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Uzbekistan, Dietary Diseases

Dietary Diseases within Uzbekistan Culture

The Republic of Uzbekistan is a country located in central Asia, lying between two major rivers of the region, the Oxus River and Jaxartes River. Its neighboring countries are Afghanistan, Kazakhstan, Kyrgyzstan, Tajikistan, and Turkmenistan. Uzbekistan hosts around 34.92 million citizens, with Uzbek being the most prominent ethnic group within the country. The Republic of Uzbekistan was once a part of the Union of the Soviet Socialist Republic until its fall in the early 1990s. During the transition from the U.S.S.R. to what we currently know as Russia, Uzbekistan became a sovereign nation under a new constitution in 1991.

Holistically, Uzbekistan has plenty of the characteristics needed to sustain an agriculture-based society. The country benefits from a long growing season and numerous sources of water for irrigation purposes. This region of the world is prone to arid summers, and cold and dry winters. Around 79% of the country's topography is flat; most of the land is populated with desert zones and semi-desert steppes ("World Bank Climate Change Knowledge Portal"). Uzbekistan also has a history of being an agrarian society. Traditionally, agrarian societies required the food to be hearty and rich in calories to sustain the field workers of the past; these meals are categorized as "laborious diets". In the modern day, most Uzbekistan citizens are employed in the chemical, construction, machinery, food, and light production industries, but especially the oil and gas industries. Cotton was the country's main cash crop under Soviet rule. Most of Uzbekistan's agricultural infrastructure retains its focus on cotton production to this day.

Fresh fruits are consumed domestically while dried fruits are exported to other international consumers. A typical Uzbekistan farm typically cultivates wheat, barley, cotton, apples, and corn, as well as potatoes, rice, grapes, and tomatoes. Flax, tobacco, onions, and sesame are also cultivated at a lesser scale. The small percentage of independent farmers are allowed to own around 32 acres of land. The remaining and majority portion of arable land is currently owned by the state and classified as "collective" (Hays, "AGRICULTURE IN UZBEKISTAN"), as state-owned farms are another remnant staple of Soviet-rule agriculture practice. Uzbekistan has a small percentage of total available arable land. Unfortunately, Uzbekistan also harbors an intense history of single-minded irrigated agriculture without regard for water or resource consumption. This method of farming is called "monoculture". As a result of that past malpractice, much of Uzbekistan agriculture faces issues such as heavy salination, erosion, and waterlogged soil.

Uzbekistan also has high rates of external labor migration that significantly impacts the labor market. The national workforce is comprised of anyone 15 years or older, and 90% of unpaid workers are women (UN Women Count Data Club). The average pay for the lower-class worker is about 1,422,387 Uzbekistan som per month, which is equivalent to only 124 United States Dollars. [Beijan Trade and Anglesey Food are the two major options for supermarkets Uzbekistan consumers have. The Uzbekistan consumer market hosts two separate lists that restrict what items Uzbekistani can buy. One must have incredibly detailed and in-depth import authorization clearance to bring medicines, certain kinds of movies and videos, firearms, precious metals, and more into the country. This highly restricted access to imported goods leaves Uzbekistan companies to cultivate their domesticated versions of these items to avoid the need and energy required to import foreign goods. Sometimes the need for a restricted item is not met, leaving the Uzbekistan citizens to be without certain health-positive resources.

Good public housing in major cities like Tashkent is hard to come by in Uzbekistan's urban areas. The low availability of affordable housing is slowing down the progression of private ownership, especially for the average household of five individuals. To combat this, many citizens build their own simple housing around courtyards and on suburban plots. In the rural areas of the country's mountainous southern region, villages host about 64% of the country's population ("Water Sanitation Programme in Uzbekistan"). Village residents have even less access to public education and similar commodities than their city counterparts. Unfortunately, more than 30% of all domestic households lack access to clean water. In the past several years, the village-heavy Alat and Karakul districts have had the most precarious clean water accessibility difficulties of all of Uzbekistan. Most of the religious educational institutions follow the Islamic faith, specifically catering to the majority Sunni Muslim denomination (Smith, "Uzbekistan").

The life expectancy in Uzbekistan is 70 years, a 1-year decrease from the 2019 pre-COVID-19 global pandemic census. The leading cause of death for an Uzbekistan citizen is cardiovascular disease, a collection of fatal heart conditions like blood clots, diseased vessels, and other structural complications ("The Burden of Malnutrition at a Glance"). The prevalence for this disease is due to a traditional diet of breads and fatty meats, once again harkening back to those traditional laborious meals. Dietary diseases, also known as diet-borne or nutritional diseases, are any conditions or illnesses that are directly related to the nutrition of an individual. Excesses and deficiencies in a person's diet can lead to dietary diseases, which can range from eating disorders to chronic diseases, like cancer and cardiovascular disease. A person can consume all of the right nutrients and still develop a dietary disease due to the quantity, quality, and frequency of the nutrient intake. The unhealthy levels of stress from the standard 6-day work weeks are also primary contributors to the poor health of the average Uzbekistani. As previously stated, many Uzbekistan citizens do not earn enough money to gain access to healthcare, fitness centers, or even healthy food options. The decline in the amount of medical professionals and hospital resources Uzbekistan has to spare since its 1991 annexation also affects how healthy the population is. For example, there were only 250 physicians within the country accounted for in 2012 (Harding, "The Country Where Most People Die from an Unhealthy Diet"). Two well-known diet-borne diseases, obesity and diabetes, are also notably common amongst Uzbekistan adults and children. According to a global study, the country records 892 of 100,000 people dying per year as a result of poor diets ("The Burden of Malnutrition at a Glance"). An estimated 13.8% of the males and 19% of the females are living with obesity. Diabetes is estimated to affect 10.7% of the female citizens and 10.5% of the male citizens. Both of these nutritional diseases are either constant or worsening. The prevalence of obese and overweight children has also worsened over the past two decades, as many children primarily eat what their parents provide them.

The typical Uzbekistan family needs better opportunities and resources to live healthier lives via better food and healthcare options. Doing so would decrease the rate of cardiovascular disease, diabetes, and other dietary health issues amongst the populace. The goal of the offered solutions is that they have the ability to choose in the first place; even if a family unit still opts into an unhealthy lifestyle, that was a choice they were able to make freely and well-informed. I propose that legislation is passed to educate the Uzbekistan citizens about the ways one can live healthier. This legislation could be enforced in schools where students have to take a course on what can positively and negatively affect their health in adulthood. A similar educational course can be implemented in the Uzbekistani version of family planning centers, which would arguably have more of an impact as adults and providers are the most capable of altering lifestyle choices of their families. Federal funding used to support the education system wouldn't be lost, as the health-conscious programs could be interwoven into their curriculum.

Knowledge and employment of non-traditional agricultural options could also be imparted upon the percent of the Uzbekistani populace living in urban environments. Non-traditional agriculture is any form of cultivating crops categorized outside of the standard farm fields. Growing vegetables and fruits in small, indoor alternatives could be more accessible to the average city resident than acquiring private plots of land like their rural countrymen. Methods like keeping counter-sized kitchen crop boxes, maintaining terrace and/or rooftop plots, and renovating abandoned grass lots into community gardens would provide the citizens with fewer opportunities to choose healthier food options with diversified access to the nutrients they need. For households that only have the time, money, or energy for something that requires even fewer resources, practicing aquaculture could be the way they would harvest their own meals. While tanks filled with fish and acres of fields submerged underwater are the larger ways many organizations cultivate their food, a simplified version of aquaculture that's manageable by the average family living in a small apartment could be growing a seed in a container of water. The point is to encourage people to take matters of their health into their own hands. If they can't rely on the government to provide them with the proper care they need to not only survive but to thrive, then they must rely on themselves. This way, Uzbekistan citizens wouldn't be solely reliant on well-meaning, but often unreliable, foreign goodwill.

Additionally, health practitioners dedicated to assisting international populations could be convinced to provide their services in Uzbekistan. This would be in an effort to temporarily fill in the gaps of vital health care workers. While the international physicians won't make a permanent home in Uzbekistan, they can still help out the citizens as best they can. During this period, the government could rebuild the national Uzbekistan healthcare system from the ground up. Uzbekistan people willing to become medical practitioners could be trained, perhaps even receiving a stipend as an incentive from the Uzbekistan government. Other international organizations like the Médecins Sans Frontières, or local charity organizations Caritas Uzbekistan ("Caritas Uzbekistan") and the NGO Madad ("The Permanent Mission of the Republic of Uzbekistan to the United Nations") could help collaborate with farmers on better agricultural practices that make use of the arable land not owned by the government. These organizations could also help the citizens fight for their rights should the government view their agricultural practices as illegal. In an ideal reality, the Uzbekistan government would listen to the plight of its people and provide ways to remedy it, but there is no guarantee that the authoritarian government would feel inclined to do so. Therefore, the objectives of self-education and self-sufficient are crucial aspects of the solutions because, even if the Uzbekistan government won't investigate and cease whatever institutionalized corruption is resulting in its citizens being underpaid and overworked, the Uzbekistan citizens will be able to fight for their health. If the government eventually does set out a cooperative plan that could help remedy the situation with the hypothetical help of the United Nations, then the Uzbekistan citizens would only gain from that assistance.

Uzbekistan ranks first amongst the world's countries with the highest amount of diet-related deaths per year. This is due to a struggling job market and the lack of health care availability. With no feasible health-conscious alternatives for the average citizen, diet-borne diseases have grown in prevalence over the past couple of decades. The proposed solutions of a country-wide legislature that prioritizes teaching healthy living to the citizens of Uzbekistan, and encouraging the employment of local and international organizations like Doctors Without Borders and Peace Corps. in efforts to help construct better health-care infrastructure from the ground up. Along the way, there should be heavy encouragement for government officials to start looking into what they can do to amend the stressful and undercompensated working conditions of the average Uzbekistani. In the unfair and unfortunate event that the Uzbekistan government does not alter their practices, then the average citizen would still have the knowledge to alter their own lives as best they can. The power should be placed in the underserved and overlooked people's hands first and foremost, so that they will gain the ability to take care of themselves. Self-sufficiency is key.

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