



PROBLEMS AND SOLUTIONS OF PROTECTING MOTHERHOOD AND CHILDHOOD IN UZBEKISTAN IN THE 1920S- 1960S (In the Case of the Southern Regions)

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Abstract

Research on the protection of motherhood and childhood shows that the socio-economic living conditions of the population, including material security, housing, working conditions, recreation, education, culture, traditions, nutrition, and other factors, directly and indirectly affect the health of future generations.

Keywords: USSR, Uzbekistan, Kashkadarya, Surkhandarya, obstetrician, gynecologist, pediatrician, village, personnel, consultation center.

Introduction

Healthcare, as the most important sector of the social sphere, requires special attention. In particular, in the Soviet state, measures were taken to strengthen the health of mothers and children.

During the former USSR, several documents were signed on this issue. However, the implementation of the adopted decisions was solved differently in different republics. Despite the fact that the program adopted at the VIII Congress of the RCP (b) in 1919 set out a number of guidelines in this area, these measures were not fully implemented on the ground. In particular, the objectives of the program, which stated that “pregnant women will be released from work for 8 weeks before childbirth and 8 weeks after childbirth, with full pay, and will receive free medical care and medicines during this period,” were not fully implemented. In the villages of Uzbekistan, pregnant and newly-born women were initially not provided with free medical care and medicines.



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Nevertheless, during the Soviet era, solid foundations for the protection of motherhood and childhood were created. On June 8, 1944, the Decree of the Presidium of the Supreme Soviet of the USSR “On providing state assistance to pregnant women, women with many children and single mothers, strengthening the protection of motherhood and childhood, introducing the honorary title “Hero Mother”, establishing the Order of “Glory of Motherhood” and the Medal “Motherhood”” was adopted.

In the post-war years in Uzbekistan, the number of treatment places, clinics, and medical personnel allocated to mothers and children was significantly increased. In 1946, there were 3,193 treatment places for children in Uzbekistan, while in 1955 their number increased to 5,492. The majority of treatment places fell on the account of the city of Tashkent, and during these years this number increased from 1,550 to 1,885.

In 1946, 2001 treatment places were allocated in Uzbekistan for pregnant women and women who had given birth, and in 1966, 1129, 7. Since rural pregnant women were provided with medical care mainly in FAPs and collective farm maternity hospitals, these institutions required special attention.

Measures were taken to strengthen the material and technical base of medical institutions, to provide food products to pregnant women and children. Some progress was also made in providing medical institutions with medicines and medical equipment.

But the work of providing sick children with food was not carried out well. In the Surkhandarya region, 58.2 thousand rubles worth of food allocated to low-income and large families in 1964 did not reach their owners. The supply of milk, cottage cheese, meat, eggs and fruits did not meet the demand. There were shortcomings in the organization of milk distribution canteens (molochnoye kukhnya). The plan for the construction of such canteens in Tashkent, Surkhandarya and Syrdarya regions was not implemented. The existing canteens satisfied the children's needs for milk by 9 percent, which is enough. Providing children with dairy products was especially problematic in the regions, and in the first quarter of 1965, only 7.2 tons of milk were delivered to children in the Bukhara region instead of the 33.0 tons of milk that should have been delivered to children.



As is known, the main branch of the maternity and childhood protection system is maternity hospitals. Also, the construction of new maternity hospital buildings, strengthening their material and technical base is one of the important factors in protecting the health of mothers and newborns. However, the lack of construction of new modern buildings for maternity hospitals in the southern regions, the low level of their provision with hard and soft materials seriously affected the quality of obstetric work. Often, the needs of maternity departments for tables, chairs, and cabinets were not fully met.

The establishment of special maternity hospitals in the southern regions of Uzbekistan has been delayed for many years. In the city of Karshi, only by May 1960, an independent maternity hospital began operating in an adapted building. 453.4 thousand soums were allocated for this maternity hospital in 1959, and the construction of the building was planned to be completed in 1964. However, for various reasons, the maternity hospital building was put into operation only by 1967.

It is known that gynecological diseases account for 10 percent of all diseases. A survey conducted among rural women in 1965 found that 172 out of every 1,000 women had gynecological diseases.

In the post-war years, the number of places allocated for this field grew steadily throughout the former USSR. In 1940, the number of gynecological places in the former Union was 33.5 thousand, while in 1989 they reached 208.3 thousand. In 1964, in the city of Karshi, with a population of 42 thousand, more than half of whom were women, only 25 gynecological places were allocated. Due to the lack of gynecological places in the regional districts, such patients were often treated in the internal medicine department. There were even cases of women suffering from gynecological diseases being placed in the surgical department in Yakkabog, Guzar, Karshi, and Chirakchi districts.

Although the number of gynecological beds increased in the 1980s, their number per capita was half that of the country in these regions. In 1985, the provision of gynecological beds per 10,000 inhabitants in the former Soviet Union was 13.4, and in 1990 it was 13.4. In Uzbekistan, this figure was 8.1 and 9.9 for the same years, 8.1 and 9.3 in Kashkadarya, and 6.1 and 7.0 in Surkhandarya.



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Although the network of women's counseling centers was expanded in the villages located in the central regions of the former Soviet Union, almost no work was done in this regard in our republic. In the 1940s-1950s, women's counseling centers in the republic operated not only in districts, but also only in some cities. During this period, women's counseling centers were not established in any village of the Kashkadarya and Surkhandarya regions.

A large number of rural women in the southern regions of Uzbekistan were forced to give birth at home. In 1952, 83.8 percent of urban women in Surkhandarya region gave birth in maternity hospitals, while this figure was 50 percent in rural areas. In 1953, this figure dropped to 44.9 percent. In the Boysun, Sariosiyo, and Denov districts of the region, there were many cases of home births. This was due to the remoteness of maternity hospitals in these regions from the villages, the lack of transport, poor telephone communication in FAPs, and the fact that male paramedics provided services instead of female midwives at the points.

According to reports of health care institutions studied from archival documents, one of the main reasons for the high level of morbidity and mortality among children was the lack of pediatricians. In 1964, the medical institutions of the republic's regions lacked 900 pediatricians. Of the 1,825 pediatricians in the republic, 1,600 worked in cities and 225 in villages. In 1974, there were 13.8 pediatricians per 10,000 children in the Union, compared to 16.4 in the RSFSR, 20.2 in Estonia, 20.3 in Latvia, and only 7.7 in Uzbekistan.

Uzbekistan accounted for 1 in 3 of all anemic women in the former Soviet Union. Of the 698.3 thousand anemic women registered in the former USSR in 1989, 235.4 thousand were Uzbek women.

According to experts from the World Health Organization (WHO), frequent pregnancies and multiple births are high-risk factors, and they note that women can become pregnant only every 2.5-3 years. However, in Uzbekistan, 10-12 percent of families had another child before their child was one year old.

All of the above factors have negatively impacted maternal health in Uzbekistan, including the Kashkadarya and Surkhandarya regions, leading to an increase in maternal mortality.

Maternal health is closely linked to the health of children. Children make up 1/3 of the world's population. Caring for children is a multifaceted concept that



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encompasses tasks such as ensuring their material well-being, educating and raising the growing younger generation, and protecting their health and lives.

During the Soviet era, infant mortality decreased throughout the Union in subsequent years. In 1946, the number of deaths per 1,000 children in the Union was 180, while in 1966 this figure was 26. In Uzbekistan, on the contrary, since the 1960s, an increase in infant mortality has been observed. Until this period, the infant mortality rate in the republic was almost the same as the national rate. In 1960, the infant mortality rate in the Kashkadarya and Surkhandarya regions was 24.6 per 1,000 people, and in 1961 it was 26.3. However, in the late 1960s and early 1970s, infant mortality in this region increased rapidly. In 1973, 33.1 children died out of every 1,000 births in the Termez district of Surkhandarya region, while in 1974, 69.4 died. In Surkhandarya, this indicator was 32.4 and 38.7, respectively.

In 1977, there were a total of 463,649 children in Kashkadarya region, of which 1,075 children under the age of 1 died of various diseases. In July and August of that year, child mortality in the region increased dramatically, reaching 74.7 per 1,000 children in U. Yusupov district, 87.6 in Kitab, 70.0 in Kamashi district, and 99.1 in Guzar district. The increase in child mortality in the southern regions continued in the 1980s. In Kashkadarya, 3,203 children died in 1981, 3,973 in 1985, and 4,342 in 1986. Child mortality was especially high in the Bahoristan and Shahrissabz districts of the region. In Bahirstan, infant mortality increased from 41.7 in 1985 to 70.4 in 1986. In Shahrissabz, it increased from 52.4 to 59.5. In 1989, infant mortality in the former Soviet Union was 22.7 per 1,000 children, in Uzbekistan it was 37.7, in Kashkadarya it was 34.0, and in Surkhandarya it was 47.4.

As a result of studying the history of maternity and childhood protection in Uzbekistan during the years of Soviet power, the following general conclusions were made: during the years of Soviet power, maternity and childhood protection was considered the main direction of the healthcare sector and was approached based on the essence of the state socio-economic policy and a certain national mentality. The material and technical base of the sector was strengthened, women's and children's clinics, milk distribution points, nurseries, polyclinics and hospitals were opened, and the number of treatment places, pediatricians,



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obstetrician-gynecologists increased from year to year. However, there was a large difference in their distribution by region, and the funds allocated to this sector in Uzbekistan were much less than in the central republics.

REFERENCES

1. Berdiyev T. El salomatligi yo‘lida (Surxondaryo viloyati 1 son shifoxonasi tarixi). – P. 24
2. Vafoqulov B. Здравоохранения Кашкадарьинской области за 50 let. – Tashkent, 1975.
3. Здравоохранение в Республике Узбекистан. Стат. сборник. – Tashkent, 1994. – P. 2.
4. Tulaganov K.S. Здравоохранение Сурхандарьинской области Уз ССР. – Tashkent, 1972.
5. National Archive of Scientific, Technical and Medical Documents of the Republic of Uzbekistan.
6. Kashkadarya Regional State Archive.
7. Surkhandarya Regional State Archive.