

PROVISION OF MEDICAL SERVICES IN FERGANA VALLEY (50-80 YEARS OF XX CENTURY)

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A B S T R A C T	KEY WORDS
<p>This article covers the daily life of the residents of Andijan, Fergana and Namangan regions of the Republic of Uzbekistan in the 1960s-1980s and the state of medical services. Also, the works performed on the health of the population and their provision are also included in this article.</p>	<p>Poliomyelitis, gout, measles, tuberculosis, meningococcus, typhoid fever, paratyphoid, diphtheria, smallpox.</p>

Introduction

According to the archive, in the 1950s and 1960s, the quality of medical services to the population in the regions of the Fergana Valley was at a very low level. There were several reasons for this, such as the impact of production enterprises on the environment, the poor supply of clean drinking water to the population, the poor infrastructure of gasification, electrification, and sewage networks in hospitals. began to show its negative aspects in the life of the population.

RESEARCH OBJECT AND METHODS

The daily life of rural residents of Andijan, Namangan, Fergana regions of the Republic of Uzbekistan in the 1960s-1980s was defined as the object of research. The principle of historicity, comparative and quantitative analysis methods were widely used in writing the article.

RESEARCH RESULTS AND DISCUSSION:

There were several types of diseases in the villages of Fergana Valley. For example, infectious liver inflammation is one of the most common diseases, which is mainly found in children and partly in adults. In 1957, 30.1 percent of patients with this disease were children under 7 years of age in Fergana region, and in 1961, it reached 43.6 percent. Before the spread of the disease, the cause was the lack of proper sterilization of needles. In the 1950s, the disease of poliomyelitis (pain in the legs and arms, joints and anemia) was also common in the Fergana region, especially in 1957-1959, 76 such cases were detected, which was considered the maximum level. As a result of the production of the vaccine against poliomyelitis, this disease decreased sharply, in 1960, 17 people were infected with this disease, and in 1961, it was 26 people. They were mostly people who were not vaccinated against the disease. The incidence of goiter (diphtheria) is very high in Fergana region. In 1958, 12.4 cases per 10,000 inhabitants were recorded. The incidence of this disease is high, especially in regional cities.

In particular, 50.5 cases per 10,000 inhabitants were reported in Fergana city and 31.1 cases in Kokan city.[1]

In some regions of Andijan region, gout is spreading. In October 1973, there is information about the spread of gout in Baliqchi region. According to it, between October 25-30, 17 people fell ill with gout in this region, 15 of them were schoolchildren, two were children of preschool age. As a result of investigations, epidemiology stations found that some patients were not vaccinated against gout, and all children in the region will be re-vaccinated against gout. Vaccinations against diseases such as measles and tuberculosis are also carried out.[2]

In Namangan region, as a result of insufficient vaccination against diseases, the number of patients with the disease has increased. In 1968-1970, due to the incomplete vaccination of children against measles, in 1973 the cases of measles in the city of Chust and Pop region increased sharply. Therefore, children who were vaccinated against measles in 1968-1970 had to be revaccinated. conducted.[3]

In 1973, there were 432,491 children in the region, and most of them were not vaccinated against measles. 287 of the infected children were not vaccinated against measles, and 172 children who were vaccinated against measles also got this disease.[4] In general, 459 of those infected with measles were children, 4 were teenagers aged 18-19.[5]

Poliomyelitis is a common serious disease among children, and in 1964-1973, the number of patients with this disease increased in Namangan region. reached 10. In the mid-1960s, the incidence of this disease was 0.1 per 100,000 people, and in 1973, 3 out of 10 people were urban, and some of the children also had the disease, and the main reason for this was the vaccination process. mistakes, including the fact that vaccination was done not by medical staff, but by parents themselves.[6]

In 1964-1973, the number of patients with meningococcal (an acute infectious disease caused by meningococci) infection increased in Namangan region. In 1964, 5 people, in 1973, 70 people got this disease. In 1973, 41 of those who contracted the disease were urban residents, 29 were rural residents. Per 100,000 inhabitants, there were 16.4 patients in the city and 4.2 in the countryside. In the same year, 7 of the patients (10 percent) were diagnosed with this disease was died[7]

In 1973, 70 percent of the population of the region over the age of 12 underwent fluorography examination. In all regions, 1 employee was assigned to control tuberculosis at the sanitary stations, and food calories were checked every quarter from the 12 subdispensaries in the region.[8]

In the 1970s, some diseases increased, but some of them were effectively combated. In particular, in Andijan region, the number of patients with typhoid fever decreased by 25% in 1973 compared to 1972, while the number of patients with typhoid fever decreased by 25%. increased by 8 percent. In some collective farms of Jalakudug, Balikchi and Lenin (now Asaka) regions, the number of patients suffering from paratyphoid was 1.5-12 times higher than the regional average. For example, in 1973, 65 people from Baliqchi region were infected with typhoid, that is, 28 percent of all patients with this disease in the region were in this region. The results of epidemiological analysis show that the number of patients with typhoid and typhoid in this region is constantly the same. It shows that there are typhoid patients in all collective farms of the district, 18 out of 37 villages of 6 collective farms have typhoid and paratyphoid patients, especially in the villages of Qiyali, Kultepa, Otobazar, Narimon and Chinabad. the number of such patients in the settlement was the majority compared to other villages.[9]

The main reason for the widespread spread of this disease among the population was the widespread use of open water reservoirs by the population for consumption. Only 537 out of 1166 settlements in the villages and streets in the city are provided with clean drinking water, the construction of drinking

water networks in the regions of the region has not been carried out. In 1973, the executive committee of Andijan region 133.2 km. planned to build 30 drinking water networks in length, but in practice it is only 73.8 km. 14 long water pipelines were built, only 48% of the plan was completed. The construction of the drinking water network in the Kurgantepa, Lenin, Pakhtaabad, Moscow regions was in a difficult situation, and this issue was discussed several times at the meeting of the regional party committee.

In the spring of 1973, the disease spread widely due to the non-functioning of the drinking water network in the "Moskva" collective farm, due to the widespread use of water from the stream and pond. Only 1 of the water pipes was working, and it needed repair. Only 10 of the 25 pipes were working. The fact that 59 out of 70 pipes were not working in the "Communism" collective farm was one of the reasons for the spread of infectious diseases among the population. Korin Typhoid and paratyphoid diseases mainly affect children under school age and schoolchildren. [10]

As can be seen from the above cases, the quality of drinking water in the villages did not meet the requirements, and this caused the spread of various diseases among the population. ``satgan. For example, the spread of hepatitis was also caused by the large spraying of toxic chemicals. For example, in 1972, 14,151.8 tons of toxic chemicals were used in Fergana region, with an average of 9.7 kg per capita. In some regions (Leningrad and Uzbekistan regions) this indicator is 20.7-28 kg. It was difficult to make a diagnosis of toxic hepatitis due to the lack of special laboratories in the regions.

In 1971-1974, as a result of the preventive measures carried out among the villagers, the level of infectious diseases was reduced. Among them, dysentery (inflammation of the colon and large intestine) 12 percent, acute intestinal disease 17 percent, rubella (inflammation of the upper respiratory tract, mucous membranes of the eyes and nose, and skin) 1, Poliomyelitis and anthrax ("Anthrax" is an acute infectious disease common to humans and animals) decreased by 3 times, whooping cough by 2.3 times, diphtheria by 2.5 times, measles by 4 times. However, typhoid and paratyphoid disease spread in Andijan, Namangan, and Fergana regions due to lack of quality drinking water. In 1974, 24 out of every 100,000 inhabitants in the villages were infected with typhoid and 40.1 people were infected with paratyphoid. Compared to the indicators of 1971, the incidence of this disease was higher among the villagers. For example, in 1971, 19.9 out of 100,000 rural residents of the republic were infected with typhoid and 7.6 with paratyphoid fever. During these years, the number of people suffering from the disease in the republic decreased by 1.3-1.5 times. The reason for the increase of these diseases among the population is the fact that it was not improved to the required level, sanitary cleaning works were at a low level, the supply of drinking water to the population was unsatisfactory, and the environment was intensively polluted as a result of the poor functioning of local sewage and cleaning pipes. , it can be seen that viral hepatitis is widespread among rural residents. In particular, in 1971, 392.7 people out of 100,000 rural residents were infected with viral hepatitis, and in 1974, this figure increased to 527.7 The spread of this disease in the villages was caused by the use of large quantities of toxic chemical drugs in the republic's agriculture.[11]

Despite the ban on the use of chemicals in agriculture in 1976, in 1981, 1010 tons of chemicals were applied to cotton fields. The quality of drinking water does not meet the requirements, and the cases of unfit for drinking are increasing day by day. Toxic substances collected in agricultural fields are washed away during irrigation (0.2-3%) and fall into various water basins, poisoning the surface water. As a result, running water and the structural structure and development processes of water

ecosystems in stagnant water basins will be disturbed, and its negative impact on drinking water of the population will increase.

For example, the pilot who was defoliating cotton in the Karl Marks collective farm in Okhunboboyev district of Fergana region "mistakenly" sprayed toxic substances on the people working in the fields of the "Yangi Khabi" collective farm in Boz district of Andijan region. As a result of this mistake, 28 citizens were poisoned and hospitalized. During the policy of cotton monopoly, the duties of producing raw materials were higher than human life in Uzbekistan.

In 1973, 21,383 employees of the food industry, public catering establishments and food trade, including 6,269 people from villages, were examined by x-ray fluorography in Fergana region. 8 of them were diagnosed with the disease. Children's institutions, schools, preventive treatment and 29,782 employees of sanatorium-resort facilities (18,878 from villages) were also examined, 6 people were diagnosed with the disease, 3 of them were from villages. Also, this disease is found among employees of preventive treatment and sanatorium facilities for adults, employees of pharmacies and pharmaceuticals, employees of hotels and drinking water stations, libraries, workshops, manufacturers and sellers of children's toys, and schoolchildren. special investigations were conducted to determine.[12]

In the early 1960s, there were insufficient medical institutions in the rural areas of the Fergana Valley or they did not perform satisfactorily. Only by the end of the 1960s, this problem was solved by building a number of medical institutions in the villages. For example, in 1962-1963, in the Kuva, Altariq and Pop regions of the Fergana region, 3 collective farm maternity hospitals were closed due to the lack of obstetricians. In 1962, the region 5 percent of births in the villages were performed at home without medical assistance. Construction of maternity wards was planned in the Lenin collective farm of the Kuva region and the Leningrad collective farm of the Pop region. In general, most of the collective farm maternity hospitals were closed all year round. In particular, in the Yangiabad section of the Khamza Khakimzoda collective farm of Kuva region, in 1963, only 3 deliveries were accepted in the maternity hospital. In addition, in the collective farm "Pobeda" of this region in 1963, not a single delivery was accepted in the maternity hospital. All women gave birth to their children at home.[13]

Attracting pregnant women to hospitals was in an unsatisfactory condition, this indicator was 19% in Okhunboboyev district and 16% in Pop district. In addition, preventive medical examinations of pregnant women in Okhunboboyev, Pop and Kuva districts were launched. As a result, there were many deaths of mothers. For example, 13 mothers died during childbirth in Okhunbobayov region in 6 months of 1963.[14]

In 1975, there were 73.9 medical workers with secondary education per 10,000 inhabitants in the republic, this figure was 38.6 in rural areas. The supply of medical institutions with secondary education employees made 96.4% in the republic, and the same indicator was reached in the villages.

In the 1970s, some work was carried out to improve the financial situation of medical institutions in the republic. Among them, in 1971, 1.8 million soums were allocated from the state budget to improve the material and technical base of medical institutions in Fergana region, and 2 million soums in 1974. In 1971-1974, 5 treatment units with 300 beds and a polyclinic designed for 250 visits per day were built in Fergana collective farms and state farms at the expense of budget funds. Also, in Namangan region, 996 treatment places were provided at the expense of collective farms and state farms, district executive committee, village soviets.[15]

CONCLUSION:

In conclusion, it can be said that in the 1960s-1980s, the spread of various diseases among the rural population was mainly caused by poor quality drinking water and excessive spraying of chemical drugs on the fields. At the same time, there are many infectious diseases among the rural population. It happened that vaccination of children against these diseases was not started in the 1960s at the level of demand. Since the 1970s, some attention has been paid to this issue, and vaccination and preventive measures against diseases have been started in an orderly way. Also, certain works were carried out in the field of building medical institutions in rural areas and providing them with medical personnel, and providing services to the population, and the indicators in this regard increased year by year.

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