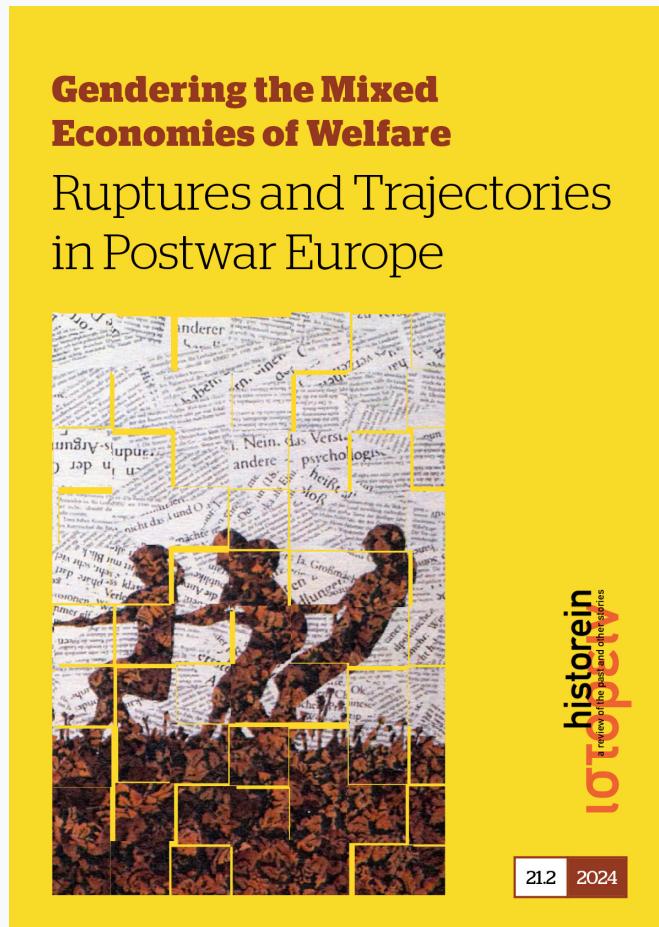


Historein

Vol 21, No 2 (2024)

Gendering the Mixed Economies of Welfare: Ruptures and Trajectories in Postwar Europe



Motherhood and Childcare

María Ángela Cenarro Lagunas

doi: [10.12681/historein.32598](https://doi.org/10.12681/historein.32598)

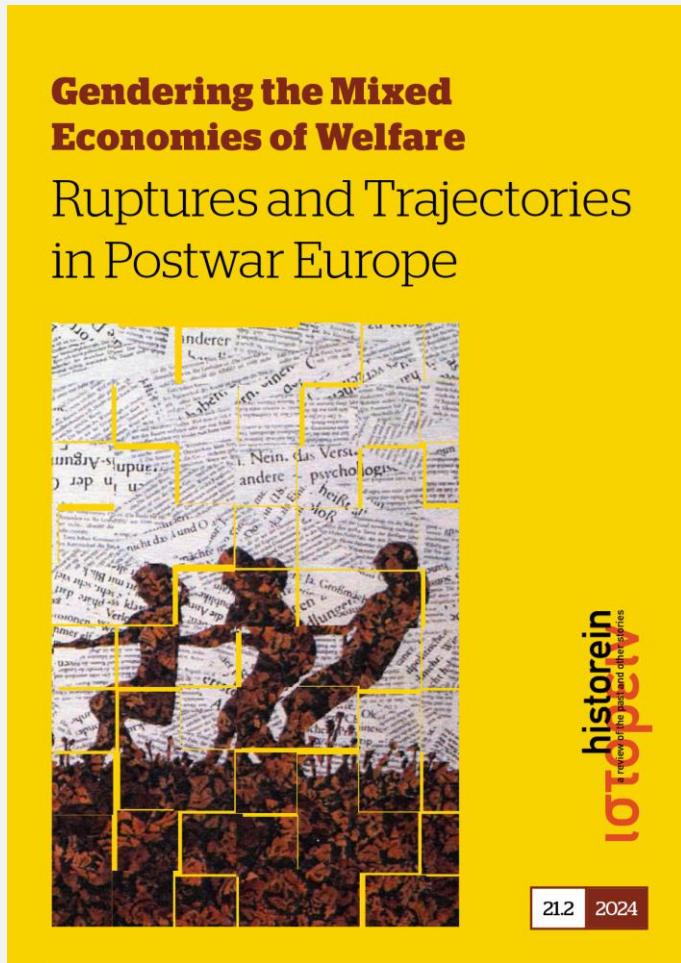
Copyright © 2024, María Ángela Cenarro Lagunas



This work is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0](https://creativecommons.org/licenses/by-nc-sa/4.0/).

To cite this article:

Cenarro Lagunas, M. Ángela. (2024). Motherhood and Childcare: Agents in the Francoist "Social State". *Historein*, 21(2).
<https://doi.org/10.12681/historein.32598>



Gendering the Mixed Economies of Welfare

Ruptures and Trajectories in Postwar Europe

Motherhood and Childcare: Agents in the Francoist “Social State”

Ángela Cenarro

doi: 10.12681/historein.32598

To cite this article:

Cenarro, Ángela. 2024. "Motherhood and Childcare: Agents in the Francoist 'Social State'". *Historein* 21 (2). <https://doi.org/10.12681/historein.32598>.

Motherhood and Childcare: Agents in the Francoist “Social State”*

Ángela Cenarro

University of Zaragoza

“Today’s children are tomorrow’s men and Spain wants them healthy and strong.” This headline opened the special supplement dedicated to the social-health protection of the “Spanish child” in the newspaper *Ya* on 19 March 1952, St Joseph’s Day in the Catholic calendar. The various reports showed the extent to which the fight against infant mortality had become a hallmark of Franco’s dictatorship, in line with the guidelines of the World Health Organisation (WHO). Spain’s recent membership in this body, in 1951, had been a milestone in the government’s efforts to find its place in the post-1945 international order.¹ The WHO figures were used by Dr Juan Bosch Marín, head of the Obra Maternal e Infantil (OMI) of the Instituto Nacional de Previsión (INP) to demonstrate that, since the end of the war, Spain had halved an infant mortality rate that, at 109 per 1,000 in 1935, placed it 26th in the list of “civilised countries”. According to Bosch Marín, success in this endeavour was due to the official health institutions, the introduction of the Seguro Obligatorio de Enfermedad (SOE, Compulsory Health Insurance) and the invaluable contribution of organisations such as the Auxilio Social (AS) and the Sección Femenina (SF). Of the latter, he highlighted the “hard and effective work” of its nurses and disseminators who, “in accordance with the Caudillo’s instructions”, acted as a link between needy families and the state.² The collaboration of mothers was also essential, as they were expected to play an active part in this collective enterprise which, for the good of the nation, was led by the doctors of the official health service. Spanish women, he concluded, “must learn childcare and stop being ignorant”.³

The pages of *Ya* reveal how the health and social protection of children, as well as the education of women as mothers, had become a central project in Franco’s dictatorship. Alongside the interests of political legitimacy in the international order of the Cold War, the implementation of social, health, education and welfare policies, all of which were driven by population-based concerns, converged in this project. The aim of this article is to explore its origins in the continuity and redefinition, as well as the rupture or breakdown, of previous discourses, practices and institutional designs, from the “mixed economy of welfare” approach. This perspective of analysis allows us to reconsider the history of welfare as a process of the unidirectional rise of the state by highlighting the value of the voluntary

sector, linked to the birth of a civil society, which has been largely ignored by historiography.⁴ It therefore implies a revision of the model that has been taken as a reference to evaluate the achievements of other countries, like those of the periphery or southern Europe, with weak states and strong political upheavals throughout the twentieth century⁵.

The mixed economy of welfare approach, in short, sheds light on Franco's social and health action through three lines of analysis. The first inserts the case of Spain into European narratives, from which it is often absent, since it was not involved in the two world wars and has had a particular path to democracy, plagued by obstacles in the form of coups d'état, a civil war and dictatorships. Historiography has highlighted that the liberal (1876–1923) and democratic (Second Republic, 1931–1939) systems laid the foundations of the welfare state thanks to the promotion of welfare systems and official health care, especially in the 1930s. Accordingly, the dictatorial regimes (1923–1930, with the dictatorship of General Primo de Rivera, and 1939–1975, that of General Franco), slowed down the general process of progress of the Western powers towards a universal welfare model financed by a tax system typical of Western democracies after 1945.⁶ Franco's health and social welfare system, in addition to being poorly financed and obsolete with respect to European trends, was characterised by weak coverage and a fragmented management system to satisfy the interests of the political families that supported it – Catholics vs. Falangists.⁷

Regardless of this delay, in the second line of analysis Spain offers an ideal scenario to address the interaction of state and non-state actors in the practice of social action in the breakdown of liberal democratic politics and the imposition of a corporatist model. Its definition has been the subject of historiographical controversy, with no agreement on its authoritarian, fascist or fascistised character of Franco's dictatorship.⁸ Given the weakness of the state, the regime rested on three bureaucratic pillars. Two of them, the army and the Catholic Church, had already been solid supporters since the nineteenth century. The new, fascist single party, Falange Española Tradicionalista y de las Juntas de Ofensiva Nacional Sindicalista (FET–JONS), brought together all the previous right-wing political forces, and prevented the existence of political formations outside it. From its creation in April 1937, FET–JONS was set up as a large-scale "parastatal" structure, with several national delegations – among them the SF, the main subject of this study – and their respective provincial and local delegations. It is appropriate to use the term "parastatal" because it was an organisation parallel to, but not merged with, the public administration, which contributed to the purposes of the state by delegation from the latter. The party had an ambiguous place in the state structure of the regime. It was publicly funded through the general state budget but its workers were not civil servants. The SF was a huge bureaucracy operating in society and, although it was largely sustained by the voluntary work of its militants, it was

far from representing a civil society – which, in its liberal conception, was non-existent in the postwar period. It illustrates how the interaction of the voluntary sector with the state was radically altered by the war and the creation of an authoritarian state.

And thanks to this ambiguity, the SF had a margin of action that allowed thousands of women to become agents for the reconstruction of the political, social and gender order in the Spanish postwar period. From this third point of view, it was an entity that mediated between the state and society. Born in 1934 as a women's auxiliary branch of the Fascist party, it reached 600,000 members during the civil war, in the heat of the war effort, and in December 1939 it was recognised as the only organisation of the regime for the recruitment and political training of Spanish women. Due to its promotion of ideals of female submission and abnegation, it was a decisive agent in the anti-feminist involution of Franco's regime.⁹ But its involvement in social tasks in the postwar period makes it difficult to ignore its role as an instrument of integration of women from different social sectors to the state's welfare project. This was especially significant in a society divided between victors and vanquished after the defeat of the Republic in the civil war, and politically demobilised in a postwar atmosphere of fear, denunciation and misery.¹⁰

The mixed economy of welfare perspective that underpins this article opens up new lines of enquiry in the history of social action in the postwar period in that it sheds light on a group of actors, many of them women. It challenges the state vs. civil society dichotomy that has prevailed in the analysis of social policies, but also examines the “productive entanglements”¹¹ of the interaction between institutional structures and individual or collective subjects. The case of Spain also enables us to explore how this interaction was redefined in authoritarian contexts by identifying practices embedded in power relations articulated around notions of gender, nation, as well as political and social exclusion, which have remained on the margins of the best-known accounts of Franco's dictatorship.

Discourses and practices on maternal and child welfare before 1936

As in other countries in the Western world, in early twentieth-century Spain, the care of mothers and children was a concern that cut across the various reformist currents that addressed the “social question”. This coincided with the advance of scientific and medical discourses, which had a notable impact on the definition of new gender identity referents. The result was a renewed focus on maternity, conceived as a social function that had to be attended to in all its social, educational and medical dimensions. This had the double effect of dignifying this experience, while reinforcing the notion of the woman-mother as the main referent of feminine identity, thereby displacing others, such as the ideal of the virtuous woman, deeply rooted in a country with a strong Catholic tradition.¹² Social policies were closely linked to medical, hygienist and eugenic proposals that advocated a model of upbringing aimed at preventing disease and improving nutrition, in order to counteract the high rates of infant mortality. While these concerns had been on the agenda since the end

of the nineteenth century, they were revitalised when the “Disaster of ’98” accelerated the crisis of national identity following the loss of the overseas colonies after the defeat in the war against the United States.¹³ Thus, maternology and childcare were inspired by a notion of collective progress for the regeneration of the race and the nation.¹⁴

The practical expression of these concerns resulted in a combination of governmental projects, in the form of increasing state intervention, and other initiatives emanating from civil society, with a notable protagonism of activists and professionals, on the margins of, in collaboration with or in substitution of the state – as happened in the early stages of the civil war. State action was felt, for example, in the founding in 1926 of the National School of Puericulture to train teachers and visiting nurses specialising in maternal upbringing and the prevention of childhood illnesses. Also, the INP which, founded in 1908 as an entity for the design, implementation and management of social insurance, took decisive steps towards maternity protection by means of the subsidy (1923) and, shortly afterwards, the Seguro Obligatorio de Maternidad (SOM, 1929, Compulsory Maternity Insurance). The measures were congruent with the ratification of the Washington Convention (1919) by the Spanish government in 1922. But, along with international commitments, there was also the need to respond to the collective anxiety that the risk of maternity among working women posed to the health of the race and the nation.¹⁵ Thus, according to the 1929 decree that designed it, the insurance aimed to “increase the biological value of the race”.¹⁶ And the labour minister of the recently proclaimed Second Republic, the socialist Francisco Largo Caballero, approved its implementation in May 1931 to protect the mothers and children of the working classes “for rendering a great service to the nation”.¹⁷ The SOM stipulated financial compensation for the days of compulsory rest for working women and medical assistance through agreements with doctors, midwives and pharmacists. It also envisaged the creation of an attached medical agency as an organisational umbrella for a network of clinics and dispensaries, whose practical development from 1939 onwards would take place in a quite different context.

Social security measures were some of the spaces for initiatives from below that were closely related to institutional designs. Linked to savings banks (*cajas de ahorro*), Catholic social houses or parishes, “maternity mutuals” were founded, such as in Guipúzcoa, El Escorial and Valladolid, to ensure women’s rest and sustenance during pregnancy and puerperium.¹⁸ With some 20,000 affiliated women workers, the Instituto de la Mujer que Trabaja in Barcelona integrated one of the first maternity hospitals in Barcelona, the Santa Matrona clinic, and a school for nurses.¹⁹ Similar was the Montepío de la mujer que trabaja, in Bilbao, where the affiliates were entitled to the subsidy and medical assistance.²⁰ These experiences gave rise to activism to defend the improvement of conditions for working women during pregnancy and childbirth. The director of the Instituto de la Mujer que Trabaja, Ángeles Matheu, took part in the 1922 Barcelona Conference on

sickness and maternity insurance. The Catholic María de Echarri, who had promoted the Sindicato de la Inmaculada for needleworkers, campaigned for its implementation in the Asamblea Nacional Consultiva during Primo de Rivera’s dictatorship. Social action was, in short, a field that brought women into formal politics for the first time in the history of Spain.²¹

Other proposals “from below” welcomed initiatives from professionals, with women doctors echoing the same concerns. The Comité femenino de Higiene Popular (1911) was a private charitable society for the propagation of hygienic precepts in poor families in Madrid, through conferences, school camps, layette competitions, hygiene prizes for mothers and children, and collaboration with schools to disseminate healthy hygiene habits. Among its promoters were aristocratic women, liberal intellectuals such as María de Maeztu and Zenobia Camprubí, and doctors such as Concepción Aleixandre, Rosario Lacy and Manuela Solís.²² Also, of a liberal and independent nature was the Asociación Femenina de Educación Cívica (1932–1936), promoted by the socialist and feminist María Lezárraga as a space for the dissemination of knowledge for women of all social classes. The Cívica was a good example of the flourishing of women’s associations in the 1930s. The fact that its many lecture series included topics on motherhood and childhood, such as those given by Dr Luisa Trigo Seco, reveals the extent to which knowledge about hygiene and maternal and infant health was deeply linked to women’s education as part of a broader project of progress.²³

Left-wing activism was also a breeding ground for mother and child protection initiatives. The nascent antifascist women’s group, newly formed in Spain to attend the international Women’s Conference against War and Fascism in Paris, was dissolved after the government’s repression of the Asturias revolution in October 1934. It was reconstituted as the Asociación Pro Infancia Obrera, to protect the children of the families of repressed workers. And when the military uprising of July 1936 caused the collapse of the structures of the republican state, it cared for the children and orphans of militiamen in the Hogar Pro Infancia Obrera, established in the former Madrid Orphan’s Asylum.²⁴ Later in the conflict, the anarcho-feminist group Mujeres Libres tried to put into practice its ideal of educating women in conscious motherhood by founding the Casa de Maternidad in Barcelona, directed by the anarchist Áurea Cuadrado, which offered medical care and campaigns in favour of natural breastfeeding. In February 1938, Mujeres Libres collaborated with doctors and the health unions to set up an institute of childcare and maternology, which included a nursery and training for mothers in this science.²⁵

In short, in the decades before the civil war, motherhood and childhood were the object of public and private intervention through the combined interaction of protective legislation, advances in social security, a health model with hygienist and preventive approaches and the education of women as mothers. Across a broad spectrum of political positions, motherhood was conceived as a social function that dignified women and for which they deserved recognition and protection. This conviction was at the heart of

reformist concerns for national regeneration, as well as in progressive liberal, Catholic or left-wing projects for the emancipation of women. All these initiatives, collective experiences and public debates were cut short with the defeat of the republic after three years of civil war.

Mothers, children and demography in Franco's Spain

The military uprising of July 1936 against the Second Republic opened up an exceptional scenario in Spain. In the territory where it prospered, the declaration of a state of war endorsed the physical annihilation of the Republicans, with 100,000 deaths during the war; in the postwar period, another 50,000 were executed, in addition to almost half a million exiles. Since the beginning of the conflict, the military put political and trade union organisations sympathetic to the republic outside the law. In this context, the approach to mother and child protection underwent some changes. Firstly, the conditions described meant the breakdown of the liberal democratic model and, as a consequence, a new relationship between the state and civil society, as the army, church and party dismantled and intervened in the latter. Secondly, there was a basic continuity in the notions that had prevailed up to that point, such as the tutelage of mothers and the connection of their welfare and that of their children as part of a project of national regeneration, with a very noticeable shift towards the predominance of eminently medical and professionalised care. Finally, women's positioning with respect to care was within the conceptual framework of maternalism, but with important readjustments in its conception and practice. The following paragraphs will consider all these transformations in detail.

The civil war was the setting for the first institutional designs of Franco's social policy. It was conceived as a policy of family reinforcement and pronatalism, which crystallised in the slogan of reaching 40 million Spaniards. To the secular concern about infant mortality was added, at this time, the virulent fight against neo-Malthusian policies, identified with the republic and left-wing political cultures, and the losses caused by the war, which were calculated at an excess mortality of 540,000 people and a drop in the birth rate of 576,000.²⁶ Even so, pro-Franco sociologists and demographers were convinced that, once the republic was defeated, the Spanish Christian family would continue along its natural reproductive path, with high fertility rates. It was just a matter of providing the best possible conditions to achieve the desired objective.²⁷

In line with these aspirations, the final phase of the conflict was experienced by those responsible for welfare and doctors sympathetic to the national cause as a historic opportunity to carry out family, maternal and child protection projects. The *Fuero del Trabajo* (March 1938), inspired by the Italian *Carta del Lavoro*, which defined the regime as a "social state", was followed by a new law on family allowances (July 1938). The OMI, the

medical body attached to the insurance scheme, was also promoted, with a plan to set up surgeries and clinics, a medical inspectorate and a renewed role for visiting nurses. The project was not new, as the OMI had already been completely designed in the spring of 1936, but its implementation had been interrupted by the conflict. In the postwar period, marriage loans, birth bonuses and an extension of the SOM to include workers' wives and women workers earning less than 9,000 pesetas would follow. The new beneficiaries would also enjoy the medical benefits of the OMI. Franco's dictatorship, in short, sponsored a populationist state policy. Pursued by Catholic doctors, sociologists and demographers for two decades, it now found its ideal breeding ground in the absence of political opposition.²⁸

Violence, with its potential to dismantle civil society, was another defining element of the postwar period. Pre-existing associations were banned or seized by the Falangists. The phenomenon was already noticeable during the war, as happened, for example, in the case of the Instituto de la Mujer que trabaja building in Barcelona, occupied by the SF after the troops entered the city in January 1939.²⁹ But in the postwar period, the requirement of government authorisation was regulated for all entities, with a few exceptions, such as those under the discipline of the single party FET–JONS or belonging to the Catholic Action.³⁰ According to some monographs, only a few associations of a mercantile and bullfighting nature were able to survive outside these two organisational entities.³¹ Mutual societies were subject to very strict regulation to control the background of their members and their viability from an actuarial point of view, if not incorporated into the government-controlled official union.³²

The rearguard mobilisation for the war effort, largely controlled by the single party, opened up the possibility of articulating a collective agency. The SF and the AS, recognised as national delegations of FET–JONS in May 1937, became ideal spaces for the active participation of women in the material support of combatants, women, children and refugees. Their action was characterised by being rigidly hierarchical and subject to an iron discipline, typical of a vertical organisational structure that operated through their respective provincial and local delegations. The AS became the main charitable welfare organisation since the autumn of 1936, when its leader, Mercedes Sanz Bachiller, inaugurated a network of children's canteens and soup kitchens in the main cities of the country. In 1937, Sanz Bachiller's team began the design and implementation of the Obra Nacional Sindicalista para la Madre y el Niño (ONSMPMN), whose objective was to house a wide network of nurseries, children's homes, mothers' homes and canteens for pregnant women under the control of the party, with the supervision of doctors and the action of women at the local level. This delegation embodied the continuity with the double tendency present in the political agenda of the previous decades, the concern for the care of mothers and children from medical and eugenic approaches, as well as the promotion of the involvement of women on a voluntary or trained and remunerated basis.³³ The SF, for its part, provided a corps of lady nurses to train and politically discipline the auxiliary staff in the hospitals and the women visitors in the AS centres. This experience was the forerunner of the Regiduría

de Divulgación de Asistencia Sanitario Social (RDASS), created in 1940.

The Falangists acted within the discursive framework of maternalism, as the implicit assumption of their duty as women to care for the good of the fatherland legitimised their projection in the public space.³⁴ This embodied a continuity with a model of action that had been consolidated in previous decades across a broad spectrum of political cultures. But the exceptional context in which they operated led to the redefinition of this experience with respect to previous ones. Classical and recent studies have pointed to the difficulties involved in the concept of "maternalism", since it includes policies as divergent as women's rights advocacy, pronatalist measures or a combination of both.³⁵ Particularly complex has been its identification in the interwar dictatorships, because their policies focused on the protection of paternity "completely buried" that tradition.³⁶ Other proposals have highlighted the readjustments resulting from increased bureaucratisation and professionalisation of care work.³⁷ As will be seen in the following section, these features left their mark on the social action practices of postwar Spain.

The new collaborating agents: Nurses and disseminators

In the postwar period, medicine became the preferred field of intervention for the protection of mothers and children. Through the dissemination of notions of childcare and the growing call for women to go to the doctor, the culture of motherhood based on interventionism and tutelage that had crystallised in previous periods survived in the first stage of Franco's dictatorship.³⁸ Women's social action was decisive in its dissemination, but the dismantling of associations prior to the civil war provided a very different framework. The paths opened up were, on the one hand, professional development through the National School of Puericulture, which continued to train nurses and midwives at a similar rate to the pre-war period;³⁹ on the other, the Catholic network, with a model closer to charity around the parishes and the association of lay people of the Catholic Action for Women; and, finally, the activism of the Falange's SF, which combined voluntary work with training and paid work.

The SF, then, never had a monopoly on intervention with mothers and children in the postwar period, but it did play a leading role with its own characteristics. The RDASS was the main framework for this action, thanks to the determined management of the councillor Consuelo Muñoz Monasterio, a nurse during the war.⁴⁰ In 1940, she undertook the restructuring of the Corps of Nurses of the war, by means of a selection system based on criteria of political loyalty and specialised knowledge, destined to carry out paid work;⁴¹ on the other hand, faced with the difficulty of taking social and health action outside the cities, a corps of Rural Health Disseminators was created, to integrate young people from rural areas who could more easily carry out similar work in the villages. Given the scarcity of resources for the training of visiting nurses, the bulk of the work fell to the disseminators, whose training was limited to 45-day courses given by the organisation itself. According to

internal sources, in 1946 some 4,000 were trained and throughout the regime as many as 14,000.⁴² The model of action responded to a certain level of technification, since the core of its activity was the home visit based on a well-defined protocol that involved collecting data on each family, assessing their needs and exploring the best way to intervene.⁴³

Like other FET–JONS delegations, the SF had very limited scope for deciding what its relationship with the structures of the Francoist state should be. The experience of Sanz Bachiller showed that there was little chance of success outside the official guidelines. She was dismissed in 1940 as leader because the ONSMPM, whose expansion was planned for the postwar period, was to become a social health structure in the hands of Falangists that duplicated the functions of the General Directorate of Health and could therefore escape government control.⁴⁴ Since Falangism was one piece in a broader reactionary coalition, and from its beginnings was subject to the state, the SF was in line with the demand to provide centralised social assistance without supplanting the state. Rather, it focused on providing a framework of training and political discipline for women workers in official health and welfare bodies, while promoting the integration of its militants in various institutional spaces.

As a result, it was very active on three fronts. One was direct collaboration with the official health institutions and their specific programmes for mothers and children. The RDASS was born with a certain acceleration precisely to train nurses and disseminators to meet the demands of the General Directorate of Health, that is, to cooperate in an official way in the functions of the state and, more specifically, in the propaganda and dissemination of infant hygiene.⁴⁵ They organised campaigns against infant mortality, anti-diphtheria and pro-sanitary vaccinations, and the work in childcare through the projection of slides, the distribution of the “mother’s booklet”, periodicals, leaflets and posters. They also took on auxiliary tasks in the implementation of existing welfare measures, such as the family allowance, the SOM and, later, the SOE (1942), which absorbed maternity benefits. In July 1940, the SF began to run rural health disseminators’ courses in collaboration with INP staff, who supplied them with specialised materials, such as the “Maternity Insurance Educator’s Booklet”. The INP organised lectures for the disseminators, given by OMI doctors, to enable them to properly perform their tasks of disseminating and managing insurance claims, handling complaints and resolving cases.⁴⁶ After several calls for as many SF visiting nurses as possible to join the health services of the SOE and OMI, by 1948 there was already a separate corps attached to the SOE.⁴⁷ Despite this clear orientation, on many occasions their action went beyond the official channels, attending to families, especially nursing and pregnant mothers, who were not included in the SOE, or who could not be attended to by other institutions;⁴⁸ or even setting up their own projects, such as the “Mobile Units”. Thanks to these, the disseminators were able to intensify their activity in rural areas, where they stayed for between 1 and 3 months as part of a larger team. Between 1955 and 1977, 80 units were in operation.⁴⁹

The other two fronts were related to specialised training and professionalisation.

From the outset, the RDASS was particularly keen to ensure that nurses were qualified, as well as to achieve official recognition of disseminators and their promotion through other qualifications. For example, half of the places at the School for Health Instructors, which opened after the war, were reserved for SF disseminators, so that after a three-month course they could obtain the title of childcare worker.⁵⁰ They also tried to ensure that their nurses' diplomas were equated with that of health technical assistant, the new degree which, with a more technical orientation, was introduced in 1953, despite their dislike for the devaluation it meant for nurses trained in the previous phase.⁵¹ Congruent with the desire to guarantee minimum training was the creation of the so-called "women's professions". From the late 1940s, the SF tried to obtain official recognition of various forms of paid work, in agreement with the Ministry of National Education. The explicit aim was to "give an opportunity in life to many women and to relieve the university of the feminine element", based on the conviction that this was a space reserved for only a few, of privileged intelligence.⁵² Among these professions, which had been carried out since the end of the war by their own militants, were those of "social visitors", "rural disseminators" and "nurses". Their aim was to achieve recognition, as well as to create specific regulations, through campaigns to raise the status of these professions for single women, so that they could be incorporated into the corps of civil servants. The battle, which went through several episodes between the 1950s and 1960s, had not yet culminated in 1974, when, on the eve of Franco's death, it was still not clear what the fate of Falangist women workers would be.⁵³

SF's efforts to professionalise its militants, as well as the drift towards a technified model of intervention focused on the quantification of its achievements, had ambivalent consequences. On the one hand, nurse visitors and disseminators operated in urban working-class environments and in rural areas, where state action had little effect. Although they were agents in direct contact with the harsh social reality of the postwar period, they hardly made visible the concrete conditions in which the men, women and children of the impoverished working classes found themselves in Franco's Spain. Nor did they transcend specific problems associated with motherhood, such as prostitution, single mothers or orphaned children. Their experiences were reduced to figures in the innumerable reports of the SF, which, in attesting to the organisation's achievements, ensured its place in the framework of the dictatorship. The thorny issues were left out of public discussions in the first stage of the dictatorship, when they were not directly managed by the Catholic religious orders, which were responsible for a more clearly disciplinary and re-educational model of intervention. On the other hand, it seems unquestionable that the repeated action of Falangist women agents in working-class and rural areas helped to bring the benefits of the state, however limited they might be, to groups that had remained largely alien to them. In this way, they contributed to preparing a new culture in which mothers could expect

something from the state when it came to improving the conditions for raising their children.⁵⁴

Conclusions

This article has explored the origins of social and health protection for mothers and children in the first half of the twentieth century in Spain, with special attention to the continuities and ruptures that took place in the notions, practices and entanglements between the state and various collective agents involved in these campaigns. From the beginning of the twentieth century, scientific discourses had an enormous impact in proposing a new value for motherhood, conceived as a social function. It thus became a place where institutional and civil actors converged in the name of national regeneration. And it is from this perspective that the social policies of the dictatorships drew on the discursive patterns, notions and practices of liberalism, conveniently readjusted to the new pro-natalist aims and the new institutional frameworks of interventionist action, in which doctors and female collaborators held a significant role.

The Spanish case provides an example for analysing the adjustments that presided over the transition from a liberal democratic framework to an authoritarian one. Concern for motherhood and childcare persisted, even in the Catholic version of population policy, as maternal tutelage, medical intervention and childcare education were reinforced, despite the limited resources provided by the dictatorship. Civil society was dismantled as a result of violence, demobilisation and one-party control, among other repressive agents. In this context, the SF, the Falangist women's organisation that had managed the women's war effort, took the place of the multiple initiatives from below in order to apply and disseminate welfare provisions offered by the General Directorate of Health or the INP. Its position, undefined from an institutional point of view but conceived as an intermediary between society and the state, favoured the opening of a space for female action in Franco's dictatorship. The intervention was patterned on political discipline and the specialised work of the activists who carried out their daily work as visiting nurses and disseminators. In doing so, the SF engaged in a dynamic of professionalisation of its affiliates, as well as in the promotion of a technical and bureaucratic approach to social needs, the legacy of which was the overall concealment of the harsh situation of popular-class families in the hardest years of postwar Spain.

* This article was written within the framework of the COST Action “Who Cares in Europe?” (CA18119), supported by COST (European Cooperation in Science and Technology, <https://www.cost.eu>), and specifically its workshop “Gendering the Mixed Economies of Welfare”; the Research Project AEI/FEDER PGC2018-097232-B-C21; and Research Group H24_20R of the Government of Aragon (Spain).

¹ David Brydan, *Franco's Internationalists: Social Experts and Spain's Search for Legitimacy* (Oxford: Oxford University Press, 2019).

² “Disseminators” is a translation of the term “divulgadoras”. The term refers to the corps – within the Regiduría de Divulgación Sanitario Social (RDASS) of the Women’s Section of the Falange – made up of women recruited by the Falangist women’s organisation who operated in rural areas after being provided with very limited training in the form of a short course, to carry out social tasks such as family data collection, health outreach campaigns, vaccinations, information on social legislation, etc. Their role was very similar to that of the “visiting nurses”, who did have a nursing qualification and operated in urban areas.

³ Juan Bosch Marín, “Al servicio de España y del niño español,” *Ya*, 19 March 1952, 3; “Cumpliendo la consigna del Caudillo,” *Ya*, 19 March 1952, 9.

⁴ Geoffrey Finlayson, “A Moving Frontier: Voluntarism and the State in British Social Welfare 1911–1949,” *Twentieth Century British History* 1, no. 2 (1990): 183–206, <https://doi.org/10.1093/tcbh/1.2.183>; Alan Kidd, “Civil Society or the State? Recent Approaches to the History of Voluntary Welfare,” *Journal of Historical Sociology* 15, no. 3 (2002): 328–42, <https://doi.org/10.1111/1467-6443.00181>; Pat Thane, “The ‘Big Society’ and the ‘Big State’: Creative Tension or Crowding Out?,” *Twentieth Century British History* 23, no. 3 (2012): 408–29, <https://doi.org/10.1093/tcbh/hws009>.

⁵ Efi Avdela, “Performing the State? Public and Private Actors in the Field of Social Provision in Twentieth-Century Greece,” in *Public and Private Welfare in Modern Europe: Productive Entanglements*, ed. Fabio Giomi, Célia Keren and Morgane Labbé (London: Routledge, 2022), 107–31.

⁶ Josefina Cuesta Bustillo, “Estado y seguros sociales en España: El Instituto Nacional de Previsión, 1919–1939,” in *Solidaridad, seguridad, bienestar: Cien años de protección social en España*, ed. Santiago Castillo (Madrid: Ministerio de Trabajo e Inmigración, 2008), 49–88.

⁷ Carme Molinero Ruiz, *La captación de las masas: Política social y propaganda en el régimen franquista* (Madrid: Cátedra, 2005); Jerònima Pons Pons and Javier Silvestre Rodríguez, eds., *Los orígenes del Estado del Bienestar en España, 1900–1945: Los seguros de accidentes, vejez, desempleo y enfermedad* (Zaragoza: Prensas Universitarias de Zaragoza, 2010); Manuel Ortiz Heras and Damián A. González Madrid, eds., *El estado del bienestar entre el franquismo y la transición* (Madrid: Sílex, 2020); on the stagnation of funding during the dictatorship, Sergio Espuelas, “Political Regime and Public Social Spending in Spain: A Time Series Analysis (1850–2000),” *Revista de Historia Económica/Journal of Iberian and Latin American Economic History* 35, no. 3 (2017): 355–86, <https://doi.org/10.1017/S0212610917000192>.

⁸ Enrique Moradiellos, *La España de Franco (1939–1975): Política y sociedad* (Madrid: Editorial Síntesis, 2000), 209–25.

⁹ As first proposed by María Teresa Gallego Méndez, *Mujer, Falange y Franquismo* (Madrid: Taurus, 1983).

¹⁰ Helen Graham, “Gender and the State: Women in the ‘40s,” in *Spanish Cultural Studies: An Introduction*, ed. Helen Graham and Jo Labanyi (Oxford: Oxford University Press, 1995), 182–95.

¹¹ Fabio Giomi, Célia Keren and Morgane Labbé, “Productive Entanglements: The Dynamics of Public–Private Interactions in the History of Social Protection,” in Giomi, Keren and Labbé, *Public and Private Welfare in Modern Europe*, 1–15.

¹² Nerea Aresti, *Médicos, donjuanes y mujeres modernas: Los ideales de feminidad y masculinidad en el primer tercio del siglo XX* (Bilbao: Servicio Editorial de la Universidad del País Vasco, 2001); Helena Andrés Granel, *Maternidad consciente y voluntaria: Eugenesia y emancipación femenina en el anarquismo español, 1900–1939* (Bilbao: Universidad del País Vasco, 2020).

¹³ Ricardo Campos Marín, “La teoría de la degeneración y la medicina social en España en el cambio de siglo,” *Llull: Revista de la Sociedad Española de Historia de las Ciencias y las Técnicas* 21 (1998): 333–56.

¹⁴ Inmaculada Blasco Herranz, “That Other Woman-Person with a Broad Social Mission’: Historical Feminism, Social Reform, and Citizenship in Spain,” *International Journal of Iberian and Latin American Studies* 29, no. 1 (2023): 45–64, <https://doi.org/10.1080/14701847.2023.2184009>.

¹⁵ Josefina Cuesta Bustillo, “Hacia el seguro de maternidad: La situación de la mujer obrera en los años veinte,” in *Ordenamiento jurídico y realidad social de las mujeres: Siglos XVI al XX. Actas de las IV Jornadas de Investigación Interdisciplinaria*, ed. María del Carmen García Nieto (Madrid: Universidad Autónoma de Madrid, 1986), 321–36; Esteban Rodríguez Ocaña, “La construcción de la salud infantil: Ciencia, medicina y educación en la transición sanitaria en España,” *Historia Contemporánea* 19 (1998): 19–52.

¹⁶ “Real Decreto-Ley del 22 de marzo de 1929,” *Gaceta de Madrid*, 83, 24 March 1929, 2002.

¹⁷ “Decreto del 26 de mayo de 1931,” *Gaceta de Madrid*, 147, 27 May 1931, 963.

¹⁸ The cases of Guipúzcoa, Valladolid and El Escorial, in *La Correspondencia*, 23 March 1910; “Una obra social oportunísima,” *El Previsor* 76 (1929): 56; and *Guadalupe: Revista quincenal religiosa y moral*, 15 April 1912, 35, respectively.

¹⁹ Amelia García Checa, *Ideología y práctica de la acción social católica femenina* (Málaga: Universidad de Málaga, 2007), 255–305.

²⁰ *Montepío de la mujer que trabaja: Obra filial de la Caja de Ahorros* (Bilbao: Zubiri y Zarza, 1924). Archives of the Instituto de Gestión Sanitaria (INGESA), box 6. Courtesy of Helena Andrés Granel.

²¹ Inmaculada Blasco Herranz, *Paradojas de la ortodoxia: Política de masas y militancia católica femenina en España (1919–1939)* (Zaragoza: Prensas Universitarias de Zaragoza, 2003), 141–42.

²² Juan Félix Rodríguez Pérez, “Manuel Tolosa Latour (1857–1919) y Elisa Mendoza Tenorio (1856–1929): Precursores de la protección de la infancia en España,” *El Futuro del Pasado*, no. 5 (2014): 355–78; María del Mar del Pozo Andrés, “Salud, higiene y educación: Origen y desarrollo de la Inspección Médico-Escolar en Madrid (1900–1931),” *Áreas: Revista internacional de Ciencias Sociales*, no. 20 (2000): 95–120.

²³ *La Libertad*, 23 September 1934, 2.

²⁴ “Pro infancia obrera,” *Mujeres: Portavoz de mujeres antifascistas*, no. 6 (2 September 1936), 3.

²⁵ Andrés, *Maternidad consciente y voluntaria*, 298. On welfare work in the Republican rearguard, as a space for female empowerment during the war, see Mary Nash, *Defying Male Civilization: Women in the Spanish Civil War* (Denver: Arden Press, 1995).

²⁶ José Antonio Ortega and Javier Silvestre, “Las consecuencias demográficas,” in *La economía de la guerra civil*, ed. Elena Martínez Ruiz and Pablo Martín Aceña (Madrid: Marcial Pons, 2006), 53–105.

²⁷ Jesús Villar Salinas, *Repercusiones demográficas de la última guerra civil española: Problemas que plantean y soluciones posibles* (Madrid: Sobrinos de la sucesora de M. Minuesa de los Ríos, 1942).

²⁸ See more extensively in Mary Nash, “Pronatalism and Motherhood in Franco’s Spain,” in *Maternity and Gender Policies: Women and the Rise of the European Welfare States 1880s–1950s*, ed. Gisela Bock and Pat Thane (New York: Routledge, 1994), 161–77.

²⁹ INGESA Archives, file 44E.

³⁰ “Decreto del 25 de enero de 1941 sobre la regulación del derecho de asociación,” *BOE*, 6 February 1941.

³¹ Elena Maza Zorrilla, “Panem et circenses: Cultura asociativa en el franquismo,” *Alcores: revista de historia contemporánea*, no. 6 (2008): 83–112. Pamela Beth Radcliff, *Making Democratic Citizens in Spain: Civil Society and the Popular Origins of the Transition, 1960–78* (New York: Palgrave Macmillan, 2011), 25–26.

³² Guillermo Marín Casado, *Mutualismos: La previsión social en Álava durante el franquismo* (Bilbao: Universidad del País Vasco, 2017), 169–70.

³³ Ángela Cenarro, *La sonrisa de Falange: Auxilio Social durante la guerra civil y la posguerra* (Barcelona: Crítica, 2006).

³⁴ As posed by Seth Koven and Sonya Michel, “Womanly Duties: Maternalist Politics and the Origins of Welfare States in France, Germany, Great Britain, and the United States, 1880–1920,” *American Historical Review* 95, no. 4 (1990): 1076–108, <https://doi.org/10.2307/2163479>.

³⁵ The discussion in Jane Lewis, “Women’s Agency, Maternalism and Welfare,” *Gender and History* 6, no. 1 (1994): 117–23, <https://doi.org/10.1111/j.1468-0424.1994.tb00198.x>.

³⁶ Gisela Bock, “Pobreza femenina, derechos de las madres y Estados del bienestar (1890–1950),” in *Historia de las mujeres en occidente*, vol. 5, *El siglo XX*, ed. Georges Duby and Michelle Perrot (Madrid: Taurus, 2000), 472; Gisela Bock and Pat Thane, “Introduction,” in Bock and Thane, *Maternity and Gender Policies*, 1–21.

³⁷ Elisabetta Vezzosi, “Maternalism in a Paternalist State: The National Organization for the Protection of Motherhood and Infancy in Fascist Italy,” in *Maternalism Reconsidered: Motherhood, Welfare and Social Policy in the Twentieth Century*, ed. Marian van der Klein, Rebecca Jo Plant, Nichole Sanders and Lori R. Weintrob (New York: Berghahn, 2015), 190–204.

³⁸ Irene Palacio Lis, *Mujeres ignorantes: Madres culpables. Adoctrinamiento y divulgación materno-infantil en la primera mitad del siglo XX* (Valencia: Universitat de València, 2003).

³⁹ Carmen Colmenar Orzaes, “La institucionalización de la maternología en España durante la Segunda República y el franquismo,” *Historia de la educación. Revista interuniversitaria*, no. 28 (2009): 161–83.

⁴⁰ Isabel Jiménez Lucena and María José Ruiz Somavilla, “Un espacio para mujeres: El Servicio de Divulgación y Asistencia Sanitario-Social en el primer franquismo,” *Historia Social*, no. 39 (2001): 67–86, <https://www.jstor.org/stable/40340748>.

⁴¹ “Ley de 3 de enero de 1942 por la que se crea el Cuerpo de Enfermeras de Falange Española Tradicionalista y de las JONS,” *BOE*, 13 January 1942, 244–45.

⁴² The figures, in the report of the work carried out in the Department of the Corps of Disseminators, Royal Academy of History (RAH), folder 71, file 3; and General Administration Archive (AGA), Box 23-04399.

⁴³ RAH, folder 106, file A3-3-1.

⁴⁴ María Jesús Pérez Espí, *Mercedes Sanz-Bachiller: Biografía política* (Valencia: Universitat de València, 2021), 151–60.

⁴⁵ The status of “official cooperator” in articles 4, 27 and 32 of the Law on Child and Maternal Health of 12 July 1941, *BOE*, 28 July 1941, 5650–655.

⁴⁶ *Boletín de Información: Caja Nacional del Seguro de Accidentes de Trabajo*, 7 (July 1940), 6–7, and *Boletín de Información: Instituto Nacional de Previsión*, 1–2 (February 1941), 24–25.

⁴⁷ RAH, folder 61, doc. 89.

⁴⁸ Report of the RDASS, 1962. RAH, folder 109B.

⁴⁹ Heliodoro Manuel Pérez Moreno, “Educación y asistencia social de una escuela errante durante el franquismo,” *Revista de Educación Social*, no. 17 (2003), <https://eduso.net/res/revista/17/el-tema-revisiones/educacion-y-asistencia-social-de-una-escuela-errante-durante-el-franquismo-en-espana>.

⁵⁰ RAH, folder 26-2, doc. 36. See also Josep Bernabeu Mestre and Encarna Gascón Pérez, *Historia de la Enfermería de Salud Pública en España (1860–1977)* (Alicante: Publicaciones de la Universidad de Alicante, 1999), 102–9.

⁵¹ RAH, folder 131, file D.I.8.

⁵² “Informe de 1949 de la Delegación Nacional de la Sección Femenina a la Junta Política,” RAH, folder 52, file 24. For the issue of “women’s professions” as a means of reinforcing the political and organisational strength of the SF, see Inbal Ofer, *Señoritas in Blue: The Making of a Female Political Elite in Franco’s Spain* (Brighton: Sussex Academic Press, 2009), 91.

⁵³ RAH, folder 131, file A.5.

⁵⁴ Elisa Chuliá, “Mothers of Mid-Century Spanish Families: Agents of Social Change in the Context of Dictatorship and Patriarchy,” *Contemporary European History* 32, no. 2 (2022): 1–17, <https://doi.org/10.1017/S096077732200056X>.