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FROM POLICY TO COMPETENCE: BUILDING HEALTHY LIFESTYLE CULTURE INTO UZBEKISTAN'S PHYSICAL EDUCATION TEACHER EDUCATION

Raxmonova Dilobar
Kori Niyazi National Institute of Educational Pedagogy, Tashkent, Uzbekistan

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ABSTRACT

Physical education (PE) teachers shape how young people learn to move, interpret health information, and sustain active lives, yet the preparation of PE teachers is seldom specified in health terms. This comparative narrative review asks how healthy lifestyle culture can be converted from a national policy aspiration into assessable professional competence within physical education teacher education (PETE) in Uzbekistan. Policy instruments, institutional documentation, and peer-reviewed literature were examined across five purposively selected systems—Uzbekistan, Finland, Japan, the United States, and Germany—chosen to maximize variation in the institutional mechanism through which health promotion is sustained. Sources were charted against six a priori dimensions and compared for convergence and divergence. Three transferable principles emerged: health promotion endures only when it is structurally embedded rather than project-funded; responsibility for young people's health is distributed across professional roles rather than assigned to the PE teacher alone; and teacher preparation must align simultaneously with the school as a future workplace and the university as a present health setting. Building on these principles, the review proposes a six-domain competence framework that pairs each domain with indicative learning outcomes, assessment evidence, and the institutional condition required to sustain it. Professional role modeling is defined by conduct rather than physique. The framework is evidence-informed rather than validated and is offered as a set of testable propositions for curriculum development and subsequent empirical evaluation.

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Introduction

Health is more than the absence of disease; it is a condition of physical, mental, and social well-being (World Health Organization [WHO], 1948). Contemporary guidance extends that premise by treating movement, sedentary time, nutrition, recovery, and the environments that make them possible as mutually dependent rather than as discrete personal choices (WHO, 2018, 2020). Educational institutions matter within this account for a reason that is easy to overlook. They distribute not only knowledge but also time, space, equipment, supervision, and social permission to be active.

PE teachers stand at the point where those resources reach young people. Their decisions influence which pupils experience competence, which quietly withdraw, and which forms of movement come to feel available. A systematic review of public health–aligned recommendations for preparing PE teacher

candidates identified professional knowledge, personal and professional competence, advocacy, and skill in creating active school environments as the expectations that recur across the literature (Webster et al., 2015). Reviews of physical literacy impose a parallel demand: teachers are asked to cultivate motivation, confidence, movement competence, and knowledge that persist beyond schooling, which presupposes that teachers themselves hold these attributes (Yin et al., 2024). One expectation, however, warrants explicit correction. Interview evidence indicates that PE teachers frequently treat a lean, athletic body as a source of pedagogical authority, a belief that narrows both what they teach and how they teach it (Barker et al., 2023). A defensible account of professional modeling therefore rests on conduct—accurate information, inclusive practice, visible self-regulation—rather than on physique.

Uzbekistan enters this discussion with an unusually strong mandate. Presidential Decree No. PF-6099 established the widespread introduction of healthy lifestyles and the development of mass sport as national priorities spanning families, mahallas, educational institutions, and workplaces (President of the Republic of Uzbekistan, 2020). A mandate of this kind confers legitimacy, coordination, and resources. It does not state what a graduating PE teacher must know, do, and be able to demonstrate. Between national aspiration and classroom practice lies an unspecified curricular layer.

That gap is partly a problem of level. The frameworks most often invoked in this literature were designed for schools (Centers for Disease Control and Prevention [CDC], 2024; WHO & United Nations Educational, Scientific and Cultural Organization [UNESCO], 2021), whereas the reform in question must be enacted inside universities, which carry health-promotion obligations of their own (*Okanagan Charter*, 2015). PETE is unusual in belonging to both settings simultaneously: it is delivered within a university that is itself a health setting and prepares graduates for schools that are health settings of a different kind. This review takes that double membership as its organizing problem and asks (a) which dimensions of healthy lifestyle culture are defensible as professional competences for PE teachers, (b) which principles transfer across systems that sustain health promotion through different institutional mechanisms, and (c) how those principles can be expressed as learning outcomes and assessment evidence feasible within Uzbek PETE.

Conceptual Framework

Healthy lifestyle culture is used here as an operational construct: the integrated knowledge, values, self-regulatory capacities, habitual practices, and professional behaviors through which a person sustains and supports physical, mental, and social well-being. The noun culture carries analytic weight. A lifestyle is enacted by an individual, whereas a culture is held collectively and reproduced through routines, norms, and institutional arrangements. Applied to teacher education, the construct consequently has two referents at once: the candidate's own practice and the conditions the program itself maintains.

Three conditions distinguish reform from rhetoric. A mandate supplies authoritative endorsement. Specification states what will be taught, learned, and assessed. Capacity supplies the staff, time, placements, and resources without which specification remains decorative. Policy analysis often collapses the three, treating the presence of a mandate as evidence that practice has changed. Uzbekistan clearly satisfies the first condition; this review concerns the second and the third.

Cross-setting alignment supplies the second premise. Global standards for health-promoting schools describe curriculum, services, environment, and partnership as one system rather than as separable initiatives (WHO & UNESCO, 2021), and the *Okanagan Charter* (2015) makes the corresponding claim for higher education, calling on institutions to embed health across campus operations and academic mandates. International guidance on quality physical education connects the two levels by naming initial teacher education as a policy lever in its own right (UNESCO, 2015). The practical consequence is straightforward: a program that teaches health promotion while modeling institutional indifference to it transmits the contradiction as reliably as it transmits the content.

Method

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Design and Rationale

A comparative narrative review with policy analysis was selected because the guiding question is conceptual and prescriptive rather than one of measurable effect. A systematic review answers whether an intervention works; the present question is what should be specified before any intervention exists to test. Following guidance for transparent narrative synthesis, selection and analysis are reported explicitly so that inferences can be audited, without any claim that the source set is exhaustive.

Case Selection

Uzbekistan served as the focal case. Four comparators were selected purposively for maximum variation in the mechanism through which health promotion is institutionally sustained: a national student health service (Finland), statutory coordination of school health functions (Japan), a whole-school framework promoted by a federal public health agency (United States), and time-limited statutory project funding (Germany). Variation in mechanism, not similarity of outcome, was the selection criterion. Germany was retained specifically as a disconfirming case against the assumption that formal provision produces durable structures. All comparators are high-income systems, a constraint addressed in the limitations.

Sources and Search

Searches were conducted in August 2026 in PubMed, publisher platforms, and official institutional and intergovernmental websites. Terms combined physical education teacher education, health promotion, physical literacy, school health, and student well-being with the names of the selected countries. Official sources were used for policy and institutional description; peer-reviewed sources were used for claims about competence, physical literacy, and professional practice. Recent material was preferred, with foundational documents retained irrespective of date. Non-English sources were consulted in official English versions where these existed.

Analysis, Trustworthiness, and Ethics

Each case was read against six a priori dimensions derived from the conceptual framework: conceptualization of health, institutional mechanism, physical activity provision, mental and social well-being, health education and literacy, and implications for teacher preparation. Findings were charted into a comparative matrix, examined for convergence and divergence, and abstracted into transferable principles. A principle was retained only where it was supported in at least three cases or where a single case supplied a clear disconfirming instance. Because the review has a single author, findings were not independently coded; the matrix is therefore reported in full so that readers can trace each principle to its sources. The author is an Uzbek researcher in pedagogy, a position that aids interpretation of the focal case while creating a risk of favorable reading, mitigated by applying identical dimensions to every case. Only publicly available documents were used, and no human participants, personal data, or ethical approval were involved.

Comparative Findings

Table 1 summarizes the comparison. The narrative below reports the interpretive point for each case rather than restating the matrix.

Table 1

Cross-Case Comparison of Institutional Mechanisms for Health Promotion and Their Implications for Teacher Preparation

Case	Primary institutional mechanism	Dominant conceptualization of health	Principal implication for PETE
Uzbekistan	National decree mobilizing family, mahalla, school, and workplace	Civic and societal priority; mass participation in sport	Strong mandate awaiting curricular specification and assessment

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Case	Primary institutional mechanism	Dominant conceptualization of health	Principal implication for PETE
Finland	National student health service with early screening at entry	Well-being as a condition of study capacity	Position support early; build referral literacy into preparation
Japan	Statutory coordination of school health, diet education, and safety	Health as a shared, interdisciplinary school function	Prepare candidates to work as one professional among several
United States	Whole-school framework promoted by a federal public health agency	Health and learning as mutually reinforcing systems	Add collaboration, planning, and advocacy; include staff wellness
Germany	Statutory but time-limited project funding in defined settings	Health promotion as a setting-based, funded intervention	Judge progress by durable structures, not by events or projects

Note. PETE = physical education teacher education. Cases were selected for variation in institutional mechanism rather than similarity of outcome. Entries summarize the mechanism each system foregrounds; they are not claims about implementation quality.

Uzbekistan

The distinguishing feature of the focal case is legitimacy. PF-6099 positions healthy-lifestyle promotion as a shared task across education, family, mahalla, and sport rather than as the responsibility of a single ministry (President of the Republic of Uzbekistan, 2020). What remains open is curricular translation. Anatomy and physiology are well established in Uzbek PETE and supply a sound foundation, but foundational science becomes professional competence only when it is connected to teaching decisions about load, inclusion, recovery, and referral.

Finland

The Finnish Student Health Service provides general and mental health services to students and operates HealthStart as an early process for entrants (Finnish Student Health Service [FSHS], n.d.-a, n.d.-b). The transferable lesson is not the service model, which depends on national financing arrangements that are not readily exported, but its underlying premise: student well-being is treated as a condition of study capacity, and support is positioned at entry rather than at crisis.

Japan

Japanese school health is framed as a coordinated field in which health education, dietary education, school lunches, safety, and cooperation with families and communities are handled as related responsibilities (Ministry of Education, Culture, Sports, Science and Technology [MEXT], n.d.). For preparation, this implies teaching candidates to operate as one professional among several rather than as the sole custodian of pupil health.

United States

The Whole School, Whole Community, Whole Child framework links physical education and physical activity to nine further components, among them health education, nutrition services, counseling and psychological services, employee wellness, family engagement, and community involvement (CDC, 2024). Two implications follow. Candidates require competence in collaboration, planning, and advocacy; and staff wellness appears as a named component, which extends the health agenda to teachers as workers rather than only to pupils as beneficiaries.

Germany

The German Prevention Act obliges health insurers to fund time-limited projects in defined settings, on the expectation that structures will persist once funding ends. Writing as practitioners in German higher education, Dietz and Schäfer (2023) question that expectation, arguing that project cycles do not reliably

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convert into permanent institutional structures. Because their article is an expert opinion rather than an evaluation, the claim is indicative rather than conclusive. It nonetheless serves here as a caution against inferring durability from formal provision.

Cross-Case Synthesis

Three principles survived the retention rule. The first is *structural embedding over episodic activity*. Systems that treat health promotion as a standing feature of curriculum, services, and staffing describe it as ordinary institutional business, whereas the German case shows that funded projects may leave little behind once the cycle closes (CDC, 2024; Dietz & Schäfer, 2023; WHO & UNESCO, 2021). The second is *distributed responsibility*. Japanese and U.S. arrangements both allocate health functions across roles, which implies a competence that is as much ethical and communicative as technical: knowing the boundary of one's professional remit and the path across it. The third is *dual-setting alignment*. Finnish provision and the *Okanagan Charter* (2015) converge on the claim that the institution preparing a professional is itself a health setting, so preparation should be judged by what the program practices as well as by what it teaches.

No case should be transplanted. Financing, governance, workforce structures, and school organization differ substantially across the five systems. What transfers is the principle and its expression as competence.

A Competence Framework for Uzbek PETE

Table 2 sets out six proposed domains, each paired with an indicative learning outcome, a form of assessment evidence, and the institutional condition on which it depends. The third and fourth columns carry the argument. An outcome that cannot be evidenced is not an outcome, and a competence the institution cannot support is an aspiration rather than a specification.

Table 2

Proposed Healthy Lifestyle Culture Competence Framework for Physical Education Teacher Education in Uzbekistan

Domain	Indicative learning outcome	Assessment evidence	Required institutional condition
Applied functional science	Explains exercise response, load, fatigue, and recovery in terms of teaching decisions	Case analysis of a lesson plan adjusted for load and recovery	Anatomy and physiology taught with applied, pedagogically framed tasks
Physical and health literacy	Appraises health claims and designs inclusive activity from credible evidence	Critical appraisal task using a public health guideline	Library and database access; staff competence in evidence appraisal
Self-regulation and mental well-being	Applies sleep, stress, and recovery strategies and recognizes limits of competence	Reflective portfolio with documented self-management plan	Accessible student counseling and a published referral pathway
Inclusive health communication	Communicates guidance without stigma and separates education from clinical advice	Simulated consultation and referral scenario, rated by rubric	Trained assessors; rubric criteria agreed across departments
Professional modeling and advocacy	Demonstrates evidence-informed conduct and argues for active school environments	Observed teaching plus a written advocacy brief for a school	Assessment policy excluding candidates' physique or fitness scores
Supervised health-promotion practice	Plans, delivers, and evaluates an activity with a school, family, or mahalla	Supervised project report with mentor evaluation	Placement agreements, qualified mentors, and supervision workload

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Note. Domains are proposed rather than validated. The fourth column states the condition without which the corresponding outcome cannot be honestly assessed; competences whose conditions are unmet should be recorded as aspirations rather than reported as outcomes.

Curriculum Mapping Rather Than a New Course

Introducing a stand-alone module is the most visible response available to a program and among the least effective, because it isolates health from the subjects in which teaching decisions are actually formed. Mapping the six domains across anatomy, sport science, psychology, pedagogy, PE methodology, public health, and school practice distributes the content where it is used. First-year anatomy is a natural entry point, provided that structure is linked from the outset to movement, recovery, nutrition, stress, and safe instructional decisions. Assessment should move beyond recall toward performance and judgment: case analyses, observed teaching judged partly on inclusion, simulated referral scenarios, reflective portfolios, and supervised project reports.

Feasibility in the Uzbek Context

Uzbekistan holds a comparative advantage that is easy to undervalue. The mahalla is an existing, culturally legitimate site for supervised health-promotion practice, which means the country possesses placement infrastructure that many systems must construct. The constraints are equally concrete: credit-hour ceilings, uneven staff expertise in mental health content, and finite supervision capacity. A phased sequence is therefore realistic. Programs can first audit where the six domains are already covered, then attach assessment evidence to existing courses, and only then negotiate structural changes such as new placements or staffing. Throughout, modeling should be assessed as conduct; candidates' body composition and personal fitness scores should not be used as proxies for professional competence (Barker et al., 2023).

Discussion

The contribution of this review is a shift in the unit of specification. Healthy lifestyle culture is treated not as a moral aspiration addressed to individuals but as a set of competences that can be taught, evidenced, and audited, and that carry stated institutional obligations. Three implications follow.

First, the level argument has practical consequences. School-level frameworks are routinely imported into teacher-education debates without adjustment, with the effect that the university's own obligations disappear from view (*Okanagan Charter*, 2015). A candidate taught stress management inside a program with no accessible counseling provision learns something durable about institutional sincerity, and it is not the lesson intended.

Second, the review resists an inference common in policy-facing scholarship: that a mandate demonstrates practice. The German case indicates why the inference is unsafe even where statutory provision exists (Dietz & Schäfer, 2023). For Uzbekistan, this cautions against reading seminars, campaigns, or sport events as evidence of curricular change.

Third, the mahalla warrants careful treatment. It is a genuine asset, offering an applied setting with existing legitimacy and reach. Local legitimacy and scientific warrant nonetheless answer different questions. Community endorsement establishes acceptability and feasibility; it does not establish efficacy. A defensible program needs both and substitutes neither for the other.

Limitations

The review is targeted rather than systematic, so publication and language bias cannot be excluded and no claim of exhaustiveness is made. All comparators are high-income systems whose resourcing differs markedly from Uzbekistan's, which is why transfer is proposed at the level of principle rather than program design. Official documents describe intended systems and not implementation quality. One key source for the German case is an expert commentary rather than an evaluation. As a single-author review, the analysis was not independently coded. Finally, the framework rests on no primary data from Uzbek PETE programs; it is evidence-informed rather than validated.

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Conclusion. Developing healthy lifestyle culture among future PE teachers is best pursued as a competence agenda rather than an exhortation. Uzbekistan already holds the mandate; what remains is specification and capacity. The framework proposed here states six domains, the evidence that would demonstrate each, and the institutional conditions each requires, and it defines professional modeling by conduct rather than appearance. Its claims are testable. A Delphi study with Uzbek PETE faculty and school mentors could validate and weight the domains; a curriculum audit could establish current coverage; and a pilot with pre- and post-assessment against a comparison cohort could test whether the framework changes what graduates can actually do. Until such work is completed, the framework should be read as a proposal for curriculum development and not as a demonstrated improvement.

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