium variant, the number of people aged 65 and older will increase by 2.5 times, from 1.4 million in 2019 to 3.4 million in 2050.**

The working-age population (15–64) will grow over the same period by 1.3 times, from 11.7 million to 15.3 million. This group will expand quickly from 2023 to 2036, and then reach a slower pace.

Of special demographic interest are the dynamics

of the female population at the most active reproductive age, from 20 to 39. These dynamics will determine the birth trends and population increase in the country as a whole to a significant extent. Until 2029, this cohort will decrease in size. Yet in subsequent years, as the large generations of the 2010s reach the reproductive age, it will begin to grow rapidly. While the number of women aged 20–39 will drop by 200,000 between 2019 and 2029, in subsequent years it will increase by more than 900,000 in the period under consideration. Such an increase in the **number of prospective mothers** will partially offset the negative impact of a decrease in the total fertility rate on total births.

Births and deaths by projection scenario in Kazakhstan, 2019–2049 (in persons)



Kazakhstan is a young country, not only in terms of a high proportion of children, but also of young people aged 15–24. In 2018, this age cohort accounted for 12.8% of the total population, and 20% of the population aged 15–64.

Changes in the size of the youth population will directly impact the development of a vocational education system, the state of the labor market, the burden on social services, the speed of societal innovation, as well as fertility, marriage, and migration trends. In the next five years, the number of people aged 15–19 is projected to soar in Kazakhstan, as a result of an increase in births from 2000 to 2010. By 2035, this group will grow by 1.7 times. This will entail a steady increase in the number of young people aged 20–24 at almost the same rate, with a time lag of five years from 2022 till 2040. Over the next 15 years, the share of young people aged 15–24 among the population aged 15–64 will increase from 20% to 27%.

The number of children under 15 years of age is determined by changes in fertility rates and the size of the reproductive cohort of women. After an increase in the children’s cohort, which will continue until 2024–2025, it will shrink, as the number of prospective mothers will also go down. A new increase in the child population will begin after 2035. However, as distinct from the two older cohorts, the future population of children differs significantly by projection variant. While the low variant suggests that it will drop by a mere 1% from 2019 to 2050, the medium variant forecasts a slight increase of 7%, and the high variant an increase of 14%.

Different changes in the size of three age cohorts will alter their proportional share of the total. The share of the elderly will grow yearly— from 7.5% in 2018 to more than 14% in 2050 (1.9 times), according to the medium variant. That said, there is no significant difference between our forecast and that of the United Nations Population Division (2019). A comparison of projection variants shows that the rate at which Kazakhstan’s population will age, especially after 2030, will mainly depend on how quickly fertility drops. In any case, Kazakhstan will remain a country with a relatively young population, even in 2050. For example, the proportion of people aged 65 and older will only reach 13.2–14.6% by 2050—a threshold observed in Japan in the 1990s, and Sweden in the 1970s. The United Nations forecast that in 2050, the share of this age cohort will comprise at least 36% and 24% of the total population of these two countries, respectively. An increase in the proportion of the elderly will coincide with a decrease in the proportion of children. This process is forecasted to begin in 2022–2023, and by 2050 the proportion of the child population is expected to drop from 29% to 23%. The share of the population aged 15–64 will

undulate—the current declining trend will reverse in the mid-2020s. The country is approaching another period of a potential demographic dividend, interrupted by deformations in the population pyramid, that is expected to last for 14–16 years. However, the size of the potential dividend and the outcome of such changes will depend on the extent to which the fertility rate decreases. **As a result, the proportion of the working-age population will be higher in 2040 than in 2019, but then the decrease will resume.**

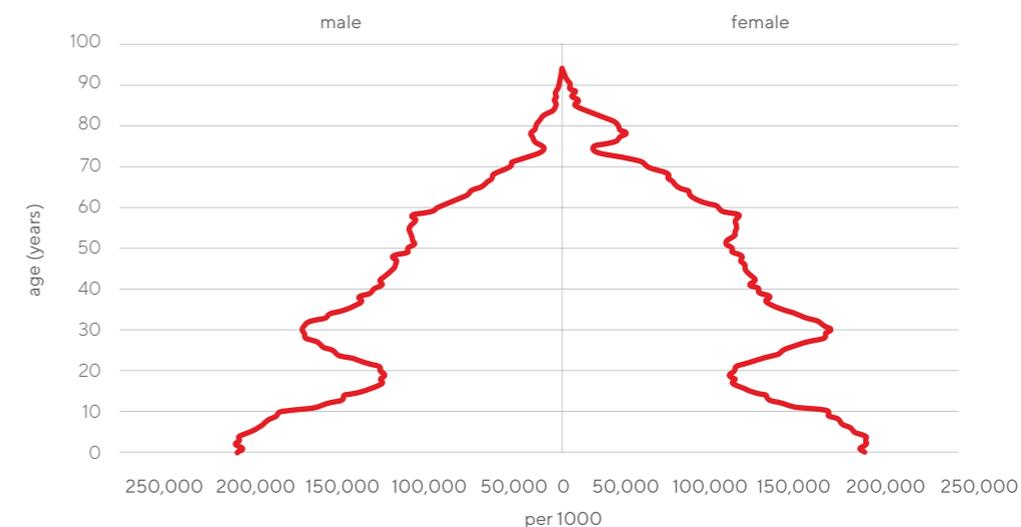
Importantly, the proportion of the middle-aged and elderly is expected to grow, affecting age distribution and the share of the child population. The country is approaching a new stage of its age-structure development. The medium variant suggests that the overall dependency ratio will fluctuate within a narrow range. After a slight decrease in 2030, in 2050, the proportion of the working-age population will approach the figures to be recorded in 2024–2026 and exceed the 2019 level. The structure of dependency rates will change noticeably, with old-age dependency rising from 20.8% in 2019 to 37.8% in 2050, and the child dependency ratio falling from 79.2% to 62.2%. This structural transformation will undoubtedly affect the nation’s socioeconomic development and should be taken into account in development plans.

Demographic dividend

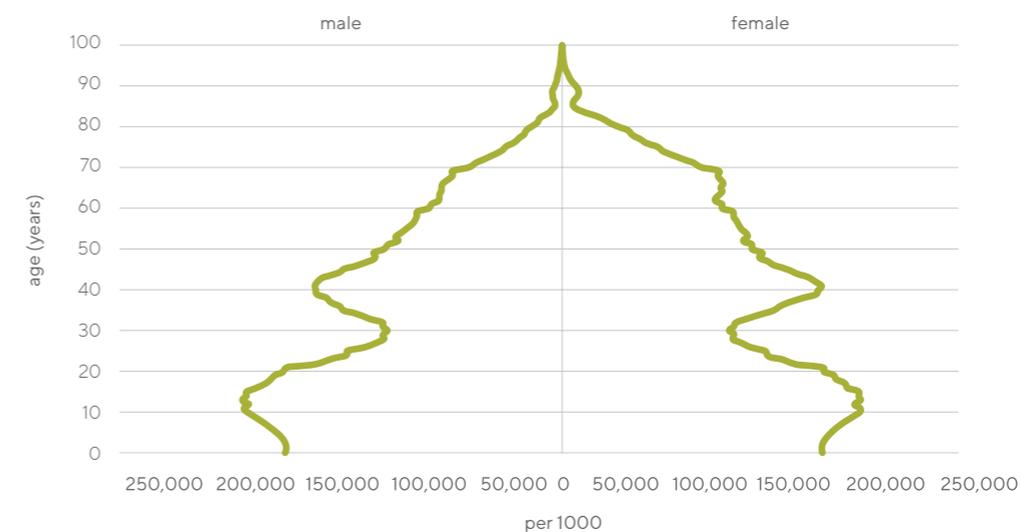
Changes in the age composition directly impact socioeconomic processes. In a country with a growing share of dependents (children, or persons of retirement age), more resources are spent to support these groups than on investment, thereby hampering economic growth. An economy in which the proportion of dependents decline may benefit from a larger labor supply, and invest more in human and physical capital. All else being equal, per capita income grows more rapidly too. In relevant literature, this economic benefit is referred to as the first demographic dividend⁵⁵. For it to appear, a country must go through a demographic transition that results in a decline in mortality. A drop in fertility inevitably reduces the number of children, while the share of the working population continues to rise, until it reaches a historic high. The first dividend period usually lasts for 50 or more years. Eventually, however, lower fertility slows the growth rate of the labor force, while the decline in old-age mortality accelerates the process of population aging. As a result, the demographic dividend may experience negative values and slow down economic growth. Many countries that have gone through demographic transition or are in its middle phase have received a demographic dividend.

⁵⁵ Lee, R. Mason, A. What Is the Demographic Dividend? *Finance and Development*. September, 2006.

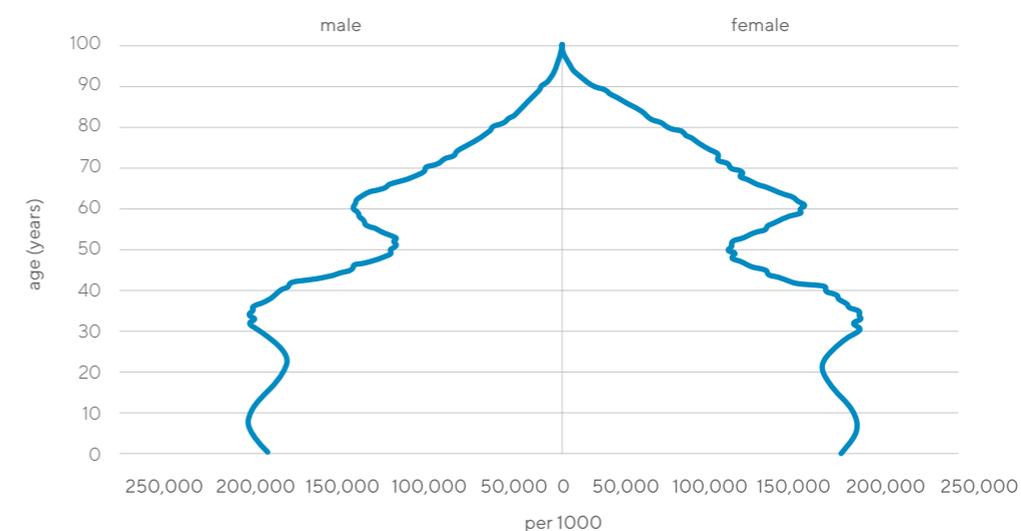
Kazakhstan’s population pyramid in 2019



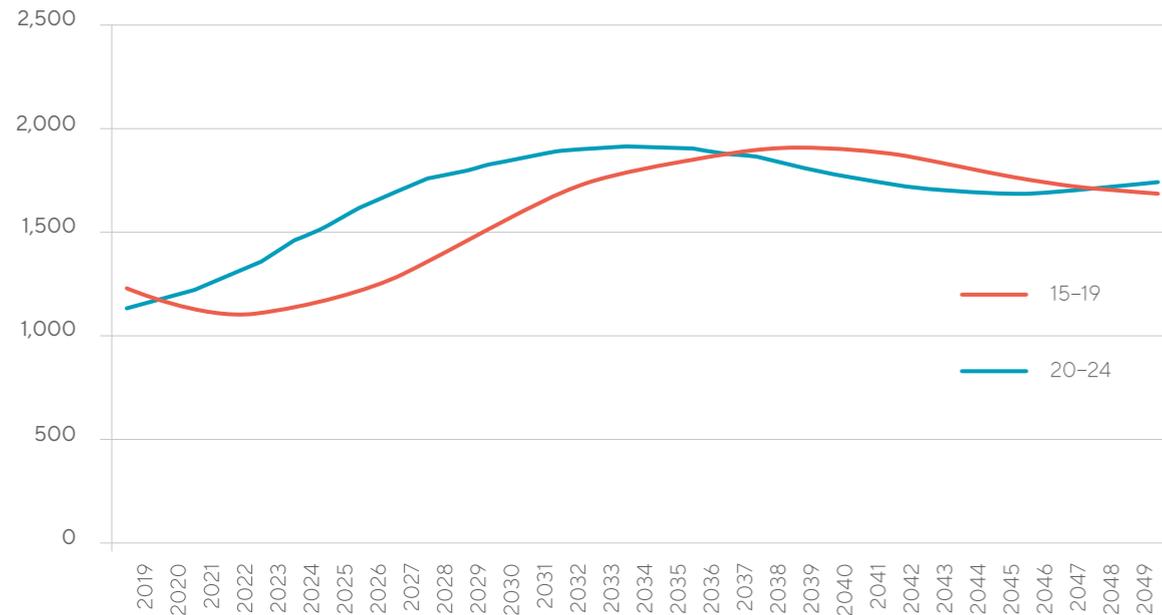
Kazakhstan’s population pyramid in 2030



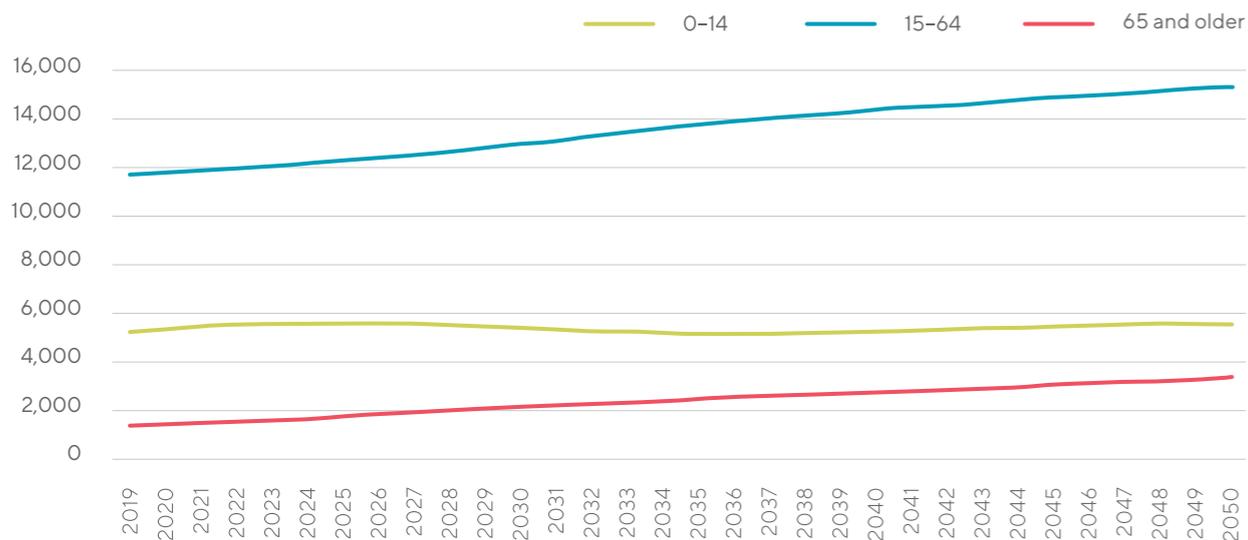
Kazakhstan’s population pyramid in 2050



Population in the 15–19 year-old and 20–24 year-old cohorts in Kazakhstan under the medium projection, 2019–2050 (in thousands)



Population in three age cohorts in Kazakhstan (medium projection), total population, both sexes, 2019–2050 (in thousands)

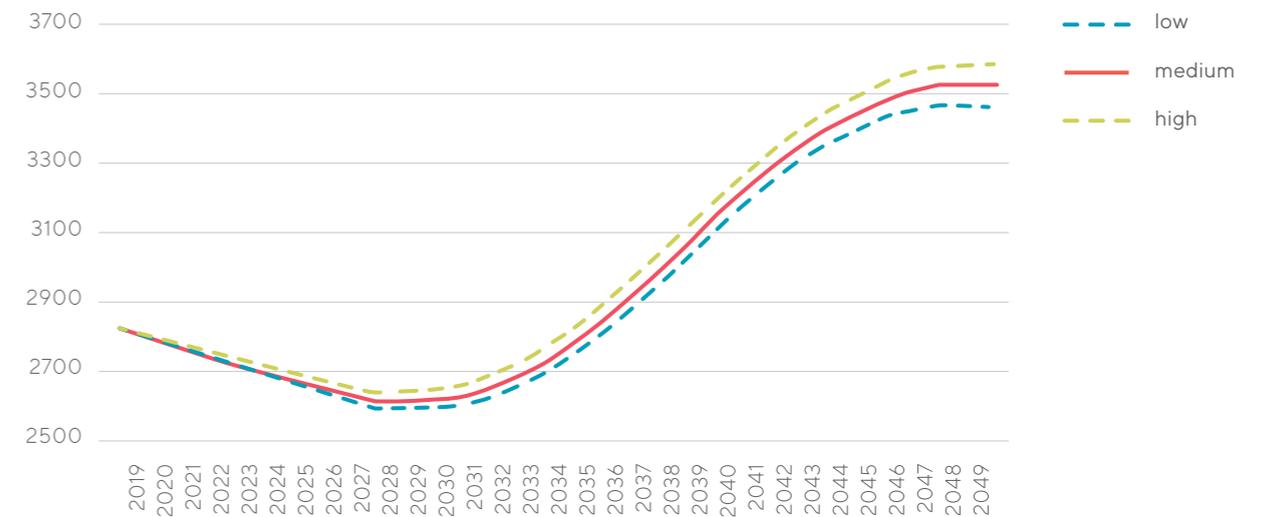


The most recent examples include China and some Southeast Asian, Middle Eastern, and Latin American countries.

Have changes in the age composition of Kazakhstan's population led to the conditions necessary for a demographic dividend? To answer this question, we should ideally use the economic support ratio calculated as part of the National Transfer Accounts system, which measures the effective number of the labor force relative to the effective number of consumers. The rate at which the support ratio grows determines the demographic

dividend received, and the direct contribution of demographic changes to economic growth⁵⁶. Kazakhstan does not have a National Transfer Account system. Therefore, to answer this question, we use the demographic support ratio, which compares the size of the population of working age to the number of dependents, and which is only an approximation of the economic support ratio. In particular, it does not take into account the fact that the working-age population also includes dependents, while both older persons and children may also be part of the labor force.

Female population in Kazakhstan aged 20–39 by projection variant, 2019–2050 (in thousands)



As we lack annual data on Kazakhstan's age structure during the Soviet period, we used the estimates provided by the United Nations Population Division, as well as its projections up to 2100. To measure the demographic support ratio, the working age was assumed to last from 20 to 64 years of age, per National Transfer Accounts methodology.

The chart demonstrates Kazakhstan's unusual demographic history, as influenced strongly by WWII, the socioeconomic crisis of the 1990s, massive migration, and the presence of two populations with different replacement patterns. The demographic support ratio began to grow steadily since the late 1960s. This was probably when the conditions for the demographic dividend arose. The highest ratio was reached in 2013. That said, the periods of positive and negative changes alternate over 150 years, due to the peculiarities of the country's age structure. The most recent period of the potentially positive demographic dividend occurred in the 1990s and 2000s. At present, the country is experiencing negative demographic changes as a factor of the relatively small cohorts born in the 1990s approach the working age, and of the increase in fertility in the past decade.

The economic effects of changes in the age structure depend on many factors, including behavioral patterns and governmental policies. To overcome negative effects of population change and create conditions for realizing the demographic dividend in the future, policies should be aimed at:

- minimizing unemployment;
- increasing the involvement of women and youth in the labor market; and,
- improving the return on investment in human capital (education and health care).

An effective migration policy focused on attracting permanent and temporary migrants who are in demand in the economy may yield an added demographic bonus.

However, aging may be conducive to a second demographic dividend. With increased life expectancy, older individuals facing an extended retirement period have a powerful incentive to accumulate assets (savings, real property, payments to private pension funds, etc.), especially when they are not confident that their needs will be met by families or the state. If they spend these assets during retirement, this can be a source of significant investment. However, neither the first nor the second dividend arises without effective government policies. These policies must create reliable financial institutions that will be trusted by people and help accumulate assets.

Population aging

Population aging has become particularly significant in the 21st century. The aging rates are long-term and historically unprecedented. A population ages when the percentage of older people in the total population grows. Population aging has been caused by a decline in fertility and an increase in the life expectancy of older age cohorts.

The increase in the proportion of the elderly (aged 60 and older) coincides with a drop in the share of youth (those under 15 years of age). **By 2050, the number of the elderly is forecasted to exceed young people.** In the late 20th century, more developed regions of the world have already experienced this drastic change in the proportions of older and young people. An increase in the share of the elderly is the result of demographic changes — declines in fertility and mortality. The trend

⁵⁶ Mason A., Lee M., Abrigo M., Lee S. *Support Ratios and Demographic Dividends: Estimates for the World*. New-York (NY): United Nations, Department of Economic and Social Affairs, Population Division. 2017.

Proportions of three age cohorts by projection variant



of population aging is generally irreversible, and the share of young people is unlikely to ever approach past figures⁵⁷.

Increased life expectancy is among humankind's greatest achievements, and has resulted from healthier diets, advances in health care and education, and increased economic well-being. Life expectancy at birth has soared globally. Those born in 2045–2050 are expected to live to 83 years of age in developed regions, and 74 in developing ones. Life expectancy at birth currently exceeds 80 years of age in 33 countries, compared to in just 19 nations five years ago. In Japan, the older population exceeds 30% of the total. By 2050, 64 countries are expected to join Japan, with an older population of more than 30%⁵⁸.

Population aging is a global phenomenon that affects all—men, women, and children. A steady increase in older age cohorts as a percentage of the total (both absolute, and relative to the working-age population) directly affects the principles of inter- and intra-generational equity and solidarity that are fundamental to any society⁵⁹.

Kazakhstan's population is characterized by a growing percentage of older persons—at the beginning of 2018, the proportion of people aged 60 and over was 11.3%, and of those aged 65 and older 7.3%⁶⁰, and the country is at an early stage of population aging⁶¹.

However, taking into account regional dynamics, half of the regions in Kazakhstan have already passed the 7% threshold that defines an aging nation.

The situation in the country's northern and eastern regions, as well as its central parts, is similar to Europe, suggesting the population ages because of a rapid increase in the number of older persons compared to youth (due to an insignificant natural increase and negative net migration). In the southern and western regions, as well as in Nur-Sultan, birth rates tend to grow, while the population aging figures decline⁶².

A persistent gap in male and female life expectancy increases the disproportion between the sizes of male and female populations, especially at older ages.

Women comprise majority of the older population worldwide, Kazakhstan being no exception. There

are only 62 men per 100 women aged 60 and older.

Kazakhstan's 2050 Strategy factors in global population aging, and emphasizes that in forty years, the number of people aged 60 and older will exceed the number of those under 15 years of age. Despite being a relatively young nation, Kazakhstan needs to anticipate beforehand the trends, consequences, and problems caused by aging. Projections also suggest that the share of people aged 65 and older (7.3%) will grow.

Population aging affects all aspects of human and social living, including economic growth, savings, investment, consumption, the labor market, pensions, taxation, and intergenerational transfer. In the social sphere, it affects health, family composition, lifestyle, housing conditions, and migration. Not just a demographic phenomenon, population aging may influence economic and political processes by reflecting the aging of the electorate and the representation of interests of various age groups; the growing dependence of the elderly on the economically and socially active population; health statistics and the status of the health care system; family composition and lifestyle; housing conditions, and migration.

Differences between male and female employment and income enlarge the gender gap in terms of pension size, and increase the risk of poverty for older women. Governmental economic and social development programs need to address issues such as women's involvement in the labor market, adequate pay for women's work, the gender gap in pension savings of women and men, as well as economic and social support to the elderly.

Kazakhstan is just starting to become a country where the older population predominates, and will need to promote advancements in the sectors that are directly related to services for the elderly. This will largely affect the **health care system**. Serious health conditions cause disabilities and mortality among the elderly. Prevailing chronic conditions are diseases of the circulatory, musculoskeletal, digestive, and respiratory systems, as well as visual impairments. High morbidity for people over 60 affects the growing demand for services provided by outpatient clinics (twice as high than for other age groups). Age-related diseases require an increase in the number of gerontologists,

⁵⁷ World Population Ageing 1950–2050. Population Division, DESA, United Nations.

⁵⁸ *Ageing in the Twenty-First Century. A Celebration and a Challenge*. Published by the United Nations Population Fund and HelpAge International. London, 2012.

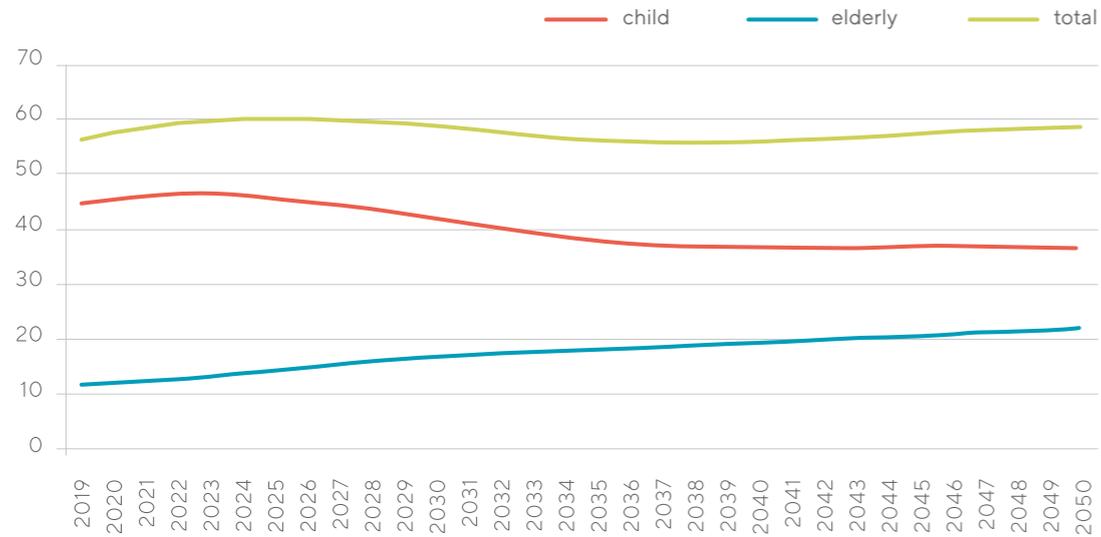
⁵⁹ Population Ageing 1999 (United Nations publication, Sales No. E. 99.XIII.11)

⁶⁰ Демографический ежегодник Казахстана. Агентство Республики Казахстан по статистике. Астана. 2018. [Kazakhstan's Demographic Yearbook. Astana. 2018]

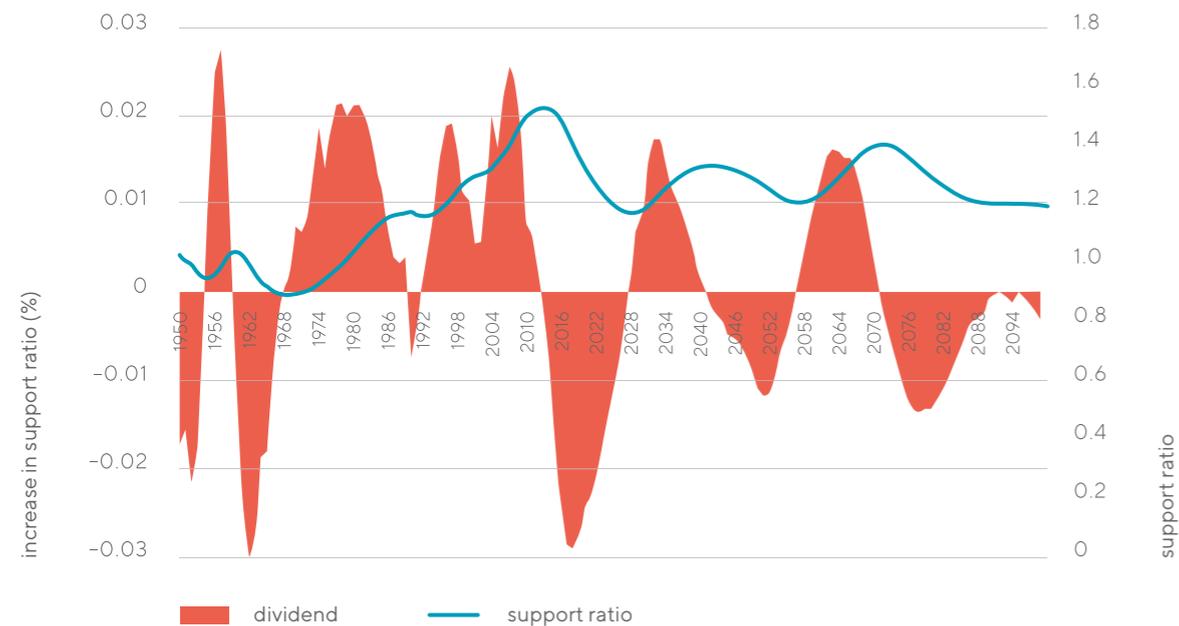
⁶¹ The United Nations define a society in which more than 7% of the population is 65 years or older as an "aging society."

⁶² Отчет о выполнении региональной стратегии осуществления Мадридского международного плана действий по проблемам старения в Республике Казахстан. 2016 [Report on the Implementation of the Regional Strategy to Implement the Madrid International Plan of Action on Aging in the Republic of Kazakhstan. 2016].

Dependency ratio of population aged 15–64 in Kazakhstan according to the medium projection, 2019–2050, total population of both sexes (per 100)



Support ratio (number of labor force per dependent) and its rate of change (in percent) in Kazakhstan, 1950–2100



Calculated using data from the Population Division of the United Nations Department of Economic and Social Affairs (2019). Population trends.

physical therapists, and other specialists, and this should be reflected in national health-care and education priorities.

Building up a **system of social services** for older and single people is an important objective associated with the development of infrastructure for the elderly. To maintain autonomy, older individuals need affordable housing and convenient modes of transport to continue to live in their homes. These factors also help them to maintain social contacts and remain active members of society.

Population aging poses new social, economic and cultural challenges for the country, while also creating new opportunities to improve the standards of living for people of all ages. The United Nations and the European Commission devised the **Active Aging Index (AAI)**, which measures the untapped potential of older people for active and healthy aging. The AAI measures the level to which older people live independent lives, the level to which they participate in paid employment and social activities, and their capacity to age actively. The main barriers to active aging in Kazakhstan include poor health conditions and low income among older people who face retirement or have already retired, save for highly qualified specialists working in governance, finance, health care, education, and science.

Active aging policy should aim to improve standards of living, autonomy, and independence among older people; increase healthy life expectancy; maintain and improve the health of the population; improve the social and psychological well-being of older people; and expand their opportunities to take part in various spheres of life and socioeconomic development. An active aging framework and a program of action for older generations based on such a framework would be instrumental in implementing such policy.

Objective: to support the expanded reproduction of the population, further reduce mortality and increase life expectancy, and reduce depopulation due to migration.

Key activities and tasks:

— **1. Supporting fertility and families with children.**

Strengthening the family

- support the birth rate at a level that will ensure natural population increase
- extend economic support to families with children in order to reduce poverty
- improve opportunities to combine employment and parenting
- strengthen the institute of the family and promote family values, support young families, responsible parenting, and conscious fatherhood
- improve living conditions for families with children
- support young families
- improve the nation’s reproductive health, taking into account the special needs of vulnerable groups
- prevent and respond effectively to domestic violence, taking into account the special needs of vulnerable groups

— **2. Reducing mortality and raising life expectancy**

- reduce the main causes of mortality
- reduce maternal and infant mortality and improve childhood and adolescent health
- decrease the incidence of socially significant diseases and create conditions to motivate healthy lifestyle changes
- include the issues of aging and needs of older people in national development plans

— **3. Regulating and optimizing migration.**

Optimizing intraregional settlement

- improve Kazakhstan’s attractiveness for the categories of migrants that promote economic growth and further societal and demographic development
- reduce the outflow of young people from the eastern and northern regions of Kazakhstan
- regulate the stay of temporary migrant workers in Kazakhstan
- foster adaptation and integration of migrants
- optimize internal migration

Recommendations

To comprehensively address demographic factors, trends, and prospects for population replacement in the management of Kazakhstan’s economic and social spheres, we recommend:

- The creation of a population development program for Kazakhstan for 2020–2030, with support from UNFPA Kazakhstan, in order to maintain population replacement, further reduce mortality, ensure an increase in life expectancy, and prevent depopulation due to migration
- The preparation of a roadmap on aging in Kazakhstan, an active aging framework, and a program of action for older generations
- The preparation of an analytical and monitoring report entitled Kazakhstan’s Population Development: Trends, Prospects, Consequences, and Actions
- The establishment of a Kazakhstan governmental expert group to monitor the population situation and develop and implement demographic policy measures
- The professional development of managers dealing with the issues of population development at national, regional, and district levels.

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