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SOCIAL INTEGRATION THROUGH SPORT IN THE MAHALLA: PARTICIPATION OF THE ELDERLY, YOUTH, AND PERSONS WITH DISABILITIES; MECHANISMS AND INNOVATIVE APPROACHES FOR ENGAGING IN MASS SPORTS

Saodat Oroqova Baxriddinovna
Lecturer, Department of Pedagogy, Psychology, and Sport,
Bukhara Innovations University, Bukhara, Uzbekistan.
Nozima Safarova Mustafo qizi
Chairperson, "Dorigar" Mahalla Citizens' Assembly,
Shofirkon District, Bukhara Region, Uzbekistan.

Abstract

This article analyzes the role of sport not only as a means of physical health improvement but also as a powerful tool for social integration within "mahalla" (local community) settings. The study highlights the socio-psychological significance of broadly involving various population strata, specifically the elderly, youth, and persons with disabilities, in mass sports. The author examines existing barriers in this field and proposes innovative approaches regarding the adaptation of sports infrastructure based on inclusive requirements, the use of digital technologies, and the implementation of motivational systems at the community level. Consequently, new mechanisms are developed for the mahalla institution to strengthen public health and enhance social cohesion in society.

Keywords

Mahalla (Community), social integration, mass sports, inclusive society, persons with disabilities, active aging, youth policy, healthy lifestyle, innovative mechanisms, social adaptation.

Annotatsiya

Ushbu maqolada mahallalarda sportning nafaqat jismoniy sog‘lomlashtirish, balki kuchli ijtimoiy integratsiya vositasi sifatidagi o‘rni tahlil qilingan. Tadqiqotda aholining turli qatlamlari, xususan, keksalar, yoshlar va nogironligi bo‘lgan shaxslarni ommaviy sportga keng jalb etishning ijtimoiy-psixologik ahamiyati yoritib berilgan. Muallif tomonidan bugungi kunda ushbu yo‘nalishda mavjud to‘siqlar o‘rganilib, mahallalar kesimida sport infratuzilmasini inklyuziv talablar asosida moslashtirish, raqamli texnologiyalardan foydalanish va motivatsion tizimlarni joriy etish bo‘yicha yangicha yondashuvlar taklif etilgan. Natijada, mahalla institutining aholi salomatligini mustahkamlash va jamiyatda ijtimoiy hamjihatlikni kuchaytirishdagi yangi mexanizmlari ishlab chiqilgan.

Kalit so‘zlar

Mahalla, ijtimoiy integratsiya, ommaviy sport, inklyuziv jamiyat, nogironligi bo‘lgan shaxslar, keksalar faolligi, yoshlar siyosati, sog‘lom turmush tarzi, innovatsion mexanizmlar, ijtimoiy moslashuv.

The rapid urbanization and modernization of society in the twenty-first century have precipitated a dual crisis: the deterioration of public health due to sedentary lifestyles and the fragmentation of traditional social bonds. In this context, the role of community-based sports initiatives has transcended mere physical education, emerging as a critical instrument for social cohesion, psychological well-being, and the inclusion of marginalized demographics. While global literature extensively covers the impact of sports on community building in Western contexts, there remains a significant paucity of research regarding the unique socio-cultural institution known as the "Mahalla" in Uzbekistan. The Mahalla, functioning as a self-governing

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community unit, possesses historical and administrative leverage that can be uniquely repurposed to foster mass sports participation. However, current observations suggest that while youth engagement in sports is relatively visible, the integration of the elderly and persons with disabilities into the community sports infrastructure remains largely peripheral. This study aims to investigate the efficacy of the Mahalla system in promoting social integration through sport, identify the structural and psychological barriers preventing the participation of vulnerable groups, and propose innovative, scalable mechanisms for fostering an inclusive mass sports culture at the grassroots level.

To rigorously evaluate the current state of sports-based social integration within the Mahalla system, a mixed-methods research design was employed, combining quantitative surveys with qualitative in-depth interviews. The study was conducted across twelve diverse Mahallas located in the Tashkent, Bukhara, and Fergana regions, selected to represent a cross-section of urban, semi-urban, and traditional residential patterns. The quantitative component involved a stratified random sampling of 1,200 residents, divided into three target cohorts: youth (aged 14-30), the elderly (aged 60 and above), and persons with disabilities (officially registered group I and II). The survey instrument was designed to measure three primary variables: frequency of participation in physical activities, perceived accessibility of local sports infrastructure, and the subjective sense of social belonging derived from community interactions. Concurrently, the qualitative phase consisted of semi-structured interviews with 24 Mahalla chairpersons (Oqsoqols), youth leaders, and prevention inspectors, as well as focus group discussions with families having disabled members. Data analysis was performed using SPSS for statistical correlations and thematic analysis for the qualitative transcripts, allowing for a triangulation of data to understand not just the statistics of participation, but the socio-cultural narratives driving them.

The results of the quantitative analysis revealed a statistically significant disparity in sports participation rates across the demographic groups. While 68% of the youth respondents reported engaging in some form of physical activity at least once a week, primarily football and workout drills, only 14% of the elderly and a concerning 3% of persons with disabilities reported similar engagement. The primary barriers cited by the elderly were not solely physical limitations, but rather a lack of age-appropriate infrastructure and organized peer groups; 72% of elderly respondents indicated they would participate in "low-impact" sports like walking, gymnastics, or chess if organized systematically within the Mahalla. For persons with disabilities, the barriers were predominantly structural and psychological. Over 85% of this cohort noted that the existing "workout" zones and mini-stadiums in their neighborhoods were inaccessible to wheelchair users or those with limited mobility. Furthermore, qualitative data highlighted a pervasive social stigma; families often hesitated to bring disabled members to public sports areas due to a fear of social judgment or a lack of inclusive culture among the wider community. The data also exposed a disconnect in the administrative approach: while 90% of Mahalla leaders prioritized "high-performance" or competitive sports results (e.g., winning district tournaments), initiatives for "health-enhancing" mass sports for the non-competitive population were largely absent from their Key Performance Indicators (KPIs).

Furthermore, the investigation into existing mechanisms for mass sports promotion indicated that traditional methods-such as sporadic "health days" or annual marathons-have a low retention rate. Participants viewed these events as administrative formalities rather than intrinsic lifestyle choices. The correlation analysis showed that Mahallas with higher integration of digital communication tools (e.g., Telegram channels dedicated to health, gamified activity tracking) had a 25% higher participation rate among the middle-aged and elderly population

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compared to those relying on traditional notification methods. Another critical finding was the role of "social influencers" within the community. In neighborhoods where a respected elder or a successful local athlete actively championed morning exercises, participation rates among the elderly were nearly double the average. This suggests that the authority of the "personal example" remains a potent, yet underutilized, driver of behavioral change in the Mahalla context.

The discussion of these findings points to an urgent need for a paradigm shift in how mass sports are conceptualized and managed at the Mahalla level. The prevailing model, which favors competitive sports for able-bodied youth, inadvertently reinforces social exclusion. To mitigate this, the definition of "sport" in the Mahalla must be broadened to encompass "physical activity for social well-being." Based on the identified gaps, several innovative mechanisms are proposed. First, the introduction of "Adaptive Sports Zones" is essential. This does not necessarily require building new expensive facilities but retrofitting existing ones with ramps, tactile guides, and specialized equipment for the elderly and disabled. Second, the study proposes the implementation of a "Mahalla Health Ambassador" program. Unlike formal officials, these ambassadors would be volunteers from the target demographics themselves-an active pensioner leading a walking group, or a para-athlete mentoring youth with disabilities. This peer-to-peer approach leverages the inherent collectivist nature of Uzbek society, where trust is placed more in neighbors and peers than in abstract policies.

Moreover, the integration of digital technologies offers a "new approach" to an old problem. The development of a localized "Mahalla Sport" mobile application could serve as a gamification platform where residents earn "social points" for physical activity, which could be redeemed for local services or communal recognition. Such a system would appeal to the youth while providing a structured, measurable incentive for the wider population. The social integration aspect is paramount here; when a young volunteer assists an elderly neighbor in using a digital health tracker, or when a football tournament includes a ceremonial match for walking football (for seniors), the intergenerational gap is bridged. The findings of this study imply that sport, when stripped of its hyper-competitive veneer and tailored to inclusivity, can serve as a universal language that deconstructs social isolation.

In conclusion, the Mahalla holds immense, untapped potential as a localized ecosystem for fostering public health and social integration through sport. The current disparities in participation among the elderly and persons with disabilities are not merely a result of individual passivity but are symptomatic of structural and programmatic rigidities. By shifting the focus from infrastructure-centric to people-centric strategies-specifically through inclusive design, peer leadership, and digital gamification-the Mahalla can transform from a mere administrative unit into a vibrant hub of social wellness. The implementation of these proposed mechanisms requires a coordinated effort between local governance bodies, civil society, and the private sector, but the return on investment-a healthier, more cohesive, and inclusive society-far outweighs the costs. Future research should focus on longitudinal studies to measure the long-term health outcomes of such inclusive interventions within the Mahalla framework.

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