REPORT 3: HEALTH – UZBEKISTAN

This report is based on the results of two focus groups held in Tashkent, Uzbekistan, to explore the attitudes of young Uzbeks to health risks and health promotion. This report is a copy-edited version of material provided to the UNICEF Innocenti Research Centre by the Sociological Expert Centre in Tashkent. The views expressed are the views of those who took part in these discussions. All those participating did so on a confidential basis. All names have been changed.

About the Focus Groups

The two focus groups were held in a village in the Tashkent oblast, about 50 km from Tashkent itself, on 17 November 1999. The discussions took place in the office of the village soviet Ok-kovok. Focus Group One (FG1) consisted of eight young unmarried women aged 18 to 20 years. Focus Group Two (FG2) consisted of nine unmarried young men aged 18 to 20 years. Some participants were continuing with their studies, others were looking for, or already in employment.

Focus Group One (FG1)

| Location: | Village soviet, office of chairman. |
| Date of focus group: | 17 November 1999 |
| Details on selection of participants: | The participants were females aged between 18 and 20 years. |
| Participants (name, age, gender) | Sokhiba, 20, F  
Anora, 18, F  
Dono, 18, F  
Nargiza, 20, F  
Nilufar, 19, F  
Mansoora, 18, F  
Farida, 19, F  
Oigul, 19, F |
| Start time: | 17.00 pm |
| End time: | 18.30 pm |
| Comments from facilitator on group dynamics: | The girls were a bit embarrassed at first, but they began to open up and to answer openly and without any embarrassment. The most active participants were Nilufar, Nargiza, Sokhiba and Mansoora. |
| Problems encountered: | |
| Any other comment: | |
Focus Group Two (FG2)

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<tr>
<th>Location:</th>
<th>Village soviet, office of chairman.</th>
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<tr>
<td>Date of focus group:</td>
<td>17 November 1999</td>
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<tr>
<td>Details on selection of participants:</td>
<td>The participants were male aged between 18 and 20 years.</td>
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<td>Participants (name, age, gender)</td>
<td>Shukhrat, 18, M</td>
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<td>Takhir, 19, M</td>
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<td>Ravshan, 18, M</td>
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<td>Valikhan, 18, M</td>
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<td>Said, 18, M</td>
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<td>Rustam, 18, M</td>
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<td>Start time:</td>
<td>19.00 pm</td>
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<td>End time:</td>
<td>20.30 pm</td>
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<tr>
<td>Comments from facilitator on group dynamics:</td>
<td>Six of the participants were very active, while three only started talking after some time. However once they had joined in, they contributed to the rest of the discussion. The participants talked freely without inhibition. They showed interest in the topic, and were eager to discuss it.</td>
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<td>Problems encountered:</td>
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<td>Any other comment:</td>
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A summary of responses from the Focus Groups.

This report reflects the order in which topics were discussed, following the discussion guidelines on this subject.

**Attitudes to good health**

The statements of participants reflect the traditional importance of the family and children in Uzbek society, the traditional division of male and female roles (women’s main role is that of raising the next generation, while the role of men is seen as providing for their family and, when necessary, fighting for their country) and also the feelings of nationalism associated with independence.

- “We are all girls. For us the main thing is to be healthy for the family. A healthy woman can work and keep the house in order. An ill person gets tired quickly, and no-one likes that…..From childhood a girl should keep herself healthy, dress warmly. ….A person should be healthy not only physically, but spiritually, psychologically” (Nargiza, female, 20 years, FG1)

- “For example, a mother-in-law may say, I do not need a sick daughter-in-law.” (Nilufar, female, 19 years, FG1)

- “Many girls smoke and drink, and then they give birth to sick children, which they then abandon.” (Farida, female, 19 years, FG1)

- “We have to give birth to a healthy generation for Uzbekistan”. (Sokhiba, female, 20 years, FG1)

- “Health is not only about being healthy, but it is about the future. And this future is not only ours, but the next generation’s, and health is the foundation for our successors. We should always try to lead a healthy life – then both we and our children will be healthy.” (Said, male, 18 years, FG2)

- “The strength of the country earlier, and even now, is reflected in the health of its soldiers, it men. Why will sick children not be taken in by the army? Because they are not capable of defending the country. And what if half of the country are sick? That's what being healthy means – it is prestige, male pride, a healthy generation!” (Rustam, male, 18 years, FG2)

**Opinions on what is required in order to keep in good health**

In both groups there were clear ideas on what is important in order to keep healthy: eating regularly, not smoking or drinking, taking part in sports. Despite the decline in availability of sports facilities, boys still manage at least to play football. There is also an awareness of the need to maintain good levels of personal hygiene: this is important in a country where sanitary conditions are not always optimal, and the incidence of illnesses such as hepatitis and cholera has been increasing.

The female group thought that it was important to try to eat regularly, eat hot food, not to eat at snack bars on the streets, not drink cold drinks, eat more garlic and onion, and to do sport, at least morning exercises. If they feel ill, they take medicine straight away, and try to also use herbal cures. If this does not work, they feel that one should go to the doctor but
not misuse medicine. The group thought that the most important things were to dress warmly, avoid alcohol and cigarettes; and to do sport.

- “Even if you do not have much money, which is often the case with students, you should not eat badly, skip lunch. Many students suffer in later life from stomach or digestion problems. If you are healthy now, then you will be healthy later. But if you are already ill now, then it is unlikely that you will be healthy later”. (Mansoora, female, 18 years, FG1)
- “…Girls smoke cigarettes in order to look prettier. Sometimes girls of other nationalities are on public transport and they smoke, and our girls think this is pretty and they think we could be as pretty as that too.” (Mansoora, female, 18 years, FG1)

For some girls from traditional families sport is not encouraged. They find it difficult, for example, to change into sports gear in public changing rooms. After marriage, sport is considered unthinkable. FG1 felt that girls should do more sport now, while they are unmarried, because once they are married they will have to wash and sweep the yard every morning and that will be their only exercise.

- “sometimes girls are too embarrassed to change into sports gear and go to sport lessons.” (Dono, female, 18 years, FG1)
- “in the mornings we can do exercises, more sport, as long as we are not married” (Mansoora, female, 18 years, FG1)
- “Housework is the best exercise for brides. For example in the mornings in the fresh air it will be necessary to wash and sweep the yard. That will be the exercise” (Nargiza, female, 20 years, FG1)

Many in the male group thought that smoking and misuse of alcohol were particularly bad for health. But all in the group thought that the reason for all sorts of illnesses was the fact that people did not do any sport:

- “Ask us how often we go to the doctor or clinic. Very rarely, because each of us does some kind of sport. I do not go to any club, but my brother has given me some training. People say that football is not a sport, just a game, but they are wrong – it is a sport as well, and it also helps the organism fight off disease.” (Timur, male, 19 years, FG2)

Alcohol in small quantities was seen as acceptable, but there is sometimes social pressure to drink too much:

- “If your health allows it, then it is possible to consume a small amount. But I do not like it when they practically force you to drink, with various excuses. For example, when girls are present, they say: “are you a man or not?”. Although you know that the one that says this is just saying it because he is drunk…you still don’t want to start an argument.” (Timur, male, 19 years, FG2)

Overall, the male group thought that in order to keep healthy, one had to: eat more vitamins, fruit, vegetables and natural juices; do sport regularly; bathe regularly and wear clean clothes; eat regularly at the same time everyday; not overeat; go regularly to the doctor. One participant stressed the importance of the family and filial duties. Respect for parents is another strong element in traditional Uzbek culture.
“Our parents usually take care of us and worry about our health. Why should we not help them ourselves. It is our duty to do this.” (Shukhrat, male, 18 years, FG2)

**Accessibility of health services**

It is difficult for all girls to go to a doctor, especially a gynaecologist, before they are married. In Uzbekistan girls tend to marry early, at circa 17-21 years. FG1 agreed that unmarried girls do not go to the doctor. They are embarrassed, and afraid that someone will see them there and start malicious rumours about them. The new Family Code requires that young women get a medical check up before marriage. One girl said:

• “Now girls have to go to the doctor before marriage, there is now a new law on this. Before registration of the marriage, the bride has to have a medical examination. I fully agree with this. Because in many families this can be a ground for divorce; the girl is too embarrassed to go to the doctor, and if she has some problem, and this only comes out after the marriage, then there is a scandal and the young people divorce”. (Sokhiba, female, 20 years, FG1)

With regard to the problems of the health service, the main problems are the costs of health care, and the need to supply one’s own food and bed linen in hospital.

• “At the central hospitals probably everything is normal. But in hospitals on the outskirts of towns, in villages, only those with money can get normal treatment.” (Sokhiba, female, 20 years, FG1)

Most displayed trust in doctors, but one said:

• “It seems to me that of the graduates from medical facilities 80% know their subject badly. Medical workers should be devoted to their job. But there are very few, very few doctors who are really interested in medicine….. There are many doctors who got their job by bribes or through connections, and there are some who can not even measure a patient’s blood pressure.” (Sokhiba, female, 20 years, FG1)

Parents help them pay for medicine, but sometimes they have to go without treatment if there is not enough money.

• “In the hospitals there are many young nurses. When they are on duty in the evening their friends come to chat to them, and they do not care about the sick, even when they have to do an injection they do not come right away.” (Oigul, female, 19 years, FG1)

But despite the weak medical service, all of the female group expressed trust in senior medical workers. For some symptoms the girls can diagnose the problem themselves and do something about it. But for more complicated matters they only trust doctors. They use family doctors, nurses, the polyclinic, but there are no social services or special centres for youth.

The male groups thought that doctors were important for serious illnesses, but that many ailments can be treated by traditional methods. Their relatives and parents help them use methods that have been passed down from generation to generation. They thought that
stress was a risk for older people but that young people were not burdened by this and do not even always understand the risk of a given situation which would cause stress for another older person.

The male group did not consider the quality of health services in the country to be satisfactory.

- “It is good here that the nurses come round the houses and check the children’s health, give vaccinations, and that this is free. But it is bad that doctors do not have the necessary conditions, i.e. equipment, buildings – almost everything is old, and the buildings are not equipped. There is not the means to deal with emergencies, for example, if a person needs help, then he rings 01. But they have their own problems – not enough machinery, no fuel (petrol) spare parts etc” (Rustam, male, 18 years, FG2).
- “The state of repair of medical institutions especially in the villages is not satisfactory. For example, the building is not always clean, or even if it is clean, it does not look clean, because everything is old – the paint, walls, toilets etc” (Ravshan’, male, 18 years, FG2).

It was stressed that accessibility to reliable health services depends on the ability of the patient to pay. If the patient’s family cannot pay, then the local saying applies:

- “God save us from the police and hospitals!” (Takhir, male, 19 years, FG2)
- “in private medical institutes the situation is good: the food and service is good, it is clean, because there you pay. But in the state medical institutes... things are worse, and not so clean.” (Nilufar, female, 19 years, FG1)

Supportive Environment.

When asked who they turn to if they have a health problem, most girls turn to their mothers. But one girl said:

- “Some girls are too embarrassed to tell their mothers, and they turn to their girl friends if they feel ill...” (Nilufar, female, 19 years, FG1)
- “In the rural areas the medical service is not good. The doctors are ok, but the work conditions are bad”. (Nargiza, female, 20 years, FG1)
- “Sometimes the attitude of the doctor to young people is not serious: they just tell them to take some medicine. Or say, “ill at your age? We were never so ill at your age”. (Oigul, female, 19 years, FG1)
- “I wish that there were special doctors, nurses who only worked with young girls. This is necessary for the future generation. The future depends on the young generation, and it is necessary to give them more attention” (Nargiza, female, 20 years, FG1)

At the local polyclinic there are only 2 doctors – a pediatrician and a therapist, but no specialists. Many young people do not turn to doctors for sex-related problem, especially in cases of STDs.

- “People are embarrassed to go to the doctors with simple illnesses. With ones like these all the more so” (Nilufar, female, 19 years, FG1)
• “No, we do not go to a doctor who is nearly the same age as our parents. How can we talk to him?” (Sokhiba, female, 20 years, FG1)

Members of the female group discussed again the problem of approaching a gynaecologist: most of them felt that they could use all services apart from gynaecological ones. The girls thought that there should be a separate gynaecologist for unmarried girls. Some doctors even come to the local vocational college and invite the girls to go to the polyclinic for check-ups. But for them it is embarrassing to be in the queue with married women.

• “A girl who goes to see a gynaecologist risks being seen by locals in the queue, and being considered no longer a girl” (a virgin) (Oigul, female, 19 years, FG1)
• “Everyone trusts doctors, and in the technical colleges it is possible to collect a group of 5-10 girls and take them to the polyclinic, but not one of them would go alone.” (Nilufar, female, 19 years, FG1)
• “When we studied there were gynecologists who came to lecture us and invited us to the polyclinic” (Oigul, female, 19 years, FG1)
• “It is like that now. But not one of the girls would go to the polyclinic on her own. We have young brides in our group. They are too embarrassed in front of their husband and mother-in-law to go to get a check up at the polyclinic. But if they took us all for a check-up, then they would go as well, would find out about their problems and if necessary would get treatment.” (Nilufar, female, 19 years, FG1)

Sources of Information.

The female group mentioned television and school or college as the main sources of information on health matters. The male group mentioned the family, district health workers, schools and mahallas as the main sources of information.

• “I learn about lots of new things through television programmes” (Sokhiba, female, 20 years, FG1)
• “In one girl’s school there was a special teacher who talked about female matters, and answered all our questions”. (Oigul, female, 19 years, FG1)
• “We had one teacher who told girls about the first menstruation, what to do, that there was no need to be frightened, that it was necessary to observe hygiene; this was very helpful information” (Anora, female, 18 years, FG1)
• “In the vocational college doctors came to talk to girls over 19 years old and told them about illnesses, symptoms, how to prevent illness.” (Mansoora, female, 18 years, FG1)
• “In the polyclinic there is information about various types of disease, and we like it or not we remember this and try to observe rules of hygiene” (Dono, female, 18 years, FG1)
• “For example, the propaganda on AIDS had a great influence on me. After that you realise that such illnesses exist” (Sokhiba, female, 20 years, FG1)
• “The most important source is parents, then relatives”. (Valikhan, male, 18 years, FG2)
• “The district doctors who regularly come and check us. They can alert you to something which is not right in your health, and can give you advice right away. And you begin to do something about it” (Rustam, male, 18 years, FG2)
• “Doctors from the hospitals, polyclinics come to the tekhnikum, school and talk to us about various things. Not long ago there was a discussion on flu and its various forms.” (Shukhrat, male, 18 years, FG2)

• “There are talks in the mahallas” (Said, male, 18 years, FG2)

• “Before we did not have a medical service in the tekhnikum, but now there is, because there is a new director who pays great attention to the health of students…..He thinks about our future” (Rustam, male, 18 years, FG2)

All participants were aware of AIDS and how to prevent infection.