

## **The Role of Nurses in Primary Health Care and Improving the Health of Adolescent Girls**

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**Abstract:** The formation of a healthy lifestyle is the foundation of preserving public health, and primary health care nurses play an important role in this process. This study aims to analyze life-expectancy indicators, young people's attitudes toward health, and the strategic importance of qualified nurses in promoting HLS among adolescent girls. A theoretical and descriptive analysis was carried out based on data from World Health Organization experts, retrospective demographic indicators, and the results of a sociological survey examining young people's attitudes toward physical activity and their own health. According to WHO experts, 50% of human health depends directly on a healthy lifestyle. Lack of physical activity is one of the leading risk factors for death worldwide, accounting for 6% of all deaths 3.2 million people per year). Although 95.7% of young people in the survey had a positive attitude toward sport, in practice laziness 31.6% of girls 14.5% of boys, lack of time 25.5% of girls, 11.9% of boys were found to be the main barrier to HLS. Transitioning the medical system to a family-medicine model and systematically retraining PHC personnel are key factors in raising the population's medical literacy and forming healthy habits among adolescents.

**Keywords:** primary health care, public health, nursing, healthy lifestyle, adolescent girls, hypodynamia, family medicine

### **1. Introduction**

A healthy lifestyle is a rational way of life whose integral feature is an active effort aimed at preserving and improving health. A lifestyle that promotes public and individual health constitutes the basis of prevention, and shaping it is an important task of the state's social policy on protecting and strengthening public health. Health authorities and medical workers play a special role in shaping a healthy lifestyle, since they are the active agents of hygienic education and sanitary enlightenment. Moreover, they are carriers of appropriate hygienic skills, ways of thinking, and behavioral priorities, as well as advocates of an active life stance and professional commitment to healthy-lifestyle matters.

According to WHO experts, the combined contribution of medical care and hereditary factors to health does not exceed 30%, while 50% is attributable to a healthy lifestyle. In the context of the ongoing reforms in the healthcare system of the Republic of Uzbekistan, a system of treatment and prevention care for the population is being introduced, which has led to a gradual transition to family medicine, the standard in developed countries. Under these conditions, training and retraining qualified nursing personnel of the primary healthcare tier, who possess deep theoretical and practical knowledge and skills in forming and promoting a healthy lifestyle, is of decisive importance in raising the population's quality of life and medical awareness.

### **2. Methodology**

A comprehensive analytical method was used in this study, comparatively examining global demographic indicators, WHO epidemiological data, and the results of sociological surveys

conducted among young people. The age structure of the population of the Republic of Uzbekistan reflects the distribution of the population by age groups and age contingents and is studied in order to understand the course of demographic processes. In the age composition of the population, cohorts of one year and five years are presented; for short-term demographic purposes and for socio-economic analyses, various contingents of the population are distinguished. For instance, the population is divided into children aged 0–14, young and middle-aged people aged 15–59, and the elderly aged 60 and over. For economic analysis, the population is divided into pre-working age, working age, and above-working age, 55 and over for women, 60 and over for men. Separate age contingents include women of reproductive age 15–49 years, and the population of marriageable age, whose lower limit is set in accordance with the country's legislation. As of January 2024, the total number of young people aged 14–30 in our country reaches 9.6 million; by composition, this comprises 4.9 million men and 4.7 million women, making up 26.8% of the entire population. According to the Ministry of Higher Education, Science and Innovation, more than 1.3 million students are studying in Uzbekistan. In 2023, seven new higher education institutions were established, bringing their total to 213. Of these 213 HEIs, 116 are state, 67 are non-state, and 30 are foreign higher education institutions. More than 1.3 million students currently study at these 213 universities, and through this indicator, the level of youth coverage by higher education has risen from 38% in 2022 to 42%. In developing countries, basic sanitary conditions are poor in densely populated urban areas, and water in particular is the main source of many waterborne diseases. Several sources indicate that high concentrations of nitrate and aluminum in water contribute to the emergence of various diseases, among them methemoglobinemia and Alzheimer's disease. Such inconsistencies may point to possible risks to the health of these populations.

### **Behavioral characteristics and gender differences among young people**

The conducted studies showed that a large proportion of students — 85.7% — have engaged or are engaging in sport, 87.8% of boys and 82.6% of girls. 95.7% of respondents have a positive attitude toward sport, 96.8% of boys and 93.6% of girls. In addition, 35.3% (27.2% of boys and 48.3% of girls) would like to take up swimming. The majority of young people (74.5%) prioritize “caring for one's own health,” followed by caring for appearance and physique (62.9%). However, serious gender differences were identified: only 20.6% of the surveyed boys gave priority to “caring for their own health,” whereas among adolescent and student girls this figure was 53.9%. In other words, for many young people, health is a means of maintaining their attractiveness. When the factors hindering HLS were analyzed, subjective reasons were found to occur twice as often among girls as among boys.

### **3. Result**

Unlike the situation in developed countries, in many developing countries, the healthcare sector is served by continuing medical education programs that remain underdeveloped. The following problems can be cited as causes: lack of resources, shortage of professional personnel, insufficient places for those who have not attended continuing medical education courses, and difficulties associated with traveling long distances to institutions where education can be delivered and monitored effectively. National medical associations traditionally play a role in keeping their members up to date by creating opportunities for continuing medical education. Some professional organizations, such as the International Confederation of Midwives and the Malaysian Medical Association, have excellent programs for their members, including publishing relevant information in their newsletters. Others, such as the Jamaica Medical Association, organize conferences for members on sexual and reproductive health, including adolescent health issues. Established specialists must regularly learn new skills — for example, the introduction of new contraceptive methods, the technical aspects of performing vasectomy, new methods of cervical cancer screening, and the use of new information technologies. Outdated practices such as routine episiotomy and dilation and curettage (D&C) for early abortion must also be

challenged and replaced with proven, safer methods. Adolescents who have reached puberty undergo serious physical, intellectual and psychological changes. Negative problems related to reproductive health do not affect all young people to the same degree. Services should target the most vulnerable groups, including young girls and orphans in rural areas. Adolescents and young people have the right to obtain accurate information and to use appropriate reproductive health services, and laws protect their rights. One of the main challenges in making the curriculum changes needed to ensure that students receive appropriate reproductive health education is encouraging teachers to accept, promote and adopt the relevant changes. Sexual and reproductive health is especially well suited to the new teaching methods described here. However, many teachers have never received formal training in these methods and need help to become familiar with them and gain confidence in their use, for example through faculty development workshops. Teachers also generally feel that their teaching abilities are valued less than research and publications, so motivation to learn new skills and update their knowledge is often lacking. The need to reward good clinical teachers through promotion and extended tenure cannot be overemphasized. Traditional textbooks, even the latest editions, give little attention to the concept of sexual and reproductive health as a component of primary care. Medical educators must therefore embrace a paradigm shift toward an interdisciplinary curriculum on sexual and reproductive health. The study showed that reproductive health services are available in the community, and efforts are being made to bring services closer to the population through an outreach program. However, these efforts have been thwarted by service-related barriers — the main one being the attitude of medical workers toward serving adolescents. The study found that negative attitudes among service providers toward adolescents are widespread, leading adolescents to avoid using the services. Such negative attitudes were expressed in this study by both adolescents and stakeholders, and were linked to community norms and the beliefs of medical workers regarding certain services, such as the use of contraceptives and safe abortion. Accordingly, medical workers need to be trained in reproductive health services and adolescent-friendly approaches, and community sensitization is required to strengthen acceptance. Programs that provide services in adolescent-friendly facilities, with community endorsement of medical workers, were found to be more effective. A previous study found that a lack of training negatively affects the quality of care provided to adolescents, while an improved provider attitude leads to greater use of these services. A study conducted in Kenya found a significant association between the friendliness of the provider, proximity to the provider, and the uptake of contraceptives. Whereas the source for resolving moral questions for younger schoolchildren is their teachers, adolescents look for answers to such questions more within their peer circle, and turn increasingly to the sources used by adults. These sources are mainly real, multifaceted, complex human relationships, as well as popular-science and literary fiction, journalistic literature, works of art, the press, radio, and television. Today's adolescents are characterized by an alert, intellectual-practical outlook on life, freedom, and independence. They also approach the concept of fairness realistically. For example, unlike in past years, they understand and interpret fairness as something “not the same for everyone, but determined for each according to their ability and according to each person's contribution to the work or to human interests.” By the time they finish school, many adolescents are morally formed and possess characteristics in which certain moral norms have become firmly established. Alongside a moral worldview, adolescents develop certain views in the social, political, economic, scientific, cultural, religious, and other spheres. For many years, adolescents have been preoccupied with questions of good and evil, truth and injustice, morality and immorality. Today's young people are not characterized by either a credulous or a wholly negative attitude toward everything; rather, they look at life realistically, intellectually, and practically, and strive to be freer and more independent.

#### 4. Discussion

The results of the study show that although adolescent girls are more attentive to their own health than boys 53.9%, the barriers limiting their physical activity (laziness and lack of time) are considerably higher. This indicates the need for targeted preventive work among adolescent girls. Bringing high-quality medicine closer to the population helps shape a healthy lifestyle and raise the population's medical awareness. It is precisely the family nurses within the PHC system who are able to establish direct communication with adolescent girls, help organize their daily routine, and individually adapt physical-activity programs while addressing the problem of time shortage. Since forming a healthy lifestyle is a collaborative task not only of healthcare but also of social-protection and education bodies, the nurse should become the linking element between the school and the mahalla neighborhood community.

#### 5. Conclusion

50% of human health and life expectancy depends directly on lifestyle, standing considerably higher than the contribution of medical services. Girls' health and behavioral problems: Although adolescent girls show high interest in health 53.9%, they lack the motivation and time-management skills needed to combat hypodynamia. Reforming nursing care: the development of the family-medicine system in Uzbekistan requires transforming nurses from passive performers into active medical advisers and hygienic educators. Raising the qualifications of PHC nurses fundamentally improves the population's quality of life.

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