

Overcoming a Taboo: Normalizing Sexuality Education in Kazakhstan

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On October 6, 2017, five days before the International Day of the Girl Child, yet another abandoned baby girl was found on the streets of Kazakhstan’s biggest city—Almaty.¹ In recent years, reports about newborns left on roadsides, in trash bins, and even in public toilets have become commonplace. Typically, these stories involve teenagers or young adults who became parents too early.

A nationwide survey shows that “64.6 percent of 15–19-year-olds first had sex during their school years, and 13.6 percent

before they turned 15.”² Over 10,000 teenage girls give birth in Kazakhstan each year.³ In 2016 alone, 4,254 babies were born to fifteen- and sixteen-year-old girls.⁴ These figures include only the registered cases, and do not even take into account unregistered births or abortions.

The problem can no longer be ignored. Kazakhstani youths are in serious need of education about sexuality and reproduction. A lack of literacy in this domain not only results in abandoned children, but also poses threats to the lives and health of teenage mothers, increases the rate of

sexually transmitted infections (STIs) among youth, leads to early marriages, and limits the economic prospects of teenage parents. Even if a young couple keeps the baby and gets married, both parents dramatically curtail their opportunities for a good education and their professional prospects. A teenage mother suffers the most—she is the one who cares for the child and can rarely go back to her studies. Sexuality education could help address these issues. Moreover, it promotes gender equality, thereby contributing to the overall sustainability of society.

The initial idea of this study was to analyze how, in the absence of formal sexuality education, young women in Kazakhstan and Kyrgyzstan create informal platforms on social media to support and educate each other about sexual and reproductive health. However, a closer investigation revealed that, unlike their Kyrgyzstani counterparts, Kazakhstani women rarely discuss their intimate problems online. I therefore decided to focus on the alternative sources of sexuality education available to Kazakhstani youth. My hypothesis is that the internet is the primary source of such information. If so, how can formal

institutions mimic the youth-friendly features of internet sources in their efforts to advance sexual and reproductive literacy? How can civil society contribute to raising awareness? To verify my hypothesis, I conducted an anonymous survey of Kazakhstani youth. Based on my findings, I developed recommendations for stakeholders to improve youth access to sexuality education.

Most developed countries include sexuality education in their school curricula. In Kazakhstan, sexuality education is not part of formal education, nor has the government taken any meaningful steps toward including it.⁵ Certain cultural, social, and political factors reinforce each other, resulting in policies that are not adequate to meet youths' needs. Multiple state programs on the nation's strategic development touch upon many important issues, but fail to pay proper attention to the sexual and reproductive health of young generations—the human capital of the country.

In the first part of this paper, I look at the background of the issue: the political, legal, and cultural context, and major initiatives undertaken by the state and international organizations relating to youths' access to sexuality education and associated healthcare services. In the second part, I analyze the findings of my anonymous survey and touch upon how other countries in the region deal with youth sexual activity. This is followed by conclusions and policy recommendations.

The Context

Political and Legal Background

A number of state programs and laws in Kazakhstan concern youth health. None of them, however, pays enough attention to sexual and reproductive health, nor stipulates any detailed actions regarding it. Back in 2001, the Concept of Moral and Sexual Education in the Republic of Kazakhstan was adopted, with the goal of implementing an effective policy in the sphere of youth reproductive and sexual health. The document acknowledged the major issues, which still exist today: growing rates of underage pregnancy and STIs, lack of awareness about maintaining sexual health, and, consequently, adults' lack of capacity to educate youth. The Concept called for age-appropriate education involving parents, state authorities, and non-governmental stakeholders. Yet no specific actions followed.

The Law of the Republic of Kazakhstan on Children's Rights, adopted in 2002, encouraged the development of a sexuality education course, but this was never acted upon. The 2004 Law on Reproductive Rights of Citizens and Guarantees of Their Implementation stipulated youths' reproductive rights, including sexuality education. The Law was scrapped in 2009 with no replacement. National healthcare development programs “Salamatty Kazakhstan 2011–2015” and “Densaulyk 2016–2020” both raised the issues of teenage pregnancies and youths' sexual illiteracy.

However, these programs did not go on to offer concrete strategies to address the problems: the former only mentioned STI prevention in the context of the penitentiary system, while the latter introduced a new notion—“development of reproductive culture”—but confined this to adults, simply recommending that youths become more active in sports.

Neither the Concept of the State Youth Policy Up to 2020 (from 2013) nor the Law on the State Youth Policy (from 2015) pays significant attention to the importance of youth sexual and reproductive literacy. The only document that potentially lays the basis for creation of sexuality education and its inclusion in the education system is the Concept of Family and Gender Policy in the Republic of Kazakhstan Up to 2030, adopted in December 2016. The Concept deserves credit for highlighting the importance of sexuality education in establishing gender equality.

Local governments sometimes prove to be more decisive in promoting access to sexuality education for young people. For instance, the local government of the Eastern Kazakhstan oblast supported the United Nations Fund for Population Activities in Kazakhstan (UNFPA) in implementing a pilot sexuality education course called “Valeology” in colleges (i.e. vocational schools), where students are 15–19 years old. Valeology has now successfully been launched in the colleges of two other oblasts. The completed

pilot project demonstrated that, despite the concerns of many, when provided with sexuality education rooted in the local cultural context, young people tend to postpone becoming sexually active rather than develop greater interest in sex. The initiative received great support from both students and their parents, many of whom “had no idea” how to discuss the topic with their teenage children.⁶

As the first project of this kind—and created from scratch—Valeology does have some flaws. Most of the role-playing focuses on teaching girls to navigate around the dangerous behavior of boys and men. While this is a useful skill, such an approach victimizes girls while simultaneously making them responsible for how males treat them. Moreover, it presupposes that boys are never pressured by girls or other boys. Instead, the course book could include scripts to help both girls and boys learn how to act under peer pressure; it has room for improvement.

With rare exceptions, Kazakhstan’s legislative body and executive authorities have been unable and/or unwilling to advance any genuine agenda on youth sexual and reproductive literacy. The reasons for this are numerous, but a major structural factor is a relatively conservative cultural environment.

Cultural Background

Once in a while, the need for sexuality education is raised in the Parliament and other

governmental structures. The initiators are promptly silenced by supporters of traditional views who argue that: (1) sexuality education can corrupt the “innocent” minds of teenagers and trigger their interest in sex; and (2) sexuality has never been part of social discourse in Kazakh culture.

When the need for sexuality education is brought up, opponents of the idea argue that it is up to parents to educate their children. The issue, though, is that the “sex talk” is taboo within families, too. Typical Kazakh parents are not comfortable discussing sex with their children. Another valid concern is whether all parents are conversant enough in sexual and reproductive health matters to educate their children about them. According to Asel Shanazarova, an Almaty-based specialist who counsels adults and children on sexual literacy, parents are very fearful of having to discuss sex with their children.⁷ Almost never do parents initiate the “hard talk” because they think it is time for children to learn about sex; typically, it happens because the child starts asking questions and becomes interested in her or his own body. Parents then seek a specialist to prepare them for the big talk. Those consultations reveal that for most parents, it is extremely hard even to name reproductive organs without using metaphors. This is how embarrassed they are about discussing sex. In other cases, they prefer to have the consultant talk to the child and not deal with the issue themselves thereafter.

On the whole, parents think they need to have the conversation only once, and they consider that such a conversation is appropriate after a child turns 12. However, this might be too late for a first discussion of sex. During a consultation with a group of 10–12-year-olds, Asel Shanazarova noted, “the children laughed when they were told that their parents thought they didn’t know anything about sex.”⁸

This example is from the largest and most advanced city in Kazakhstan and includes only Russian-speaking families, who are more exposed to discussions on sexual health. But the majority of teenage pregnancies happen in southern Kazakhstan—the most densely populated region, inhabited primarily by ethnic Kazakhs⁹ and Uzbeks,¹⁰ who supposedly keep to traditional family values more than do people in more urban or Russified regions.

While society is in denial of teenage sex, UNFPA’s surveys show that 37 percent of youth in rural areas and 26 percent of youth in urban areas are sexually active at the age of fifteen.¹¹ Kazakh-speaking youths are at a disadvantage compared to Russian-speakers because no credible, impartial information about ways to maintain sexual and reproductive health is available in Kazakh. Prior to the launch of Valeology in colleges, UNFPA tested college students in two cities in eastern Kazakhstan: Oskemen (the regional administrative center), where the prevailing language is Russian,

and Semey, where the Kazakh language is dominant. The initial level of awareness about sexual health issues was higher among Russian-speakers.¹²

The situation where predominantly Kazakh-speaking rural youth is highly sexually active¹³ but has no access to sexuality education is compounded by the culture of *uyat*. In the Kazakh language, *uyat* means “shame.” It is *uyat* for unmarried women to get pregnant, but it is also *uyat* to talk or ask about sex. The essence of the very complicated and changing notion of *uyat* was grasped by a human rights activist, Saule Mektepbayeva, who said, “In our society, *uyat* is not killing a baby but having a baby while unmarried. This is because our system of *uyat* is still constructed in medieval categories, when life was not an absolute and could be compensated for with a certain amount of cattle.”¹⁴ This combination of language and cultural factors likely results in a higher teenage pregnancy rate in rural areas of southern Kazakhstan.

Gender Beliefs

Shaming discourses directed toward girls and women are quite strong and seem to have a major influence on current policies. In case of a teenage pregnancy, the full weight of responsibility falls on the girl, who is blamed for being promiscuous, not a “proper” Kazakh girl, and badly brought-up by her parents. Examples of typical opinions in the comments section of reports

about abandoned newborns include: “Girls and women should be punished so they learn to be responsible”;¹⁵ “If a girl dressed properly...would boys look at her?”;¹⁶ “Girls are to be put under strict control... There is no other way! Moms, don’t sleep...puberty is the most dangerous age!”¹⁷

Aside from demonstrating paternalistic attitudes toward females and considering them solely responsible for rearing children, the commenters overlook the fact that it takes two to make a child. This is the result of what Cecilia L. Ridgeway and Shelley J. Correll call “hegemonic cultural beliefs about gender.”¹⁸ Men and boys should have equal responsibility, yet the majority of women actively support those beliefs about gender. As such, “gender inequality is recreated through everyday social relations.”¹⁹

Gender stereotypes are not only supported and circulated by ordinary citizens, but sometimes also inform local governments’ initiatives dealing with the spread of STIs and unwanted pregnancies. On October 24, 2017, the *akimat* of Astana City (i.e. the mayor’s office), together with the Office of Youth Policy of Astana, held a lecture at Nazarbayev University entitled “Moral Upbringing of Ladies.” The audience did not take the lecture well, as the speakers tried to convince the attendees that “[t]he main value of a woman of Kazakhstan is to bring her children up morally,” and if men commit sexual or domestic violence, it is the fault of women,

who raised violent sons.²⁰

Nazarbayev University is arguably the best in the country, with high academic standards inspired by Western experience and students mastering critical thinking. However, this lecture is just one of a series that will be put on there. Moreover, the government-supported lecturers will probably visit many other institutions, where young people might internalize their rather misogynistic ideas. As Rose Grace Grose, Shelly Grabe, and Danielle Kohfeldt emphasize, youths’ sexual identities form in accordance with “the context of gender-role stereotypes and sexual scripts youths receive from individuals and institutions within their culture.”²¹

Non-governmental and international organizations try to deal with gender-based discrimination and conduct awareness campaigns for women and girls. However, this one-sided approach is somewhat counter-productive, as it leaves men and boys out of the process of learning. Researchers find a positive correlation between youth access to sexuality education, “more progressive attitudes toward girls and women,” and “less agreement with hegemonic masculinity ideology.”²² Therefore, this research posits that providing youths of both sexes with access to comprehensive sexuality education will not only improve their sexual and reproductive health, but also (in the long term) promote gender equality.

Overall, Kazakhstani society

gravitates toward abstinence-based discourse, condemning sexual relationships before marriage. According to both experts²³ and ordinary citizens,²⁴ this sometimes leads to situations where drugstores refuse to sell contraception to teenagers. It is convenient to consider teenagers too young to have sex, since there is then no need to worry about those who do: they disobey societal norms and therefore deserve all the negative consequences that befall them. However, “the vast majority of rigorous empirical investigations fail to support abstinence-only programs’ ability to reduce unplanned pregnancy and STI contraction or to increase knowledge and accuracy of safer-sex practices.”²⁵

Youth-(Un)Friendly Centers and Clinics

Sexual and reproductive

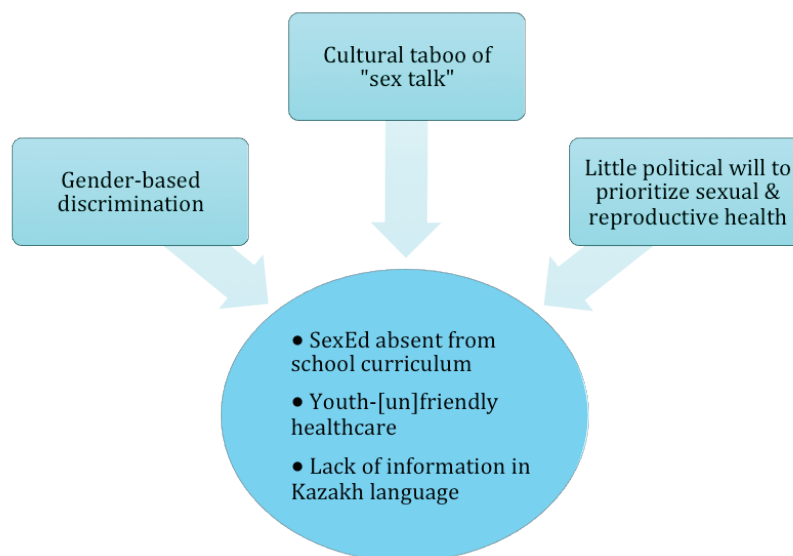
illiteracy is not a temporary state, characteristic of young people only. Sexually uneducated adolescents tend to turn into sexually uneducated adults. That is why Kazakhstanis are often not aware of STIs they have contracted or other sexual health issues they have. As a result, “around 16 percent of married couples suffer from infertility by the time they are ready to have children.”²⁶ The government sees the problem of deteriorating sexual and reproductive health mainly from the medical point of view—but attempts to address the problem through healthcare alone have not proved to be very successful.

Since 2001, a network of Youth Health Centers has been developing in Kazakhstan. There are currently 17 centers in major cities, as well as dozens of smaller clinics all over the country. The

idea behind these so-called youth-friendly institutions is to provide various kinds of healthcare services, including those related to sexual life, to young people, based on principles of accessibility and anonymity. On paper, they function very well: statistically, they have “helped” thousands of young people. However, the original mission of the centers has been sidelined over time, becoming little more than a formality.

According to experts, “the level [of qualification] of specialists at youth-friendly clinics is extremely low,” while “the standards that were developed for youth-friendly clinics are not maintained.”²⁷ Due to limited financial, infrastructural and human resources, the centers and clinics fail to provide quality services. There are no specialists qualified to deal with sensitive

Figure 1. Factors Contributing to the Sexual and Reproductive Illiteracy of Kazakhstani Youth



Source: Based on author’s research

teenage issues; the principles of privacy and anonymity are broken; and centers do not have separate entrances as they are supposed to. The result is a loss of trust on the part of teenagers.

Another problem is that, according to Kazakhstani law, a person can receive medical services without being accompanied by a parent only from the age of 18. This is a considerable obstacle for sexually active teenagers in seeking competent medical help. It is astonishing that at 14 a person can be prosecuted, at 16 he or she can get married, but to seek medical help independently a person has to be 18 years old.

What Is the Youths' Experience?

Survey Analysis

To get a first-hand picture of how youths navigate their sexual and reproductive health, in October–November 2017 I conducted an anonymous survey among young Kazakhstanis. The questionnaire contained 18 questions: 5 demographic questions and 13 multiple-choice questions with the option to leave comments. Fifty-seven respondents aged 15 to 30 participated in the survey. The majority of the respondents were university students or recent graduates from across the country. Twenty-three participants filled out the questionnaire in Kazakh, thirty-four in Russian. Gender-wise, 61 percent of respondents who preferred the Kazakh language were females and 39 percent were males, whereas the group which

preferred the Russian language included an equal number of females and males.²⁸ It is worth mentioning that the majority (15 out of 23) of the Kazakh-language respondents grew up in the south of Kazakhstan, while the Russian-language respondents represented all parts of the country, but primarily Almaty and Astana.

The key questions that the survey was designed to answer are:

- At what age do youth gain interest in information about sex and what sources do they use initially?
- What sources do they use now and why?
- What sources would they prefer if they had a choice?
- In what language is the information available?
- Are relevant healthcare services accessible to youth?
- Do youths consider sexual and reproductive literacy equally important for men and women?

The table below demonstrates how different or similar the responses of the Kazakh and Russian groups were. The sample does not claim to be representative of the whole youth population, but it does offer insight into the typical opinions and experiences of Kazakhstani youth.

Both groups of respondents say that it is easy to find information on sexual and reproductive health on the internet, but only if the search is in Russian, or even in English. This is indicative of the inferior position of Kazakh-speakers in terms of access to information

in the language they understand the best. In the southern regions of the country, where strict adherence to traditional values dominates society, adolescents are sexually active but do not know how to safeguard their sexual and reproductive health: firstly, because there are no sources in the Kazakh language; and secondly, because they are ashamed to ask for advice. One respondent commented: “There are no materials in the Kazakh language. I don’t know how to protect myself from diseases and this is not taught at school.”²⁹

Youths reported that they would seek sexual and reproductive medical services if the need arose. However, many respondents in both groups would prefer to go to private clinics if they could afford it, as they do not trust the qualifications and professionalism of specialists in state and student clinics. As for the youth-friendly clinics, respondents did not seem to know about them at all. The Kazakh questionnaire also revealed that young women feel embarrassed about using—or even looking for—such services.

One of the Kazakh-speaking respondents suggested that when it comes to sexuality education, “despite our wishes, schools, universities, parents will not give the right result. Children will feel discomfort in front of parents. Schoolteachers cannot respond to requests properly and children may think that their questions are stupid and feel shy about asking them.”³⁰

Table 1. Kazakh- and Russian-Speaking Youths' Experience Accessing Information and Services on Sexual and Reproductive Health

	Kazakh Group	Russian Group
Searched information on sex for the first time at	11 years old	12 years old
Initially received information on sex from	<ul style="list-style-type: none"> • Friends • Internet • School 	<ul style="list-style-type: none"> • Internet • School • Friends
Sources used now	<ul style="list-style-type: none"> • Internet • Private clinics • Friends 	<ul style="list-style-type: none"> • Internet • Private clinics • Friends/Family
Why internet?	<ul style="list-style-type: none"> • Non-embarrassing environment • Quick reply • Anonymity 	<ul style="list-style-type: none"> • Quick reply • Learn peers' experience • Anonymity
Who should educate youth on sexual and reproductive health?	<ul style="list-style-type: none"> • Parents • School • University and other educational institutions 	<ul style="list-style-type: none"> • Parents/School • University and other educational institutions • Student clinics
In what language is information more available?	Russian	
Importance of sexual and reproductive literacy for both sexes	83 percent of respondents agreed on importance of awareness for both sexes; 17 percent (3 males, 1 female) disagreed with the statement.	100 percent of respondents agreed that it is important to for both men and women to be literate in sexual and reproductive health issues.

Source: Based on author's research

When asked whose role it is to bring awareness to youth, 74 percent of Kazakh-speaking respondents said parents. However, only one of those 23 individuals actually received initial information from a parent. In both groups, parents were rarely the ones who addressed youths' first questions about sex. Later in life, too, youths rarely turn to parents for advice. The fear of embarrassment or *uyat* causes situations where both parents and children avoid discussing the highly sensitive topic of sex.

Avoiding embarrassment is also at the root of young Kazakh-speaking women's reluctance to seek professional medical services.

Thus, the internet remains the prime source of information for the vast majority of respondents. For both the Kazakh- and the Russian-speaking groups, the top three reasons to prefer the internet included "quick replies to requests" and "anonymity." However, a non-embarrassing experience ranked first for the

Kazakh group.

Though the internet is the most popular means of getting information, only four people out of 34 in the Russian group questioned the accuracy of information found in web sources. Meanwhile, only one person in the Kazakh group showed concern about this and expressed the need for web sources with verified information in the Kazakh language. This level of trust in online sources is somewhat disturbing, especially considering

that half the respondents in both groups encountered some form of pornography while searching for information.

International and Regional Experience

The problem of youth sexual and reproductive illiteracy is not unique to Kazakhstan. Both international (Estonia, Germany, Sweden, etc.) and local³¹ experience shows that comprehensive sexuality education, incorporated into the school curriculum, empowers teenagers to make informed decisions and encourages them to postpone sexual activity. Owing to this approach, “teenage pregnancies in Germany have dropped by half within the last 10 years, from 15,000 in 2004 to 7,500 in 2013.”³²

In Russia—the largest neighboring country, which has shaped Kazakhstan’s education system and probably had the most substantial cultural influence overall—the problem of sexual illiteracy is also quite acute. Sexuality is not covered by the school curriculum and the approach to youth sexuality is conservative. With a million abortions annually (one of the highest rates in Europe) and a human immunodeficiency virus (HIV) epidemic, Russia sees widespread myths about sex and contraception.³³ Traditionalism and religiosity are on the rise and discussing sex is taboo in one-third of Russian families. Recent political trends contribute to a strong backlash against Western culture and resistance to revision

of gender roles. In general, Russian society is opposed to educating youth about sexuality, despite various initiatives and even political and financial support by the government several years ago.³⁴ However, civil society and activists keep pushing the issue. A great example is a project to produce a sexuality education textbook for youth. The author is a popular sex blogger who is crowdfunding the book, which will be reviewed and edited by experts in sexual and reproductive health.³⁵

Turkey is regarded by Kazakhstan as a “big brother” in the Turkic world, and it makes sense for the Kazakhstani authorities to look at Turkey’s experience. Turkey is a Muslim-majority country, where a large segment of the population is inclined toward conservative attitudes and traditional gender roles. Social discourses on sex mirror those of many other conservative societies: the topic is taboo. Sexuality education is not included in the formal curriculum because “families worry about the risk of premature sexual experience if their children are provided with sex education.”³⁶ The argument for not educating girls about sex is very similar to *uyat*, the Kazakhstani culture of shaming: “female virginity before marriage is, in many cases, tied to the concept of family honor,”³⁷ and if a girl is not going to have sex before marriage, “it [sexuality education] is not relevant to school.”³⁸

Despite—and perhaps because of—these social norms, Turkey seems to face the classic issues of

sexual and reproductive illiteracy among its young population: high rates of teenage pregnancy,³⁹ damage to girls’ health in the long term, increasing levels of STI infection, etc. Youth from less well-off families and those residing in rural areas are more at risk due to their limited access to internet sources of information on sexual health.⁴⁰ On a more positive note, since 2012 sexuality education has gradually been introduced to higher education institutions.⁴¹

Looking at Central Asia is somewhat discouraging. Though not at their peaks since gaining independence from the Soviet Union, teenage pregnancy rates remain rather high. In the fall of 2017, female high school students in the Samarkand oblast of Uzbekistan were obliged to go through medical checks to confirm their virginity.⁴² In this way, the authorities intended “to prevent suicides among young girls who, with a loss of virginity or with pregnancy, would decide to commit suicide to avoid shame.”⁴³ In Tajikistan, it is standard practice for brides to get gynecological checks before their weddings to prove their virginity.⁴⁴ Otherwise, they might be rejected by the groom’s family. Turkmenistan does not share much information with the outside world. Nonetheless, according to Aynabat Yaylymova, the founder and an administrator of a website that provides advice on healthcare in the Turkmen language (www.saglyk.info), reproductive and sexual illiteracy is quite an issue in a very strict, traditional society,

since this means that bringing up sexuality in conversations is not acceptable.⁴⁵

Kyrgyzstan is sadly known for its obsolete but still widespread practice of “bride kidnapping,” essentially kidnapping a young woman or girl, at times as young as fifteen, with the goal of marriage or rape. Often, “the groom will rape his kidnapped bride to prevent her from returning to her family due to shame.”⁴⁶ However, a positive initiative recently took place in the country: in November 2017, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and United Nations Educational, Scientific and Cultural Organization (UNESCO) opened a youth online portal, www.teens.kg. This Russian-language platform hosts various materials for adolescents on sexuality, relationships, health, and other issues that concern them. This resource should play a very important role in raising awareness and promoting youth sexual literacy.

Conclusions

Implementation of youth sexuality education has always been an ambivalent, complex issue, as is the problem that it seeks to tackle. Sexual and reproductive health is the cornerstone of a sustainable society. Like many other developing countries, Kazakhstan is taking time to realize the urgency of tackling the population’s sexual and reproductive illiteracy.

Whether adults admit it or not, youths start having sex in their

early teen years. Youth sexual and reproductive illiteracy leads to many social problems: teenage pregnancies and abortions, abandoned newborns, early marriages, etc. Despite Kazakhstan’s aspirations to enter the top 30 most developed countries of the world, unlike most developed countries, it has not implemented sexuality education as part of the formal school curriculum, nor has it taken consistent steps toward such a measure.

Instead, the society tries to regulate sexuality using abstinence-only discourse and the institution of shaming, which international experience (supported by scholarly works) has proved to be ineffective in addressing the problems mentioned above. Opponents of youth sexuality education hold parents responsible for making their children aware of sexual and reproductive issues. The problem is that discussions about sex between parents and children are not part of social norms, and most parents are not competent to deliver the necessary information. Meanwhile, comprehensive sexuality education that covers a variety of topics—including human development, relationships, decision-making, etc.—is effective at improving youths’ sexual and reproductive health. Moreover, it also advances gender equality.

In the anonymous survey, Kazakhstani youth—even those who were not yet sexually active—expressed an interest in increased sexual and reproductive literacy,

which they deem equally important for both males and females. In the absence of formal sexuality education, the internet has become a major source of information for youths. Internet resources are easily accessible and provide replies to specific questions promptly and in non-embarrassing anonymous environments. The downsides are that online platforms do not always provide reliable information, there is a lack of local Kazakhstani sources, and information in the Kazakh language is non-existent.

The situation was summed up by a 17-year-old female survey respondent, who said of the accessibility of information on sexual and reproductive health to youth: “This type of information is not widely and easily accessible, because this topic is taboo. If you do not intentionally search for the information, I noticed that no one would explain about health and protection. Adults look down upon it and pretend that it [the problem] doesn’t exist.”⁴⁷

Recommendations

The bottom-line recommendation of this research is to make comprehensive sexuality education for youth legally required and introduce it into the formal education system in Kazakhstan. Sexuality educators could be trained through the Bolashak scholarship program. Aside from considerable financial investment, the introduction of sexuality education will require consistent collaboration

between (and the dedication of) the Ministry of Education and Science, the Ministry of Healthcare, international organizations, and civil society. While this is a long, challenging process, smaller steps can be taken to prepare the ground. These steps are outlined in the recommendations below.

For the state and healthcare authorities:

- Enforce the standards of youth-friendly clinics more strictly
- Train medical personnel on the importance of patient confidentiality
- Reduce the age of informed consent for medical services for youth from 18 to 16
- Open accounts on social media to be more accessible by youths

For social activists and non-governmental organizations:

- Create local online platforms on youth sexual education based on the principles of accessibility, positivity, trust, and a scientific approach. These should be in Russian, Kazakh, and potentially other languages (e.g. Uzbek).
- Conduct awareness campaigns for parents, religious communities and society more broadly about sexual and reproductive literacy
- Make contraceptives more accessible to youth; monitor drugstores and ensure that they not decline to sell contraceptives

to people under 18

- Establish a free hotline on sexual and reproductive health issues. Besides educating people, it will help collect demographic data (age, region, gaps in knowledge, social status, etc.) that will inform the policies of educational and healthcare authorities going forward.

Notes

¹“V Almaty v kustakh nashli novorozhdennogo mladentsa,” *Zakon.kz*, October 6, 2017, accessed November 20, 2017, <https://www.zakon.kz/4881835-almatinka-brosil-novorozhdennogo.html>.

² S. Tanirbergenov and G. Abuova, “Situational Analysis: Reproductive Health of the Population in Kazakhstan (2008-2014),” *United Nations Fund for Population Activities*, p. 54.

³ “10,000 Teen Girls Have Children Every Year in Kazakhstan,” *TengriNews*, July 20, 2012, accessed September 27, 2017, <https://en.tengrinews.kz/health/10000-teen-girls-have-children-every-year-in-Kazakhstan-11443/>.

⁴“Assiia Khairullina: Pogovorite s dochkoi po dusham,” *Time.kz*, November 22, 2017, accessed November 25, 2017, <http://www.time.kz/blogs/hocu-skazat/2017/11/22/asija-hajrullina-pogovorite-s-dochkoj-po-dusham>.

⁵ Karlygash Kabatova and Sergey Marinin, “Polovoe prosveshenie v sisteme shko’lnogo obrazovaniia Respubliki Kazakhstan: Uchit’

nelzia, molchat?” (2018)

⁶ Raimbek Sissemaliyev, personal interview with the author, April 13, 2017 (translation from Russian to English by the author).

⁷ Asel Shanazarova, personal interview with the author, November 20, 2017 (translation from Russian to English by the author).

⁸ *Ibid.*

⁹ “Kak izmenilas’ etnicheskaiia karta Kazahstana za 25 let,” *Vlast.kz*, October 17, 2016, accessed November 7, 2017, <https://vlast.kz/obsshestvo/19747-kak-izmenilas-etniceskaa-karta-kazahstana-za-25-let.html>.

¹⁰ Ramziya Yunusova, “Kak zhivetsa uzbekam v Kazakhstane?” *Central Asia Monitor*, February 20, 2015, accessed November 7, 2017, <https://camonitor.kz/15295-kak-zhivetsya-uzbekam-v-kazahstane.html>

¹¹ Galina Grebennikova, personal interview with the author, April 15, 2017 (translation from Russian to English by the author).

¹² Raimbek Sissemaliyev, personal interview with the author, April 13, 2017 (translation from Russian to English by the author).

¹³ “V Iuzhnom Kazakhstane kazhdyi god beremeniut 900 shkol’nits,” *Nur.kz*, May 18, 2017, accessed October 1, 2017, <https://www.nur.kz/1122500-v-yuzhnom-kazahstane-kazhdyy-god-beremen.html>.

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