

SOCIAL CONSEQUENCES OF THE CENTRAL AUTHORITIES' POLICY IN KARAKALPAKSTAN IN 1985-1990

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Abstract:

The article examines the socio-economic situation of Karakalpakstan in 1985–1990. Based on archival documents, it analyzes the outcomes of the social reforms during the "perestroika" period. Initiated by Gorbachev's leadership, these reforms failed to address the socio-economic and living conditions of the population, especially in rural areas, and did not bring qualitative changes to the economic foundations of social life. The study explores key issues such as the formation of the socio-political climate, demographic trends, healthcare quality and funding, and population income levels. A historical-comparative analysis helps identify trends and factors that highlight the study's relevance to contemporary developments.

Keywords: Soviet power, social policy, crisis, "perestroika," national economy, region, genotype, chemicalization, degradation, Aral catastrophe, anemia.

Introduction

As is well known, by the mid-1980s, the Soviet state found itself on the brink of a severe economic, social, and political crisis. The existing system was unable to cope with the rapidly escalating crisis phenomena in all spheres of public life. Under these circumstances, there was an urgent need for a comprehensive renewal of society, including its economic foundations, social structure, political system, and spiritual sphere.

In 1985, the new Union leadership, headed by Mikhail Gorbachev, attempted to reform the existing economic system. However, it is important to note that in the context of the deepening general crisis of the Soviet system, which had become evident by the mid-1980s, the perestroika course proclaimed by Gorbachev's leadership was unable to resolve the socio-economic and everyday problems of the population, particularly in the rural areas of Karakalpakstan. Moreover, it failed to bring about a qualitative transformation of the economic foundations of their social life.

With the announcement of the perestroika policy, the central government, under public pressure from Uzbekistan and Karakalpakstan, officially acknowledged the region's economic and social underdevelopment. Despite this, the Soviet national economy remained heavily oriented toward raw material extraction, and previous criteria for allocating budgetary funds for social and living needs persisted.

As a result, despite Uzbekistan's rapidly growing population, the majority—especially in rural areas—continued to live at an extremely low standard of living. Consequently, the proportion of low-income individuals (with an income of less than 50 rubles per person) in Uzbekistan and Karakalpakstan was 32 times higher than in the RSFSR [1:315-316].

The Union leadership, while persistently demanding food self-sufficiency in the region, simultaneously maintained restrictions on the personal household farms of rural residents. As a



result, by the time of the Soviet Union's collapse, the average resident of Karakalpakstan consumed nearly three times less of the essential food products compared to the national average. It is important to note that the situation was even more alarming in the rural areas of Uzbekistan. According to statistical data, rural workers consumed 5–6 times less meat and three times less dairy products than the national average [2:6].

The combination of the above factors meant that the overall income of collective farm families and state farm workers was primarily spent on food. A comparative analysis of statistical data suggests that dehkans (farmers) spent most of their income on food, with food expenditures significantly outweighing purchases of non-food goods. This indicated a low level of social welfare and economic security for the rural population.

Throughout the Soviet period, the central government's "residual" funding principle for the social sector—especially in the national peripheries—led to severe distortions in public service infrastructure for rural areas. For example, in 1990, only 8.5% of rural settlements in Karakalpakstan had household service centers, 4.9% had integrated reception points, 2.9% had laundries, and 3.2% had rental service points [3:153,154,156].

The situation regarding social and cultural facilities in rural Karakalpakstan remained highly strained. Of the 669 schools that existed in the second half of the 1980s, only 311 were housed in standard buildings, while the rest operated in makeshift or even hazardous structures. Educational infrastructure was severely underdeveloped, with a shortage of qualified teachers and inadequate material resources for learning [4:60-61].

The provision of preschool institutions in rural areas of the region remained at a low level despite the high birth rate in Karakalpakstan, which in 1986 was among the highest in the country. The share of the child population was 44.9% (542.3 thousand) of the total population (1,206.5 thousand). At the same time, the proportion of children covered by kindergartens and nurseries in the villages of Karakalpakstan in 1985 was only 18.6%. Moreover, the existing preschool institutions were poorly equipped, and their material base was at a low level. In particular, out of 452 kindergartens:

- 236 lacked a water supply,
- 309 had no sewage system,
- 367 were without shower facilities,
- 130 lacked medical stations,
- and only 254 kindergartens were located in standard buildings.

Additionally, kindergartens, especially in rural areas, faced a shortage of qualified educators with higher and secondary specialized education.

The consequences of the Aral Sea catastrophe and the extensive chemicalization of the cotton industry pushed the issue of drinking water quality and rural water supply in Karakalpakstan beyond mere public utility concerns. At that time, only 13% of the rural population had access to piped water, while the mineralization of open water sources threatened the health of the entire population of Karakalpakstan.

The situation worsened due to the impact of the Aral Sea disaster and widespread chemical use, which led to contamination by salt and chemicals not only in surface water but also in fresh underground water. In particular, one of the largest freshwater sources in Karakalpakstan, the Khojeyli source, became salinized. Freshwater reserves in Takhtakupyr, Karauzyak, and



Chimbay districts were also affected by salinization. By the 1980s, many districts of the region, especially the northern territories of Karakalpakstan, faced an acute drinking water crisis. As a result, some residents of Muynak city, as well as the settlements of Uchsay, Porlatau, and several other areas, were forced to relocate to other districts of Karakalpakstan due to the lack of adequate drinking water.

The catastrophic environmental and sanitary-epidemiological situation in the region posed a serious challenge to the central government, highlighting the urgent need to protect public health in the region.

At the same time, Karakalpakstan's weak healthcare infrastructure was unable to handle the crisis. By this period, the region had only 14,090 hospital beds, with an annual capacity to treat 270,000 patients, which was far below the demand. An additional 150,000–160,000 patients, mostly rural workers, required hospital treatment each year. However, no significant improvements were made in the healthcare sector.

As of 1988, 61.4% of medical institutions operated in makeshift buildings, many of which were partially or completely worn out [8:op.48,d.11,l.1–6;op.58,d.215, l 21] In rural areas, the situation was even worse—over 70% of healthcare facilities were in poorly adapted structures. Out of 552 rural medical institutions, 364 were housed in dilapidated buildings, 33.8% lacked sewage systems, and 75% had no hot water supply. Only 16% of rural healthcare facilities in Karakalpakstan had adequate buildings.

Additionally, the supply of medicines in Karakalpakstan was insufficient. In 1986, local pharmacies received only 73% of the requested medications, and by 1989, this figure had dropped to 61%. Out of 2,451 types of medicines requested in 1989, only 1,523 were provided. This severe shortage of essential drugs, particularly protein-based treatments, was extremely dangerous, given the high child mortality rate in the region [9:50]

The network of healthcare and preventive institutions failed to meet the growing needs, especially in rural areas. As a result, rural residents had access to hospitals only at 14% and to outpatient clinics at just 24%. This was accompanied by a low availability of qualified medical personnel in rural areas. In particular, in 1989, Karakalpakstan faced a shortage of more than 1,200 medical professionals, including 450 pediatricians, 170 therapists, 150 obstetricians-gynecologists, and others [10: 163; op.48, d.13, l.10-12].

The provision of medical equipment for healthcare and preventive institutions progressed extremely slowly. By 1988, the average medical equipment availability per doctor in Karakalpakstan was valued at 1,800 rubles, whereas in Belarus and the Baltic republics, it ranged from 4,500 to 5,000 rubles. Moreover, it should be noted that while in 1985, 88% of the requested medical equipment was funded, by 1989, only 42% of the requested funds were allocated. Consequently, most hospitals and clinics in Karakalpakstan lacked essential medical equipment, medical instruments, and disposable syringes. In particular, in 1988, only 3.8% of the requested disposable syringes were supplied to Karakalpakstan, forcing the continued use of reusable syringes, which increased the risk of infection [11: op.48, d.12, l.15-16; op.58, d.215, l.23].

According to official statistics, in Uzbekistan, 254 out of every 1,000 pregnant women suffered from anemia, compared to 84 per 1,000 nationwide. Despite numerous declarations and promises from the central government, plans to build maternity and specialized children's institutions, as well as improve the quality of milk kitchens, were consistently unfulfilled [12:148]. It should be



noted that during the studied period, Karakalpakstan had no standard children's hospitals or clinics, women's consultations, childhood and maternity institutions. Maternity wards had only 2.8 square meters per bed instead of the sanitary norm of 7 square meters, and newborn wards had only 1.2 square meters per bed instead of the required 3.5 square meters. Additionally, about 30% of maternity wards in the region lacked sewage systems and indoor toilets [13:92].

By 1988, more than 5,000 hospital beds planned for deployment remained uninstalled, including 1,600 for infectious diseases (especially for children), 1,520 for psychiatric care, 500 for gynecology, 1,420 for specialized pediatric care, and others. Overall, in Karakalpakstan between 1986 and 1990, 115 planned medical facilities were left unfinished, and construction of 69 facilities never even started [14: op.60, d.200, 1.45; op.58, d.212, 1.52; op.60, d.200, 1.43].

The Aral Sea disaster had a devastating impact on public health. It affected both individual and population levels, leading to an increase in specific pathologies, the emergence of new environmentally related diseases, and the worsening depopulation crisis. The difficult economic situation and the sharp deterioration of soil and atmospheric conditions contributed to the widespread prevalence of viral hepatitis, intestinal infections, an increase in food poisoning cases, and the growth of typhoid and paratyphoid epidemics. For example, while typhoid and paratyphoid cases were recorded in nearly all districts of Karakalpakstan in 1984, by 1985, the incidence rate per 100,000 people had risen from 15.9 in 1980 to 40.1, which was ten times higher than the national average [15: 68; op.46, d.443, 1.8; op.46, d.443, 1.1-3].

The number of patients suffering from cardiovascular, gastrointestinal, and infectious diseases increased, along with cases of liver and kidney diseases, anemia, electrolyte imbalance, and musculoskeletal disorders. The incidence rate per 100,000 people for gallstone disease rose from 0.84 in 1980 to 5.0 in 1985, chronic gastritis from 12.0 to 27.9, kidney disease from 1.8 to 3.8, and arthrosis-arthritis from 0.7 to 1.2. The tuberculosis incidence rate in 1985 was 65.1 cases per 100,000 people. Additionally, over 80% of women of reproductive age in Karakalpakstan suffered from anemia [16: op.46, d.443, 1.2; d.387, 1.4].

The difficult sanitary and epidemiological situation in Karakalpakstan persisted, further contributing to the rise in diseases among the population. According to medical check-up data, in 1989, more than 60% of the adult population and over 70% of children in Karakalpakstan suffered from one or more diseases. It is important to note that in certain districts, the disease prevalence rate among adults was exceptionally high. For instance, in Kanlykul district, it reached 72.8%, in Shumanay district—71.3%, and in Ellikkala district—71.5% [17:4-18].

Oncological diseases were spreading particularly rapidly. Among malignant tumors, esophageal cancer ranked first, with incidence rates in Karakalpakstan seven times higher than the national average. Specifically, in 1985, there were 35.9 cases of esophageal cancer per 100,000 people in Karakalpakstan, compared to 5.7 cases per 100,000 across the USSR. Moreover, in the northern regions of Karakalpakstan, the esophageal cancer incidence rate was 14–17 times higher than the national average. Studies also showed an increase in stomach cancer rates from 16.2 cases per 100,000 people in 1980 to 22.4 in 1985, lung cancer from 2.9 to 4.9, and rectal cancer from 1.2 to 3.3. Notably, the incidence of cancer among young people in Karakalpakstan doubled during this period [18: 2; 20-22].

According to the results of medical examinations in the Turtkul and Amu Darya districts, disease prevalence rates were three times higher than the corresponding indicators in the Non-Black



Earth Zone of the RSFSR and the Ukrainian SSR. A comparative analysis of diseases in these regions showed that in Karakalpakstan, respiratory diseases were four times more common, digestive diseases three times more common, and kidney diseases eight times more common. In 1985, compared to 1975, the incidence of certain diseases in Karakalpakstan increased significantly: congenital circulatory anomalies by 23 times, nephritis and nephrosis by 29 times, gallstone disease by 44 times, pneumonia by 47 times, osteochondrosis by 84 times, and iron deficiency anemia by 552 times [19: op. 48, d. 6, l. 12-16; op. 60, d. 178, l. 30-33].

As a result, during the 1970s and mid-1980s, the indigenous population of Uzbekistan, including Karakalpakstan, experienced a significant decline in overall health quality. According to medical and genetic studies conducted at the time, the average height of indigenous rural residents was 2–5 cm shorter than that of urban Europeans, and there was also a reduction in brain volume [20:169]. The process of population degradation in Karakalpakstan was unfolding, exacerbated by the severe consequences of the Aral Sea disaster and inadequate nutrition, which negatively affected human physiology and had an adverse impact on the genetic foundation of the population.

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