



SPATIAL INEQUALITY IN THE SOVIET HEALTHCARE SYSTEM: THE CASE OF RURAL HEALTHCARE IN THE SURKHANDARYA REGION (1940 - 1960)

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ABSTRACT	KEYWORDS
<p>This article analyzes the state of rural healthcare institutions in the Surkhandarya region between 1940 and 1960, focusing on their material-technical base and staffing levels. It demonstrates that due to the extensive development of the healthcare system during the Soviet era – prioritizing quantitative indicators over qualitative ones – most medical facilities in the region were housed in adapted buildings and lacked modern medical equipment. Furthermore, the study highlights that physicians with higher education worked primarily in urban and district centers, while the rural population was largely served by secondary medical personnel, resulting in a low quality of care.</p>	<p>Rural healthcare, feldsher-midwife station (FMS), rural district hospital, outpatient services, medical personnel, physician shortage</p>

Introduction

During the Soviet era, the healthcare system was primarily managed through an administrative-command method, with the interests of the center taking precedence. This led to insufficient consideration of the climatic and geographic specificities of the southern regions of the republic, particularly the Surkhandarya region, when planning healthcare services. Between 1940 and 1960, the country's healthcare network was developed mainly through extensive methods, and its efficiency was assessed based on quantitative indicators such as the number of beds and medical personnel. Consequently, qualitative indicators were relegated to a secondary position. This thesis examines the main problems related to the material-technical condition of rural healthcare institutions in the Surkhandarya region, their staffing levels, and the quality of medical services provided to the population.

Discussion and Results

Although the USSR occupied one of the leading positions in the world in terms of the number of hospital beds and physicians, the actual quality of medical care lagged significantly behind that of developed countries. In developing the healthcare network, the pursuit of quantitative targets occurred at the expense of service quality. The extensive expansion of treatment facilities and beds was linked to budget expenditures. As a result, 70% of hospitals were housed in makeshift and cramped buildings. In order to fulfill the state plan for commissioning hospitals at any cost, the Republic's Council of

Ministers and local councils, with the consent of healthcare authorities, resorted to a practice of ad hoc allocation, establishing hospitals in dormitories, residential buildings, and other unsuitable locations. The repair and renovation of old hospitals were often neglected. Due to the lack of modern medical equipment and devices in hospitals located in adapted buildings, the examination and treatment of patients were not carried out at an adequate level.

Medical assistance provided to the population of Uzbekistan was significantly lower compared to other union republics. For example, a large disparity existed between Uzbekistan and the USSR average in terms of hospital beds per capita. The number of beds allocated to the Surkhandarya region was particularly low. In 1940, the USSR average was 40.2 beds per 10,000 people, while in Surkhandarya, this figure was only 20.4 [1].

Eighty percent of physicians with higher education worked in urban and district centers. As is known, rural populations were primarily served by secondary medical personnel. Considering that 60% of the rural population received medical care at their place of residence, it is not difficult to imagine the low level of medical service provided to them.

During the Soviet era, the volume of outpatient services provided to the rural population of Uzbekistan was 2.4 times lower than that provided to the urban population. For instance, a rural resident visited a doctor's outpatient clinic 5 times a year, whereas an urban resident visited a polyclinic 12 times a year. The construction plan for outpatient-polyclinic buildings was not fully implemented [2].

Given that over 65% of Uzbekistan's population lived in rural areas, this situation demanded serious attention to the functioning of the healthcare network in the republic's districts and villages.

In rural areas, medical services were primarily provided by feldsher-midwife stations (FMS), rural district hospitals, and central district hospitals. The FMS played a special role in the life of the rural population, typically staffed by a feldsher and a midwife (obstetrician). This service was generally designed for 300–800 people, with one feldsher and one midwife providing medical care. Their duties included primary examinations, first aid, vaccinations, and monitoring of pregnant women. Additionally, seriously ill patients were referred to higher-level facilities (rural district hospitals or central district hospitals). The FMS staff were also involved in treatment, childbirth assistance, prophylaxis, epidemic control, dispensary registration of the population, and sanitary education [1].

Although attention was paid to increasing the number of FMSs nationwide, the problems of strengthening their material and technical supply remained unresolved. The poor material and technical condition of FMSs led to the inadequate provision of medical services to the population.

In 1946, approximately 100 FMSs were operating in the Surkhandarya region. Most rural district hospitals and FMSs were located in buildings lacking basic amenities. In some years, almost no funds were allocated for fixed inventory for the FMSs in most districts. In the southern regions of Uzbekistan, some rural district hospitals that were scheduled to be opened were never commissioned under various pretexts. A similar situation was observed in the Surkhandarya region. In 1955, several of the 71 rural district hospitals in the region did not operate due to various reasons [2].

The shortage of physicians was felt not only in rural areas but also in cities. For example, in 1957, out of 187 allocated physician positions in Termez city, only 85 people were working [3]. The staffing of district rural areas with physicians was in a very poor state: the Sho'rchi district's medical institutions were staffed with physicians at only 32%, and the Sherobod district at only 29.1% [4].

Conclusion

In conclusion, the state of rural healthcare institutions in the Surkhandarya region between 1940 and 1960 was characterized by a number of serious problems. The central policy of extensive development, the sacrifice of qualitative indicators for quantitative ones, and the disregard for the region's climatic and geographic features negatively impacted the level of medical care. The rural population was not adequately provided with medical beds, physicians, or modern medical equipment. The material and technical base of FMSs and rural district hospitals was very weak, and most were housed in adapted buildings.

The rate of outpatient visits was more than two times lower in rural areas compared to urban areas. Although over 60% of the rural population received medical care at their place of residence, the quality and convenience of this care were not at the required level. Therefore, as a historical lesson, it is concluded that comprehensive measures are necessary to improve the material-technical equipment, staffing, and management system of rural healthcare institutions in the region.

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