

THE POLICY OF THE SOVIET GOVERNMENT ON PROTECTING
CHILDREN'S HEALTH

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Abstract: This article provides a critical analysis of the protection of maternal and child health in Uzbekistan under conditions of Soviet colonial rule, the spread of various infectious diseases among children and their consequences, as well as the causes of their emergence. It also examines the ecological situation that developed in the region as a result of the "Aral Sea tragedy" and its devastating impact on children's health, along with the consequences caused by the policy of cotton monoculture in the healthcare sector.

Key words: Council of People's Commissars, maternity hospital, nursery, somatic diseases, sanatorium, cardiorheumatology, pediatrician, pathology, sanitary-epidemiological station, consultation, cotton monoculture, methyls-karbofos, endocrinopathology, hypertrophy, tuberculosis, viral hepatitis, allergy, typhoid fever.

The Soviet government sought to strengthen its political system and address all emerging socio-economic and political problems, as well as to develop urgent measures required by the situation. In this regard, practical actions were initiated to protect public health, especially to prevent the spread of various diseases among children and mothers.

In particular, the resolution adopted by the Council of People's Commissars of the USSR on July 27, 1936, provided for strengthening material and moral assistance to mothers and children, significantly expanding the number of maternity hospital beds, women's and children's consultation centers, kindergartens, and nurseries [1:53]. However, the outbreak of World War II and the involvement of Soviet authorities forced the suspension of reforms in this area. After winning the war in 1945, the Soviet government intensified measures related to maternity and childhood policy, paying special attention to establishing the operation of various healthcare institutions in Uzbekistan to protect public health.

In 1952, the First Tuberculosis Sanatorium was opened in Tashkent; in 1956, a children's infectious diseases hospital; in 1958, a somatic diseases hospital; in 1964, a children's cardiorheumatology dispensary; and in 1979, a city children's hospital was opened. This hospital included departments in nearly 20 specialties (pediatrics, premature infants department, neonatal pathology) [2:76].

Initial measures were also implemented in the regions of the republic, with particular attention paid to establishing maternity hospitals at the local level, since maternal healthcare facilities were insufficient in many areas. Despite difficulties, in 1958 a five-bed maternity hospital began operating in Tepa-Qorgon village of Namangan district, Namangan region [3:99]. In 1960, in Samarkand Oblast, maternity hospitals with 1,248 beds for pregnant and postpartum women, as well as 53 women's and children's consultation centers and polyclinics, began functioning [4:81].

To address shortcomings and emerging problems in the healthcare sector, the Council of Ministers of the USSR adopted a resolution on January 14, 1960, titled "On Measures to Further Improve Medical Services to the Population of the USSR and Protect Public Health." This resolution provided for expanding and strengthening the material and technical base of



healthcare, constructing large hospitals in cities and rural areas, and further developing treatment and preventive networks serving women and children [5:55].

In Uzbekistan, there were also factors that influenced the healthcare sector, one of which was the long-established and deeply rooted policy of “cotton monoculture.” This policy encompassed all segments of society in the republic and began to have a negative impact on the protection of children’s health.

For example, the use of toxic chemicals in cotton processing and cultivation, and in agriculture in general, led to environmental pollution, which began to pose a serious threat to children’s health.

In particular, when the Sanitary and Epidemiological Station in Khorezm Region analyzed milk quality in 1966, it was found that in 25 out of 85 samples, in 12 out of 113 samples of fruits and vegetables, and in 8 out of 22 samples of flour and grain, the level of methylmercaptophos exceeded the established permissible limits [6:518].

During the 1960s, the excessive use and accumulation of toxic chemical substances in agricultural fields in rural areas of the republic led to the spread of chronic diseases that caused dangerous illnesses. In particular, in Fergana Region, 17 children were registered with endocrine pathologies in 1965, and this number increased to 346 children by 1968; in addition, 1,190 children suffering from neurological diseases were recorded. The number of stillborn and premature infants also increased [7:300]. The capacity of the healthcare system in the republic was extremely limited in relation to the population, which resulted in severe losses in child health protection. For example, in 1972, 48 percent of child deaths in Samarkand Region occurred at home due to a lack of available hospital beds [8:178].

As a result of strict reforms, it became possible to implement significant changes in protecting maternal and child health in Uzbekistan.

Between 1975 and 1979, approximately 6,500 pediatricians and more than 2,600 obstetricians-gynecologists were active in the republic. Along with pediatric departments in regional and district central hospitals, 67 children’s hospitals and 809 outpatient polyclinics provided services to children and mothers. These facilities had more than 42,000 beds. In addition, 45 specialized sanatoriums under the jurisdiction of the Ministry of Health, with a total capacity of 8,065 beds, provided treatment for children suffering from speech, visual, musculoskeletal, and certain other childhood diseases [9:56].

However, the situation in rural areas continued to deteriorate. Under the conditions of cotton monoculture, the widespread use of chemical toxins caused serious problems related to the protection of maternal and child health.

In particular, in 1988, diseases among children under the age of 14 related to toxic chemical substances were studied in Jizzakh Region. The findings showed that in areas where more than 15–20 kg of toxic substances per hectare were applied, the incidence of anemia, eye, ear, and throat diseases, as well as hypertrophy (excessive enlargement of an organ), among children was twice as high as in other areas [10:86].

In Khorezm Region as well, the deterioration of the ecological situation required special attention to public health, especially the protection of children’s health. For this purpose, 8.8 million rubles were allocated in the region in 1965, while by 1990 this amount had increased to



74.4 million rubles. As a result, the number of medical institutions serving women and children in Khorezm increased from 17 in 1960 to 63 by the 1980s [11:522].

Moreover, the emergence of the Aral Sea disaster in the region led to the deepening of numerous problems in this sector and intensified the social crisis.

The Aral Sea problem severely worsened the epidemiological and sanitary-hygienic conditions of the Aral Sea region. As a result, the Autonomous Republic of Karakalpakstan ranked first in the USSR in terms of stomach cancer, tuberculosis, viral hepatitis, allergies, and typhoid fever. This led to an increase in maternal and child mortality, with many children dying primarily due to the toxic nature of breast milk [12:568].

By 1991, although only 0.4 percent of the USSR's population lived in Karakalpakstan, the region accounted for 25 percent—one quarter—of all leprosy cases in the entire Union [13:10]. At this point, it is appropriate to clarify the nature of leprosy: known in medicine as “lepra” or “prokaza,” it is an infectious disease which, if not treated in time, can lead to the loss of eyebrows and eyelashes, enlargement of the earlobes, drooping of the nose, and in some cases loss of skin sensitivity [14:280].

The desiccation of the Aral Sea resulted in severe ecological consequences, leaving many towns and villages in the Aral Sea region abandoned. Child mortality increased sharply. The protection of maternal and child health became a critical issue; by 1991, 254 out of every 1,000 pregnant women suffered from anemia. The infant mortality rate (deaths before the age of one) per 1,000 live births reached 68.8 in Karakalpakstan, 57.7 in Surkhandarya Region, and 56.6 in Fergana Region. Particularly high rates—ranging from 80 to 118 deaths—were recorded in the districts of Nukus, Bahoriston, Bo‘zatov, and Uchquduq [15:301].

In conclusion, under the conditions of Soviet colonial rule, serious problems emerged in the protection and preservation of maternal and child health, and most of these problems remained unresolved until the collapse of the Soviet system. Only after the emergence of the independent Republic of Uzbekistan on the world political map were positive and effective achievements attained in this sphere. In particular, the initiatives put forward by the President of the Republic of Uzbekistan, Shavkat Mirziyoyev, have played an important role in strengthening reforms in this area.

Specifically, one of the most important priorities of the Development Strategy of the New Uzbekistan is the protection of public health, especially the health of mothers and children. For this purpose, starting from 2021, seven types of vitamins have been distributed free of charge to children under the age of 15 and to pregnant women, along with antiparasitic medications for children [16:210].

In summary, it can be stated that today a new era has begun in the republic in the field of protecting and supporting children's health. Maternal and child health has been elevated to the level of state policy, a new approach to healthcare has been adopted, and special attention has been given to further developing international cooperation.

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