



## COMPARATIVE ANALYSIS OF PEDIATRIC TERMINOLOGY IN ENGLISH AND UZBEK LANGUAGES: LINGUOCULTURAL COMPONENT AND TRANSLATION STRATEGIES

***Makhsutalieva Feruzabonu Kakhramon kizi***

*Uzbekistan State World Languages University,*

*Student of Master's Department,*

*Comparative Linguistics, Linguistics*

*Translation Studies : English language*

*[feruzabonuqahramonovna@gmail.com](mailto:feruzabonuqahramonovna@gmail.com)*

*+998 97-942-63-36*

***Annotatsiya:*** Mazkur tezis ingliz va o'zbek pediatriya terminlarining lingvomadaniy xususiyatlari va tarjima strategiyalarini qiyosiy tahlil qiladi. Tahlilda terminlarning semantik farqlari, madaniy omillarning ta'siri va pediatriya sohasida qo'llaniladigan samarali tarjima usullari yoritiladi.

***Kalit so'zlar:*** pediatriya terminologiyasi, lingvomadaniy komponent, tarjima strategiyalar, semantik farqlar, madaniy ta'sir.

***Annotation:*** The thesis provides an original comparative study of English and Uzbek pediatric terminology, focusing on linguocultural aspects and translation strategies. It identifies semantic differences, cultural influences, and structural features shaping pediatric terms in both languages. The analysis also outlines effective methods for translating pediatric concepts accurately and culturally appropriately.

***Keywords:*** pediatric terminology, linguocultural component, translation strategies, semantic differences, cultural influence.

***Аннотация:*** Работа представляет сравнительный анализ английской и узбекской педиатрической терминологии с учётом лингвокультурных компонентов и переводческих методов, обеспечивающих точность и культурную корректность.

**Ключевые слова:** педиатрическая терминология, лингвокультурный компонент, стратегии перевода, семантические различия, культурное влияние.

## Introduction

Pediatric terminology constitutes a specialized segment of medical vocabulary that reflects not only scientific classifications but also cultural understandings of childhood, development, and care. The way languages conceptualize child health differs significantly, which directly affects the structure and meaning of corresponding terminology. English pediatric terminology is largely shaped by international biomedical standards established through authoritative publications such as the Nelson Textbook of Pediatrics (Kliegman, 2019), WHO clinical guidelines (WHO, 2013; 2022), and protocols developed by the American Academy of Pediatrics (2017, 2020). As a result, English pediatric terms tend to be concise, morphologically stable, and semantically narrowly defined.

Uzbek pediatric terminology, on the other hand, develops at the intersection of biomedical borrowing and culturally embedded explanatory norms. While the influence of international terminology is visible in borrowed forms like bronxiolit, gastroenterit, or asfiksiya, many concepts remain descriptive due to the linguistic structure and communicative traditions of Uzbek medical discourse. Expressions such as "o'sishdan qolish" serve as examples of how medical ideas are reframed through culturally expected clarity and explanatory detail.

A linguistic comparison reveals significant structural differences. English frequently relies on compound medical terms formed from Greek and Latin components (tachycardia, hypoglycemia, developmental delay). These units are compact and offer diagnostic precision. Uzbek equivalents often include semantically expanded forms: "yurak urish tezligining oshishi, qonda shakar miqdorining kamayishi, rivojlanishdagi kechikish". While such expansions preserve meaning, they can reduce terminological efficiency and slow down clinical communication. Moreover, English pediatric vocabulary contains a number of lexemes that categorize specific age-related stages—infant, toddler, preschooler—whereas Uzbek typically

reproduces these through descriptive phrasing. The absence of a direct Uzbek equivalent for toddler exemplifies this gap. Translators compensate by using culturally comprehensible explanations such as "endigina yurishni boshlagan bola". Linguocultural factors also play an important role in shaping pediatric terminology. In English-speaking medical contexts, child development is conceptualized in terms of measurable indicators—percentiles, developmental milestones, screening tools, and growth charts. This reflects a medical culture that prioritizes quantification and early identification. In Uzbek medical practice, although such tools are increasingly used, culturally oriented caregiver communication favors accessible descriptions, often avoiding overly technical detail. For example, developmental milestones is widely translated as "rivojlanish bosqichlari", which reflects meaning but lacks some clinical specificity inherent in the English term.

A comparison of real pediatric materials also indicates terminological inconsistency within Uzbek sources. The condition acute otitis media appears in medical texts under several different names: "o'rtal qulq yallig'lanishi, and qulqning o'tkir yallig'lanishi". While each variant is understandable, their parallel usage suggests the absence of a unified terminological standard. Similar variation is observed with bronchiolitis, rendered either as "bronxiolit" or as "kichik bronxlarning yallig'lanishi". Such inconsistency complicates translation, clinical documentation, and medical education. The systematic differences in pediatric terminology in English and Uzbek languages force the translator to use different translation approaches to convey the content correctly and accurately. The equivalent approach is used in cases where an English term has already been formed in Uzbek and has a fully compatible version that is actively used in clinical practice. Such terms are relatively rare in the field of pediatrics, since many terms are formed from Greek-Latin roots and are usually adopted in Uzbek through transliteration. Nevertheless, some common disease names have full equivalents:

1. asthma → astma

The semantic content, clinical presentation, and diagnostic criteria are completely consistent in both languages.

2. measles → qizamiq

In the classification of infectious diseases, both the English and Uzbek versions represent the same clinical entity.

3. otitis media → o'rtal qulog yallig'lanishi

It is used in medical practice in exactly this form, fully conveying the meaning without explanation.

From a translation perspective, this domain requires an integrated approach combining several strategies. Borrowing appears essential for internationally standardized terms that have no established Uzbek equivalents. Calquing is effective when structural and semantic correspondence allows direct modeling, as in immune response → immun javob. Descriptive translation is indispensable for culturally unpaired concepts, particularly for age-specific classifications and developmental indicators. Functional equivalence is preferred when the literal form cannot ensure communicative clarity. For instance, well-child visit is more appropriately conveyed as "bola salomatligining profilaktik ko'rigi", which captures its function within Uzbek healthcare culture more naturally than a literal rendition.

The analysis of WHO and UNICEF materials demonstrates that English pediatric notation tends to be dense, while Uzbek translations rely on semantic expansion to ensure accessibility. For example, WHO's exclusive breastfeeding is translated not by borrowing but by a culturally aligned descriptive phrase—"faqat ko'krak suti bilan oziqlantirish". This illustrates a translation strategy prioritizing caregiver comprehension.

In summary, the comparative study shows that English pediatric terminology forms a standardized and internationally coherent system, while Uzbek pediatric terminology reflects a hybrid of global scientific borrowing and culturally shaped explanatory practices. Linguocultural distinctions strongly influence the translation process, particularly in areas related to age classification, developmental assessment,



and culturally sensitive conditions. Effective translation of pediatric terminology into Uzbek therefore requires a combination of borrowing, calquing, descriptive translation, and functional equivalence. The adoption of unified terminology guidelines would contribute to greater consistency across Uzbek pediatric communication, medical education, and clinical documentation.

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