SSSRDA GIGIENA VA SALOMATLIK TA'LIMI 1930-1941

ГИГИЕНА И САНИТАРНОЕ ОБРАЗОВАНИЕ В СССР 1930-1941 ГГ.

HYGIENE AND HEALTH EDUCATION IN THE USSR 1930-1941

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Annotatsiya

Ushbu maqolada 1930-1941 yillardagi sobiq Ittifoqdagi, xususan, O'zbekistonda gigiena, sanitariya va epidemiologiya holati har tomonlama tahlil qilingan. Unda gigienist shifokorlarning yuqumli kasalliklarga qarshi kurashish, tozalikni ta'minlash borasidagi faoliyati arxiv materiallari va ilmiy adabiyotlar asosida o'rganiladi. Tadqiqot kasalliklarning oldini olish va ularga qarshi kurashish bo'yicha amalga oshirilayotgan sanitariya-epidemiologiya ishlarini yoritadi.

Abstract

This article provides a comprehensive analysis of the state of hygiene, sanitation, and epidemiology in the former Soviet Union, particularly in Uzbekistan, during the years 1930-1941. It examines the activities of hygienist doctors in combating infectious diseases and promoting cleanliness, based on archival materials and scientific literature. The study highlights the sanitary-epidemiological efforts undertaken to prevent and control diseases.

Аннотация

В статье дается комплексный анализ состояния гигиены, санитарии и эпидемиологии в бывшем Советском Союзе, в частности в Узбекистане, в 1930-1941 годах. На основе архивных материалов и научной литературы рассматривается деятельность врачей-гигиенистов по борьбе с инфекционными заболеваниями и пропаганде чистоты. В исследовании освещаются санитарно-эпидемиологические мероприятия, проводимые для профилактики и контроля заболеваний.

Kalit so'zlar

Tibbiyot, sanitariya, gigiena, epidemiologiya, yuqumli kasalliklar, bezgak, shifoxona, ambulatoriya, ishlab chiqarish gimnastikasi, tibbiy bilimlar, tug'ruq maktablari, sanitariya-ma'rifiy ishlar.

Key words

Medicine, sanitation, hygiene, epidemiology, infectious diseases, malaria, hospital, outpatient clinic, industrial gymnastics, medical knowledge, maternity schools, sanitary-educational work.

Ключевые слова

Медицина, санитария, гигиена, эпидемиология, инфекционные заболевания, малярия, больница, амбулатория, производственная гимнастика, медицинские знания, родильные школы, санитарно-просветительная работа.

"In a rapidly developing world with increasing global challenges, medicine in the 21st century is continuously improving both as a science and a practice, which is reflected in our national healthcare model" [1]. In Uzbekistan, a series of legal and regulatory documents related to healthcare have been developed and implemented. Among them are the Laws of the Republic of Uzbekistan, including the "On State Sanitary Supervision" Law of July 3, 1992 [2], the "On the

Protection of Citizens' Health" Law of August 29, 1996 [3], and the Presidential Decree on the State Program for Reforming the Healthcare System of November 10, 1998 [4]. Additionally, the Law of the Republic of Uzbekistan No. O'RQ-685, dated April 26, 2021, is also part of these legislative efforts [5].

The Presidential Decree No. PF-60 (January 28, 2022) on the Development Strategy of New Uzbekistan (2022-2026), along with other government resolutions, has emphasized the need for further improvements in the healthcare sector [6].

Between 1917 and 1924, the Fergana region experienced famine, epidemics, and economic collapse due to war and Soviet policies. A severe famine in 1917-1919 left a lasting impact, while another famine in 1921-1923 led to increased cases of malaria, skin diseases, and gastrointestinal illnesses, primarily due to malnutrition [7]. Research indicates that over one million people perished in Fergana due to famine, diseases, and war between 1917 and 1923 [8]. The region faced outbreaks of typhus, malaria, cholera, influenza, plague, syphilis, tuberculosis, and smallpox, causing a healthcare crisis.

During the Soviet period, sanitary, hygienic, and epidemiological problems in urban and rural areas were closely linked to colonial policies and the decline of traditional healthcare systems. The historical significance of these issues remains relevant today. Examining both the strengths and weaknesses of traditional medicine, the colonial medical system, and public attitudes toward healthcare remains an important research area.

The aim of this research is to explore the epidemic situation in the Uzbek SSR during the 1930s, identifying the main directions and results of historical research. The historical study of epidemics has become an independent field of research, helping to assess the political, socio-economic, and environmental factors influencing epidemic outbreaks.

Public Health and Education in the 1930s

During the collectivization era (1930-1934), healthcare and health education were restructured to meet growing demands. The expansion of industry, new buildings, collective and state farms (kolkhozes and sovkhozes) required a more serious approach to healthcare.

As healthcare shifted toward production, efforts were made to provide medical services to workers, improve their living conditions, and implement preventive measures. This led to the creation of health centers in workplaces, which focused on sanitary education, first aid, and workplace hygiene.

Key measures included:

1. Encouraging collective farm workers and state farm employees to improve living conditions and engage in sanitation efforts.
2. Promoting agricultural hygiene and workplace safety.
3. Protecting maternal and child health to reduce infant mortality.
4. Expanding disease prevention efforts against both infectious and non-infectious diseases.
5. Preparing the population for sanitary defense.
6. Training sanitary workers to support public health initiatives.

In 1933, sanitary-educational campaigns were widely promoted in rural areas through lectures, discussions, brochures, posters, newspapers, and films.

Workplace Health and Industrial Hygiene:

The Soviet government placed a strong emphasis on workplace health. In 1930, the USSR Council of People's Commissars issued the "Sanitary Minimum" decree, which marked a new stage in mass sanitary education. Schools introduced health education lessons, while specialized hygiene courses were organized for food workers and garment industry employees [11].

With the expansion of state farms (sovkhozes) and machine-tractor stations (MTS), working conditions in collective farms changed significantly, requiring new health education initiatives in rural areas.

Key tasks of rural health education included:

• Raising awareness about living conditions and sanitation among collective farm and state farm workers.

• Promoting agricultural hygiene and workplace safety.

• Improving maternal and child health by reducing infant mortality.

• Fighting infectious and non-infectious diseases through public education campaigns.

• Training citizens for sanitary defense and public health support.

By the early 1930s, these health education initiatives had expanded significantly, integrating lectures, discussions, visual aids, and media campaigns to promote public hygiene and workplace safety.

In conclusion, the 1930s marked a transformative period for healthcare in Uzbekistan, with a strong focus on sanitation, epidemiology, and workplace health. While Soviet healthcare policies aimed at improving public health and hygiene, they were also closely tied to political and economic objectives. Understanding the historical trends of epidemic control and public health development during this period provides valuable insights into modern healthcare challenges and policy-making in Uzbekistan.

In addition, new forms of sanitary-educational activities began to be implemented: sanitary–cultural walks, mass raids, sanitary relay events, sanitary months, raids, sanitary–cultural as well as aerial sanitary flights, and others. "Mothers' Schools" and "Parents' Universities" developed extensively.

In 1936, as the welfare of the people improved, the government passed a law prohibiting abortion. At the same time, a large-scale program was launched to build maternity hospitals, kindergartens, milk kitchens, and childcare centers. A special law provided substantial support to large families. The decree of June 27, 1936, which banned abortion, also set out a series of practical tasks for promoting activities in the field of maternal and child health protection. In Soviet schools, the most favorable conditions were created for the solid acquisition of hygienic knowledge and the reinforcement of hygienic skills.

In the field of medical education, the following tasks—closely interrelated with school education—were set:

1. To provide students with systematic knowledge on hygiene and first aid;

2. To develop, together with their families, a set of hygienic skills that are essential for a cultured individual;

3. To teach children, both in school and outside, social initiative and active participation in preserving their health.

During Stalin's five-year plans, the publication of methodological and illustrative manuals and popular literature was greatly expanded, and regular seminars, briefing meetings, individual instructions, and other events were organized for school medical staff.

The systematic training of workers on health issues was being developed in accordance with the specific characteristics of various industries (such as training in sanitary engineering and the guidelines for sanitary installations). At this time, the practice of delivering lectures introduced a new organizational form known as "lecture halls." In 1933, sanitary inspector Tatarinov was presenting an exhibition at the Sanitary Education House in the Frunzensky District of Moscow. Health improvement work was widely carried out via radio, with systematic broadcasts organized not only by central radio stations but also in peripheral regions.

The use of theatrical methods in health education also developed significantly. By 1935, there were nearly 15 professional sanitary-educational theaters in the USSR. The artistic value of sanitary plays increased, and prominent writers and dramatists were engaged in creating them. In addition to large-scale performances, small-scale theater—such as puppet theater, sketches, living newspapers, and others—was also developing.

Cinema (including artistic, scientific–popular, and educational films) also achieved significant progress in the field of health. Involving the labor community in health preservation remained one of the most important tasks. A new form of public organization emerged, including public sanitary inspectors (or sanitary commissioners), health promotion groups in enterprises, and street committees in cities and towns. Among the new forms of working with social activists, it should be noted that the organization of social women (wives of engineers, technicians, and economic workers) provided considerable assistance to the health authorities—especially in carrying out sanitary-educational events. The Moscow Region Institute of Health Education, established in 1929, was later transformed into the All-Union Scientific–Methodological Center for Health Education – the Central Institute of Health Education. Health education departments were established in several networked scientific–research institutes, and the teaching of health education methods was introduced into the medical education curriculum.

During the Third Five-Year Plan, the plenums of the Sanitary Education Council—established in 1939 under the USSR People's Commissariat for Health—greatly contributed to the advancement of sanitary–educational activities. In three plenums of the Health Education Council held in Moscow (in 1939, 1940, and 1941), the most pressing issues of health education were discussed, and the most important measures for improving work and strengthening organizational–methodological guidance were determined.

Efforts to improve sanitary–educational work were also assisted by a number of health education councils organized under the auspices of the People's

Commissars for Health of the Union republics—in various regional health centers and sanitary education houses.

Unfortunately, these activities were not organized in other Soviet republics, including Uzbekistan. As a result, due to a shortage of trained personnel and high demand for services, doctors, hairdressers, and other healing groups were sometimes compelled to serve in medical institutions. Sources indicate that in Tashkent, hairdressers and doctors in Namangan were called upon—both secretly and openly—in hospitals, and their medical experience and knowledge were utilized.

During the Third Five-Year Plan, due to the intensification of the international situation, preparing the population for the country's sanitary defense became one of the most important tasks of sanitary–educational work. Sanitary education houses, in cooperation with the Red Cross and Red Crescent societies, widely promoted sanitary and defense knowledge among the population. Program materials, as well as methodological and popular publications and illustrative manuals on sanitary defense issues, were issued. With regard to the mass work of the Red Cross society, it should be noted that since 1933—without weakening sanitary and defense efforts—they also focused on improving labor and living conditions and on organizing "sanitary knowledge circles" and sanitary posts in enterprises, workers' clubs, collective farms, and schools.

The mass work of the Red Cross society expanded widely after the rules and standards for awarding the "Sanitary Defense Ready" (1934) chest badge for adults and the "Be Ready for Sanitary Defense" chest badge for children were approved (in 1935). The rules and standards for obtaining the "Sanitary Defense Ready" badge (GSO)—which included the following complexes: military sanitation, an air defense sanitation certificate, housing hygiene, food hygiene, personal hygiene, and physical education—and the comprehensive examination rules and standards for the "Be Ready for Sanitary Defense in the USSR" badge (BGSO), which consisted of four sections (first aid and travel hygiene; air defense; school hygiene and sanitation; and the Red Cross and Red Crescent organization), led to tens of thousands—and in some cases hundreds of thousands—of adults and schoolchildren beginning to acquire sanitary and sanitary–defense knowledge.

Physical education, through the GTO and the multi-million-member public organizations of the Red Cross and Red Crescent, carried out the dissemination of health literacy among the population and the mass training of feldshers. Although certain sectors of health care temporarily lagged during Stalin's five-year plans, health education grew both in quantity and quality. The involvement of the population helped restore cleanliness and sanitary order in settlements, resulting in a significant increase in sanitary standards and a sharp decline in the number of infectious diseases.

The extensive network of health education institutions, the training of personnel, and the wide range of methodological and publishing activities all provided a basis for confidence in the successful accomplishment of the tasks set before health education.

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