

6. Protection of Reproductive Health and Family Planning

Galina Grebennikova, Natalya Rakhalskaya

Introduction

Sexual and reproductive health is a crucial but often undervalued component of overall well-being. It involves not only good physical health but also the ability to have safe and satisfying sexual relationships, the opportunity to have children, and freedom from coercion and violence. For women living with HIV and using drugs, access to information and services in this area is often complicated by stigma and discrimination from various sides, making it imperative to address their unique needs, reduce health risks, and empower them to make informed decisions about their reproductive health.

Living with HIV and dependence on psychoactive substances presents unique challenges, especially concerning reproductive health. Many women face prejudices from family, society, and healthcare professionals, leading to various adverse outcomes.

Strategies for harm reduction are related to reproductive health, especially for women who use drugs and those living with HIV, as these populations confront particular and compounded health hazards. Accessing reproductive health treatments can be extremely difficult for drug-using women due to a variety of factors, such as stigma, discrimination, and a lack of specialised programmes. As a result, requirements for prenatal care, contraception, and the prevention of sexually transmitted infections (STIs) like HIV may not be met. Ensuring women living with HIV have access to comprehensive reproductive health treatments is crucial for both their personal health and the prevention of HIV transmission from mother to child. By offering non-judgemental, holistic care that covers sexual and reproductive health, harm reduction strategies that incorporate reproductive health services can close these gaps and empower women. This will eventually improve health outcomes and slow the transmission of HIV.

Reproductive Health

According to the World Health Organization (WHO), reproductive health is defined as “a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity, in all matters relating to the reproductive system, its functions, and processes” (WHO 1994). This definition, proposed by WHO and agreed upon at the International Conference on Population and Development, includes sexual health as well (WHO 1994).

All these elements together form the basis of reproductive rights, which are an integral part of human rights and social justice. These rights include:

- the right to universal access to modern contraceptives
- opportunities for safe pregnancy and the protection of maternal and child health
- the right to education and information on sexual and reproductive health
- opportunities for safe abortion.

These rights guarantee every person the right to health, safety, and autonomy in making decisions regarding their body and reproductive choices. Addressing the fundamental principles that define the foundations of health and freedom for every person, it is important to note that reproductive rights mean guaranteed access to modern contraceptives for all members of society. This access ensures the ability for each person to choose and control their reproductive path, regardless of social status, age, or gender.

The Right to Universal Access to Modern Contraceptives

Modern methods of contraception offer a wide range of options, allowing people to choose the method that best suits their needs and preferences. These can include condoms, contraceptive pills, intrauterine devices (IUDs), injections, patches, subdermal implants, and others. Guaranteed access to contraceptives not only helps prevent unwanted pregnancies but also contributes to public health improvement. Family planning allows parents to decide when to have children and how many to have, which in turn helps reduce inequality in access to education, employment opportunities, and economic resources.

Moreover, access to contraceptives plays a key role in reducing the risk of transmission of infections, including sexually transmitted infections (STIs).

This is important not only for individual health but also for public welfare, as preventing the spread of STIs helps reduce healthcare costs and improve quality of life.

Thus, guaranteed access to modern contraceptives is an essential element of reproductive health and one of the rights of every person. It contributes to the realization of an individual's rights to health, freedom, and self-determination, as well as to creating a more equitable and prosperous society.

Opportunities for Safe Pregnancy and the Protection of Maternal and Child Health

The realization of reproductive rights undoubtedly includes another important aspect of a prosperous society – the protection of maternal and child health, which allows future parents to prepare properly for childbirth, receive timely medical care, and monitor their health throughout the pregnancy.

The protection of maternal and child health also includes access to quality medical services during pregnancy, childbirth, and the post-partum period, screening for potential complications, necessary medical procedures, and support from qualified healthcare professionals.

The Right to Education and Information on Sexual and Reproductive Health

The right to education and access to information on sexual and reproductive health is also an integral part of reproductive rights and freedoms. It provides individuals with knowledge about their bodies and sexuality, helps prevent unwanted pregnancies, protects against sexually transmitted infections, and promotes the creation of healthy and responsible relationships.

It is necessary to take into account the social and cultural contexts in which reproductive rights operate. This includes respect for the diversity of cultural beliefs and practices, as well as consideration of the individual needs and life circumstances of each person.

Opportunities for Safe Abortion

Finally, reproductive rights include the possibility of safe abortion when necessary. It is important to understand that the decision to have an abor-

tion is often made under complex and individual circumstances, which may include social, economic, medical, and psychological factors. Guaranteed access to safe abortion services provides women with the opportunity to make decisions about their reproductive path in a safe and supportive environment. Providing access to qualified medical abortion services helps prevent complications and risks associated with unsafe and illegal methods of pregnancy termination, which contributes to reducing maternal mortality and disability, as well as preserving women's physical and psychological health.

Freedom of choice and control over one's body are inalienable rights of every person. Reproductive rights ensure the ability to make informed decisions about sexual and reproductive health, including access to contraception, abortion, and quality medical care.

Factors Affecting Reproductive Health

Reproductive health is influenced by a variety of factors that are interrelated and impact individuals in different ways. The main factors affecting reproductive health include:

- *lifestyle*: chronic stress, low physical activity, poor diet and, as a result, being overweight or underweight, risky sexual behaviour, and sexually transmitted infections
- *harmful habits*: alcohol abuse, smoking, drug use
- *environmental factors*: the consequences of nuclear test sites, environmental pollution;
- *social environment*: low living standards, inadequate nutrition, unemployment.

Lifestyle is a major determinant of reproductive health, whereby chronic stress, low physical activity, and poor diet can significantly disrupt reproductive functions. Chronic stress, for instance, can lead to hormonal imbalances that affect menstrual cycles and fertility, while a sedentary lifestyle often contributes to obesity, which is linked to conditions like polycystic ovary syndrome (PCOS) and infertility. Additionally, poor nutrition can result in deficiencies that affect reproductive health, while being either overweight or underweight can disrupt normal reproductive processes, making it difficult to conceive. Risky sexual behaviors, such as having multiple partners or engaging in unprotected sex, increase the risk of STIs,

which can lead to infertility and other serious reproductive health issues if left untreated.

Harmful habits like alcohol abuse, smoking, and drug use also have detrimental effects on reproductive health. Excessive alcohol consumption can disrupt hormonal balances and reduce fertility in both men and women, while smoking is linked to a range of reproductive problems, including a higher risk of miscarriage and reduced sperm quality. Drug use further complicates reproductive health by causing hormonal disruptions and increasing the likelihood of infertility and pregnancy complications. The formation of harmful habits (smoking, alcohol, and drug use) negatively affects not only the individual's health but also the health of future children. Alcohol abuse leads to an increase in the number of children with congenital physical and mental disabilities. It is now proven that pregnancy is incompatible with alcohol or drug use, as it increases the risk of pregnancy loss, infertility, and the likelihood of giving birth to a sick or impaired child. Early on, nicotine, alcohol, and drugs result in the death of the fertilized egg and embryo, delayed foetal growth and development, organ and system malformations, spontaneous abortions, and stillbirths. Alcohol use increases the risk of early sexual activity, HIV infection, and sexually transmitted infections. Women who misuse alcohol, marijuana, and other illegal drugs are more likely to report not using condoms, having more sexual partners, getting STIs, abusing contraceptives, engaging in non-consensual sex, and experiencing violence from their partners (Hall et al. 2013).

Additionally, environmental factors are crucial. For example, genetic abnormalities, infertility, and an increased incidence of birth deformities and miscarriages might result from radiation exposure from nuclear test sites. By altering hormonal balance and raising the risk of reproductive malignancies and birth defects, environmental pollution – which includes exposure to pesticides, heavy metals, and chemicals that disrupt endocrine function – can also have a negative impact on reproductive health.

Finally, an individual's social surroundings also have a large influence on their reproductive health. Low living standards, which are frequently accompanied by financial difficulties, can make it more difficult to get necessary medical care, result in poor nutrition, and raise stress levels, all of which have a detrimental impact on the health of the reproductive system. Deficiencies in vital nutrients that are critical for reproductive processes can arise from inadequate diet, which is frequently associated with poverty. In addition, joblessness can worsen stress and depression, limit access to

healthcare, and encourage unhealthy lifestyle choices, all of which can have a negative impact on reproductive health.

The Role of Parents

The foundations of reproductive health are laid in childhood and adolescence, so it is crucial to care for one's health from this age onwards. Parents need to be aware of the main stages of their children's physiological development, the reasons for consulting healthcare professionals, and the intervals for preventive visits. Regular monitoring by a doctor from birth will help identify any problems early, including delayed or premature sexual development, allowing for timely medical intervention, if necessary.

The process of puberty begins in the child's body at six to seven years of age. Parents must ensure that the child is developing according to their age, and a doctor can help determine this. Mothers should definitely take their daughters to a gynecologist when they are nine to ten years old, as this is the period in which girls develop secondary sexual characteristics, such as breast development and the appearance of pubic and underarm hair.

For boys, sexual development is assessed at twelve years old by a doctor to determine whether the child has entered puberty. The development of body hair, genital size, Adam's apple size, and other external signs are evaluated.

The next visit to the gynecologist for girls should occur with the onset of menstruation, as this is one of the most important moments in a girl's development. It is considered normal for menstruation to begin when a girl is about twelve and a half years old, although it can occur a little earlier or later. However, if by fourteen years old a girl has no secondary sexual characteristics and by sixteen years old has not started menstruating, parents should be concerned and immediately take their daughter to a gynecologist.

For boys, a repeat visit should occur at 14 years old. The doctor will determine how the child is progressing through puberty and whether there is a delay in sexual development. Twelve to 14 years old is the most common age for the onset of varicocele (enlargement of the veins of the spermatic cord), which should be ruled out as it can be a cause of infertility in the future.

In addition, parents should seek medical advice if their child has any complaints, such as itching, pain, burning in the genital area, unusual discharge or very painful menstruation in girls, or other concerns.

The adolescent period is crucial for forming healthy lifestyle habits. A lack of information on reproductive health protection due to the absence of a comprehensive sexual education system for children and adolescents leads to early sexual activity and risky sexual behavior, resulting in high rates of teenage pregnancies and abortions, the spread of sexually transmitted infections, and, in the future, potential infertility.

Developing a healthy lifestyle should involve the acquisition of specific knowledge and skills that exclude harmful habits and unsafe sexual behavior. Thus, reproductive health is a reflection of an individual's quality of life in childhood and adolescence.

It is well known that reproductive behavior determines the quality of reproductive health. Reproductive behavior includes reproductive attitudes (when and how many children to have), sexual behavior, and contraceptive behaviors. Acquiring the necessary behavioral skills is crucial. If young people positively perceive the need for healthy behaviors, their relationships will be as safe as possible.

In Kazakhstan, several gradual steps are being taken towards protecting the reproductive health of the entire population, the most important of which is the 'Concept of Family and Gender Policy in the Republic of Kazakhstan until 2030', approved by the President's Decree. There is also a state program aimed at reducing maternal and child mortality in the Republic of Kazakhstan within the framework of the overall Concept of Healthcare Development in the Republic of Kazakhstan for 2020–2025. These programs and activities aim to reduce inequalities in access to reproductive services, reduce maternal and child mortality, improve the quality of life for women and children, and create public awareness of the importance of caring for reproductive health.

A significant contribution to this effort is made by the Kazakhstan Association for Sexual and Reproductive Health (KMPA), which, over the last 30 years, has implemented numerous projects aimed at raising youth and adolescent awareness and promoting the realization of reproductive rights and freedoms in Kazakh society.

Risky Sexual Behavior

Risky sexual behavior increases the risk of contracting and spreading STIs, including HIV. STIs are bacterial or viral diseases, and the primary route of infection is sexual contact. STIs include syphilis, gonorrhea, chlamydia, trichomoniasis, cytomegalovirus, herpes simplex virus, hepatitis B, human papillomavirus, HIV, and several other infections. If infected with STIs, both men and women face risks of complications. For men, these include inflammation of the prostate gland, seminal vesicles, testes, and epididymis, which can lead to infertility. For women, these include inflammatory diseases of the ovaries, uterus, and fallopian tubes, which can impair reproductive function.

If left untreated, some STIs, such as gonorrhea and chlamydia, can lead to infertility or pregnancy loss in women and sexual dysfunction in men. Human papillomavirus infection can lead to cervical cancer.

Risky sexual behavior remains a significant public health issue, especially among key population groups. These groups include, but are not limited to, youth, sex workers, people who use drugs, and men who have sex with men.

Youth are often at risk due to a lack of information, access to reproductive health services, and decision-making skills. They may face peer and societal pressure, leading to unprotected sex, multiple partners, and other risky behaviors.

Preventing teenage pregnancies remains one of the most pressing issues in reproductive health. According to sociological studies conducted by United Nations Population Fund (UNFPA 2017) in the Republic of Kazakhstan, the average age of first sexual intercourse is 16.5 years. About a third of youth aged 15–19 are sexually active, with 21% having had their first sexual contact before the age of 18. On average, three out of 100 girls aged 15–19 become pregnant, and 15% of them terminate their pregnancy through abortion. Therefore, safe sexual behavior, which includes the use of barrier contraceptives (condoms) that prevent pregnancy and protect against sexually transmitted infections, including HIV, is of great importance.

Female sex workers confront particular difficulties in preserving their reproductive health, but there are various tactics that can support them in taking care of their health. Frequent health examinations are essential, including gynecological exams such as pelvic exams and Pap screenings to detect problems like cervical cancer early on, as well as routine testing

for STIs like HIV. Furthermore, since the hepatitis B virus can be spread through sexual contact, being vaccinated against it is crucial (WHO 2012; UNAIDS 2014).

Having safe sexual practices is yet another crucial component of reproductive health. Whether using male or female condoms, using them correctly and consistently is one of the best methods to avoid STIs and unintended pregnancies. To protect their clients, sex workers should also be equipped and trained to discuss condom use.

It is essential for sex workers to have access to a range of contraceptive methods in order to avoid unwanted pregnancies. In addition to having access to emergency contraception, like the morning-after pill, in the event of unprotected intercourse or contraceptive failure, sex workers ought to be given the freedom to select the type of contraception that best meets their needs.

In order to maintain reproductive health, knowledge and awareness are essential. Continuous education regarding safe sexual practices, STI prevention, and reproductive health should be provided to sex workers. It's also critical that they understand their legal rights to healthcare, safety from abuse, and protection from exploitation.

Another crucial element is support for mental health. Counselling services are available to assist sex workers in managing the psychological stress and trauma that may come with their job. Peer education and community assistance can also be very successful. Joining or starting support groups, as well as participating in peer education programs where sex workers teach one another about reproductive health, can offer emotional support and safety and health-maintaining techniques.

Promoting better working conditions is crucial to lowering health hazards. This entails pushing for the decriminalization or legalization of sex work, which can increase sex workers' access to healthcare and legal safeguards, as well as supporting the provision of condoms and hygienic amenities in their places of employment.

Harm reduction initiatives, including needle exchange programs, can lower the risk of infections and other health problems for drug users. Providing assistance in controlling or minimizing substance use can also enhance general health results.

Reproductive and general health are dependent on having access to clean water and sanitary facilities. Last but not least, aiding advocacy initiatives that seek to enhance the social and legal landscape for sex workers may result in increased access to healthcare and abuse prevention.

Family Planning

Family planning is one of the key preventive measures in maintaining reproductive health. According to the United Nations definition (1994), "family planning is the ability of couples and individuals to freely and responsibly decide on the number and timing of their children's births, and to have the information and means to do so consciously, using the full range of safe and effective methods".

Family planning can also be called parenting planning. There are specific principles of family planning aimed at the birth of desired children at optimal times with minimal risk to both the mother's health and the health of the future child.

Thanks to family planning, individuals and couples can anticipate and have their desired number of children, as well as determine the timing of their births and the intervals between them. This is achieved through the use of contraception and infertility treatment.

It is important to know that the risk of maternal and infant mortality increases with pregnancy before the age of 18, short intervals between births, and pregnancy against the background of other concomitant diseases.

Pregnancy before the age of 18 is associated with a 35% higher mortality rate for children born to women in this age group compared to women aged 20–30, and maternal mortality increases by 34%. Girls under 15 years old are five times more likely to die during childbirth than women at 20 years old.

Pregnancy at the age of 35 or older also carries a higher risk of maternal and infant mortality. Additionally, there is an increased incidence of children born with congenital neural tube defects (NTDs), particularly Down's syndrome. It is noted that the incidence of congenital defects increases fortyfold in women aged 40 and above.

If the interval between births is less than two years, the child mortality rate increases by 2.5 times (with a higher risk of stillbirth, spontaneous abortion, and the birth of low-weight children). The risk of maternal mortality, pregnancy complications, and bleeding also doubles.

Multiple births (from four to seven births) increase the risk of maternal and infant mortality by 40%.

Pregnancy with concomitant diseases (such as cardiovascular diseases, kidney diseases) increases the risk of maternal and infant mortality.

Considering all of the above, thorough preparation for pregnancy is necessary. Couples planning a pregnancy should undergo laboratory exam-

inations and consult with a physician. To prevent congenital defects, it is recommended to take 400 micrograms of folic acid three months before conception and continue taking folic acid during the first twelve weeks of pregnancy.

If pregnancy is not currently planned, it is advisable to use contraceptive methods, also known as contraception methods. Modern contraceptives are effective and reliable methods of family planning. A trained healthcare provider can help choose the safest and most effective contraceptive method, but the final decision on which method to use is made by the woman or man themselves. Consultations provide individuals with the opportunity to ask any questions they have regarding contraceptives.

When choosing a contraceptive method, factors such as reproductive plans, the impact of contraception on concomitant diseases (if any), the reliability of the method, the way it is used, protection against STIs (including HIV), and its other positive effects on the woman's body are considered.

Given the wide range of contraception methods, it can sometimes be difficult to make a choice. If pregnancy is not part of the immediate plans and contraception is needed, the following questions may help in deciding on a method:

- How reliably does this method protect against unwanted pregnancy (effectiveness)?
- Does the method prevent infection with sexually transmitted infections, including HIV?
- How difficult is the method to apply (ease of use)?
- Is the method comfortable to use?
- Is the method affordable and available (availability in pharmacies)?
- Is a doctor's prescription required to obtain the contraception?

The most common contraceptive methods

Birth control pills: These are known as combined oral contraceptives and contain low doses of the same hormones that are produced by the female body. The pills help prevent pregnancy by stopping ovulation (the release of an egg from the ovary) and thickening the cervical mucus, making it difficult for sperm to enter the uterus and reach the fallopian tubes. Women who use oral contraceptives take one pill every day, regardless of whether they have had sex or not. The pills work most effectively when taken at the same time every day. With consistent, regular, and correct

use, the effectiveness of oral contraceptives in preventing unwanted pregnancy is 99%. However, the pills do not protect against STIs or HIV.

Depo-Provera: This is an injection of a dose of female hormones that prevents unwanted pregnancy by stopping ovulation (egg production by the ovaries) and thickening the cervical mucus, making it difficult for sperm to reach the uterus and fallopian tubes.

Women using Depo-Provera need to get injections in the shoulder or buttocks every three months. The effectiveness of Depo-Provera is 99,7%, but only if the injections are received regularly. The injection does not protect against STIs or HIV. Depo-Provera can only be obtained after consulting with a doctor, and the injection must be administered by a trained healthcare professional in a clinic.

Spermicides: These come in the form of suppositories, cream, gel, foam, and film. They contain a chemical substance that destroys and/or impairs the movement of sperm.

Women who use this method insert spermicides into the vagina before each sexual act. With consistent and correct use, the effectiveness of spermicides in preventing unwanted pregnancy is 82%. Spermicides do not protect against STIs or HIV. A doctor's prescription is not required to purchase spermicides.

Female condoms: These are soft rubber pouches with a ring at both ends. The ring at the closed end is inserted into the vagina, while the other ring and open end remain outside. Female condoms protect against pregnancy and STIs, including HIV.

Implants: An implant is a thin plastic rod inside which there is a small dose of the hormone progestin. The rod is inserted by a doctor under the skin on the inner surface of the arm for three to five years (depending on the type). The implant prevents unwanted pregnancy for three years. It is a hormonal method of contraception that does not protect against STIs or HIV.

Intrauterine device (IUD): An IUD is a small device that a doctor places inside the uterus. It remains inside for five to ten years (depending on the type) and continuously prevents unwanted pregnancy. A doctor can remove it at any time. Like the pill, an IUD contains hormones that

prevent pregnancy. More than 160 million women worldwide use this method. This indicates that IUDs are the most widely used reversible contraception method worldwide. They do not protect against STIs or HIV.

Emergency contraception: This is the only contraception method that can be used after vaginal intercourse to prevent unwanted pregnancy. A woman can use emergency contraception if she and her partner forgot to use other methods, the method used failed (e.g. a condom broke), or there was sexual violence. A woman who needs emergency contraception takes pills that can act differently depending on the phase of the woman's menstrual cycle at that time. Emergency contraception can prevent the release of an egg by the ovaries, hinder the meeting of sperm and egg, or prevent a fertilized egg from attaching to the uterus. Emergency contraception works most effectively if taken within the first 72 hours after unprotected sexual intercourse or failed contraception. Emergency contraception reduces the risk of pregnancy by 75%–89%. This method does not protect against STIs or HIV.

Condom: This is a latex pouch worn over the erect penis. During ejaculation, sperm remains in the condom, preventing fertilization. It is important to know that condom and female condom use is the only method of preventing most sexually transmitted infections, such as gonorrhea, chlamydia, syphilis, hepatitis, HIV, and others.

Withdrawal: This method occurs when the man withdraws his penis from his partner's body before ejaculation. Withdrawal is a contraceptive method with a high failure rate, as it can be difficult to control the process. However, practicing withdrawal is better than doing nothing, but it's worth remembering that there are highly effective and reliable contraception methods available. The withdrawal method does not protect against STIs or HIV.

Family planning and the use of safe contraception methods help maintain reproductive health and help women give birth to healthy and desired children.

Pregnancy and Living with HIV

There are a lot of myths around pregnancy and living with HIV, around mother-to-child transmission of HIV, and around breastfeeding. The effectiveness of antiretroviral therapy has led to the normalization of pregnancy among women living with HIV, significantly reducing the risk of perinatal HIV transmission (Moseholm et al. 2022). According to WHO (2024), in Kazakhstan in 2021 there were 475 women living with HIV who received antiretrovirals to prevent mother-to-child transmission. Another misconception is around breastfeeding. In some settings, breastfeeding is recommended if the mother is on effective antiretroviral therapy (ART) and maintains an undetectable viral load. The risk of HIV transmission through breastfeeding is very low in these circumstances. However, recommendations may vary based on local guidelines and access to safe alternatives like formula. In Kazakhstan, the prevention of mother-to-child transmission of HIV is included in HIV clinical protocols that do not prohibit mothers from choosing to breastfeed. Additionally, breast-milk substitutes are provided free of charge to women with HIV as part of a comprehensive approach to preventing vertical transmission of HIV.

What is absolutely crucial is support from healthcare providers regarding ART and prevention of mother-to-child transmission (PMTCT) practices as this helps to reduce women's fear of death and perinatal transmission, which in turn enhances their participation in HIV care and leads to the birth of children free from HIV (Akinsolu et al. 2023).

Conclusion

Reproductive health is an integral part of the overall well-being of every person. It includes not only physical well-being but also the right to safe and satisfying sexual relations, reproductive choice, and freedom from violence and coercion. By guaranteeing access to information and services in the field of reproductive health, we affirm our commitment to protecting the rights of every person, regardless of their social status or life situation. Therefore, it is important to continue efforts to combat stigma and discrimination, ensuring equal opportunities for everyone to take care of themselves and their health.

Reproductive health is an important but often disregarded topic, particularly for women who take drugs, work in sex, or living with HIV. Stigma,

prejudice, and restricted access to necessary health treatments are among the many obstacles that these women must overcome. As a result, needs for contraception, antenatal care, and the treatment and prevention of STIs may go unmet. Reproductive health treatments are often underutilized or insufficiently provided for these disadvantaged individuals, despite the critical role they play in ensuring their overall well-being and lowering the risk of future health difficulties. Reproductive health must therefore be incorporated into HIV and harm reduction programs in order to provide comprehensive treatment that takes into account the special requirements of these vulnerable women.

References

- Akinsolu, Folahanmi et al. (2023): Psychosocial experiences of pregnant women living with HIV in Ibadan, Oyo State. In: Research square. DOI: 10.21203/rs.3.rs-3327673/v1.
- Hall, Kelli S. et al. (2013): The link between substance use and reproductive health service utilization among young U.S. women. In: Substance Abuse 34, No. 3, pp. 283–291. DOI: 10.1080/08897077.2013.772934.
- Moseholm, Ellen et al. (2022): The experience of pregnancy among women living with HIV in Nordic countries: A qualitative narrative enquiry. In: Women's health 18. DOI: 10.1177/17455065211068688.
- UNAIDS – The Joint United Nations Programme on HIV/AIDS (2014): The Gap Report: Sex workers. www.unaids.org/en/resources/campaigns/2014/2014gapreport/gapreport, 15.11.2024.
- United Nations Population Fund (UNFPA) (2017): *National survey on violence against women in Kazakhstan*. UNFPA Kazakhstan. Retrieved from <https://kazakhstan.unfp.a.org/sites/default/files/pub-pdf/Report%20on%20Nat%20VAW%20survey%20RUS.pdf>, 13.02.2025.
- United Nations (1994): Programme of Action of the International Conference on Population and Development (ICPD). United Nations Population Fund. <https://www.unfpa.org/icpd>
- WHO – World Health Organization (2012): Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries: Recommendations for a public health approach. World Health Organization. www.who.int/publications/i/item/9789241504744, 16.12.2024.

WHO – World Health Organization (2024): HIV – Estimated number of pregnant women living with HIV. www.who.int/data/gho/data/indicators/indicator-details/GHO/estimated-number-of-pregnant-women-living-with-hiv-needing-antiretrovirals-for-preventing-mother-to-child-transmission#:~:text=Method%20of%20estimation%20of%20global,each%20of%20the%20WHO%20regions.&text=Globally%2C%20there%20were%201.2%20million,%E2%80%931.7%20million%5D%20in%202010,23.11.2024.