NURTURING THE NATION: 1940S AND 1950S NUTRITION POLICIES AND WOMEN'S AGENCY IN MEXICO

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In 1950, at the fourth annual meeting of the Sociedad Mexicana de Higiene (Mexican Hygiene Society), Dr. José Calvo de la Torre affirmed that malnutrition was a severe problem in Mexico.[1] According to research by the Instituto Nacional de Nutriología (Institute of National Nutrition INN), in some regions of the country 90 percent of the caloric intake came mainly from maize, which did not provide the essential amino acids for a healthy diet. Dr. Calvo pointed out that "several researchers are still surprised about how indigenous peoples in Mexico have survived with a diet based mainly on maize."[2] Since the late nineteenth century, doctors had discussed the need to tackle malnutrition and suggested that Mexico's progress depended on having a healthy and well-nourished workforce.[3] Hence, doctors advised the adoption of European foodstuffs such as wheat, beef, milk, and dairy products.

In the 1940s, the Secretaría de Salubridad y Asistencia Pública (Ministry of Public Health and Assistance MPHA) through the INN investigated the eating practices of Mexicans and evaluated the nutritional value of traditional diets in order advice on food policy.[4] The Ministry aimed to formulate public health programmes to assist the needy and improve the living standards of the workforce. In order to achieve its goal, the Ministry strengthened its work in rural areas by training nurses and social workers, who were in charge of educating mothers on hygiene, nutrition, and sanitation. Meanwhile, mothers were expected to adopt these new practices and introduce them to their family's daily life. The professionalisation of nurses and mothers was not intended to emancipate women, but

[1] The Sociedad Mexicana de Higiene was founded in 1943. In 1962 it became Sociedad Mexicana de Salud Pública (Mexican Society of Public Health.) Guillermo Fajardo Ortiz, Carrillo Ana María and Rolando Neri Vela, *Perspectiva histórica de atención a la salud en México 1902-2002*, Organización Panamericana de la Salud - UNAM - Sociedad Mexicana de Historia y Filosofía de la Medicina, Mexico City, 2002.
[2] José Calvo, "Problemas de la nutrición en la república mexicana como país consumidor de maíz", *Higiene: órgano de la Sociedad Mexicana de Higiene*, vol. 1, no. 2, March-April, 1952. pp. 55-56.
[3] For a discussion on doctors' ideas towards food in the nineteenth century see Juan Pío Martínez, "Higiene y hegemonía en el siglo XIX: Ideas sobre alimentación en Europa, México y Guadalajara", *Espiral, estudios sobre estado y sociedad*, vol. VIII, no. 23, January-April, 2002.
[4] The MPHA was created in 1943 when President Manuel Ávila Camacho ordered the merge of the Ministry of Public Assistance with the Department of Public Health. Secretaría de Salubridad y Asistencia, *Reseña de los principales acontecimientos relacionados con la Salud de los últimos 50 años*, http://ssj.jalisco.gob.mx/antehis.html, 9 July 2007.

in Mary Kay Vaughan's words, to "subordinate the household to the interest of national development."[5] Mothers were to be educated in scientific, hygienic household management and child-rearing in order to produce healthy, efficient, and patriotic citizen-workers. Thus, the revolutionary governments intervened in the private sphere trying to gain control over it in the name of progress and modernity.

This paper explores the rhetoric that doctors and reformers deployed in their effort to change the cooking and eating practices of the peasantry and working class, and discusses women's role in policy implementation. I concentrate on the studies carried out by the INN in rural communities and on the life history of a visiting nurse in 1950s Guanajuato. The analysis of nutrition discourses and programmes, I argue, cast some light on how welfare institutions enabled Mexican governments to extend their control over private spaces and reinforce patriarchy, but it also reveals women's agency and use of welfare programmes.

SETTING THE MODERN TABLE

Since the late nineteenth century Mexico experienced major transformations as part of a modernisation process led by the government of Porfirio Díaz (1876-1911).[6] After the revolution, industrialisation took a faster pace fostering urbanisation and migration, particularly to Mexico City.[7] Meanwhile, distant hamlets and towns had to wait longer for the arrival of basic services, such as electricity, water, and health.[8] In 1950, 57 percent of Mexicans still lived in rural areas, while 61.8 percent of the total population suffered from malnutrition.[9] Peasants and rural inhabitants had restricted access to health centres while

[5] Mary Kay Vaughan, "Modernizing Patriarchy: State Policies, Rural Households, and Women in Mexico 1930-1940," in Maxine Molyneux and Elizabeth Dore, *Hidden Histories of Gender and the State in Latin America*, Duke University Press, Durham, 2000. p. 196.

[6] The Mexican revolution (1910-1921) exploded after Francisco I. Madero won the first democratic elections of the twentieth century. The revolution brought Díaz's dictatorship to an end, opening the path for middle-class reformers and victorious generals.

[7] On changes in material conditions and culture during the late Porfiriato and the early decades of the twentieth century in Mexico City see Pablo Piccato, *City of Suspects: Crime in Mexico City, 1900-1931*, Duke University Press, Durham, 2001. pp. 17-33. For an analysis on how the growth of consumption in urban areas was linked to nationalism and progress, and its class and gender implications see Steven B Bunker, "Consumers of Good Taste: Marketing Modernity in Northern Mexico, 1890-1910", *Mexican Studies/Estudios Mexicanos*, vol. 13, no. 2, Summer, 1997. p. 228.

[8] On the experience of women in rural Mexico see Mary Kay Vaughan and Heather Fowler-Salamini (eds.), *Women of the Mexican Countryside, 1850-1990: Creating Spaces and Shaping Transitions*, University of Arizona Press, Tucson, 1994.

[9] Dirección General de Estadística, *Séptimo Censo general de Población*, Secretaría de Economía-Dirección General de Estadística, Mexico City, 1950. p. 8. Rural towns were defined as those with less than 2,500 inhabitants. On poverly and malnutrition see Miguel Székely, "Es posible un México con menor pobreza y desigualdad," in Aguilar Rivera (ed.), *México: crónicas de un país posible*, Fondo de Cultura Económica, Mexico City, 2005. p. 5.

welfare programmes, such as school breakfasts or subsidised food shops, did not always reach their communities. Although welfare institutions targeted first the urban poor, their health and diet was not always better than their rural counterparts. Therefore, throughout the 1940s and 1950s, eating practices among the lower classes remained a main concern to middle-class doctors and reformers, who argued that having a balanced diet and sanitised kitchen were essential to maintain the health of the nation.

Daily diet was first discussed as part of state policies during the Porfiriato, when there was a growing concern over the negative influence of certain foodstuffs on social behaviour and health.[10] The Porfirian elite perceived the diet of the poor, which was based on maize, beans, and chilli, as inferior.[11] Sociologist and criminologist Julio Guerrero published *La génesis del crimen en México* in 1901. Influenced by social Darwinism, Guerrero argued that the diet of the poor was leading to social 'backwardness.' He pointed out that "the lower classes ate tortillas instead of bread, beans, cactus leaves, *quelites* (greens), courgettes, unripe or rotten fruit, plenty of chilli, little meat, and no eggs."[12] Guerrero also criticised the consumption of pre-Hispanic foodstuffs such as tamales, which he defined as "an abominable outcome of the Mexican popular cooking tradition," and encouraged the adoption of French and Spanish cuisine.[13]

Although the poor continued eating maize, beans, and chillies; elite ideology influenced middle-class women through education. Both private and public schools taught European cookery, with the Escuela de Artes y Oficios para Mujeres (School of Arts and Trades for Women) being the best example.[14] Postrevolutionary nationalism, however, transformed food discourse and policies. Mexican food gained recognition among intellectuals such as José Vasconcelos, who supported the teaching of "simple Mexican

[10] For an interesting discussion on food in the nineteenth century see Jeffrey M. Pilcher, "Tamales or Timbales: Cuisine and the Formation of Mexican National Identity, 1821-1911", *The Americas,* vol. 53, no. 2, October, 1996, pp 193-206.

[11] Disdain for indigenous people's diet has its origins in the Colonial period. See Jeffrey M. Pilcher, *¡Qué vivan los tamales! Food and the Making of Mexican Identity*, University of New Mexico Press, Albuquerque, 1998. chap. Two.

[12] Julio Guerrero, *La génesis del crimen en México*, Cien de México, 2nd ed., CONACULTA, Mexico City, 1996. p. 125.

[13] *Ibid*.

[14] The state founded the EAOM in 1872 as a charitable institution to train poor women. Patience A. Schell, *Church and State Education in Revolutionary Mexico City*, University of Arizona Press, Tucson, 2003. pp. 9, 42, 52-55; María Adelina Arredondo (ed.), *Obedecer, servir y resistir: la educación de las mujeres en la historia de México*, Universidad Pedagógica Nacional - Miguel Ángel Porrúa, Mexico City, 2003. On private and Catholic Church education see Valentina Torres Septién, *La educación privada en México, 1903-1976*, El Colegio de México-Universidad Iberoamericana, Mexico City, 1997. The Catholic Church also trained women in other Latin American countries such as Brazil, see Susan Besse, *Restructuring Patriarchy: The Modernization of Gender Inequality in Brazil, 1914-1940*, University of North Carolina Press, Chapel Hill, 1996.

foods appropriate for the everyday consumption," but inspectors and teachers preferred elaborated European dishes that remained more popular than national cuisine.[15]

Even though doctors and reformers recognised that basic staples such as tortillas and beans had some nutritional value; they championed an increase in the consumption of animal protein and vitamins to facilitate national progress.[16] As a result, postrevolutionary governments created welfare programmes aimed at changing the daily practices of peasants and the workforce. In 1936, the Oficina General de Higiene de la Alimentación (General Office of Hygiene and Diet) and the Comisión Nacional de Alimentación (National Diet Commission) were created as part of the Departamento de Salubridad (Department of Public Health). Dr. José Quintín Olascoaga was in charge of the Commission and the Sección de Investigación de la Alimentación Popular (Popular Diet Research Section) of the General Office. The latter carried out the first food surveys in various parts of the country.[17]

Research on food practices was reorganised and systematised by the INN, which opened its doors in 1943 as part of Mexico City's General Hospital. One year later, the Rockefeller foundation provided funding and advice to investigate eating habits. The Rockefeller foundation programme was the first of its kind working in situ with technology and expertise to improve agricultural and health problems.[18] The first surveys and interviews were directed by Dr. William O. Robinson, Dr. Richmond E. Anderson, and Goerge C. Payne, along with Dr. José Calvo and Dr. Gloria Serrano. The research was carried out in five places, two in Mexico City and three in the provinces.[19] In the capital city they focused on working-class neighbourhoods (Santa Julia, Santo Tomas, and Nueva Santa María) and on diners at a public dining hall located in the city centre. In rural areas, surveys concentrated on two indigenous groups: the Otomíes living at the Mezquital valley

[15] José Vasconcelos was minister of education from 1921 to 1924. For a discussion on domestic science and cooking lessons in the 1920s see Schell, *Church and State Education in Revolutionary Mexico City*., p. 125.
[16] Using the discourse of vitamins was new as they were only identified in the 1910s and 1920s. See Dennis Roth, "America's Fascination with Nutrition", *Food Review*, vol. 23, no. 1, January-April, 2000. p. 35; Walter Gratzer, *Terrors of the Table: The Curious History of Nutrition*, Oxford University Press, Oxford, 2005.
[17] José Quintín Olascoaga, "Datos para la historia de la Nutriología en México", *Salubridad y Asistencia: órgano de la secretaría de Salubridad y Asistencia*, vol. VIII, no. 5, September-October, 1948. pp. 308-309.
[18] Deborah Fitzgerald, "Exporting American Agriculture: The Rockefeller Foundation in Mexico, 1943-53", *Social Studies of Science*, vol. 16, no. 3, 1986. p. 458. See also Anne-Emanuelle Birn, *Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico*, Rochester Studies in Medical History, University of Rochester Press, Rochester, 2006.
[19] In the late 1940s, further surveys were carried out in places such Chiapas. See Archivo Histórico de la Secretaría de Salubridad y Asistencia (hereafter AHSSA), Subsecretaría de Salubridad y Asistencia (hereafter SubSyA), Box 17, File. 11.

in Hidalgo and the Tarascos at Capula in Pátzcuaro Michoacán; plus a mestizo peasant *ejido* in Yustes, Guanajuato.[20]

According to Dr. Francisco de Paula Miranda, who headed the INN in the 1940s, these surveys proved that calorie intake among the Otomíes was very low (70 percent of the ideal average intake); while urban working-class families who applied to become diners at a public dining hall in Mexico City were slightly over them (75 percent).[21] Miranda stressed that the consumption of protein was very low in both groups; particularly among Otomíes, who consumed 89 percent of the recommended daily protein intake of which only 4.8 percent was from animal origin. Miranda suggested that deficiencies in vitamins, proteins, and amino acids were counteracted by eating meat, milk, and eggs; but only the middle and upper class could afford these foodstuffs.[22] Research showed, however, that malnutrition was higher among the urban poor than in indigenous people's communities as the lumpenproletariat did not have access to a plot in which they could grow vegetables or raise animals.

Among the five groups studied, the Otomí indigenous community in the Mezquital Valley had the healthiest teeth of all. Doctors were surprised to find that most elderly people had all their teeth and did not show tooth decay, even though they had never brushed their teeth. Furthermore, doctors found that although Otomíes ate basically maize, *pulque*, roots, and plants, they had a reasonably good health.[23] "It seems that despite poverty and lack of incentives, the inhabitants of the Mezquital Valley have developed throughout the centuries a well adapted diet. Any effort to change their eating habits would be a mistake if their economic and social situation did not improve so something really

[20] Francisco de Paula Miranda, *La alimentación en México*, Instituto Nacional de Nutriología, Mexico City, 1947. pp. 13-20. *Ejidos* were communal lands granted by the state after the revolution.
[21] Calories were calculated according to the ideal average intake of adults in moderate work: 3,000 calories. In the Mezquital Valley, the average intake was of 1,800 calories.
[22] Miranda, *La alimentación en México*. pp. 20-21. In the 1940s soya began to be presented as an inexpensive alternative to animal protein. In the 1940s, doctors discussed the use of soya to solve malnutrition problems among the poor, but it was until the 1950s that the state undertook experiments to mix soya with maize flour (masa harina). Dr. Edmundo Bandala Fernández mentioned in a report written by in the mid-1940s that talks were given at Centros de Higiene y Asistencia Infantil (Hygiene and Child Welfare Centres) throughout the country in order to teach mothers how to cook and to use soya beans as a substitute of meat, milk and eggs. See *Report of the activities concerning mother and child health*, (1945?), AHSSA, SubSyA, box 7, file 5. Later on, in the 1950s, Dr. Jesús Díaz Barriga from the INN encouraged the Ministry of Treasury and Credit to promote soya cultivation and consumption. See *Letter from Dr. Barriga addressed to Lic. Ramón Beteta*, 28 November 1950, AHSSA, SubSyA, box 11, file 9. The introduction of soya in Mexico, however, remains an unwritten chapter of welfare and food history.
[23] *Pulque* is a fermented drink made of maguey (cactus) sap. It has been produced in central Mexico since pre-Hispanic times. *Pulque* is rich in vitamins and minerals. See Raúl Guerrero Guerrero, *El pulque*, SEP-INAH, Mexico City, 1980.

good could substitute their foodstuffs."[24] These findings suggest that the eating habits and health of indigenous peoples were not as bad as doctors had thought. But, the official discourse deployed in welfare and education institutions remained the adoption of European foodstuffs such as meat and milk, instead of encouraging the consumption of wild and regional vegetables and fruits associated with indigenous peoples. Therefore, in determining the value of foodstuffs, cultural prejudices were more influential than nutritional science.

Since the late nineteenth century, doctors linked nutrition not only with health, but also with morality.[25] In other words, poor diet and lack of sanitation made people prone not only to illnesses, but also to crime and deviant behaviour. Miranda, influenced by this discourse, wrote in the 1940s that "undernourished people, such as indigenous people, are lazy, unable to do hard work, apathetic, without ambitions, indifferent to their world, narrow-minded, suggestible, weak, and an easy prey for bad influences."[26] Nevertheless, health and morality could improve if people changed their diet and eating practices. Miranda, following Neo-Lamarckian theory, stressed that social improvement was the result of education and environment rather than genetic inheritance.[27] Therefore, the physic and mental features that characterised indigenous peoples were a result of poor nutrition rather than race.

Doctors emphasised that 'backward' population could raise their standards by learning the 'right way of living', which entailed an imitation of Western culture. As a result, Miranda, as head of the INN, along with the MPHA advocated welfare programmes to transform eating and cooking practices among the peasantry and the workforce. Welfare policies targeted women, particularly mothers, as they were responsible for raising children and feeding their family. But women also played a key role in implementing welfare programmes by working either as nurses or social workers, as I discuss in the following section.

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[24] Richmond K. Anderson, José Calvo de la Torre, Gloria Serrano and Goerge C. Payne, "Nutrición y Alimentación de los Indios Otomíes del Valle del Mezquital", *Salubridad y Asistencia: órgano de la secretaría de Salubridad y Asistencia*, vol. 11, no. IV, September-October, 1945. p. 46.

[25] Claudia Agostoni, "Discurso médico, cultura higiénica y la mujer en la ciudad de México al cambio de siglo (XIX-XX)", *Mexican Studies/Estudios Mexicanos*, vol. 18, no. 1, Winter, 2002.

[26] Miranda, *La alimentación en México*. p. 29.

[27] Latin American eugenics developed initially in Argentina, Brazil, Cuba, and Mexico. See Nancy Leys Stepan, *The Hour of Eugenics: Race, Gender, and Nation in Latin America*, Cornell University Press, Ithaca, 1991. p. 25; Orlando Arnulfo Chacón Barliza and Dary Gilselle, *Contextualización histórica de la formación del Nutricionista-Dietista en Colombia*, www.nutricionistas.org/academia4.html, 2006, Alexandra Minna Stern, "Responsible Mothers and Normal Children: Eugenics, Nationalism, and Welfare in Post-revolutionary Mexico 1920-1940", *Journal of Historical Sociology*, vol. 12, no. 4, December, 1999, pp 369-371.

TESTIMONY OF A VISITING NURSE IN GUANAJUATO[28]

In the twentieth century, a new generation of women qualified as professional nurses and social workers participated in welfare campaigns to prevent diseases, and instil morality and discipline among the peasantry and working class.[29] The rhetoric of professionalisation was behind the creation of the Escuela de Enfermería (School of Nursing) at the General Hospital, inaugurated in 1907.[30] It aimed at increasing the number of qualified nurses and midwives, and emphasised the importance of education and science over practice and traditional knowledge. In 1911, the School of Nursing became part of the National University.[31]

In 1922, the Department of Public Health established the Escuela de Salubridad e Higiene (School of Health and Hygiene) to train visiting nurses, some of whom were already working as midwives and nurses.[32] In the 1940s, courses at this school consisted of 440 hours distributed over 12 weeks. Women studied nutrition and social work, among other subjects. Between 1941 and 1946, 363 women enrolled in the course and 303 obtained a degree. 60 percent of these students came from the provinces, while 30 percent were from Mexico City and 7 percent from other countries. 93% of women were already working for the state and their average age was 27 yeas old.[33]

Although there were only a few visiting nurses, 819 in 1946, they played a key role in the implementation of health and nutrition programmes in rural and urban areas.[34] According to Dr. Federico Villaseñor, visiting nurses were in charge of hygiene and

[28] State located in the northwest area of central Mexico, 350 km north of Mexico City.

[29] On welfare policies targeting women in other Latin American countries see Asunción Lavrin, *Women, Feminism, and Social Change in Argentina, Chile, and Uruguay, 1890-1940*, Engendering Latin America; v. 3, University of Nebraska Press, Lincoln, 1995. chap. 3; Julia Rodríguez, *Civilizing Argentina: Science, Medicine, and the Modern State*, University of North Carolina Press, Chapel Hill, 2006. chap. 5; Donna J. Guy, *White Slavery and Mothers Alive and Dead: The Troubled Meeting of Sex, Gender, Public Health, and Progress in Latin America*, University of Nebraska Press, Lincoln, 2000.

[30] María del Pilar Granda Balcazar, *Se cumplen 100 años de la creación de la escuela de enfermería del Hospital General*, http://hgm.salud.gob.mx/pdf/enfer/arti_26.pdf, Mexico City, 25 July 2007.

[31] *La Universidad y la Ciudad*, Coordinación de Humanidades-Programa Universitario de Estudios sobre la Ciudad, Mexico City, 1995.

[32] The efforts to regulate midwives and nurses dated back to the nineteenth century, when doctors proposed a legislation to examine empiric midwifes in order to allow them to practice. See Ana María Kapelusz-Poppi, "Las nociones de género y la construcción de un discurso científico: la Escuela de Medicina de Morelia y la regulación del trabajo de las obstetras," in Fernández Aceves, Ramos Escandón and Porter (eds.), *Orden social e identidad de género. México siglos XIX y XX*, CIESAS-Universidad de Guadalajara, Guadalajara, 2006.; Agostoni, "Discurso médico, cultura higiénica y la mujer en la ciudad de México al cambio de siglo (XIX-XX)".

[33] Ángel de la Garza Brito, "La Escuela de Salubridad e Higiene en el periodo 1940-1946", *Salubridad y Asistencia: órgano de la secretaría de Salubridad y Asistencia,* vol. VIII, no. 1, January-February, 1947. pp. 105-125.

[34] José González Tejeda, "La Coordinación del Trabajo Social en las Diversas Dependencias Oficiales", *Trabajo Social: boletín mensual puesto al servicio de las trabajadoras sociales de México*, vol. II, no. 6, May, 1946.

preventive medicine. They had to attract individuals and families to health centres and give doctors a report of patients' medical and family history. "Visiting nurses have to show families that they are not in their homes to pry into their personal life or inspect their customs, but to give them useful advice and demonstrate interest in helping them. Therefore, visiting nurses should have knowledge of hygiene, living conditions, nutrition, eugenics, and domestic science."[35] Visiting nurses had to bring science and medicine to Mexico's hearth and home without being too intrusive. They had to entice working-class and peasant women to change their habits by showing them the advantages of a well-organised household, which entailed the imposition of middle-class ideals.

Welfare strengthened hierarchy and patriarchy as visiting nurses had to be like patient mothers who were educating the nation's children. Dr. Villaseñor suggested that "to have successful results it is important to train women to form self-sacrificing and altruistic nurses who dedicated their life to improve people's living standards."[36] Hence visiting nurses were perceived as ideal mothers performing a public role. In doing so, postrevolutionary governments emphasised the sexual division of labour and the subordination of men and women to institutions. Nevertheless, the rhetoric of motherhood empowered women as they were portrayed as agents of modernisation and progress.[37] Women's involvement in welfare allowed them to take an active role in public spaces previously closed to them, paving their way to achieve full citizenship. In the following pages, I analyse the experiences of Helia Hernández Flores, who worked as a visiting nurse in the late 1950s in the state of Guanajuato. The relationship between Helia and peasant housewives reveals not only how the state institutionalised patriarchy, but also how women took advantage of nutrition welfare programmes and the extent to which they challenged or reproduced hierarchy.

Helia was born in Celaya, Guanajuato in 1935. Her mother was a teacher and midwife working in Irapuato and León. Helia followed her mother's steps, although she did look for professional training. After high school she applied for a grant to study nursing and obstetrics for one year in Guanajuato. Her interest and success allowed Helia to receive another scholarship to continue her studies at the Escuela de Salubridad e Higiene in Mexico City. After two years, Helia obtained a BA in nursing and obstetrics. She recalled

[35] Federico Villaseñor, "El trabajo social y sus agentes", op. cit. vol. 2, no. 9, October, 1947. pp. 3-4
[36] *Ibid.*
[37] Motherhood became part of liberating and oppressive discourses see Lavrin, *Women, Feminism, and Social Change in Argentina, Chile, and Uruguay, 1890-1940*.; Schell, *Church and State Education in Revolutionary Mexico City*.; Besse, *Restructuring Patriarchy: The Modernization of Gender Inequality in Brazil, 1914-1940*.

that the school offered her a scholarship to study abroad, but she thought "how am I going to live in a foreign country if I just managed to come to Mexico City?"[38] Helia had lost her family; her father died when she was a toddler, her mother passed away when Helia was 14 years old and she had no siblings. Before she began her studies, she lived in Irapuato at her godmother's house, but Helia never felt at home there. But, once she finished her degree Helia went back to Irapuato as she did not have elsewhere to go.

Helia found it difficult to start her career, as in her own words, she lacked self-confidence. She worked for two years in a wheat mill and bakery while in her spare time she helped women give birth and did some nursing jobs such as injecting ill neighbours. A nurse, who was regular customer at the bakery, told Helia about a job at Guanajuato's Health Department, which was headed by Dr. Barba.[39] Her application was successful, so by the late 1950s she was training midwives and working in sanitary brigades, which visited rural areas to give advice on health, nutrition, and hygiene. Helia's work in the countryside faced two main problems: rural inhabitants did not go to health centres and they were not eager to receive nurses in their communities. Helia thought that people did not know what a health centre was for and had no trust in doctors and nurses; so the first aim of sanitary brigades was to explain people why they were there and gain their confidence.

In the late 1950s, sanitary brigades in Guanajuato were formed by nurses and armed sanitary officials. "People from the health department feared going to the countryside. As a result, sanitary officials took rifles and pistols with them, but they were neither officials nor experts on hygiene or sanitation."[40] Helia criticised the participation armed men, who did not have any training in health or nutrition and only scared people, so she asked doctors not to send officials along with nurses. But according to Helia, doctors did not trust her because she was very young (in her early twenties), and did not see her as a capable person despite her academic degree, and because she was a woman. Doctors believed that sanitary officials had to accompany nurses because it was dangerous for

[38] Helia Hernández Flores vda. de Pérez Bolde (b. 1935) interviewed by the author, Guanajuato, 28 October 2005. In the mid-1960s, Helia left the health department to marry. She moved to work in academia teaching a nursing and obstetrics course at the University of Guanajuato. In 1972, she became the first women who directed the School of Nursing in the same university. *Historia de la Facultad de Enfermeria de la Universidad de Guanajuato,* http://www.feol.ugto.mx/historia/historia.htm, 4 July 2007.

[39] Helia did not remember Dr. Barba's first name. She could be making reference to Dr. José Barba Rubio, who headed the services of public health in Guadalajara from 1956 to 1959, but further research is needed to clarify his identity. *Semblanza del Dr. José Barba Rubio,* http://ssj.jalisco.gob.mx/drjobaru.html, 26 July 2007.

[40] Helia Hernández Flores vda. de Pérez Bolde.

women to go by themselves. However, when Helia was in charge of the brigades she insisted on not having any armed officers in her team. "I though that we had to enter communities with people's consent, not by force."[41]

The military organisation of sanitary brigades gives account of reformers' predilection for the use of force to impose health and nutrition policies, which could be traced back to the nineteenth-century. In the Porfiriato, the *policia sanitaria* (sanitary police) enforced health regulations such as prostitution codes.[42] During the revolution, sanitary brigades were established to assist the wounded.[43] In 1921, the state with the support of the Rockefeller Foundation launched sanitary groups to fight yellow fever.[44] Later on, in the 1930s and 1940s, brigades travelled around the country to instil hygiene and sanitation into the population, keeping their martial organisation.[45] This structure, however, generated a negative response among rural inhabitants who saw brigades as a violent intrusion on their community and family life.

According to Helia, this violence was hindering their job as visiting nurses, so she negotiated with male doctors and sanitary officers to stop carrying weapons. In doing so, Helia challenged hierarchy by insisting on organising brigades in a different way and stressing that women could go by themselves. For Helia, armed officers were not required as she believed that peasants would understand the benefits that sanitary brigades were bringing them. Peasants would trust brigades by finding them friendly and reliable. Therefore, Helia demanded that nurses wear their uniforms and bring their briefcases to show their professionalism, which implied not only having knowledge, but also looking like proper health workers. But when brigades arrived to the countryside, they found that even with their tidy uniforms and no guns poor peasant women did not welcome them.

Women felt ashamed of their poverty, but they also disliked to be told how to raise their family. Helia recalled: "women told us that they were not at home, that they did know

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[41] *Ibid.*

[42] Bliss has explored the role of sanitary police in prostitution. See Katherine Elaine Bliss, *Compromised Positions: Prostitution, Health and Gender Politics in Revolutionary Mexico*, Pennsylvania University Press, Pennsylvania, 2001. See also Ana Cecilia Rodríguez de Romo and Martha Eugenia Rodríguez Pérez, "Historia de la salud publica en México: siglos XIX y XX", *História, Ciências, Saúde — Manguinhos*, vol. 5, no. 2, July-October, 1998.

[43] Guadalupe Villa Guerrero, "Las enfermeras, otro rostro de la revolución", *Sólo Historia*, no. 8, 2000, pp 47-52.

[44] Marcos Cueto, *Missionaries of science: the Rockefeller Foundation and Latin America*, Indiana University Press, Bloomington, 1994.

[45] Anne-Emanuelle Birn, "Las unidades sanitarias: la Fundación Rockefeller versus el modelo Cárdenas en México," in Cueto (ed.), *Salud, Cultura y Sociedad en América Latina: Nuevas Perspectivas Históricas*, Instituto de Estudios Peruanos/Organización Panamericana de la Salud, Lima, 1996; Mary Colby-Monteith, "Nursing in Mexico: Observations on a Six-Weeks Visit", *The American Journal of Nursing*, vol. 40, no. 7, July, 1940, pp 746-754.

how to run their household, or that we could not enter because they were very poor and did not have a chair for us to have a seat. So we told them not to worry that we could remain standing or sit on a rock."[46] But women not always agreed. Some women suspected that nurses were teaching contraceptive methods, which they did not like because not having children infuriated their husbands.

Women also thought that nurses brought illnesses rather than health. A peasant woman informed Helia that other women in the community did not like nurses because they could make their children ill with '*mal de ojo*,' a curse that apparently was produced when children were looked or carried by unknown people. Helia responded her that people were wrong as nurses were there to help them to live better. But the woman replied "how we could live better if we do not even have shoes?" Helia told her that even though they were poor they could think about buying some sandals to protect their children's feet and integrity (*integridad de persona*).

Clashes between nurses and peasant women revealed how different views of the world hindered the implementation of welfare programmes. Helia was reproducing a middle-class discourse of decency and aspiration. As she believed that although peasants were poor, the mere act of hoping to move forward put them in a different position. Hence, shoes did not only protect children's feet, but also their dignity. On one hand, the state, through welfare programmes, demanded peasants and poor people to make an effort to improve their living standards without giving them the necessary elements to do so, such as education, employment, and basic services. On the other hand, the poor had to appreciate middle-class urban ideals and imitate them, even though these values and practices did not make any sense in their context or were out of their reduced budget.

Visiting nurses, such as Helia, were trained to teach peasant women that lack of hygiene and poor diet could change if they learnt the basics of domestic science and nutrition. Welfare rhetoric stressed that poor women did not necessarily need money, but information and enthusiasm. Nevertheless, Helia identified lack of resources and basic services as the main problems among peasants in rural Guanajuato. She recalled that food was not always well cooked as they were short of firewood, and people were not used to washing their hands or bathing very often due to reduced access to water. Families lived on a basic diet of maize, beans, and chilli. Women did not wash herbs or vegetables and their intake of animal protein was very low. Poor diet and lack of sanitation facilitated the

[46] Helia Hernández Flores vda. de Pérez Bolde.

spread of parasitic infections, but without access to drinking water or electricity, and living in subsistence economy it was difficult for peasant women to achieve middle-class standards even if they wanted.

The rhetoric of hygiene and nutrition left indigenous people and peasants' practices and diet in a disadvantaged position as culture and tradition were not appraised. Helia, as a qualified nurse, stressed the importance of science over tradition. She disapproved the fact that in several rural health centres there were not nutritionists or trained nurses, so if patients had doubts about food preparation they had to ask the only female worker at the centre, who was a cleaner. Helia found it completely inadequate, "even though the cleaner knew several recipes, she did not have the knowledge to teach people."[47] For Helia, women needed professional training to instruct their counterparts. Helia's discourse reinforced gender structures and hierarchy as women, not male doctors, were expected to give advice on cooking, while only qualified middle-class women had the necessary knowledge to teach peasant women.

Nutrition was a key element addressed by visiting nurses, but gaining access to women's kitchen was not easy. When Helia explained women that nurses were there to teach them how to cook, they responded that they did not even have firewood, which was also a pretext for not granting them access. Therefore, Helia organised a community kitchen in the health centre. The Health Department of Guanajuato provided them with a paraffin range, and later on, a gas stove. Cooking lessons implied basic recipes to feed children such as corn gruel and purée. As women were poor, the department had to buy food to cook. "Every woman could take a little bit back home, which was a way to attract them and to gain access to their houses. But we could not keep feeding them as our budget was short so we asked them to bring ingredients they used in daily cooking to prepare food together. At the beginning, we provided pots and dishes, but they began to disappear, so we asked women to bring their own plates."[48]

Helia found food was the best ground to negotiate with peasant women and men. The state provided foodstuffs, pots, and dishes, so attending cooking lessons did not represent any extra expense for poor families. Giving food and fuel for free opened the doors to sanitary brigades while reinforcing clientelism and patriarchy. Cooking, contrary to contraception information men feared nurses were giving, did not represent a threat and it was an acceptable female activity. Women gathered in the communal kitchen to cook,

[47] *Ibid.*
[48] *Ibid.*

and prepare what state reformers considered best. Helia recalled, for instance, that some women wanted to learn how to bake cakes to sell, but nurses said that first they were going to learn the basics. However, women took advantage of communal kitchens by taking food back home along with some plates.

In the first half of the twentieth century, doctors argued that peasant and working-class kitchens had to be sanitised and women had to learn how to cook nutritious meals under hygienic conditions, which implied the adoption of Western customs and eating habits. Helia's life history offers a testimony to the daily problems faced by nurses in trying to implement nutrition policies; but it also reveals how rural inhabitants, particularly women, responded to state programmes. Visiting nurses adapted and communicated a knowledge alien to peasant women, who used welfare programmes in a variety of ways, which not always correspond with reformers' ideals. Welfare institutions targeted women in their campaign to improve living standards strengthening gender roles. Even though policy makers considered women's participation at home to be more important than men's, they did not seek to undermine patriarchy, but to replace the paterfamilias' control over private family life.

Traditional knowledge went unrecognised as the rhetoric of professionalisation legitimated science over experience reinforcing hierarchy. Although Dr. Calvo and other prominent nutritionists were right to identify malnutrition as a serious problem facing the country, they showed a disdain for traditional eating and cooking practices along with a lack of understanding of peasant and indigenous peoples' culture. Despite research proving that indigenous peoples had better health and diet compared to poor mestizos and urban workers; reformers never advised to return to pre-Hispanic foodstuffs such as wild greens or insects. Hence, the value of foodstuffs was not only determined by their nutrients, but mainly by the ideas and practices identified with the people who ate them. Mexicans, in order to create a modern and civilised nation, had to eat meat and drink milk like Europeans and US citizens did; which reveals that continuities on food policy and welfare between the Porfiriato and the postrevolutionary period were greater that previously thought.

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