

HEALTHCARE POLICY OF UZBEKISTAN DURING THE SOVIET GOVERNMENT

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Annotation

This article discusses the improvement of the system of maternity and childhood protection during the years of Soviet power, the involvement of women in social work as a result of government reforms, the establishment of maternal and child institutions in the early years of Soviet power, and specific problems with medical personnel.

Key words

legislative framework, medical services, women's clinics, rural medical stations, medical institutions, paramedical and obstetric stations, reproductive health.

INTRODUCTION

In the initial period of Uzbekistan's independence, economic difficulties and decline, as well as extremely serious problems with public health, persisted. Solving such problems required great effort and, of course, significant funds. Therefore, the creation of a legislative framework for the healthcare system has become one of the important tasks of the time. During the implementation of these measures, the creation of legislation related to healthcare and the development of a reform strategy were carried out.

During the years of independence, many laws were adopted in the field of medicine, on the basis of which a concept for reforming the healthcare system was created. In this regard, special attention was paid to women's reproductive health issues.

Improvement of healthcare financing is envisaged through the division of medical services into free and paid. Free medical services were provided by the state budget, and paid services were provided by legal entities and individuals.

Especially in the last three years, a lot of work has been done in this area. As the President of the Republic of Uzbekistan Sh.Mirziyoyev noted:... "in the social sphere, we attach particular importance to the issues of public health, protection of

motherhood and childhood, reliable provision of medicines, and the upbringing of a physically strong and spiritually healthy generation." [1:18]

As is known, large-scale reforms are currently being carried out in the healthcare system of the republic. The goal is to raise a spiritually and physically developed generation.

RESULTS AND DISCUSSION

In the recent past, first during the rule of the Russian Empire, and then during the years of Soviet power, negative situations occurred in this regard. The issue of a healthy generation was not considered a priority. As a result, the people suffered. This situation was especially difficult in the conditions of Uzbekistan.

At the same time, the transformation of the region into a raw material base, the establishment of the monopoly of cotton, negatively affected the social situation of the people.

During the years of Soviet power, certain work was also carried out to strengthen the material and technical base of the motherhood and childhood protection system, and to increase the number of medical institutions and beds for them. As a result of government reforms, great attention was paid to the involvement of women in social work.

With the declaration of the industrialization policy in Uzbekistan, the activities of many enterprises were established. This situation required an increase in the network of institutions for the protection of motherhood and childhood due to the involvement of women in production and public life. In particular, in 1925, 18 institutions for the protection of motherhood and childhood operated in Uzbekistan [2:4]. By 1932, the number of children's consultation centers increased to 122, and nurseries to 338. In relation to these years, the number of women's consultation centers increased from 5 to 122, and the number of maternity beds increased from 75 to 939 [3:129]. The number of visits to women's consultations increased [4:74]. In 1929, seasonal nurseries were organized for the first time in the villages of Uzbekistan, the number of which was 18.

However, the approach to providing consultation rooms and maternity beds in different regions of the republic was not uniform. For example, in 1929, there were 379 births in medical institutions in Uzbekistan, and the birth rate was 30 per 1000 people. Maternity beds were intended for medical institutions in Tashkent and Samarkand, while maternity beds were not established in districts like Andijan, Kashkadarya, and Khorezm [5:83]. A unified system or plan for the protection of motherhood and childhood has not been developed in the republic, and funds were allocated to the sphere not by the state, but only from the local budget. State

financial bodies tried to create and finance maternity and child protection institutions at the expense of the local budget.

At the same time, the material and technical base of the sphere of maternal and child health protection remained poor. In 1933, the building where the orphanage of the Parkent district of the Tashkent district was located was in a state of disrepair, without any amenities. Most of the children fell ill and died due to poor food supply. In many sectors of the healthcare sector, accurate statistics and censuses have not been conducted. Therefore, in many cases, it is difficult to determine the exact factual figures for the birth rate in the republic. For example, according to archival documents, in 1937 there were 20 births per 1000 people in the villages of Uzbekistan, and 43 in the cities. Analysis of this situation shows that, first of all, during this period, the percentage of home births in rural areas was high. Women who gave birth at home were not registered. For this reason, the birth rate in rural areas is low.

Scientific conferences dedicated to the protection of motherhood and childhood have also been held in Uzbekistan. At these conferences, many topical issues of the sphere's activities were discussed. For example, in 1929, the First Congress of Employees of Maternal and Child Health Institutions of Central Asia was held, at which reports were heard on the organization of the sphere's activities, the organization of childbirth, the treatment of infertility, the opening of nurseries, children's and women's consultations, the training of personnel for the sphere, and other issues [6:1-3]. At the conference, R.S.Gershenovich noted that under the paranja and chachvan, conditions that have a serious impact on the infant's body are manifested. First of all, the lack of fresh air under the veil makes it difficult to breathe, disrupts the child's digestive system, creates a favorable environment for the development of various infectious diseases, and also blocks sunlight, which is extremely necessary for the human body [7:57]. Or R.N.Kazorosyan substantiates the negative impact of the paranja and chachvan on the body of pregnant women, especially the disruption of blood circulation in the female body [8:69-70].

In the first years of Soviet power, there were specific problems and a number of difficulties in establishing the work of maternity and children's institutions and in the matter of medical personnel. In particular, in 1927, 935 doctors worked in Uzbekistan, of which 1,263 people were in urban areas and 33,597 in rural areas. During this period, there were about 400 rural medical stations (RMS) in Uzbekistan, in which 177 doctors worked. Consequently, there was a shortage of 223 doctors in such medical institutions. The situation was especially difficult in Fergana and Bukhara regions. For example, there was a shortage of 52 doctors in

104 rural medical stations of the Fergana region, and in the medical institutions of the Bukhara region - 90, with a shortage of 63 doctors.

In Uzbekistan in 1940, 206 doctors working in rural medical institutions were not provided with housing. In many regions, medical institutions were even closed due to a shortage of medical personnel.

The Second World War is one of the historical events that left a tragic mark on the memory of the peoples of the world. During the Second World War, strengthening the material and technical base of Uzbekistan's healthcare sector became one of the state's priorities. Because it required significant funds to provide evacuated and newly established military hospitals with buildings, necessary medical equipment, and personnel. As a result, in 1941, 330,556 thousand rubles were spent on the republic's healthcare system. The main funds were spent on treatment and personnel training. By 1944, the total amount of funds allocated to the industry amounted to 482,653 thousand rubles [9:35].

During the war years, certain work was also carried out to organize medical services for the rural population. During this period, the number of rural medical stations in Uzbekistan increased by 9.1 times, and the number of treatment places in them increased by 9.4 times [10:10].

Also, during the sowing and harvesting of agricultural crops in villages, teams of medical workers from cities and district centers were sent, who studied the living and working conditions of the population and provided the necessary medical assistance. For example, in 1942, 47 medical brigades were sent to the villages of Tashkent, Andijan, Fergana, and Namangan regions. If in 1941 there were 200 rural medical institutions in the republic, then by 1945 there were 296. The number of treatment places in them increased to 6,134. The number of feldsher-midwife stations, considered the main medical center in rural areas, increased from 928 to 1158 in the same period [11:37].

Renowned scientists and national intellectuals of the republic have repeatedly appealed to the Center with warning letters. However, the center paid no attention to such speeches.

As a result, the situation in the healthcare system, including women's reproductive health issues, has worsened. For example, in the 1980s, more than 6,000 children with mental disabilities were born annually in Uzbekistan [12:15].

During the Soviet era, the healthcare system of Uzbekistan had many institutions and medical beds. Nevertheless, the quality of the assistance provided is low, and the available opportunities are not fully utilized.

The state of the healthcare system during this period is characterized not only by an ecological crisis, but also by an extremely difficult economic life. Economic

difficulties and helplessness in life also had a negative impact on people's spirituality. As a result, sexually transmitted infectious diseases also increased. In particular, the number of citizens suffering from syphilis increased by 121.1 percent in 1978 and by 132.4 percent in 1979 compared to 1977.

In the Aral Sea region, Tashkent region, Angren, Almalyk, Chirchik, and the city of Tashkent, as well as in many cities of the Fergana Valley, where the socio-economic situation is particularly tense, the incidence of various diseases has risen to a high level. For example, in 1988, 260 out of every thousand infants died in the Bozatau district of Karakalpakstan.

80% of women in the republic suffered from anemia. One in three Uzbek young men was deemed unfit for military service due to health reasons [13:4-5].

CONCLUSION

Such was the state of the healthcare system on the eve of Uzbekistan's independence. From the first days of independence, the government has put on the agenda as a pressing issue the adoption of measures to counter the factors that caused the above-mentioned situations, their elimination, and the formation of a new modern healthcare system. Important tasks have been identified in all sectors of the sphere, including women's reproductive health.

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