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**Between Women: Female Health Workers
and the Struggle to Transform Diets in
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Between Women: Female Health Workers and the Struggle to Transform Diets in Rural Mexico, 1920-1960

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Abstract. – This article explores food and foodways in Mexico through the analysis of nutrition discourses and the experience of a visiting nurse in the state of Guanajuato in the middle of the twentieth century. After the Mexican revolution there was an increased interest in changing the diet of the poor. The idea behind nutrition discourses was that a better diet would improve the health and productivity of workers, and eventually boost their earnings. Understandings of good nutrition were influenced by eugenics and the discourse of *mestizaje*, which materialized in welfare programs. Women played a key role as they were responsible for implementing these programs as well as the main target of them. The experience of a visiting nurse reveals gender and social class dynamics as well as negotiations needed to implement state programs. It also shows the limited success of state policy as it was unable to address the main problems: lack of resources and access to basic services. Eventually peasant and working-class diet changed as a result of increased processed food consumption, having a negative impact on the health of most Mexicans.

Keywords: Nutrition, Gender, Social Class, Visiting Nurses, Cooking, Peasants.

Resumen. – El presente artículo explora los discursos y las prácticas alimenticias entre 1920 y 1960 a través del análisis de las políticas y programas nutricionales en México. Tras la revolución mexicana incrementó el interés en

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torno a cómo mejorar la alimentación de las clases obreras y campesinas. Médicos y creadores de políticas públicas consideraron que una mejor dieta tendría un impacto positivo en la salud y productividad de los trabajadores, lo cual eventualmente se reflejaría en su salario. Se asumía que los trabajadores se ausentaban del espacio laboral debido a enfermedad o debilidad física, lo cual afectaba su productividad e ingresos. Los discursos de nutrición estuvieron influenciados por las teorías eugenésicas, así como por la ideología del mestizaje, lo cual se materializaba en los programas de bienestar social creados por el estado mexicano. Las mujeres tuvieron un papel central en dichos programas, ya que estuvieron a cargo de implementarlos y además fueron blanco principal de éstos. Las enfermeras visitadoras y los médicos trataron de introducir ideales y valores de clase media en la vida cotidiana de obreros y campesinos, sin abordar los problemas centrales: la falta de recursos y acceso a servicios básicos.

Palabras clave: nutrición, género, clase social, enfermeras visitadoras, comida, campesinos.

Crispina was born in 1935 in San Nicolás Totolapa, a rural village in Contreras, southern Mexico City. Her father eked out a living working at different jobs, including as a bricklayer, a milkman, and an ice-cream seller. Crispina's parents did not marry. In fact, her father abandoned Crispina's mother before she was born. Crispina and her brother were raised by their grandparents as their mother worked as a live-in domestic servant. Crispina remembered that her mother did not visit them when she had little money because her grandfather expected to receive some monetary help in exchange for looking after Crispina and her brother. As Crispina's mother was paid a very low wage, she only visited them once every two or three months. Her grandfather sold brooms made from dry sticks he collected in the countryside while her grandmother sold flowers in the middle-class Roma neighborhood. They lived in a hut, they cooked on a fogón, a wood burning stove, and they carried water from the river where they also bathed and washed their clothes. Her grandmother grinded maize at home and gave them pinole (sweet maize meal) instead of candies.

"We did not drink milk for breakfast; we had black coffee, tortillas with salsa and cheese, and sometimes charales (small dry fish), beans, potatoes with chiles, or broad beans. We ate beef fortnightly and chicken or turkey very rarely. My grandmother raised chickens and turkeys, but she kept the eggs to rear more

animals. We ate quelites and quintoniles (wild greens). The only fruit that we ate were pears, apples, peaches, and quinces that had fallen into the river. My grandfather sometimes bought us limes and oranges”.²

Crispina’s diet was based on maize, beans, chiles, and some vegetables they could grow, gather, or buy for a few pesos. Animal protein came from dry fish and meat she ate every fortnight. Policymakers described this type of diet as poor. In 1944, Dr. Rafael Ramos Galván argued that “we have to teach the populace to consume more animal protein, fruit, and vegetables.”³ In 1950, at the fourth annual meeting of the Mexican Hygiene Society, Dr. José Calvo de la Torre reiterated what delegates already knew: that malnutrition was a severe problem in Mexico.⁴ According to research by the Instituto Nacional de Nutrición (Institute of National Nutrition INN), in some regions of the country 90 percent of the caloric intake came mainly from maize which was not considered as providing 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.”⁵

Although in the 1950s INN scientists had already found that wheat and maize were virtually interchangeable, Dr. Calvo still reproduced the discourse of maize inferiority. People, like Crispina and her family, who represented the peasantry and the working class became the target of nutrition policies and programs. Although doctors were right to link a deficient diet with poverty, they argued that people’s malnutrition was caused by ignorance rather than low wages or lack of resources to produce or purchase foodstuffs. Poor families, however, did not have the choice of eating meat instead of vegetables and tortillas every day.

² Crispina Vargas Romero, interviewed by the author, Mexico City, 19 August 2005.

³ Rafael Ramos Galván, “El problema de la nutrición en México”: *Salubridad y Asistencia: órgano de la Secretaría de Salubridad y Asistencia*, 5:1 (1944), p. 33.

⁴ 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 /Ana María Carrillo (eds.), *Perspectiva histórica de atención a la salud en México 1902-2002*, México: Organización Panamericana de la Salud/Universidad Nacional Autónoma de México/Sociedad Mexicana de Historia y Filosofía de la Medicina, 2002.

⁵ José Calvo de la Torre, “Problemas de la nutrición en la república mexicana como país consumidor de maíz”, *Higiene: órgano de la Sociedad Mexicana de Higiene*, 1: 2 (1952), pp. 55-56.

This article explores how food was seen as a central aspect in the transformation of peasants into workers, and those of indigenous backgrounds into mestizos. The period between 1920 and 1960 represents a crucial transition that allows us to understand the broader process of cultural and dietary modernization in Mexico. It is a moment of postrevolutionary nation-state formation in which the government took an active role in transforming daily habits at home hoping to improve the living conditions of the population. In this process visiting nurses, like other state agents who implemented nutrition and welfare policy, struggled on the one hand to see the value and logic of local practices and traditional knowledge, while on the other hand they faced a lack of resources, services, and infrastructure that made difficult to carry out the proposed changes even if people wanted to do so. To show the challenges and complexities of modifying people's diet and the role of women in that process this work is divided into three sections. First an overview of the context in which these policies were taking place, then a discussion of the main nutrition ideas promoted by doctors, and finally a case study of a visiting nurse based on an oral history interview.

Raising Healthy Mestizos

The rhetoric of mestizaje in the twentieth century implied that for indigenous people to be part of the nation they had to embrace European culture and adopted middle-class manners and morals, thereby becoming mestizos. The mestizo had "a racial and cultural ascription of being civilized, modern, Western, progressive, evolved, and superior."⁶ Mexico was constructed as nation formed by indigenous and spaniards, but in this mix Western culture had to dominate. Although this rhetoric could be traced back to the colonial era, it was revamped during Porfirio Díaz's government.⁷ The Porfiriato, as the era of Díaz's regime was called, was heavily influenced by

⁶ Alicia Castellanos Guerrero / Jorge Gómez Izquierdo / Francisco Pineda, "Racist Discourse in Mexico": Teun A. Van Dijk (ed.), *Racism and Discourse in Latin America*, Plymouth: Lexington Books, 2009, p. 233.

⁷ Porfirio Díaz rose to power in 1876 under an anti-re-electionist banner, but he remained in power until the Mexican revolution erupted in 1910. His motto was "order and progress," which justified an authoritarian and repressive government.

positivist ideas claiming that scientific knowledge was the solution to all human problems. In terms of race, Porfirian intellectuals and politicians followed the path of thinkers such as Herbert Spencer who, inspired by Charles Darwin's theory of biological evolution, presented human history as the outcome of the survival of the fittest.⁸ In Spencer's mind, Caucasians were clearly superior as they were able to conquer the world and develop a material civilization unlike any other. Moreover, Anglo-Saxons represented the pinnacle of that evolution.⁹

Discussions about race and evolution gave rise to eugenics, a discipline seeking to improve human beings by studying the hereditary transmission of phenotypes and family history.¹⁰ Eugenicians divided the population into distinct and unequal races asserting differences and creating boundaries. The main point of discussion was whether those differences were fixed and natural (biological) or whether characteristics could be modified and if so, how to do it. While in the Porfiriato the biological perspective dominated, after the revolution most eugenicians considered that social improvement was possible through education, sanitation, and nutritional changes rather than genetic inheritance and Whitening. 'Backward' populations were able to uplift themselves through learning the 'right way of living.' This approach went along Lamarckian notions, which proposed the inheritance of acquired characters. In other words, that external influences could alter individual life as well as future generations. Therefore, education, hygiene, and health became the motor of change. In opposition, Mendelian conceptions of genetics dominant in mainstream discourses in the United States, Great Britain, and Germany highlighted that successful individuals and groups were genetically and innately well endowed, and thus the poor and unsuccessful were viewed as products of poor heredity.¹¹ For most of them ancestry rather

⁸ Herbert Spencer, *The Principles of Biology*, London: Williams and Norgate, 1864 (2 vols).

⁹ Hannah Arendt, "Race-Thinking before Racism": *The Review of Politics* 6, no. 1 (1944), pp. 65-66. Nancy Leys Stepan, *The Hour of Eugenics: Race, Gender, and Nation in Latin America*, Ithaca: Cornell University Press, 1991, pp. 22-25.

¹⁰ Laura Luz Suárez y López Guazo, *Eugenesia y racismo en México*, México: Universidad Nacional Autónoma de México, 2005, pp. 26-32.

¹¹ Stepan, *The Hour of Eugenics*, p. 27. Alexandra Minna Stern, "From Mestizophilia to Biotypology: Racialization and Science in Mexico 1920-1960": Nancy P.

than social conditions determined different groups, and their success or failure.¹²

After the revolution (1910-1921), Mexican intellectuals argued that the poor were poor not because they were lazy or inferior, but because of living in unhygienic conditions and ignorance, aspects that could be modified.¹³ José Vasconcelos, secretary of education between 1921 and 1924, solidified the mestizaje narrative in his book *La raza cósmica* (The Cosmic Race) published in 1925, and more importantly by incorporating this discourse into education policy. During his time in office, he created the Cultural Missions, an education program aimed at decreasing the illiteracy rate of 80%. On top of teaching how to read and write, these missions instilled western values and culture among the peasantry and indigenous peoples. Vasconcelos's program went from teaching Spanish to reading Greek classics as well as inculcating middle-class moral values and daily practices. Rafael Ramírez, director of rural education under Vasconcelos, demanded

“that children not only learn the Spanish language, but also acquire our customs and lifestyles, which are unquestionably superior to theirs. They must know that Indians call us the *gente de razón* (people of reason) not only because we speak Spanish, but because we dress and eat differently.”¹⁴

For Ramírez, there was hope for indigenous peoples as long as they assimilated, and thus left their culture and practices behind.

Eugenics ideals influenced education through home economics and childrearing. According to Ellen Richards, a founding figure of home

Appelbaum / Anne S. Macpherson / Karin Alejandra Roseblatt (eds.), *Race and Nation in Modern Latin America*, Chapel Hill: The University of North Carolina Press, 2003.

¹² Mendelian genetics were questioned by Max Rubner, who believed that nutritional reform could improve the lower classes. See Corinna Treitel, “Food Science/Food Politics: Max Rubner and ‘Rational Nutrition’ in Fin-de-Siecle Berlin”: Peter J. Atkins / Peter Lummel / Derek J. Oddy (eds.), *Food and the City in Europe since 1800*, Aldershot: Ashgate, 2007.

¹³ The Mexican revolution exploded after Francisco I. Madero won the first democratic elections of the twentieth century. The revolution brought Porfirio Díaz's dictatorship to an end, opening the path for middle-class reformers and victorious generals. Stepan, *The Hour of Eugenics*, p. 37.

¹⁴ Quoted by Jeffrey M. Pilcher, *¡Que vivan los tamales! Food and the Making of Mexican Identity*, Albuquerque: University of New Mexico Press, 1998, p. 91.

economics, scientific research had to supply women the knowledge to create an ideal environment at home so women would be productive and efficient while their family grew healthy, happy, and productive.¹⁵ Reformers and policymakers were very concerned about women working in factories and mingling freely with men. Not only morality was seen at risk in these spaces, but women were also deemed to be neglecting their families to earn a living. Thus, after the 1920s, reformers used public policy to create the conditions for women to remain at home. The rhetoric of motherhood and family life gained strength, most likely in response to the increasing number of women entering the workforce. The ideal of the middle-class, in which mothers were educated in home economics and stayed at home to look after their family, was reproduced in cookbooks and nutrition policies.¹⁶

Changing the working-class diet was a central aspect of improving the race, which frequently was referred as “civilizing” the Mexican people.¹⁷ Diet was seen as the gateway to health, but also to developing a work ethic and discipline. Healthy men and women would be more productive and would have healthier children. Following Neo-Lamarckian theories, policymakers and doctors created programs to modify daily practices such as cooking and eating. Biology and culture converged at this point as it was assumed that better adapted individuals were more efficient and productive within a capitalist order.¹⁸ Therefore food, public health, and education were seen as central elements to transform Mexico into a modern nation and

¹⁵ Megan Elias, *Stir It Up: Home Economics in American Culture*, Philadelphia: University of Pennsylvania Press, 2010, p. 11.

¹⁶ Sandra Aguilar Rodríguez, “Industrias del hogar: mujeres, raza y moral en el México posrevolucionario”: *Revista de Historia Iberoamericana*, 9:1 (2016), pp. 10-27.

¹⁷ Ernesto Aréchiga Córdoba, “Educación, propaganda o ‘dictadura sanitaria’: estrategias discursivas de higiene y salubridad públicas en el México posrevolucionario, 1917-1945”: *Estudios de Historia Moderna y Contemporánea* 33 (2007), p. 59; Joel Vargas Domínguez, “El auge y declive del Instituto Nacional de Nutriología de México y su proyecto de nutrición social de 1943 a 1956”: *Historia Mexicana* LXIX, 2 (2019), p. 513.

¹⁸ Karin Alejandra Rosemblatt, *The Science and Politics of Race in Mexico and the United States, 1910-1950*, Chapel Hill: The University of North Carolina Press, 2018, p. 22.

promote a market economy among indigenous communities and rural areas.

The development of the science of childrearing or puericulture went hand in hand with eugenics as it sought to make scientific principles available to women, particularly mothers.¹⁹ Eugenicists considered that intervening in reproduction, pregnancy, and early childhood would create a healthier nation. However, this implied a disrespect for traditional knowledge that had passed from generation to generation. The Sociedad Mexicana de Puericultura (Mexican Society of Childhood Hygiene) was created in 1929, and it preceded the Sociedad Mexicana de Eugenesia (Mexican Eugenics Society) established in 1931.²⁰ The interest in infant and children's diet resulted from the rise of puericulture and it defined the creation of welfare programs like school breakfasts, *gota de leche* (a drop of milk), and visiting nurses.²¹

Diet and Nutrition

Throughout the 1940s and 1950s, eating practices among the lower classes remained a major concern to middle-class doctors and reformers who argued that having a balanced diet and a clean kitchen were key to the health of the nation. Welfare advocates, however, faced an enormous challenge as 61.8 percent of the total population suffered from malnutrition in 1950 or died from poor hygiene.²² In the countryside, peasants lived crowded in one-room adobe huts without plumbing or lighting. The only source of ventilation was the door and

¹⁹ Puericulture was born in France at the middle of the nineteenth century. The term was coined by Alfred Caron and popularized by Adolphe Pinard.

²⁰ Alexandra Minna Stern, *Eugenics in Latin America*, Oxford Research Encyclopedias, <https://doi.org/10.1093/acrefore/9780199366439.013.315> (accessed February 8, 2022).

²¹ Carlos Viesca Treviño, "La gota de leche. De la mirada médica a la atención médico-social en el México posrevolucionario": Claudia Agostoni (ed.), *Curar, sanar y educar. Enfermedad y sociedad en México, siglos XIX y XX*, México: Universidad Nacional Autónoma de México / Benemérita Universidad Autónoma de Puebla, 2008, pp. 195-218. Claudia Agostoni, "Las mensajeras de la salud. Enfermeras visitadoras en la Ciudad de México durante la década de los 1920": *Estudios de Historia Moderna y Contemporánea*, 33 (2007), pp. 89-120.

²² Dirección General de Estadística, *Séptimo censo general de población*, México: Secretaría de Economía / Dirección General de Estadística, 1950. p. 8

smoke from the burnt wood used to cook filled the room. Rural inhabitants had restricted access to health centers while welfare programs, such as school breakfasts or subsidized food shops, did not always reach their communities.²³ The poor could not afford beef, pork, lard, and eggs. The diet of the peasantry and urban poor continued to be based on maize, chiles, and beans. Although by the 1930s, doctors and reformers recognized that basic staples such as tortillas and beans had some nutritional value; they still considered it necessary to increase the caloric intake through animal protein.

According to doctors, before any policy could be implemented, it was essential to analyze and measure Mexicans' diet. The Sección de Investigación de la Alimentación Popular (Popular Diet Research Unit), under Dr. José Quintín Olascoaga, carried out the first food surveys

“to obtain the necessary data to have a clear idea about the characteristics of the diet of the current inhabitants of various areas across the country and to begin our training in this kind of research which has been carried out for the first time.”²⁴

In 1943, research on food practices was reorganized and systematized by the recently founded INN.

In 1944, the Rockefeller Foundation provided funding and advice to investigate the eating habits of the peasantry and working class. The Rockefeller Foundation program was the first of its kind working in situ with technology and expertise to improve agriculture and health.²⁵ The first surveys and interviews were directed by Dr. William O. Robinson, Dr. Richmond E. Anderson, and George C. Payne, along with Dr. José Calvo and Dr. Gloria Serrano. The research was carried out at five sites,

²³ Ethnographers and anthropologists have provided revealing descriptions and analysis of rural Mexico after 1921. See Robert Redfield, *Tepoztlan: A Mexican Village. A Study of Folk Life*, Chicago: University of Chicago, 1930. Oscar Lewis, *Life in a Mexican Village: Tepoztlán Restudied*, Urbana: University of Illinois Press, 1963.

²⁴ José Quintín Olascoaga, "Datos para la historia de la Nutriología en México": *Salubridad y Asistencia*, VIII:5 (1948), pp. 308-309.

²⁵ Deborah Fitzgerald, "Exporting American Agriculture: The Rockefeller Foundation in Mexico, 1943-53": *Social Studies of Science*, 16:3 (1986), p. 458. See also Anne-Emanuelle Birn, *Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico*, Rochester: University of Rochester Press, 2006.

two in Mexico City and three in other states.²⁶ In the capital city they focused on working-class neighborhoods (Santa Julia, Santo Tomás and Nueva Santa María) and on diners at a public dining hall located in the downtown. In rural areas, surveys concentrated on two indigenous communities: the Otomíes living at the Mezquital valley in Hidalgo and the Tarascos at Capula in Pátzcuaro Michoacán; plus a mestizo peasant ejido (communal land) in Yustes, Guanajuato.²⁷

According to Dr. Francisco de Paula Miranda, 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 had a slightly higher total intake (75 percent).²⁸ Dr. Miranda stressed that the consumption of animal protein was very low in both groups particularly among the Otomí, who despite having a good protein intake (89 percent of the recommended daily consumption) still ate too little animal protein (4.8 percent). Dr. Miranda suggested counteracting the deficiencies in vitamins, proteins, and amino acids by eating meat, eggs, and drinking milk, advice consistent since the Porfiriato, but only the middle and upper class could afford these foodstuffs. Food surveys show, however, that malnutrition was higher among the urban poor than among indigenous people's as poor city dwellers did not have access to land in which they could grow vegetables or raise animals.²⁹ Researchers were surprised to find out that among the five groups studied, the Otomí indigenous community in the Mezquital Valley had

²⁶ In the late 1940s, further surveys were carried out in places such as Chiapas. Archivo Histórico de la Secretaría de Salubridad y Asistencia (hereafter AHSSA), Subsecretaría de Salubridad y Asistencia (hereafter SubSyA), Box 17, File. 11.

²⁷ Francisco de Paula Miranda, *La alimentación en México*, México: Instituto Nacional de Nutriología, 1947, pp. 13-20.

²⁸ Calories were calculated according to the ideal average intake of adults under moderate work, which in 1947 were 3,000 calories. In the Mezquital Valley, the average intake was of 1,800 calories. Dietary standards had been firstly delineated in 1925 by the League Health Organization and the International Labor Office. They established a dietary standard of 2.500 calories per day for a laboring adult. Nick Cullather, "The Foreign Policy of the Calorie": *The American Historical Review*, 112: 2 (2007), p. 23. For more details about the public dining halls see Sandra Aguilar Rodríguez, "Cooking Modernity: Nutrition Policies, Class, and Gender in 1940s and 1950s Mexico City": *The Americas*, 64:2 (2007).

²⁹ De Paula, *La alimentación en México*, pp. 20-21.

the healthiest teeth of all. 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, roots and plants and drank pulque (a fermented drink) they were healthy.

“It seems that despite poverty and lack of incentives, the Otomíes 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 that something really good could substitute for their foodstuffs.”.³⁰

These findings suggest that the eating habits and health of indigenous peoples were not as bad as doctors had previously thought. But regardless of the evidence, the official discourse deployed in welfare and education institutions remained the adoption of foodstuffs such as meat and milk, instead of encouraging the consumption of wild greens and regional fruits associated with indigenous peoples. Therefore, in determining the value of foodstuffs, cultural prejudices were more influential than nutritional science.

The case of soy, a completely new foodstuff in Mexico, further proves doctors’ lack of interest in investigating and encouraging the consumption of foodstuffs that were already part of peasant or indigenous people’s diet. In the 1940s, doctors discussed the use of soy to solve malnutrition problems among the poor, but it was not until the 1950s that the state undertook experiments to mix soy with maize flour (masa harina) to produce a fortified tortilla. Dr. Edmundo Bandala Fernández mentioned in a report written in the mid-1940s that talks were given at Centros de Higiene y Asistencia Infantil (Hygiene and Child Welfare Centers) throughout the country to teach mothers how to cook and use soybeans when meat, milk, and eggs were not within budget. The project, however, was a complete failure. Although doctors and technicians did not notice any change in flavor in tortillas prepared with mixed maize and soya flour, peasants and workers did.³¹

³⁰ Richmond K. Anderson / José Calvo de la Torre, “Nutrición y alimentación de los indios otomíes del Valle del Mezquital”: *Salubridad y Asistencia*, 11:IV (1945), p. 46.

³¹ Report of the activities concerning mother and child health, (1945?), AHSSA, SubSyA, box 7, file 5. In the 1950s, Dr. Jesús Díaz Barriga from the INN encouraged the Ministry of Treasury and Credit to promote soy cultivation and consumption. See Letter from Dr. Barriga addressed to Lic. Ramón Beteta, 28 November 1950,

From the late nineteenth century, doctors had linked nutrition not only with health, but also with morality. Dr. 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.”³²

Nevertheless, health and morality could improve if people changed their diet and eating practices. Dr. Miranda, following Neo-Lamarckian theory and in line with Mexican eugenicists, stressed that social improvement was the result of education and environment rather than genetic inheritance. Therefore, the physical and mental features that characterized indigenous peoples were a result of poor diet rather than race. Doctors emphasized that ‘backward’ populations could raise their standards by learning the ‘right way of living,’ which entailed an imitation of middle-class values and lifestyles. Dr. Miranda, as head of the INN, along with the SSA advocated welfare programs to transform eating and cooking practices. Welfare policies targeted women, but women also played a key role in policy implementation by working either as nurses or social workers, as I discuss in the following section.

Helia, a Visiting Nurse in Rural Mexico

The professionalization of health workers dated back to the nineteenth century, when doctors proposed legislation to examine and license trained (empiric) midwives.³³ In 1907, the Escuela de Enfermería

AHSSA, SubSyA, box 11, file 9. The introduction of soy in Mexico, however, remains an unwritten chapter of welfare and food history.

³² De Paula, *La alimentación en México*, p. 29.

³³ 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,” María Teresa Fernández Aceves / Carmen Ramos Escandón / Susie Porter (eds.), *Orden social e identidad de género. México siglos XIX y XX*, Guadalajara: Centro de Investigaciones y Estudios Superiores en Antropología Social/Universidad de Guadalajara, 2006. Claudia Agostoni, “Discurso médico, cultura higiénica y la mujer en la Ciudad de México al cambio de siglo (XIX-XX):” *Mexican Studies/Estudios Mexicanos*, 18:1 (2002), pp. 1-22.

(School of Nursing) opened its doors.³⁴ It aimed at increasing the number of qualified nurses and midwives by emphasizing formal education over empirical training.³⁵ In 1922, the Departamento de Salubridad (Department of Public Health) established the Escuela de Salubridad e Higiene (School of Health and Hygiene –ESH-) to train visiting nurses, some of whom were already working as midwives and nurses.³⁶ Visiting nurses followed the tracks of teachers who participated in the Cultural Missions program launched by Vasconcelos.

Dr. Federico Villaseñor pointed out that visiting nurses oversaw hygiene and preventive medicine. They had to attract individuals and families to health centers 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.”³⁷

Visiting nurses had to bring science and medicine to Mexico's hearth and home without being too intrusive. They had to convince working-class and peasant women to change their practices by showing them the advantages of a well-organized household, which entailed the imposition of middle-class ideals.

Dr. Villaseñor suggested that “to have successful results it is important to train women to become self-sacrificing and altruistic

³⁴ María del Pilar Granda Balcazar, *Se cumplen 100 años de la creación de la escuela de enfermería del Hospital General*, (Accessed on 14 Oct. 2010) http://hgm.salud.gob.mx/pdf/enfer/arti_26.pdf, México, 25 July 2007.

³⁵ The School of Nursery and Obstetrics was founded in 1907 and in 1911 it became part of the National University. Moisés Castillo García (ed.), *La universidad y la Ciudad*, México: Coordinación de Humanidades/Programa Universitario de Estudios sobre la Ciudad, 1995, p. 63.

³⁶ José Álvarez Amézquita / Miguel E. Bustamante / Antonio López Picazos / Francisco Fernández del Castillo (eds.), *Historia de la salubridad y la asistencia en México*, Mexico: Secretaría de Salubridad y Asistencia, 1960, (vol II) p. 188. On visiting nurses in the 1920s see Agostoni, “Las mensajeras de la salud.”

³⁷ Federico Villaseñor, “El trabajo social y sus agentes”: *Trabajo Social: boletín mensual puesto al servicio de las trabajadoras sociales de México*, 2: 9 (1947), pp. 3-4.

nurses who dedicated their life to improve people's living standards."³⁸ Visiting nurses played the role of mothers educating the children of the nation, which on the one hand empowered women as they were considered agents of modernization and progress, but on the other hand this discourse emphasized the sexual division of labor. Moreover, through visiting nurses the state underscored the subordination of men and women to institutions and conceptualized peasants and workers as children.³⁹ Visiting nurses represented the state entering communities and neighborhoods to teach what doctors and policymakers considered appropriate, experience that some people found intrusive and threatening. Outreach to the population, however, was a complex task due to the reduced number of visiting nurses (819 in 1946).⁴⁰

Helia Hernández Flores worked as a visiting nurse in the late 1950s in the state of Guanajuato.⁴¹ Helia's experience exemplifies the efforts of postrevolutionary governments to transform peasant practices and how peasants negotiated, challenged, and adapted state policies to their contexts and interests. Helia's life story also illuminates the institutionalization of patriarchy through the state's reinforcement of paternalism and clientelism, and how social hierarchies were underscored.⁴² Helia was born in Celaya, Guanajuato in 1935. Helia's father died when she was a toddler, her mother passed away when she was 14 years old and had no siblings. Helia followed in her mother's

³⁸ Villaseñor, "El trabajo social", p. 4.

³⁹ These power dynamics have been studied by Judith Rollins in the case of domestic workers. Judith Rollins, *Between Women: Domesticity and Their Employers*, Philadelphia: Temple University, 1985, pp. 186-87.

⁴⁰ 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*, II: 6 (1946), p. 3.

⁴¹ In the mid-1960s, Helia left the Health Department to marry. She began a career in academia, teaching nursing and obstetrics at the University of Guanajuato. In 1972, she became the first woman who directed the School of Nursing in the same university. *Antecedentes históricos del departamento*, (accessed on February 8, 2022). <http://www.dcne.ugto.mx/enfermeria/conoce-el-departamento/historia>

⁴² Although oral testimony is extremely valuable, as time passes by it becomes more difficult to find women who worked as visiting nurses or social workers in the 1940s and 1950s. Other sources to be considered are nurses and social workers reports as well as their BA theses.

footsteps, she became an empiric midwife, but Helia was interested in professional training.

After high school, Helia applied for a grant to study nursing and obstetrics for one year in Guanajuato, capital of the state. She subsequently won another scholarship to continue her studies at the ESH in Mexico City. After two years, Helia obtained a degree in nursing and obstetrics and went back to Irapuato, where she lived with her godmother. She recalled that the ESH 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?”.⁴³ Helia found it difficult to start her career, as in her own words, she lacked self-confidence.

After her nursing training, she worked for two years in a wheat mill and bakery while in her spare time she helped women to give birth and did some nursing jobs such as injecting the ill. A nurse, who patronized the bakery in which Helia worked, told her about a position at Guanajuato’s Health Department headed by Dr. Barba. Her application was successful, so by the late 1950s she was training midwives and working in sanitary brigades across the state. In the countryside, Helia remembers facing two main problems: rural inhabitants did not go to health centers and were suspicious of nurses in the communities. Helia thought that people did not know what a health center was for and had no trust in doctors and nurses. For her, the main goal of sanitary brigades was to explain to people why they were there and gain their trust.

The military organization of sanitary brigades shows reformers’ predilection for the use of force to impose health and nutrition policies, which reveals continuities between Porfirian and postrevolutionary Mexico. In the Porfiriato, the *policía sanitaria* (sanitary police) enforced health regulations such as prostitution codes.⁴⁴ During the revolution, sanitary brigades were established to assist the wounded.⁴⁵ In 1921 the

⁴³ Helia Hernández, interviewed by the author, Guanajuato, July 23 2005.

⁴⁴ Katherine E. Bliss, *Compromised Positions: Prostitution, Health and Gender Politics in Revolutionary Mexico*, Pennsylvania: Pennsylvania University Press, 2001. Ana Cecilia Rodríguez de Romo / Martha Eugenia Rodríguez Pérez, “Historia de la salud pública en México: siglos XIX y XX”: *História, Ciências, Saúde-Manguinhos*, 5:2 (1998), pp. 293-310.

⁴⁵ Guadalupe Villa Guerrero, “Las enfermeras, otro rostro de la revolución”: *Sólo Historia*, 8 (2000), pp 47-52.

state, with the support of the Rockefeller Foundation, launched sanitary brigades to fight yellow fever.⁴⁶ Even in the 1930s and 1940s, sanitary and health brigades travelled around the country keeping their martial organization.⁴⁷ Postrevolutionary upheaval, particularly in the Bajío, the area where Guanajuato is located, meant that rural regions were still dangerous. The Cristero War (1926-1929), caused by state anticlerical policies, and later President Cárdenas's socialist education project (1934-1940) bred distrust between state bureaucrats and peasants. Moreover, between 1946 and 1952 an outbreak of foot-and-mouth disease brought armed officials to the countryside under the rifle sanitario (health rifle) campaign to kill infected cattle.⁴⁸ Thus, the political and economic situation in the Bajío generated an atmosphere of fear in which peasants perceived armed sanitary brigades as another a violent intrusion from the state while state officials feared violent reactions from peasants.

In the late 1950s, when Helia began her work, sanitary brigades in Guanajuato were still formed not just by nurses but also by armed sanitary officials, which made them more threatening and less welcomed.

⁴⁶ Marcos Cueto, *Missionaries of Science: The Rockefeller Foundation and Latin America*, Bloomington: Indiana University Press, 1994, p. 53. eBook Collection (EBSCOhost).

⁴⁷ Anne-Emannuelle Birn, "Las unidades sanitarias: la Fundación Rockefeller versus el modelo Cárdenas en México": Marcos Cueto (ed.), *Salud, Cultura y Sociedad en América Latina: Nuevas Perspectivas Históricas*, Lima: Instituto de Estudios Peruanos/Organización Panamericana de la Salud, 1996; Mary Colby-Monteith, "Nursing in Mexico: Observations on a Six-Weeks Visit": *The American Journal of Nursing*, 4:7 (1940), pp 746-754. On the similarity between Misiones Culturales (Cultural Missions) and Misiones Médicas (Health Missions) see Cecilia Greaves Lainé, "Proyectos y realidades de las misiones culturales (1942-1984)": Eric Van Young/ Ricardo Sánchez / Gisela von Wobeser (eds.), *La ciudad y el campo en la historia de Mexico: memoria de la VII Reunión de Historiadores Mexicanos y Norteamericanos*, Oaxaca, Oax., 1985, México: Universidad Nacional Autónoma de México, 1992, (vol. II), pp. 947-951.

⁴⁸ Manuel A. Machado, *The North Mexican Cattle Industry, 1910-1975: Ideology, Conflict, and Change*, College Station: Texas A&M University Press, 1981, pp. 85-88. eBook Collection (EBSCOhost).

“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.”⁴⁹

Helia criticized the participation of these armed men, who did not have any training in health or nutrition and only scared people, so she asked doctors not to send armed 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 capable, despite her academic degree, because of her gender. Doctors believed that sanitary officials had to accompany nurses because it was dangerous for women to go by themselves. However, when Helia oversaw the brigades, she insisted on not having any armed officers in her team. “I thought that we had to enter communities with people’s consent, not by force.”⁵⁰

Helia challenged her bosses and their cultural assumptions by insisting on organizing 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 and would trust brigades by finding them friendly and reliable. Nevertheless, Helia demanded that nurses wear their uniforms and bring their briefcases to show their professionalism, which implied not only formal training, but also looking like proper health workers. But when brigades arrived at the countryside, they found that even with their tidy uniforms and without guns poor peasant women did not welcome them.

As much as peasant women felt ashamed of their poverty, they also disliked being told how to raise their family by outsiders. Helia recalled that to avoid the nurses

“women told us that they were not at home, that they did know 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.”⁵¹

But women did not always agree. Some women suspected that nurses were teaching contraceptive methods, which they feared because their

⁴⁹ Hernández, interviewed by the author.

⁵⁰ Hernández, interviewed by the author.

⁵¹ Hernández, interviewed by the author.

husbands did not want them to use any contraception.⁵² Women also thought that nurses brought illnesses with them. 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 at or carried by unknown people. Helia told 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 responded to her that despite poverty 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 programs. Helia reproduced a middle-class rhetoric 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, sandals not only protected children’s feet, but also their dignity. The state, through welfare bureaucrats like Helia, demanded peasants and poor people to improve their living standards just with information. Wearing shoes was a metaphor of the progress peasants strove to achieve but were unable to do so due to the lack of economic means to even cover necessities. Furthermore, 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 beyond their reduced budget.

Welfare and education rhetoric stressed that poor women did not necessarily need money, but information and enthusiasm to improve their way of life. Visiting nurses were trained to teach women that lack of hygiene and a poor diet could be solved through home economics training and greater understanding of nutrition. Nevertheless, Helia identified lack of resources and basic services as the main problem among peasants in rural Guanajuato. She recalled that families lived on a basic diet of maize, beans, and chili; and food was not always well cooked as they were short of firewood. Reduced access to water resulted in poor sanitation, as people were not used to or able to wash

⁵² Lewis points out in his study of rural Tepoztlán that children represented a guarantee of women’s fidelity to their husband as looking after their offspring forced women to be at home. Oscar Lewis, “Husbands and Wives in a Mexican Village: A Study of Role Conflict”: *American Anthropologist*, 51:4 (1949), p. 610.

their hands or bath often, and women did not wash herbs or vegetables. Poor diet and lack of sanitation facilitated the spread of parasitic infections, but without access to services and money peasant women could not live up to middle-class standards and improve their health even if they were willing.

The rhetoric of hygiene and nutrition depicted indigenous people and peasants' practices and diet as inherently problematic. Helia, as a qualified nurse, stressed the importance of science, not traditional knowledge. She disapproved, for instance, the lack of nutritionists or trained nurses in rural health centers. If patients had doubts about food preparation, Helia complained, they had to ask the only female worker in the center, who was a janitor. "Even though the cleaner knew several recipes, she did not have the knowledge to teach people."⁵³ 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. Meanwhile only qualified middle-class women had the necessary knowledge to teach peasant women, whose traditional knowledge was not valued.

But gaining access to women's kitchens to impart that knowledge was not easy. When Helia explained to women those nurses were there to teach them how to cook, they responded that they did not even have firewood. Through these claims, peasant women underscored their poverty and used it as a pretext for not granting them access. According to Helia, teaching basic recipes was required as some peasant women said that "feeding children with an infusion of orange leaves was enough for their blood to grow."⁵⁴ Therefore Helia taught them how to prepare corn gruel, purée to feed infants and soups, as well as how to boil vegetables and beans. Helia stressed the importance of washing vegetables as "many people only took orange leaves, blew at them to remove the dust and boiled them or they took beans off the pod with the mouth and boiled them."⁵⁵ As peasant women did not allow nurses in their homes, Helia organized a community kitchen at the health center. The health authorities of Guanajuato provided her with a paraffin stove, and later a gas stove. Due to women's poverty, the Health Department had to buy the food to cook.

⁵³ Hernández, interviewed by the author.

⁵⁴ Hernández, interviewed by the author.

⁵⁵ Hernández, interviewed by the author.

“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”.⁵⁶

Helia found that food and the work of the community kitchen was the best means 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 and it was an acceptable female activity. Helia, as a woman, was able to engage in a relationship with female peasants however, it was not an equal relationship. Helia was there representing the state as a professional who taught female peasants who were seen as children in need of learning. Women gathered in the communal kitchen to cook and prepare what state reformers considered best. Still Helia had to negotiate her way in by finding a neutral space, where peasant women did not to feel judged and by providing them free food.

Helia recalled that some women wanted to learn how to bake cakes to sell, but nurses said that first they were going to learn the basics. Some peasant women perceived baking as a lucrative cottage industry as cakes were not available in the community. But nurses considered that before eating or selling cakes peasant women had to learn what Helia defined as ‘the basics:’ to cook a peasant diet under hygienic conditions. Peasant women, however, saw the community kitchen as an opportunity to enter the market economy and improve their family’s standard of living. As Lauren Wynne shows in her anthropological study of food rural Yucatán, for women who participated in these government-initiated classes

“memories are vague, but some embraced these recipes, many of which used locally produced ingredients. Several women recalled learning how to bake and decorate cakes and a few used their skills to prepare cakes for sale for a short period.”.⁵⁷

Helia’s life story offers a testimony to the difficulties that visiting nurses faced in trying to implement nutrition policies in rural areas where

⁵⁶ Hernández, interviewed by the author.

⁵⁷ Lauren A. Wynne, *Predictable Pleasures: Food and the Pursuit of Balance in Rural Yucatan*, Lincoln: University of Nebraska Press, 2020, p. 73

peasants lived below subsistence level, but it also reveals how rural inhabitants, particularly women, responded to welfare programs. Visiting nurses adapted and communicated a knowledge alien to peasant women, who used state programs in a variety of ways, which did not always correspond with reformers' ideals like learning to bake cakes. Negotiation between nurses and peasants illustrates gender, class, and race tensions. Helia decided to build trust between state workers and local communities rather than use force as male doctors proposed. However, there were limits to her challenge of gender roles as her sanitary brigade had to propose an acceptable female activity, cooking, to be granted access. Although women were instrumental in nutrition programs, policymakers sought to replace the paterfamilias' control over private life with that of the state. Hence, organizing a community kitchen provided women with responsibilities and training while giving food and fuel for free reinforced state paternalism. Visiting nurses who came from a poor background but were able to move upward through education, saw peasants' practices as inferior and in need of change. The lack of understanding of peasant culture and values, the limited resources of welfare institutions, and poor infrastructure played a key role in the limited success of nutrition welfare programs in rural Mexico. The main challenge came from an uneven access to resources, which was far more complicated to address by the government.

Conclusions

Postrevolutionary governments implemented a series of policies to improve the life of peasants and workers, which implied the transformation of these groups into healthy and productive citizens. This process entailed the acculturation of these communities into an ideology of mestizaje in which indigenous and rural practices were seen as based on superstition and ignorance while ideal practices were identified with scientific knowledge and urban middle-class culture. Peasants and workers had to adopt cooking and eating habits dominant in the global north, such as drinking milk and increasing the consumption of animal protein. This study reveals the role of women implementing welfare programs as well as agents of change within their

households. Child-rearing was a central aspect of nutrition rhetoric, and women were considered responsible for that.

Although nutrition policies and welfare programs in most cases were created by middle-class men, they were frequently implemented by and targeted women. Helia's experience shows there was a process of negotiation at the level of implementation, one in which women as visiting nurses and social workers, played a central role. They had to find ways to gain the trust of women in the community while also fighting to get the respect of their male bosses. Women representing welfare institutions faced the challenge of putting into practice nutritional and sanitation guidance in communities without economic resources and basic services. Ideas about what was worth learning diverged as Helia considered that basic daily cooking was the first step while peasant women wanted to learn how to bake, a skill seen as profitable. In the process of bringing different views of the world together visiting nurses realized that in some cases, like the indigenous peoples of the Mezquital Valley studied by Anderson and de la Torre, it was better to leave people's diet as it was if there was not a viable way to improve it.

Change ended up arriving along with the growth of the processed food industry at the end of the twentieth century, but it did not represent an improvement in nutritional terms. Instead of an increase in animal protein or a focus on hygiene and balanced diets, the poor throughout Mexico increased their consumption of soda, "instant coffee, and crackers while some purchase more expensive processed foods such as sweetened yogurts, hot dogs, and sandwich bread."⁵⁸ The limited success of state programs was partially caused by a decline in farming accelerated in the 1990s and early 2000s by the North American Free Trade Agreement which reduced the availability of local ingredients. At the same time production and distribution of processed food increased, bringing foodstuffs high in fats, carbohydrates, and empty calories into the tables of peasants and workers symbolizing social mobility.⁵⁹ Packaged food, and not healthy dishes prepared under hygienic conditions, became the modern diet identified with the global

⁵⁸ Wynne, *Predictable Pleasures*, p. 44. Thomas Leatherman / Alan Goodman, "Coca-Colonization of Diets in the Yucatán": *Social Science & Medicine*, 61:4 (2005), pp. 838-40.

⁵⁹ Wynne, *Predictable Pleasures*, p. 179.

north. Gender roles also changed as women's participation in the money economy increased leaving less time and energy to food preparation. Changes in diet on the long run ended up creating health problems such as obesity, diabetes, and heart disease prevalent in current Mexico.