

ISSUES OF PROMOTING A HEALTHY LIFESTYLE AMONG THE POPULATION OF THE FERGANA VALLEY REGIONS

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Abstract

This study presents a scientific and analytical investigation of the promotion of a healthy lifestyle among the population of the Fergana Valley regions. The research examines levels of physical activity, dietary habits, the prevention of harmful behaviors, and the utilization of preventive healthcare services. Furthermore, the role of families, educational institutions, the healthcare system, and mass media in fostering a healthy lifestyle is analyzed. The study identifies key challenges and provides evidence-based recommendations to address them. The findings offer practical implications for enhancing public health, preventing diseases, and facilitating the widespread adoption of a healthy lifestyle in society.

Keywords

Healthy lifestyle; Fergana Valley regions; public health; physical activity; healthy nutrition; prevention; harmful behaviors; medical culture; social determinants.

In the context of contemporary globalization and socio-economic transformations, strengthening public health has become one of the priority tasks at the level of state policy. In particular, the promotion and widespread adoption of a healthy lifestyle emerges as a key factor in improving life quality, labor productivity, and social stability. In this regard, the promotion of a healthy lifestyle among the population of the Fergana Valley regions Andijan, Fergana, and Namangan holds particular significance due to the region's high population density.

Rapid population growth, urbanization processes, environmental factors, sedentary lifestyles, and improper dietary habits in the Fergana Valley increase the risk of various diseases. Therefore, it is an urgent task to scientifically analyze systematic measures aimed at promoting a healthy lifestyle and to identify existing challenges and their potential solutions. This article examines the social, organizational, and educational aspects of promoting a healthy lifestyle among the population of the Fergana Valley and provides evidence-based conclusions aimed at enhancing its effectiveness.

Since 2017, Uzbekistan has entered a new phase of reforms, which has also significantly impacted the healthcare sector. The national healthcare system has undergone comprehensive modernization, and medical institutions have been equipped with advanced medical technologies. Special attention has been paid to providing high-quality healthcare services in remote and rural areas, as well as performing complex modern medical procedures locally.

Indeed, the quality and effectiveness of the healthcare system are closely linked to resolving medical issues among socially vulnerable groups, including children, persons with disabilities, and the elderly. In 2017, nearly 800 family polyclinics were established based on rural medical points, and more than 400 emergency care units were created. Emergency medical services were equipped with 1,260 specialized vehicles to ensure timely response and care [1,28].

During this period, the number of paid hospital beds in the cities and districts of Andijan region increased by 344, raising the total from 10,107 to 10,451 beds. Consequently, the provision of hospital beds per 10,000 population increased from 34.1 to 34.7. A total of 548,288



patients were treated in hospitals, including 103,424 patients within the emergency medical care system, accounting for 18.7% of all treated patients.

The average bed occupancy rate in hospitals was 335.3 days, with an average patient stay of 6.3 days per hospitalization. The bed turnover rate was 52.6. Analysis of bed occupancy by city, district, and regional healthcare institutions indicated that the number of patient-days in Andijan, Bo'z (currently Bostan), Asaka, Oltinko'l, and Marhamat districts, as well as in the Regional Tuberculosis Hospital, the Regional Multidisciplinary Medical Center, the Regional Dermatology and Venereology Dispensary, and the Regional Infectious Diseases Hospital, was below the regional average.

Bed turnover increased in Andijan, Qorasuv, and Khonobod cities, and in Oltinko'l, Qo'rg'ontepa, Buloqboshi, and Shahrixon districts, while it decreased in Izboskan, Marhamat, and Paxtaobod districts.

As a result of optimization measures implemented in hospital beds across cities, districts, and regional healthcare institutions in Andijan, the provision of beds per 10,000 population decreased slightly, from 34.7 to 33.6[2].

In 2017, the 223 outpatient-polyclinic institutions in Fergana region had the capacity to serve 40,087 patients per shift. Positions for physicians in the outpatient-polyclinic system accounted for 51.2% of the total physician posts. Among these positions, 86.1% were staffed with specialists, and the staffing coefficient was 1.5.

Preventive care accounted for 61.8% of total patient visits. On average, each attending physician saw 36.4 patients per day. This indicator exceeded the regional average in Toshloq, Yozyovon, and Oltiariq districts, while it was significantly lower in Fergana city, So'x, Rishton, and Dang'ara districts. Home visits averaged 1.5 patients per physician per day, showing a decrease compared to the previous year.

The travel of physicians to patient appointments across cities and districts decreased from 10.4 to 9.7 trips per day, and this figure did not reach the regional average in So'x, Rishton, Bog'dod, Buyayda, Fergana, and Qo'shtepa districts.

Significant attention was given to public health protection, including comprehensive preventive examinations to cover the entire population, early detection of diseases, timely treatment of identified patients, and ongoing dispensary monitoring. The involvement of specialists not only from the region but also at the national level resulted in 98.7% of the regional population receiving in-depth medical examinations by the end of the year.

The number of calls to emergency medical services (EMS) increased by 176,767 compared to the previous year. Analysis by cities and districts indicates a significant rise in Fergana city, as well as in Fergana, Oltiariq, and Quva districts, whereas the number of calls decreased in Margilan city.

The number of patients directly admitted to hospitals or treated on an outpatient basis by EMS personnel also increased. Unjustified calls amounted to 10,604. Compared to the previous year, deaths recorded by EMS increased by 4 cases. Of these, deaths occurring before the arrival of EMS personnel decreased by 9, while deaths occurring with EMS personnel involvement increased by 13 cases. The highest rates were observed in Dang'ara, Beshariq, Fergana districts, and the city of Kokand, exceeding the regional average.

Instances of delayed EMS response exceeding 15 minutes decreased by 42,842. Repeat calls by the population increased by 3,531 across the region; however, the proportion of calls responded to later than 15 minutes decreased by 3.7%. Additionally, 183,726 patients received outpatient care. During the year, 11.8% of all EMS calls resulted in hospital admissions[3].

In his address at the solemn ceremony dedicated to the 25th anniversary of the adoption of the Constitution of the Republic of Uzbekistan on December 7, 2017, the Head of State emphasized the priorities to be pursued in the healthcare system:



“...The implementation of constitutional provisions related to the preservation of public health, which is our greatest wealth, must become a top priority in state policy. In this regard, improving the system for providing qualified medical care, advancing disease prevention, patronage, and screening services to a modern level, and enhancing the efficiency of ensuring affordable and high-quality medicines for the population remain our primary tasks. Moreover, it is essential to carry out substantial work to promote a healthy lifestyle and medical culture within society”[1.35].

The Presidential Decree PQ-3071 dated June 20, 2017, “On Measures to Further Develop Specialized Medical Care for the Population of the Republic of Uzbekistan in 2017–2021,” as well as the “Program for the Comprehensive Development of High-Tech Specialized Medical Services for the Population in 2017–2021,” were clearly reflected in the activities carried out at the Andijan Regional Multidisciplinary Medical Center.

At the center, 55% of patients belonged to socially vulnerable groups, including low-income populations, persons with disabilities of the first and second categories, unemployed individuals, and pensioners. The medical center conducted research on treatment using high-tech and modern methods. Major joint replacement surgeries were performed with the participation of specialists from national-level clinics. Long-bone fractures were treated using modern osteosynthesis techniques, which were also applied in the districts of Baliqchi, Izboskan, Shahrixon, and Oltinko‘l. Surgical procedures incorporated experiences from European and Chinese medical practices. Modern diagnostic and therapeutic methods were extensively implemented using credit funding from a German state bank[4].

A survey conducted to expand healthcare reforms and strengthen public health in Andijan region identified issues that still require attention. According to the survey, 74% of the population expressed satisfaction with the medical services provided, and 86% reported having a designated family doctor. Among them, 81% regularly consulted their family doctor, while 90% recognized their assigned family nurse, with 81% confirming regular communication with the nurse.

The survey revealed that anemia, cardiovascular diseases, joint disorders, and diabetes are the most prevalent health issues among the population. When appropriate medical conditions for prevention are provided, 75% of respondents expressed willingness to undergo an annual medical check-up.

Participants also highlighted the insufficient availability of modern medical and laboratory equipment and requested that these gaps be addressed in the future. For example, residents of the “Navro‘z” and “Sherqo‘rg‘on” mahalla citizen assemblies in Shahrixon district, “Bobur,” “Guliston,” and “Oqtom” assemblies in Ulug‘nor district, and “Botirobod,” “Beshterak,” “Oq Oltin,” and “To‘raobod” assemblies in Izboskan district requested provision of medical devices.

Furthermore, residents of Khonobod city and the districts of Ulug‘nor, Oltinko‘l, Baliqchi, Buloqboshi, Asaka, Jalaquduq, Paxtaobod, Shahrixon, and Xo‘jabod requested additional emergency medical vehicles. Communities including “Tumor” in Shahrixon, “Bo‘ston” in Ulug‘nor, “Kuyganyor,” “Uzun Ko‘cha,” “Bo‘ston,” “Guliston,” and “Beshmirza” in Izboskan, “Saroy” and “Mirobod” in Oltinko‘l, “Sho‘rqaqir” in Marhamat, and “Sarbon,” “Nurafshon,” “Yakkatol,” and “Ko‘hinur” in Bo‘ston requested the establishment of new family polyclinics and medical posts. Additionally, residents of “Bo‘ston” and “Mingchinor” in Ulug‘nor and “Cho‘ntak” and “Chorbog” in Asaka districts requested assistance in opening new pharmacies[2].

Similar medical challenges are also observed in Namangan region. According to otolaryngologist Dr. Nodirakhon Asqarovna Qambarova, who practices in Uchqo‘rg‘on district, cardiovascular, oncological, and endocrinological diseases are currently highly prevalent among



the population. The main contributing factors to these conditions include stress, overcrowding, non-adherence to a healthy lifestyle, and improper nutrition[5].

In Andijan region, 27,476 patients were treated in day-care beds at outpatient-polyclinic facilities, 1,642 patients in day-care hospital beds, and 36,129 patients received treatment in home-based hospital settings.

Emergency medical services (EMS) stations and their subdivisions provided medical care to 1,028,032 residents through emergency calls.

Among women of reproductive age residing in the region, 763,951 underwent medical examinations. During these examinations, 387,625 women were diagnosed with extragenital diseases. Specifically, 186,726 had anemia, 14,378 had respiratory system disorders, 17,936 had kidney diseases, 14,249 had gastrointestinal disorders, 12,135 had endocrine disorders, and 9,505 had cardiovascular and other diseases.

Throughout the year, of the women diagnosed with extragenital conditions, 270,275 received outpatient care, and 23,399 received inpatient treatment as part of rehabilitation and health improvement measures[2].

Alongside ongoing healthcare reforms, certain unresolved issues persist, as highlighted during dialogues with community members.

One respondent, Nilufarkhon Qaxorova, shared: “I have two sons. The older one is three years old, and the younger one is one year old. They tend to catch colds and become ill mostly during the autumn and winter months. For treatment, I regularly consult doctors at the children’s hospital in Andijan city and at our family polyclinic. The proximity of the children’s hospital to our home is very convenient for me.

The doctors provide competent care, and in this respect, there are no shortcomings. However, I would appreciate the availability of allergists and ENT specialists at the hospital, as I frequently need to consult these specialists for my children. Unfortunately, the absence of such specialists at the city children’s hospital forces me to travel long distances.

Additionally, our family polyclinic provides timely vaccinations for my children. Nevertheless, diagnostic equipment at the polyclinic is very limited, and it would be beneficial if modern and convenient examination tools were increased,” she noted. The interviewee, Nilufarkhon Qaxorova, is a homemaker[6].

In his address to the Oliy Majlis on December 22, 2017, the President of the Republic of Uzbekistan, Shavkat Mirziyoyev, stated:

“Despite our recent efforts to protect public health, numerous challenges persist in local areas. Taking this into account, we will continue to systematically implement initiatives to provide accessible, high-quality, and modern medical care and to ensure early detection of diseases. In this regard, we need to adapt and implement the concepts of ‘Smart Medicine’ and the ‘Unified Medical Information Center’ to our national context, which allow for remote preventive care.

At the same time, we will intensify efforts to attract foreign investors for the rapid development of private healthcare and to ensure that foreign specialists can operate permanently in our country.

It is now imperative to comprehensively review the operation of screening centers, which play a crucial role in safeguarding maternal and child health.

Access to specialized medical services is expanding annually. The number of republican specialized medical centers in neurology and stroke care has reached 16. In addition, 306 specialized units have been established in districts, and 10 branches of republican specialized scientific and practical medical centers have been opened in regional centers. These branches are being organized in areas with a high need for healthcare, based on a thorough analysis of local disease prevalence, representing a significant commitment to public health.



In recent years, over 500 new treatment methods have been introduced in specialized medical centers. Surgical interventions have increased by 50%, and high-tech operations by 52%," he emphasized[7].

The Head of State also emphasized the existing shortcomings in the healthcare system and outlined future priorities:

"In 2018, interdistrict perinatal centers will be established based on 46 district and city medical associations. These centers will be equipped with modern medical technologies and staffed with highly qualified personnel. Utilizing the achievements of medical science effectively, it is planned to establish modern diagnostic laboratories at rural medical points to ensure early detection and prevention of diseases," he stated[1.137]. As emphasized by the Head of State, these initiatives are being implemented gradually at the local level, addressing the primary objectives of strengthening public health.

During this period, medical institutions in Andijan region provided treatment to 550,050 patients, including 99,727 cases through the emergency medical services system.

Analysis of bed occupancy across city, district, and regional healthcare facilities indicated that utilization rates were below the regional average in Oltinko'l, Andijan, Marhamat, and Jalaquduq districts, as well as at the regional tuberculosis hospital, the regional dermatology dispensary, and the regional multidisciplinary medical center.

Regarding bed turnover, increases were observed in Qorasuv city, Oltinko'l, Bo'z (currently Bo'ston), Buloqboshi, Izboskan, and Paxtaobod districts, whereas decreases occurred in Xonobod, Andijan city, Qo'rg'ontepa, Marhamat, and Xo'jabod districts.

Furthermore, the reduction of paid beds in city and district facilities, combined with the allocation of beds in regional cardiology, oncology, and rehabilitation centers for persons with disabilities, reached a total of 10,344 beds. Consequently, the provision of beds per 10,000 population decreased to 33.1[2].

In 2018, a total of 180 outpatient polyclinic institutions in Namangan region provided continuous, round-the-clock, and high-quality medical services to the population, of which 20 operated as independent facilities. Stationary care was delivered by 32 hospitals, collectively offering 8,573 inpatient beds to the regional population[8].

In conclusion, the analysis demonstrates that fostering a healthy lifestyle among the population of the Fergana Valley requires a multifaceted and comprehensive approach. It is particularly important to enhance physical activity, promote proper nutrition habits, and implement preventive measures to reduce harmful behaviors, especially among youth and the working-age population.

Moreover, effective promotion of a healthy lifestyle necessitates strengthening cooperation among educational institutions, the healthcare system, local community organizations, and mass media. Programs and targeted interventions developed based on scientific and analytical approaches contribute to improving public health, mitigating social risks, and ensuring sustainable development in the Fergana Valley. In this context, promoting a healthy lifestyle should be organized not as a periodic activity but as a continuous and systematic process.

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