

PSYCHOSOCIAL ASPECTS OF OBESITY IN UZBEKISTAN

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Annotation: The article examines the psychosocial aspects of the obesity problem in Uzbekistan, with a focus on the influence of socio-cultural factors, psychological traits, and lifestyle on the development of this disease. Obesity in Uzbekistan has become a serious public issue that requires a comprehensive approach, including both medical and social measures. The paper analyzes statistical data on the prevalence of obesity in the country, dietary habits, physical activity, and attitudes toward health among various age and socio-economic groups. Special attention is given to the influence of traditions and cultural norms on body perception, as well as the role of stress and depression in the development of obesity. The study emphasizes the need for the implementation of preventive and educational programs aimed at changing lifestyle and improving the psychosocial climate to address this issue in Uzbekistan.

Key words: gadgets, depression, stereotypes, caloric intake, civilization, waist size.

Аннотация: В статье рассматриваются психосоциальные аспекты проблемы ожирения в Узбекистане, с акцентом на влияние социально-культурных факторов, психологических особенностей и образа жизни на развитие этого заболевания. Ожирение в Узбекистане стало серьезной общественной проблемой, требующей комплексного подхода, включая как медицинские, так и социальные меры. В работе анализируются статистические данные по распространенности ожирения в стране, особенности питания, физической активности и отношение к здоровью среди различных возрастных и социально-экономических групп. Особое внимание уделено влиянию традиций и культурных норм на восприятие тела, а также на роль стресса и депрессии в развитии ожирения. Исследование подчеркивает необходимость внедрения профилактических и образовательных программ, направленных на изменение образа жизни и улучшение психосоциального климата для борьбы с этой проблемой в Узбекистане.

Ключевые слова: гаджетам, депрессии, стереотипов, калоража, цивилизации, объём талии.

Rapid changes in humanity's lifestyle economic restructuring, the introduction of advanced technologies, the growth of knowledge intensive production, and the development of information and communication technologies are accompanied by both opportunities and new challenges. These changes not only enhance living conditions but also introduce serious risks. Environmental issues and societal challenges such as organized crime, violence, addiction, and weakening family structures are prevalent even in economically advanced nations. Recently, issues like early gadget addiction, overconsumption of sugary beverages, and physical inactivity have contributed significantly to the growing prevalence of obesity (O.) [3].

Obesity is becoming increasingly relevant with the progress of civilization. Despite numerous studies and advances in diagnostic and treatment methods, the prevalence of obesity and its complications continues to grow [9]. In the United States, over half the population struggles with obesity or being overweight, with nearly 80 million adults suffering from hypertension [1]. In Uzbekistan, 50% of the population is overweight, and nearly 20% have obesity [2].

Our team has previously explored aspects of obesity treatment [5,6]. It has been long established that dietary interventions are ineffective as a standalone treatment, as are other methods, including bariatric surgery [4]. The success of obesity management depends on various modifiable and non-modifiable factors [8].

Objective This study aims to evaluate the impact of dietary therapy on obesity considering psychosocial factors, which are particularly significant among the Uzbek population.

Materials and Methods

Clinical assessments and anthropometric measurements were conducted on 60 residents (30 men and 30 women) of a mahalla in Urgench, aged 18–65. Daily monitoring included pulse rate, blood pressure, weight, body mass index (BMI), and waist circumference over three months. Questionnaires were used to explore psychological, financial, and physical factors affecting obesity treatment. Patients assessed their physical, emotional, mental, and financial well-being, sleep quality, stress management, relationships, and overall quality of life.

Participants were prescribed a low-carbohydrate diet with caloric intake capped at 2,000 kcal/day and personalized physical activity routines, primarily walking 8,000–10,000 steps daily. Additional exercises were recommended for patients over 40 with mild obesity. Wellness procedures were also introduced.

Results

Out of 60 participants, 21 women (70%) and 23 men (76.7%) were diagnosed with overweight (BMI: 25–30 kg/m²). Nine women (30%) and seven men (23.3%) had Grade 1 obesity (BMI: 30–35 kg/m²). Severe or morbid obesity cases were excluded as this study did

not assess pharmacological or bariatric interventions. Waist circumference exceeded healthy limits in all participants.

Given the importance of emotional well-being, stress management, and coping mechanisms, patients were grouped into support networks. Key lifestyle components—social relationships, stress hygiene, cardiovascular health, gastrointestinal function, and psychological well-being—were evaluated. While cosmetic concerns motivated only 10% of women to lose weight, 90% experienced depression and passivity due to body image issues. Men were less affected by such concerns.

By the third month, 18 women (60%) and 16 men (53.3%) were overweight, while five women (16.7%) and four men (13.3%) had Grade 1 obesity. Normal weight was achieved by seven women (23.3%) and ten men (33.3%). Increased awareness and motivation improved lifestyle and dietary habits for 15 women (50%) and three men (10%).

Women showed a higher willingness to learn, while men were more inclined to engage in physical activities (63.3% vs. 26.7%).

Unhealthy habits such as late-night overeating (91.7%), frequent snacking (58.3%), excessive consumption of sweets (68.3%), flour-based foods (81.7%), and carbonated drinks (28.3%) were widespread. The study excluded individuals with significant alcohol or tobacco consumption.

Non-modifiable factors included irregular work schedules, which prevented adherence to structured diets or exercise routines. Over half of the participants reported occupational constraints, such as being train operators, long-haul drivers, emergency doctors, or accountants. Hereditary obesity was identified in only 13.3% of cases, with 86.7% attributed to poor dietary habits and inactivity.

Conclusions

The prevalence of obesity showed no significant age or gender differences among adults. However, women demonstrated greater motivation to lose weight compared to men. Contrary to popular belief, hereditary factors played a minimal role, with 86.7% of cases linked to lifestyle and behavioral factors.

Independent weight loss attempts were largely ineffective; 83.3% of women and 20% of men reported multiple failed attempts. Group-based efforts significantly improved outcomes. Structured teamwork between patients and healthcare professionals proved essential for successful weight management.

Efforts to promote healthy lifestyles should target both organized groups and individuals. Positive behavioral reinforcement, starting in childhood, is crucial. Creating a safe and supportive environment, combined with patient education and collective motivation, can significantly enhance outcomes. Effective obesity management requires collaboration between patients, families, healthcare providers, and communities.

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