

In colleges, segregation by profession is even more distinct. Girls account for 80.1% of students in courses in education, 84.7% of those in courses in medicine, 64.5% of students in courses in arts and 66.2% of those in economics courses. In such "male" professions as engineering and electroenergetics, only 2.4% and 4.7% of students are women respectively.

Given the prevailing patterns of educational enrolment, the professional education system can not be expected in the near future to impact segregation in the employment arena or have any consequent impact on gender disparities in remuneration. However, education is an important tool for the Government to use to try to close the disparities between men and women on the labour market.

2.3.4 Increasing fee-based access to education as a gender issue

Just as in many other transitional economies, the percentage of the GDP spent on education has decreased considerably over the reforms. In 1991, education expenditures accounted for 6.5% of the GDP, while accounting for only 3.2% in 2002. The share of the Government budget spent on education has also decreased, from 22.7% in 1991 to 12.1% in 2000¹⁹.

In the early 1990s (in the academic year 1991/1992), there were only 61 higher education institutions in Kazakhstan, while in the 2001/2002 academic year there were as many as 185. An increase in the number of higher education institutions was due to the opening of private educational facilities, the number of which increased from 41 up to 126 over 1995-2002. An increase has also been observed in the number of students accessing education on a contractual basis with all expenditures covered.

At the same time, access to education on the basis of tuition fees is related to the growing inequality in access to education for children from poor families and rural families. However, increasing fee-based access to education has highlighted the gender issue that although they pay equal tuition fees, men and women will later generate unequal revenue out of their educational investment. Such disparities will emerge after graduation when men and women get into the labour market and find a job, where women's wages are almost 40% lower than men's wages.

2.3.5 Preschool facilities

When reviewing gender issues in education, access to preschool educational facilities should not be neglected. This is important not only for the gender break-

down of children accessing preschool facilities but also for improving conditions for employment of most women of child-bearing age.

Most preschool facilities, primarily those state-funded, were shut down because of a deficiency in the national budget, a reduced number of industrial and agricultural undertakings due to the economic crisis, and the collapse of collective and state farms. Over 1991-2003, 86.9% of all kindergartens were closed with an 82% reduction in the percentage of children accessing preschool facilities out of all children of appropriate age. However, starting from 1999 there has been an upward trend in the recovery of the preschool facilities.

Such reductions affected rural preschool facilities most of all. In 2003, the enrolment of children in urban preschool institutions decreased from 56.8% in 1991 to 31.7% in 2003, while in rural areas the reduction ranged from 35.9% in 1991 to 4.5% in 2003²⁰. As a result, one may state that the rural system of preschool education collapsed.

A shift to a new pattern of economic relations encouraged the increase of private preschool facilities. However, they are not commonly accessed. As of 1995, the number of children accessing private preschool institutions has increased by 45%, but its absolute value remains small, i.e. 15,000 children.

Fees for preschool education are another important factor contributing to poor preschool enrol-

Table 5

Education expenditure										
	% of GDP									
	1991	1995	1996	1997	1998	1999	2000	2001	2002	2003
Kazakhstan	6,5	3,5	3,4	3,4	3,0	3,9	3,3	3,3	3,2	3,3

Source: *Living Standards and Poverty in Kazakhstan (statistical monitoring)*. Agency on Statistics/UN Office in Kazakhstan. Almaty, 2004.

¹⁹ *The Analysis of Educational Reforms in the Republic of Kazakhstan*. ADB Regional Technical Assistance Project, Almaty, 2002

²⁰ Data from the Ministry of Education and Science.

ment. Thus, most children of pre-school age do not access kindergartens and nurseries. Although most rural families said their children did not access preschool facilities because there were no facilities in rural areas, nearly 100% of families acknowledged that even if there were facilities, they would not have been able to pay for their children's access to preschool education²¹.

Thus, an undeveloped and unaffordable system of preschool education is an essential factor, as it is most often women taking care of children, hindering improved women's status on the employment arena and their improved competitiveness on the labour market.

2.4 Gender aspects of health

2.4.1 Women's health and reproductive health

Life expectancy gives a general picture of the health status of the population. Economic crisis, deteriorating living standards, and the challenges of the social and economic adjustment that people faced over the last few years have had a negative effect on their life expectancies. As a result, today Kazakhstani women and men are faced with the shortest life expectancies at birth throughout Central and Eastern Europe and the CIS. One important factor is the high infant mortality rate in Kazakhstan, but the situation would benefit from further research, as would the complex reasons for differences between men and women.

The distinct gender disparities in life expectancies are increasing with time. The gap be-

Table 6
Preschool facilities and number of children, 1991-2003

	Preschool facilities, units	Number of children in preschool facilities
1991	8743	1029356
1993	8506	862500
1995	5225	426105
1997	1905	184864
1999	1158	124872
2001	1167	146375
2003	1156	160708

Source: Ministry of Education and Science

Table 7
Enrolment of children in preschool facilities in 1991, 1995-2003
as % of children of respective age

	Enrolment of children in preschool facilities
1991	46,6
1995	25,4
1997	18,7
1998	10,8
1999	10,2
2000	12,3
2001	14,9
2002	18,5
2003	19,1

Source: Ministry of Education and Science of the Republic of Kazakhstan

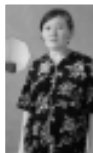
tween female and male life expectancy at birth increased from 9.5 years in 1990 to 11 years in 2003, which is significant by international standards and indicates serious gender problems of mortality in Kazakhstan. That male life expectancy has fallen most can be explained by higher heart disease morbidity and mortality rates for men as well as higher disposition toward stress²².

Despite longer life expectancy, women themselves estimate that their health status is worse than that of men. The Agency

on Statistics reports that only 3% of women versus 4.3% of men say their health is "very good", while 41.9% of women versus 49.6% of men and 9% of women versus 5% of men say their health is "good" and "bad" or "very bad", respectively. Women believe their health deteriorates from year to year more often than men. Sta-

²¹ Rural Development in Kazakhstan: Challenges and Prospects. National Human Development Report 2003. UNDP Kazakhstan, 2003

²² Poverty in Kazakhstan: Causes and Cures, UNDP Kazakhstan, 2004.



tistics show that 9.2% of women think that their health has deteriorated over the last year versus 4.9% of men. 1% of female versus 0.5% of male respondents reported significant health deterioration over the last year²³.

The deteriorating health status of the majority of the population and the poor status of the healthcare system are caused by a number of factors, one of the most important being the reduction in state allocations for healthcare. Due to the economic recession of 1992-1996, public expenditure on healthcare was almost cut in half. Despite the recent macroeconomic achievement of the country, the health sector remains underfinanced²⁴.

The primary healthcare system is the backbone of the country's healthcare and primary structure for providing healthcare to the society. The number of primary healthcare facilities was almost cut in half from 1990 to 2002 (1005 vs. 1805)²⁵.

Despite actions taken over the last years, the health status of the population, particularly of women of childbearing age, is deteriorating, posing a real threat to the health of future generations. The Women's Health Index, showing the proportion of healthy women out of all women, stands at 30%, while decreasing to 20% for environmentally degraded areas such as East Kazakhstan, Akmola, Kyzylorda and South Kazakhstan oblast. Approximately 40% of women of childbearing age (15-49) have some degree of anemia²⁶. Gynecological disorders are detected in 12-20% of adolescent girls and 40-60% of women of childbearing age.

A growing incidence of disease among pregnant women can be considered an indicator of the health status of women. In the

1990s, the anemia incidence among registered pregnant women increased more than two-fold from 25.5% in 1991 to 57.5% in 2001 and has been growing in subsequent years as well. In 2002, 63.4% of women recently confined had anemia. The lowest anemia incidence in pregnant women was registered in Akmola and Kostanai oblasts where "only" 40.4% and 42.6% of all pregnant women had anemia, respectively, in 2003. At the same time, in South Kazakhstan oblast the incidence of anemia was two times higher with 85.6% of pregnant women affected. Anemia leads to deteriorating health and weakens the immune system of pregnant women. It also reduces the resistance to delivery and postnatal complications. The main cause of anemia is inadequate and imbalanced nutrition²⁷.

The rate of postnatal after-effects, such as late pregnancy toxemia, urogenital system disorders and venous disorders, is high and shows an upward trend. Over 1999-2003 alone the proportion of women with late pregnancy toxemia out of women recently confined increased from 16.5% up to 20.9%, the proportion of women with urogenital system disorders from 16.6% up to 23.8%, and with venous disorders from 3.7% up to 5.1%. An effective measure to prevent an increase in postnatal after-effects is early registration of pregnant women with women's health clinics. However, many women do not recognise the importance of this. Dur-

ing Soviet times, this was obligatory, while in 2003 only 69.2% of pregnant women observed at antenatal clinics registered when their pregnancy was under twelve weeks old. While overall there is an upward trend in the proportion of early pregnancies registered at antenatal clinics, in individual oblasts, for example Mangistau, the situation is worsening, from 69.1% in 2000 to only 42.7%.

Although minor, a reduction in the proportion of women who were recently confined and who received a consultation by a general doctor is of concern. In 2000, the overall proportion of such women was 96.6%, with 96.3% in 2003. In some oblasts the reduction was much more distinct, while trends by years varied. For example, in Akmola oblast the proportion of women who were recently confined and who received consultation dropped from 95.6% to 84.8% over 2000-2002 but increased to 99.3% by 2003. In Atyrau oblast this indicator decreased from 96.3% to 92.6% over 2000-2003, while in East Kazakhstan it decreased from 96.3% to 86.3%. This indicates a poor operation of regional medical services.

The poor quality of obstetrical services, especially in rural areas, is a serious concern. A deficiency in funding causes the need to make services for pregnant women fee-based and accounts for outdated equipment and lack of medicines, which limits the access of women in childbirth and with newborns to high quality healthcare²⁸.

²³ *Women and Men of Kazakhstan. Gender statistics. Agency on Statistics, 2004.*

²⁴ *Poverty in Kazakhstan: Causes and Cures. UNDP Kazakhstan, 2004.*

²⁵ *MDGs in Kazakhstan, UN Kazakhstan, to be published in 2005.*

²⁶ *UN Millennium Development Goals in Kazakhstan, 2002*

²⁷ *MDGs in Kazakhstan, UN Kazakhstan, to be published in 2005.*

²⁸ *Report on the Findings of the Poll Conducted under Agreement # 14953 on Using the Soros Foundation Grant - Kazakhstan under the Programme "PD9 - 1330 Monitoring of Women's rights" of 5 December 2003.*

Both environmental problems and the poor health status of mothers affect the health of newborns, as official statistics report a growing proportion of children with inborn disorders. In 1999 the proportion of such children was 25% of all newborns, while in 2003 this rate stood at 27%.

The proportion of women with cancer is very high and the number is increasing, breast cancer being the most common cancer type among women. Thus, in 1999 the number of breast cancers was 15,700 cases, while increasing to 17,400 in 2003.

Of particular concern is the fact that medicines are unaffordable for the majority of the population. The findings of a sample survey conducted by the Agency on Statistics show that one in four patients does not buy at all, or buys some, of the prescribed medicines. The main cause (70% of cases) is the high cost of medicines, especially for rural residents²⁹.

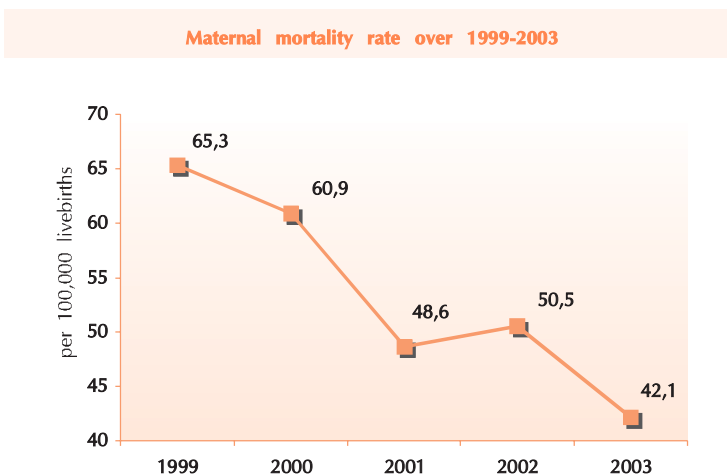
Infertility is of special concern. In Kazakhstan, 18-20% of families cannot have children. The major causes of female sterility are old inflammatory diseases (68.4% of cases) and endocrine factors (up to 40% of cases).

While taking care of women's health and their reproductive health, men's health and their reproductive health should not be neglected. Over the last years, men's health has been deteriorating, which is demonstrated by the high male mortality rates.

2.4.2 Maternal mortality

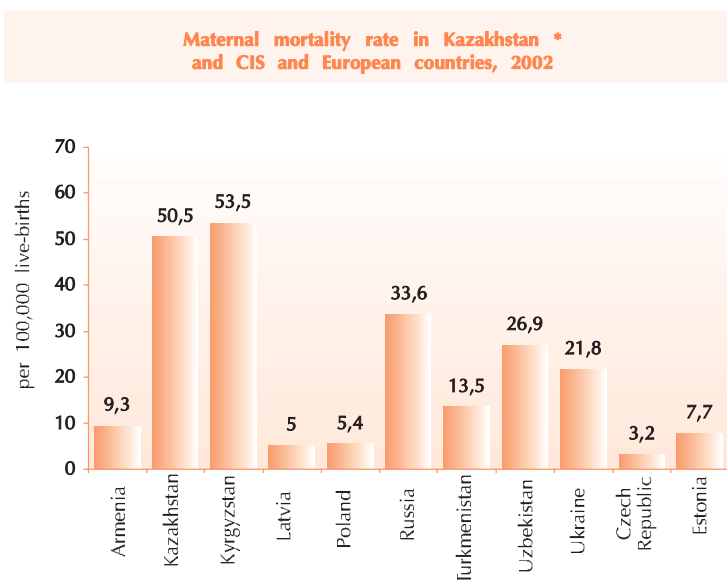
Maternal mortality rates show an overall downward trend but are still high by international standards. Thus, in 1990 the mater-

Figure 17



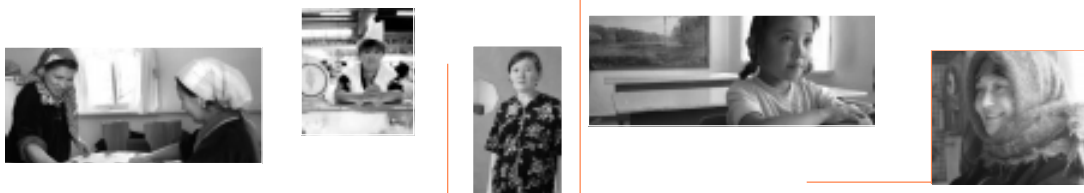
Source: Demographic yearbook, 2004. Statistical digest. Agency on Statistics. Almaty, 2005

Figure 18



* Statistical monitoring of living standards and poverty in the Republic of Kazakhstan (Living Standards and Poverty in Kazakhstan (statistical monitoring). Agency on Statistics/UN Office in Kazakhstan. Almaty, 2004). Source: Social monitoring 2004. UNICEF MONEE

²⁹ Women and Men of Kazakhstan. Gender statistics. Agency on Statistics, 2004.



nal mortality rate was 55.0 per 100,000 live births, while decreasing to 36.9% in 2004. Over the same period, the maternal mortality rate dropped from 50.5 to 41.0 in urban areas and from 59.2 down to 47.5 in rural areas.

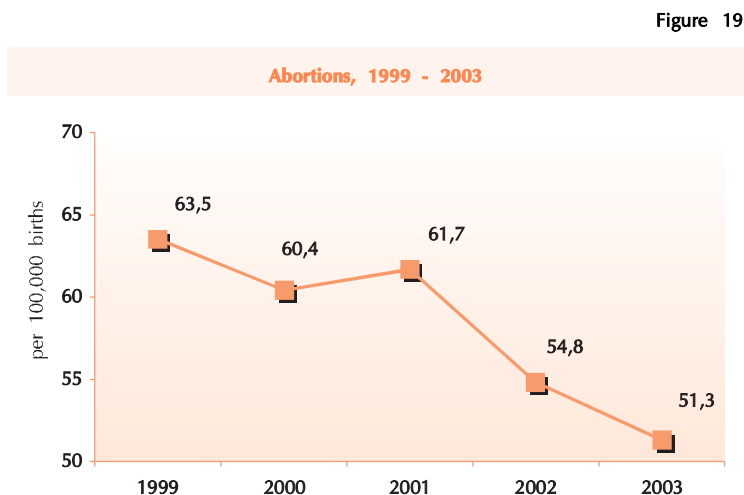
An increase in the maternal mortality rate was observed in 1992 (57.2), 1995 (57.6) and 1997 (59.0). These years were the most critical years of the transition; this may have affected the situation and caused the increase.

The downward trend of maternal mortality rates is general for most oblasts. However, maternal and child mortality rates are particularly high in Astana City, Mangistau and Atyrau Oblasts. It should be noted that the maternal mortality rate is not following a stable trend but is fluctuating. This suggests a lack of systematic efforts to reduce maternal mortality and dependency on a variety of factors and causes³⁰.

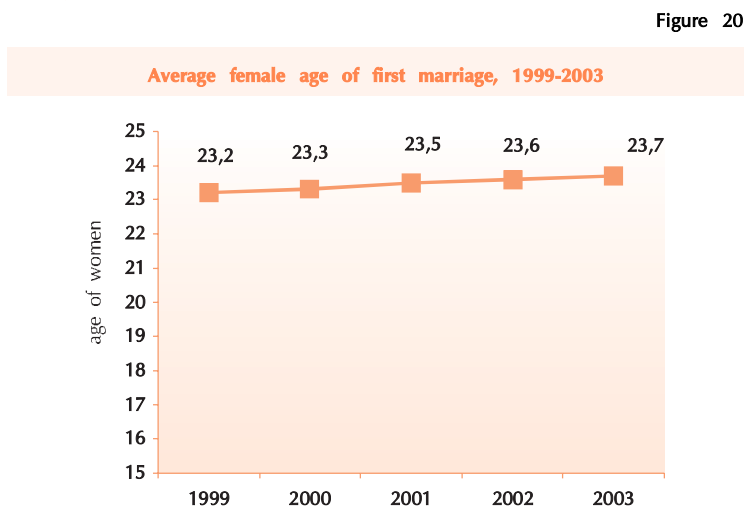
The main causes of maternal mortality in Kazakhstan are haemorrhages (26.9% of cases), other pregnancy, natal and postnatal after-effects which include mortality from extragenital diseases, complications after anesthesia, anaphylactic shock and (thrombo)embolism (24.1%), abortions (22.1%), eclampsy (17.3%), sepsis (8.7%) and abdominal pregnancies (1%).

2.4.3 Family planning

Despite a considerable reduction in the number of abortions, this still remains a serious problem. The proportion of abortions per 1,000 women of childbearing (15-42) age is also decreasing. In 1997 and 2003 this indicator was 38.3 and 30.2 respectively, decreasing primarily through a reduction in abortion by women in



Source: Demographic yearbook, 2004. Statistical digest. Agency on Statistics. Almaty, 2005.



Source: Demographic yearbook, 2004. Statistical digest. Agency on Statistics. Almaty, 2005.

the most fertile age groups (under 34 years).

Prevalence of abortions as a family planning method causes an increase in gynaecological disorders, infertility, miscarriages, maternal and child disease incidence and mortality.

Despite a reduction, abortions

are still the most commonly used family planning method. The proportion of women using contraceptives is fairly moderate and is growing only slowly. In 2003 only 36.4% of all women of childbearing age used contraceptives, while this indicator was 33.5% in 1999. There are great

³⁰ MDGs in Kazakhstan, UN Kazakhstan, to be published in 2005

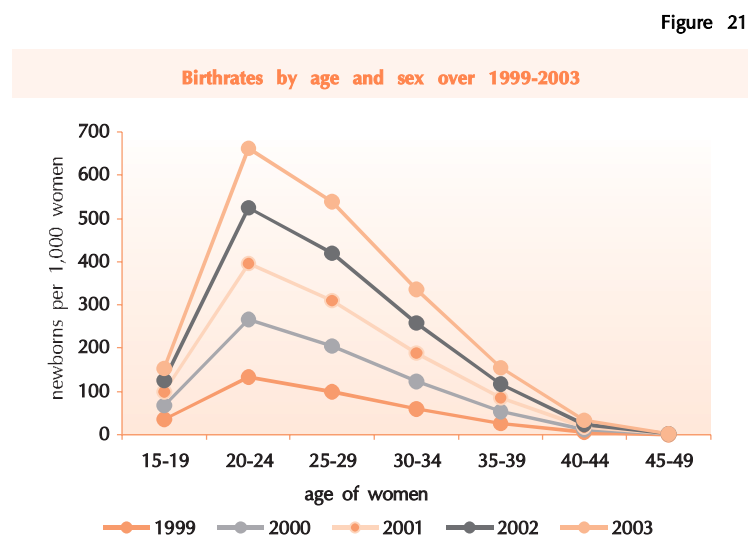
regional disparities in the proportion of women using contraceptives reflecting different levels of traditional lifestyle. Thus, for example, in Pavlodar oblast 61.4% of women aged 15-49 used contraceptives, 55.4% in North Kazakhstan oblast, 52.2% in West Kazakhstan oblast, 25.7% in Manghistaу and 26.4% in Almaty oblast.

The high cost of modern contraceptives, between 900 to 1300 tenge for one menstrual cycle, means that many women can not afford to protect themselves. They would either use old ineffective methods or none at all and then have an abortion. Another issue is information about reproductive rights, family planning, and quality services. There is a special need to target young people and vulnerable groups such as the poor³¹.

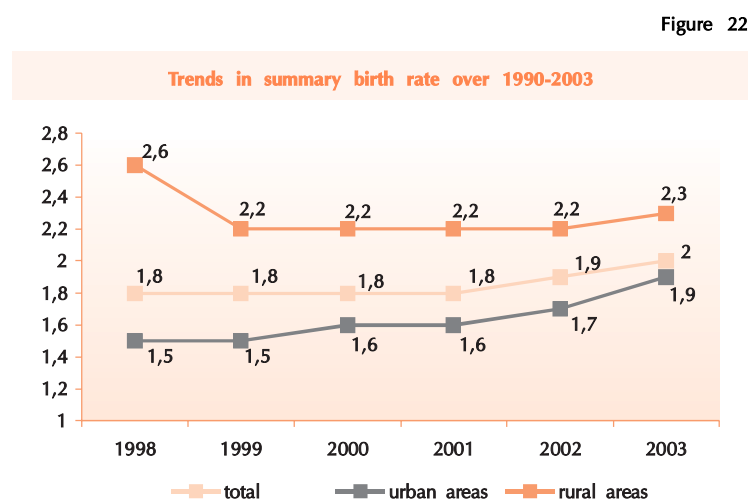
Over 1997-2003 the average female age for first marriage increased from 22.4 up to 23.7 (Figure 20), which may be determined by changed perception of family responsibilities and aspirations to be professionally established before getting married.

Changed age-based birth rates indicate a reduction in birth rates among younger age groups (under 30) and an increase in older age groups (especially in the age groups of 35-39). This can be seen in relation to the older ages of first marriages but the change in people's reproductive behaviour would also benefit from further research (Figure 21).

Over the last few years, actions taken were effective in stopping a long-term downward trend in the number of births. Trends in summary birth rates, which reflect respective changes fairly precisely, show that an increase in the birth rate has been ob-



Source: Demographic yearbook, 2004. Statistical digest. Agency on Statistics. Almaty, 2005.



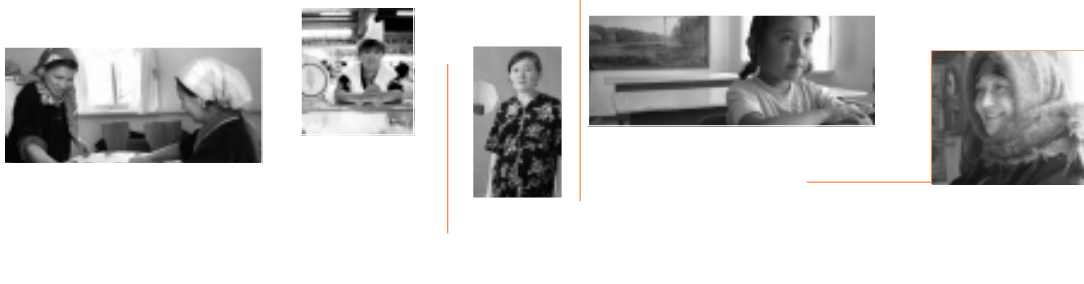
Source: Living Standards and Poverty in Kazakhstan (statistical monitoring). Agency on Statistics/UN Office in Kazakhstan. Almaty, 2004.

served over the last 3 years throughout the country with the trend starting even earlier in urban rather than in rural areas (Figure 22). In addition, the growth of the urban birth rate, which is measured by summary birth rates, is greater than the rural one.

2.4.4 Infant mortality rate

Infant mortality rate (under 1 year) is one of the most important integral indicators for describing the development of the country

³¹ Regional MDG report, UN Kazakhstan 2005



as it includes the characteristics of maternal health (including reproductive health of mothers), professionalism of gynaecologists and obstetricians, obstetrical services, and equipment of health-care facilities.

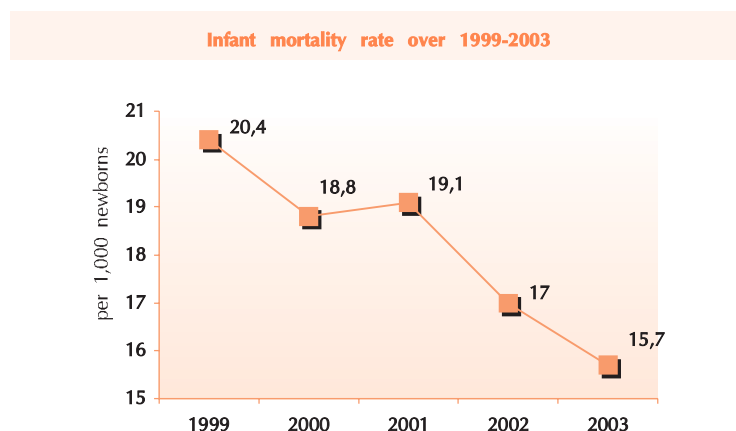
In Kazakhstan a downward trend has been observed for infant mortality (deaths per 1,000 live births). Over 1990-2003, the infant mortality rate decreased from 26.4 to 15.7. However, there is a wide gap between the official statistics and data of the Demographic and Health Surveys in 1995 and 1999. The survey data give figures nearly two times higher than the official data and show an upward trend of the infant mortality rate. This can be explained by the fact that Kazakhstan still uses the Soviet definition of live birth that differs from the international definition recommended by WHO³².

2.5 Gender aspects of social security

2.5.1 Pensions

Pensioners are a group at high poverty risk in Kazakhstan. The main reasons are the low pensions and age-based constraints to finding sources of extra income. In 2001, the proportion of poor among old women was 71 %³³. Many female pensioners are alone due to the disproportionate mortality rates between men and women, increasing the probability of poverty.

The current disparities in women's and men's status on the employment arena may cause greater gender disparities in pension provision. The current gap between



Source: Demographic yearbook, 2004. Statistical digest. Agency on Statistics. Almaty, 2005.

Table 8

Women's and men's average pension, 1995-2003	
	%, at the end of year
	Ratio of women's and men's average pension
1995	82,4
1996	82,1
1997	78,1
1998	77,8
1999	73,7
2000	78,2
2001	77,2
2002	81,6
2003	80,2

Source: Women and Men of Kazakhstan. Gender statistics. Almaty, 2003, 2004.

women's and men's pensions is much less than the gap in remuneration. Over the last decade, the average female to male pension ratio varied within a relatively small range and did not have a stable upward trend. The absolute value of an average woman's pension (7,575 tenge or around \$49 in early 2003) was 30% more than the minimum pension (5,800 tenge or around \$38).

It should be noted that current pensions are largely determined

by the pension rights people acquired back in the Soviet period, i.e. when gender disparities in wages and employment patterns contributing to pension provision were not that significant.

However, gender disparities in pensions may increase in the near future. The current pension provision is savings rather than

³² UN Millennium Development Goals in Kazakhstan, UN Kazakhstan, 2002.

³³ Poverty in Kazakhstan: Causes and Cures. UNDP Kazakhstan, 2004.

distribution-based, which implies a very close correlation between income, the income gaining period, and the amount of the pension provision.

Such methods for calculating pensions predetermine that women's pensions will be at a lower level due to the lower income women gain, with the gap increasing and shorter income gaining periods determined by gender disparities in practices of using maternity, child rearing, and family responsibility benefits. Further, women retire at the age of 58 and the proportion of female retirees is higher than that of male retirees. This means that we might expect a bigger number of poor women in the future if no legislative action is taken or the mentalities of people in securing their lives after retirement change.

2.5.2 Social benefits and social assistance to women

Starting from January 2003, in order to provide social protection during motherhood and childhood, one-time childbirth benefits equal to 15 monthly calculation rates³⁴ were introduced. This benefit is not dependant on the income of the family. Along with one-time childbirth benefits, further social support for motherhood and childhood will be implemented by the introduction of additional child allowances in future.

Along with these benefits women receive other types of benefits, such as state special benefits and special state benefits. In 2003, the average size of the state social benefit was 4,087 tenge (or 27.3 US dollars). 60.7%

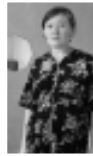
of the recipients were women³⁵. Mothers with many children were awarded with *Altyn Alka*, *Kumis Alka* pendants as well as with "Maternal Honour" orders. Women having previously received the title of Mother-Heroine are among those eligible for special state benefits. The average size of the benefit for this category of recipients was 1,657 tenge in 2003³⁶.

³⁴ Monthly calculation rate is an interim social indicator, which is used to calculate social benefits/payments in Kazakhstan. It was introduced by the Government. In 2004 it amounted to 919 tenge.

³⁵ Some aspects of social security system in Kazakhstan (in numbers). Ministry of Labour and Social Protection/ UNDP Kazakhstan, 2004.

³⁶ Living standards of population in Kazakhstan. Agency on Statistics, 2004.





2.6 Women's participation in decision-making

2.6.1 Legislative power

In the Kazakh Soviet Socialist Republic, women constituted until 1989 no less than 35% of the Supreme Council due to the quo-

ta system. Democratic transition and development of the country brought about the cancellation

of such quotas, which negatively influenced women's representation in decision-making bodies.

Box 2.2. Political representation of women in transition countries

In many post-soviet countries a drastic reduction (sometimes by several times) in political representation of women has taken place. Before the reform period, the proportion of women among parliamentarians was very high, but it was achieved mainly through quotas for women in elected bodies of these countries. The introduction of multi-party democratic elections in countries of the CIS, Central and Eastern Europe coincided with the cancellation of such quotas and a lower level replaced the formally high level of political representation of women. In 2004, according to the data of the Interparliamentary Union the proportion of women parliamentarians in the region concerned varied from 4.6% in Armenia to 26.2% in Bulgaria. The proportion of women among parliamentarians in the countries of Central and Eastern Europe and the Baltic countries was generally significantly higher than in the CIS countries. For comparison it should also be noted that in Western European countries this index is higher than 30%.

<http://www.ipu.org/> (21 October, 2004)

Today there are no legislative limits in the country preventing women from participating in political activities; nevertheless, there is a steady decline in women's representation in the Parliament (the supreme legislative body) and in executive agencies. At present the local legislation is formally gender-neutral at the level of decision making. However, it is not gender-sensitive, i.e. it does not consider how the same law would have a different impact on women and men as candidates and aspirants

for high positions, and the Kazakhstani electoral system does not yet provide measures that would stimulate political parties to attract women to public positions, whether elected or appointed.

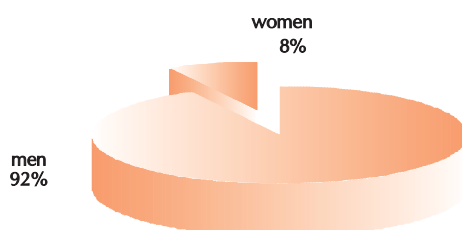
Regarding modern Kazakhstan, one might, perhaps, talk only about a developing tradition of women's representation at the level of decision making, since at present there is a gender gap in political participation and representation. Women are poorly represented in governmental and political structures. There is a

typical gender pyramid of power, where women are present at lower and medium levels, but they are not represented at higher positions. This is evidence of the existence of a so-called "glass ceiling" for Kazakhstani women (a social and cultural barrier to promotion from medium levels of government to higher levels).

During the last ten years the representation of women in Parliament decreased. Figures 24 and 25 show the proportion of women in the two chambers of Parliament, Senate and Mazhilis

Figure 24

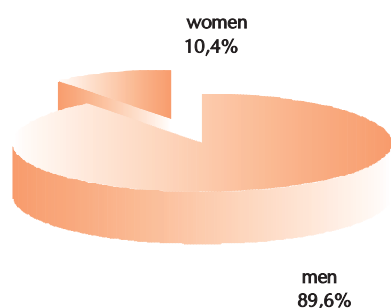
Proportion of men and women in Senate, end of 2004



Source: *Women and Men of Kazakhstan. Gender statistics.* - Almaty, Agency on Statistics, 2004.

Figure 25

Proportion of men and women in Mazhilis, end of 2004



Source: *Women and Men of Kazakhstan. Gender statistics.* - Almaty, Agency on Statistics, 2004.

Figure 26

Proportion of men and women in Maslikhats, 2003



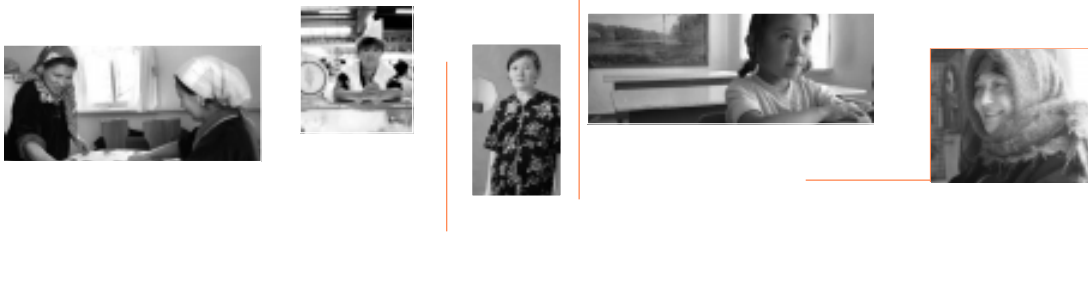
Source: *Women and Men of Kazakhstan. Gender statistics.* - Almaty, Agency on Statistics, 2004.

According to 2003 data from the Agency on Statistics, there were only 3 women among 39 Senators. The situation is similar in the Mazhilis. There were 89 women among 500 candidates standing for the Mazhilis elections in October 1999. Women gained only 8 mandates out of 77, i.e. women constituted 10.4% of the Mazhilis. For the election in September 2004 there were 106 registered female candidates out of 623. Nine women were elected to the Mazhilis. Later this number was reduced as one woman decided to remain at her current post. Thus, in current Mazhilis there are 8 women, or 10.4% of all deputies³⁷.

In Maslikhats, the local representative bodies, the proportion of women is higher than at national level, but they still constitute a significant minority. In 2003 there were only 17.1% of women among deputies of this level. However, the level of representation is very uneven among the oblasts. In Astana city and Ak-mola oblast there were 24% of women in Maslikhats but in Atyrau oblast, women constituted only 7.5%.

One of the reasons for the lower participation of women compared to men is the significantly smaller financial resources of women. As a rule, costly modern pre-election technologies are used in electoral campaigns for which female candidates do not have sufficient money. Another constraint for promoting women to higher positions is the influence of traditional stereotypes concerning power structures on the political activity of new fe-

³⁷ Participation of women in decision making. OSCE report, December 2004.



male leaders. Additional reasons include the underdeveloped tradition of women participating in political life, insufficient knowledge of Kazakhstani and international legislation in the field of women's rights, and a lack of awareness about political and public processes.

2.6.2 Executive power

In 2003, the total number of civil servants in Kazakhstan was 81,702 people, of whom 47,813 were women. Thus the proportion of women in the corps of civil servants was 58.9%. In 2003, women constituted the majority among administrative civil servants, 60.4% of those who work on a permanent professional basis in a governmental body.

At the same time, among politically appointed positions³⁸ the proportion of women is very small. Among 3,105 political civil servants of Kazakhstan there are only 346 women (11.1%).

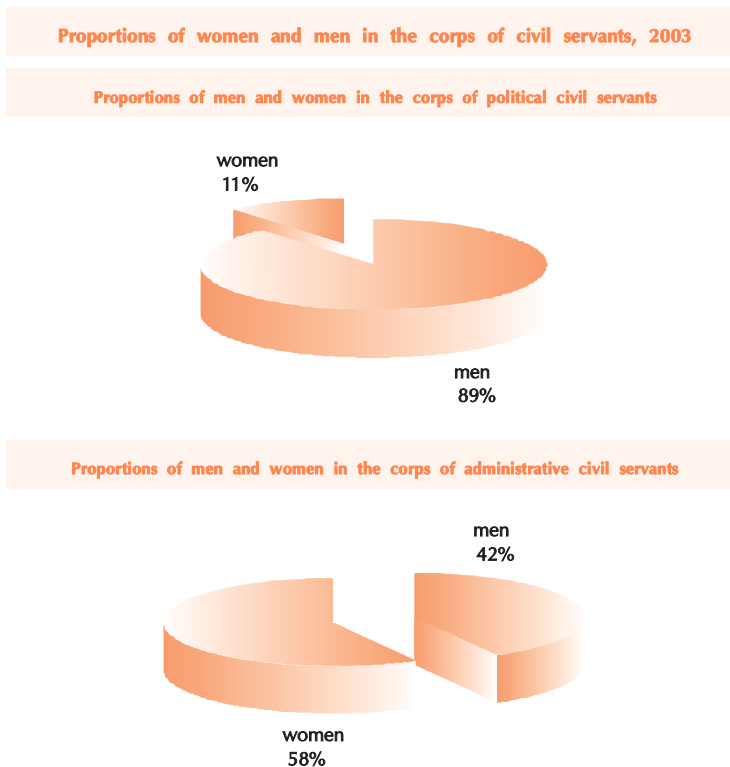
Monitoring the status of government service staff shows a tendency for an increased number of women in government services by many, including the highest, categories.

Moreover, in 2004, a woman was appointed the Deputy Prime-Minister for the first time. Two women were Ministers (at the end of 2002 there was not a single woman heading a ministry)³⁹, 5 women were oblast deputy akims (there are still no women among oblast akims). Among deputy akims of rayons, 17% are women; among akims of rural and settlement okrugs - 11%, and their deputies - 18%⁴⁰.

2.6.3 Judicial power

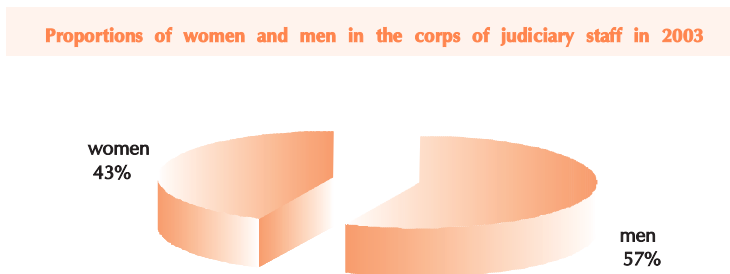
The proportion of women in the staff of judicial power in Kazakhstan is significant. In 2003, it

Figure 27



Source: *Women and Men of Kazakhstan. Gender statistics.* - Almaty, Agency on Statistics, 2004.

Figure 28



Source: *Women and Men of Kazakhstan. Gender statistics.* - Almaty, Agency on Statistics, 2004.

³⁸ Political civil servants are appointed by the President of Kazakhstan. The Constitution provides that the President's deputies and representatives shall be appointed and elected by the Parliament's Houses and Houses' Chairs out of the corps of managers of national executive authorities and departments and their deputies.

³⁹ Internet-based information (www.government.kz).

⁴⁰ *Participation of Women in Decision Making.* OSCE report, December 2004.

was 43.4%. Among the personnel of the Supreme Court of Kazakhstan 36.2% were women (the Chairperson of the Supreme Court of the RK is a man, but one of the two Chairpersons of the Panels of Judges is a woman). In oblast courts (including Almaty and Astana city courts) women constituted 46.3% of all employees (there were no women among Chairpersons of oblast courts, but among 33 Chairpersons of panels there are 10 women). 39.9% of rayon court members are women and out of 206 chairpersons in rayon courts 28 are women.

2.7 Violence against women

2.7.1 What is violence against women?

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 may take place in public places, at work, and domestically. Violence against women is subdivided into several types: psychological, physical, sexual and economical abuse.

2.7.2 Physical and sexual violence

The prevalence of violence against women is a serious and growing problem in Kazakhstan. In 2001, 18% of all violent crimes were

committed against women. In 2003, the number of offences against women dropped; however, the proportion of such crimes out of all crimes continued to grow and reached 21.3%.

The proportion of other crimes against women is also high. Thus, in 2001 83% of all tortures, 66% of all beatings and 59% of all violent acts of a sexual nature were offences against women. In 2003, the proportion of female victims of battery and violent acts of a sexual nature increased, while the proportion of female victims of torture decreased (70.5%, 65.2%, and 79.8%, respectively). The number of registered rapes has reduced only slightly. In 2001, this indicator was 1,268, 1,224 in 2003 and 607 over January-June 2004.

30% of imprisoned men are currently serving time for sexual

abuse or domestic violence against women. Rape comes second after murder on the list of registered crimes.

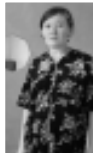
The Criminal and Criminal Execution Codes were amended in 2003, enhancing liability for violence against women and strengthening mechanisms of cooperation between law enforcement and other agencies dealing with violence issues. As a result, punishments for rape and other forced actions against women have become more severe. The article that related rape to claims of private conviction has been eliminated. As before, rape cases are being initiated when filed by a victim, but are no longer subject to termination based on settlement between parties. Punishments for violent actions against women have thus become stricter.

Box 2.3. Physical abuse

In order to identify the awareness of the Kazakhstani population concerning violence and sexual harassment, 1,500 standardised interviews were conducted with women aged 16-54 over the period of November 16 - December 10, 1999.

The survey disclosed that nearly half of the respondents had been victims of physical abuse by men at some point of their life. This number did not vary according to the kind of settlement (urban or rural area), ethnic origin, educational level, age, and other demographic factors.

The most common forms of physical abuse were assault and battery such as grasping by hand, pushing and beating, physical abuse in the form of (attempted) robbery and sexual abuse. One in five women had been victims of battery, one in seven of robbery, one in thirty of rape. Abuse was most common in public place such as outdoors, at the market, and in public transport, with approximately one third of cases taking place in domestic surroundings and one tenth at work or in an educational institution. The sources of violence were strangers (68% of cases), and relatives (32%), of which 27% were husbands. 28% of married women in the survey said they had been victims of physical abuse at the hands of their husbands. Most often the violence occurred when the husbands were drunk. Violence against women is more prevalent in rural than urban areas. It is noteworthy that only one in fifty women who had been victims of abuse from their husbands reported it to the police, with the main cause of their reticence being the discredited effectiveness of outside intervention and the lack of hope for possibilities to limit domestic violence.



2.7.3 Domestic violence

The initial years of transition to the market economy in CIS states were characterised by a number of negative social phenomena such as unemployment, inflation, weak state policies and reduced living standards, which caused an increase in crimes, alcohol usage, and other undesirable behaviour, including domestic violence. Kazakhstan was not an exception.

Over 8 months during 2002, 2,783 out of 3,125 people killed were victims of domestic crimes. Statistical review shows that 68.5% of crimes and offences against women are domestic crimes⁴¹.

Thirty-eight crisis centers for women and children operate in almost every region of the country. These are centers of legal and psychological support for families, women, and children. In many cases they are funded out of grants from international organisations.

In 2003, the operating hot-lines took 27,000 calls, most of which reported physical (23%) and emotional (22%) abuse. Women's NGOs believe that many instances of violence against women remain unregistered, which implies that the actual number of such crimes is higher than that registered in official statistics. In Kazakhstan, hundreds of thousands of women become victims of domestic violence every year. This prevalence of domestic violence against women and children therefore poses a serious problem. It causes an increase in the number of dysfunctional families, divorces, annulment of marriages, and juvenile delinquency.

It should be noted that after Kazakhstan acceded to the Con-

vention on the Elimination of All Forms of Discrimination against women (CEDAW Convention) a special unit to handle cases related to violence against women was set up under the Ministry of Internal Affairs.

In its recommendations in the year 2000, the CEDAW Committee expressed concerns regarding the spread of violence against women and girls, including domestic violence. The Committee insisted that the Government of Kazakhstan should prioritize issues of violence against women and recognize that pursuant to the Convention such violence, including domestic violence, is a violation of women's human rights. In its General Recommendation #19 the Committee asked the Government of Kazakhstan to introduce, as soon as possible, legislation on domestic violence that would treat violence against women and young women as criminal and would allow women and young girls who have become victims of violence to be able to count on immediate measures for compensation for damages and for protection. It recommended conducting gender education for all state servants about types of violence against women and young women, especially for employees working in the law enforcement and justice departments, as well as for health sector employees. The Committee also recommended that the Government of Kazakhstan should organise an informational campaign to highlight all types of violence against women and young women, including domestic violence, with the help of mass media and public education. (Recommendations, Paragraphs 28, 29).

A draft law "On the prevention and suppression of domestic

violence" has been elaborated to protect women, children, and elderly family members. It identifies the responsibilities of law enforcement agencies to prevent and suppress domestic violence. The draft law, prepared in consultation and employing international expertise, was discussed in almost all regions of the country and included in the plan of legislative work of the Government for 2006. Unfortunately, the Criminal Code does not, at this time, contain a separate article on marital rape.

2.7.4 Sexual harassment

Sexual harassment refers to humiliating actions, which can be shown as outspoken hints, assumptions, and statements. It can also be shown as molestation in the street, in public places, and at work. Sexual harassment on the part of an employer or superior at work is of particular concern as the career may depend on consent to engage in sexual relations. When posting a job advertisement, it has become common for women to mention that they do not provide sexual services.

The legislation of Kazakhstan lacks the definition "sexual harassment" and correspondingly there are no sanctions provided for actions that could fall under this definition. Although there are almost no official statistics on sexual harassment cases, it nevertheless does exist in offices and educational institutions, both state and private. Sociological surveys of the student community and women attest to this fact⁴².

⁴¹ *The Kazhastanskaya Pravda*, #36, 20 September 2002 P.6

⁴² *Shakirova R., Toktybaeva R. Female Dimension of Human Rights in Kazakhstan. Almaty, 2001. P.161.*

In a survey conducted by UNIFEM within the framework of the information campaign "Life free of violence is our right"⁴³, 67 % of respondents named dismissal as a possible consequence of a woman's resistance to sexual harassment at work. Also 47% of the respondents answered that limitation of their career progress and salary restraint (25%) were feared possible outcomes.

2.7.5 Trafficking in women

Trafficking in persons is taken to mean the recruitment, transportation, transfer, harbouring, or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power, or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person for the purpose of exploitation. Exploitation shall include, at a minimum, the exploration of another person's prostitution or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude, or the removal of organs⁴⁴.

A new social problem caused by the global increase of migration all over the world and the transitional period in the development of a market economy in a country and deterioration of the economic situation, is the problem of trafficking in women with the purpose of exploiting them work-wise and sexually in for example prostitution and pornography. It is estimated that more than 700 000 people in the world, mainly women and children, are victims of trafficking.

There are no official statistics on trafficking in women

maintained in Kazakhstan, but women's rights organizations and IOM point out the extent and gravity of this problem. According to data provided by the Ministry of Internal Affairs in 1999, 25 women were rendered assistance on their return from Greece, 21 of the women who were assisted returned from United Arab Emirates, 16 returned from Turkey, and three from Israel. In all cases of trafficking that IOM learned about, the victims were women of 18 to 25 years that were trafficked to other countries with the purpose to exploit them sexually⁴⁵.

The main reason for women to seek a job abroad was an intention to earn money for their families. Another reason was their wish to live in a country with a higher standard of living. The difficult economic situation, worsened by a cutback in vacancies, in transitional economies was the main factor that caused women to look for a job abroad. Women try to escape from poverty and earn money to provide for themselves and their families. With limited opportunities for full employment in their home country, they try to realize their aspirations elsewhere.

The lack of a developed social infrastructure for issues concerning labor migration, the oversight of recruitment, and marriage agencies should be recognized as main reasons influencing traffic in women. Lack of awareness of migration, labor, marital, and criminal laws of the

migration countries, lack of language competence, and ignorance of criteria concerning economic life in foreign countries further exacerbate the problem. Victims of trafficking usually find themselves abroad without visas or passports or with fake passports, which makes them illegal migrants. That causes them to avoid contact with law-enforcement authorities despite unlawful life and work conditions.

Kazakhstan is not only a country of trafficking to other countries but also a transit and destination country for trafficking in women. Further, trafficking in women from Kazakhstan is not limited to trafficking abroad. Women's non-governmental organizations have estimated that the size of internal traffic in women is bigger than that of trafficking women abroad.

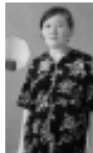
Kazakhstan has signed the UN Convention against transnational organized crime. At present, domestic procedures for its ratification are being carried out. Materials are under preparation for Kazakhstan's joining the Protocol of this convention for the prevention and suppression of human traffic, in particular of women and children, and for its punishment.

In Kazakhstan's legislation, the Criminal Code contains three articles concerning trafficking, and one article concerning trafficking in under-age children. The Criminal Code of Kazakhstan provides that those deceitfully recruiting people with the pur-

⁴³ *The Level of Public Awareness on Domestic Violence and Sexual Harassment at Workplace and its Reflection in the Media*. UNIFEM Regional Office for CIS Countries. Almaty, 2003. C.22.

⁴⁴ Article 3, UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, supplementing the United Nations Convention Against Transnational Organized Crime

⁴⁵ Cited from *www.women.kz Human Rights Report*. Department of State. Donna M. Hews, Rod Island University. *Shadow Market: Promoting Prosperity or Undermining Stability?* Journal of International Affairs. Spring 2000



pose to exploit them sexually or otherwise are criminally responsible. Eight-year imprisonment terms are given as a penalty for these crimes, and imprisonment of up to 15 years with or without confiscation of property is provided for trafficking. 8 crimes in 1999, 3 in 2000, 5 in 2001, 6 in 2003 and 14 in 2004 were registered in connection with the illegal recruitment of people for sexual or other exploitation. However, as there is no specific article defining "human trafficking" as a crime in Kazakhstan, the statistics of how many people get charged for "human trafficking" are hard to calculate. Estimation of how many women have been trafficked out of Kazakhstan is also difficult due to the fact that many existing stereotypes prevent victims of trafficking to publicize their experience. There are also issues of trust for law enforcement authorities

Article 270 of the Criminal Code of the Republic of Kazakhstan on responsibility for involving women in prostitution provides for imprisonment for a period of up to 3 years. The same action committed by an organized group is penalized by imprisonment for a period of up to 5 years. Pursuant to Article 125, abduction is penalized by imprisonment for a period of up to 7 years. If an organized group commits this action with the purpose of sexual or other exploitation, it is penalized by imprisonment for a period of up to 15 years with confiscation of property.

Although prostitution in Kazakhstan is not a penal action, neither is it legalized. Administrative responsibility for prostitution is provided in the Code of

Administrative Infractions of the Republic of Kazakhstan. Criminal responsibility is provided for involvement into prostitution by deceit or other illegal methods, procurement and maintenance of dens. The penalty varies from a fine to imprisonment for a period of up to 6 years, depending on the gravity of the crime.

A draft law on combating human trafficking is underway "On Amendments and Supplements to Some Legislative Acts of the Republic of Kazakhstan on Human Trafficking Counteraction". In this draft law a clear definition of the concept "human traffic", which is missing in the national legislation, will be given. This draft law provides for amendments and supplements to the Penal Code and Code of Administrative Offences. At present the Interdepartmental Committee on Human Traffic Prevention under the Government has been established and is in operation. The Government has approved a Plan of Action for combat, prevention, and preventive measures of human trafficking for 2004-2005.

Awareness-raising activities, in particular the Awareness Campaign on Prevention of Trafficking in Women, are systematically carried out to increase the efficiency of work aimed at the prevention of violence against women in society. 19 non-governmental organizations that organize the operation of hotlines across the country took part in this campaign. The awareness campaign proved useful; a big number of young girls and women after consultations and explanations refused to seek employment abroad. At the initial stage it is planned to gain maximum

awareness of the population about trafficking risks through mass media; activities of the agencies and firms that give announcements for employment abroad will be examined.

International Organisation of Migration (IOM) Almaty implements two counter-trafficking in persons projects: a national project in Kazakhstan (since 2001) and a regional project (since 2003). In the framework of these projects, IOM established nationwide NGO networks, which carry out dissemination activities and operate hotlines where persons interested in working abroad can receive free and confidential advice about the risks of human trafficking.

2.8 Conclusion

During the time of economic transition, women have been able to hold their own on the labour market. However, the quality of women's employment has deteriorated considerably, which is demonstrated by the high level of segregation by economic sectors as well as vertical segregation. Of particular concern is the disproportional prevalence of self-employed women compared to men, as self-employment often takes place in the informal sector with insufficient coverage by social security schemes. A deteriorating quality of women's employment is further demonstrated by growing gender disparities in remuneration. Growing disparities in the employment arena during the transition to a savings pension provision system may cause increased gender disparities in future pension provision.

Women in Kazakhstan have been effectively building their

human capital and advancing their general and professional education. Yet, women have difficulties applying their more advanced educational levels on the labour market. One of the causes of poor competitiveness of women in the labour market are the entitlements to most maternity benefits and allowance, which employers rather than the Government have been made liable to pay, and the collapse of an affordable preschool education system.

Given the prevailing patterns of educational enrolment with women mostly studying in traditional female areas, the professional education system can not be expected in the near term to have an impact on segregation in the employment arena or any consequent impact on gender disparities in remuneration. However, education is an important tool for the Government to use

to try to close the disparities between men and women in the labour market.

Gender disparity in health status presupposes the need to advance the status of men. The high mortality rate among men also negatively affects women whose socio-economic situation is partly determined by men's health. Despite actions taken over the recent years, the health status of women, particularly those of childbearing age, is deteriorating with increasing disease incidence among pregnant women. Although there is a downward trend in maternal mortality, it remains very high. There is a need for research into medical and population dimensions of reproductive health taking into account regional and environmental background and more intensive promotion of healthy lifestyle.

The involvement of women in decision-making processes is

low in Kazakhstan. This is applicable to all branches of power, including the legislature, the executive, and the judiciary. At the same time, vertical segregation is observed; i.e. the higher the posts are, the lower the proportion of women holding them. The reasons are traditional power relations, an underdeveloped tradition of women participating in political life, stereotypes, and a lack of financial resources needed for the electoral campaigns.

In order to prevent domestic violence, more awareness-raising activities are needed as well as special programmes to support the victims of domestic violence. Kazakhstan still lacks a comprehensive strategy to suppress the trafficking of women, and the prosecution and punishment of those involved in human trafficking remains limited.