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DEMOGRAPHIC DEVELOPMENT OF KAZAKHSTAN: POST-SOVIET TRANSFORMATIONS AND CONTEMPORARY TRENDS

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Abstract

This article examines the demographic development of the Republic of Kazakhstan in the post-Soviet period and current trends in population reproduction. Changes in population size, ethnic structure, fertility, mortality, marriage, and divorce rates are analyzed. Particular attention is paid to the influence of socioeconomic factors, urbanization, and migration processes on the country's demographic dynamics. A conclusion is drawn about the transformative nature of demographic processes and the need to improve state demographic policy.

Keywords: *demography, Republic of Kazakhstan, population size, fertility, mortality, marriage, divorce, migration, urbanization, demographic policy*

Introduction

Demographic development is a crucial indicator of the socioeconomic state of society and a key factor in the sustainable development of the state. Since its independence, the Republic of Kazakhstan has faced large-scale demographic transformations caused by the transition to a market economy, migration processes, and changes in the social structure of society. Relevance of the Study

The relevance of the study is determined by the need to analyze contemporary demographic processes in the context of global and regional challenges. Population change, aging, the transformation of the family, rising divorce rates, and migration mobility significantly impact state social policy. In this context, the importance of scientific understanding of demographic trends and the development of effective management decisions is growing.

Purpose of the Study

The purpose of the study is to identify the main trends in the demographic development of the Republic of Kazakhstan in the post-Soviet period and today, as well as to analyze the factors influencing demographic processes.

Research Materials and Methods

The study utilized the following:

– Statistical data from the Bureau of National Statistics of the Republic of Kazakhstan;

– Population census data;

– Research papers by domestic and international researchers in the field of demography.

Research methods include:

– Statistical analysis;
– Comparative method;
– Systems approach;
– Demographic analysis of fertility, mortality, and migration indicators.

The main feature of the demographic development of the Republic of Kazakhstan under sovereignty is the dynamic change in absolute population size. Thus, up until 1993, this indicator was increasing: the average annual growth rate from 1989 to 1992 was 0.7%. Then, the republic's population began to decline, with an average annual decline of 0.9% until 1999. In subsequent years, the rate of population decline sharply slowed, and in 2002, an increase was recorded for the first time, with a continuing positive trend.

Between 1989 and 1999, Kazakhstan's population decreased by 1,246,028 people (by 7.7%) and amounted to 14,953,126 people. An absolute decrease occurred in all regions, except for Atyrau, South Kazakhstan and Kyzylorda, the cities of Astana and Almaty, where the permanent population increased by 15,578 people (by 3.6%); 154,811 people (by 8.4%); 21,751 people (by 3.8%); 38,072 people (by 13.4%); 57,429 people (by 5.4%), respectively. A significant decrease in the permanent population is noted in Karaganda (by 335,230 people, or by 19.1%); East Kazakhstan (by 236,201 people, or by 13.4%); Akmola (by 228,135 people, or 21.5%), Kostanay (by 206,115 people, or 16.7%), North Kazakhstan (by 186,085 people, or 20.4%); Pavlodar (by 135,330 people, or 14.5%) regions.

From 1999 to January 1, 2006, the population increased by 266,200 people due to increases in South Kazakhstan, Almaty, Mangistau, Atyrau, Kyzylorda, and Zhambyl regions, where the absolute growth was 255,300, 45,300, 59,800, 32,200, 22,000, and 12,300 people, respectively. In the cities of Astana and Almaty, the positive dynamics of this indicator amounted to 550.4 thousand and 118.6 thousand people, respectively. **The country's population as of July 1, 2006, according to current data from the Agency of the Republic of Kazakhstan on Statistics, was 15,219.3 thousand people.**

The ethnic structure of Kazakhstan's population is distinguished by its great diversity, which is a consequence of the republic's historical development. For example, during the Soviet period alone, numerous migrations to Kazakhstan from all republics were noted, including deportations and forced displacements, organized recruitment drives for the construction of industrial giants, the relocation of enterprises and labor, the evacuation of enormous human resources during the Great Patriotic War, labor migrations during the Virgin Lands Era, and so on. This led to a steady decline in the indigenous population and a significant increase in the non-indigenous, primarily European, and especially Russian, population. **During the years of independence, tens of thousands of migrants have flown from Kazakhstan to CIS countries and beyond, resulting in a decline in the number and proportion of European peoples in the republic's ethnic composition.**

Currently, over 130 nationalities reside in Kazakhstan. The dominant nationalities in the republic are Kazakhs and Russians, who comprise 85% of Kazakhstan's ethnic composition. The trend of increasing absolute numbers of the former and their share of the republic's population, while decreasing these figures for the latter, which began in the late 1970s, continues.

The number of Kazakhs increased by 1,488,000 during the 1989–1999 intercensal decade, reaching 53.4% of the population in 1999, up from 40.1% in 1989. In 2005, the number of Kazakhs increased again to 8,725,000, or by 740,000, and their share reached 57.9%.

The highest share of the indigenous population is found in Kyzylorda (95.3%), Atyrau (90.6%), Mangistau (83.5%), and Aktobe (75.8%) regions. The lowest share is found in North Kazakhstan (31.9%), Kostanay (33.9%), Akmola (42.1%), and Karaganda (41.4%) regions. These same regions are predominantly populated by Russians and other nationalities.

Traditionally, Kazakhs have mostly resided in rural areas. Over the years of independence, they have been significantly subject to urbanization processes. Thus, while in 1989 the proportion of Kazakhs living in cities was 38.3%, and in 1999, 45.3%. By the beginning of 2005, almost

every second Kazakh in the republic lived in cities and other urban settlements.

The number of Russians and their share in the republic's population continues to decline. Thus, between 1989 and 1999, the absolute figure decreased by 1,582,000 people, and their share in the population fell to 30.0%, compared to 37.4% in 1989. In 2005, their numbers decreased by another 456,000 people, and their share in the population fell by 1,582,000. The share of Ukrainians, Tatars, Germans, and Belarusians, as well as their relative weight in the region's ethnic composition, continues to decline. The number and relative weight of Uzbeks, Uyghurs, Azerbaijanis, and Turks is increasing.

Marriage Rate. In the 1990s, there was a sharp decline in the crude marriage rate (the number of marriages per 1,000 inhabitants): in 1987–9.8; 1991–9.8; in 1993–8.6; 1996–6.6; 1997–6.5; 1998–6.4; 1999–5.8. The number of people who have never been married has increased significantly. **Thus, according to the 1999 census, 33.3% of women aged 18–39, or every third woman of prime childbearing age, were unmarried.**

In recent years, the marital status of the population has improved somewhat. The overall marriage rate has shown an upward trend: in 2000–6.1; in 2001–6.3; in 2002–6.7; in 2003–7.4; in 2004–7.6; in 2005–8.1 per thousand. The marriage rate is higher in urban areas than in rural areas.

The highest divorce rate (over 60%) is recorded among men aged 25–39 and women aged 20–34, i.e. Divorces occur during the prime reproductive years of both sexes, which affects the birth rate and contributes to a decline in natural population growth. Urban residents are more likely to divorce. Moreover, the divorce rate in childless families with one child is significantly higher than in families with two or more children. Almost a quarter (23.8%) of divorces occur in marriages that lasted less than five years; half of divorces occur in couples who were married for five to 14 years. This means that children are raised in so-called single-parent families, usually with their mother.

The situation today

Figure 1. *Balancing professional and family responsibilities*

Fertility. From the late 1980s to the 1990s, the birth rate in Kazakhstan fell rapidly: between 1988 and 1995, the fertility rate (births per 1,000 population) fell from 24.8 to 17.5 per thousand, or by 7.3 percentage points.

Until the second half of the 1990s, the decline in the birth rate among the Kazakh

population was not clearly evident. **Thus, from 1992 to 1994, despite a decline in the overall rate, the birth rate among Kazakhs fluctuated around 200,000 in absolute terms.** At the same time, an increase in the birth rate was observed in rural areas of several southern, western, and eastern regions. However, by the mid-1990s, the number of children of third and higher birth orders in Kazakh families declined: from 68.4 thousand in 1991 to 64.3 thousand in 1993. The average fertility rate for Kazakh women during these years was 3.1. A decline in fertility also became characteristic of residents of Southern Kazakhstan**. For example, in the Turkestan region, the average fertility rate for Kazakhs ranged from 3.2 to 3.6 children per woman.** Thus, Kazakhs are rapidly moving away from having many children to having only a few. Nevertheless, a relatively high fertility rate (20.4 births per 1,000 people) remains among the Kazakh population, which accounted for almost two-thirds of all births in Kazakhstan during these years.

The fertility rate for women of Russian and Ukrainian descent was much lower than that of Kazakh women, at 1.7, which corresponded to the fertility rate of Russians and Ukrainians in the Russian Federation and Ukraine.

Experts estimate that a woman should bear 5–6 children, but intervals, good health, and adequate living conditions are essential. The health index of our women does not exceed 15%, meaning that no more than 15 out of every 100 women can give birth without problems. Almost 65% suffer from anemia, and 25% have kidney problems. These factors are exacerbated in rural areas.

Mortality and life expectancy. **During the final decades of the USSR, it was characterized by unfavorable mortality trends.** Some decline occurred in the second half of the 1980s (during the anti-alcohol campaign), but mortality rates subsequently began to increase again, in all independent states that emerged after the collapse of the USSR.

The rise in mortality in the 1990s is one of the main demographic problems for most countries transitioning to a market economy. The situation has worsened most sharply in CIS countries such as Russia, Belarus, and Ukraine, where the mortality rate has exceeded the birth rate by 1.9, 6.1, and 4.7 percentage points, respectively.

The mortality rate is characterized by a high proportion of the working-age population. Thus, over one-third of all registered deaths in 1999 occurred among the working-age population, and in this age group, male mortality exceeds female mortality by 3.6 times.

Circulatory diseases have consistently ranked first among the causes of death, accounting for more than half of all deaths, with over 60% of these deaths occurring among women. Accidents, poisoning, and injuries consistently rank second, accounting for 14.5% of all deaths, and are twice as common among men as among women. The next causes, in order of decreasing rate, are neoplasms (12.2%), diseases of the digestive system (4.7%), infectious and parasitic diseases.

Mortality rates are aggravated by a fairly high infant mortality rate. It should be noted that infant mortality trends in all the former Soviet republics were already unfavorable in the 1960s-1980s. Since the first half of the 1990s, this trend has become more evident in Kazakhstan. Thus, in 1993, the infant mortality rate increased by 8.8% compared to 1992 and amounted to 28.4 per thousand, i.e., 28 out of every thousand newborns died in the first year of life. The dynamics of this indicator in subsequent years is characterized by a decrease. Thus, the average infant mortality rate in 1994 was 27.2 per 1000 births, in 1995–27.3, in 1996–24.8; in 1997–24.9; In 1999–20.4; in 2000–18.8; in 2001–19.1; in 2002–17.0; in 2003–15.6; in 2004–14.5; in 2005–15.1.

Approximately every second infant mortality is due to respiratory diseases and conditions arising in the perinatal period (from 28 weeks of pregnancy, including childbirth and the first seven days of the child's life). Experts believe the primary causes of these diseases are unfavorable environmental conditions and insufficient or complete absence of medical care in both the prenatal and postnatal periods in rural areas.

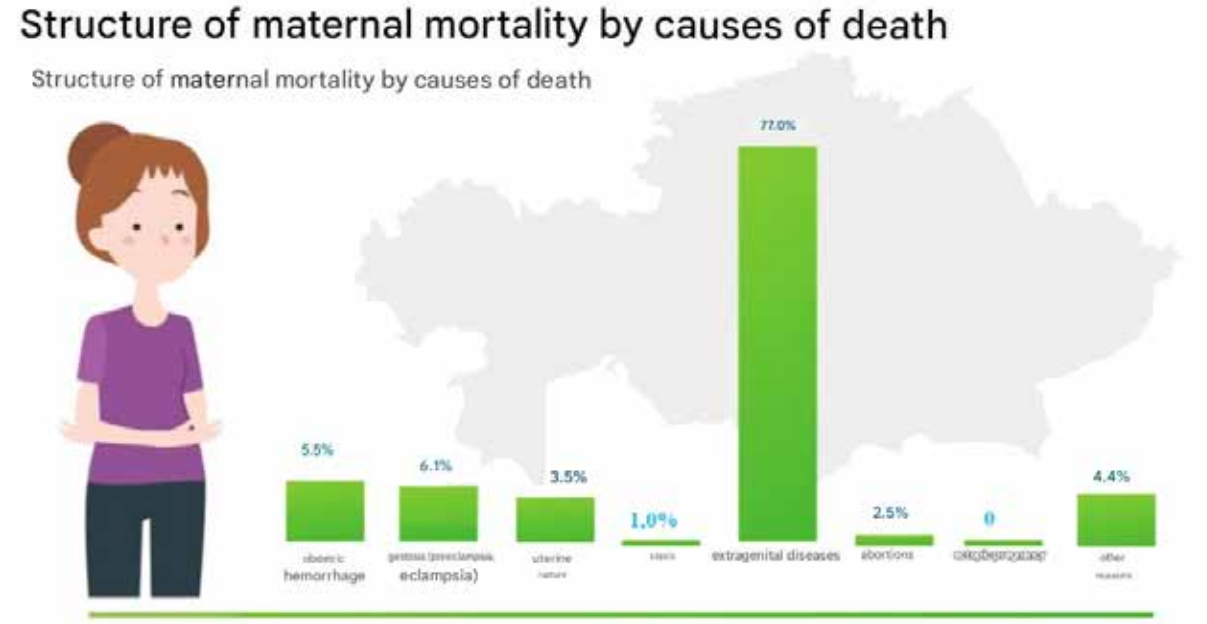
Overall, one of the most common causes of child mortality is acute respiratory infections. In particular, they account for 4 out of 15 deaths among children under 5

years of age annually. Experts compare some aspects of this indicator with those in African countries. It is one of the symptoms of poor health and poor healthcare.

The causes of child mortality are also characteristic of maternal mortality. In the 1990s, an increase was also observed: in the North Kazakhstan region, it doubled, and in the Zhezkazgan region, it tripled. The number of women with anemia, kidney disease, and cardiovascular disease is growing, which is associated with the unsatisfactory socioeconomic status of significant segments of the population, the high number of abortions, the lack or absence of qualified care, and the reduction in preventive measures for a number of diseases. The dynamics of age-specific mortality rates for women (the number of deaths per 1,000 people in the corresponding age group) from 1994 to 1997 showed a tendency to increase in most age groups from 15 to 69 years. Mortality rates among women aged 30–34 and 35–39 increased particularly during this period (by 24.4% and 15.9%, respectively). Mortality among women aged 15–19 increased by 10.4%, likely due to the rise in abortions (in terms of the number of abortions per 1,000 women, this age group ranks second after women aged 20–34).

The situation today

Figure 2. *Health protection*



In 2004, life expectancy at birth in the republic averaged 66.2 years. Although this figure has increased, gender disparities, as well as those between urban and rural populations, have deepened. In 1999, the average life expectancy for men was 60.6 years and for women 70.8 years. In 2004, it was 60.8 years for men and 72.0 years for women. In 1999, the average life expectancy for men in rural areas was 62.6 years and 59.3 years in urban areas. In 2004, these figures were 63.2 years and 59 years, respectively.

The average life expectancy of Kazakhs is lower than that of Russians. This is explained by the unfavorable socio-economic situation in rural areas, where Kazakhs constitute the majority, especially in regions located in ecological disaster zones, and the peculiarities of their traditional way of life in these conditions.

It is also interesting to note that the average life expectancy in countries such as Japan is 76.1; Iceland – 75.7; Costa Rica – 75.6; Andorra – 75.3; Hong Kong and Israel – 75.1; Australia – 75; Sweden – 74.8; Spain and Greece – 74.6; Great Britain – 73.2 years.

Population health and the state of the healthcare system. The state of the population's health is an indicator of the social well-being of a society. Thus, the primary incidence of all diseases in the adult population (based on requests for medical care) on

average in the republic decreased slightly in the late 1990s. Changes in the overall incidence were primarily due to fluctuations in the number of requests for respiratory diseases, which is due to the intensity of influenza in the population.

Demographic characteristics

Figure 3. *Number of children by gender and age*

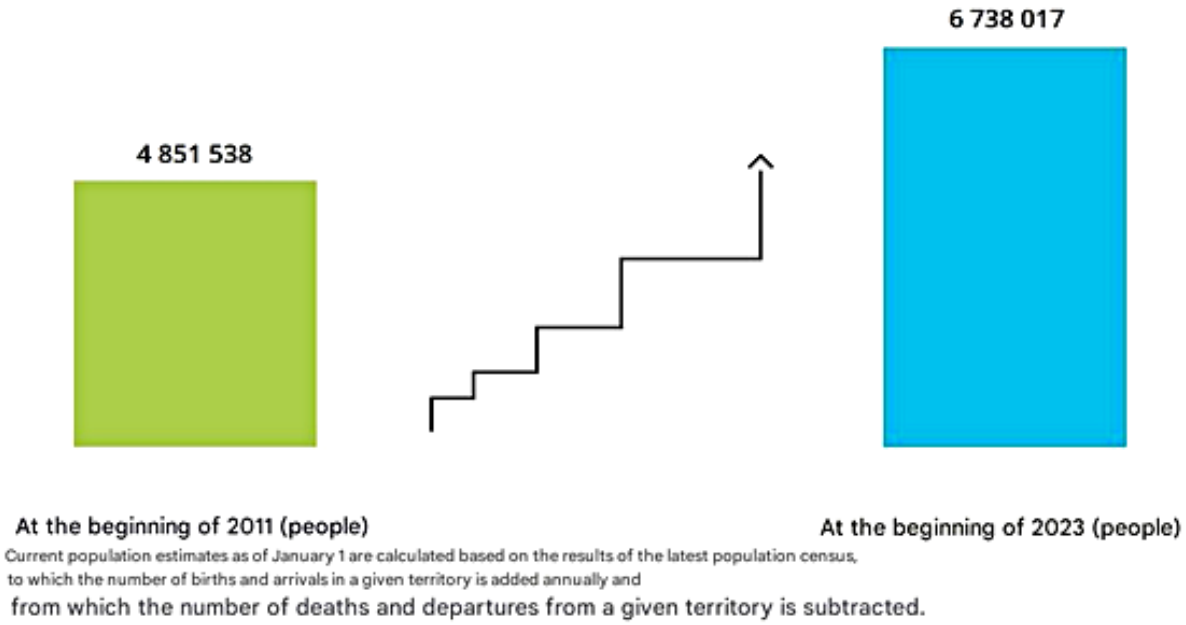
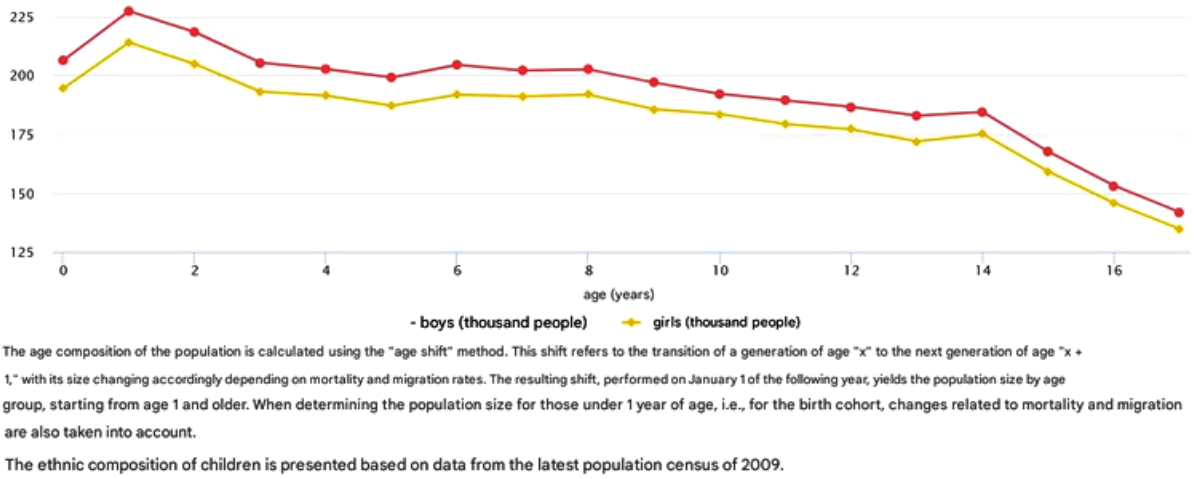


Figure 4. *Age and sex structure of the population of the beginning of 2023*



Current population estimates as of January 1 are calculated based on the results of the most recent census, to which the number of births and new arrivals to a given territory is added annually, and from which the number of deaths and departures from the territory is subtracted. The age composition of the population is calculated using the “age shift” method. This shift refers to the transition of a generation of age “x” to the next generation of age “x + 1,” with its size changing accordingly depending on mortality and migration rates. The result of this shift, performed on January 1 of the following year, is the population size by single-year age groups, starting from age 1 and older. When determining the population size for those under 1 year of age, i.e., for the generation of births, changes related to mortality and migration are also taken into account.

The ethnic composition of children is presented based on data from the most recent 2021 population census.

Figure 5. *Demographic Dependency Ratio*

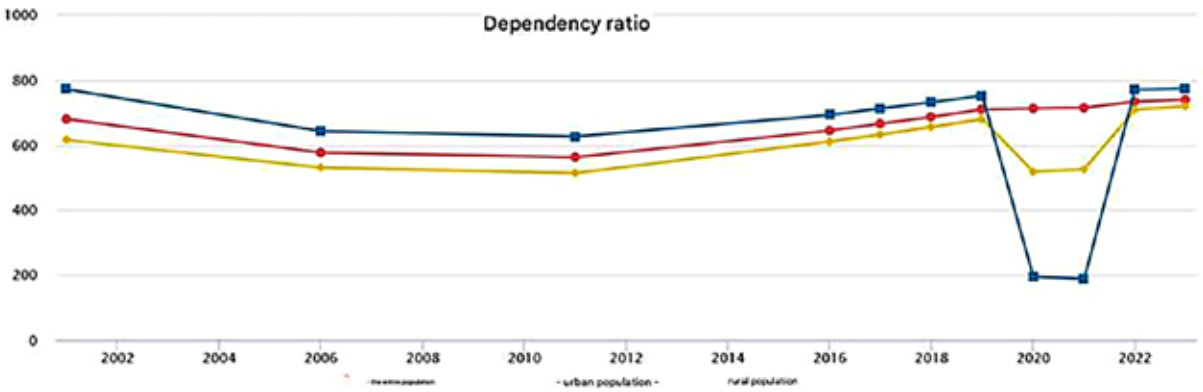


Figure 6. *Demographic dependency ratio at the beginning of 2023*

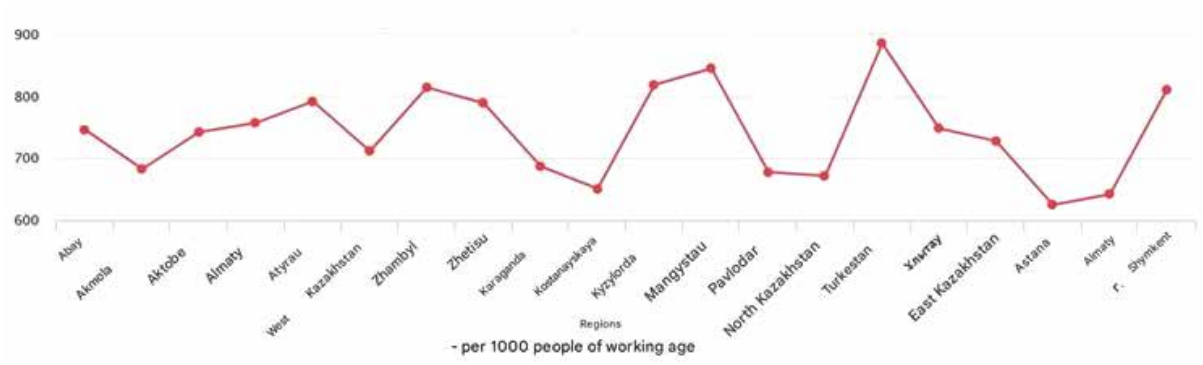


Figure 7. *National composition of children*

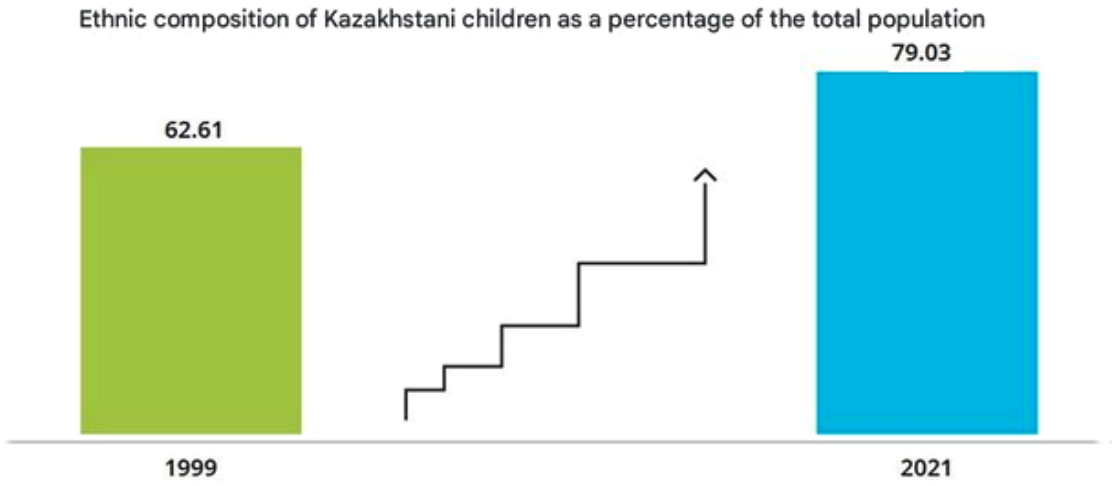


Figure 8. *Ethnic composition of children in 2021*

Figure 9. *Total fertility rate per 1000 people*

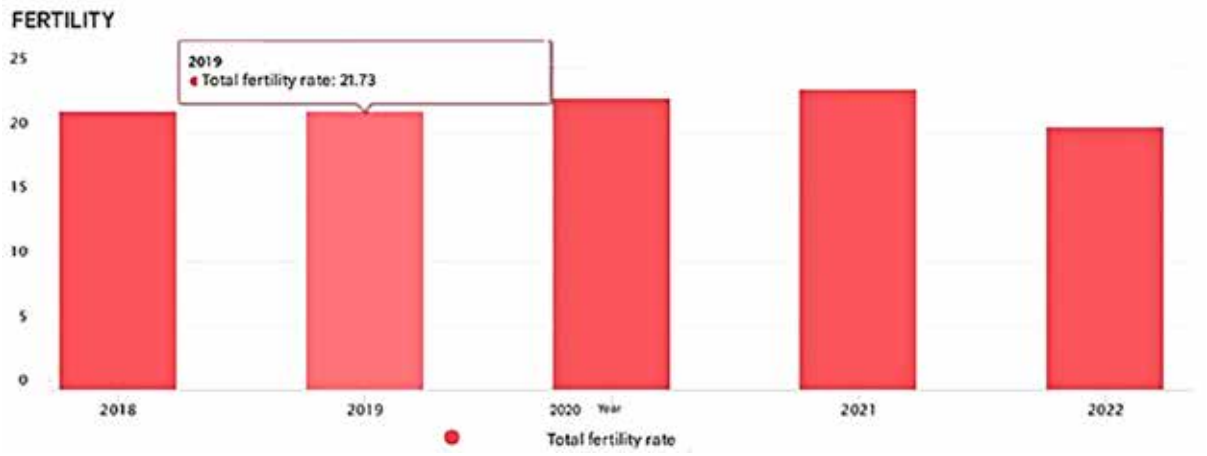
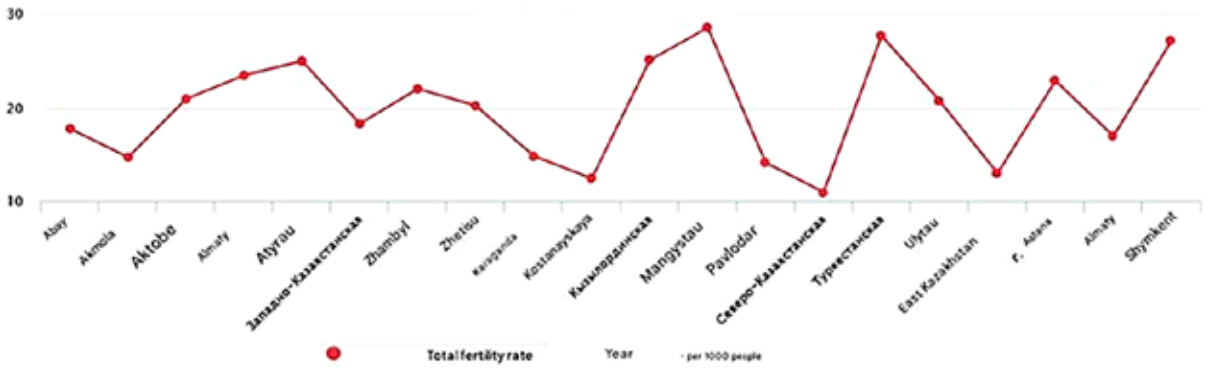


Figure 10. *General fertility rates*

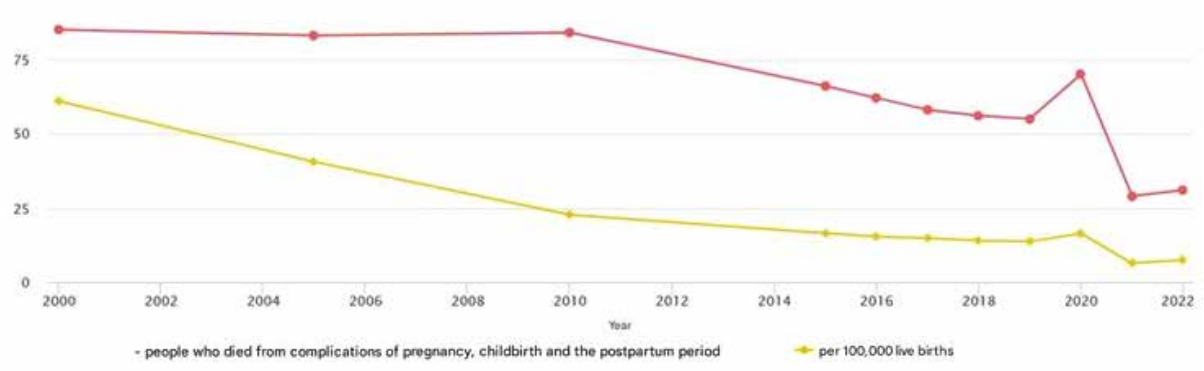


Birth data are based on the annual statistical analysis of data contained in civil birth records. The number of births includes only live births.

Birth of a child (live birth) – in Kazakhstan, the definitions of "live birth" and "stillbirth" since January 1, 2008, comply with World Health Organization (WHO) recom-

mendations. The following information from the birth record is used in the statistical analysis: characteristics of the newborn – gender, date and place of birth, birth order, singleton and multiple births, live birth and stillbirth; characteristics of the mother – date of birth, age, nationality, level of education, permanent place of residence, source of income; Records about the father, information about marital status (Appendix 1 to the public service standard "Registration of a Child's Birth, Including Amendments, Supplements, and Corrections to Civil Registry Records," approved by Order No. 219 of the Minister of Justice of the Republic of Kazakhstan dated April 17, 2015, "On Approval of Public Service Standards on Civil Registry and Apostille Registration," registered with the Ministry of Justice of the Republic of Kazakhstan on June 17, 2015, No. 11374).

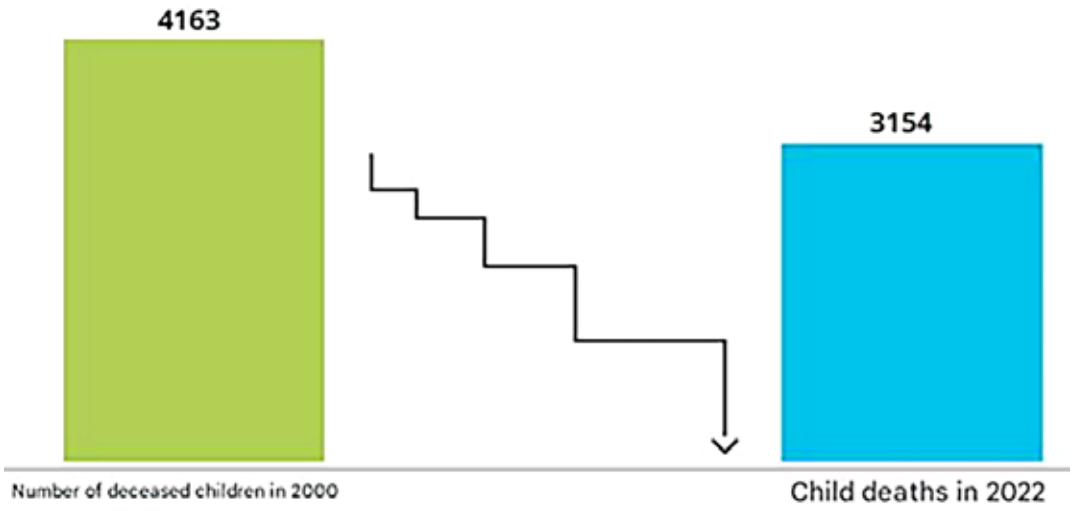
Figure 11. *Mortality of women from complications of pregnancy, childbirth and the postpartum period*



The crude birth rate (CFR) is an indicator that determines the intensity of childbearing in relation to the entire population. It is the ratio of the total number of live births during a year to the average annual population. It is usually expressed as the number of births per 1,000 population.

Age-specific fertility rates are calculated as the ratio of the number of live births per year to women in a given age group to the average annual population of women in that age group. When calculating the rate for the age group up to 20 years, the denominator is the number of women aged 15–19 years. When calculating the rate for the age group 15–49 years, the numerator includes all births, including those born to mothers aged both under 15 and 50 years and older.

Figure 12. *Infant mortality*

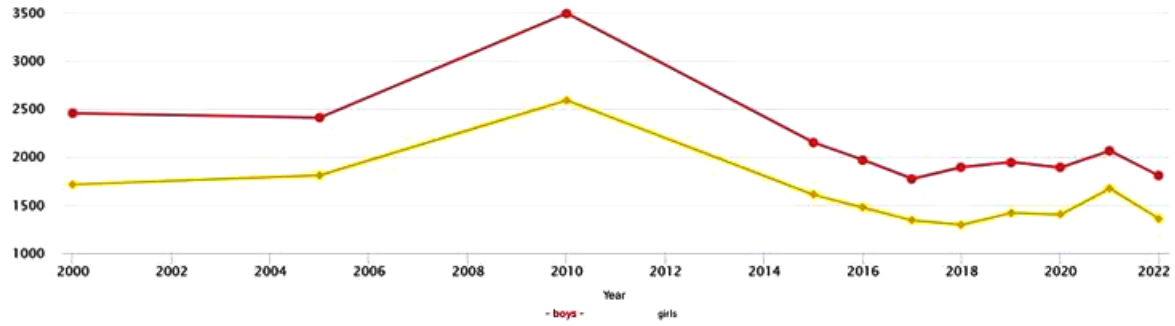


The total fertility rate shows the average number of children a woman would have given birth to throughout her reproductive life (15–49 years) if the fertility rate for each age

group remained at the same level as the year for which the age-specific rates were calculated. Its value is independent of the age composition of the population and characterizes the average fertility rate in a given calendar period. It is calculated as the average number of births per woman of reproductive age. The total fertility rate is a more accurate indicator of fertility than the crude birth rate.

Life expectancy at birth is the average number of years of life expected at birth.

Figure 13. *Infant mortality*



The infant mortality rate (IMR) is an indicator that measures the mortality rate of children under 1 year of age (age 0). It is calculated as the annual number of deaths of children aged 0 years per 1,000 live births.

Figure 14. *Infant and Child Mortality Rate for 2022*

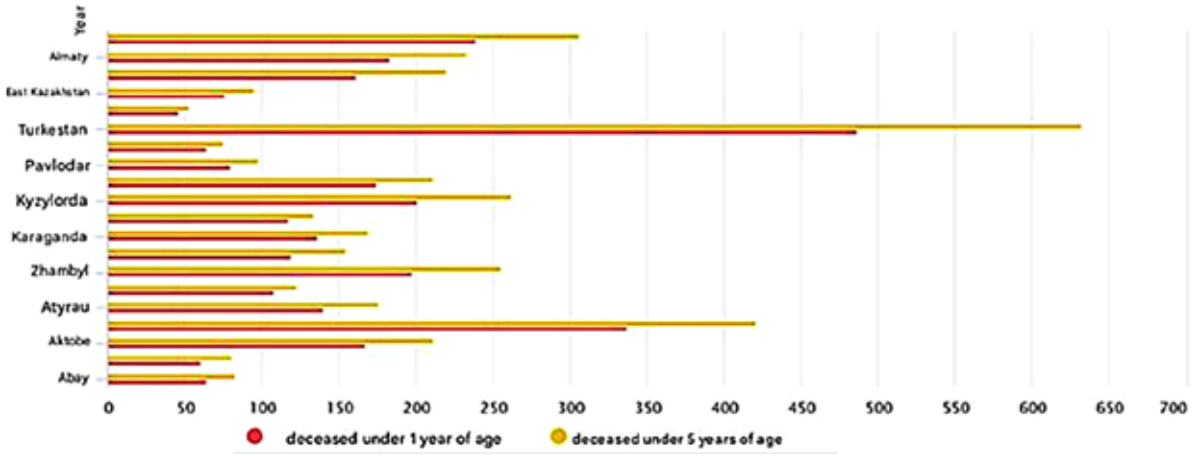


Table 1. *Infant mortality*

Years	Number of deaths of children under 1 year of age, people			Deaths under 1 year of age, per 1000 live births		
	total	boys	girls	total	boys	girls
			Whole population			
2000	4 163	2 452	1 711	15.82	21.6	15.89
2005	4213	2 406	1 807	15.15	16.81	13.38
2010	6 078	3 491	2 587	16.59	1851	1436
2015	3 751	2 147	1 604	9.41	10.46	8.3

Years	Number of deaths of children under 1 year of age, people			Deaths under 1 year of age, per 1000 live births		
	total	boys	girls	total	boys	girls
2016	3 438	1 967	1 471	8.59	9.5	7.61
2017	3 109	1 771	1 338	7.93	8.74	7.06
2018	3 184	1 892	1 292	8.03	9.25	6.74
2019	3 360	1 944	1 416	8.37	9.37	7.30
2020	3 286	1 888	1 398	7.77	8.63	6.85
2021	3 732	2 062	1 670	8.41	9.01	7.78
2022	3 154	1 800	1 354	7.68	8.52	6.80
Urban population						
2000	2 314	1 353	961	20.33	23.19	17.33
2005	2 711	1 553	1 158	16.63	18.5	14.64
2010	3 221	1 864	1 357	16.75	18.82	14.55
2015	2 177	1 236	941	9.66	10.63	8.62
2016	1 936	1 123	813	8.45	9.48	7.34
2017	1 700	935	765	7.48	7.96	6.96
2018	1 846	1 111	735	7.90	9.20	6.51
2019	2 057	1 176	881	8.61	9.52	7.64
2020	2 094	1 211	883	8.43	9.41	7.38
2021	2 723	1 489	1 234	10 45	11.07	9.78
2022	1 760	1 001	759	720	7.94	6.40
Rural population						
2000	1 849	1 099	750	17.17	19.88	14.32
2005	1 502	853	649	13.02	14.38	11.57
2010	2 857	1 627	1 230	16.43	18.18	14.58
2015	1 574	911	663	9.03	10.22	7.87
2016	1 502	844	658	8.77	9.53	7.95
2017	1 409	836	573	8.55	9.81	7.19
2018	1 338	781	557	8.21	9.31	7.05
2019	1 303	768	535	5.38	9.14	6.79
2020	1 192	677	515	6.84	7.52	6.11
2021	1 009	573	436	5.52	6.08	4.92
2022	1 394	799	595	8.41	9.36	7.39

Figure 15. *Abortions*

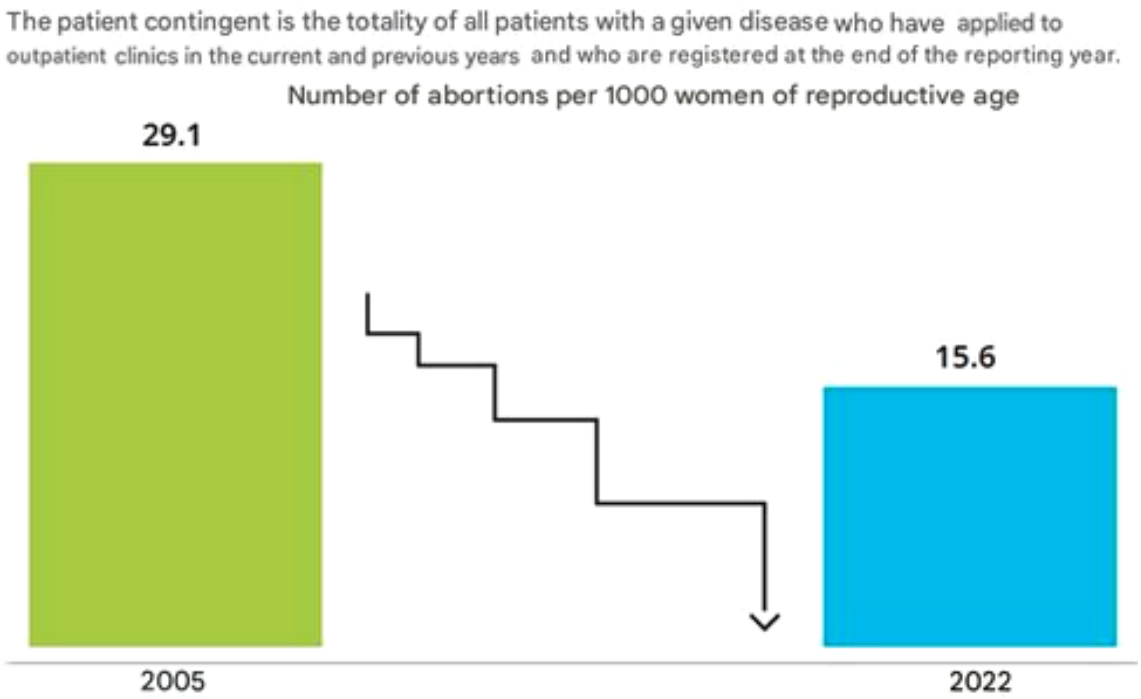


Figure 16. *Number of abortions*

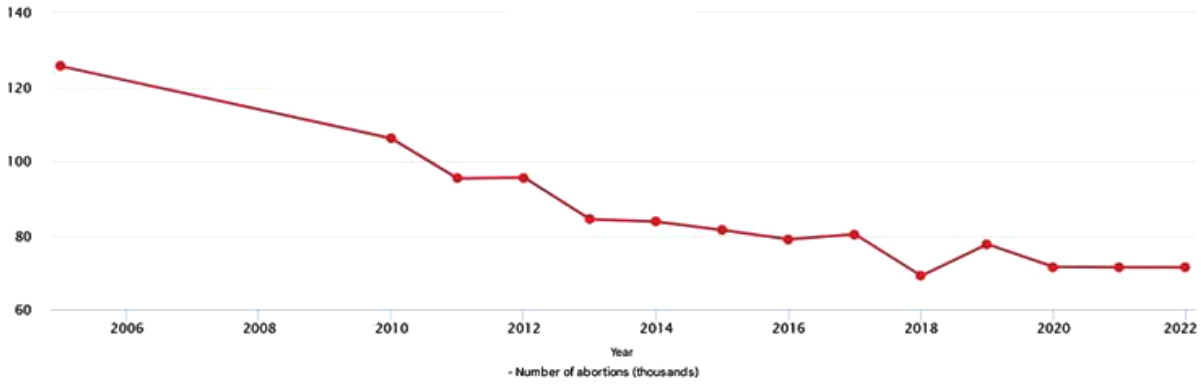
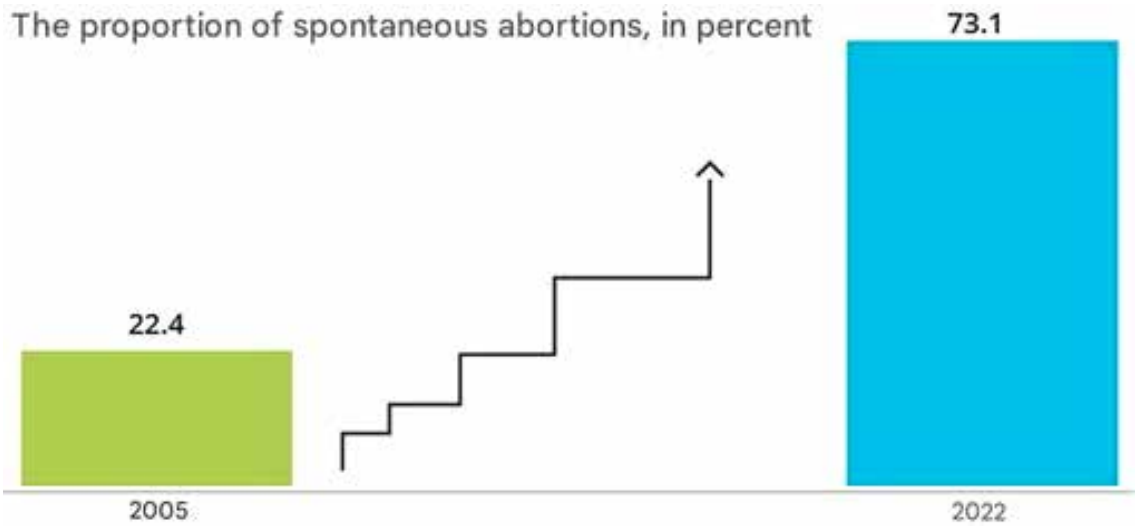
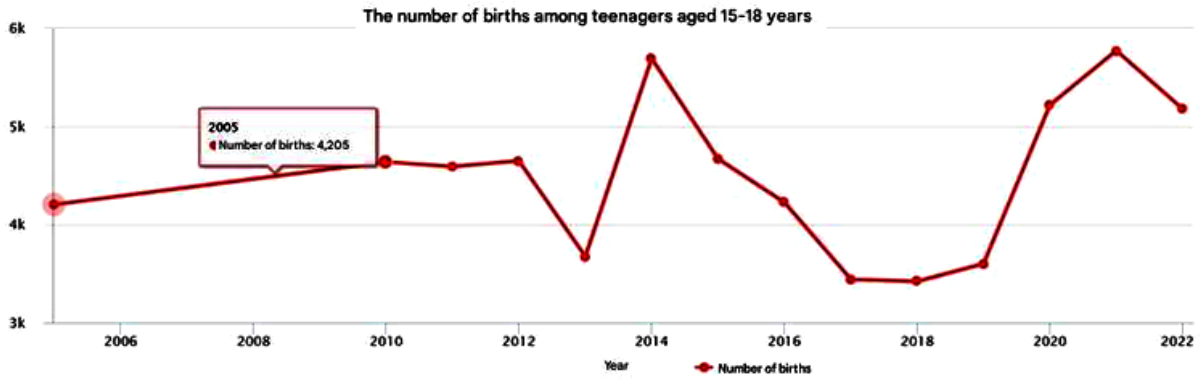


Figure 17. *Miscarriages*



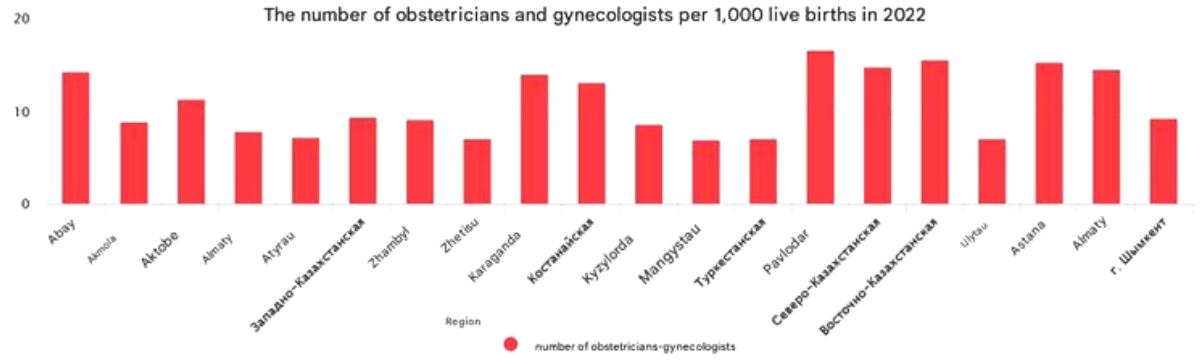
The number of doctors is all doctors with higher medical education employed at the end of the year in healthcare, health care, social welfare, medical research, and training institutions, as well as in healthcare agencies, and elsewhere. The number of doctors includes individuals, not the number of positions held by doctors.

Figure 18. *Teenage Births*



The number of mid-level medical personnel includes all individuals with a secondary medical education (except dentists) employed in medical and sanitary organizations, social welfare institutions, preschools, schools, orphanages, and other institutions (paramedics, midwives, nurses, and others).

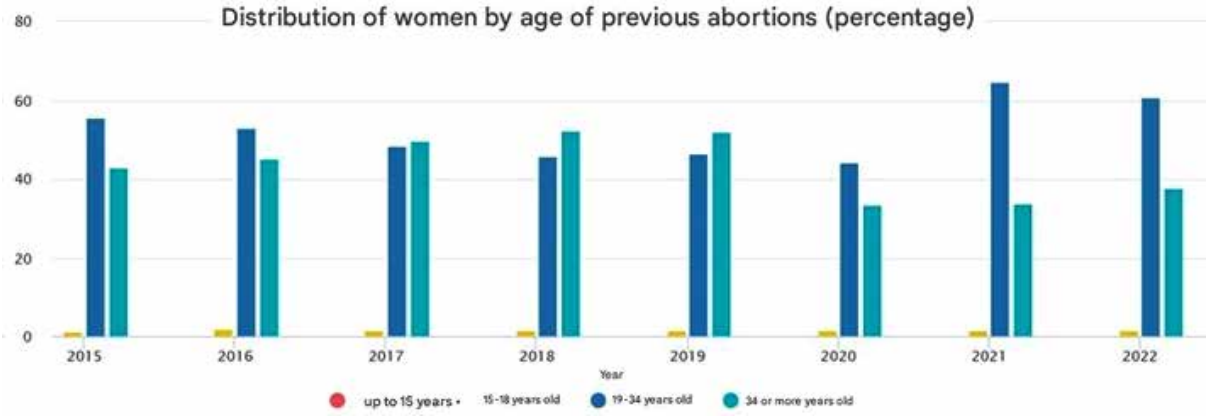
Figure 19. *Number of midwives per 1,000 births*



The network of medical organizations includes hospitals, outpatient clinics, emergency medical care organizations, and maternal and child health organizations of all types.

Medical organizations providing outpatient care to the population include all medical organizations that provide outpatient services (clinics, outpatient clinics, dispensaries, outpatient departments of hospitals, medical health centers, and others). Along with regular hospitals and clinics, information is included on balneological clinics (mud baths), resort clinics, and balneophysiotherapy clinics. Information is also included on medical units, i.e., comprehensive treatment and preventive organizations designed exclusively, or primarily, to provide medical care to employees of industrial enterprises and transport organizations, which may include a clinic, hospital, workshop health center, and other healthcare organizations.

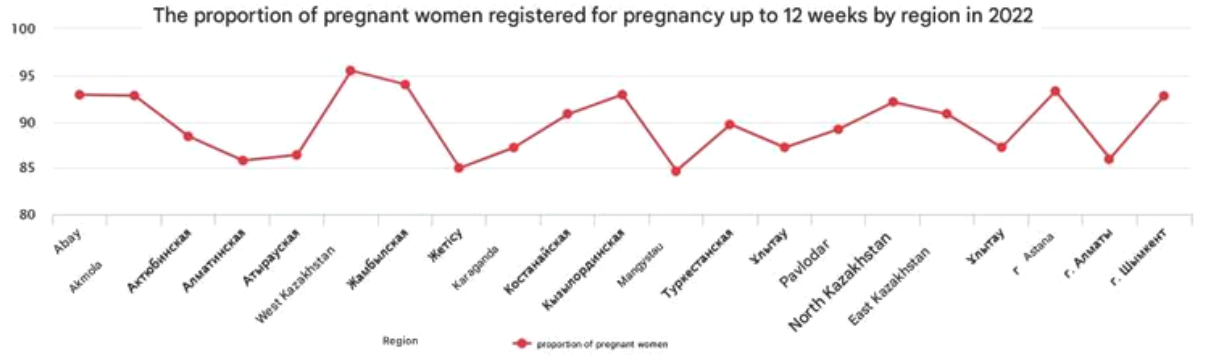
Figure 20. *Distribution of women by age of previous abortions*



Hospitals provide medical care to hospitalized patients. Hospitals are required to record the number of beds available at the end of the year that are equipped with the necessary equipment and ready to receive patients, regardless of whether they are occupied by patients.

The incidence rate is determined by the ratio of the number of patients with a newly diagnosed disease to the average annual resident population. The resulting figure is multiplied by 100,000. The International Statistical Classification of Diseases and Related Health Problems (ICD-10) is used for statistical compilation of population morbidity data.

Figure 21. *Pregnant women up to 12 weeks*



The number of patients with specific diseases registered in medical and preventive institutions at the end of the year represents the total number of patients with a given disease who visited outpatient clinics in the current and previous years. The prevalence rate is calculated by dividing the number of all patients with a given disease registered in medical institutions at the end of the reporting year by the resident population at the end of the year. The resulting figure is multiplied by 100,000.

Table 2. *Abortions*

	2005	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Number of aborting	125.6	106.1	95.3	95.6	84.3	83.7	81.4	78.9	80.3	69.1	77.6	71.5	71.4
The proportion of spontaneous abortions, in percent	22.4	42.9	47.2	44.9	528	52.3	59.5	61.4	64.4	67.8	68.5	73.4	73.4

	2005	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Number of abortions per 1.000 women of reproductive age	29.1	23	20.7	208	18.4	18.3	17.9	17.3	8.9	15.2	17.1	15.7	15.7
Number of abortions per 1,000 live births (live and Stillborn)	44.3	28.5	25.0	24.6	21.6	20.7	20.2	19.4	20.3	20.1	19.3	16.6	15.9

Figure 22. *Life expectancy at birth of the population*

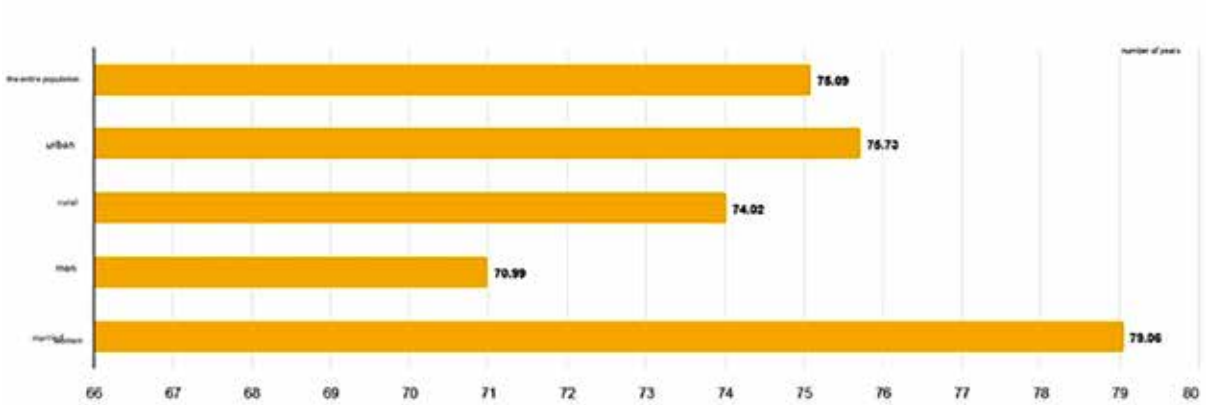
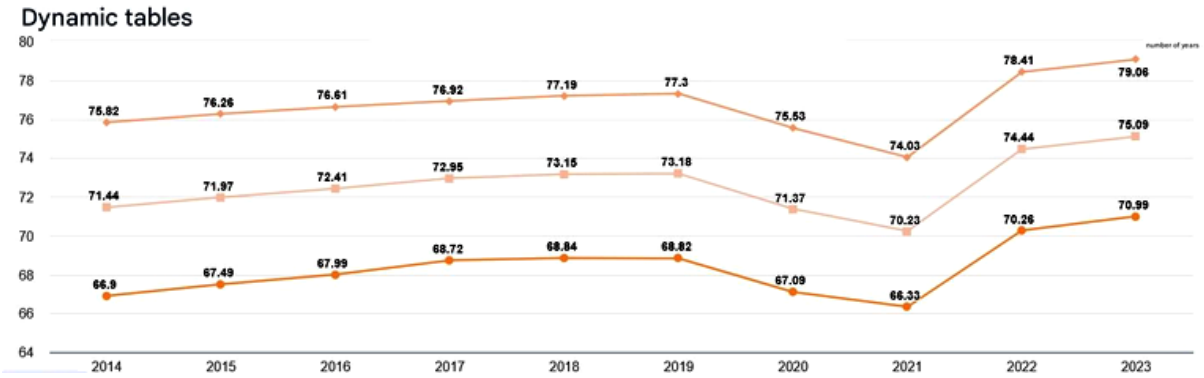


Figure 23. *Dynamics of life expectancy at birth of the population*



Situation for January-April 2024

Figure 24. *Population by gender and type of area as of April 1, 2024*

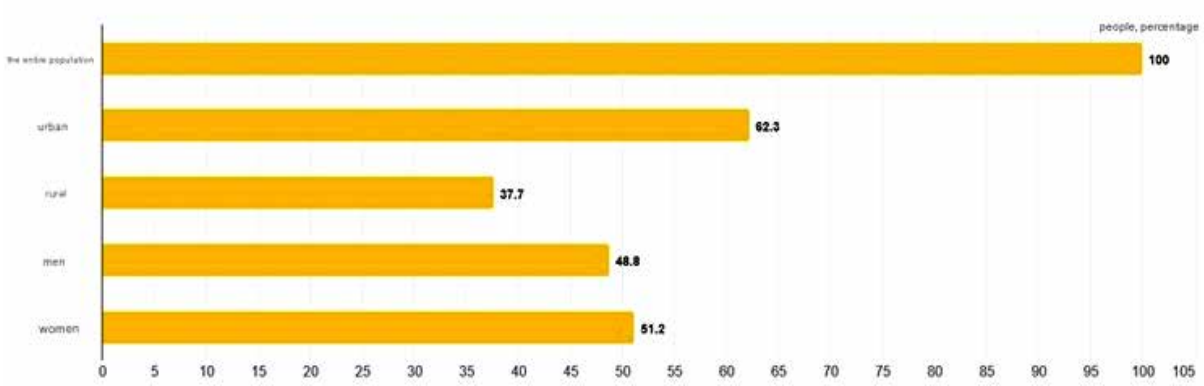
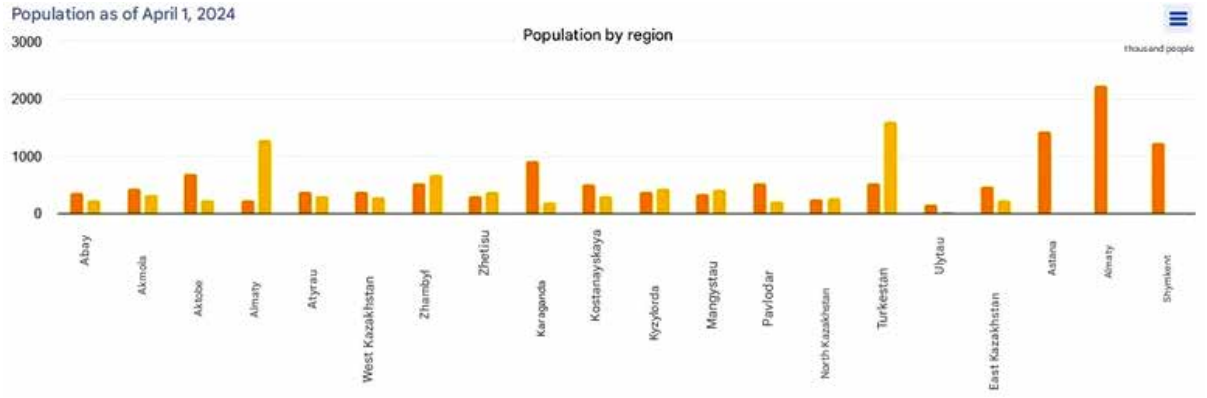


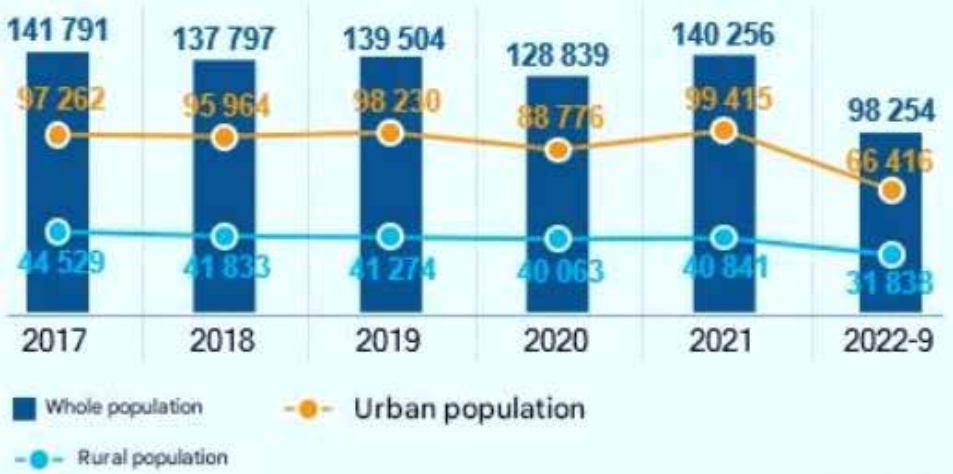
Figure 25. *Population by region*



The dynamics of the number of registered marriages in the republic from 2017 to 2020 shows a moderate decline. The highest number of registered marriages was recorded in 2017, at 141,791, while the lowest was recorded in 2020, at 128,839 marriages nationwide. Regionally, the decline in marriage rates over this five-year period persisted in all regions. **Despite the overall decline in the marriage rate, the city of Almaty maintained a high marriage rate in 2018, 2019**, 2020, and 2021, followed by the Almaty and Turkestan regions and the city of Astana. Despite the decline in marriages nationwide, the marriage rate in these regions remains relatively high. Thus, statistics on the total number of marriages for each year show a gradual decline in this indicator, although in several regions the marriage rate remains high. The lowest marriage rate in five years 6n 2020 is explained by the impact of the COVID-19 pandemic on public life, including marriages. In this case, the 7.6% decline in the marriage rate is attributed to factors such as lockdowns, slowdowns in public services, and restrictions on weddings. Other factors driving the decline in marriage in Kazakhstan may be socioeconomic and demographic. In rural areas, the primary factor is likely economic, as there is a significant disparity in urban and rural development. It should be noted that low employment and low incomes remain pressing issues in rural areas.

Currently, Kazakhstan has nearly 6,500 villages with populations of 500 or more, many of which lack schools, paramedic services, or high-quality, safe roads. All this is leading to dissatisfaction with living conditions and, consequently, the migration of young people to cities where there are more jobs.

Figure 26. *Number of registered marriages in the Republic of Kazakhstan, distribution by type of settlement*

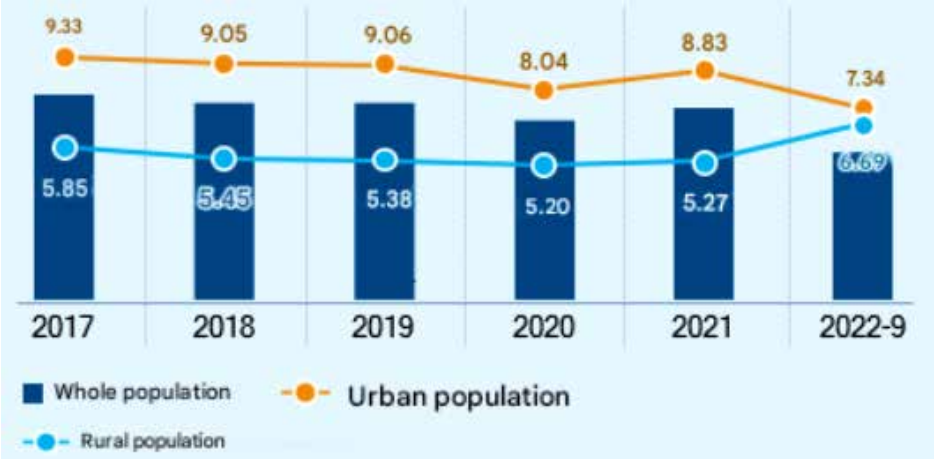


Souse: BNS ASPR PK

One of the key trends over the five-year period is the stability of the marriage gap between urban and rural areas. Since 2020, the marriage rate in urban areas has decreased from 9.06 to 8.04. This indicator is less noticeable in rural areas, as the level of pandemic control is weaker than in urban areas.

In terms of marriage rates, four regions showed higher values than the national average in 2021. The leaders are cities with over a million inhabitants: Astana and Almaty, with rates of 10.1 and 9.4, respectively, as well as the Atyrau and Mangystau regions, with marriage rates that vary widely – 7.86 and 7.72. **There has been a decrease in the marriage rate over 5 years from 7.86 per 1000 people (2017) to 7.38 per 1000 people (2021).**

Figure 27. *General marriage rate in the Republic of Kazakhstan, distribution by type of settlement, per 1000 people*



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Marriage rate

Table 3. *General marriage rate in the Republic of Kazakhstan, per 1000 people**

	2017	2018	2019	2020	2021	9 months 2022
Republic of Kazakhstan	7.86	7.54	7.54	6.87	7.38	6.69
Akmola region	7.09	6.47	6.47	5.83	6.38	6.28
Aktobe region	7.86	7.57	7.61	7.29	7.37	6.70
Almaty region	7.48	6.94	6.94	6.27	6.68	7.09
Atyrau region	8.04	8.02	7.74	7.54	7.86	6.82
BKO	7.3	6.82	6.76	6.27	6.81	6.73
Zhambyl region	7.02	7.03	6.92	6.69	6.52	6.18
3KO	7.74	7.51	7.18	6.78	7.02	6.39
Mangystau region	8.48	8.29	7.83	7.09	7.72	6.82
Karaganda region	7.94	7.84	7.52	6.83	7.2	7.24
Kostanay region	6.85	6.5	6.34	5.48	6.24	6.57
Kyzylorda region	7.26	7.27	7.3	7.28	7.19	6.19
Pavlodar region	7.47	7.12	6.95	6.48	6.94	6.46
CKO	6.83	6.48	6.25	5.37	6.5	6.96
Turkestan region	7.26	6.73	6.97	6.63	6.75	6.40

	2017	2018	2019	2020	2021	9 months 2022
Abay region	–	–	–	–	–	6.29
Zhetisu region	–	–	–	–	–	6.41
Region Улытах	–	–	–	–	–	6.64
Astana	11.45	10.81	10.22	9.13	10.1	8.42
Almaty	9.67	9.27	9.46	8.13	9.4	6.54
Shymkent	6.89	6.89	8.03	6.46	7.21	6.16

** Here and below, data on the regions of Abay, Zhetisu, Ulytau, have been added only for a period of 9 months, since in accordance with the Decree of the President of the Republic of Kazakhstan dated May 4,2022 No. 887, these regions were created in the second half of 2022*

Source: BNSASPRPK

At the end of 2021, positive dynamics, albeit slight, were recorded in the "number of registered divorces" and "divorce rate" data.

Since the early 2000s, the most common marriage duration among divorcing couples, or the most vulnerable period for married couples, was 5 to 9 years of marriage; this period consistently accounted for a high proportion of divorces – up to 30%. Since 2021, the trend has shifted slightly, with marriages between 1 and 4 years accounting for 29.2% of the total, while 5 to 9 years represents 26.3% of the total.

There are approximately 520,986 single-parent households in Kazakhstan, including 452,730 families consisting of single mothers and 68,256 families consisting of only fathers with children.

Family breakdown is currently a pressing problem in modern society. Experience shows that the life and conditions of raising a child in a single-parent family differ significantly from those of a child in a two-parent family. Due to the absence of one parent, a single parent must deal with the family's financial and everyday needs. The most pressing problem remains financial, which almost every single-parent family faces.

Divorce in Kazakhstan

Figure 28. *Number of registered divorces in the Republic of Kazakhstan, distribution by type of settlement*

Souse: BNS ASPR PK

The absence of one parent can lead to unsuccessful and inadequate upbringing of a child (children). This is explained by excessive workload, which prevents them from devoting sufficient attention to their children. Another problem in single-parent families

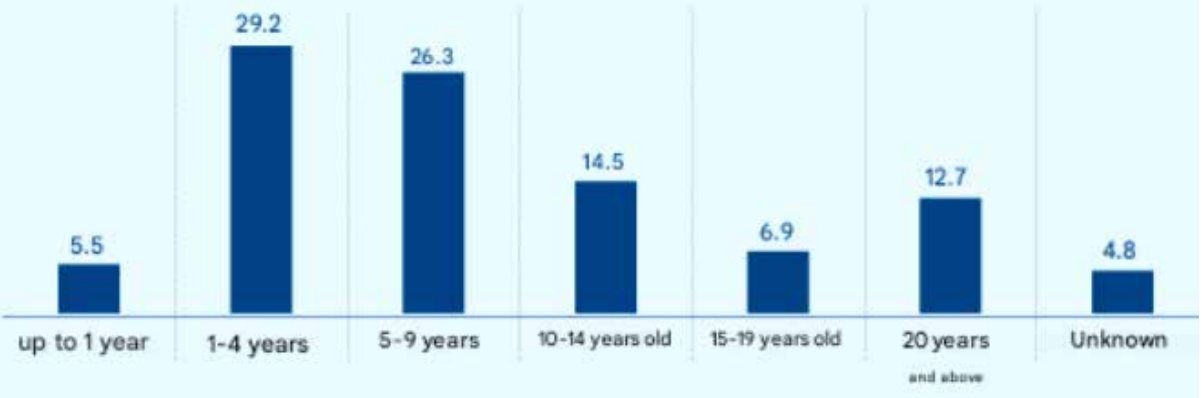
that requires attention is the quality of children's health. A woman raising a child alone is primarily forced to care for the family's financial well-being, relegating her immediate responsibilities for raising and promoting the children's health to the background. A child raised in such a family has the same potential for development and success as a child in a two-parent family, but it is important to minimize obstacles and create additional conditions from the state.

From an economic perspective, if the divorce rate is correlated with the annual increase in GDP per capita, the national average has been declining positively over the past two years.

Over the past five years, the divorce rate has been declining. Thus, while in 2017 this rate was 3.03 per 1,000 people, in 2021 it dropped to 2.54 per 1,000 people. The highest divorce rates, according to 2021 data, were recorded in Astana, Pavlodar, Karaganda, and North Kazakhstan regions.

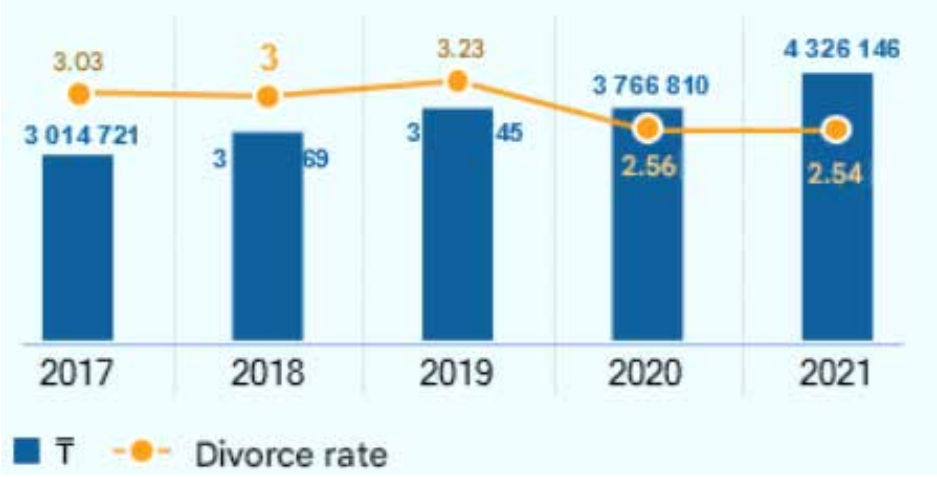
Decrease in the divorce rate

Figure 29. *Number of divorces, distribution by duration of marriage in 2021, %*



Souse: BNS ASPR PK

Figure 29. *Dynamics of changes in GDP per capita and divorce rate in Kazakhstan*



Souse: BNS ASPR PK

Divorce rate in Kazakhstan

Table 4. *General divorce rate in the Republic of Kazakhstan, per 1000 people**

	2017	2018	2019	2020	2021	9 months 2022
Republic of Kazakhstan	3.03	3.00	3.23	2.56	2.54	0.92
Akmola region	3.57	3.41	3.88	3.13	2.76	1.25
Aktobe region	3.06	2.75	3.05	2.27	2.68	0.78
Almaty region	2.78	2.8	3.28	2.52	2.43	0.97
Atyrau region	2.39	2.38	2.32	2.05	2.11	0.72
BKO	3.64	3.35	3.45	2.9	3.06	1.47
Zhamby region	2.25	2.31	2.78	1.98	2.28	0.73
3KO	3.09	3.07	3.41	2.91	2.68	0.84
Karaganda region	3.81	3.74	3.91	3,33	3.43	1.43
Kostanay region	3.72	3.64	3.9	3.07	2.8	1.19
Kyzylorda region	2.23	2.17	2.59	2.02	2.08	0.44
Mangystau region	2.33	2.24	2.49	1.96	1.84	0.61
Pavlodar region	4.19	4.19	4.24	3.61	3.51	1.40
CKO	3.58	3.79	3.61	3.55	3.28	1.30
Turkestan region	1.55	1.59	1.76	1.31	1.2	0.32
Abay region	–	–	–	–	–	0.95
Region Zheticx	–	–	–	–	–	0.89
Region Улытах	–	–	–	–	–	1.00
Astana	3.66	3.84	4.11	3.61	3.54	1.12
Almaty	3.8	3.8	3.87	2.71	2.64	1.12
Shymkent	2.58	2.61	2.78	1.87	1.98	0.59

On average, 140,000 families are created annually in the country, of which 50,000 end in divorce. The reasons for this are varied, ranging from financial and material issues to emotional and personal problems. The divorce rate of all registered marriages was 34.4%.

It should also be noted that early marriages (up to 1%) are widespread in Kazakhstani society, although they are not legally permitted. Early marriages represent a very complex problem. The driving force and root cause of these marriages is a lack of understanding of the importance of education and the social role of girls, which should not be limited to housework and child-rearing. Combined with social isolation, "traditions," poverty, and other factors, including geographic isolation, early marriages of underage girls embody and perpetuate a vicious cycle of gender discrimination and the marginalization of women.

One important indicator of the effectiveness of family policy implementation worldwide is the reduction of maternal and infant mortality. According to the National System of Assistance to Children and Youth of the Republic of Kazakhstan, infant mortality rates, despite the measures taken, have been steadily increasing over the past five years, with the exception of 2020. The maternal mortality rate is also rising. While it was 14.8 in 2017, it reached 44.71 in 2021, representing a more than threefold increase.

This is certainly not a complete list of trends in marital relations in the country, but this brief overview is sufficient to understand that marital and family relationships are fluid and constantly evolving. Their development

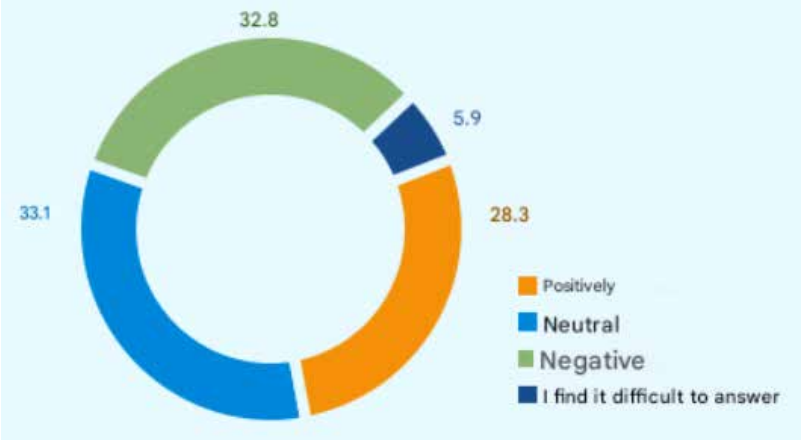
can be influenced by both socioeconomic and political-demographic factors.

In recent years, there has been a trend toward the prevalence of unregistered or so-called "common-law" marriages. Couples in these relationships do not formally share responsibilities between themselves or among family members. The results of a sociological study conducted by the Institute of Social and Economic Research (KIOR) showed that respondents were divided into three almost equal groups regarding their attitudes toward common-law marriage: positive, negative, and neutral.

It should be noted that with increasing age, people exhibit a more positive attitude toward this phenomenon, with the exception of those over 61 years of age. This is supported by the results of the sociological study, which found that the categories "young people" and "retirees" were more opposed to common-law marriage than those aged 29 to 60. On average, while approximately 25% of respondents expressed a positive opinion and more than 30% of respondents expressed a neutral opinion, the opinions of all respondents were negative.

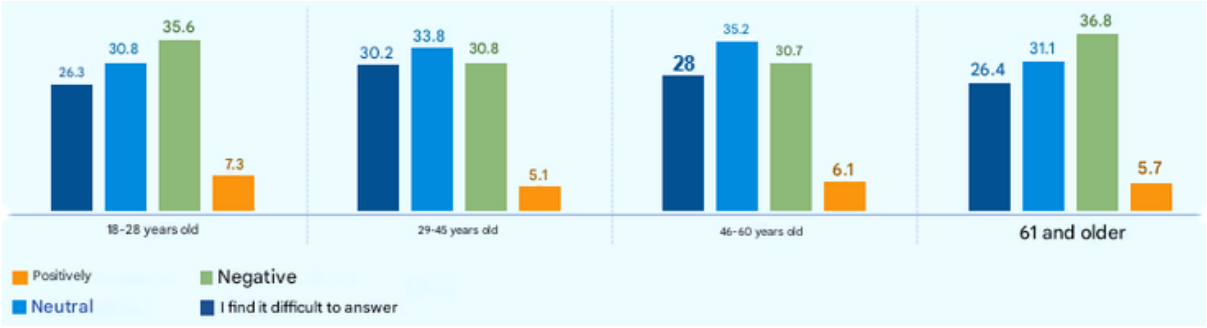
Attitude towards «civil» marriages

Figure 30. *Attitude of Kazakhstanis to "civil" marriages, %*



Souse: Sociological research KIOR

Figure 31. *Attitude of Kazakhstanis to the phenomenon "civil marriages", %*



Souse: Sociological research KIOR

Age groups are neutral about common-law marriage, meaning that in Kazakhstani society, one in five marriages may be unregistered.

Thus, as the survey data shows, common-law marriage is viewed positively among the respondents in the 29–60 age group. Adults of retirement or pre-retirement age have traditional attitudes toward family. This generation typically views a family as one registered with the Civil Registry Office (ZAGS) or the Civil Registry Office (RAGS), a so-called official marriage. As a rule, the older generation is oriented toward traditional family values – marriage between a man and a woman, choosing a partner from an endogamous group, and a complete family with a patriarchal orientation. In this context, variability in

attitudes toward common-law marriage, in addition to age, may depend on factors such as education, geographic location, ethnicity, and so on. Thus, according to the survey results, the negative attitude towards civil marriages among Kazakhs is twice as high as among Russians, and a quarter higher than among other ethnic groups.

Research Results

The analysis revealed that Kazakhstan's demographic development is characterized by several stages. In the 1990s, a population decline was observed due to migration outflow and declining birth rates. Subsequently, beginning in the 2000s, the population stabilized and grew.

Current trends include:

- population growth and positive natural increase;
- changing ethnic structure with an increasing share of indigenous people;
- active urbanization processes;
- declining birth rates in the 1990s followed by stabilization;
- high mortality rates among the working-age population and gender differences in life expectancy;
- transformation of marital and family relations, including a decline in marriage and an increase in divorce;
- the spread of alternative forms of family relations. Demographic processes are particularly influenced by socioeconomic conditions, healthcare levels, urbanization, and the COVID-19 pandemic, which has led to temporary changes in marriage and mortality rates.

Conclusion

Thus, the demographic development of the Republic of Kazakhstan is complex and multifaceted. Current trends indicate population stabilization, but challenges remain related to mortality, public health, the transformation of the family institution, and regional disparities. Effective demographic policy should aim to improve the quality of life of the population, support families and motherhood, develop the healthcare system, and regulate migration.

References:

National Demographic Priorities: Approaches and Implementation Measures. Series "Demography. Sociology. Economics". – Vol. 5. – No. 4 / edited by S. V. Ryazantsev, T. K. Rostovskaya. – Moscow: Ekon-Inform, 2019. – 558 p.

Borisov, V. A. Demography. – Moscow: NOTABENE, 2001. – 272 p.

Shcherbakov, A. I., Mdinaradze, M. G., Nazarov, A. D., Nazarova, E. A. Demography: Textbook / edited by A. I. Shcherbakov. – Moscow: INFRA-M, 2017. – 216 p.

National Development Plan 2029: Kazakhstan's Demographic Focus // DKNews.kz. – 2024. – Feb 22. URL: https://dknews.kz

Ethnic Composition of the Population of the Republic of Kazakhstan Based on the 2021 Census // Bureau of National Statistics of the Republic of Kazakhstan. URL: https://stat.gov.kz

Serikbayeva A. The World is Gradually Approaching the Highest Number of Young People // Kazakhstanskaya Pravda. 2024. – Feb. 14.

Kazakhstan's Population Has Noticeably "Grown Younger" // Turan Times. 2023. – May 31. URL: https://turantimes.kz

Kazakhstan's Population Announced Based on the Census // KT.kz. 2022. – Sept 1. URL: https://www.kt.kz

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