

## **Healthy Lifestyle and Medical Culture: A Factor in Strengthening the Socio-Spiritual Environment in Neighborhoods**

**Rozimurodov Siroj Madatovich**

Samarkand Institute of Economics and Services, Department of “Social Sciences”, (PhD).,  
Associate Professor.

[sirojrozmuradov@gmail.com](mailto:sirojrozmuradov@gmail.com)

**Abstract:** This article analyzes the importance of a healthy lifestyle and medical culture in stabilizing the socio-spiritual environment in neighborhoods. The article also considers the reforms being carried out in New Uzbekistan, positive changes in the healthcare system as an object of research.

**Keywords:** healthy lifestyle, medical culture, rural population, preventive culture, medical literacy.

### **Introduction**

Today, the issue of stabilizing the socio-spiritual environment in mahallas is recognized as one of the key priorities in the development of society. In this process, the level of formation of a healthy lifestyle and medical culture is an important indicator reflecting the socio-economic development of society, the efficiency of the healthcare system, and the maturity of public consciousness [1]. In particular, strengthening the population’s attitude toward a healthy life at the mahalla level, widely promoting preventive medical culture, and establishing a healthy social environment acquire urgent scientific and practical significance in the current reform context [2], [3]. From this perspective, studying the specific features of shaping a healthy lifestyle and medical culture in mahallas, as well as scientifically analyzing its role and mechanisms in ensuring socio-spiritual stability, remains one of the essential tasks.

In rural areas, the level of medical culture, sense of responsibility for health, and preventive culture may be lower than in urban areas [4]. In our view, the medical life of rural populations refers to a continuous, socially and medically evolving system of relationships aimed at maintaining the health of human beings as bio-social entities, prolonging life, identifying the causes of diseases, combating illnesses, and fostering a healthy future generation, while turning them into active members of the labor capital [5], [6], [7]. Therefore, the key characteristics of rural medical life in stabilizing the socio-spiritual environment of mahallas are primarily determined by its ontological and epistemological foundations. Ontologically, this process is inherently linked to the real life of humans as bio-social beings, their physical body, and the presence of health or disease in their spiritual sphere. That is, individual health manifests not only through biological factors but also through a combination of social and spiritual influences [8].

### **Methodology**

Epistemologically, this process is expressed through medical consciousness and clinical thinking aimed at understanding one’s own health. In this context, knowledge about personal health, sources consulted, treatment attitudes, and moral-ethical relations toward others play a significant role. Therefore, improving a healthy lifestyle and medical culture at the mahalla level should be closely linked to a profound understanding of human bio-social nature and the development of medical awareness.

## Result and Discussion

In the structural composition of society's medical life, healthy and sick individuals, along with the medical situations arising from their actions, occupy a special place. A medical situation is a societal medical process caused by the health or illness of people, and its rapid understanding is a necessity for social groups, labor and service teams, and the state. If most people are healthy, the medical situation in society is considered stable and favorable; if many are affected by various illnesses, the medical situation is deemed serious and unstable [9].

The structural components of medical life primarily include individuals who are affected by one or another disease. For instance, as of September 10, 2020, the number of COVID-19 cases in Uzbekistan amounted to 45,000. According to statistical data published in December 2018 and January 2019, acute intestinal infections affected 31,800 people; influenza and acute respiratory infections affected 437,900; viral hepatitis – 31,000; pertussis – 119,000; measles – 22,000. By the end of 2019 and the first half of 2020, the total number of people affected by diseases in the country reached 15,770,761 [10], [11].

Secondly, medical professionals who treat these patients form another structural component of medical life. Currently, their number amounts to 90.1 thousand, including 30.1 thousand therapists, 2.9 thousand neurologists, 7.9 thousand dentists, and 5.2 thousand sanitary-epidemiology doctors. The total number of mid-level medical staff is 356.7 thousand, providing various levels of medical services in patient care [12].

Thirdly, personnel of the Ministry of Health and its local administrative bodies, researchers from scientific institutions, and medical students engaged in education and training are also part of the medical life structure, directly involved in safeguarding population health. According to the decree PQ-4055 of December 7, 2018, by the President of the Republic of Uzbekistan on "Measures for organizing the activities of the Ministry of Health of the Republic of Uzbekistan," the Ministry is responsible for providing timely and quality medical services, prioritizing public health, preventing diseases, promoting a healthy lifestyle, raising healthy offspring, and improving the overall health level of the population [13].

Fourthly, citizens who seek medical care to maintain their health and prevent diseases are included. For example, 23,484.3 people applied to 817 rural medical points, and 298,446.6 people visited 5,631 outpatient and emergency care units. People exist to care for their own health as well as the health of their children, grandchildren, and relatives [14].

The structural composition of rural medical life can be defined as follows:

Demographic status of the population: migrants, immigrants, births, deaths; age groups: infants, toddlers, children, adolescents, middle-aged, elderly, men, women.

Health status: healthy and unhealthy individuals; those affected by non-communicable and communicable diseases; those with mild, moderate, severe, and critical illnesses.

Medical organizations and activities, including staff distribution: healthcare system personnel and institutions, specialization of medical staff, distribution across cities, villages, and regions [15].

Health-related expenditures: salaries and bonuses depending on the doctor's qualification, resources allocated per patient (funds, food, medicines), financing of research projects, expenses for experience exchange with foreign doctors, and investments in the technical and material base of the healthcare system.

In conclusion, establishing a healthy lifestyle and promoting medical culture in mahallas is one of the crucial factors for ensuring socio-spiritual stability. This process directly serves the strengthening of public health, disease prevention, and overall societal well-being. Moreover, shaping a healthy lifestyle and medical culture is effectively carried out through the integrated cooperation of families, mahalla institutions, healthcare professionals, and relevant state organizations.

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