

XX ASRNING 80-90 YILLARIDA BUXORO VILOYATIDA SOG'LIQNI SAQLASH TIZIMI VA EKOLOGIK JARAYONLAR

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Annotatsiya

Maqolada XX asrning 1980–1990-yillarida Buxoro viloyatida sog'liqni saqlash tizimi va ekologik holatning o'zaro bog'liqligini tarixiy nuqtai nazardan o'rganishga bag'ishlangan. Mazkur davr Sovet Ittifoqining so'nggi yillari va mustaqillik arafasiga to'g'ri kelib, bu yillarda tibbiyot infratuzilmasi, sanitariya-gigiyena sharoitlari, shifoxonalar faoliyati va aholining umumiy sog'lig'i bilan bog'liq masalalar dolzarb bo'lgan ekologik omillar, xususan, Amudaryo suvi sarfi kamayishi, yerlarning sho'rланishi, ichimlik suvi taqchilligi va sanoat chiqindilarining inson salomatligiga ta'siri chuqur tahlil qilinganligi bilan asoslidir.

Kalit so'zlar

sog'liqni saqlash, aholi turmush tarzi, tibbiy xizmat, tibbiy dispanserlar, shifoxonalar, vrachlik punktlari, tibbiy kadrlar, sanitariya-epidemiologik, ekologik vaziyat.

СИСТЕМА ЗДРАВООХРАНЕНИЯ И ЭКОЛОГИЧЕСКИЕ ПРОЦЕССЫ В БУХАРСКОЙ ОБЛАСТИ В 80-90 ГОДЫ XX ВЕКА

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Аннотация

Статья посвящена изучению взаимосвязи системы здравоохранения и экологической обстановки в Бухарской области в 1980-1990-е годы XX века с исторической точки зрения. Этот период совпал с последними годами существования Советского Союза и накануне обретения независимости и

обоснован тем, что в эти годы были глубоко проанализированы экологические факторы, связанные с медицинской инфраструктурой, санитарно-гигиеническими условиями, деятельностью больниц и общим состоянием здоровья населения, в частности, снижение потребления воды в Амударье, засоление земель, нехватка питьевой воды и влияние промышленных выбросов на здоровье человека.

Ключевые слова

здравоохранение, образ жизни населения, медицинское обслуживание, врачебные диспансеры, больницы, врачебные пункты, медицинский персонал, санитарно-эпидемиологическая, экологическая обстановка.

HEALTH SYSTEM AND ENVIRONMENTAL PROCESSES IN THE BUKHARA REGION IN THE 80-90S OF THE XX CENTURY

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Annotation

The article is devoted to the study of the relationship between the health care system and the environmental situation in the Bukhara region in the 1980-1990s of the 20th century from a historical point of view. This period coincided with the last years of the Soviet Union and on the eve of independence and is justified by the fact that during these years, environmental factors associated with medical infrastructure, sanitary and hygienic conditions, hospital activities and the general health of the population were deeply analyzed, in particular, the reduction in water consumption in the Amu Darya, salinization of lands, shortage of drinking water and the impact of industrial emissions on human health.

Keywords

health care, lifestyle of the population, medical care, medical dispensaries, hospitals, medical stations, medical personnel, sanitary and epidemiological, environmental situation.

The 80s and 90s of the 20th century was a period of great political and social changes in the history of Uzbekistan, during which serious processes related to the

Health System, the lifestyle of the population and the ecological state were also observed in the Bukhara region.

By the 1980s, about 20 central rayon hospitals, a regional hospital, many rural doctor's offices and medical dispensaries were operating in Bukhara region.

The training of medical personnel in the Bukhara region was carried out in stages. Initially, there were very few doctors and paramedics, but by the 1980s, thousands of local specialists were serving the population. This process was an important factor in protecting the health of the population and preventing diseases. During the 1980s and 1990s, the number of doctors in the Bukhara region increased to a certain extent. If in 1980 there were 2.2 thousand doctors working in the region, by 1985 their number had reached 2.9 thousand, and in 1990 it was 3.3 thousand. As can be seen from these indicators, the number of doctors increased by almost 50 percent in ten years [1]. However, the supply indicators relative to the population were not very high. In 1980, there were 21.1 doctors per 10,000 population, but this figure increased to 24.5 in 1985. However, it fell to 22.9 in 1990. Thus, despite the increase in the number of doctors as a result of population growth, the population supply has decreased relatively.

Compared to the republican indicators, the Bukhara region lags far behind. For example, in 1990, there were 35.8 doctors per 10,000 population in the Uzbek SSR, while in Bukhara this figure did not exceed 22.9. This indicates a shortage of medical personnel in the region, especially in rural areas, and limited opportunities for providing medical services.

Although the number of doctors in Bukhara region increased in the 1980s and 1990s, the level of provision relative to the population remained significantly lower than the national average. This indicates the need to improve the availability of medical services in the region, attract doctors to rural areas, and strengthen the training of medical personnel.

During the 1980s and 1990s, the number of medical personnel in the Bukhara region increased significantly. In particular, the number of doctors increased from 2.2 thousand in 1980 to 2.9 thousand in 1985 and 3.3 thousand by 1990. This represents an increase of almost 50 percent over a decade. At the same time, the population supply ratio increased from 21.1 doctors per 10 thousand people in 1980 to 24.5 in 1985. However, by 1990 this ratio had dropped to 22.9. Thus, the increase in the population, despite the increase in the number of doctors, reduced the level of supply [2].

The number of secondary medical personnel also increased during this period. In 1980, there were 6.8 thousand secondary medical personnel in the Bukhara region, but in 1985 it reached 9.1 thousand, and in 1990 it reached 11.2 thousand.

The population support indicator was 64.9 people per 10 thousand population in 1980, increased to 76.6 people in 1985, and reached 78.1 people in 1990.

Compared to the republican indicators, the Bukhara region lags far behind. For example, in 1990, the supply of secondary medical personnel in the Uzbek SSR was 110.7 people per 10 thousand population, while in Bukhara this figure did not exceed 78.1 people. A similar situation is observed in the supply of doctors: while in the republic there were 35.8 people, in Bukhara it did not exceed 22.9 people.

By 1980, a total of 19 ambulance stations operated in the Bukhara region, through which 459.8 thousand people used medical services. This figure was 327 people per thousand population. By 1990, the number of stations remained unchanged, at 19. However, the number of people receiving assistance reached 560.1 thousand people, that is, almost 100 thousand more people used ambulance services in ten years. Also, in 1990, the number of services provided per thousand population reached 342 people [3].

These figures show that during the 1980s and 1990s, the infrastructure of emergency medical stations in the Bukhara region did not expand, that is, no new stations were established. However, the efficiency of the existing system increased and the scope of services provided to the population expanded significantly.

Thus, although there were no dramatic changes in the medical infrastructure in Bukhara region during this period, the use of ambulance services increased. This can be explained by the increase in the population, the increased need for medical services, and the increase in the efficiency of existing stations.

During the 1980s and 1990s, the number of women's consultations and children's clinics in the Bukhara region steadily increased. In 1980, there were a total of 187 such medical institutions in the region. This figure increased and sharply reached 338 in 1985. Thus, the number of institutions almost doubled in five years. Between 1987 and 1989, the growth rate stabilized. In particular, in 1987 there were 340, in 1989 there were 344, and by 1990 there were 351 [4].

These figures show that in the first half of the 1980s, great attention was paid to the field of maternity and childhood protection in the Bukhara region, and the medical infrastructure was significantly expanded. In subsequent years, although the growth slowed down, it continued consistently. In general, in the 1980-1990s, the number of women's consultations and children's polyclinics in the Bukhara region increased from 187 to 351, that is, by about 164. This indicates a significant expansion of the possibilities for providing medical services to the population, especially women and children.

In 1980, there were a total of 1,048 medical beds for pregnant and giving birth women in the Bukhara region. In subsequent years, this figure steadily increased:

by 1985, it reached 1,231, and in 1990, it reached 1,455. That is, over the course of ten years, the total number of beds increased by 407 (almost 39%).

At the same time, taking into account population growth factors, the number of medical places per 10,000 women aged 15-49 has also increased. If in 1980 this figure was 45.6 places, in 1985 it was 49.4, and in 1990 it was 51.2 places. As can be seen from these figures, the healthcare system in Bukhara region pays great attention to women's health, in particular, the protection of motherhood and childhood. The increase in the number of places indicates not only the expansion of infrastructure, but also the improvement of the level of coverage of the population with medical services.

Between 1976 and 1990, Uzbekistan experienced serious public health problems. During this period, the overall incidence rate among adults and adolescents increased year by year. In 1976, there were 2,466.5 cases per 10,000 people, while by 1990, this figure had reached 3,598.6 [5].

The negative impact of the external environment left a significant mark on the health of the population. In particular, in 1989 alone, diseases of the nervous system, skin and subcutaneous tissue increased by 1.4 times, and diseases of the circulatory system by 1.3 times. The incidence of tuberculosis also increased by 3%. Of infectious diseases, hepatitis was especially widespread, and about 200 thousand people in the republic fell ill with this disease every year. Children's health was in a particularly worrying state: infant mortality was twice as high as in other regions of the former Soviet Union. Thus, the increase in morbidity in Uzbekistan in 1976-1990, especially negative changes in the health of children and adults, was directly related to the insufficient ecological situation in the republic, sanitary and epidemiological conditions, and the quality of medical services.

The shortcomings of agricultural, irrigation, land reclamation, and cotton policy were even more fully reflected in the Aral tragedy. As a result of the extensive methods of land development and the continuous expansion of cotton fields, the level of the Aral Sea decreased by 13.8 meters by the mid-1980s, the volume of water decreased by 390 million cubic meters, the area decreased by 40 thousand square meters, and the mineralization of water reached 21 grams per meter [6].

The Aral Sea problem is not limited to water scarcity. The sharp and rapid decline in sea water has led to irreversible climate change. These changes have had very negative consequences, especially for the population of Khorezm, Bukhara and Navoi regions - sharply changing air temperatures, increasing droughts, increasing soil and water pollution, which have seriously affected people's health, economic opportunities and the overall quality of life.

Due to the strong storms that last for 90 days a year, 15-75 million tons of salt sand are lifted into the atmosphere and spread over a distance of 300-500 km. The drying of the island has become an ecological disaster, putting about 35 million people living around it at risk [7].

The shortcomings in the construction of water management were further aggravated by the shortcomings in the implementation of the program of chemicalization of agricultural production. It should be noted that the political leadership of the Union, which aimed at the rapid development of agriculture, considered chemicalization to be the most effective tool. They expected such results as higher and more stable yields and increased soil fertility. As a result, instead of a scientifically based approach to the use of chemicals, a practice of mass, uncontrolled and far from proportional application emerged.

By the mid-1980s, the widespread use of toxic chemicals had led to chronic poisoning in the Bukhara, Khorezm, and Karakalpakstan regions. This had a negative impact on the health of the population, with more than 70% of adults and more than 80% of children suffering from one or more diseases [8]. However, despite such a serious environmental and demographic threat, there was little attempt to openly discuss such problems in official policy at that time. These cases were not widely covered in the media, and there was insufficient work to inform the population and take precautions when working with toxic substances. This only exacerbated the problem.

In conclusion, we can say that although certain improvements and changes were made in the healthcare system in the Bukhara region in the 80s and 90s of the 20th century, positive results in the health of the population were not fully achieved. During this period, new medical institutions were established in the region, the number of doctors and paramedical staff increased, and the network of medical services for the population expanded. However, the low quality of medical services, insufficient material and technical base, and the lack of modern diagnostic and treatment equipment limited the effectiveness of the sector.

The ecological situation, especially problems with water resources, had a negative impact on the health of the population. The increase in the amount of water withdrawn from the Amu Darya, the aging of the water supply system and its pollution with harmful substances led to the widespread spread of intestinal diseases, skin diseases, hepatitis and various infectious diseases. At the same time, the monopoly on cotton and the excessive use of chemicals in agricultural technology further exacerbated the ecological crisis. Negative trends in public health, including high child and maternal mortality, an increase in tuberculosis, respiratory diseases and circulatory diseases, demonstrated the weakness of

medical services. Social factors, especially limited access to medical services in rural areas, also played a major role in this.

Thus, although the medical service system in Bukhara region developed in the 1980s and 1990s, the existing problems of the ecological crisis, poor sanitation, low quality of medical services, and insufficient implementation of preventive measures prevented positive changes in the health of the population. This, in general, clearly demonstrates the need for systematic and comprehensive reforms to improve the health system.

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