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## IDENTIFYING KEY CHALLENGES IN THE INTEGRATION OF MIGRANT WOMEN INTO LOCAL COMMUNITIES EXPERT SURVEY: A MONITORING STUDY

The article presents the findings of an expert survey conducted to identify the key challenges faced by migrant women during their integration into the local communities in a monitoring mode. The survey, carried out between August and November 2023, was supported by the International Labor Organization (ILO) under The UN, the Ministry of Foreign Affairs of the Kingdom of Norway, and the NGO "Sana Sezim". Migrant women represent one of the most vulnerable demographic group, as they migrate alone or with children, in addition to migrating with their families. The monitoring survey targeted main objectives, which was conducted in two main areas that cause the main challenges for migrant women during their adaptation to the local communities: children's access to schools; migrant women access to free medical services, including health monitoring, pregnancy registration.

The results of the expert survey revealed that foreign labor migrants and their families are a socially vulnerable population group that faces significant challenges in interacting with local institutions and systems. A prevailing perception that migrants are merely a temporary population, or "guests", often leads to a lack of concerted efforts to support their integration. However, the study highlights that migrant families typically follow one of two paths during their stay: they either overcome their socially excluded position by acquiring the permanent resident status or fail to adapt, resulting in marginalization. Education and health care were identified as primary domains where migrant women encounter substantial adaptation difficulties.

The practical significance of survey results is underscored by the growing global recognition of the gender-specific challenges faced by migrant women, particularly those who remain "in the shadows" of migration. Addressing these challenges involves fostering inclusive policies and practices to improve social integration and cultural adaptation for women and their families.

**Key words:** migrant women, education, healthcare, quota, children of migrants.

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### Жергілікті қоғамдастыққа интеграциялау кезінде мигрант әйелдердің негізгі мәселелерін анықтау бойынша сараптамалық сауалнама: бақылау зерттеуі

Мақалада БҰҰ жанындағы Халықаралық еңбек ұйымының (ХЕҰ) және Норвегия Корольдігінің Сыртқы істер министрлігінің, «Сана Сезім»ҰЕҰ қолдауымен 2023 жылғы тамыз-қараша айларында іске асырылған мониторингтік режимде жергілікті қоғамдастыққа интеграциялау кезінде мигрант әйелдердің негізгі проблемаларын анықтау бойынша сараптамалық сауалнама нәтижелері баяндалған. Мигрант әйелдер ең осал демографиялық болып табылады, өйткені олар тек отбасы құрамында ғана емес, көбінесе жеке немесе балалармен бірге қоныс аударады.

Мигрант әйелдердің жергілікті қоғамдастыққа бейімделуіндегі негізгі проблемаларды тудыратын екі негізгі бағыт бойынша жүргізілген сарапшылардың мониторингтік сауалнамасының негізгі мақсаттары: балалардың мектеп мекемелеріне кіруі; мигрант әйелдердің тегін медициналық қызметтерге қол жетімділігі, оның ішінде денсаулық мониторингі, жүктілік бойынша есепке алу.

Сараптамалық сауалнама нәтижелері шетелдік еңбек мигранттары мен олардың отбасыларының өзара іс-қимылды ұйымдастыру тұрғысынан халықтың әлеуметтік осал тобы болып табылатынын көрсетті. Мигранттар тек уақытша халық, «қонақтар» деген пікірдің таралуына байланысты оларды бейімдеу бойынша жұмыс жүргізудің қажеті жоқ.

Ғылыми зерттеудің үлесі көші-қон саясатына гендерлік-сезімтал тәсілдерді енгізу үшін өзекті әлеуметтанулық әдіснамаларды қолдану, сондай-ақ мигранттардың балаларын әлеуметтік бейімдеу жөніндегі тиімді бағдарламаларды әзірлеу болып табылады.

Мигрант әйелдерге сараптамалық сауалнама қорытындыларының практикалық маңыздылығы әлемдік қоғамдастықтың, оның ішінде азаматтық қоғамның көші-қонның «көлеңкесіндегі» әйелдердің гендерлік проблемаларына: қабылдаушы елдегі әлеуметтік және мәдени бейімделуді жетілдіруге үндеуімен анықталады.

**Түйін сөздер:** мигрант әйелдер, білім беру, денсаулық сақтау, квота, мигрант балалар.

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### **Экспертный опрос по выявлению основных проблем женщин-мигранток при интеграции в местное сообщество: мониторинговое исследование**

В статье изложены результаты экспертного опроса по выявлению основных проблем женщин-мигранток при интеграции в местное сообщество в мониторинговом режиме, реализованного в августе-ноябре 2023 года при поддержке Международной организации труда (МОТ) при ООН и Министерства иностранных дел Королевства Норвегии, НПО «Сана Сезім». Женщины-мигрантки являются самой уязвимой демографической группой, так как мигрируют не только в составе семьи, но часто единолично или с детьми.

Основные цели мониторингового опроса экспертов, который проводился по двум основным направлениям, вызывающим у женщин-мигранток основные проблемы при адаптации к местному сообществу: доступ детей в школьные учебные заведения; доступ женщин-мигранток к бесплатным медицинским услугам, в том числе, мониторинг здоровья, постановка на учет по беременности.

Результаты экспертного опроса показали, что иностранные трудовые мигранты и их семьи являются сложной с точки зрения организации взаимодействия социально-уязвимой группой населения. В силу распространенности мнения о том, что мигранты лишь временное население, «гости», вследствие чего, нет необходимости вести работу по их адаптации.

Вклад научного исследования заключается в применении актуальных социологических методологий для внедрения гендерно-чувствительных подходов в миграционную политику, а также разработке эффективных программ по социальной адаптации детей мигрантов.

Практическое значение итогов экспертного опроса женщин-мигранток определяется обращением мирового сообщества, в том числе, гражданского общества к гендерным проблемам женщин «в тени» миграции: совершенствование социальной и культурной адаптации в принимающей стране.

**Ключевые слова:** женщины-мигрантки, образование, здравоохранение, квота, дети мигрантов.

## **Introduction**

According to the latest statistics from the Ministry of Labor and Social Protection of the Population (MLSP) of the Republic of Kazakhstan, 13,536 foreign citizens, primarily from Uzbekistan, Kyrgyzstan, and Tajikistan, were officially employed in Kazakhstan under permits issued by local executive bodies. However, the statistics do not account the channels of illegal labor migration, an issue explicitly addressed in the Concept of Migration Policy of Republic of Kazakhstan for 2023–2027, adopted on November 30, 2022.

Maintaining the free movement regime with the CIS countries, including Kazakhstan, has contributed to the growth of undocumented labor migration. Law enforcement agencies have expressed concerns

about the negative impact of uncontrolled migration, citing detrimental effects on the economy, ethnodemographic stability and public safety.

One of the common forms of illegal migration involves divorced female migrants entering into fictitious marriages with Kazakhstani citizens to legitimize their stay. The socio-economic instability and high unemployment rates in their home countries often drive women to seek better opportunities in Kazakhstan, even through illegal means.

In most cases, women migrants, staying in the country illegally, are forced to work for employers without formal contracts, agreeing to worse conditions: overtime, no days off, non-compliance with safety standards, staying in the country illegally are forced to work for employers without formal contracts, agreeing to worse conditions: overtime, no

days off, non-compliance with safety standards, and low wages. The main problems of social and cultural adaptation include problems of reproductive health and access of migrant children to education in the host country.

The relevance of the research topic is determined by the following main objectives of the expert survey. The following main objectives of the expert survey determine the relevance of the research topic: The relevance of the research topic is determined by the following main objectives of the expert survey:

#### 1. Education

1) Examining the challenges migrant families face in accessing school education.

2) Rating of the key issues hindering access to school education for migrant families.

3) Investigating the presence or absence of ethnic discrimination in schools.

4) Assessing the readiness of educational institutions in cities and regions to implement the educational and socio-cultural adaptation of migrant children.

5) Evaluating the methods employed by schools to teach and adapt migrant children, including state and Russian language instruction and preparation for school enrollment

6) Assessing the effectiveness of these adaptation and teaching methods.

7) Identifying the need for new educational strategies to support migrant children at the republican/regional/district levels.

8) Assessment of the level of interethnic communication and cultural competence in schools.

9) Providing expert analysis on strategies to improve the adaptation of migrant children within the education system.

#### 2. Healthcare

1) Analyzing the impact of limited access to electronic documentation on the organization of medical monitoring emergency care, and obstetric and gynecological services for pregnant migrant women.

2) Assessing the health risks faced by pregnant migrant women, particularly as they are considered a high-risk group for obstetric complications and perinatal pathologies.

3) Evaluating how living and working conditions affect the overall health of migrant women.

4) Identifying common health issues diagnosed among migrant women.

5) Conducting an expert analysis to recommend improvements in the organization and delivery of medical care for migrant women.

Research subjects: representatives of target population groups in Shymkent and the Turkestan region, including specialists from state and budgetary organizations who interact professionally with female migrant workers and their family members over 18 years from different countries.

Research objective: to study the state, dynamics and factors influencing the attitude of local residents towards female migrant workers and the challenges they face in the host region.

#### Literature Review

The structure of low-paid skilled occupations, as noted by American researchers, combined with the immigrant status of women, and the lack of regulatory standards and oversight in these fields, contributes to workplace discrimination and subsequent health consequences. The growing prevalence of precarious and temporary employment requires a revision of labor market policies and legislation to address the unique challenges posed by these rapidly expanding forms of employment. US researchers have noted that the structure of women's labour, combined with women's their immigrant status, the prevalence characteristic of low-wage skilled occupations, and the lack of regulatory standards and oversight, of these occupations, contributes to discrimination in the workplace discrimination, with negative health consequences. The growing prevalence of non-standard and temporary employment requires highlights the need to a review of labour market policies and legislation to address the needs challenges associated with these fast-growing rapidly expanding forms of employment work. (Panikkar, 2015).

European researchers emphasize the critical role of education in the structural integration of refugees, particularly given the high proportion of children and adolescents, and young adults among refugee populations. They note that: a) children and adolescents have universal human right to access education, (b) adequate education is the key to socio-economic success and overcoming disadvantage in societies (Koehler, 2019: 7-28).

Researcher Wilfred Lunga highlights the importance of public policies aimed at integrating migrant children into host education systems and communities without marginalizing them in separate "migrant children programs". The author also notes that the development of inclusive pedagogies should move towards curriculum reform and teaching and learning practices that embrace cultural and linguis-

tic diversity (Lunga, 2018). Portuguese scholars emphasize that migrant women are often exposed to biological and psychosocial risks when faced with new conditions, environments and lifestyles that tend to reinforce the situation of social vulnerability. This is particularly evident during pregnancy and the postpartum period, where migration-related stressors can significantly increase the likelihood of postpartum depression, psychosis, and other complications. These stressors, compounded by anxieties inherent in the migration process, make women particularly vulnerable during this critical time (Almeida, 2013).

Danish researchers underscore the urgent need to improve access to mental health services for immigrant women and their children, particularly during the postpartum period. They examine migration characteristics as indicators of potential inequalities in maternal mental health services and stress the importance of addressing these disparities (Santiá, 2024).

Similarly, Fair (2020) argues for culturally sensitive training for healthcare providers to better understand and address the expectations and needs of migrant women. This approach could significantly enhance maternal care and reduce barriers to accessing quality maternity services (Fair, 2020). Russian scientists note that women leaving their country face problems of losing their career and pension, emotional alienation from relatives and family breakdown (Grishunina, 2011). As T. Titova and M. Vyatchina argue that the feminization of migration flows presents unique challenges to host countries, as female migration is often accompanied by informal employment, ethnic and cultural practices, and other factors that can impact societal structures (Titova, 2016). The issue of social adaptation is a relevant area that is not given enough attention in modern migration policy. It should be noted that, according to researchers, social adaptation is a two-way process: the host society is a well-structured society, migrants adapt to the characteristics of the host country (Andronov, 2013).

The concept “matryoshka” of identity, as described by Russian researchers, encompasses various layers of self-identification in foreign migrants, starting with personal identity and extending to cultural and civilizational affiliations (Ushkin, 2019:191).

Education of migrant children is identified as a strategically important aspect, requiring efforts to overcome communication barriers that arise while mastering school curriculum disciplines. This in-

cludes fostering a shared cultural foundation with children of the host country’s indigenous, creating a single cultural background with children of the indigenous population and eliminating divisions into “us” and “them” (Zvereva, 2018:12).

Russian psychologists have highlighted key psychological problems faced by migrant women. These difficulties are grouped into four categories, each accompanied by clinical manifestations. Among the significant issues are mismatched expectations between migrant women and the host society, leading to frustration and deprivation, and the predominance of external motivations for migration, such as marriage. Such factors often result in the loss of employment and familiar social structures, increasing the likelihood of depression (Mironova, 2023:161).

The “the feminization of labor migration” has become a recognized global trend. This trend reflects both the increasing spatial mobility of women in sending countries and the consistent demand for low-paid, gendered labour in receiving countries (Karachurina, 2015).

The main state policy in the integration of migrants is the development of measures to prevent spatial segregation and the development of ethnic enclaves. These measures aim to avoid socio-political destabilization and a misalignment of interests within the host society. As the author notes, civil society can be involved in the consulting and educational network for training migrants (Galas, 2022).

Kazakh researchers note the trend of marriage migration, which has both positive and negative consequences for host countries, such as an increase in the birth rate, and the negative impact may be the influence of marriage migration on the lifestyle of indigenous people (Nakipbayeva, 2018).

To support migrant children, Kazakh educational institutions have implemented additional measures such as optional classes, consultations and special educational programs. These initiatives address gaps in knowledge, enhance proficiency in Russian and Kazakh languages, and help students adapt to the local curriculum (Bayandina, 2021).

Muratkyzy Arman’s sociological research on migration in the East Kazakhstan region reveals that over 54% of migrants adapted to the host society, partially accepting some of its norms, while 13.6% of respondents have fully assimilated. However, illegal migrants, particularly women, often seek legal avenues for employment and independence, reflect-

ing their resilience, and determination (Muratkyzy, 2019).

A significant factor in the social adaptation of labor migrants to the conditions of the host country is the adoption of “norms and values of the new environment”, which will help to mitigate the social risks associated with cross-cultural interaction (Mukhtarova, 2015).

At the level of scientific research, the gender aspect of labor migration has practically not been studied in Kazakhstan. Women migrants as an object of scientific research seem to be a promising topic for project research.

### Materials and Methods

In accordance with the purpose and objectives of the expert survey, a research toolkit was devel-

oped, which included: two questionnaires for experts in the field of education and health care.

Sample of the expert survey of stage II: quota, according to the specified characteristics of the study. The total number of survey experts is 95 respondents. The surveys were conducted using the “face-to-face” method.

The Mmain quota-based criteria for selectionng by quota of survey expertswere as follows:

1. Level of competence, education, work experience in the field of migration and work with women migrants.

2. Narrow specialisation Specialized expertise, namely specifically in working with female migrants women.

3. Participation in specialised councils and commissions addressing issues dealing with the problems of women related to female migrants.

**Table 1** – Sample of the expert survey of stage II in the areas of “Education”, “Health care”

№	Survey objects	Experts	
		Number of respondents	%
I. Education			
	Education Department/specialists, social educators, methodologists, educational psychologists, speech therapists	42	44.2
Total I		<b>42</b>	<b>100.0</b>
II. Healthcare			
	Polyclinics, maternity hospitals, clinics, medical centers/social workers, psychologists, sociologists, nurses, doctors	53	55.8
Total II		<b>53</b>	<b>100.0</b>
<b>Total</b>		<b>95</b>	<b>100.0</b>

As shown in Table 1, the qualitative composition of experts encompasses professionals directly engaged with families and children of migrants.

42 experts took part in the monitoring expert survey within the “Education” domain. Among them: 100.0% – representatives of the Education Department, educational institutions: chief specialists, social educators, methodologists, school educational psychologists, speech therapists, teachers.

Social status of experts of educational institutions:

1. Chief specialists (5 experts) – 12.5%
2. Methodologists (2 experts) – 5.0%
3. Social educators (10 experts) – 25.0%
4. Educational psychologists (3 experts) – 7.5%
5. School teacher (1 expert) – 2.5%.

The participants’ work experience in educational institutions ranged from 1 year to 20 years. Geographical coverage of the expert survey: specialists of state and budget organisations of Shymkent city and Turkestan region. Table 1 On condition of anonymity – 42.8% of survey respondents. The main processing of expert survey data was the MS EXCEL programme.

The main methods of analysing expert survey data included:

- 1) construction of a generalised ranking of survey objects
- 2) determining assessment of the consistency of among survey experts
- 3) determination of dependences between the ranks.

The sample of the expert survey was designed using 2 questionnaires and is considered representative. It successfully targeted specialists with in-depth professional knowledge and expertise. These experts are not only well-informed about the challenges faced by migrant families but are also in positions to influence and address these issues at the regional level.

## Results and Discussion

### *In the direction of “Education”*

More than 66% of respondents indicated that the problem of access to school education for migrant children is very relevant, reflecting an increase of 7.2% compared to the results of the first survey. In contrast, the proportion of respondents who viewed the problem as irrelevant – believing that access to education is already open – stood at 19.0%, a decrease of 7.2% compared to the initial survey. Meanwhile, 14.3% of experts from both surveys considered the issue to be minor, asserting that

only a small number of families of undocumented migrants remain unaware of the admission rules for educational institutions in the region. In general, the monitoring of the study shows that the problem of access to school education for migrant children remains relevant, since families do not have all the information about the rules for admission to educational institutions.

The overwhelming majority of the second survey experts (73.8%) noted that the problem of access to electronic documentation (including obtaining IINs) remains the major obstacle for migrant families. This indicator has significantly increased by 38.1%. Accordingly, the percentage of respondents who believe that the problem is insignificant has decreased (from 40.0% to 21.4%), as well as the percentage of negative responses on this issue declined sharply from 23.8% to 4.8%. Experts, emphasized the need to simplify the process of electronic documentation for families of labor migrants, both legalized and illegal, to address these barriers effectively.

**Table 2** – Monitoring results – key barriers to access to education access for children of labor migrants families

№	Response options	Results of the 1st survey		Results of the 2nd survey	
		number of experts	%	number of experts	%
01.	Lack of electronic documentation of migrant family members	29	69.0	26	61.9
02.	Lack of temporary registration at the place of residence	17	40.5	13	31.0
03.	Lack of places in schools	5	11.9	1	2.4
04.	Availability of only foreign identity documents	14	33.3	8	19.0
05.	Schools Refusing to Accept Migrant Children Without Explaining Reasons	5	11.9	3	7.1
06.	Children’s ignorance of the state and Russian languages	20	47.6	7	16.7
07.	Difficulty of Pre-Tests for Children School Admission	4	9.5	0	0.0
08.	Lack of medical documents for the child (including vaccination certificates)	5	11.9	7	16.7
09.	Distance of schools from place of residence	0	0.0	2	4.8
10.	Insufficient level of knowledge of migrant children and difficulty in determining class	15	35.7	4	9.5
11.	Previously, migrant children did not attend school in their country of origin.	9	21.4	4	9.5
12.	All together	5	11.9	4	9.5
13.	Individual responses	2	4.8	0	0

The data presented in Table 2 highlights persistent barriers to education access for children from migrant worker families, as identified by experts in the second survey. These challenges, though slightly diminished in intensity compared to earlier findings, remain significant:

1. Lack of electronic documentation for migrant family members – 61.9%
2. Lack of temporary registration at the place of residence – 31.0%
3. Possession of only foreign identity documents – 19.0%
4. Children's lack of proficiency in the state and Russian languages – 16.7%
5. Insufficient medical documents for the child (including vaccination certificates) – 16.7%
6. Low academic preparedness of migrant children and difficulty in determining appropriate grade levels – 9.5%
7. Prior lack of school attendance in the country of origin – 9.5%.

While these indicators show a general decrease compared to the previous survey, the core issues persist, underscoring the urgent need for systematic measures, including targeted information campaigns and preparatory support for migrant children entering educational institutions.

The absence of biased attitude of school administration and peers towards migrant children was noted by 47.6% in the second survey, which is 7.2% lower than the indicator of the first survey. 50.0% of experts in the second survey (40.5% in the first survey) believed that intolerance towards migrant children is expressed mainly by peers, and this does not exist in all schools in the city. Regarding the optimal form of distribution of migrant children in the class, 47.5% of second survey experts believed that this does not matter much, which is significantly higher than the indicator of the first survey (42.9%). 30.0% of second survey respondents thought almost the same, general classes are necessary for the adaptation of children in the general school environment. 27.5% of experts noted that specialized classes are needed for migrant children, especially those who did not receive primary education in their country, to prepare them for the general classes transition. Monitoring of the survey shows that a significant part of experts notes the need to educate children in classes with all children, since the process of adaptation and education will affect the dynamics of knowledge growth, integration to the environment of migrant children.

More than 42% of experts of the second survey (compared to 45% of first survey experts) believed that a quota for migrants in school's classes in the region / city is necessary. However, 31.0% of respondents of the second survey against 23.8% of the first, believe that there is no need for a quota. The indicator of the need for a quota in schools where there is an admission of migrant children has decreased from 28.6% to 21.4%. In general, the dynamics and consistency of attendance of migrant children at educational institutions shows the absence of a need for a quota. Quota options are possible for those schools in the region where there is a dynamics of growth in the admission of migrant children. Objectively assessing the readiness of educational institutions of the region and city to implement educational and socio-cultural adaptation of migrant children, experts remain of the opinion that there is no clear mechanism for admitting migrant children to educational institutions. 38.1% of survey respondents versus 45.2% believed that schools are partially ready. 33.3 experts the second survey versus 42.9% of the first, noted the complete readiness of educational institutions. At the same time, 9.5% of the second survey respondents versus 7.1% of the first survey respondents noted that only a few schools are objectively ready to accept children from families of labor migrants. 11.5% of the second survey experts versus 2.4% of the second survey respondents believed that schools are generally not ready for this. The need to prepare children for the educational process, create additional language courses, determines the need for additional funding for schools, which is an urgent problem. 38.1% of the second survey experts against 64.3% noted that children of migrants in schools of the region/city receive a full range of services, equally with children of citizens of the Republic of Kazakhstan. At the same time, 50.0% of the second survey (compared to 35.7% of the first), believed that children of migrants do not always receive a full range of services. In general, the monitoring shows that the key challenges in receiving a full range of services for children of migrants are primarily associated with the lack of information for families on issues of children's education, applications for registration of necessary child documents package, including a medical card.

In the current conditions of dynamic labor migration flows and the increasing presence of children from migrant families, educational institutions have developed and implemented practice methods of teaching and adaptation of migrant children (teach-

ing the state, Russian languages, preparation for entering school, etc.). According to 47.6% of experts from both the first and second surveys, these methods are widely used everywhere. At the same time, in general, 81.0% of experts of the second survey in relation to 59.5% of the first survey respondents noted the significant effectiveness of the methods of teaching and adaptation of migrant children used in educational institutions of the city / region. Only 14.3% of experts of the second in relation to 35.7% of first survey experts believed that the methods are insignificantly effective, since the level of knowledge of migrant children is not taken into account. 31.0% of experts of the second survey to 45.2% of the first survey respondents believed that such a practice is not used in all schools in the region. 14.3% of the experts of the second survey noted the practice of methods in several schools in the region. In general, as the monitoring of the survey shows, special pedagogical methods for teaching and adapting children of migrants have been formed and are being implemented in some educational institutions of the region.

As noted by 40.5% of experts in the second survey (compared to 33.3% in the first survey), teachers are fully prepared and have mastered adaptive teaching methods for migrant children. The rate of partial readiness among educators has significantly decreased, from 57.1% in the first survey to 28.6% in the second. The readiness rate of several schools has increased significantly (from 4.8% to 14.3%). Thus, many educational institutions, according to the survey experts, have mastered and apply adaptive teaching methods for migrant children in practice.

Survey results also highlight the ongoing need for collaboration between government education authorities and non-governmental organizations in the region. A key recommendation is the implementation of projects to create special “Schools of the Kazakh/Russian language”. These schools would focus on preliminary studies of the state language, the basics of national culture, and history.

#### *In the direction of “Healthcare”*

53 experts took part in the expert survey in the direction of “Healthcare”, including social workers (31 respondents) – 58.5%, psychologists (2 respondents) – 3.8%, sociologists (3 respondents) – 5.7%, nurse, dentist (1 respondent) – 1.9% each, respectively. A significant proportion of respondents (45.3%) participated under conditions of anonymity.

The length of service in the healthcare sector, in general, varied widely, from 1 to 40 years: 1-5 years

– 15.1%, 6-10 years – 22.6%, 10-15 years – 9.4%, 16-20 years – 1.9%, 21-30 years – 2.5%, 31-40 years – 3.8%. Geographically, the survey encompassed healthcare institutions across Turkestan region, including City Hospital (11 respondents), AIDS Center (4 respondents), Regional Hospital No.5, “Kalia Phront Group” Women’s Health Center, City Polyclinic No.6 (2 respondents), No. 1 (3 respondents), No.4 (3 respondents), No.9 (2 respondents), No.7 (2 respondents), No.13 (2 respondents), Medical Center No.14, “Otau Med” Clinic (2 respondents), Shubarsu Medical Center, TOO Orken med “Remedy”, GPC Maternity Hospital (2 respondents). The findings reveal an encouraging trend in the attitudes toward migrant families. While 32.1% of the second survey experts (compared to 66.0% in the second survey), noted a respectful attitude towards labor migrants and their families, then more than 54% of the second survey respondents (compared to 15.1% in the first survey), provided effective assistance to women from migrant families. The mistrust indicator decreased from 5.7% to 3.8%. The positive fact of the growth of the level of trust and assistance to migrant women affects the overall health indicators, including reproductive health.

More than 45% of the second survey experts (compared to 26.4% in the first survey) classified this category as a high-risk group for the development of obstetric complications and pathologies. More than 45% of the experts of the second and 43% of the experts of the first survey believed that pregnant migrant women should not always be classified as a high-risk group for the development of obstetric complications and pathologies of the perinatal period. In general, monitoring shows the need to track pregnant migrant women, since due to the difficult financial situation, movement around different cities, and the lack of living conditions, there is an increased risk of developing obstetric complications and pathologies. 60.4% of the second survey experts (compared to 69.8% in the first survey) believed that the problem of access to electronic documentation significantly affects the organization of medical monitoring of the condition and medical, social, obstetric and gynecological emergency care for pregnant migrant women. 28.3% of both survey’s respondents noted that the problem of access to electronic documentation has a lesser effect on the organization of medical monitoring of the condition and medical, social, obstetric and gynecological emergency care for pregnant migrant women. 11.3% of the second survey experts (compared to 1.9% the first survey)



answered negatively. In general, as the monitoring shows, there is a practice that migrant women only seek help from private and public medical institutions in extreme, forced cases. Even with access to free health care, the most common method of treating the subject of the study is self-medication. Nevertheless, emerging complications and pathologies of the perinatal period should be included in the monitoring system of obstetricians and gynecologists. Realizing this fact, migrant women seek medical attention only at the time of childbirth or complications that arise during pregnancy.

More than half of the experts of the second survey (52.8%) compared to 71.7% in the first survey noted that living and working conditions do not affect all categories of migrants. Social and age dif-

ferentiation of migrant women is obvious. In addition, the period of stay in the host country affects social living conditions, adaptation, and information. 30.2% of the second survey experts (compared to 20.8% in the first survey) noted the low standard of living of migrant families, fears and stereotypes regarding the healthcare sector. 17.0% of the second survey experts of compared to 3.8% in the first survey believed that the health issue of women in this category does not depend on the standard of living, but rather on personal self-discipline, health care, and active adaptation in the host country. Monitoring – rating of expert opinion on current medical diseases of women from migrant families that affect the general health, bearing a fetus and the birth process itself (Table 3):

**Table 3** – Monitoring rating of current medical diseases of women from migrant families

№	Response options	Health Experts	
		I survey	II survey
01.	Extragenital diseases	37.7	24.5
02.	Gynecological diseases	37.7	49.1
03.	Diseases of the endocrine system	22.6	3.8
04.	Gastrointestinal diseases	34.0	9.4
05.	Anemia	35.8	18.9
06.	Diseases of the central nervous system	22.6	17.0
07.	Complications during pregnancy	60.4	20.8
08.	Complications during childbirth	26.4	15.1
09.	Individual responses	1.9	7.5

A critical concern for pregnant women is the lack of consistent health diagnostics and well-being monitoring, which often leads to unpredictable complications. Moreover, free medical services are not available to all categories of women from migrant families, especially illegal ones, and they cannot afford paid medical services. For example, the monitoring data for the answer response option ‘complications during pregnancy’ shows a significant decrease in the indicator from 60.4% to 20.8%. According to As noted by the survey experts, diagnostics conducted in the monitoring mode in at health care facilities influenced contributed to shifting the transfer of the indicator from the primary to the medium level.

In general, the monitoring of the study shows that experts include the following diseases among the prevalent ones among women from migrant families:

- gynecological diseases;
- extragenital diseases (vegetative-vascular dystonia, diseases of the digestive system and pyelonephritis; respiratory diseases and pyelonephritis), which significantly affect the development and viability of the fetus, the health of the unborn child;
- complications during pregnancy associated with the presence of the above diseases;
- anemia, the main cause of which may be malnutrition, which affects fetal growth retardation, and later possible autism;

- diseases of the central nervous system
- complications during childbirth
- diseases of the gastrointestinal tract.

Living conditions, migration, constant relocations, instability of financial status affect the health of migrant women and significantly affect

reproductive function and the birth of healthy children.

Monitoring of the expert survey on types of emergency free medical care for migrant women shows the need to implement following issues (Table 4):

**Table 4** – Monitoring and rating of types of emergency free medical care for migrant women

№	Response options	Health Experts	
		I survey	I survey
01.	Obstetrics	69.8	77.4
02.	Termination of pregnancy	9.4	1.9
03.	Registration for pregnancy	20.8	17.0
04.	Individual answers	0.0	3.8

69.8% of experts in the second survey (compared to over 77% in the first survey) emphasized the importance of creating a comprehensive database to monitor migrant health indicators. At the same time, 20.8% compared to 17.0% in the first survey suggested that such a database is needed only for those categories of migrants who, due to health reasons, seek medical care or reside permanently in the region. 9.4% of respondents in both surveys expressed opposition to the creation of a health database. Undoubtedly, a territorial database, including female migrants, is necessary, since this category of vulnerable groups of the local community needs to be examined for basic health indicators. In connection with this issue, 67.9% of experts in the second compared to 69.8% of experts in the first survey emphasized the importance of implementing a system for individual registration and dynamic monitoring of pregnant migrants. However, 20.4% of experts in the second survey (compared to 9.4% in the first survey) believed that such a registration system is necessary only for women with identified pathologies and complications. The spread of responses in both surveys is insignificant. Experts note that it is necessary to introduce a database of an individual registration system and dynamic monitoring of pregnant women from migrant families.

One of the urgent solutions to the health problem faced by migrant women during pregnancy is the potential introduction of a system of voluntary medical insurance for labor migrants and their family members to ensure access to free medical services. The proportion of respondents selecting

the option “not for everyone” has significantly increased from 24.5% in the first survey to 30.2% in the second survey. Additionally, the share of a negative answer has also increased from 32.1% to 45.3% in the second survey. Overall, the monitoring of expert opinions indicates that the system of voluntary medical insurance for labor migrants and their family members should be implemented exclusively for individuals who are permanent resident of the republic. Thus, monitoring of expert opinions shows that the system of voluntary medical insurance of for labour migrants and members of their families members for free services should be introduced not only in relation to for those persons permanently residing in the republic, but also to for the families of “illegal” migrants summing up the results of the monitoring study, the most relevant areas for enhancing organizational and clinical measures in the provision of free medical care for pregnant migrant women should be noted.:

- justification and implementation of routing of their medical care – 77.4%;
- conducting screening studies to identify risk group (low, medium and high) for the development of complications during pregnancy, childbirth and childbirth outcomes in pregnant migrants – 75.5%;
- development and implementation of criteria for assessing the effectiveness and quality of medical care for pregnant migrants – 75.5%;
- implementation of medical and organizational measures to prevent miscarriage and premature birth in pregnant migrants – 71.7%;

- additional examinations by specialist doctors and clinical diagnostic, functional and laboratory studies, considering the high prevalence of extragenital and genital pathology – 69.8%.

An analysis of expert preferences highlights that specialists prioritize the introduction of routing for medical care, the collection of statistical data, and research to identify risk groups. They also emphasize to prevent pregnancy complications, and additional examinations for pathologies, recognizing that this category of the population constitutes a socially vulnerable group in the region.

## Conclusion

*Education:* The intensified migration processes have significantly contributed to the increase in the number of migrant children requiring access to education. This aligns with the obligations undertaken by the host state to provide educational opportunities to migrants. However, migration has exacerbated social inequalities in education, as migrants and their children often face reduced opportunities for access to quality education. The following behavioral stereotypes can be identified on the part of migrants: legal illiteracy; cultural, ethnic, social, racial differences with the local population; ignorance of the norms, customs, rights and obligations of the host society; low labor qualifications compared to the local population; the difference in the level of education and upbringing of migrants and the local community.

1. According to the experts of the second study, the main problems of access to education for children from migrant worker families are still:

1.1 Lack of electronic documentation for migrant family members – 61.9%

1.2 Lack of temporary registration at the place of residence – 31.0%

1.3 Possession of only foreign identity documents – 19.0%

1.4 Absence of medical documents for the child (including vaccination certificates) – 16.7%

1.5 Children's inability to speak the state and Russian languages – 16.7%

1.6 Insufficient knowledge level of migrant children and challenges in determining the education level – 9.5%

1.7 Previous lack of school attendance in the country of origin – 9.5%.

2. Migrant families often originate from marginalized communities in their home countries, where education for children was not considered essential.

In the host country, living conditions, employment, have contributed to increased awareness of the importance of schooling for children. However, issues persist, including the absence of primary education, unfamiliarity with the language of interethnic communication, and the lack of habitual practice of school attendance.

3. Over 60% of the experts of the monitoring study (the overall average indicator) assess the culture of interethnic communication in educational institutions mainly as “excellent” and “good”. In general, the monitoring data show a calm, balanced attitude of the social environment, peers of children in the region to children from migrant families. While inclusion in the educational environment is occurring, it remains limited, as the strong communication boundaries within their diasporas often outweigh the processes of adaptation to school conditions.

4. 36.4% of the monitoring survey experts support educating migrant children in the same classes as all other children, arguing that adaptation and integration into the educational environment will enhance their learning and future academic progress. At the same time, 45.2% believe that the class distribution is inconsequential. Nevertheless, due to a lower level of preparation, lack of knowledge of the communication language, a “buffer” zone should be created before the direct education of children in educational institutions. Such can be additional courses in teaching languages and preschool knowledge.

5. Due to the different levels of preschool children preparation from labor migrants' families, the presence of language barriers, 57.1% of experts highlight the importance of creating preschool preparatory centres or circles for children of migrants to prepare in the state, Russian languages 6. At the same time, the monitoring showed that these centres should be established only in areas with a high concentration of migrant families. The survey experts believe that the following are effective educational strategies, considering global experience and the needs of children from migrant worker families:

6.1 Creation of information databases of migrant children to ensure their full coverage by the education system – 76.2%

6.2 Development of a system of additional education to adapt migrant children to general education schools – 45.2%

6.3 Establishment of special “Kazakh/Russian language schools” focused on preliminary study of the state language, as well as, the basics of national culture, history – 42.9%

6.4 Introduction of additional hours, courses, and electives at school – 35.7%.

*Healthcare:* Migrant women experience significant challenges in accessing healthcare services due to marginalization and vulnerability caused by both their gender and their migrant status. Addressing these issues requires a comprehensive approach that goes beyond health insurance, focusing on improving service quality, monitoring health dynamics, and considering the financial situation and priorities of migrants.

1. In the context of migration, under the influence of unfavorable factors and restrictions in the availability of medical and obstetric-gynecological care, reproductive health suffers, and gynecological pathology negatively affects the course of pregnancy, childbirth and the quality of health of newborns.

2. Migrant women do not regularly take advantage of medical prevention and are exposed to higher levels of stress. To a large extent, they remain the so-called “invisible workers” employed in the informal sector of the economy.

3. More than 80% of experts in the monitoring study (overall average) classify pregnant migrant women as a high-risk group for the development of obstetric and perinatal complications, namely: anemia of pregnancy, abnormal labor, infectious complications.

4. More than 87% of experts of the monitoring study (overall average) believe that the living and working conditions of migrant women significantly affect their health. Problems with documentation, high fees for private clinics, largely determine the lack of routine medical examinations and monitoring of health dynamics, including reproductive health.

5. According to the monitoring results, health experts include the following main diseases of women from migrant families: gynecological dis-

eases (49.1%); extragenital diseases (vegetative-vascular dystonia, diseases of the digestive system and pyelonephritis; respiratory diseases and pyelonephritis) (31.1%), which significantly affect the development and viability of the fetus, the health of the unborn child; complications during pregnancy (40.4%) associated with the presence of the above diseases; anemia, the main cause of which may be malnutrition, which affects fetal growth retardation, and later on possible autism (27.3%); gastrointestinal tract diseases (21.7%), complications during childbirth (20.7%), diseases of the central nervous system (19.8%).

6. According to the experts of the monitoring study, the following are essential components of free medical care for migrant women:

6.1 Provision of pre-hospital medical care – 84.9%

6.2 Medical and social counseling – 81.1%

6.3 Assistance with obtaining health insurance policies (issuance of a certificate for medical care) – 64.2%

6.4 Assistance in conducting medical examinations – 52.8%.

7. Access to medical care should certainly be expanded by law for individuals with an uncertain migration status, to ensure equity and better health outcomes for migrant women.

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