



Article

# History of Health Care in Karakalpakstan in 1960-1970

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**Abstract:** This study examines the development of the healthcare system in Karakalpakstan during the 1960s and 1970s, a period marked by significant social and economic transformations in the Soviet Union. Despite notable advancements in medical infrastructure, healthcare professional training, and public health education, challenges such as resource shortages and regional disparities persisted. Addressing the knowledge gap in historical healthcare evolution, this research aims to assess the impact of government policies on healthcare expansion and public health outcomes in Karakalpakstan. Using historical sources and statistical data, the findings reveal substantial improvements in healthcare accessibility and public health awareness, though uneven distribution of resources remained a limitation. These results underscore the importance of policy-driven initiatives in addressing regional healthcare inequalities, offering insights for current health policy reforms in similar contexts.

**Keywords:** Karakalpakstan, Healthcare, 1960s-1970s, Medical history, Infrastructure, Public health education

## 1. Introduction

The development of medical services in Karakalpakstan in the 1960s and 1970s is closely linked to the development of various social sectors. Social development, in turn, is an indicator that characterizes the state of society as a whole. The study of regional features of the development of medicine in the period under study is of great importance. In the 1960s and 1970s, significant efforts were made in Karakalpakstan to improve the well-being of the people and their social services. To successfully solve modern problems of social development, including in the field of medicine, it is necessary to use the experience accumulated during the period under study, and take into account the mistakes and problems of that period.

## 2. Materials and Methods

This problem has not been raised as a subject of special study in Karakalpakstan historiography. It has been considered in the works of some authors, in particular Babanazarov R., Karimov D., Kovalenko A. [1], Abdirova Ch., Kovalenko A., [2], Elmuratov A. [3], Ismailov O., Yeshanova T., Babadzhanova A. [4]. However, all these works, which to one degree or another touched upon the problems of healthcare development in Karakalpakstan, are not distinguished by the necessary completeness and

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analytical nature, and reveal only general development trends without focusing on regional experience

### 3. Results and Discussion

In the report of the Minister of Health of Karakalpakstan at the republican meeting of the active medical workers in 1956 it was stated that over the past 10 years the budget of health care of the republic has grown by 1 million rubles (1946 - 24374 rubles, 1956 - 42866 rubles). The number of medical personnel grew, 213 doctors and 970 mid-level medical workers worked in the republic. The development of health care in Karakalpakstan became one of the priority areas of social development of the region in the 1960s. Medical research institutions provided assistance to the development of health care in the republic. By 1960, noticeable successes were achieved in medical care of the population of the republic.

The opening of new medical institutions in the cities and regions of the republic became a priority. One of the main tasks of the development of health care of this period became the problem of training doctors, protecting the health of mothers and children, expanding the network of medical institutions and improving their material base. By 1960, the republic had eight city hospital associations, seven district hospitals, 26 rural hospitals, 13 specialized dispensaries (trachomatosis, oncology and others), 165 medical, feldsher-midwife stations, 16 sanitary-epidemiological stations. There were pharmacies in all large settlements. The number of doctors grew; their number in the republic in 1962 reached 400, and the number of mid-level medical personnel was more than 1,800 people [5].

By the mid-1960s, due to the growth of the material and cultural level of the population, the demands on health care increased. Due to the constant increase in the material standard of workers, the growth of culture and well-being, as well as the efforts of medical workers, the main indicators of health of the population are improving. The overall mortality rate in the republic decreased from 7.6% in 1962 to 5.4% in 1964 (per 1000 population). Infant mortality from 38.3% in 1962 to 23% in 1964 (per 1000 births). Accordingly, the average life expectancy has also increased.

In terms of the number of long-livers per 1000 population, Karakalpakstan ranks among the first in Uzbekistan. Over the past 5 years, the healthcare budget has increased significantly: if in 1960 it amounted to 10 million 13 thousand rubles, then in 1965 the budget allocated 13 million 670 thousand rubles for healthcare needs. The network of medical and preventive institutions and their bed capacity have increased. In 1960, the bed capacity was 3,000, and on October 1, 1965, it amounted to 6,105 beds, which made it possible to almost completely satisfy the needs of the population [6].

During this period, numerous measures were taken to further develop healthcare. In Karakalpakstan, there was a significant expansion of the healthcare network. More than 70 administrative and business buildings were transferred to healthcare authorities during the period 1964–1965. More than 10 buildings were built and commissioned using capital investments from non-centralized funds. These are, first of all, district hospitals in Kegeyli, Takhtakupyr, maternity hospital in Chimbay, Beruni, in Nukus, buildings of the tuberculosis dispensary in Nukus, children's hospital in Khodjeyli, etc.

Over 10 years - from 1956 to 1965 - 6 district, two district, one village, one city hospitals, a republican oncology dispensary, 6 medical, 8 feldsher-midwife health centers, 57 feldsher-obstetric stations were opened. The construction of the republican hospital was completed. The inpatient network of the republic consisted of 24 district, 10 district, 4 city, one republican hospital, 12 specialized dispensaries and one leprosarium - a total of 2075 beds. There was also a republican seasonal children's tuberculosis sanatorium with 125 beds. Of the indicated number of hospitals, only three were standard.

A number of measures were taken to reorganize rural health care and the sanitary and epidemiological service, as a result of which central and zonal district hospitals were

created, and rural district hospitals were strengthened. Sanitary and epidemiological departments were separated into independent stations. Thus, by the mid-1960s, there were three central hospitals in the republic with a capacity of 250 beds, one with 150 beds, and four with 100 beds [6]. The equipment of medical institutions improved in the second half of the 1960s. Medical and preventive institutions received equipment, apparatus, vehicles, and inventory for almost 2 million rubles. However, it should be noted that the overwhelming majority of hospitals, dispensaries, and sanitary and epidemiological stations were located in adapted semi-emergency premises that did not meet basic sanitary and hygienic requirements: the usable area was limited, etc.

At the same time, it should be noted that the issue of medical personnel in the mid-1960s remained unresolved: one doctor in the republic served 2.5 times more people than in other regions of the country. There was still a high turnover of medical personnel: for example, in 1964, 68 doctors arrived from the new graduating class, 24 doctors left, in 1965, 62 doctors arrived and 18 left. One of the most important reasons for the turnover of medical personnel was the lack of necessary housing and living conditions. Thus, as of October 1, 1965, 31 doctors and more than 50 mid-level medical workers lived in private apartments [6]. During this period, a lot of work was done to specialize the bed fund, which made it possible to significantly increase, first of all, the number of maternity and pediatric beds to one per thousand people against 0.6 in 1963.

The profiling of the bed fund contributed to the improvement of medical care for children and the coverage of inpatient obstetrics. There were 49 pediatricians working in the republic. Despite the existing improvements in medical care for the child population, there were a number of shortcomings in the pediatric service. The children's hospital in Nukus, which actually carried out the functions of the republican hospital, did not meet the requirements at that time. The buildings did not have central heating, running water, and there were almost no auxiliary treatment and diagnostic rooms.

All this taken together complicated the provision of qualified and specialized care. The adopted resolutions No. 211 of May 6, 1967 "On measures to further improve medical care and protect the health of the population of Uzbekistan" and No. 386 of August 8, 1968 "On measures to further improve health care and develop medical science in Uzbekistan" defined a new stage in the development of health care in the republic. In pursuance of these decrees, more than 20 healthcare institutions were built in Karakalpakstan.

In 1970, there were 100 hospitals in the republic, which had 7,400 beds and 845 beds in maternity hospitals, 60 women's consultations and polyclinics. There were 943 doctors and 4,100 mid-level medical workers working in healthcare institutions. The provision of doctors per 10 thousand people was 13.4, mid-level medical workers - 55.6, hospital beds - 104.8. Inpatient medical care increased compared to 1965 from 20 to 22. By 1970, Karakalpakstan ranked second among the regions of Uzbekistan in terms of the provision of hospital beds to the population after Tashkent.

#### 4. Conclusion

As we can see from the above, during the period under study, the healthcare system of the republic was organized and operated under conditions that were the most adequate under the existing conditions. The network of hospitals, clinics, and medical centers was expanded, their material and technical equipment was improved, and the number of doctors increased, which had a positive effect on the treatment of patients. During the period under study, significant progress was made in the fight against dangerous infections.

During this period, the method of universal medical examination began to be used in Karakalpakstan, as in other regions of the country, which yielded significant results: now doctors were not treating pathologies, but preventing diseases.

Thanks to the quality of medical care, life expectancy increased. In addition, the level of material well-being of the population increased from year to year. However, we have no right to claim that the main difficulties in the development of healthcare in the 1960s and 1970s were overcome. A number of serious problems in the industry have not been satisfactorily resolved. Prevention failed to become a priority in the activities of medical institutions, the overall development of urban healthcare in Karakalpakstan remained behind the average indicators for the country and Uzbekistan, and the personnel problem was not resolved.

## REFERENCES

- [1] R. Babanazarov, "On the History of Health Care Development in the Karakalpak ASSR," in *Collection of Scientific Papers of the Republican Hospital of the Karakalpak ASSR*, vol. 2, D. S. Karimov, Ed. Nukus, Karakalpakia: Karakalpakstan, 1970, pp. 3–14.
- [2] Ch. A. Abdirov and A. F. Kovalenko, "Stages of Health Care Development in Karakalpakia (To the 50th Anniversary of the Karakalpak ASSR)," *Medical Journal of Uzbekistan*, no. 10, pp. 32–35, 1970.
- [3] A. Elmuratov, *The Importance of the Development of the Karakalpakstan Health Sector*. Nokis, Karakalpakstan: Karakalpakstan, 1994, p. 44.
- [4] O. I. Ismailov, T. B. Yeshchanov, and A. S. Babajanov, *Development of Healthcare in the Republic of Karakalpakstan*. Nukus, Karakalpakstan: Bilim, 1997.
- [5] Academy of Sciences of the USSR, *Peoples of the World: Ethnographic Essays, Peoples of Central Asia and Kazakhstan*, vol. 1. Moscow: Publishing House of the USSR Academy of Sciences, 1962, p. 504.
- [6] Central State Archives (TsGA RK), "On Medical Care for the Population of the Karakalpak ASSR," Certificate no. 155, Jan. 22, 1966.
- [7] E. L. Baker Jr. and J. P. Koplan, "Strengthening the Nation's Public Health Infrastructure: Historic Challenge, Unprecedented Opportunity," *Health Affairs*, vol. 21, no. 6, pp. 15–27, 2002.
- [8] E. L. Baker Jr. et al., "The Public Health Infrastructure and Our Nation's Health," *Annual Review of Public Health*, vol. 26, no. 1, pp. 303–318, 2005.
- [9] G. Rosen, *A History of Public Health*. Baltimore, MD: JHU Press, 2015.
- [10] Z. Meidani et al., "National Health Information Infrastructure Model: A Milestone for Health Information Management Education Realignment," *Telemedicine and e-Health*, vol. 18, no. 6, pp. 475–483, 2012.
- [11] D. E. Detmer, "Building the National Health Information Infrastructure for Personal Health, Health Care Services, Public Health, and Research," *BMC Medical Informatics and Decision Making*, vol. 3, pp. 1–12, 2003.
- [12] K. M. Gebbie, "The Public Health Workforce: Key to Public Health Infrastructure," *American Journal of Public Health*, vol. 89, no. 5, pp. 660–661, 1999.
- [13] J. Colgrove et al., "Schools of Public Health: Essential Infrastructure of a Responsible Society and a 21st-Century Health System," *Public Health Reports*, vol. 125, no. 1, pp. 8–14, 2010.
- [14] A. K. Yancey et al., "Creating a Robust Public Health Infrastructure for Physical Activity Promotion," *American Journal of Preventive Medicine*, vol. 32, no. 1, pp. 68–78, 2007.
- [15] J. R. Lumpkin and M. S. Richards, "Transforming the Public Health Information Infrastructure," *Health Affairs*, vol. 21, no. 6, pp. 45–56, 2002.
- [16] B. R. Schatz and R. B. Berlin Jr., *Healthcare Infrastructure: Health Systems for Individuals and Populations*. New York: Springer Science & Business Media, 2011.
- [17] J. A. Horney and P. D. M. MacDonald, "Academic Public Health Community Responds to Hurricanes: A History of the University of North Carolina School of Public Health Response and New Infrastructure, 1999–2006," *Public Health Reports*, vol. 122, no. 2, pp. 270–276, 2007.
- [18] L. O. Gostin et al., "The Public Health Information Infrastructure: A National Review of the Law on Health Information Privacy," *JAMA*, vol. 275, no. 24, pp. 1921–1927, 1996.

- [19] J. L. Nitzkin and C. BATTERY, "Public Health Information Infrastructure," *IEEE Engineering in Medicine and Biology Magazine*, vol. 27, no. 6, pp. 16–20, 2008.
- [20] H. H. S. Alotaibi, "A Review on the Development of Healthcare Infrastructure Through the History of Islamic Civilization," *Journal of Healthcare Leadership*, vol. 13, pp. 139–145, 2021.