



FOUNDATIONS FOR THE FORMATION OF THE ALL-UZBEK MASS SPORTS AND HEALTH SYSTEM (1991-2004)

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Abstract

The article examines the formation and development of the national system of mass sports and health-improving movement in Uzbekistan in 1991–2004. The relevance of the study is обусловлена (is driven by) the increasing importance of physical culture and sport in strengthening public health and developing human capital. The key problems of the 1990s are identified, including the growth of morbidity, declining physical activity, and the fragmented nature of governance. The necessity of transitioning to an integrated model of mass sport is substantiated. The life-cycle concept of continuous population engagement in physical activity is revealed. The role of the educational environment as a fundamental mechanism for fostering physical activity is demonstrated. Particular attention is given to the technological management matrix of the system. The importance of interagency coordination and infrastructure development is established. The significance of forming sustainable motivation for sports participation is emphasized. Institutional factors determining the effectiveness of the system are identified. Mass sport is considered as a strategic resource for societal development. The study concludes that it has a substantial impact on quality of life and the sustainability of socio-economic development.

Keywords: Mass sport, physical culture, human capital, public health, institutional mechanisms, Uzbekistan, youth, sports and health system, public policy.



ОСНОВЫ ФОРМИРОВАНИЯ ВСЕУЗБЕКСКОЙ МАССОВОЙ СПОРТИВНО-ОЗДОРОВИТЕЛЬНОЙ НАЦИОНАЛЬНОЙ СИСТЕМЫ (1991-2004ГГ)

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Аннотация

Статья посвящена анализу формирования национальной системы массового спортивно-оздоровительного движения в Узбекистане в 1991–2004 гг. Актуальность обусловлена ростом значимости физической культуры в укреплении здоровья и развитии человеческого капитала. Выявлены ключевые проблемы 1990-х годов: рост заболеваемости, снижение физической активности и несистемность управления. Обоснована необходимость перехода к интегрированной модели массового спорта. Раскрыта жизнециклическая концепция непрерывного вовлечения населения. Показана роль образовательной среды как базового механизма формирования физической активности. Особое внимание уделено технологической матрице управления системой.

Установлено значение межведомственной координации и инфраструктурного развития. Отмечена важность формирования устойчивой мотивации к занятиям спортом. Определены институциональные факторы эффективности системы.

Массовый спорт рассматривается как стратегический ресурс развития общества.

Сделан вывод о его влиянии на качество жизни и устойчивость социально-экономического развития.

Ключевые слова: массовый спорт, физическая культура, человеческий капитал, здоровье населения, институциональные механизмы, Узбекистан, молодежь, спортивно-оздоровительная система, государственная политика.



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Introduction

In the new Uzbekistan, the importance of physical education and sports in the country's socio-economic and socio-political life is rapidly increasing. This trend is driven by the industry's significant contribution to improving public health, particularly among children, adolescents, and young adults, who are the foundation of the future state. Modern society is facing the challenge of declining physical activity, leading to an increase in chronic diseases, a deterioration in quality of life, and an increased burden on the healthcare system. Under these conditions, mass sports are becoming a key tool for creating a healthy society.

According to WHO research, more than 25% of the world's adults are insufficiently active, and among adolescents, this figure reaches 80 percent (1). However, traditional methods of promoting sports, such as one-time promotions, events, and memberships, generally fail to take into account: age-related factors—the motivation of children and the elderly, which differ fundamentally; social barriers—the lack of accessibility and infrastructure; and a lack of continuity—a gap arises between school-age sports and physical activity and adult activity. In today's environment, there is virtually no doubt that human capital is a key strategic resource for the innovative development and modernization of society. Young people represent a significant portion of this resource, responsible for addressing both current and future challenges of the country's socioeconomic development, based on principles of innovation. The level of their development and the combination of qualitative characteristics that determine their ability to adapt to the demands of an innovative economy largely determine the effectiveness of the socioeconomic transformations being implemented, as enshrined in the strategic development directions of Uzbekistan through 2030 (2).

In Uzbekistan, the priority for developing physical education and mass sports is the systematic involvement of all segments of the population, especially students, in physical education and mass sports. However, existing approaches are often fragmented, failing to ensure continuity across age groups.

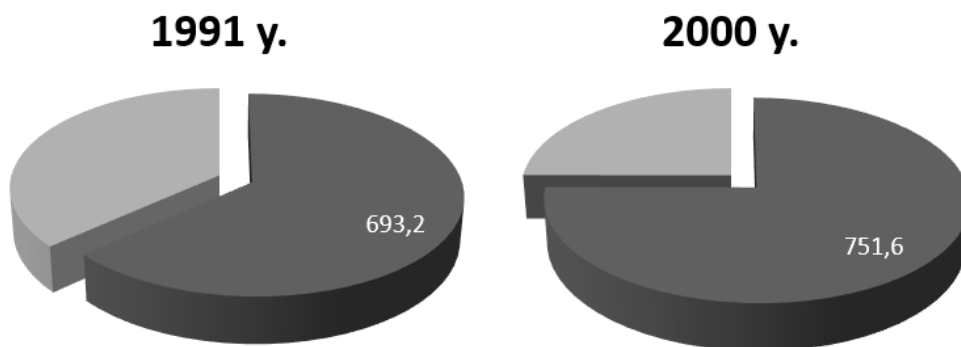
One viable approach to addressing this issue is a retrospective analysis of the processes that emerged and completed in the physical education and sports sector during previous stages of its development. Drawing on past experience allows us



to identify patterns, institutional characteristics, and factors that influenced sector reform. In this context, the use of a systems approach, which provides a comprehensive examination of the relationships between the organizational, socioeconomic, and cultural components of physical education and sports, is particularly important. Thus, the issue of systems analysis remains relevant both within sports science and in the broader field of social research, contributing to a deeper understanding of the mechanisms underlying the sector's development and the development of effective management decisions.

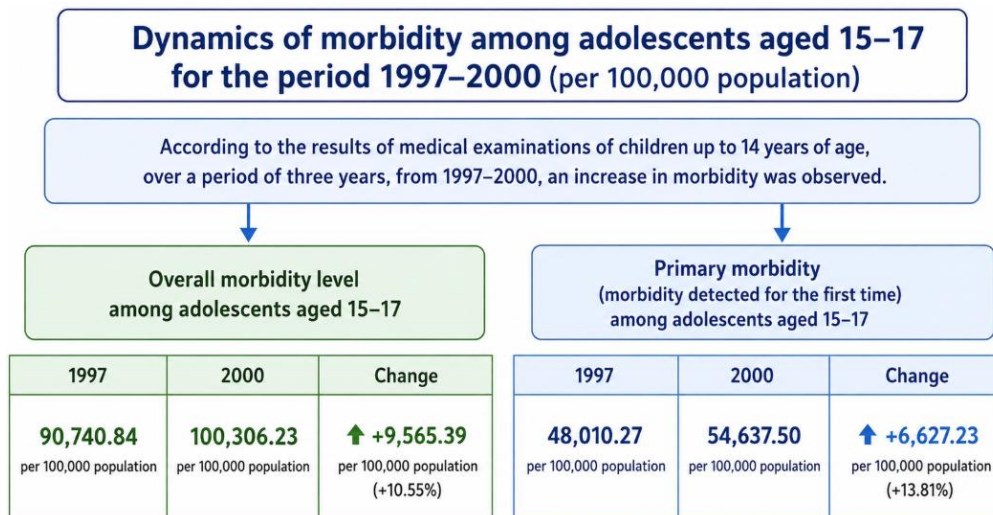
Introduction In the first years of independence, Uzbekistan developed and implemented comprehensive measures aimed at protecting mothers and children, which had a positive impact on children's health. However, the limited effectiveness and insufficient coverage of these measures led to the persistence of a number of problems in this area. For example, the primary morbidity rate among women accounted for 54.8% of all cases. Children born to mothers with these conditions often experienced various adverse complications.

Despite the measures taken to improve children's health, particularly their physical development, certain problems persisted. In particular, the ineffectiveness of governance mechanisms contributed to a relatively high incidence rate among women, adolescents, and young adults, which negatively impacted the overall health of society. In the early 1990s, children under 14 had a high incidence rate of 693.2 cases per 1,000 people. By the early 2000s, this figure had increased to 751.6.





According to the results of medical examinations of children under 14, an increase in the incidence rate was observed over the three years from 1997 to 2000. Thus, if in 1997 the overall incidence rate among adolescents aged 15–17 was 90,740.84 per 100,000 population, then by 2000 this figure had risen to 100,306.23. A similar trend was observed in primary morbidity: if in 1997 the rate of newly diagnosed diseases among adolescents aged 15–17 was 48,010.27 per 100,000 people, then by 2000 this figure had increased to 54,637.50. (Figure 1)



Regional differences in youth lifestyles, environmental factors, and inadequate physical fitness played a significant role in the structure of morbidity. Furthermore, the prevalence of conditions such as underdevelopment and underweight increased year after year. For example, during the autumn 1998 conscription, 1.3% of conscripts who passed a medical examination were found to be underweight, and 2.6% had delayed physical development. By 1999, these figures had increased to 2.7% and 3.4%, respectively. It should also be noted that illnesses suffered in early childhood significantly contribute to the high morbidity rate among young people.

In the 1990s, the problem of rising drug addiction among young people acquired a steady trend of increasing prevalence. According to official statistics, while 6,578 people were registered with drug treatment facilities in 1995, by 2000 this figure had increased by 217%. Overall, by 2000, the number of registered patients exceeded 14,000, demonstrating the need to strengthen preventive medical



measures and expand physical fitness and health programs in this area. It should also be noted that, according to expert estimates, the actual scale of drug use significantly exceeds officially recorded figures: the ratio of registered cases to actual prevalence is approximately 1:10. (Figure 2)

INCREASE IN DRUG DEPENDENCE AMONG YOUTH IN THE 1990s

1. GROWTH DYNAMICS (ACCORDING TO OFFICIAL STATISTICS)

1995		2000
6,578 people	GROWTH BY 217%	> 14,000 people
registered in narcological institutions		registered in narcological institutions

By the year 2000, the number of registered patients exceeded **14 thousand people**, which indicates the need to strengthen measures of medical prevention as well as to expand physical culture and health programs in this area.

The most tense situation was observed in several regions, particularly the city of Tashkent, as well as the Samarkand, Surkhandarya, Fergana, and Khorezm regions. In 2000, the drug addiction rate was 22.5 cases per 100,000 population, 1.5 times higher than in previous years. Additional concern was raised by the changing patterns of drug use, with heroin consumption significantly increasing. It should be emphasized that drug addiction contributed to the increased prevalence of dangerous diseases. Concern arose because the majority of drug users were aged 18–40—the most reproductively active segment of the population. This trend began to negatively impact the health of future generations, including the development of a healthy fetus and child. In the late 1990s, fostering a healthy lifestyle among young people through the development of physical education and sports also became particularly pressing. This was seen as an important factor in providing the country with physically and mentally healthy human resources, including for the needs of the armed forces. Implementing these measures was essential not only for preventing negative social phenomena but also for developing a physically and psychologically prepared contingent for the country's defense system.

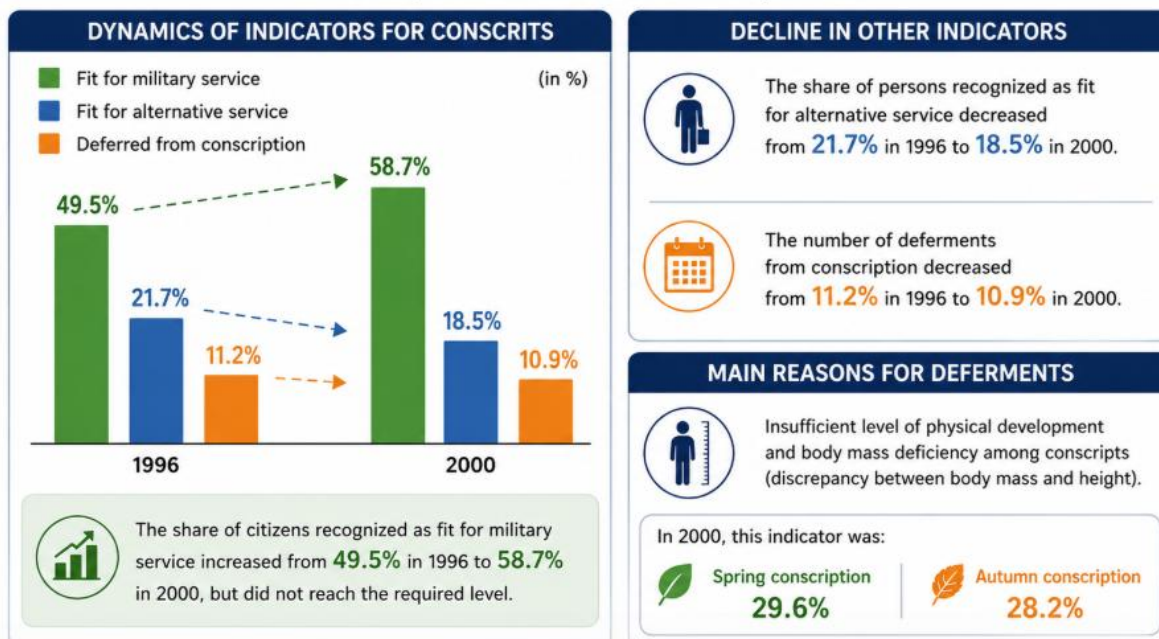
The 1990s saw an increase in the proportion of citizens deemed fit for military service; however, this figure did not meet the required level. While it stood at



49.5% in 1996, by 2000 it had increased to 58.7%. At the same time, there was a decline in the proportion of individuals deemed fit for alternative service (from 21.7% in 1996 to 18.5% in 2000), as well as in the number of conscription deferments (from 11.2% to 10.9%, respectively). The main reasons for granting deferments are insufficient physical development and underweight conscripts (weight-to-height discrepancy). Thus, in 2000, this figure was 29.6% during the spring conscription and 28.2% during the autumn conscription. (Figure 3)

CONSCRITS IN THE 1990s: DYNAMICS OF INDICATORS

In the 1990s, there was an increase in the share of citizens recognized as fit for military service, however, this indicator did not reach the required level.



During this period, an increase in a number of diseases was noted among conscripts. In particular, due to a deficiency of iodine in the diet, thyroid diseases (goiter) increased: in 2000, this pathology was diagnosed in 1,071 people in the spring, and in 1,368 in the fall. Similar dynamics were observed for other diseases: neurocirculatory dystonia (1,071 and 1,368 cases, respectively), peptic ulcer disease (1,190 and 1,387), diseases of the ear, throat, and nose, including complications of influenza and colds (5,603 and 6,459), as well as congenital and functional disorders such as flat feet (443 and 311) and varicocele (647 and 760). Among adolescents and pre-conscription age individuals, the most common



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diseases were respiratory diseases (19%), hematopoietic diseases (16.4%), anemia (14.1%), nervous system diseases (9.9%), and endocrine diseases (9.5%). Taken together, these factors had a negative impact on the provision of the armed forces with healthy human resources, which, in turn, affected the country's national security. It should be noted that physical education and sports are essential tools for developing physically and mentally healthy youth. However, the analysis shows that in a number of regions, insufficient attention is being paid to the effective management of physical education and mass sports among children, adolescents, and young adults, with many schoolchildren participating only sporadically.

The negative trends of this period had a negative impact on the country's population. These processes began to impact the situation of children, adolescents, and young people in their most painful ways: spiritual deficits, the destruction of ideals and values, a significant change in thinking and behavior, the economic high cost of living, and the moral devaluation of life.

The most pressing situation was faced by the primary human resource—health, an indicator of the level of morbidity in the population, including children and adolescents. Due to the lack of an effective system and mechanisms for physical health promotion, especially for students, the number of schoolchildren with developmental disabilities increased three to four times in high school compared to elementary school. A large number of children had various developmental disabilities and required medical and health-improving measures. All this significantly impacted the deterioration of the health of conscripted youth. The state annually compensated mothers for at least 6.5 million days of absence from work due to their children's illness. This decline in the health of the population, especially students, posed a threat to the country's national security. One of the reasons for the poor health of people, especially children, was the existing organizational approaches to managing mass sports and health activities, which failed to improve the physical condition of the population, especially students, or reduce their morbidity. Every state has an interest in maintaining and improving the physical and mental health of the nation, as it has a direct impact on the economy: on the one hand, public health problems lead to colossal economic



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losses, while on the other, an inefficient economy creates cumulative impetus for negative phenomena.

This situation required the adoption of decisive political and socio-operational measures to improve the physical health of children and youth, through the development of the sports movement as a social shock absorber. The political objective was to engage broad segments of the population, especially students, through new conceptual, methodological, and methodological approaches. The development of mass physical culture and sports is the criterion for assessing the socioeconomic development of society.

In the new conditions of developing a market economy and free economic activity, to address the crisis, it was necessary to reform state policy in the area of mass sports development, drawing on both domestic experience, taking into account both mistakes and achievements, and the experience of public administration in physical education and sports in foreign countries.

From 1992 to 1999, measures were taken to further develop physical education and sports in Uzbekistan. However, the low effectiveness of these measures, inadequate oversight of adopted regulatory documents, the nominal implementation of programmatic activities for the development of the industry, and the declarative nature of some acts did not contribute to the achievement of the intended targets. Furthermore, increasing the number of hours for physical education in schools did not allow for the organization of mass movement, thereby diminishing interest in sports activities.

This unfavorable situation arose due to the ineffective functioning of the entire target management structure at state and public hierarchical levels associated with organizing mass sports activities nationwide.

It should be noted that the period 1992-1999 was characterized by systemic changes and social crises that significantly altered the sphere of physical culture and sports. However, despite this, the components of the national model were based on the fundamental elements that had been formed in the previous period. Object of the study: The national system of mass sports and fitness in the Republic of Uzbekistan from 1991 to 2004 as a social phenomenon.



Subject of the study: Institutional and organizational mechanisms for the formation and development of the all-Uzbek mass sports and fitness system in the context of the emergence of an independent state.

Objective of the study: To scientifically substantiate the principles and institutional mechanisms for the formation of the all-Uzbek mass sports and fitness system from 1991 to 2004, as well as the main areas for improving its effectiveness.

Hypothesis: It is hypothesized that the effectiveness of the development of the all-Uzbek mass sports and fitness system from 1991 to 2004 The development of this system was driven by the formation of an integrated institutional environment, including government regulation, development of the material and technical base, and increased public involvement in physical education and sports.

Research Objectives:

1. To summarize theoretical and methodological approaches to the development of mass sports and health systems.
2. To analyze the historical background and stages of development of the all-Uzbek mass sports and health system from 1991 to 2004.
3. To identify the institutional factors and conditions that determined the development of the mass sports system in Uzbekistan.
4. To examine the organizational and managerial mechanisms and the role of public policy in the development of the mass sports and health movement.
5. To determine the impact of mass sports on public health and develop proposals to improve the effectiveness of the system.

In Uzbekistan, based on scientific analysis and a summary of adopted regulatory documents, and long-term testing of various models of organizational mechanisms for mass participation related to the process of involving all segments of the population, especially children, adolescents, and young people in physical activity, a comprehensive approach was developed to create a national system for organizing and managing the mass sports and health process on a national scale. The basis of the system was the structural unity and interconnectedness of its elements, their consistent functioning (Fig. 1).

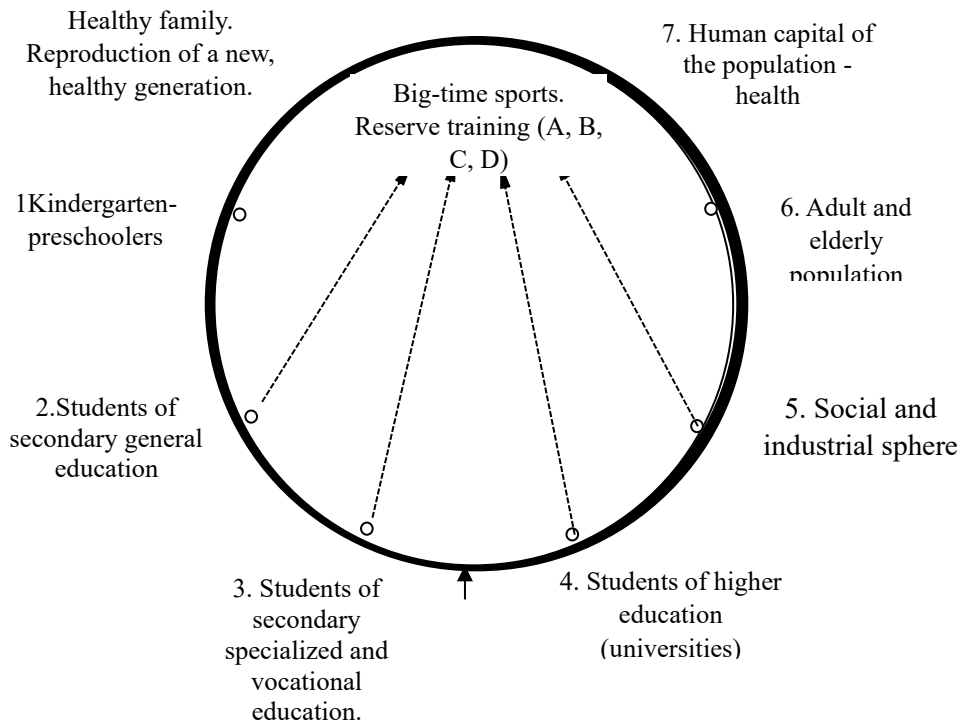


Fig. 1. Elemental representation of a life-cycle mass sports and fitness national system.

Mass sports and fitness activities. A - Population health improvement. B - Formation of a physically and intellectually developed generation - "barkamol avlod." C - Healthy lifestyle, improvement of the nation's gene pool, healthy families. D - Preparation of a reserve for elite sports, elite sports.

The architecture of the interconnected, multi-element mass sports and fitness system (3.4.5) and its principles and mechanisms were built on a structurally consistent and continuous engagement of each social and age level of the population, especially the younger generation, in physical and competitive activities. In the consistently interconnected design of the national system, educational elements were defined as the foundation for the mass involvement of millions of children, adolescents, and young adults in physical activity, as well as the basis for expanding a sports-oriented approach (6.7) and developing a sports infrastructure for mass sports nationwide.



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Sustainable physical activity of the population is a complex, multi-level, and socially oriented process aimed at ensuring the health, productivity, and quality of life of citizens. Such a system must possess a number of key features that ensure its integrity, effectiveness, and sustainability.

The development of the technological matrix of the national system was dictated by the objective need to transition from disparate, ad hoc organizational practices to an integrated and manageable model of industry development based on the principles of a systems approach. Within this model, the technological matrix acts as a structural and functional framework uniting key elements and interaction mechanisms. It ensures the coordination and harmonization of the activities of a wide range of participants—from government agencies and educational institutions to civil society institutions and private business. Functioning within a unified physical education and sports space, this system contributes to the increased effectiveness of management decisions, optimized resource allocation, and the formation of sustainable connections between all levels of the organization of the mass sports movement (8).

Therefore, the systemic requirement for universal coverage of the population with physical activity activities was hampered by the lack of a holistic, systemic approach to this problem, which negatively impacted the development of intangible components of human capital. Despite existing standards, their practical application did not promote comprehensive personal development, and quality control of implementation was often limited to formal reporting. All of this had an adverse impact on public health and had significant socioeconomic consequences.

The key problems of insufficient physical activity among the population, especially children, adolescents, and young adults, are as follows:

- a lack of clear, coordinated work between the education, sports, healthcare, and local government systems, leading to duplication of functions, conflicting technologies, and the absence of a unified strategy for physical activity development;
- low productivity of the technological matrix of activities, a bias toward quantitative indicators, and an effectiveness assessment system that places



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excessive emphasis on formal quantitative criteria (percentage of population coverage, number of activities conducted), ignoring qualitative indicators.

The concept of a holistic, life-cycle-based national system was built on:

- state and public requirements for improving existing tools and mechanisms for the ultimate result and its expression in the development of mass sports;
- defining benchmarks for each social strata of the population, serving as movement symbols of the mass movement;
- developing external benchmarks for symbols in the form of benefits, certificates, badges, etc., as well as developing an ideology for each symbol.
- the assumption that the foundation of the population's health capital consists of social resources—physical and intellectual—that are formed and accumulated through participation in mass sports, and that this activity can be transformed into a lifestyle only with consistent, cyclical, and systemic management of this process.

The methodology of the cyclicity and continuity of the national system. The multi-stage process of engaging the population in physical activity and developing motor skills, as well as transforming them into a lifestyle, must necessarily last for years across several cyclical time periods. In each specific age period, previously acquired basic motor-play skills, gradually improving, will be reproduced in subsequent cyclical levels in a qualitatively new and sought-after form. In other words, in childhood, adolescence, and young adulthood, it is precisely in the educational environment that, through continuous participation in public competitions, sustainable motivation and a full-fledged adaptive foundation for physical activity will be formed. Students' motivation, enhanced through continuous participation in various competitive stages, will subsequently—in subsequent life cycles—be reproduced as a need to apply these skills in daily physical education activities, which will become a way of life.

The institutional and structural development of the national cyclical system was based on the following markers:

- a specific national target definition of the functional significance of the system and, in accordance with this, the selection of its structural elements, as well as the definition of its integrity and unity from the perspective of the activity of each element;



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- a diverse but consistent structure (children, adolescents, youth, families, workers, veterans, etc.), including organizationally distinct tasks and goals;
 - the presence of common-purpose relationships (ministries, departments, public organizations) between the system-forming elements, which determines the consistency and consistency of the results of the activities of these levels and stages;
 - a special form of "strong" elemental connections, resulting in the emergence of a holistic category inherent in the entire system, as well as its levels and stages involved in the space of intrasystemic integration (16).
 - the establishment of internal principles by which the system effectively functions and develops (17).

Overall, the formation of a stable habit of systematic physical activity is determined by early ontogenesis and is a key factor in maintaining health at all stages of the life cycle. During childhood and adolescence, not only the morphofunctional foundations of physical development are established, but also cognitive-behavioral models, including discipline, goal-setting, and the ability to overcome challenges. It is during this period that motivation and natural involvement in sports through games, mass competitions, and social support form a positive attitude toward a healthy lifestyle. If students perceive physical activity in their social and educational environment not as a compulsion, but as part of everyday life, this significantly increases the likelihood that they will remain active in adulthood. Each stage includes key elements that are interconnected and aimed at achieving a common goal: increasing physical activity and public health. The architecture of the holistic life-cycle model was built: - on the basis of systemic management of state and public organizations for the continuous involvement of all segments of the population, especially the younger generation, in "barkamol avlod" (mass sports and health promotion activities) nationwide;

- based on the assumption that health is based on human resources—physical, intellectual, and social—that are formed and accumulated through mass sports.

This health-promoting activity can be transformed into a lifestyle only through consistent, cyclical, and systemic management of this process.



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Methodology of a holistic national framework:

- mass sports and health promotion should represent an independent branch of intangible production and act as a specific object of state and public management based on the following principles and guidelines:

- mass sports and health promotion is a targeted, consistent, and constantly cyclical process that requires systematization and structuring, like any other complex object of research. This work cannot be fully organized and lead to the desired result without taking into account its constituent elements and the existing interrelations between them. Management and organizational mechanisms for engaging all segments of the population in sports activities must be built on the principles of consistency, continuity, and life-cycle, as well as with a targeted focus on the expanded reproduction of qualitatively new participants who are socially interested in sports.

Stable mass sports and health promotion in the country can only be achieved through effective interaction and interconnectedness of all state and public governing bodies, and the correct definition of the forms and methods of management associated with the organization of sports and health promotion.

Systemic organization of mass sports requires proper and consistent organization and definition of target objectives for each autonomous state and public structure, uniting them into a single, unified whole.

Creation of socio-economic methods for sustained motivational interest among students, as well as organizers of sports and competitive activities.

This model aimed to create a system of mass sports and health promotion with long-term target prospects: - motivating various segments of the population, especially students, to engage in physical activity; - creating sports facilities, teams, and athletes from among students, workers, and employees in educational institutions, manufacturing enterprises, and institutions. Mandating large enterprises to maintain stadiums.

The mechanism of a multi-stage system for the formation and accumulation of health capital identified key stages: mass participation, the development of sustainable motivation and skills, and cycles of high-quality reproduction of full-fledged physical activity in students. Therefore, the subsequent reproduction of physical education and sports skills, as well as the formation and accumulation



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of human capital, are inextricably linked to cyclical processes in the educational space. As a result, a simple, creative, generally accessible and cost-effective national model was created, accessible to people of different ages and different levels of physical fitness, while its main subjects (children, teenagers, youth, families, workers, veterans, etc.) and objects (mass sports events, sports facilities, etc.) were structurally defined in a continuous manner. A comprehensive national model for the long term was structurally built from five sequentially alternating and interconnected socially cyclical age levels (links): the first level is pre-school; the second level is school; the third level is lyceums and colleges; the fourth level is universities; the fifth level is able-bodied people, pensioners (9, 10). The cycle of the model is family, joining a children's group, beginning and completing education, choosing and obtaining a profession, working activity, marriage and the birth of children - family.

The national model, accessible to people of all ages and levels of physical fitness, consistently defines its key actors (children, adolescents, youth, families, workers, veterans, etc.) and objects (mass sports events, sports facilities, etc.). The model's life cycle encompasses the family, joining a children's group, beginning and completing education, choosing and acquiring a profession, working life, marriage, and the birth of children—the family.

It should be noted that the educational environment serves as a key integrative mechanism in the formation of a national system of mass sports, as it is through the organized education system that society receives guaranteed and manageable access to regular physical activity. Physical education in educational institutions is not simply an academic discipline, but a "fundamental social mechanism that fosters a culture of movement and a sustainable attitude toward a healthy lifestyle" (11).

Educational levels, as key elements of the national system, are a fundamental structural component of the technological matrix of the mass sports movement model, ensuring continuity, sustainability, and systematic development of physical activity among the population. In the context of Uzbekistan's social and scientific development, the educational environment undoubtedly serves as the main stage of individual socialization, laying the foundations of physical education, forming sustainable behavioral patterns and habits, and developing



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cognitive abilities and health. (12) Continuity and widespread participation were built on the interconnectedness of each age level and their sequential, respectively, stage-by-stage progression through cycles (childhood, adolescence, adulthood, old age) associated with various motivational phases—active and passive, educational, and motor. Continuity between the school period, with its need for physical activity, and its continuation into adulthood, is possible through the creation of a gradual, systemic transition, as well as an accessible environment and sustainable motivation. At school, motivation is created by teachers, competitions, the team, and also by standards and tournaments. We aimed to ensure that school physical education and sports are not perceived as a temporary educational obligation, but as an integral part of life. If a natural need for physical activity is not developed during school, it will not be integrated into everyday life in adulthood. Changing priorities in adulthood are associated with a lack of focus, a lack of need, and a lack of clear motivational goals for a healthy lifestyle.

It is well known that physical activity plays an important role in maintaining and improving health—a lifelong asset. Regular physical education and sports strengthen not only physical but also mental health, improve cognitive function, and promote greater performance and concentration, which is especially important in academic and professional activities (13).

Regular physical education classes at school create a lasting habit of physical activity. According to the theory (14), habits formed in childhood and adolescence are highly likely to persist into adulthood. Research shows that physical activity during school age is positively correlated with the level of physical activity in adulthood (15).

This model was used to establish a system of mass sports and recreational activities with long-term goals: - increasing physical education and sports activity among all segments of the population; - motivating students to engage in physical activity; - creating sports facilities in regional and district centers, educational organizations, manufacturing enterprises, and institutions, and forming teams and athletes from among students, workers, and employees.

The main objective of the model was to significantly increase the number of participants nationwide through the organization of "small Olympic Games," engage all students in physical activity, and develop sports in educational



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institutions (schools, lyceums, colleges, and universities). Given that much of the sports infrastructure had either been destroyed or severely neglected, the development of mass sports required the creation of a sufficient number of sports facilities capable of ensuring accessibility for citizens.

Conclusions. In Uzbekistan, the national model has generally achieved the following objectives:

- existing management tools and mechanisms were improved in accordance with state and public requirements, with the target result of developing mass sports among various social strata;
- benchmarks for children, adolescents, and young people were defined as movement symbols of mass participation;
- external reference points for the symbols, necessary for a positive outlook, were developed, and an ideology for each symbol was developed.
- Recognizable brands of the national three-tier domestic system of mass sports and health promotion were formed for schools – "Umid Nihollari," for lyceums and colleges – "Barkamol Avlod," for universities – "Universiade";
- Disparate, unrelated competitions with no specific purpose were streamlined in educational institutions, and physical education teams were created;
- Olympic sports, which had lost their prestige and significance, were restored and developed;
- The efforts of local authorities, relevant ministries, and public organizations were united and directed toward a common goal – the development of mass sports and the involvement of children, adolescents, and young adults in physical activity;
- Sports sections for Olympic sports, as well as standardized facilities and sports fields, were created in educational institutions;
- Hundreds of new sports facilities were built locally (regions, cities, districts), old ones were renovated and brought up to standard, and a huge number of students were engaged in extracurricular and extracurricular activities;
- The "Uzbekistan Children's Sports Development Fund" was established with the goal of developing the material resources for children's sports, primarily in rural areas, building a network of modern children's sports complexes in populated



areas, equipping them with modern sports equipment and inventory, and assisting in their effective operation.

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