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Immigrants Through the Eyes of Citizens of Kazakhstan: The Attitude of the Host Society to the Immigrants' Health

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ABSTRACT. *This article examines the attitudes of Kazakhstani citizens towards health problems among immigrants. Respondents (N=401) from different regions of Kazakhstan took part in the study in 2023. According to the results of the study, it was found that (1) male respondents demonstrated significantly higher engagement with news about migrants compared to females. (2) Age and level of education were not associated with news engagement. (3) The probability of emigration correlated negatively with age but positively with education level, and positively with frequency of following migration news. (4) Individuals with conservative ideological orientations and liberal economic perspectives were more likely to follow migration news. (5) Attitudes towards immigrant health varied, with the majority supporting continuous health monitoring but divided opinions on whether immigrants pose a danger to public health. (6) Socio-demographic factors such as language, gender, experience living abroad, and ideological orientation influenced attitudes toward immigrant health. Therefore, understanding*

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the complex attitudes of citizens towards immigrant health issues is essential for developing targeted interventions and policies that promote integration and address the diverse needs of both immigrants and the host population in Kazakhstan.

KEYWORDS: *migration, immigrants, interpersonal and intergroup perceptions, attitudes, public health.*

INTRODUCTION

The contemporary phenomenon of global migration presents a myriad of inquiries to scholars and professionals regarding its repercussions on the psychological and physiological welfare of migrant populations. Annually, a considerable number of individuals embark on international migration, contending with adversities such as bereavement, prejudice, linguistic obstacles, and constrained healthcare accessibility. Scientific inquiry within this domain furnishes insights into the adversities encountered by migrants, while also proffering strategies to enhance their overall well-being. As of mid-2020, the tale of international migrants surpassed 281 million individuals, encompassing 30.5 million refugees and asylum seekers, underscoring the scale and complexity of this societal dynamic (McAulife & Triandafyllidou, 2021). Thus, in the period from January to September 2023, Kazakhstan experienced an influx of 19,136 individuals, while 12,732 people departed the country, resulting in a net migration gain of 6,404 individuals. Compared to the same period in 2022, there was a notable increase in arrivals, amounting to a 74% rise. The primary migration exchange of the country occurs with Commonwealth of Independent States (CIS) countries, with 88% of arrivals and 78.1% of departures directed towards this region (National Statistics Bureau of the Agency for Strategic Planning and Reforms of the Republic of Kazakhstan, 2023).

Migrants are individuals who have changed their country of residence, and such migration can be either voluntary (due to employment, family reunification, or education) or forced (resulting from armed conflicts, persecution, or disasters). Those, who are forced to move to receive refugee status, while those who have not yet been officially granted such status are referred to as asylum seekers (McAulife et al. 2019). Immigrants may encounter various health and well-being challenges, as presented in Table 1.

Table 1. *Main health and well-being challenges of immigrants.*

Barriers	Description
Language and Cultural Barriers	Immigrants may face difficulties in accessing healthcare services due to language barriers and differences in cultural norms, which can lead to misunderstandings and inadequate care
Mental Health Issues	The stress of immigration, including leaving behind familiar environments, and social networks, and facing uncertainties in the new country, can contribute to mental health issues such as depression, anxiety, and post-traumatic stress disorder (PTSD)

Discrimination and Social Exclusion	Immigrants may experience discrimination and social exclusion, which can negatively impact their mental and physical well-being. This may manifest as increased stress, reduced self-esteem, and limited access to resources and opportunities.
Limited Access to Healthcare	Some immigrants may face challenges in accessing healthcare due to financial constraints, lack of health insurance, or bureaucratic barriers. This can result in delayed or inadequate medical treatment, exacerbating health issues.
Infectious Diseases and Health Risks	Immigrants may be at higher risk of infectious diseases due to factors such as overcrowded living conditions, limited access to healthcare, and exposure to new environments. Additionally, they may face challenges in accessing preventive measures such as vaccinations.
Nutritional Challenges	Immigrants may experience dietary changes and challenges in accessing culturally appropriate and nutritious food, which can impact their overall health and well-being.
Trauma and Past Experiences	Immigrants may have experienced trauma, persecution, or violence in their home countries or during the migration process, leading to physical and psychological health consequences that require specialized support and care.

According to Bogic et al. (2015), migrants/refugees face a high prevalence of mental disorders such as depression and PTSD, as well as risks associated with traumatic events, loss, instability in the new country, and limited access to medical and psychological assistance. These factors collectively impact the mental health of refugees, emphasizing the need for the development of effective support and intervention programs. Jung & Kim (2020) investigated the impact of depression and social support on the quality of life of migrants, as well as the mediating effect of "health-promoting behavior." The authors utilize various instruments to measure social support and depression, as well as develop their tool to measure health-promoting behavior. The research findings indicate that depression and social support influence the quality of life of migrants, with health-promoting behavior partially mitigating these effects. The authors suggest that enhancing access to social support and promoting health-promoting behavior among migrants may contribute to improving their quality of life.

A significant inquiry into the medical support of migrants was addressed in the review by Pattillo et al. (2023), wherein the authors identified three primary aspects in which racism manifests in healthcare for migrants: a general bias against migration, prejudiced attitudes towards migrant health and healthcare, and differential medical treatment. The conclusion highlights that racism exacerbates inequalities in access to and quality of healthcare for racially marginalized migrants, underscoring the need for further research in this area considering individual racism embedded within institutional and structural levels. Concurrently, Scarso et al. (2023) investigated that access to vaccination for newly arrived migrants is a pressing issue requiring urgent attention in EU countries. This study aimed to develop a General Conceptual Framework for understanding how to improve vaccination coverage among migrants, by characterizing and critically analyzing systemic barriers and potential vaccination enhancement strategies.

The work by Cho et al. (2023) provided an extensive review of health-related quality of life among migrants in the context of their labor activities, using Korea as an example.

The study identified that migrants encounter numerous issues such as language barriers, discrimination, poor working conditions, and limited access to healthcare. They also experience higher levels of stress, anxiety, and depression compared to the general population. The authors recommend that policymakers and employers take steps to improve working conditions, provide language and cultural training, and increase access to healthcare for migrants. Additionally, they suggest that future research focus on developing interventions to enhance the health-related quality of life of migrants.

Furthermore, Miller et al. (2019) analyze obstacles and assistance in ensuring the mental well-being of migrants in Japan. The authors highlight key factors such as language difficulties, lack of social support, and the importance of social networks and cultural identity for mental health. Recommendations include improving support services for migrants and increasing intercultural understanding among the Japanese public.

Herold et al. (2023) conducted a systematic review revealing a lack of research on the working conditions of migrants and refugees/asylum seekers in Europe and their impact on mental health. Migrants and refugees face organizational shortcomings, such as more frequent engagement in low-status, unskilled labor, requalification, increased reliance on temporary contracts and shift work, as well as low remuneration. They also encounter social disadvantages, including interpersonal discrimination compared to the local population across all European host countries. For both migrants and locals, most adverse work conditions are associated with deteriorating mental health. Consequently, labor legislation in European countries should pay attention to and regulate working conditions to ensure equal opportunities for migrants and locals. There is a partial need for explicit specification of laws regarding migrant workers. As migrants constitute a significant portion of the labor force in Europe, preserving their mental health by improving working conditions should be a long-term goal. Politically, this can be achieved, for example, through broader recognition of foreign qualifications by governmental bodies. At the enterprise level, this can be implemented through measures to combat discrimination, team-building programs, as well as workplace health measures such as training on occupational hazards and information on workers' rights in various languages.

The study by Li et al. (2023) underscores the significant influence of socioeconomic status on people's well-being, particularly in the context of immigration, using China as an example. The impact of this status varies depending on various factors, such as household registration status, duration of residence, and type of migration status. This highlights the importance of considering subjective aspects when analyzing socioeconomic status and overall well-being.

Legal provision of healthcare for immigrants

In both Kazakhstan and Russia, foreign nationals have access to medical services through the compulsory medical insurance system. In Russia, free treatment in state institutions requires possession of compulsory medical insurance (CMI) policy, obtainable by

individuals with temporary residence permits, residency permits, or temporary asylum. Emergency medical care is provided free of charge even without a CMI policy, while paid services are available in private clinics or through self-payment (Approval of the Rules for Providing Medical Care to Foreign Citizens in the Territory of the Russian Federation (with amendments and additions), 2013). Similarly, Kazakhstan operates a compulsory medical insurance system. To receive free medical care in state institutions, individuals must have a CMI policy and be registered in the system. Emergency medical care is provided free of charge, even without a CMI policy. Foreign citizens with residency or temporary residence permits in Kazakhstan can obtain CMI policies (Approval of the Rules for Providing Immigrants with Medical Care - IPS "Adilet," 2011). Thus, in both countries, foreign citizens can access medical services through compulsory medical insurance, although the requirements for obtaining a policy and access to free medical care may vary slightly. Psychological assistance is covered under CMI at state medical institutions.

In Germany, medical care for migrants depends on their length of stay and status. Those who have been in the country for less than 18 months have access only to emergency care and must obtain vouchers before visiting a doctor. Medications prescribed by a doctor can be obtained from a pharmacy free of charge (Healthcare for Refugees, n.d.). For those who have lived in Germany for more than 18 months, a "Health Card for Refugees" is issued, allowing access to medical care without vouchers. They receive all standard compulsory medical insurance services, except for long-term care. Psychiatric treatment is subject to payment or may be partially covered according to legislation (Healthcare for Refugees, n.d.). Medical services are also available without documents but through organizations providing medical care anonymously. In case of a medical emergency, emergency services should be called at 112 or the hospital's emergency department should be visited (Healthcare for Refugees, n.d.).

Overall, Germany provides a more structured healthcare system for migrants, whereas, in Russia and Kazakhstan, access to medical care mainly depends on insurance status or willingness to pay for services. Issues such as high levels of mental disorders, difficulties in accessing medical care, and social discrimination require a comprehensive approach and the development of effective support measures. Considering socio-economic status, traumatic events, and working conditions is key to creating policies and programs that promote the overall well-being of migrants and refugees. These findings provide a basis for developing specific strategies for enhancing the quality of life and supporting the migrant population in contemporary Kazakhstan. Therefore, this study aimed to study the attitude of the local population of Kazakhstan to the issues of medical and psychological assistance to immigrants.

METHODS

Study design

This cross-sectional questionnaire-based study was carried out from October to November 2023.

Procedure

The study was conducted by The Center for the Study of Public Opinion (CIOM, Kazakhstan). CIOM strictly complies with international and domestic standards (International Code of Market Research ESOMAR, Code of Professional Researchers of Public Opinion and Market of Kazakhstan KAPIOR). The survey of respondents was conducted by qualified interviewers on tablets using the Simple Forms platform and providing an audio recording of the interview for each respondent. Participation was entirely voluntary; confidentiality and anonymity were guaranteed. All participants had the opportunity to get acquainted with the study's aim and objectives. Informed consent to participate was obtained from all of the participants.

Measurement

The questionnaire included items on socio-demographic and personal characteristics (sex, age, ethnicity, occupation, the highest education level, experience of living abroad, and political-ideological and political-economical orientation). Respondents were also asked about the degree to which they are inclined to closely follow news about population migration in the country and in the world. This question had a 5-point response scale, where 1 = I don't follow at all, 5 = I follow every day. The likelihood of moving from Kazakhstan for permanent residence to another country in the next 3-5 years was assessed on an 11-point scale, where 0 = definitely not, and 10 = definitely yes. Items about respondents' attitudes toward immigrant health issues had a 7-point Likert-type agreement scale.

Statistical analysis

Data analysis was conducted using SPSS version 20.0 and Jamovi version 1.2.17.

Descriptive statistics were performed using mean and confidence intervals (95% CI) for quantitative variables. Percentages were computed for qualitative variables. These data analysis methods were used to describe the socio-demographic characteristics of the study population. Independent sample t-test/U-test and ANOVA with post-hoc test were used to assess the differences of variables between two and more than two groups, respectively. We performed correlation and binominal logistic regression analysis to evaluate associations of the independent variables with attitudes towards immigrants' health issues. A statistically significant difference was accepted at a p-value of less than 5%.

Ethics approval

The study was approved by the Research and Ethics Committee of M. Narikbayev KAZGUU University (extract from protocol No. 2, held on September 25, 2023).

RESULTS

The study involved 401 respondents from the following regions of Kazakhstan: the cities of Almaty (n=200), Shymkent (n=59), Aktobe (n=50), Oral (n=50), and Turkestan (n=42). Table 2 provides details of the study population. The age of study participants ranged between 22 and 63 years, with a mean age of 40.9±12.7. More than one-third (n=150, 37.4%) of respondents answered questions in Kazakh language. Half (49.9%) of the study participants were of the Kazakh ethnic group, and over a quarter (25.9%) were Russian. Table 2 also presents other sociological characteristics of respondents, such as occupation, level of education, family status, experience of living abroad, political orientation, frequency of viewing news about migrants, and the likelihood of their emigration.

Table 2. *Study population (N=401).*

Variables	**n (%) / M±SD (Me)**
Gender	
Male	148 (36.9%)
Female	243 (63.1%)
Age	40.9±12.7 (Me=39)
Ethnic group	
Kazakh	200 (49.9%)
Russian	104 (25.9%)
Uzbek	24 (6.0%)
Ukrainian	14 (3.5%)
Other	59 (14.7%)
Occupation	
Student	16 (4.0%)
Employer	234 (58.4)
Unemployed	48 (12.0%)
Retired	32 (8.0%)
Self-employed	71 (17.7%)

Education level	
Middle School (9-classes)	3 (0.7%)
High School (11-classes)	58 (14.5%)
Specialty / College	116 (28.9%)
Bachelor/Master degrees	219 (54.6%)
Academic/scientific degrees	5 (1.2%)
Family status	
Single	101 (25.2%)
Married	241 (60.1%)
Divorced	48 (12.0%)
Widowhood	11 (2.7%)
Experience of living abroad	
No	337 (84.0%)
Yes	64 (16.0%)
Political-ideological orientation	
Liberal (Left)	90 (22.4%)
Middle	135 (33.7%)
Conservative (Right)	176 (43.9%)
Political-economical orientation	
Socialistic	95 (23.7%)
Middle	93 (23.2%)
Liberal	213 (53.1%)
News on migration (1-5)	3.08±1.35 (Me=3)
Possibility of emigration (0-10)	2.32±3.18 (Me=0)

Male respondents (3.39±1.26) significantly more often noted that they follow news about migrants compared to females (2.91±1.37), U-test p=0.001. At the same time, age and level of education were not associated with the tendency to follow news about population migration in the country and in the world. The probability of emigration correlated negatively with age (r=-0.290, p<0.001), but positively with the level of education (r=0.101, p<0.05). Moreover, the more likely emigration was, the more often respondents followed news about migration processes (r=0.143, p=0.004).

Respondents with more conservative views according to ideological orientation (r=0.158, p=0.001) and those who were more liberal with economic orientation (r=0.308, p<0.001) were more likely to follow migration news. Married study participants (3.249±1.32), compared to single ones (2.733±1.23), more often followed news about migration processes (p=0.004), but were less likely to emigrate shortly (1.863±2.98 vs 3.505±3.27, respectively, p<0.001).

Table 3 presents the results of a survey of citizens of Kazakhstan (the host country) about their attitude towards immigrant health issues. More than four-fifths (83.5%) agreed that continuous monitoring of the physical and mental health of immigrants should be introduced, and just under three-quarters (71.8%) believed that immigrants should have the financial resources to deal with health problems. At the same time, 68.6% and 63.6% of respondents answered that preventive medical services, such as immunization, and psychological care, respectively, should be paid for by the Government. On the question of whether immigrants pose a danger to the life and health of citizens of Kazakhstan, the opinions of respondents were almost equally divided.

Table 3. *Attitude towards immigrant health issues among citizens of Kazakhstan.*

Q	Variables	M±SD	Disagree n (%)	Neither nor n (%)	Agree n (%)
1	Immigrants pose a danger to the life and health of people in Kazakhstan	3.85±1.88	187 (46.6%)	44 (11.0%)	170 (42.4%)
2	It is necessary to introduce constant monitoring of the physical and mental health of immigrants	5.52±1.45	50 (12.5%)	16 (4.0%)	335 (83.5)
3	Immigrants should have financial opportunities in Kazakhstan to independently solve health problems	4.87±1.79	90 (22.4%)	23 (5.7%)	288 (71.8)
4	Immigrants should receive preventive services such as immunization (vaccination) at the expense of the Government	4.71±1.81	103 (25.7%)	23 (5.7%)	275 (68.6%)
5	Immigrants should receive psychological assistance at the expense of the Government	4.49±1.83	124 (30.9%)	22 (5.5%)	255 (63.6%)

The idea that immigrants may pose risks to the health and life of citizens of Kazakhstan correlated positively with the opinion that it is necessary to introduce constant monitoring

of the health of immigrants (r=0.190, p<0.001), while negatively correlated with the fact that the state should bear the financial costs of preventive (r=-0.136) and psychological (r=-0.116) supports from migrants (p<0.05). Moreover, the opinion that it is necessary to introduce constant monitoring of the health of immigrants was positively correlated with the migrants' financial opportunities to independently solve health issues (r=0.155), and facts that the Government should bear the financial costs of preventive (r=0.120) and psychological (r=0.153) supports from migrants (p<0.05).

Subsequently, we assessed the role of socio-demographic factors in respondents' attitudes toward immigrant health issues (Table 4) using binomial regression analysis. The opinion that immigrants pose a threat to the health and life of the population of Kazakhstan was positively associated with the frequency of viewing news about migration processes; it was more than twice as often noted among the Kazakh-speaking population in comparison with the Russian-speaking population, while the least among people with a liberal orientation in terms of from the point of view of ideology.

Table 4. *Socio-demographic predictors of the attitudes toward immigrant health issues (N=401).*

	Q1		**Q2**		**Q3**		**Q4**		**Q5**	
	R^2=0.0545, p=0.002		R^2=0.0556, p=0.046		R^2=0.121, p<0.001		R^2=0.0582, p=0.002		R^2=0.0906, p<0.001	
Predictor	**OR**	**p**	**OR**	**p**	**OR**	**p**	**OR**	**p**	**OR**	**p**
Gender										
Female vs Male	0.837	0.427	1.102	0.745	1.751	0.030	0.652	0.078	0.739	0.202
Age	0.996	0.647	1.013	0.278	1.009	0.393	1.013	0.173	1.019	0.050
Education	0.958	0.754	0.844	0.360	0.702	0.033	1.100	0.510	1.394	0.021
Language										
Russian VS Kazakh	0.449	<0.001	0.492	0.026	3.864	<0.001	0.774	0.286	0.892	0.628
Experience of living abroad										
Yes VS No	1.038	0.900	1.779	0.188	2.798	0.011	1.744	0.106	1.209	0.547
News of migration	1.190	0.046	1.201	0.116	0.972	0.772	1.027	0.771	1.185	0.065
Emigration possibilities	0.979	0.551	1.053	0.313	1.032	0.442	1.139	0.002	1.120	0.005
Ideological orientation										
Middle VS Liberal	2.224	0.009	1.835	0.097	0.475	0.035	0.578	0.085	0.370	0.002
Conservative VS Liberal	1.533	0.136	1.869	0.068	0.930	0.829	0.851	0.599	0.782	0.418
Economical orientation										
Socialistic VS Liberal	1.091	0.756	1.303	0.479	0.641	0.167	1.941	0.032	2.785	0.001
Middle VS Liberal	0.704	0.215	1.192	0.638	0.734	0.329	1.333	0.328	1.325	0.327

The statement that it is necessary to introduce constant monitoring of the health of immigrants was reliably associated only with the language in which respondents filled out the questionnaire, while the Russian-speaking population less often noted this fact in comparison with the Kazakh-speaking population. In contrast, the Russian-speaking population more often noted the need for immigrants to have financial resources to solve their health problems. In addition, predictors of this attitude were also: gender (more often among women than men), experience of living abroad (more often among those who lived abroad), and the ideological orientation of the respondents (least likely among conservatives according to ideological orientation).

The attitude that the state of the receiving country should pay from its funds the financial costs of preventive medical and psychological care for immigrants was positively associated with the likelihood of moving abroad and a more socialistic orientation from an economic point of view.

DISCUSSION

The influx of migrants to Kazakhstan, reflected in the substantial increase in arrivals compared to previous years, illustrates the scale and relevance of migration dynamics in the region. Notably, the majority of migration exchanges occur within the Commonwealth of Independent States (CIS) countries, emphasizing regional migration patterns and their implications for health and well-being. The challenges faced by immigrants, including mental health disorders such as depression and PTSD, underscore the need for targeted support and intervention programs to address their unique health needs (Sheath et al., 2020; Alegría et al., 2021). Thus, research indicates that social support and health-promoting behavior play crucial roles in mitigating the adverse effects of migration on mental health and overall well-being (Vila, 2021; Acoba, 2024). Racism and systemic barriers exacerbate inequalities in healthcare access and quality for migrants, emphasizing the importance of addressing structural issues in healthcare provision (Kang, Tomkow, & Farrington, 2019; Rivenbark, & Ichou, 2020; Hamed et al., 2022). Migrants often face precarious labor conditions, which can adversely affect their mental health. Policies aimed at improving working conditions and recognizing foreign qualifications are essential for safeguarding migrant well-being (Alvarado, 2020; Boufkhed et al., 2022; Koseoglu Ornek et al., 2022). Moreover, socioeconomic status significantly influences the well-being of immigrants, highlighting the need for nuanced approaches to address the diverse needs of migrant populations (Fassbender, & Leyendecker, 2018; Hamed et al., 2022; Pattillo et al., 2023).

The comparison of healthcare systems reveals variations in access to medical services for migrants across countries. While Kazakhstan and Russia provide access through compulsory medical insurance, Germany's system is more structured, offering different levels of care based on migrants' length of stay and status. Notably, psychological assistance is covered under compulsory medical insurance in Kazakhstan and Russia, highlighting a crucial aspect of migrant healthcare provision. The discussion underscores common

challenges such as high levels of mental disorders, difficulties in accessing medical care, and social discrimination faced by migrants in all three countries, necessitating comprehensive support measures. Addressing issues related to socio-economic status, traumatic events, and working conditions is imperative for developing effective policies and programs aimed at promoting the overall well-being of migrants and refugees. These findings lay the groundwork for the development of tailored strategies to enhance the quality of life and support the migrant population in contemporary Kazakhstan, emphasizing the importance of a holistic approach to migrant health and well-being. By synthesizing these insights, policymakers and healthcare professionals can work towards creating inclusive healthcare systems and support networks that cater to the diverse needs of migrant populations in Kazakhstan and beyond.

In the current study, the attitude of the host population, citizens of Kazakhstan, to the health of immigrants was also investigated. A total of 401 respondents from the southern and western regions of the country took part in the study. The findings of this study provide valuable insights into the attitudes of citizens of Kazakhstan towards health issues concerning immigrants, shedding light on various factors that influence these attitudes. One significant result is the gender disparity observed in the frequency of following news about migrants, with male respondents demonstrating a higher propensity for engagement compared to females. This gender disparity in information consumption could potentially reflect differences in awareness, interests, or information-seeking behaviors between genders within the context of migration issues. The Pew Research Center reports that there are notable differences in the types of news stories that men and women follow closely, which could reflect broader societal trends in gender-specific interests and behaviors (Pew Research Center, 2021). This pattern might suggest that men are more likely to be exposed to, and thus more engaged with, migration-related news, which often intersects with political and international topics. This disparity in engagement and awareness could have implications for social and political mobilization, policy support, and community responses to migration issues.

Interestingly, the study did not find any significant associations between age or level of education and the tendency to follow news about population migration. Traditionally, news habits have been closely linked to demographic variables. For example, older adults and individuals with higher educational attainments are generally more engaged with news media due to higher levels of civic engagement or a greater understanding of the complexities involved in political and social issues (Esser, & Steppat, 2017). However, the unique nature of migration issues, which resonate across various socio-demographic groups due to their universal and compelling human-interest aspects, may explain the broader appeal.

This suggests that factors beyond demographic characteristics might shape individuals' interest in or awareness of migration-related news. Understanding these factors is essential for developing targeted communication strategies to enhance public awareness and engagement with immigration-related issues.

Moreover, the study revealed intriguing patterns regarding the probability of emigration, ideological orientation, and marital status. Notably, individuals with more conservative ideological orientations and those with more liberal economic orientations were more likely to follow news about migration processes. Research suggests that conservative and liberal orientations influence selective exposure to news content, with individuals preferring news that aligns with their existing beliefs (Garrett, 2009). This phenomenon, known as "confirmation bias," could explain why those with certain ideological leanings are more engaged with migration news, as they seek information that reinforces their political and economic viewpoints.

Regarding attitudes towards immigrant health, the majority of respondents expressed support for measures such as continuous monitoring of immigrant health and the provision of preventive medical and psychological care. However, opinions were divided on whether immigrants pose a danger to the health and life of citizens of Kazakhstan. This division reflects the complexity of public perceptions and underscores the need for nuanced approaches to addressing immigrant health issues. Moreover, this sentiment aligns with global health directives that emphasize the need for inclusive health policies which are critical for maintaining public health security (WHO, 2022).

The study also identified several socio-demographic factors associated with attitudes towards immigrant health. For instance, Kazakh-speaking respondents were more likely to perceive immigrants as posing a threat to public health compared to Russian-speaking respondents. Language often serves as a marker of identity and can influence perceptions through the lens of cultural and social narratives. The difference in perceptions between Kazakh-speaking and Russian-speaking respondents may reflect underlying cultural attitudes that are informed by historical, social, and political contexts unique to Kazakhstan. Moreover, the divergent perceptions between the two language groups may also relate to differential media consumption patterns, where language influences the type of media accessed and thus the narratives encountered. Media portrayal of immigrants can significantly impact public perceptions, potentially exacerbating fears of health risks associated with immigrants.

Additionally, women, individuals with experience living abroad, and those with a more socialistic economic orientation were more supportive of state-funded preventive medical and psychological care for immigrants. The support for state-funded health care among women and individuals living abroad experience may stem from a broader empathy and understanding of the challenges faced by immigrants. Women often show higher levels of empathy and pro-social behavior, which could translate into more supportive attitudes toward welfare policies that benefit disadvantaged groups, including immigrants (Eagly, 2009). Moreover, living abroad can increase one's awareness of the difficulties associated with migration, thereby fostering more supportive attitudes towards policies that ease these challenges.

Overall, these findings highlight the multifaceted nature of public attitudes towards immigrant health issues in Kazakhstan. Understanding these attitudes and the factors that shape them is crucial for developing evidence-based policies and interventions aimed at promoting the health and well-being of both immigrants and the host population. Future research could further explore the underlying reasons behind these attitudes and investigate their implications for healthcare delivery and social integration efforts.

CONCLUSION

This study offers valuable insights into the attitudes of citizens of Kazakhstan towards health issues concerning immigrants, revealing nuanced patterns influenced by demographic, socio-economic, and ideological factors. Our findings underscore the importance of understanding public perceptions and attitudes towards immigrant health, which play a crucial role in shaping policies and interventions aimed at promoting the well-being of both immigrants and the host population. By integrating these insights into policy-making and healthcare delivery, we can work towards fostering inclusivity, promoting immigrant health, and fostering positive social integration within the host community. Future research should continue to explore the underlying determinants of these attitudes and their implications for public health policy and practice.

DECLARATION OF CONFLICTING INTERESTS

The author(s) claim that they do not have a conflict of interest concerning the research.

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