

**WOMEN'S PARTICIPATION IN THE ESTABLISHMENT AND DEVELOPMENT  
OF HEALTHCARE SERVICES IN THE 1950s–1960s  
(A CASE STUDY OF THE SURKHANDARYA REGION)**

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**Annotation:**

The article describes the development of the medical field in the region during the 1950s-1960s, the issue of staffing in the organization of the healthcare system, and the participation of female doctors in this process. Additionally, it provides information on the role of female doctors in protecting public health, their involvement in medical services, and their contributions to the further development of medicine in Surkhandarya.

**Keywords:** Surkhandarya, healthcare, medicine, women, maternal and child health protection, rural outpatient clinics, Denov district, Tatyana E. Arskaya, Anna G. Nizhigorodova, All-Union Congress of Pediatric Doctors, epidemiology department, dermatovenereology diseases.

**Introduction**

It is well known that protecting and strengthening public health, as well as preventing diseases, constitute an integral and fundamental component of societal development. The emergence of modern medicine is associated with a long historical process, during which various branches of medical science and professional medical personnel gradually evolved and improved. Throughout this historical development, a distinct group of female medical professionals emerged and became actively involved in the healthcare system.

Women played a significant role in various medical fields, including pediatrics, obstetrics and gynecology, internal medicine, otolaryngology, and neurology. These processes were widely implemented across all regions of the republic. In particular, in the Surkhandarya region, women actively participated in activities aimed at protecting public health and developing healthcare services.

**Source Analysis and Research Methods**

Ensuring the protection and improvement of human health, extending life expectancy, and enhancing the quality of medical services constitute an essential component of the social policy of every state. Throughout all historical periods following the formation of states, governments have elevated the protection of citizens' health to the level of state policy and have consistently pursued its implementation.

In this regard, Central Asia has historically been recognized as one of the regions where medical science developed at an early stage. During the medieval period, outstanding physicians emerged in the region, contributing significantly to the advancement of medical knowledge.

These scholars regarded medicine as one of the most ancient sciences and authored world-renowned works addressing the causes of numerous diseases and methods of their treatment. History as a discipline involves the objective study, systematization, and generalization of diverse information about the past, ultimately leading to well-founded conclusions. Historical memory is transmitted from generation to generation through oral, written, and material forms, reflecting the political, socio-economic, and cultural life of each era, as well as the environment, national traditions, and customs. In particular, the historical events and processes of the Soviet period have been reflected in the works of scholars in the social and humanities disciplines. However, in certain cases, the methodology, methods, and principles of studying and teaching these disciplines were adapted to prevailing conditions, which led to distorted interpretations of historical events and processes.

A similar situation can be observed in studies on the history of healthcare in Uzbekistan. In recent years, a number of research works have been conducted to clarify the history of the healthcare system during the Soviet period. During the years of Soviet rule in Uzbekistan, a specific policy was pursued to establish and develop the healthcare system, and the measures implemented, as well as their outcomes, have been reflected in various scholarly publications.

### **Discussion and Results**

During the Soviet period, government policy in the field of healthcare was based on an administrative-command management system, primarily serving the interests of the central authorities. As a result, when determining the prospects for medical development, the climatic conditions and specific characteristics of the southern regions of Uzbekistan were largely ignored. The healthcare sector was developed extensively, and its effectiveness was mainly assessed by quantitative indicators such as the number of hospital beds and medical personnel. Consequently, a paradoxical situation emerged nationwide: although the Soviet Union ranked among the leading countries in the world in terms of the number of hospital beds and physicians, the quality and level of medical services significantly lagged behind those of developed countries.

Addressing issues related to public health has, to a certain extent, always been regarded as a responsibility of the state. During the years of Soviet rule, particular attention was paid to the training of medical personnel and to staffing healthcare institutions with specialists. In Uzbekistan, a number of practical measures were implemented to provide medical institutions with qualified personnel, train specialists in various medical fields, and improve professional skills. Despite achieving certain successes, a comparative analysis with other Union republics revealed significant disparities. In particular, healthcare institutions in the regions were several times less adequately staffed than those in central areas. Due to the shortage of physicians with higher medical education, patients in many Uzbek medical institutions were often received by mid-level medical staff. Furthermore, the lack of specialists in pediatrics, obstetrics and gynecology, phthisiology, and venereology led to situations in which obstetricians treated sexually transmitted diseases and venereologists treated tuberculosis patients.

From the early 1950s onward, the involvement of physicians from central cities in the development of healthcare services and the organization of qualified medical treatment in

Surkhandarya increased significantly. Physicians such as I. Filatova, V. Nokareva, T. Arskaya, A. Rekhina, E. Lyupotskaya, B. Lazareva, K. Stakhanovskaya, A. Verolovskaya, and E. Ezhevskaya provided dedicated assistance to local doctors and actively contributed to the protection of public health and the organization of healthcare services in the region. Among them, Tatyana Evdokimovna Arskaya worked as a physician in Sherabad district for 60 years. During the challenging conditions of the 1950s–1960s, she played an active role in protecting maternal and child health and promoting medical awareness among the population. Despite serious difficulties—such as inadequate transportation to remote villages—she maintained close cooperation with central hospitals, advocated for the establishment of outpatient clinics, and participated in initiatives aimed at improving healthcare infrastructure. As a result of her dedication, the residents of Sherabad continue to remember her with deep respect.

Until 1972, Anna Grigoryevna Nizhigorodova made a significant contribution to preserving the lives of women and children in Denau district. Alongside her medical practice, she trained numerous young specialists and actively promoted medical education and health culture among local women. She emphasized that low public trust in medical services and delayed treatment were largely due to the shortage of female physicians.

In the 1950s, healthcare services in the region included a 150-bed district hospital, a general polyclinic, a children's consultation center, four rural hospitals, a tropical disease station, a dermatovenereological dispensary, and 17 feldsher-midwife stations. From this period onward, female physicians from Surkhandarya began participating in national medical conferences. For instance, physician K. Tyumenova attended the All-Union Congress of Pediatricians in Moscow, while T. I. Merzlova represented Jarkurgan district at the Third Congress of Rural Healthcare Workers held in Tashkent in 1947.

As a result of these efforts, positive changes were observed in Surkhandarya's healthcare sector during the 1950s. A tuberculosis dispensary was established in Termez, and sanitary-hygienic measures were implemented among the population. However, the number of dermatovenereological diseases increased, requiring high professional competence, particularly from female physicians, whose work demanded exceptional dedication.

By 1953, significant improvements were observed in the activities of the regional surgical department, which was headed for the first time by a woman, O. M. Sekretaryova. Surgeons such as G. F. Shemalova, K. A. Zalibina, A. I. Kalustova, M. I. Chubarova, and A. F. Davletshina made valuable contributions to its development. Despite these achievements, shortcomings persisted, including responsibilities related to caring for war or famine orphans and overseeing children's institutions and sports activities.

Although healthcare services in Surkhandarya showed overall improvement, maternal and child healthcare remained underdeveloped in the 1950s–1960s. Due to the lack of maternity hospitals and pediatric departments, many rural women were forced to give birth at home. In 1952, 83.8% of urban women and only 30% of rural women delivered in maternity hospitals. Preventive pediatric services expanded gradually with the involvement of experienced physicians.

In 1957, a severe influenza outbreak occurred in Angor district. Effective preventive and anti-epidemic measures were organized with the active participation of female epidemiologists, laboratory specialists, and nurses. Similar challenges emerged in subsequent years with

outbreaks of intestinal infections and malaria, placing considerable responsibility on healthcare workers.

By 1960, the expansion of healthcare services led to an increase in the number of female physicians working in various specialties, including dentistry. Nevertheless, the shortage of specialists in certain fields necessitated transferring patients to central hospitals, and in some cases, to Tashkent. Over time, many women held leadership positions in regional and district healthcare departments, earning a distinguished place in the history of medicine in the Surkhandarya Valley.

### **Conclusion**

In conclusion, human resources play a decisive role in the rapid development of any sector. In the 1950s–1960s, the healthcare system faced significant challenges, particularly due to insufficient attention to training local specialists. Nevertheless, by the 1960s, urgent measures were undertaken to address these shortcomings. Preparatory courses were organized at medical institutes in Samarkand, Tashkent, and Andijan, where 611 local male and female students received training. During this period, special emphasis was placed on attracting young people to the medical profession, preparing them to serve the future of regional healthcare, and promoting them to leadership positions. The training of female medical personnel, in particular, became one of the key priorities in strengthening the healthcare system.

### **References and Sources**

1. Здравоохранения в Узбекской ССР. – Т, 1990. – С. 64.
2. Вопросы организации здравоохранения и истории медицины Узбекской ССР. – Т., 1968.
3. Тулаганов К.С. Здравоохранение Сурхандарьинской области Уз ССР. – Ташкент, 1972.
4. Ўзбекистон Республикаси Илмий-техника ва тиббиёт хужжатлари Миллий архиви (Ўз ИТТХ МА).
5. Сурхондарё вилоят давлат архиви.