

## THE ROLE OF MEDICAL WORKERS IN SOCIAL PREVENTION

Bakhtiyor Erkinovich Berdialiev

Head of the Research Institute of Criminology of the  
Republic of Uzbekistan, Colonel, Doctor of Philosophy in Law (PhD)

### Abstract

This article analyzes the role of social prevention in strengthening public health and the urgent tasks facing medical workers in disease prevention. Specifically, it covers issues of developing a healthy lifestyle, raising medical culture, and early diagnosis within the primary health care system.

**Keywords:** Social prevention, healthy lifestyle, primary health care, patronage service, screening, valeology.

### Introduction

According to the definition of the World Health Organization (WHO), health is not merely the absence of disease, but a state of complete physical, mental, and social well-being. Today, the main focus of modern medicine is shifting from treatment toward the prevention of diseases.

The concept of **social prevention** can be defined as a set of state, public, and medical measures aimed at preserving and strengthening public health and eliminating social environmental factors that cause diseases. In this process, the role of healthcare workers, especially family physicians and patronage nurses, is invaluable.

Healthcare professionals play a central role in maintaining community health and social prevention. They implement systematic measures aimed at preventing diseases, promoting a healthy lifestyle, and reducing social risks. In particular, patronage nurses conduct door-to-door visits to personally monitor the health status of citizens, their dietary habits, and adherence to preventive measures. This activity serves not only to strengthen physical health but also to provide psychological support<sup>1</sup>.

Personal observations conducted through patronage nurses are an effective tool for developing healthy habits and reducing susceptibility to diseases among the population. They interact directly with citizens, provide advice on health and prevention issues, and, when necessary, offer medical assistance and psychological support. Furthermore, they play an important role in the early detection and prevention of social risks that may arise within the neighborhood (*mahalla*) and family environment.

Healthcare workers are also responsible for planning and implementing preventive measures. Based on public health statistics, monitoring, and analysis, they determine effective actions and cooperate with relevant authorities when necessary. This process enhances the effectiveness of the social prevention system and serves to strengthen health within society.

Moreover, the activities of these professionals allow for the elevation of health culture in society and encourage active participation in preventive measures among the population. Their door-to-door work ensures not only individual but also collective health, playing a crucial role in forming a stable social environment at the family and neighborhood levels.

---

<sup>1</sup> Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No. 1039 dated December 30, 2017.

Ultimately, healthcare workers, especially patronage nurses, through their personal monitoring of citizen health during door-to-door visits, hold decisive importance in the effective implementation of social prevention measures. Their activities yield significant results in preserving public health, reducing social risks, and improving the prevention system<sup>2</sup>.

The sanitary-epidemiological peace of the population is not only a medical issue but also a vital part of the social prevention system. This stability is ensured through the cooperation of state bodies, enterprises, institutions, organizations, public associations, and citizens. Sanitary-hygienic and anti-epidemic measures not only protect the population from diseases but also reduce social risks in society, elevate legal culture, and influence the legal consciousness of citizens regarding health.

From the perspective of social prevention, this process includes: ensuring population adherence to a healthy lifestyle, regulating the family and neighborhood environment in accordance with sanitary-epidemiological requirements, and encouraging active participation in medical check-ups and preventive events. These measures are particularly important in forming preventive knowledge and habits among youth, women, and "risk groups."

Furthermore, sanitary-hygienic and anti-epidemic measures serve to increase social cooperation and public activity. For instance, anti-epidemic measures organized on a legal basis in neighborhoods, schools, and workplaces strengthen the personal responsibility of citizens and the health culture within the community. This, in turn, allows for an increase in legal culture and preventive activity in society, reducing social conflicts and risks arising from the spread of diseases.

Domestic violence is considered one of the most serious manifestations of social risks in society. Such situations must be identified in a timely manner by prevention inspectors and other social partner agencies. Citizens and neighborhood members must report incidents of violence or crime to the prevention inspector, as concealing a crime is an offense and leads to legal liability.

Patronage nurses or medical workers may encounter such situations during door-to-door visits to monitor family health and welfare. Door-to-door visits are not limited to checking health; they also provide an opportunity to identify the social environment, family relationships, and potential cases of violence. In such instances, to ensure the legal safety of citizens, nurses must report to prevention inspectors and relevant state bodies based on legal pathways and protocols.

Additionally, concealing violence committed within the family leads to non-compliance with legislation and intensifies legal and social risks in society. Concealing a crime results not only in the violation of the victim's rights but also in the liability of the person who failed to comply with the law. Therefore, every citizen and social service worker must be active and responsible in detecting domestic violence.

From the perspective of social prevention, this process includes the following tasks:

- Identifying and documenting cases of domestic violence and offenses;
- Ensuring rapid measures are taken by providing information to prevention inspectors and relevant authorities;
- Organizing psychological, social, and legal support for victims;
- Preventing domestic violence and elevating legal culture among citizens<sup>3</sup>.

---

<sup>2</sup> Law of the Republic of Uzbekistan "On the Protection of Citizens' Health" No. 265-I, August 29, 1996.

<sup>3</sup> As amended by the Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No. 397 dated May 13, 2019 — National Database of Legislation, May 14, 2019, No. 09/19/397/3123.

Timely reporting of domestic violence incidents to prevention inspectors is a critical preventive measure based on the social responsibility and legal culture of citizens. Patronage nurses can identify such cases during door-to-door visits, and their reporting to relevant authorities is of great importance in maintaining legality in society, ensuring legal safety in the family, and preventing violence.

The "**Mahalla Seven**" (*Mahalla ettiligi*) serves as the primary unit for ensuring social stability, family environment, and health in society. By integrating medical workers into social prevention activities, the effectiveness of the "Mahalla Seven" can be increased, ensuring the social and medical safety of the population. This process can be presented on a scientific basis as follows:

**1. Legalizing patronage and door-to-door visits.** Medical workers, especially patronage nurses, conduct door-to-door visits within the framework of the "Mahalla Seven." They identify public health status, the family environment, and potential social risks, including violence and offenses. These visits should be conducted in cooperation with prevention inspectors, which serves to elevate legal and social culture in society.

**2. Collecting information and statistical reports through visits.** Medical workers must identify the health status of the population, the social environment in families, and adherence to preventive measures, systematically collecting data to present to prevention inspectors. Based on this information, the "Mahalla Seven" can develop and effectively implement measures tailored to the needs of the population.

**3. Organizing effective psychological and social support.** Medical workers, together with the "Mahalla Seven," should actively participate in providing psychological counseling, training on healthy lifestyles, and information on disease prevention measures. This process strengthens the psychological stability of citizens and reduces social risks.

**4. Formalizing cooperation between the "Mahalla Seven" and medical workers.** In every "Mahalla Seven," the responsibilities and tasks of medical workers in social prevention activities must be clearly defined and formalized through protocols and methodological manuals. This ensures a systematic approach from both a legal and organizational standpoint.

**5. Assessing the effectiveness of social prevention measures.** The effectiveness of medical workers' activities within the "Mahalla Seven" should be regularly monitored and analyzed. This allows for the future improvement of preventive measures and the efficient use of "Mahalla Seven" resources.

### **Conclusion and Practical Recommendations**

The conducted analysis shows that integrating medical workers into the "Mahalla Seven" system is a key factor in increasing the effectiveness of social prevention. To further strengthen this cooperation and ensure public health and social security, it is advisable to implement the following scientifically grounded proposals:

**First**, the mechanism of institutional cooperation must be improved. A unified regulation should be developed to govern the interactions between medical workers (patronage nurses, family doctors) and members of the "Mahalla Seven." The task of the medical worker should not be limited to treatment but

should clearly define their role in improving the social environment of the neighborhood. Their cooperation with prevention inspectors and social workers must be organized based on vertical and horizontal integration.

**Second**, the "Social-Medical Monitoring" system should be digitized and integrated. A "Medico-Social Portrait of the Mahalla" should be formed based on data collected during door-to-door visits and entered into a unified electronic database. It is advisable to implement "Early Warning System" algorithms by cross-referencing health indicators collected by medical workers with social problems (conflicting families, unemployment) identified by other members of the "Seven" (e.g., the women's activist).

**Third**, the targeted approach in working with risk groups should be strengthened. Preventive measures by medical workers should not be generalized but directed toward specific "risk groups" (persons with disabilities, the chronically ill, troubled families, persons in depression). In this regard, medical workers should perform psychological counseling and support functions to stabilize the socio-psychological environment in the family, implementing complex rehabilitation programs together with the "Seven."

**Fourth**, the socio-preventive competence of medical workers must be increased. Medical workers should be trained not only in clinical knowledge but also in conflict resolution (conflictology), stress management, and elements of social work. This will enable them to establish effective communication with the population within the "Mahalla Seven" and forecast the medical consequences of social problems.