



**THE ROLE OF THE POPULATION HEALTH SYSTEM IN THE
DEVELOPMENT OF URBANIZATION PROCESSES IN THE
SURKHANDARYA AND KASHKADARYA REGIONS IN THE EARLY
YEARS OF INDEPENDENCE**

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ABSTRACT	KEYWORDS
<p>The article analyzes the development of urbanization processes and the healthcare system in Surkhandarya and Kashkadarya regions during the early years of independence. The study examines the growth of medical services in cities, the establishment of new polyclinics and departments, the introduction of paid medical services, measures to combat epidemiological situations and infectious diseases, as well as the formation of health improvement and sanatorium systems. Additionally, it analyzes the economic and social conditions, intercity and interregional medical infrastructure, international relations, and state policy in maintaining public health.</p>	<p>Urbanization, public health, medical services, paid services, epidemiology, sanatorium system, Surkhandarya region, Kashkadarya region.</p>

Introduction

In the process of urbanization, maintaining public health is considered a crucial issue for the development of a country. This is because rapid urbanization brings about social and ecological problems, such as the unplanned growth of cities, excessive population concentration in certain areas, negligence towards the surrounding environment, energy shortages, a sharp increase in the number of vehicles, noise, and other issues. This situation has been observed in many cities around the world and has become a pressing problem for society.

Results and Discussion

During the transition to a market economy, the importance of providing paid medical services to the population increased. On January 16, 1992, due to growing demand for paid treatment at the Surkhandarya Regional Physiotherapeutic "Jayronkhona" Hospital, the paid services department was expanded from 50 to 100 beds, while budget-funded beds were reduced from 330 to 280. As a result, the hospital's budget plan was set at 250 beds and the economic-accounting department at 100 beds, with wards adjusted accordingly.

To improve medical services and launch the “artificial kidney” system, on January 20, 1992, Denov City Hospital received one complete set of weighing equipment and 68 vials of hemosorbent medicine funded by the Ministry of Health of the Republic of Uzbekistan.

As of January 28, 1992, in Kashkadarya region, paid medical service facilities included three independent economically self-sufficient polyclinics, 42 departments and rooms under budgetary institutions operating on an economic-accounting basis, five small enterprises, and two medical staff providing private services. The number of service types reached 35. Paid services were provided at 100–150% of the planned capacity in hospitals No. 1 and 2 in Qarshi, the regional dental polyclinic, Qarshi maternity hospital, Shahrisabz city hospital, and the central hospitals of Guzor, Koson, and Kitob. However, no paid services were established at the regional psychiatric dispensary and hospital, hospitals No. 1 and 2 for eye diseases, the endocrinology dispensary, and the tuberculosis dispensary. On September 22, 1992, with the construction of a new four-story, 380-bed polyclinic in Termiz city, the building vacated by it was used to establish the city adolescent polyclinic. The regional health department allocated 250,000 soums for this purpose.

During this period, the provision of communication facilities in medical institutions was unsatisfactory. In some districts, healthcare facilities were completely disconnected from telephone lines. For instance, in 1992, only 586 out of 746 feldsher-midwife points, 96 out of 134 rural outpatient clinics, and 34 out of 47 rural district hospitals in Surkhandarya region had telephone connections.

Amid the economic crisis, the construction of medical facilities in cities received comprehensive support from the local authorities of southern regions. In 1992, the Kashkadarya regional administration allocated 2 hectares of land in Qarshi district to expand the “Beshkent” health center to 250 beds, and 0.75 hectares in Beshkent city for designing an emergency medical station. Equipment worth 150,000 soums, both hard and soft, was delivered.

On January 1, 1993, at the initiative of the Kashkadarya Regional Health Directorate and Qarshi City Health Department, a 30-bed urology department was established at Qarshi City Central Hospital, staffed with 2 doctors, 8 nurses, and 9 orderlies.

Due to the increase in ear, nose, and throat (ENT) diseases among young children, a new department was needed. Consequently, on January 7, 1993, a 20-bed ENT department was opened at Surkhandarya Regional Children’s Hospital, fully equipped with necessary instruments. In June 1993, with the opening of the “Omonkhona” sanatorium in Boysun district, the regional health department provided 300,000 soums worth of equipment.

With the spread of infectious diseases, the epidemiological situation in cities worsened. In 1993, a cholera epidemic affected over 50 countries worldwide, becoming a serious threat. In Surkhandarya, 40 cholera cases were reported in July and August in the district centers of Qumqorgan, Shurchi, Jarkurgan, and Sariosiyo, with 30 cases in Shurchi alone. It was revealed that Shurchi was unprepared for such an epidemiological situation, as medical equipment and disinfectants were lacking, there were no special rooms for patients, and medical staff were not practically trained. The outbreak was also caused by the lack of clean drinking water and absence of a centralized sewage system. To combat the disease, on August 4, five disinfection brigades from Denov city, Denov district, Sariosiyo, and Uzun districts were sent to Shurchi, and medical staff from Kashkadarya and Tashkent were dispatched to assist regional epidemiologists.

The “Kashkadarya Sohili” sanatorium began operations on February 1, 1994. In 1994, the “Kashkadaryosavdo” concern financed the construction of a 50-bed teahouse and shop near the

sanatorium, with 21 organizations in the region assigned as sponsors. This sanatorium was transferred free of charge to the balance of the Republican Federation of Trade Unions.

Additionally, economic-accounting organizations and enterprises began establishing wellness centers for their employees. In 1994, the Kashkadarya regional administration allocated 5 hectares of land from the inter-farm "Gulnora" children's camp, the "Gissarakgidrostroy" union, and the "Navro'z" company for the construction of a rest and wellness center for Shahrishabz Electric Networks staff.

The increasing number of patients with cardiovascular diseases required not only treatment but also rehabilitation. On May 14, 1997, by the decree of the regional governor, the cardiology department of the S. Salimov "Jayronkhona" Physiotherapeutic Hospital was transformed into the regional cardiology dispensary to treat cardiovascular patients, provide methodological assistance for disease prevention, and register them in the dispensary.

In 1997, over 1,780 elderly and disabled residents of Surkhandarya region received referrals to central and local sanatoriums. During the summer vacation season, 24,228 children and adolescents rested, of whom 11,500 received free referrals. Among the disadvantaged and incomplete families, 3,245 children were sent to sanatoriums and resorts for health improvement. A total of 94,367.8 thousand soums was spent on these activities, and 70 individuals were treated free of charge. In Qiziriq district, a 15-bed "Navro'z" sanatorium was established for low-income families. More than 11,400 people underwent medical examinations in the region, including 6,340 women, over 6,000 of reproductive age, and 3,300 children. Additionally, 120 children with disabilities of groups 1–3 received advanced medical examinations, and 7 children with congenital disabilities were sent to the "Umid" center. The "Healthy Generation" international charity fund donated medicines and food worth over 500,000 soums to hospitals in the region.

According to 1998 data, Surkhandarya region had 450 hospital beds in Termiz city, 400 in Denov, 330 in Boysun district, 205 in Jarkurgan, 212 in Qumqorgan, 225 in Sherobod, and 215 in Shurchi. In Boysun city, two hospitals served the population with 90 doctors and 250 medical staff, with 150 hospital beds available. The emergency station was operational, serving 16.3 doctors, 61.3 medical staff, and 27.5 hospital beds per 10,000 residents.

Conclusion

In conclusion, the epidemics of infectious diseases that occurred in the early years of independence posed a serious challenge to the healthcare system. Despite significant difficulties, healthcare issues were elevated to the government level, and a number of state programs were adopted. Reforms implemented in the healthcare system transformed cities into major medical centers. Healthcare institutions were modernized in accordance with contemporary demands, and international cooperation in the health sector has been strengthened. These developments play a crucial role in maintaining public health.

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