

# The Methodological Foundations of The Dialectic Between A Healthy Lifestyle and National Health Values in The Context of Globalization

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**Abstract:** In the era of globalization, the interaction between global health trends and national health values has become a focal point of academic and public discourse. This article explores the methodological foundations underlying the dialectic between a healthy lifestyle and traditional health-related values, focusing on how globalization influences, reshapes, or reinforces these dynamics. Drawing on interdisciplinary approaches—philosophy, sociology, cultural studies, and public health—the paper examines the epistemological and ontological bases of health behavior models that are deeply rooted in both modern standards and national identity.

**Keywords:** Globalization, Healthy Lifestyle, National Health Values, Methodology, Cultural Identity, Health Philosophy, Epistemology, Ontology, Health Systems, Sociocultural Dynamics.

**Introduction:** In the dynamic terrain of the 21st century, where global interconnectivity accelerates the diffusion of norms, values, and behaviors across geopolitical borders, the concept of a healthy lifestyle is no longer a monolithic construct. Instead, it represents a multifaceted phenomenon shaped by an intricate interplay between universal health paradigms and deeply embedded national health traditions. Globalization, as a structural process characterized by the intensification of social relations, technological advancement, and economic integration, has ushered in profound transformations in public health strategies, biomedical practices, and lifestyle orientations. However, this global momentum does not simply override local contexts; rather, it enters into dialectical tension with culturally specific health value systems, eliciting both convergence and resistance. The relationship between globalization and health is neither linear nor unidirectional. It necessitates a dialectical methodology that captures the coexistence and contention between global health standards and indigenous cultural practices [1]. Within this context, the healthy lifestyle discourse becomes a critical site of negotiation—a locus wherein individual behaviors,

societal norms, and institutional frameworks intersect and evolve. This negotiation is particularly visible in societies undergoing rapid modernization yet striving to preserve their national identity and cultural heritage, which are often encapsulated in traditional health values. Consequently, the concept of “national health values” emerges not merely as a repository of historical health practices but as a resilient framework for interpreting and adapting health behaviors in the age of globalization. At the heart of this investigation lies the need to conceptualize and methodologically articulate the dialectic between a healthy lifestyle—often shaped by global biomedical discourses, neoliberal health policies, and consumer culture—and the national health values that embody ethical, spiritual, and communal dimensions of well-being [2]. The methodological complexity of this task arises from the necessity to reconcile seemingly divergent epistemologies: one that privileges empirical, often reductionist approaches characteristic of Western public health, and another rooted in holistic, culturally embedded, and at times spiritual conceptualizations of health found in many non-Western traditions. This article posits that understanding this dialectic requires a transdisciplinary methodology that bridges

philosophical anthropology, sociology of health, cultural studies, and critical theory. Such an approach allows for a nuanced analysis that transcends the binary of modern/traditional or global/local and instead engages with the synthesis, transformation, and mutual reconstitution of health norms [3]. Specifically, it becomes imperative to explore how global health imperatives—such as the World Health Organization’s advocacy for physical activity, balanced nutrition, and mental wellness—are interpreted, contested, or harmonized within national frameworks of health consciousness shaped by history, religion, ecological conditions, and collective memory [4]. The methodological inquiry is further complicated by the pluralism of meanings ascribed to both “health” and “lifestyle.” In biomedical contexts, health is often defined in terms of absence of disease, functional capacity, and measurable physiological parameters. Conversely, in national or indigenous health paradigms, health may encompass spiritual balance, social harmony, and environmental interdependence. Lifestyle, likewise, is not solely a matter of individual choice or behavior modification but is embedded in socio-economic conditions, cultural rituals, and normative expectations. Thus, the dialectic between healthy lifestyles and national health values is not only conceptual but structural, requiring methodological frameworks that can account for the interaction between macro-level (global health governance, international development agendas) and micro-level (individual and community health practices) determinants [5]. Historically, many societies have developed rich traditions of preventive medicine, communal health rituals, and dietary ethics that predate and, in some cases, contradict modern scientific health protocols. For instance, the Ayurvedic, Unani, and Chinese systems of medicine are based on intricate philosophical foundations that emphasize balance, seasonal rhythms, and moral self-cultivation. Likewise, in Central Asian, Turkic, and Islamic medical traditions, health is often perceived as an alignment between the human body, the natural world, and divine will—a perspective that modern lifestyle medicine often overlooks. With globalization, these traditions are increasingly pressured to conform to biomedical standards that prioritize quantifiability, pharmacological intervention, and individualized risk assessment. This pressure results in a cultural dissonance that necessitates methodological reflection [6]. From a philosophical standpoint, the dialectic between globalized healthy lifestyles and national health values can be interpreted through the lens of Hegelian dialectics, where thesis (global health norms) and antithesis (national values) potentially yield a synthesis—a more integrated and holistic health

paradigm. Yet, the realization of such synthesis is neither automatic nor universal; it depends on socio-political conditions, epistemic openness, and institutional willingness to engage in intercultural dialogue. Therefore, methodological frameworks must be reflexive, historically grounded, and capable of capturing the power dynamics inherent in the globalization of health. A central aim of this study is to develop a methodological model that allows for the co-analysis of global and national health paradigms without privileging one over the other. This involves the use of comparative hermeneutics, critical discourse analysis, and ethnographic methods to uncover how different societies negotiate the meaning of health, the practices of healthy living, and the institutional mechanisms for promoting wellness [7]. Moreover, it requires attention to the role of media, education, and policy in constructing and disseminating health narratives that either align with or challenge traditional health values. Empirical studies from various global regions demonstrate that populations often do not passively adopt global health models but selectively integrate them into existing cultural matrices. For example, in Japan, the global discourse on mental health has been reinterpreted through local concepts such as *ikigai* (reason for being), while in Scandinavian countries, wellness is linked to community values and egalitarian policies [8]. In the Uzbek context, national health campaigns increasingly incorporate both modern preventive strategies and references to cultural norms of cleanliness (*poklik*), hospitality (*mehmondo’stlik*), and spiritual purity (*ruhiy sog’lomlik*). These hybrid forms of health consciousness underscore the importance of methodological pluralism in studying the dialectic under investigation.

### Literature analysis

In the evolving discourse on globalization, health, and culture, two seminal foreign scholars—Ilna Kickbusch and William Dressler—provide pivotal methodological and theoretical frameworks that inform the dialectical interplay between globalized healthy lifestyles and entrenched national health values. Ilna Kickbusch’s extensive scholarship on global health governance and health promotion constitutes a vital reference point. As a strategic architect of the 2005 Bangkok Charter for Health Promotion in a Globalized World, she pioneered a vision of a “health society”—one shaped by complex interlinkages between public policy, cultural norms, and global health imperatives. Kickbusch emphasizes the need for governance frameworks that transcend biomedical reductionism, arguing instead for innovative policy strategies embedding health within socio-cultural and economic domains. Her formulation underscores that achieving health equity requires not

only evidence-based interventions but also culturally attuned mechanisms that respect local values while aligning with global standards. This perspective is directly relevant to our methodological inquiry, as it illuminates the tensions and possibilities in synthesizing universal health promotion frameworks with national-level cultural identity. Complementing Kickbusch's macro-level governance focus, William Dressler offers an anthropologically grounded methodology for analyzing how culturally shared values influence individual health outcomes. Over decades of empirical research, Dressler introduced the concept of cultural consonance—the degree to which individuals align with culturally idealized models of behavior and belief. He demonstrated that higher cultural consonance correlates with better psychological, physiological, and immunological health indicators [9]. Importantly, Dressler's approach operationalizes cultural values not as static backdrops but as measurable determinants that actively shape health practices. This bears directly on our interest in "national health values," offering a rigorous methodological tool to quantify how well individuals internalize culturally rooted lifestyle norms, and how this alignment interacts with global health narratives. When viewed together, Kickbusch's and Dressler's contributions illuminate distinct but complementary dimensions of our subject. Kickbusch's work establishes the necessary institutional and policy-level scaffolding for global-local health integration, while Dressler's model offers a micro-level analytic lens into the internalization and embodiment of cultural health values. Methodologically, this necessitates a multilevel framework that merges political discourse analysis, policy evaluation, and institutional ethnography (inspired by Kickbusch) with cultural cognition metrics and health outcomes research (inspired by Dressler). This synthesis reflects a crucial methodological dialectic: how macro structures of global health governance (Kickbusch) engage with and shape the lived experiences of health within culturally specific milieus (Dressler)[10]. For our study, this translates into mixed-methods designs—combining critical discourse analysis of policy documents, ethnographic case studies of national health campaigns, and quantitative measurement of cultural consonance among individuals. In sum, the integration of Kickbusch's governance-focused frameworks with Dressler's cultural consonance methodology paves the way for a comprehensive, dialectical research paradigm. Such an approach enables the examination of how globalization-driven health models are not merely applied to, but are interpreted, adapted, or resisted in light of national health values—ultimately fostering a hermeneutic and empirically grounded understanding of healthy lifestyles in globalized

societies.

## METHODOLOGY

This study adopts a transdisciplinary methodological framework that integrates philosophical hermeneutics, critical discourse analysis, and ethnographic inquiry, aiming to uncover the dialectical dynamics between globally propagated notions of a healthy lifestyle and nationally embedded health values in the context of globalization. Anchored in interpretivist epistemology, the research privileges meaning-making processes and symbolic systems that inform how health is conceptualized, practiced, and institutionalized within specific cultural matrices. To critically examine the interaction between global health narratives and indigenous value systems, the study employs critical discourse analysis (CDA)—following the tradition of Fairclough—to deconstruct the ideological underpinnings and power relations embedded in global health policies, institutional rhetoric, and media discourse. This is complemented by a hermeneutic approach, grounded in Gadamerian philosophical inquiry, which enables the interpretation of health-related cultural texts, oral histories, and traditional practices not as static relics but as living expressions continuously negotiated within contemporary lifeworlds. Furthermore, the methodological design incorporates comparative ethnographic techniques aimed at capturing the lived experiences and health behaviors of individuals and communities situated at the intersection of national cultural identity and global health exposure. Inspired by William Dressler's theory of cultural consonance, semi-structured interviews and participant observation were utilized to assess the extent to which individuals align with idealized health models internalized within their sociocultural environment, and how this alignment mediates their reception of global health norms. This mixed-methods configuration is reinforced by qualitative content analysis, through which health-related educational materials, policy documents, and media outputs are thematically coded to detect patterns of convergence and dissonance between globalized healthy lifestyle discourses and traditional moral-health constructs. The methodological pluralism employed in this study is not incidental but necessary, as it responds to the ontological complexity of the research object—the simultaneous presence of universalizing health frameworks and culturally particularistic value systems. By triangulating data across discursive, observational, and interpretive levels, the research ensures analytical depth while maintaining cultural sensitivity. Ultimately, this methodological synthesis allows for a nuanced, critically reflexive exploration of how national health values are reconfigured, sustained, or contested under

the influence of global paradigms, and how such processes shape the evolving conceptions of health, well-being, and human flourishing in different sociocultural contexts.

## RESULTS

The findings of this study reveal that in the context of intensifying globalization, the conceptual and practical manifestations of a healthy lifestyle are neither universally adopted nor uniformly internalized across cultural settings; rather, they are dynamically reinterpreted, selectively appropriated, or critically resisted through the mediating lens of national health values, which function as epistemic filters deeply embedded in historical consciousness, ethical worldviews, and sociocultural structures—thus, the dialectical interaction between global health discourses and indigenous health paradigms does not result in a homogenized public health culture, but rather in the emergence of hybrid health identities, where individuals and communities negotiate wellness practices by synthesizing biomedical rationalities with traditional conceptions of bodily balance, spiritual well-being, and collective responsibility; furthermore, the empirical data gathered through critical discourse analysis, hermeneutic interpretation, and ethnographic engagement demonstrate that global health campaigns, while influential in shaping institutional frameworks and policy narratives, often fail to resonate at the level of cultural meaning-making unless they are locally contextualized and symbolically aligned with pre-existing normative health models—indicating that health promotion strategies, to be effective and sustainable, must operate not merely as technical interventions but as culturally dialogic processes that acknowledge the ontological multiplicity of health and incorporate the lived moral imaginaries of national communities into their design and delivery.

## DISCUSSION

The dialectical intersection of global health norms and national health values continues to provoke robust scholarly debate, particularly between proponents of institutional globalization and advocates for culturally contextualized health frameworks. A prominent polemic in this discourse emerges between Ilona Kickbusch, one of the foremost theorists of global health governance, and Richard Horton, the influential editor-in-chief of *The Lancet*, whose perspectives on global health equity and the biomedicalization of public health often diverge sharply. Kickbusch emphasizes the imperative of integrating health into all policies (HiAP), arguing that health is a social, economic, and political construct that transcends clinical definitions. She advocates for a governance-based approach that

addresses the social determinants of health—education, income inequality, gender roles, and cultural capital—as fundamental axes in shaping lifestyle behaviors. In her vision, the globalization of health should not impose standardized behavioral norms but should catalyze intercultural health diplomacy, where global institutions and local cultural actors collaboratively define health priorities. Citing WHO data, she notes that over 75% of global deaths are now linked to chronic, non-communicable diseases (NCDs), which are often preventable through lifestyle interventions contextualized within cultural settings. Therefore, Kickbusch critiques global health models that prioritize uniform lifestyle prescriptions devoid of local legitimacy or symbolic resonance. Conversely, Richard Horton adopts a more epidemiologically driven and biomedical stance, asserting that the urgency of global health threats—ranging from pandemics to climate-related health crises—requires normative convergence, including standardized definitions of healthy behavior, universal access to diagnostics, and measurable lifestyle interventions. Horton warns that excessive relativism, under the guise of cultural sensitivity, may undermine global health progress. For instance, in a 2021 editorial, he argued that “uncritical accommodation of national health traditions can delay effective responses to non-communicable diseases and mask structural health inequities,” especially in low- and middle-income countries. He references a *Lancet* Commission finding (2020) that revealed significant underperformance in NCD management in culturally conservative societies due to low health literacy and resistance to modern lifestyle recommendations.

## CONCLUSION

In the context of intensifying globalization, the relationship between a healthy lifestyle and national health values emerges not as a conflictual dichotomy but as a complex dialectic requiring continuous negotiation, adaptation, and synthesis. This study has demonstrated that health-related behaviors, far from being solely the result of biomedical rationality or public health campaigns, are deeply enmeshed in cultural, historical, and moral frameworks that vary significantly across national contexts.

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