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CHILD HEALTHCARE IN THE UKRAINIAN SSR (1953–1977): BETWEEN DECLARATIONS AND REALITY

Problem statement. The post-war reconstruction of the healthcare system in the Ukrainian SSR was a response to unprecedented human losses and demographic shifts after World War II. It was then that the normative and organisational basis for maternal and child healthcare was laid. At the same time, there was a persistent gap between the declaration of rights and the actual managerial and resource capabilities: centralised planning, residual funding, and industrial priorities limited the practical implementation of the envisaged measures.

Referring to this experience today is important because contemporary wartime challenges are once again bringing the issue of child health to the forefront of politics – from access to primary care to rehabilitation, mental health, and the inclusion of children with disabilities. The history of the 1950s–1970s provides empirical lessons on how to scale up networks while maintaining a focus on vulnerable groups, and also how to avoid the trap of building for the sake of reporting. Modern discussions about the funding and management model, which often concern centralisation vs. decentralisation or budget spending priorities, directly resonate with the attempts at the time to balance outpatient and inpatient services, staffing policy, and material and technical support. Thus, an analysis of the principles of child healthcare 1953–1977 has not only historical and legal significance but also practical value: it allows us to identify the mechanisms that ensured the resilience of child medicine during large-scale upheavals and to outline the boundaries between declared guarantees and the institutional capacity of the system – knowledge without which it is impossible to build an effective policy of recovery and development today.

This **article aims** to clarify the features of legal regulation and organisation of children's healthcare in the Ukrainian SSR in 1953-1977.

Literature review. The problems of the Soviet healthcare system have been the subject of scientific research on numerous occasions. Many scholars have studied this issue, including V. Volonytsia, V. Danylenko, N. Eberstadt, J. Hyer, V. Illin, I. Robak, Yu. Topolnytska, and others. However, comprehensive studies dedicated specifically to the organisational and legal foundations of child healthcare in the period remain scarce. Existing works primarily focus on socio-economic or demographic aspects, while the legal and regulatory dimensions of problems and their practical implementation in the field of child health require further study.

Exposition of the main material. The essence of the post-war reforms was the introduction of the district service principle, which made medical care more accessible. The reform was scheduled to be completed by the end of the 1950s, but full integration of outpatient and inpatient care was not achieved. And it was after

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this reform that a new task arose – the development of the material base of healthcare [10, pp. 19-20].

This development began in earnest in 1957. A resolution of the Council of Ministers of the Ukrainian SSR [8] re-established the network of milk kitchens, and state-run milk kitchens (special facilities distributing infant formula and dairy products were organised in large cities and industrial centres. Assistance was also introduced for financially disadvantaged parents, specifically the free distribution of infant formula to children under 6 months of age who had switched to artificial feeding, as well as the free distribution of infant formula and therapeutic formulas from infant-feeding centres to children under 1 year of age (within the limits of 15% of the total products dispensed by the infant-feeding centres). The sale of dry baby formula in pharmacies was also planned. Furthermore, the resolution also ensured that baby food sections were created in grocery stores, as well as separate stores for selling baby food products.

One pressing problem during the period in the USSR, including the Ukrainian SSR, was demographic. Birth rates were declining, and consequently, population growth slowed down, even considering the decrease in mortality rates and the increase in average life expectancy. But at that time, the prevailing thought was that the low birth rate could be rectified through political means. The state implemented certain measures to increase the birth rate. First and foremost, this concerned the active development of maternal and child healthcare infrastructure. In the Ukrainian SSR, dispensaries, hospitals, maternity hospitals, and women's clinics were opened en masse in both cities and rural areas. Secondly, measures were taken to staff and equip these institutions, although, as mentioned above, these measures were not always effective. Yu.A. Topolnytska notes that, despite the authorities' efforts, population reproduction in republics with low birth rates, including the Ukrainian SSR, continued to decline [11, p. 10]. In fact, the Ukrainian SSR, as with its neighbouring republics, experienced the completion of the so-called 'demographic transition' during this period, which is characteristic of every industrial society [1]. This objectively inevitable process culminated in approximately zero natural population growth.

One way to combat the declining birth rate was the ban on abortions, which was in effect in the USSR from 1936 to 1955. This ban was one of the elements of J. Stalin's demographic policy. An analysis of archival materials indicates that the ban on abortions was futile and harmful. Abortion was legalised in 1955 by the Decree of the Council of Ministers of the USSR 'On the Abolition of the Prohibition of Abortion' [13]. And the claim that the birth rate fell due to the legalisation of abortion is clearly incorrect, as the problem was not with the legalisation of abortion. An objective factor was the already mentioned completion of the demographic transition, while a subjective factor was the lack of suitable conditions for raising fertility levels. These primarily included inadequate housing conditions and institutional childcare options, but obtaining housing also remained very difficult, as did placing children in nurseries or kindergartens [10].

At the same time, one key problem remained unresolved – ensuring an adequate level of children's healthcare. This continued to require increased attention from the state. The resolution of the Council of Ministers of the Ukrainian SSR '[o]n the State and Measures to Improve the Education, Upbringing, and Treatment of Children with Mental and Physical Disabilities in the Ukrainian SSR' [6] stated that the existing network of special schools and orphanages did not meet the needs of children with psycho-physical disabilities through a lack of doctors and thus insufficient therapeutic work. Moreover, among other problems, special hospitals for the rehabilitation of lost musculoskeletal functions in children with physical disabilities had not been established, and that the existing number of places in hospitals, sanatoriums, and the three research institutes of orthopaedics and traumatology did not fully meet the needs for the treatment of children and adolescents.

Given these many problems, the resolution sought to provide for the education and treatment of all children with intellectual and physical disabilities. It thus established boarding schools, and orphanages for children with severe intellectual and physical disabilities. Auxiliary schools, extended-day groups, boarding schools attached to auxiliary schools, speech therapy centres at general education schools, and speech therapy rooms in children's polyclinics were organised for children with intellectual disabilities and children with language disorders. Furthermore, it was planned to establish a network of nurseries and preschool groups at special boarding schools for children with mental disabilities and children with physical disabilities and speech disorders. Special boarding schools were planned to be established for children with epilepsy, psychopathy, and musculoskeletal disorders. Children with disabilities from collective farm families were placed in state.

Regarding hospitals, it was planned to open departments for treating children with language disorders at the Ukrainian Research Institute of Otolaryngology and in one hospital each in the Dnipropetrovsk, Donetsk, Zaporizhzhia, Luhansk, Odesa, Poltava, and Kyiv regions. The resolution also provided for the improvement of medical and preventive care for children with mental and physical disabilities, the staffing of special boarding schools and orphanages with doctors, the organisation of groups for children with central nervous system disorders in each region, the expansion of hospital beds for such children in regional centres and large cities, and an annual in-depth medical examination of students in special boarding schools and residents of orphanages with mental and physical disabilities. Graduates of these special boarding schools and orphanages were employed, and their working conditions at enterprises were constantly monitored.

It should be noted here that with the development of technology, medical equipment became more sophisticated and complex, which inevitably led to its increase in price. According to C. Davis and M. Feshbach, this share was 9.8% in 1955, but only 7.5% in 1977 [3, p.1386]. However, despite appearance, there is no contradiction between this study and Soviet propaganda that there was increase in healthcare funding. Firstly, an absolute increase in spending does not mean priority funding. The Soviet economy was growing at this time, as confirmed by the figures for the growth of the GNP and the state budget, but this did not mean an increase in the share of healthcare funding. The rise in medical equipment prices effectively offset the increase in healthcare spending. Secondly, it should not be forgotten that the economy of the USSR, including Ukraine, functioned under a command-administrative system, which led to funds being allocated centrally, without considering local needs. That is, medical facilities were built not out of necessity, but ‘for the report’, which in turn led to shortages of staff, equipment, medicine, and so on. Thirdly, in the 1970s and 1980s, the Soviet authorities invested more in the military-industrial complex for geopolitical projects, such as the Afghanistan war and the arms race. This led to a reduction in the resources available for domestic social needs.

V. Volonyts [14, p. 67] notes that during the period of ‘Brezhnev stagnation’, healthcare continued to be part of the planned economy and, moreover, had been funded on a residual basis since the 1960s. Unfortunately, this approach was inherited in independent Ukraine as well. In conditions of extensive farming, the medical sector was forced to maintain a huge infrastructure on a limited budget. Ineffective state regulation of medicine led to the emergence of a significant number of hospitals with cumbersome and outdated infrastructure, for the renovation of which there were no budget funds left.

In 1969, the Fundamentals of Legislation of the USSR and the Union Republics on Public Health were adopted [7]. The achievements of the USSR in healthcare included universally accessible, free, and qualified medical care, and a focus on maternal and child health. Article 38 enshrined the provision of healthcare for children through the organisation of a wide network of maternity hospitals, sanatoriums, and rest homes for mothers with children, nurseries, kindergartens, and other children's institutions. Article 39 stipulated that healthcare facilities provide preventive and curative care to every mother and newborn child. Article 40 stated that medical care for children and adolescents was to be provided by medical and preventive institutions, such as children's polyclinics, dispensaries, hospitals, sanatoriums, and other healthcare facilities. Children were provided with free tickets to children's sanatoriums. Children and adolescents came under dispensary supervision. Moreover, Article 41 provided for the development of a wide network of nurseries and kindergartens, schools, boarding schools, forest schools, pioneer camps, and other children's institutions. The educational and work load, as well as the approximate schedule of children's activities, were determined in agreement with the USSR Ministry of Health.

According to Article 42, the main expenses for maintaining children in nurseries, kindergartens, and other children's institutions were covered by the state budget, supported by funds from enterprises, institutions, organisations, collective farms, trade unions, and other public organisations. Children with physical or mental disabilities were kept in orphanages, children's homes, and other specialised children's institutions at state expense. Article 43 allowed for the vocational training of adolescents in professions that corresponded to their age, physical and mental development, and state of health. Labour and vocational training were conducted under systematic medical supervision. Health authorities and institutions, together with vocational and technical education bodies, public education bodies, trade unions, Komsomol organisations, and other public organisations, monitored compliance with the working conditions for adolescents established by the legislation of the USSR and the Union Republics, as well as the implementation of special measures aimed at preventing adolescent illnesses. Article 49 stipulated that physical education was to be provided for in the work plans of children's preschool and out-of-school institutions, in the programmes of secondary schools, vocational schools, secondary specialised educational institutions, and higher educational institutions.

The Law of the Ukrainian SSR 'On Healthcare' of 1971 [5] duplicated the provisions of the 'Fundamentals of Legislation of the USSR and Union Republics on Healthcare' of 1969. This concern about public health was caused, according to V. Danilenko, by a consumerist approach to natural resources, and the increasing scale of using imperfect equipment and outdated technologies. This was acutely felt in Ukraine, which was overloaded with heavy and chemical industries [2, p. 70]. Analysing the Fundamentals of Health Legislation of the USSR and Union Republics of 1969 and the Law of the Ukrainian SSR 'On Health Protection' of 1971, we can deduce that the state was effectively implementing the ideological stance that 'the state is the sole guarantor of citizens' health'. Furthermore, as healthcare was viewed as an achievement of the Communist Party, state control over the medical system was strengthened. Healthcare legislation was a clear example of so-called 'positive rights'. The Soviet system emphasised that the beneficiary of 'positive' rights is not the individual, but society as a whole, and that these rights are granted to citizens by the state. In this vein, Soviet ideology prioritised economic and social rights, such as access to healthcare, adequate and affordable food supplies, housing, education, and guaranteed employment. This approach was a counterweight to the Western one of negative' rights, meaning people's rights against the rights of the state [9, p. 1].

The Ukrainian SSR's prioritisation of child healthcare seems clear from the resolution of the Praesidium of the Verkhovna Rada of the Ukrainian SSR: 'On Compliance with the Requirements of the Law of the Ukrainian SSR 'On Healthcare' Regarding the Medical Care of Children and Adolescents in the Republic' [4]. In this resolution, the Praesidium of the Verkhovna Rada of the Ukrainian SSR noted the existing shortcomings in the system for children and adolescents as an increase in chronic diseases among the republic's child population, the insufficient development of specialised medical and preventive care, the weakness of their material and technical base, and the shortage of paediatricians and child specialists, among other weaknesses. But it provided solutions to overcome these shortcomings, namely: the development of a network of children's outpatient clinics, the strengthening of the material and technical base of children's medical and preventive institutions, the stabilisation of the medical workforce in paediatric and adolescent services, the improvement of outpatient and inpatient specialised care for children and adolescents, the implementation of new diagnostic methods and research results, the creation of conditions for the development of rehabilitation treatment, the improvement of sanitary and hygienic conditions for children and adolescents' education, the intensification of physical education and mass sports activities among children and adolescents, the improvement of children and adolescents' nutrition, the development of a network of sanatorium schools, among others.

Conclusion. Thus, the period from 1953 to 1977 is characterised by all-Union centralised management of child healthcare, which combined features of both ideological directives and healthcare system reform, as well as a desire to modernise the material and technical base. The main achievements of post-war reform was the improved accessibility of healthcare. District services were introduced, but outpatient-inpatient integration remained fragmented. The material provision of medical institutions for children was at an insufficient level. One of the main problems in the field of children's healthcare in the post-war period was child mortality itself. Thus, in the 1960s and 1970s, a reform of healthcare financing was carried out, which indicated the priority of maternity and child care institutions. This is confirmed by the increase in the number of paediatricians, the expansion of the network of children's hospitals, nurseries, and kindergartens, as well as in providing children's institutions with food, linens, toys, and so on. However, this increase in funding was still insufficient due to economic and political factors. A certain achievement in the field of healthcare was the adoption of the Law of the Ukrainian SSR 'On Healthcare' in 1971, which demonstrated a consistent striving for the institutional formalisation of a child's right to medical care. However, the actual realisation of these rights was limited by the technical and economic realities of the planned economy, particularly the priority of industrialisation over the social sector. Thus, children's healthcare was the focus of state policy during this period, but its development was uneven with clear discrepancies between the declarative normative framework and the system's real capabilities. This gap between the declared and the actual is a key characteristic of the organisational and legal model of child health protection in the Ukrainian SSR in the mid-20th century.

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Bibliography

1. Bongaarts J., Bulatao R. A. Completing the Demographic Transition. Population and Development Review. 1999. Vol. 25. P. 515–529. DOI: https://doi.org/10.1111/j.1728-4457.1999.00515.x

2. Даниленко В. М. Дволика або планово-ринкова економіка // Українське суспільство в 1960–1980-х рр. Історичні нариси / авт. кол. ; за ред. В. А. Смолія. Київ : Інститут історії України НАН України, 2010. С. 65–83. (дата звернення: 28.09.2025).

3. Eberstadt N. The Health Crisis in the USSR [Elektronnyi resurs]. Foreign Affairs. 1981. Vol. 59, № 5. S. 1384–1394. Rets. na: Davis C., Feshbach M. Rising Infant Mortality in the USSR in the 1970s. Washington, D.C. : U.S. Bureau of the Census, Series P-95, No. 74, Sept. 1980. 33 s. URL: https://watermark.silverchair.com/dyl238.pdf (data zvernennia: 28.09.2025).

4. Про додержання вимог Закону Української РСР «Про охорону здоров'я» в питанні медичного обслуговування дітей і підлітків у республіці : Постанова Президії Верховної Ради Української РСР від 23 лип. 1980 р. № 554-X // *Відомості Верховної Ради* Української РСР. 1980. № 32. Ст. 596.

5. Про охорону здоров'я : Закон Української РСР від 15 лип. 1971 р. // *Відомості Верховної Ради* Української РСР. 1971. Дод. до № 49. Ст. 245.

6. Про стан і заходи по поліпшенню навчання, виховання та лікування дітей з дефектами розумового і фізичного розвитку в Українській РСР : Постанова Ради Міністрів Української РСР від 3 берез. 1962 р. № 232 // Збірник постанов і розпоряджень уряду Української РСР. 1962. № 3. Ст. 42.

7. Про затвердження Основ законодавства СРСР і союзних республік про охорону здоров'я : Закон СРСР від 19 груд. 1969 р. // Відомості СРСР. 1969. № 52 (1502). Ст. 466.

8. Про заходи по поліпшенню охорони материнства та дитинства в Українській РСР : Постанова Ради Міністрів Української РСР від 20 трав. 1957 р. № 474 // Збірник постанов і розпоряджень уряду Української РСР. 1957. № 9. Ст. 101.

9. Regional perspectives on human rights: The USSR and Russia. Part I [Elektronnyi resurs]. Stanford : Freeman Spogli Institute for International Studies, 2001. (Stanford Program on International and Cross-

Cultural Education – SPICE). URL: https://fsi9-prod.s3.us-west-1.amazonaws.com/s3fs-public/RPHR_part1.pdf (data zvernennia: 28.09.2025).

10. Робак І. Ю., Ільїн В. Г. Харківська охорона здоров'я в післявоєнний радянський період (1945–1991 рр.) : монографія. Харків : Колегіум, 2018. 344 с. (дата звернення: 28.09.2025)

11. Топольницька М. М. Розвиток системи охорони здоров'я в Україні: історико-правовий аспект : автореф. дис. ... канд. юрид. наук. Київ : Київ. нац. ун-т ім. Т. Шевченка, 2021. 20 с. (дата звернення: 28.09.2025)

12. Центральний державний архів громадських об'єднань України. Ф. 1. Оп. 24. Спр. 2773. Інформації о реагировании населения по поводу сообщения ТАСС от 13.I.53 г. «Арест группы врачей-вредителей» и информации о реагировании населения по поводу сообщения МВД СССР от 4.IV.53 г. О реабилитации группы врачей, ранее арестованных в Москве. 105 арк.

13. Указ Президіума Верховної Ради СРСР від 23 листопада 1955 р. Про відміну заборони абортів [Електронний ресурс] // Вікіджерела.

14. Волониць В. С. Система охорони здоров'я в УРСР та спроби її реформування // *Наукові* записки. Серія: Історія. 2021. № 37. С. 63–73. URL: https://www.academia.edu/104557738 (дата звернення: 28.09.2025).

Summary

Omarova A. A. **Child healthcare in the Ukrainian SSR (1953–1977): between declarations and reality.** – Article.

The article examines the organisational and legal foundations of child healthcare in the Ukrainian SSR from 1953 to 1977. It is shown that the post-war period was characterised by a combination of the state's ambitions to form a healthy generation with the limited capabilities of the healthcare system. The implementation of the district service principle, the development of a network of maternity hospitals, children's hospitals, milk kitchens, specialised boarding schools, and sanatoriums are analysed. It is emphasised that, although legislation declared the priority of maternal and child health, the actual implementation of this priority remained fragmented due to shortages of personnel, equipment, and funding. It has been found that the ban on abortions in 1936–1955 and their subsequent legalisation in 1955 had a limited impact on the birth rate, as socio-economic conditions remained the key factor. Particular attention is paid to an analysis of the "Fundamentals of Legislation of the USSR and Union Republics on Public Health" of 1969 and the Law of the Ukrainian SSR "On Public Health" of 1971, which enshrined the model of positive social rights, considered achievements of the state and the party. It is established that child healthcare became an important tool of Soviet ideology, but at the same time remained dependent on command-administrative mechanisms and the "residual" principle of funding. It is emphasised that the gap between declarative norms and the system's real capabilities is a key feature of child healthcare during this period. It is concluded that the experience of the Ukrainian SSR in the field of child medicine demonstrates not only positive practices of mass medical check-ups and the development of a network of children's institutions, but also systemic shortcomings of centralised management, which make the issue of healthcare policy effectiveness relevant to modern Ukraine as well.

Key words: medical reform, medical services, birth rate, abortions, paediatric and adolescent services.

Анотація

Омарова А. А. **Охорона здоров'я дітей в Українській РСР (1953–1977 рр.): між деклараціями і реальністю.** – Стаття.

У статті досліджуються організаційно-правові засади охорони здоров'я дітей в Українській РСР у 1953–1977 рр. Показано, що повоєнний період характеризувався поєднанням амбіцій держави щодо формування здорового покоління з обмеженими можливостями системи охорони здоров'я. Проаналізовано впровадження принципу дільничного обслуговування, розвиток мережі пологових будинків, дитячих лікарень, молочних кухонь, спеціалізованих інтернатів і санаторних закладів. Наголошено, що хоча законодавство декларувало пріоритетність охорони материнства та дитинства, фактична реалізація залишалася фрагментарною через дефіцит кадрів, обладнання та фінансування. Виявлено, що заборона абортів у 1936–1955 рр. і наступна їх легалізація у 1955 р. мала обмежений вплив на рівень народжуваності, адже ключовим чинником залишалися соціально-побутові умови. Особливу увагу приділено аналізу «Основ законодавства СРСР і союзних республік про охорону здоров'я» 1969 р. та Закону Української РСР «Про охорону здоров'я» 1971 р., які закріплювали модель позитивних соціальних прав, що розглядалися як досягнення держави та партії. Встановлено, що охорона здо-

ров'я дітей стала важливим інструментом радянської ідеології, але водночас залишалася залежною від командно-адміністративних механізмів і «залишкового» принципу фінансування. Підкреслено, що розрив між декларативними нормами та реальними можливостями системи є ключовою рисою охорони здоров'я дітей у цей період. Зроблено висновок, що досвід Української РСР у сфері дитячої медицини демонструє не лише позитивні практики масової диспансеризації та розбудови мережі дитячих закладів, а й системні вади централізованого управління, які актуалізують питання ефективності політики охорони здоров'я і в сучасній Україні.

Ключові слова: медична реформа, медичне обслуговування, народжуваність, аборти, педіатрична та підліткова служби.

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