

комплексно и весьма эффективно улучшить качество жизни граждан? что российское общество постепенно эволюционирует, развивается и меняется в зависимости от внешних и внутренних факторов влияния. На данный момент, в период мировой пандемии, граждане особенно остро нуждаются в предоставлении государством условий для получения стабильного материального дохода и сохранения своего статуса и улучшения качества жизни..

В целом следует указать, что любые социальные показатели и индикаторы в социальном государстве играют важную роль в решении общественных проблем, а особенно в формировании стратегии социальной политики, которая в последнее время привлекает к себе всё больше и больше внимания ввиду своей

нестабильности из-за санкции в отношении России и пандемии COVID-19.

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GENDER IMBALANCE AMONG DONORS IN LIVING KIDNEY TRANSPLANTATION: THE KAZAKHSTAN EXPERIENCE

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ABSTRACT

This article examines the roles of men and women in living-organ kidney transplantation and provides in-depth analysis of an issue by considering alternative perspectives. The main purpose of an article is to identify the roles of women and men during donor-recipient interactions in living-organ kidney transplantation in the Republic of Kazakhstan. The article is based on the theories of Alice Eagle about 'culture and biology interconnection mechanism' and Sylvia Walby about the 'Patriarchy system'. In terms of resources, statistical data from RSE on PCV "Republican center for coordination of transplantation and high-tech medical services" of the Ministry of health Of the Republic of Kazakhstan, database of the Ministry of Digital Development, Innovations and Aerospace Industry of the Republic of Kazakhstan, and data related to the donors and recipients from Hospital №7 in Almaty between 2012 and 2016 have been used. The paper considers the importance of gender equality in living-organ kidney transplantation and presents the possible ways of resolving a problem.

Key words: gender; imbalance, donor, recipient, interaction, transplantation, women, men

Introduction

Gender inequality is one of the topical contemporary issues. This problem is widespread and occurs in many domains since women naturally considered to be physically and morally weak. Men – physically and morally strong. Looking back to the historical background, natural and geographical environment had determined the role of men and women in the early stages. Men – hunter, warrior, women – victim.

These beliefs gave a rise to the discrimination between male and female. Nowadays, gender inequality is measured according to the next indexes: Reproductive health, expanding rights and opportunities, and economical activity degree. Gender inequality in the healthcare system can be seen in organ transplantation.

World Health Organization states that the main problem of transplantation around the world is the lack of potential donors. Moreover, the issue of gender inequality complicates potential donors to be found because Asian and Islamic countries are exposed to the discrimination related to organ transplantation. Also,

women are always second in countries where Islam religion is spread out.

This article examines the roles of women and men in living-organ kidney transplantation in the Republic of Kazakhstan. Unfortunately, the number of people on the waiting list for organ transplantation is increasing in the Republic of Kazakhstan. There is a huge disproportion in the number of recipients and donors.

Currently, there are 2938 adults and 87 children [1] on the waiting list throughout the Republic. This is an abnormally high showing for country. Being equally responsible and altruistic decision-making is significant for both men and women in living-organ kidney transplantation.

Methods.

The article purposes to identify the roles of women and men during donor-recipient interactions in living-organ kidney transplantation in the Republic of Kazakhstan.

In-depth analysis and the method of 'nest selection' were conducted while doing research. Furthermore, statistical data from RSE on PCV "Republican center for coordination of transplantation

and high-tech medical services" of the Ministry of health Of the Republic of Kazakhstan, database of the Ministry of Digital Development, Innovations and Aerospace Industry of the Republic of Kazakhstan, and data related to the donors and recipients from Hospital №7 in Almaty between 2012 and 2016 have been used.

Literature review

Article is based on the theory of Alice Eagly about an interconnection of culture and biology.

Alice Eagly had represented her theory of ‘culture and biology interconnection mechanisms’ in the book called ‘Sex Differences in Social Behavior’. She says that the main factors causing labor division between men and women are biological differences, socialization in childhood. While in adulthood, roles reflecting intersex labor division might become the fundamental base for gender differences. Women tend to act roles, directed towards attention and taking care of people, whereas men seek for occasions where physical power and leadership may be demonstrated [3;56].

Another theory which describes gender imbalance in donor-recipient interaction is the Theory of Patriarchy by Sylvia Walby. She defines patriarchy as a social system where men are dominantly positioned by discriminating women. Walby states 6 various structures of patriarchy including relationships between men and women, employment and labor payment, patriarchy authorities, violence by men, heterosexualism and differing sexual standards, and cultural institutes affecting women’s identity. According to Sylvia, all these structures form patriarchy system where men are dominants by exploiting and discriminating women [4].

Results

The method of ‘nest selection’ and database of Hospital №7 in Almaty from 2016 to 2016 have been used to examine the inequality of donor-recipient interaction between men and women in living-organ kidney transplantation [3]. Information below is presented while doing research analysis.

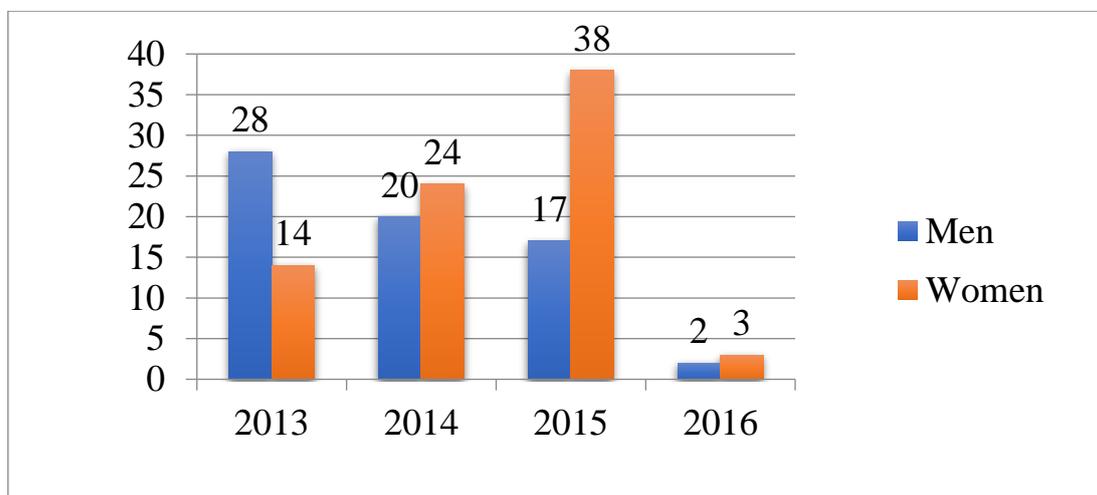


Fig1 (Donor's gender proportion %)

According to the table, 294 kidney donors and recipients gave permission to do an in-depth analysis. As can be seen, in 2013 proportion of men donors is

higher whereas over the period of 3 years from 2014 to 2016 women did altruistic decision to become a donor more than men.

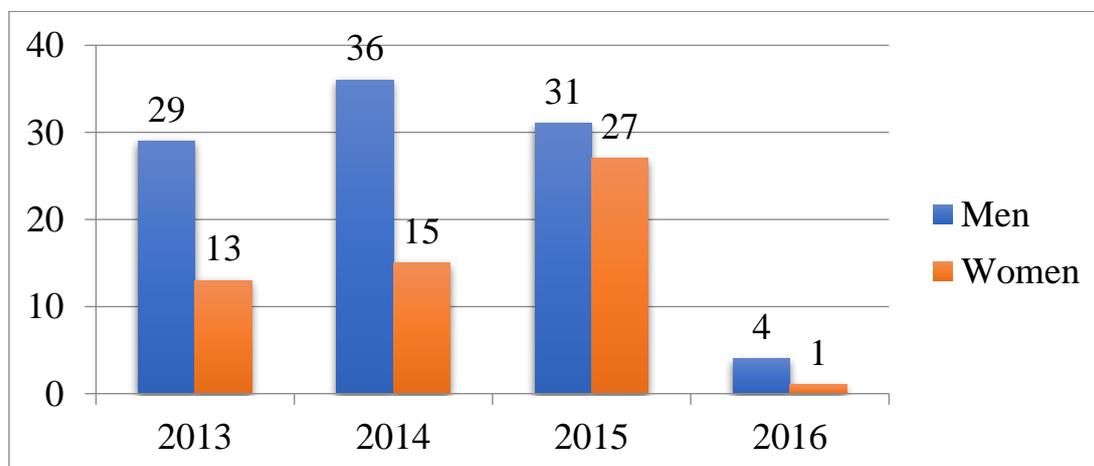
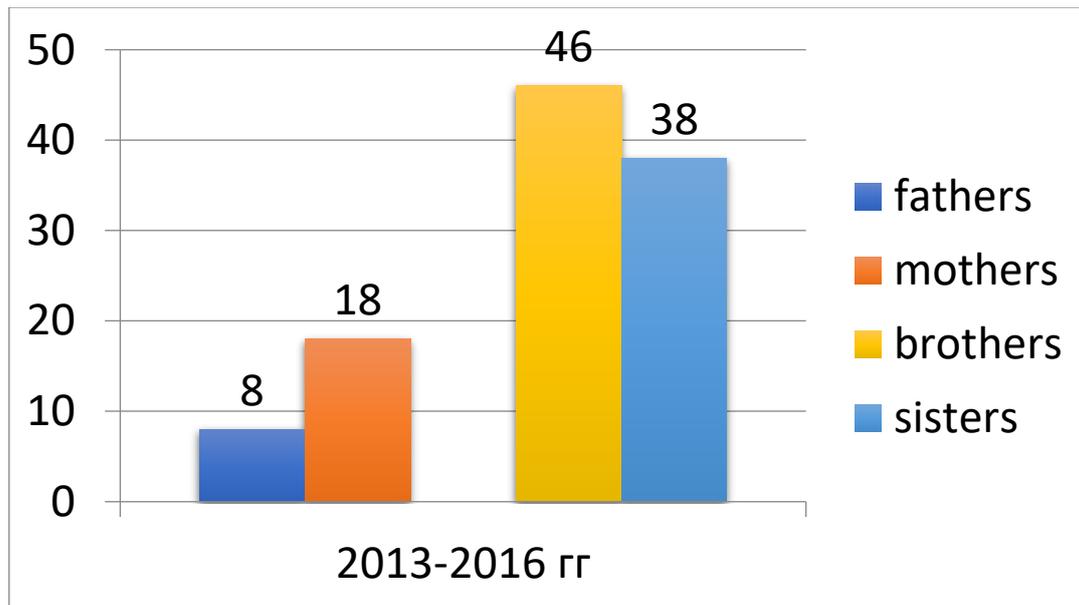


Fig2 (Recipient's gender proportion)

Between 2012 and 2016 there were 156 recipients overall, including 100 men and 56 women. It is clear

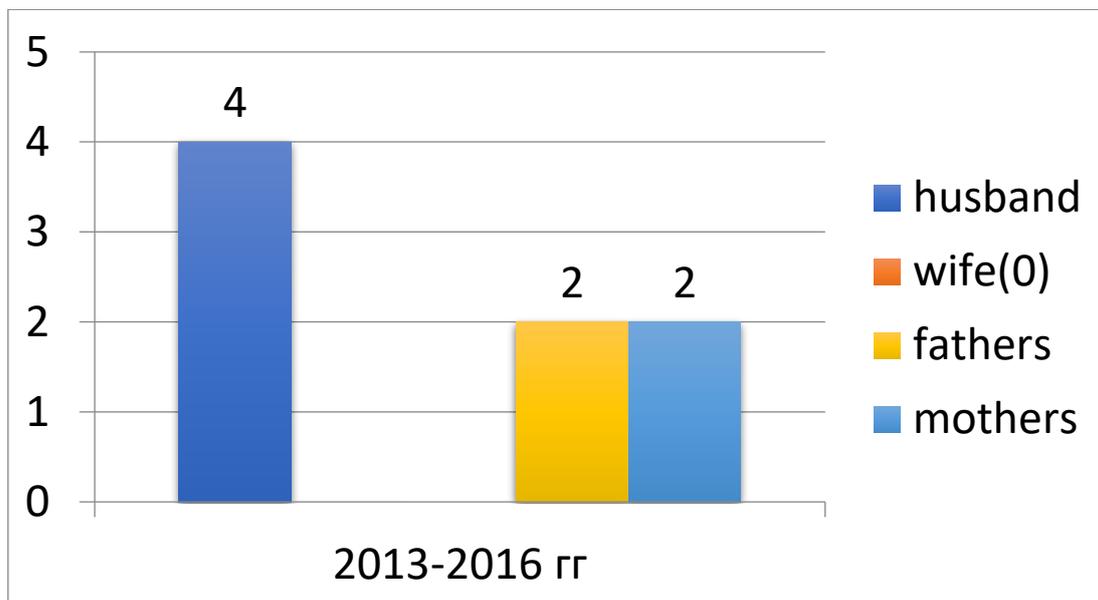
that men experience kidney disease more than women. It might be reasoned by physical labor, health attitudes, and harmful habits.



(Fig3. Quantitative proportion of donors among gender categories: mothers-fathers, brothers-sisters)

There is a gender imbalance among donating category father-mother: fathers donate organs less often to their children as opposed to mothers. Gender

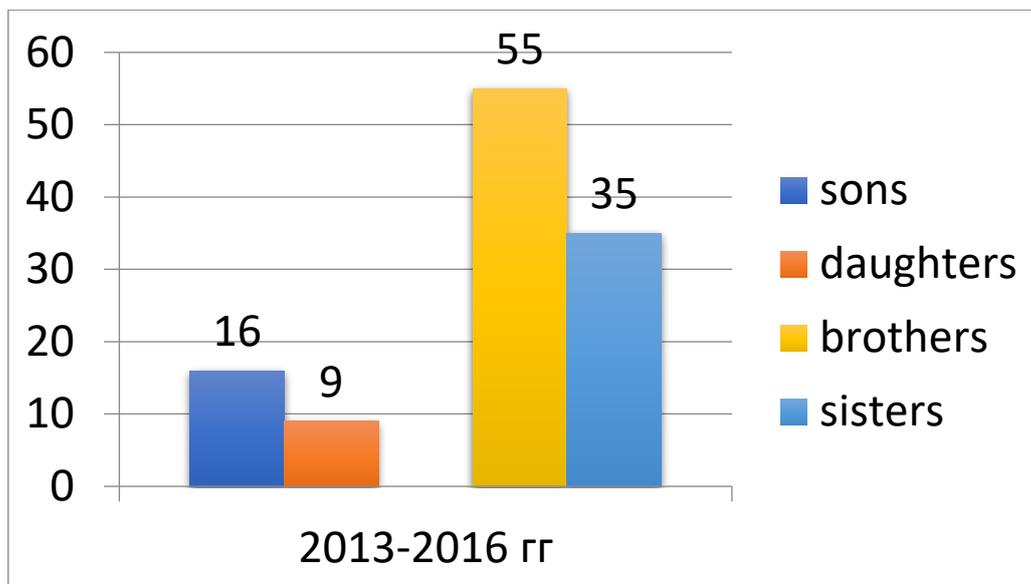
disparity among donor category brother-mother: brothers donate organs more to their siblings than sisters.



(Fig4. Quantitative proportion of donors among gender categories: wife-husband, brothers-sisters)

Gender imbalance among category: wife-husband: wives donate organs more often to their husbands than

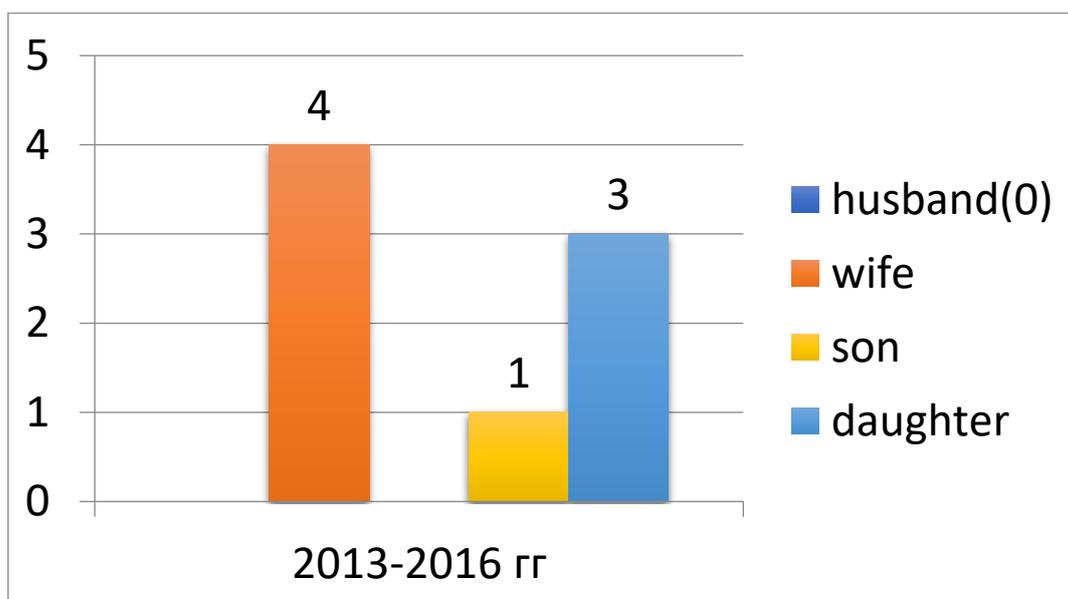
husbands to their wives. Gender disparity among category fathers-mothers is not observed.



(Fig5. Quantitative proportion of recipients among gender categories son-daughter; brother-sister)

Gender imbalance among recipients' category son-daughter: parents donate organs to their sons more often than to their daughters. Gender disparity among

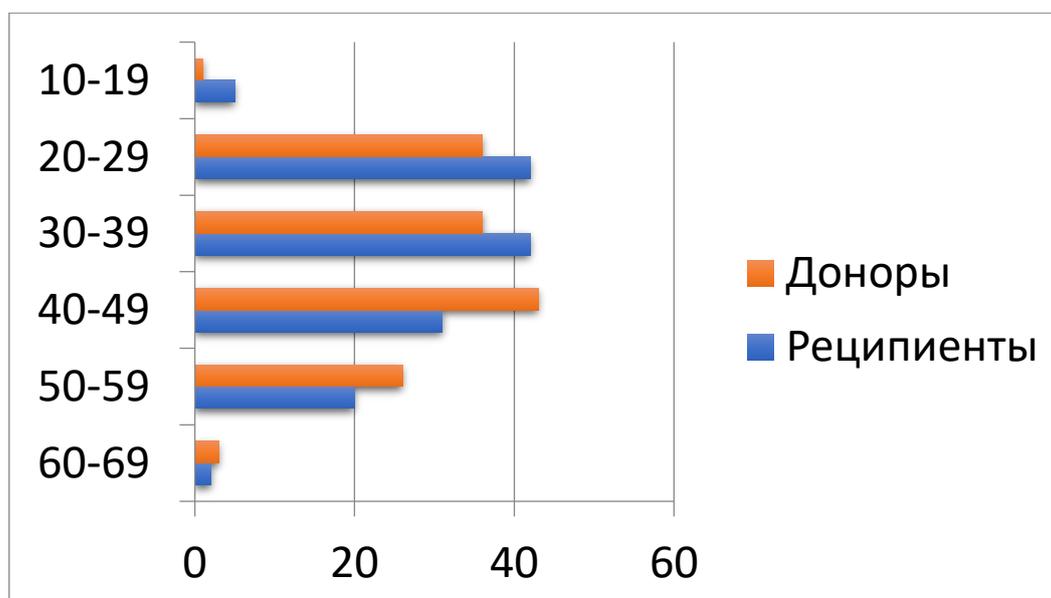
recipients' category brothers-sisters: brothers are given more opportunities rather than sisters in organ donation.



(Fig6. Quantitative proportion of recipients among gender categories wife-husband; son-daughter)

Gender imbalance among donors' categories wife-husband: wives donate organs more often to their husband than opposite. In terms of gender disparity

among son-daughter donating group: daughters donate organs more often to their parents as opposed to sons.



(Fig7. Quantitative proportion of different aged recipients and donors)

Age imbalance: among people aged from 10 to 19, there are far less donors than recipients, whereas people between 20 and 39 years, the range of donors and recipients almost the same. In terms of age category 40 and above: there are more donors than recipients.

Conclusion

To sum up, nowadays living-organ kidney transplantation is a unique way towards the treatment of the terminal patient. These types of surgeries are most common and keeping donor-recipient interaction stable is remarkable. Unfortunately, there is an issue of gender imbalance in living-organ kidney transplantation. Women become a donor in 55% of cases and only 6% of recipients were women. It is reasoned by wife-to-husband relationships, employment rate which is resulted from ideological misconceptions stating that men are a material resource provider, and health attitudes. Significant proportion of men are exposed to stress more, smoke regularly, as a result probability of chronic kidney dialysis to appear increases, causing unavailability of being a donor. Even if women do altruistic decisions, they cannot equally access proper treatment or organ transplantation.

The problem of gender disparity in donor-recipient interaction might be solved by:

-Fully recognizing donor-recipient interactions' responsibilities and equal rights of men and women via social media, internet sources, advertisement, and media.

-Presenting donors as a heroes in the society by encouraging altruistic decision making.

-Organizing the ways of providing socio-economic support to the families of donors

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