



ORIGINALES

Nursing and social control: the health and welfare activities of the Women's Section of the Falange in the city of Valencia (1940-1977)

Enfermería y control social: las actividades socio-sanitarias de la Sección Femenina de Falange en la ciudad de Valencia (1940-1977)

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ABSTRACT:

Objective: To analyse the health and welfare activities carried out by social health visitors and rural health advisors of the Women's Section (in Spanish: *Sección Femenina*, S.F.) in the city of Valencia.

Materials and method: This study combined a qualitative and quantitative approach. A literature search was conducted to identify studies related to the history of nursing and the activities of the Women's Section during the first stage of the Franco regime. The main source of information consulted was the collection of files deposited in the Archives of the Kingdom of Valencia (Spanish initials: A.R.V), the Inventory of the Women's Section (Spanish initials: S.F.I.) (1940-1977), concerning the activities carried out by this organisation in the city of Valencia, as well as the reports submitted by nurses to their local directors and by these to the national director.

Results: The activities carried out had ideological and political nuances and were related to four areas of action: health, society, health education and religion. Particular importance was given to the fight against infant mortality, within the context of the pro-birth policies of the first stage of the Franco regime. However, these activities declined over the period studied due to a lack of professional resources and incentives, together with the Women's Section's loss of political influence.

Conclusions:

The findings underscore the complexity of the functions assigned to social health visitors and health advisors within the Women's Section, and also demonstrate the influence exerted by the socio-political and ideological context on the performance of these same functions.

Keywords: Nursing; social control; Women's Section of the Falange; first stage of the Franco regime; Valencia (Spain) 1940-1977

RESUMEN:

Objetivo: Analizar las actividades de carácter socio-sanitario, que llevaron a cabo en la ciudad de Valencia las enfermeras sociales visitadoras y las divulgadoras de la Sección Femenina de Falange.

Material y método: Se ha combinado el enfoque cualitativo y cuantitativo. Se realizó una búsqueda bibliográfica de los trabajos relacionados con la historia de la enfermería y la actividad de la Sección Femenina (S.F.) durante el primer franquismo. Como principal fuente documental se han utilizado los legajos depositados en el Archivo del Reino de Valencia (A.R.V), Sección Femenina Inventario (S.F.I.) (1940-1977), referidos a la actividad que llevó cabo dicha organización en la ciudad de Valencia, así como los informes remitidos por las enfermeras a sus Regidoras Locales y por estas a la Regidora Nacional.

Resultados: Las actividades desarrolladas tuvieron connotaciones de índole ideológica y política, y estuvieron relacionadas con cuatro parcelas de actuación: el ámbito sanitario, el social, la educación para la salud y cuestiones de índole religiosa. Destaca la importancia que se atribuyó a la lucha contra la mortalidad infantil, dentro del contexto de las políticas pro-natalistas del primer franquismo. La falta de recursos y de incentivos profesionales, junto con la pérdida de influencia política de Sección Femenina, motivó que dichas actividades fueran decreciendo a lo largo del período objeto de estudio.

Conclusiones: Los resultados ponen de manifiesto la complejidad de las funciones que tenían asignadas las enfermeras sociales y las divulgadoras de Sección Femenina, al mismo tiempo que muestran la influencia que tenía el contexto sociopolítico e ideológico en el desarrollo de las mismas

Palabras clave: Enfermería; Control social; Sección Femenina de Falange; Primer franquismo; Valencia (España) 1940-1977

INTRODUCTION

Spanish nursing was not immune to the social and political decline ushered in with the inauguration of the Franco dictatorship after the end of the Spanish Civil War^(1,2). Against this backdrop, a major reversal occurred with respect to the progress that had been achieved in institutionalising nursing in the first decades of the twentieth century and particularly during the Second Republic⁽³⁻⁵⁾. The post-war period and the early Franco years were characterised by a proliferation of official bodies involved in nursing, leading to marked professional dispersal. Among the major developments at the time was the emergence of the Women's Section of the Falange and its attempt to monopolise nursing, one of the fields in which women had attained most professional recognition⁽⁶⁾ but which was also considered a key area for achieving the social and political control of the population⁽⁷⁻⁹⁾.

In a monograph published in 1941, the National Delegation of the Women's Section of *Falange*, the only official and fascist party (also known as FET y de las JONS or simply Falange)⁽¹⁰⁾ described the formation of the "Nursing Corps of the FET y de las JONS", and indicated that as with hospital nurses, the "creation of the social aid scheme, with its canteens, nursery schools, crèches, dietary kitchens, etc." would entail training community nurses as social health visitors and child care nurses in order to cope with the demand generated by the new services and agencies.

Social health visitors were assigned home care activities "for the purposes of aid and assistance, education or inspection, to locate the source of infection or main focus of an epidemic and the living conditions of a family". They also had an obligation to identify the "economic, nutritional, occupational and living needs" of families from medical and welfare records, and determine how these could be met by social aid resources. Meanwhile, child care nurses were fundamentally assigned an "educational and instructional" mission in nursery schools, homes and schools. These two categories of social nurse were subsequently joined by a third, the rural health advisor. Of major importance among the tasks assigned to the three categories of community nurse was their role in fighting infant mortality "through suitable instruction and

education in the fundamental principles of child care”, as promoted by the Franco regime’s population policies aimed at increasing the birth rate and reducing infant mortality rates⁽¹¹⁾.

As indicated in the closing ceremony of the IV National Council of the Women’s Section, held in Toledo in January 1940: “Franco has entrusted you with an important task in relation to health and moral policy: to care for Spain’s mothers and children. Ultimately, a nation’s most powerful tool is its population policy”.

Community nurses played an important role not only in specific actions such as the “Week against Infant Mortality”, which was held on October 1st to coincide with the “Day of the *Caudillo*” (Title by which Franco was known, meaning military and political leader), but also in more long-term activities such as the monthly child care radio broadcasts aimed at “providing mothers with essential knowledge on caring for their children correctly”. In line with international guidelines on public health and child care nursing⁽¹²⁾, community nurses were required to supplement these campaigns against infant mortality by “visiting every Spanish household with an infant, to persuade mothers, through appropriate explanations, that they should take their children to a child care clinic so that their diet and growth can be monitored”.

Within the international context, one of the features of nursing under the Franco regime was its gradual distancing from the guidelines issued by international organisations such as the League of Nations and the WHO, and its increasing isolation from the outside world. Although these guidelines were observed to some extent in the early stages of Francoism —partly due to the efforts made in this area during the Republican period, which continued to influence institutions and professionals— they were increasingly disregarded in later years⁽¹³⁾.

Social nurses working in the cities served “under the orders of doctors involved in the tuberculosis campaign, child care, social aid, health centres or housing inspection” and “all other places where their services are needed”. They were required to visit houses “assigned to districts and services”, and submit a “family register” to their superiors at the Women’s Section, giving details on the “economic, health and moral situation of each family, and stating the needs remedied”. Another of their assigned tasks was to administer the treatment prescribed by doctors and manage the necessary resources and medicines. The idea was that their work would provide “complete figures on tuberculosis, infant mortality, homes without sanitation and unemployed workers, containing whatever data were of interest to the different centres”. In addition, they were required to undertake “vaccination and disinfection campaigns, under the orders of the health authorities” and to “give households the moral support of the Falange”. To conduct a historiographical evaluation of these questions, we consulted studies that have examined the philosophy, ideology and purpose of the Women’s Section of the FET y de las JONS⁽¹⁴⁻¹⁶⁾ as well as case studies of the activities the Women’s Section carried out in different parts of Spain through its programmes and departments⁽¹⁷⁻²¹⁾.

As regards the health and welfare activities of the Women’s Section, and in particular the work of Falange nurses, various studies have explored the socialisation of these^(22,23) but there remains a need to conduct an in-depth analysis of the tasks they performed and the context in which they did so.

The aim of the present study was thus to overcome this historiographical lacuna by investigating the role played by health visitors and educators affiliated to the Women’s

Section in the city of Valencia. Our goal was to determine the extent to which the objectives of the scheme summarised above were achieved and to analyse the health and welfare activities carried out.

MATERIAL AND METHODS

This study combined a qualitative and quantitative approach. We conducted a literature search to identify studies related to the history of nursing in the contemporary period and to the activities of the Women's Section, in order to contextualise the research and the results obtained.

The main source of information consulted was the Inventory of the Women's Section (1940-1977), a collection of files deposited in the Archives of the Kingdom of Valencia. This collection basically contains the reports drawn up by the "Women's Section Governing Body" based on the information submitted by social health visitors and rural health advisors. We also consulted correspondence (letters and official communications) between the national director and the provincial delegate of the Women's Section in Valencia responsible for the Department of Health and Welfare. Based on the information obtained from these sources, the results have been grouped into three periods: 1950-1958, 1960-1964 and 1965-1976.

RESULTS AND DISCUSSION

The sources consulted shed light on the work carried out in the city of Valencia by social health visitors and rural health advisors in four areas: health care, welfare, health education and religion.

From an organisational point of view, a report on the health and welfare work carried out by the Women's Section in the city of Valencia indicated that such tasks were coordinated by the Department of Dissemination, and that social health visitors and rural health advisors were distributed among the ten districts into which the city of Valencia was divided (Patriarca, Catedral, Gran Vía, Ruzafa, Devesa, Jesús, Botánico, Zaidía, Exposición and Marítimo):

"In the strictest sense, health care and assistance for the needy is run by the Department of Dissemination. This department has two target populations: an internal one, the organisation's affiliates, and an external one, those social classes most in need or which, for various reasons, have found no support from any of the many welfare agencies. The Women's Section has 104 nurses in the capital. Care in the capital is dispensed by district: requests for assistance are presented in each district and social health visitors are responsible for reporting on the veracity of the case and the needs of the applicants"⁽²⁴⁾.

In the first of the periods considered (1950-1958) (see Table 1), the sources consulted provided data on the activities of the Women's Section staff, including social health visitors and rural health advisor. Of these, some twenty-four people per year were listed as colleagues, without specifying qualifications or tasks performed. The mean number of social health visitors was nine per year and that of rural health advisor was two in 1953⁽²⁵⁾ and one in 1955⁽²⁶⁾. The term "colleagues" probably referred to the educators.

Table 1. Health and welfare activities carried out by the Women's Section in the city of Valencia from 1950-1958.

Year	1950	1951 ^a	1952	1953	1954	1955	1956	1957	1958
Home visits	4819	959	7762	10993	9856	9283	8655	9481	8962
Vaccines	1316	32	695	748	386	1910	524	229	352
Treatment and injections	8412	1358	2106	9506	10393	9808	8547	6606	5685
Inspection	251	624	2183	2845	2433	2559	2338	16557	4429
People helped	1040	450	1982	4330	2787	5920	3621	12868	6261

Source: by the authors based on health visitors' and educators' reports on activities carried out, submitted to the local director of the Women's Section.

^a Only data referring to December were available for 1951.

As can be seen in Table 1, activities during this first period were grouped into four main areas: home visits, treatments administered (distinguishing between vaccines and injections), actions classified as inspection and the assistance provided. This latter included food, medicine, clothing and other items such as layettes, which contained "a navel dressing, a vest, a jacket, slippers, trousers, a dress, nappies, a sweater and a scarf". These were given to any new mother who requested one through her contact or advisor, although in accordance with the social and religious control that advisors and social health visitors were obliged to exercise, she was required to "present a certificate of marriage by the Church".

Another concept included in assistance was "those specific medicines not provided by health insurance and which must therefore be purchased by the sick", highlighting the exceptional problems surrounding the purchase of antibiotics such as streptomycin and the high prices they commanded during this first period ⁽²⁷⁾.

Several documents contained complaints about the lack of resources necessary to carry out the tasks assigned to advisors and social health visitors. More financial resources were requested, and their lack was blamed for preventing admission of people with pulmonary tuberculosis to sanatoria and short clothes for babies and medicines. A report from 1953 summarised the basic deficiencies encountered while also revealing the dual health and moral principles that underpinned many of their actions. Specifically, the following was requested ⁽²⁸⁾:

"Affordable housing to separate the high number of people who live in crowded conditions, with serious consequences for morality; and mattresses and sheets to separate people living together due to lack of inexpensive housing, to avoid the increasing problem of overcrowding among families who sublet in order to pay high rents, but which sometimes leads to terrible cases of immorality".

Among the sections included in the reports were tasks related to family care, and more specifically to moral and religious activities. Previous research has explored the influence of religion on nursing under the Franco regime as regards the activities, training and very definition of the discipline ⁽²⁹⁾. Among other factors, religion contributed to the retreat from professionalisation, since nursing was viewed as an act of charity, distancing it from professional precepts and promoting values such as subordination and dependence. In addition, control and intrusion into the lives of families, in this case through nursing interventions, demonstrates an interventionist

nature and the pressure the population was subjected to. For instance, the interventions mentioned in the 1950 report included nine baptisms, instruction for five first communions and the legalisation of twelve marriages. An example of the control nurses were required exercise is given in the 1953 report, which described the actions taken to persuade a couple to agree to marry⁽³⁰⁾:

“Several months ago, a social health visitor found that the parents of one of the families she visited were not married, and on telling them that they should remedy this situation, she received an outright refusal to marry. However, she was not discouraged by this and began to visit the home ever more frequently, caring for them affectionately through their various family misfortunes and taking advantage of these opportunities to keep talking to them about marriage. Finally, she obtained their consent and the necessary bureaucratic procedures were initiated with the parish priests. After overcoming many difficulties and solving everything, the wedding will take place within a few days. This case was initially attended by Catholic Action (AC) but then abandoned due to the difficulties it presented and the husband’s opposition to receiving assistance from AC”.

In relation to the annual variations indicated by the data, it should be noted that the results reflect the number of social health visitors and rural health advisors who practised their profession each year. However, despite these limitations, the results help assess the activities carried out and trends in the volume of these.

The documents for the period 1950-1958 contained information on the fight against infant mortality. This included educational talks given by advisors and social health visitor (courses to instruct mothers on parenting, lessons on breastfeeding and motherhood, disease prevention, domestic hygiene, personal hygiene and preventive measures such as isolating patients with pulmonary tuberculosis and disinfecting their clothes and belongings), the publication of an article on the subject by the Provincial Director of Press and Propaganda of the Women’s Section and the use of radio, specifically the broadcast of “some notes by Dr. Giménez on child care”⁽³¹⁾. Health campaigns employed the radio as a means to “awaken public interest in health matters”⁽³²⁾, and as mentioned in the introduction, this was one of the strategies used by the Women’s Section to disseminate its discourse and influence people.

The sources consulted revealed the reluctance shown by many mothers to participate in vaccination campaigns involving rural health advisors and social health visitors, probably due to fear of a technology that clashed with the explanatory models of health/illness with which the population was familiar⁽³³⁾. Nevertheless, they also recorded “an increased interest in children; the mothers who did not heed the advice they were previously given, now ask for it themselves [...] in the capital, social health visitors advise all mothers who attend the Child Care School or antenatal clinic from the outset and then continue attending accompanied by the child, declining to assist those who refuse to do so, and in many cases they accompany them themselves”^(3, 4). The documents consulted for this first period also reflect the multiple limitations that confronted rural health advisors and social health visitors, similar to those faced by the Spanish post-war population as a whole: “Considerable difficulties exist in all districts as regards admission to hospitals and charitable centres, and there is a need for mattresses, clothes for adults, milk for the sick and financial aid”⁽³⁵⁾. As Maset (2015) has indicated⁽³⁶⁾, the population of post-war Spain faced a desperate situation of hunger, extreme need and lack of resources.

In relation to the period 1960-1964 (see Table 2), the information contained in the reports was grouped into the following categories: health (which included home visits, treatment, hospital admissions, referrals to clinics and drug prescriptions), social aid (basically help with food and clothing, admission to social aid homes and social security affiliation) and cultural activities (e.g. literacy and schooling). There were also separate categories with data relating to the infant nutrition campaign, health care, medical examination of Women's Section members, health centre activities and other campaigns such as those related to blood donation or care for the elderly and disabled with medical and social rehabilitation.

Table 2. Health and welfare activities carried out by the Women's Section in the city of Valencia from 1960-1964.

Year	1960	1961	1962	1963	1964
Health	13074	17064	12090		
Social aid	29693	2867	1091		
Cultural activities	84	126	50		
Infant nutrition	2796	6218	4546	67968	149091
Child care	922	1826	675	11242	23567
Medical examination of Women's Section members	6072	6325	1151	16964	19390
Health care	4510	13321	5437	32998	53518
Other campaigns	0	538	290	4962	15691

Source: by the authors based on social health visitors' and rural health advisors' reports on activities carried out, submitted to the local director of the Women's Section.

The evident changes in the report sections with respect to the first period reflect the transformation that Spanish society was undergoing, and more specifically the importance that the health model based on compulsory health insurance was beginning to assume, although many activities continued that were designed to cover major deficiencies that still persisted in many sectors of the population⁽³⁷⁾. The section devoted to the infant nutrition campaign contained a variety of information: from the total number of beneficiaries (distinguishing between babies and preschool children) to the quantities of food (flour, baby food and milk), medicines, cribs and layettes supplied and the number of mothers who attended child care courses or clinics.

The documents referring to the third period considered, 1965-1976, detailed the number of rural health advisors, with an average of five per year, and social health visitors, also with an average of five per year.

The activities carried out (see Table 3) were grouped into the following categories: health care (treatment, hospital admissions, referrals to clinics and drug prescriptions) and home visits, social aid and educational and cultural activities (these latter included literacy and schooling). Some of the data referring solely to the period 1965-1979 concerned religious/moral activities such as baptisms (with a total of 103 cases), preparation for first communion (43 cases) and legalisation of marriages (31 cases).

Other activities included the supply in 1971 of 226 layettes, 201 cribs and 11 donations.

Table 3. Health and welfare activities carried out by the Women’s Section in the city of Valencia from 1965-1976.

Year	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976
Health care and home visits	25939	28261	12001	7754	8440	8602	9108	5174	3597	2403	5087	1563
Social aid	254	374	138	823	462	904	1088	349	582	1197	2517	554
Educational and cultural activities	4	28	24	16	16	9	3	0	0	0	0	12

Source: by the authors based on social health visitors’ and rural health advisors’ reports on activities carried out, submitted to the local director of the Women’s Section.

Changes with respect to the previous two periods include the emergence of a specific section devoted to social aid. The annual report of 1971 indicated that “staff at the Provincial Directorate for Dissemination include an administrative assistant and a colleague who temporarily held the position of social worker”⁽³⁸⁾, while the reports for 1972 highlighted the social aid carried out through the preparation of reports on assistance in illness and old age requested by the Provincial Welfare Board. In contrast to the previous periods, such social aid was now considered separate from nursing interventions. This represented a key issue in community nursing, since this separation denoted an important shift in nursing focus.

Another change indicated by the information collected for this third period concerned the problems facing people with disabilities and the lack of an institutional response. A 1971 report stated: “The most difficult cases to solve are those concerning the admission of ‘subnormal people’[sic] to special centres; this province has few such centres and these cannot provide for the number of subnormal people [sic] in precarious situations who cannot afford the expenses entailed in residence”.

An analysis of the data from this third period shows that the health and welfare work of the Women’s Section declined over the years, as did the number of social health visitors and rural health advisors involved in its activities. By 1971, they still participated in child care, hygiene, food and nutrition, first aid, vaccination, blood donation and nutrition campaigns, care of the elderly and the fight against diabetes, trachoma and cancer, but in many cases their activity was symbolic or vestigial. Documents referring to participation in nutrition campaigns complained that “no food had been received for a long time” from “American social support”. Similarly, documents concerning blood donation explained that although there was “a small register of donors”, no official activity had been carried out.

CONCLUSIONS

On balance, one could say that despite the limitations of the sources consulted, the results reveal the complexity of the tasks assigned to social health visitors and rural health advisors affiliated to the Women’s Section, while also demonstrating the influence exerted by the socio-political and ideological context on the performance of these tasks.

For a quantitative assessment of the activities undertaken, it would be necessary to have more accurate figures on the number of social health visitors and rural health

advisors actually involved. Although the records indicate that there were 104 Women's Section nurses in the city of Valencia in 1950, it has not been possible to determine how many of these were social health visitors nor how many carried out the health, welfare, health education or religious activities listed in the reports. The wide variations in the number of social health visitors and advisors allocated each year and the occasional use of imprecise terms such as "colleagues" probably reflect the difficulties the Women's Section encountered in retaining staff, a phenomenon observed in a parallel study on the health and welfare activities of rural advisors affiliated to the Women's Section of the Falange in the Valencian region of Ribera in 1940-1958, and in other studies on the subject in other geographical areas^(39,40).

To assess the real impact of the health and welfare activities of the Women's Section, it would also be necessary to know the total volume of similar interventions carried out through other avenues such as the national health system, compulsory health insurance or charitable institutions. As explained in the document on the health care activities of the Women's Section published in 1941, their social health visitors and rural health advisors were expected to act "under the orders of doctors involved in the tuberculosis campaign, child care, social assistance, health centres or housing inspection". Consequently, their activities could erroneously be viewed as independent when in fact they were carried out in conjunction with other institutions, for example in the case of vaccination, disinfection and disinfestation campaigns, which they "undertook under the orders of the health authorities"⁽⁴¹⁾.

Despite these limitations, the nature of the activities described not only demonstrates the ideological and political use made of social health visitors and rural health advisors⁽⁴²⁾, but also reflects the health, welfare and community dimensions that characterised their work.

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