

THE ROLE ASSIGNED TO HEALTH EDUCATION IN SPAIN DURING THE TRANSITION TO DEMOCRACY*

El papel asignado a la educación sanitaria en España durante la transición a la democracia

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Abstract. In Spain, in the mid-1970s, several health reform projects were discussed with the purpose of changing the outdated health system inherited from Francoism. In all these proposals, a primary role to the health education of the population was assigned, especially in those coming from the left-wing parties. In a health system that sought to defend health rather than curing diseases, the behaviour of the population in relation to the social and economic factors that generated diseases was crucial. In addition, health education was conceived as a way for the population to participate in the planning, management, and evaluation of the health services. These generic statements were, on many occasions, naive and classic versions of health education, like those proposed by the government. The role of health education in rationalizing the use of health services was frequently defended. Health reform projects tended to establish the hegemony of health staff against teachers. Some more differentiated proposals gave way to more concrete actions at a local level that went on to develop the health education that would be carried out in the following decades.

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Resumen. *En España, a mediados de la década de los años setenta del pasado siglo, se discutieron diversos proyectos de reforma sanitaria que pretendían cambiar el desfasado sistema sanitario heredado del franquismo. En todas estas propuestas, pero en especial en las provenientes de los partidos de izquierda, se asignó un papel primordial a la educación sanitaria de la población. En un sistema sanitario que pretendía defender la salud en vez de curar la enfermedad, las conductas de la población en relación con los factores sociales y económicos que generaban enfermedades resultaban cruciales. Así mismo, la educación sanitaria se concibió como un medio para que la población participase en la planificación, gestión y evaluación de los servicios sanitarios. Estas afirmaciones genéricas supusieron, en muchas ocasiones, versiones ingenuas y clásicas de la educación sanitaria, similares a las propuestas por el gobierno. Frecuentemente se defendió el papel de la educación sanitaria en la racionalización del uso de los servicios sanitarios. Los proyectos de reforma sanitaria tendieron a establecer la hegemonía de lo sanitario frente a lo educativo. Algunas propuestas más diferenciadas dieron paso a acciones más concretas a nivel local que fueron desarrollando la educación para la salud que se llevaría a cabo en las décadas siguientes.*

Palabras clave: *Educación sanitaria; Franquismo; Transición democrática; Reforma sanitaria; España.*

INTRODUCTION

In 1970, one of the first texts addressing the need to reform the health sector built during the Francoism, stated the following: “The deficient health education of the Spanish population is one of the major shortcomings of our society”.¹ A few years later, in 1976, Josep Artigas y Hèlios Pardell, in criticising the Catalan health policy, pointed out that the “[...] Health promotion.- Based, fundamentally, on health education [...], like the rest of the educational task, has been systematically neglected”.²

¹ The quotation marks appear in the Preamble to the special issue of *Cuadernos para el Diálogo*, published in May 1970, devoted to “*La crisis de la medicina en España. Médicos, Medicina Sociedad*” (“The crisis of Medicine in Spain. Doctors, Medicine, Society”), n.p.

² Josep Artigas and Hèlios Pardell, “Estructura actual de la sanitat. Defectes de l’estructura i política sanitària”, in *Xè Congrés de Metges i Biòlegs de Llengua Catalana. II Ponència. Funció social de la medicina*, (Barcelona: Acadèmia de Ciències Mèdiques de Catalunya i de Balears. Societat Catalana de Biologia, 1976), 210. This type of congress had been held since 1913 and was interrupted by the

The statement formed part of a paper presented in the *Xè Congrés de Metges i Biòlegs en Llengua Catalana* (10th Congress of Catalan Speaking Doctors and Biologists) which took place in Perpignan (France). Although it referred to Catalonia, it could be extended to Spain as a whole, as the elements justifying it, involved the whole country.³

A decade later, the panorama was very different and health education began to occupy a privileged place within health reform projects, judging by the editorial note published in *Quaderns* by the Centre of Health Analysis and Programs's (CAPS):⁴

Health education has, over time, become one of the leitmotifs of any health reform. There is no programmatic discourse on health policy that does not include an explicit reference to Education for Health, although, in some occurrences, it is only a cliché that, like many others, politicians do not want to forget. But nowadays we know that Education for health is a far more complex issue than was thought a few years ago.⁵

The aim of this paper is to analyse the role that was assigned to health education in the context of debates on health reform, since it was not strictly granted a role in health, but a catalyst for a new model of society, as Yuste stated in 1971:

Civil War (1936-1939). The ninth had also been held in Perpignan in 1936. The text by Artigas and Pardell forms part of the paper on the social function of medicine, which was to have a great influence on subsequent debates on health reform. Artigas, a lawyer, played a prominent role in Catalan health system, while Pardell, a doctor, devoted himself to clinical activity.

³ We have chosen "health education" as the term most commonly used in the projects discussed in this article. In the 1920s and 1930s "health propaganda" was used, and in the late 1960s and 1970s "Education for health" and "health promotion" began to be used. There are notable conceptual differences between them, but they were often used interchangeably. At the international level, see Julia Vanel, "De l'éducation sanitaire à la promotion de la santé: Enjeux et organisation des savoirs au coeur de l'action publique sanitaire (internationale)". (Doctoral Thesis, Université Paris Saclay (COMUE), 2006).

⁴ The CAPS, founded in Barcelona in 1983, aims to contribute, through multidisciplinary analysis of health, to the exchange of ideas, reflection and research on all matters related to health. It is the heir to the *Gabinet d'Assessoria i Promoció de la Salut*, which was set up in 1976 within the Barcelona College of Doctors.

⁵ Centre d'Anàlisi i Programes Sanitaris, "Nota editorial", in ed. Centre d'Anàlisi i Programes Sanitaris, *Tendencias actuales en educación sanitaria* (Barcelona: Centre d'Anàlisi i Programes Sanitaris, 1987), 5.

[...] health education, on one hand a health activity, is a philosophy of individual and community development, that connects with democratic concerns and promotion concerns of people and their communities, and which sees working for health for the good of man, above economic reasons, or justifications.⁶

In the same vein, the CAPS text indicated that health education was concerned with:

[...] to understand how important the leading role of the citizen can be to improve or worsen the quality of life and health expectations [...] if we could make the citizen the protagonist of its life and the history of the community, a magic formula would probably be discovered that would allow an effective prevention policy.⁷

The interest in the subject matter lies in the analysis of how –and with which characteristics– the educative activities related with health, outside of the school milieu, played a fundamental role in the discourses on the reform of the health sector system inherited from the Francoism, a need on which there had been a consensus since the early 1970s. The sources we used are, fundamentally, official documents, monographs, conference proceedings and papers published since the beginning of the Dictatorship but, above all, from the 1970s and the beginning of the 1980s. Although, the debate on health reform is often confined to the years between the 1982 general election victory of the Spanish Socialist Workers' Party (*Partido Socialista Obrero Español*, PSOE) and the passing of the General Health Law (LGS) in 1986, it is a fact that attempts at reform can be found since the 1960s –most of them failed– and, certainly, abundant debates on the subject in the years immediately preceding and following the death of the dictator.⁸

⁶ Francisco Javier Yuste Grijalba, *La educación sanitaria* (Madrid: Marsiega, 1971), 13. Yuste, a psychiatrist and National Health official, was a senator and deputy for the PSOE and collaborated with Ernest Lluch in the drafting of the General Health Law (LGS) of 1986.

⁷ Centre d'Anàlisi i Programes Sanitaris, "Nota editorial", 5.

⁸ Enrique Perdiguero-Gil and Josep M Comelles, "The Roots of the health Reform in Spain", in ed. Laurinda Abreu, *Health Care and Government Policy*, (Évora: Publicações do Cidehus, 2019), 10.4000/books.cidehus.8327. Esteban Rodríguez Ocaña and Rosa Ballester Añón, "El Informe del consultor de la OMS Fraser Brockington de 1967 en el contexto del reformismo sanitario franquista", *Dynamis* 39, no. 2 (2019): 477-496, <https://doi.org/10.30827/dynamis.v39i2.9845>. Enrique Perdiguero-Gil and

We will focus precisely on the latter, after summarising what happened under Franco's regime, since the vicissitude of the gestation of the LGS in the first socialist legislature is better known.⁹ In those years, two relevant circumstances arose. The first was the recognition by the 1978 Spanish Constitution of the right to health protection, in which article 43 specifies: "The public authorities will promote health education, physical education and sport. Likewise, they will facilitate adequate use of leisure". The second was the celebration in Alma-Ata (in the former Soviet Union) of the International Conference on Primary Health Care which granted a crucial role to health education.¹⁰

Our object of study is education, but our focus will be centred on the health sector. Doctors claimed hegemony in the health education of the population, while recognising the essential collaboration of the educational world. Regarding what was done in the latter, we refer to the article by Terrón and Hurtado in this dossier.

In order to develop our arguments, with the aim of understanding the starting point of reform proposals, we will dedicate the first section to the health education of the population carried out by official bodies during Francoism. In a second section we will analyse the role assigned to health education in the projects that attempted to create a national health service that would leave Franco's health system behind. In the third section we will indicate what was understood as health education in the reformist context. We will conclude by taking stock of what health education meant in the health reform and beyond.

WAS THERE HEALTH EDUCATION DURING THE FRANCO REGIME?

The assertions of the preamble of *Cuadernos para el Diálogo* and in the text by Artigas and Pardell on the absence of health education under

Josep M. Comelles, "The defence of health. The debates on health reform in 1970s Spain", *Dynamis* 39, no. 1 (2019): 45-72, <https://doi.org/10.30827/dynamis.v39i1.8666>. José Martínez-Pérez and Enrique Perdiguero-Gil, eds, *Genealogías de la reforma sanitaria* (Madrid: Catarata, 2020).

⁹ Juli Nadal, *La construcción de un éxito. Así se hizo nuestra sanidad pública*. (Barcelona: Ediciones La Lluvia, 2016).

¹⁰ World Health Organization, *Alma-Ata 1978. Primary Health Care*. (Geneva: World Health Organization, 1978).

Francoism can be endorsed if we consider it as described by Yuste. However, from a traditional,¹¹ top-down approach, which was common in the last quarter of the 19th and the first quarter of the 20th century –and which did not disappear in the health reform projects– there were activities that tried to educate the population to, above all, enable health professionals to carry out their work.

There were scattered proposals, in a context in which curative medicine took precedence with the implementation of the Compulsory Health Insurance (*Seguro Obligatorio de Enfermedad*, SOE),¹² in 1944, passing over concern for community health;¹³ it is necessary to know them to understand the point of departure of the debates that emerged during the Transition.

HEALTH EDUCATION DURING THE EARLY FRANCOISM

During this phase there was a certain continuity with health education initiatives (then “health propaganda”) developed during the Second Republic. In the midst of the war a Health Divulcation and Propaganda Service was established, the starting point of which was the idea “[...] that one of the most important factors in the fight against biological deficiencies, states of physical inferiority, infectious diseases and all that encompasses and tries to combat Public Hygiene, is the lack of popular knowledge on these matters [...]”.¹⁴ As such, a “[...] special service charged with shaping the public’s health awareness” was organised. It was directed by the dermatologist Julio Bravo Sanfeliú, who had headed the Propaganda and Social Hygiene section of the General Health Board (*Dirección General de Sanidad*, DGS) created in 1931.¹⁵

¹¹ The continuity of this perspective in the case of education related to childcare, of great relevance during Franco’s regime, has been studied in Irene Palacio Lis, *Mujeres ignorantes: madres culpables adoctrinamiento y divulgación materno-infantil en la primera mitad del siglo XX* (València: Universitat de València, 2003).

¹² Eduardo Bueno Vergara and Enrique Perdiguero-Gil, “Mejor curar que prevenir: dispositivos asistenciales y actividades preventivas en el primer franquismo”, in eds. Mónica Moreno Seco, Rafael Fernández Sirvent and Rosa Ana Gutiérrez Lloret, *Del siglo XIX al XXI. Tendencias y debates* (Alicante: Biblioteca Virtual Miguel de Cervantes, 2019), 1972-1983.

¹³ Pedro Marsset Campos, José Miguel Sáez Gómez and Fernando Martínez Navarro, “La Salud Pública durante el franquismo”, *Dynamis* 15 (1995): 211-250

¹⁴ *Boletín Oficial del Estado* 31 May, 1938, no. 586: 7610-7611.

¹⁵ Ramón Castejón Bolea, Enrique Perdiguero Gil and José Luis Piqueras Fernández, eds., *Las imágenes de la salud: cartelismo sanitario en España (1910-1950)* (Alicante. Madrid: Instituto Alicantino

Based on the sources consulted, it can be inferred that the Health Divulagation and Propaganda Service (later the Propaganda Section of the DGS) was not very active. Nevertheless, it produced posters for “health fights” against infant mortality, malaria, poliomyelitis, venereal diseases and cancer, on hygiene, the dangers of traffic, and also for the Red Cross lottery. It also conducted radio talks.¹⁶

For its part, the Falangist (fascist) faction of the Regime, although from the pages of the journal *SER* supported the need for health propaganda,¹⁷ showed on many occasions reticence towards educational activities, restricting them to a narrow framework: to promote immunisation and prophylaxis, to turn to the doctor when in doubt, to promote regular medical check-ups and to prevent what is abuses in the use of the SOE.¹⁸

Between 1944 and 1962, the DGS published a collection of 68 leaflets intended to update the knowledge of rural doctors.¹⁹ A number of these devoted to cancer, however, had a clear educational interest.²⁰ Between 1938 and 1964, a collection of monographs “At the Service of Spain and the Spanish Child” were also published by the DGS, in the context of the pronatalist policy of the Regime, whose audience was health professionals involved in maternal and child health care, dependent on the Ministry of the Interior and without coordination with the paediatricians of

de Cultura “Juan Gil-Albert”. Consejo Superior de Investigaciones Científicas, 2012). Ramón Castejón, Enrique Perdiguero and Rosa Ballester, “The mass media at the service of the fight against venereal diseases and the protection of maternal-infant health (1900-50)”, *História, Ciências, Saúde-Manguinhos* 13, no. 2 (2006): 411-437. Enrique Perdiguero, Rosa Ballester and Ramón Castejón, “Films in Spanish Health Education: The Case of Child Health (1928-1936)”, *Hygiea Internationalis* 6, no. 2 (2007): 69-97.

¹⁶ Julio Bravo, *Algunas consideraciones sobre propaganda en general y propaganda sanitaria en particular* (Madrid: Dirección General de Sanidad, 1951).

¹⁷ It was the Falangist faction of the regime that launched the SOE from the ministry of Labour. The journal *SER* was a publication of the Falange Health Delegation. Enrique Perdiguero-Gil, “Propaganda y ‘educación sanitaria’ in the medico-social ideology of Francoism in the journal *SER*” in ed. Enrique Perdiguero-Gil, *Política, salud y enfermedad en España: entre el desarrollismo y la transición democrática* (Elche: Miguel Hernández University, 2015).

¹⁸ Dr. Turégano, “Un aspecto de la propaganda en el seguro”, *SER* X, no. 90 (1951): 78. Anything that made the public aware of disease symptoms and treatments was rejected: Perdiguero-Gil, “Propaganda y ‘educación sanitaria’”.

¹⁹ Bravo, *Algunas consideraciones sobre propaganda*, 22.

²⁰ These texts were awarded prizes by the Spanish Association Against Cancer, created in 1953, which established a competition with a popularisation aim. For example: A. Pérez Martínez’s *Lo que todo el mundo debe saber sobre el cáncer* (Madrid: Dirección General de Sanidad, 1954).

the SOE. However, some of the monographs can also be included in the field of health education for mothers.²¹

For their part, the rural health vulgarizers of the Women's Section of Falange carried out activities in the rural milieu. Whilst this institution has been extensively studied, there is little analysis on its health education task.²² Undoubtedly, its activity, strongly indoctrinating, was relevant, especially during the 1940s.²³

Another figure related to health education, the Public Health nurses (their official name varied over time), who had been awarded an important role during the Second Republic, gradually lost relevance. Several of the best-trained ended up in exile and the work of those who remained was diluted by the reorientation of nursing.²⁴

In short, in the first two decades of the Dictatorship, the propaganda and health vulgarization activities –these were the most used terms– promoted by the official health system were weak and scattered, dedicated to combating the beliefs of the population, conceived as a hindrance

²¹ Modesta Salazar Agulló, Emilio Martínez Marco and Josep Bernabeu-Mestre, “La salud materno-infantil durante el franquismo: notas bibliométricas sobre el programa ‘Al servicio de España del niño español’”, *Asclepio* 59, no.1 (2007): 285-314.

²² Heliodoro Manuel Pérez Moreno, “La asistencia sanitaria como función circumformativa de la Cátedra Ambulante de Huelva (1956-1977)”, *Cuestiones Pedagógicas*, no. 21 (2011/2012): 197-228; Heliodoro Manuel Pérez Moreno, “Educación y asistencia social de una escuela errante durante el Franquismo en España”, *Revista de Educación Social*, no. 17 (2013): 1-16. Alberto González García, “La Sección Femenina y las campañas de vacunación obligatoria contra la difteria en España en las páginas de La Vanguardia (1940-1955)”, *Vínculos de Historia. Revista del Departamento de Historia de la Universidad de Castilla-La Mancha* 5 (2016): 309-329, <https://doi.org/10.18239/vdh.v0i5.018>. José Manuel Maceiras-Chans, María Eugenia Galiana-Sánchez and Josep Bernabeu-Mestre, “La Sección Femenina en las campañas de vacunación del primer franquismo: el caso de la provincia de Valencia (1941-1958)”, *RECIEN* 13 (2017): 5-23, <https://doi.org/10.14198/recien.2017.13.02>.

²³ José Manuel Maceiras-Chans, María Eugenia Galiana-Sánchez and Josep Bernabeu-Mestre, “Enfermería y control social: las actividades socio-sanitarias de la Sección Femenina de Falange en la ciudad de Valencia (1940-1977)”, *Enfermería Global* 17, no. 1 (2018): 270-282, <https://doi.org/10.6018/eglobal.17.1.263381>. The role of the Social Service in the education of women should not be forgotten: Beatriz Echeverri Dávila, “La protección de la infancia: la educación sanitaria de las madres en la posguerra española”, *Historia y Política*, no. 9 (2003): 279-308.

²⁴ 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). Josep Bernabeu-Mestre and María Eugenia Galiana Sánchez, “Enfermería y exilio. El caso de las visitadoras sanitarias”, *Mètode*, no. 61 (2009): 22-22. María Eugenia Galiana Sánchez, María Pilar García Paramio, and Josep Bernabeu Mestre, “La frustración de una profesión: la enfermería de salud pública en la V Reunión de Sanitarios, 1959”, *Temperamentvm* 5, no. 9 (2009).

for professional health activities especially in the case of maternal and child health.

HEALTH EDUCATION IN DEVELOPMENTALISM (1959-1975)

Health education remained out of the SOE's healthcare structure, which progressed significantly with the implementation of Social Security in 1967. Excluding those related to the EDALNU program (on food and nutrition), whose development took place mainly at the school level,²⁵ the approaches to health education did not change with respect to those of the previous stage, as is shown in the words of Bosch, head of Maternal and Child Health Services of the DGS: "A minimum health culture is needed that in the individual and family order accepts and even demands the practices of preventive medicine and in the social order also accepts collective measures, collaborates with the welfare of the community and feels the responsibility of health measures [...]"²⁶

This phrase forms part of his intervention in the *Vth Conference of the International Union for the Health Education of the Public* (later IUHPE), celebrated in Philadelphia in 1962.²⁷ The following conference, in 1965, took place in Madrid. On this occasion, the book "Health Education Problems" was published,²⁸ with the participation of authors such as Adolfo Maíllo and Primitivo de la Quintana who, from the educational and health world, had already shown their concern for health education.²⁹ But neither the 1962 nor the 1965 text, as had happened with the previous IUHPE-related texts of 1955 and 1959,³⁰ indicate that health

²⁵ Eva María Trescastro-López and Silvia Trescastro-López, "La educación en alimentación y nutrición en el medio escolar: el ejemplo del Programa EDALNU", *Revista Española de Nutrición Humana y Dietética* 17, no. 2 (2013): e84-e90, <https://doi.org/10.14306/renhyd.17.2.11>.

²⁶ Juan Bosch Marín, *Filosofía de la educación sanitaria sobre la salud de la madre y el niño* (Madrid: Dirección General de Sanidad, 1962), 30.

²⁷ Spain joined this organisation, created in 1951, in 1954: Marie-Claude Lamarre, "The International Union for Health Promotion and Education", *Health Education Research* 15, no. 3 (2000): 243-248, <https://doi.org/10.1093/her/15.3.243>.

²⁸ V.V. A.A., *Problemas de educación sanitaria. Curso desarrollado como contribución a la VI Conferencia de la Unión Internacional de Educación Sanitaria* (Madrid: Editorial Universitaria Europea, 1965).

²⁹ See the work on the subject already cited in the article by Terrón and Hurtado in this monograph.

³⁰ *Unión Internacional para la Educación Sanitaria de la Población* (Madrid: Dirección General de Sanidad, 1955), 39-42. Manuel Blanco Otero and Enrique Bravo, *Unión Internacional para la Educación*

education in Spain had gone beyond the threshold of the weak and uncoordinated efforts already discussed.³¹ In fact, an attempt to set up a department of health education within the National School of Health, with guidance of the WHO, failed in 1962.³²

On the programmatic level, there were indeed some novelties with respect to the more classical approach of educational work as a fight against ignorance. Such is the case of Adolfo Serigó, who was very active in different health affairs during Francoism.³³ In a work dedicated to the care of the mentally ill, he includes a chapter on health education in which, paying much attention to international discussions on this topic, argued for the consideration of the cultural foundations of health and illness, in such a way that prior to any educational activity one must perform a cultural analysis of the population to which the intervention was going to be applied.³⁴ Serigó's ideas did not have practical effect.

Some years prior, the complete report by Prof. Colin F. Brockington,³⁵ one of the consultants sent by the WHO in the context of the collaboration between the organisation and Spain, emphasised the poor situation of the official public health institutions in Spain, and as such, of health education. He underlined the inexistence of Public Health Nursing and the lack of specialised training.

Sanitaria Popular (IV Conferencia, Düsseldorf, 2-9 mayo 1959) (Madrid: Dirección General de Sanidad, 1959), 33-37.

³¹ There are no detailed studies on other institutional or non-institutional health education channels, especially in the audiovisual field. By way of example, we can cite the radio programme "El consejo del doctor" broadcast by the *Sociedad Española de Radiodifusión* (Spanish Broadcasting Society) between 1962 and 1974. It was directed by Franco's son-in-law, Cristóbal Martínez-Bordiú, a controversial surgeon. In the early years, it had theatrical scripts written by the journalist Antonio Domínguez Olano. Later it adopted a journalistic format. Every month it offered a prize for contributions by Spanish doctors on the importance of health education.

³² Pilar Nájera, "Health Education in Spain - AN OVERVIEW", in eds. Chris James, John Balding, and Duncan Harris, *World Yearbook of Education. Health Education*, (London: Kogan Page, 1989), 64-72.

³³ Enric J. Novella, "Los límites de la tecnocracia: el Patronato Nacional de Asistencia Psiquiátrica y la modernización autoritaria de la asistencia psiquiátrica en la España del segundo franquismo", *Dynamis* 39, no. 1 (2019): 73-97, <https://doi.org/10.30827/dynamis.v39i1.8667>.

³⁴ Adolfo Serigó Segarra, "Las bases de la educación sanitaria", in *Bases sociales de la asistencia a los enfermos mentales*, (Madrid: Patronato Nacional de Asistencia Psiquiátrica, 1969), 282-299. Serigó was the secretary of the National Plan for Psychiatric Care.

³⁵ Esteban Rodríguez-Ocaña, "La sanidad franquista vista desde la Organización Mundial de la Salud: el Informe Brockington (1967)", *Gaceta Sanitaria* 32, no. 6 (2018): 582-583, <https://doi.org/10.1016/j.gaceta.2018.03.004>.

Brockington's report must be contextualised within the Francoist years of health reformation. In 1965, an ambitious Health Activities Plan had been drawn up, without practical translation,³⁶ which included a section on health education, establishing the DGS's leadership role in this area.³⁷ It proposed actions at various levels, many of them novel, although the starting point was traditional: "It does not seem necessary to go to great lengths to demonstrate the need to modify the attitude of the indifference of the majority of the population to health problems in general, both private and collective".³⁸

It was also envisaged to establish health demonstration zones, where the integration of all health activities, including the educational ones, could be carried out. One was planned in Talavera de la Reina (Toledo), but it did not open until 1976.³⁹ The Talavera project was one of few references to health education in the Economic and Social Development Plans.⁴⁰

The affirmation about the "indifference" mentioned in the Health Activities Plan contrasts with the arrival during the developmentalism of an emerging publishing market in medical popularisation, especially "home medical guides", which gave preventative and first aid advice and information for understanding illnesses.⁴¹ It was a kind of popularisation that was repudiated by many doctors, including some who proposed reforms.⁴²

³⁶ Rodríguez Ocaña and Ballester Añón, "El Informe del consultor de la OMS Fraser Brockington", 480-484.

³⁷ *Plan de Actividades Sanitarias*, (Madrid: Dirección General de Sanidad), 78-83. The section on health education retained its traditional name: "Propaganda and Medical Vulgarization addressed to the population", *Plan de Actividades Sanitarias*, 78.

³⁸ *Plan de Actividades Sanitarias*, 78.

³⁹ Esteban Rodríguez Ocaña and Juan Atenza Fernández, "El proyecto E30 OMS-España para el establecimiento de una zona de demostraciones sanitarias en Talavera de la Reina, 1965-1976", in eds. M.^a Isabel Porras Gallo, Lourdes Mariño Gutiérrez, and María Victoria Caballero Martínez, *Salud, enfermedad y medicina en el franquismo*, (Madrid: Catarata, 2019), 124-145.

⁴⁰ Perdiguero-Gil and Comelles, "The defence of health": 52-54.

⁴¹ Enrique Perdiguero Gil, "La popularización médica durante el franquismo: un primer acercamiento", in coords. Josep M Comelles and Enrique Perdiguero Gil, *Educación, comunicación y salud. Perspectivas desde las ciencias humanas y sociales*, (Tarragona: Publicacions Univeristat Rovira i Virgili, 2017), 105-138.

⁴² José Antonio Valtueña, "El ciudadano indefenso y la educación para la salud", *Cuadernos para el Diálogo* Extra XLVI (1976): 77-78.

In July of 1975, a few months before Franco's death, an inter-ministerial commission set up to tackle health reform issued a report in which health education was situated in coordinates closer to those formulated by Yuste: "The health education of the population and the promotion of solidarity constitute fundamental aspects with deep social and community roots".⁴³

Also in July of 1975, both the Health Education Department of the National School of Health,⁴⁴ headed by Pilar Nájera (1930-2018),⁴⁵ and Health Education section of DGS, which continued in the Ministry of Health and Consumer Affairs after Franco's death, were set up.⁴⁶ In 1975, Pilar Nájera was the only woman in the National Health Medical Corps and had spent several years in hospital management before becoming the official public health leader in health education. There is not much news about the activities carried out by the Department and the Section in their first years of operation, the ones that concern us here are, apart from the intense teaching work carried out, the subject of nutritional education, in close collaboration with the aforementioned EDALNU programme.⁴⁷ Pilar Nájera's most outstanding publications, apart from a text for food handlers, published several times, were produced at the end of the eighties and nineties of the last century, already in the context of the new "Education for Health" concept proposed by the World Health Organization, and the predominant one in those years. Pilar Nájera's work, however, was not recognised by those involved in Spain's health reform, probably because her more technical approach was far from the emancipatory role that health education was intended to play.

⁴³ Comisión Interministerial para la Reforma Sanitaria, *Informe al Gobierno*, (Madrid: Ministerio de la Gobernación. Comisión Interministerial para la Reforma Sanitaria, 1975), 9.

⁴⁴ Nájera, "Health Education in Spain - AN OVERVIEW", 65.

⁴⁵ The appointment of María Pilar Nájera Morrondo as Health of the Health Education Department of the National School Health was published in the *Boletín Oficial del Estado*, 8 February, 1974, no. 34: 248

⁴⁶ The appointment of Pilar Nájera Morrondo as Head of the Health Education Section of the Ministry of Health and Consumer Affairs was published in the *Boletín Oficial del Estado*, 16 July, 1982, no. 169: 19303.

⁴⁷ María Teresa García Jiménez, "Introducción. Breve historia de la alimentación y la nutrición en los colegios españoles. Recursos y currículo", in ed. Jesús Román Martínez Álvarez, *Nutrición y Alimentación en el ámbito escolar*, (Majadahonda, Madrid: Ergon, 2012), 13-14.

HEALTH EDUCATION IN HEALTH REFORM

The importance of health education in the context of health reform appears, above all, in the projects that were published by various social actors (doctors, sociologists, economics, journalists and members of social movements), which can be referred to generally as “democratic opposition”, before and after the legalisation of the political parties. It was the members of the Unified Social Party of Catalonia (*Partit Socialista Unificat de Catalunya*, PSUC) and the Spanish Communist Party (*Partido Comunista de España*, PCE) who were most active when it came time to propose a new health system.⁴⁸ In general, these writings were based on European health systems, particularly those of the United Kingdom and Italy. In this latter case, it should be noted that the socialist and communist doctors carried out a pre-eminent role in the discussions on the Italian health reform of 1978 with the work by Bassaglia, in psychiatry, and of Seppilli and Berlinguer, in public health and health policies being particularly influential.⁴⁹ The experiences of some Latin American countries were also influential.⁵⁰

All the proposals of those who identified themselves with the “democratic opposition” have several common characteristics, although there are many nuances; some of them only referring to Catalonia.⁵¹ The

⁴⁸ Many of them had taken part in the aforementioned *Xè Congrés de Metges i Biòlegs en Llengua Catalana* de 1976. PSUC and PCE also held health conferences in those years: *Partit Socialista Unificat de Catalunya, I Jornades de Sanitat del PSUC. Ponències i comunicacions. 11-12 de febrer de 1978* (Barcelona: Comissió de Sanitat del Comitè Central. PSUC, 1978). *Partido Comunista de España, Primeras Jornadas Sanitarias del PCE. Madrid. 10 y 11 de Junio, 1978. Ponencias y Comunicaciones* (Madrid: Partido Comunista de España, 1978). Also in June 1978 the PSOE organised a *Jornadas Federales de Salud Pública* (Conference on Public Health), whose proposals apparently did not differ much from previous ones: Jesús M. de Miguel Rodríguez, *La sociedad enferma: las bases sociales de la política sanitaria española* (Madrid: Akal, 1979), 191; “Propuesta de creación de un ‘Servicio Nacional de la Salud’”, *El País*, junio 27, 1978.

⁴⁹ V.V. A.A., *Medicina y sociedad* (Barcelona: Fontanella, 1972). Jesús M. de Miguel Rodríguez, “Policies and politics on the health reforms in Southern European Countries: a sociological critique”, *Social Science and Medicine* 11 (1977): 379-393. Giovanna Vicarelli, “The creation of the National Health System in Italy (1961-1978)”, *Dynamis* 39, no. 1 (2019): 21-43, <https://doi.org/10.30827/dynamis.v39i1.8665>.

⁵⁰ Juan Carlos Duro Martínez, “Discursos médicos y políticos sobre la salud comunitaria durante la transición democrática española”, *Praxis Sociológica*, no. 18 (2014): 56.

⁵¹ These proposals were published in various works, many of them collective, which for the most part took up ideas already discussed at the 1976 Congress. Amongst the most significant works was that of Alberto Infante, ed., *Cambio social y crisis sanitaria. (Bases para una alternativa)* (Madrid: Ayuso, 1975). Nolasco Acarín et al., *La sanidad hoy. Apuntes críticos y una alternativa* (Barcelona:

preferred model was a national health service with universal coverage for the whole Spanish population, financed by the State budget. To achieve this objective, Spain needed a modern tax regime (introduced in 1977)⁵² and, as such, it was also necessary to design a transitional phase in the financing of the health system.

Another essential feature of the proposed health service was the provision of comprehensive services: health education, public health and preventive medicine, healthcare, and rehabilitation and social reintegration. The main objective was for the defence of health, rather than the cure. To prioritise disease prevention, it was essential to identify its biological, environmental, and social causes. In this context, the participation of the population in the planning, management, and evaluation of health services was considered as indispensable. This element was underlined in the communist proposals, which were inspired by those of the Italian Communist Party, which relied on the important role attributed to municipalities and neighbourhoods in the development of health activities.

Another objective of health reform was to overcome inequalities in access to healthcare, by way of “regionalisation” and “decentralisation”. The idea was to organise all health activities through a hierarchical network of centres with varying degrees of specialisation. While all the proposals we have analysed share these general features, the majority emphasise the last point. The paradox of detailing the curative in the context of a comprehensive model is because many promoters of health reform were hospital-based doctors.

Avance, 1975). Nolas Acarín *et al.*, *La salud, exigencia popular* (Barcelona: Laia, 1976). Nolas Acarín *et al.*, *Servicio Nacional de Salud. Una alternativa democrática a la sanidad* (Barcelona: Laia, 1977), which basically takes up the same ideas as the 1976 Perpignan Congress. Jordi Gol i Gurina *et al.*, *La sanitat als Països Catalans. Crítica i Documentació* (Barcelona: Edicions 62, 1978), 1-96; Carlos Borasteros, *Salud, enfermedad y sociedad* (Madrid: Forma, 1978). For a detailed analysis of these projects and specific bibliographical references to the point discussed, see Perdiguero-Gil y Comelles, “The defence of health”. Jesús M. de Miguel published several analyses of the proposals of the opposition political parties in the same years in which they were being produced. The most thorough is contained in de Miguel, *La sociedad enferma*. De Miguel fiercely criticised the health models proposed by the opposition. For example, he considered the debates on the concept of health to be “[...] part of a traditional epistemological rethinking of the whole of health care which should be overcome as soon as possible...” (p.188).

⁵² Juan Pan-Montojo, “Entre la reforma y las contrarreformas: una historia política de la fiscalidad española en la democracia”, in eds. Carlos Barciela López, Antonio Di Vittorio and Joaquín Melgarejo Moreno, *La evolución de la Hacienda Pública en Italia y España (siglos XVIII-XXI)*, (Alicante: Publicacions de la Universitat d’Alacant, 2015), 557-590.

Most of the projects repeatedly touched on the same themes, without much specificity and without an economic assessment of what was being proposed. The most original writings were those that explored in some detail the consequences of establishing health “defence”, and thus health education, as a cornerstone of health services. Several, generally overlapping, approaches emerged: the conceptualisation of health, the biological bias of scientific medicine, the necessity to incorporate the idea of multi-causality and, therefore, to consider the role of socioeconomic structure in the genesis of disease.

The most influential and wide-ranging discussion on the concept of health was offered by the Catalan general practitioner Jordi Gol (1924-1985). He criticised the prevailing concepts, especially that of the WHO,⁵³ and proposed a dynamic notion based on the ability to achieve self-realisation through autonomy, solidarity, and happiness. Doctors in the PCE supported the view proposed by Enrique Nájera (1934-1994), a public health specialist and brother of the aforementioned, Pilar Nájera, who emphasised social balance and integration into society. Both authors highlighted the positive value of health and the dynamic relationship with biological, environmental, and social factors.

Therefore, the objective of health services should be to avoid whichever circumstances that hinder personal fulfilment, social integration, and happiness, through the redistribution of wealth to avoid inequalities based on social class or geographic distribution. Thus, health activities were to concentrate on the disease-causing processes rather than on healing. Health education was therefore part of this drive to reorient health services, which required more “rupture” than “reform”.⁵⁴ Guided by scientific medical knowledge that is not only biological based, but that would also be part of an overall strategy leading to grassroots social change. The consideration of social causes of disease and the participation of the population in the management of health services would expose the contradictions of the capitalist system and encourage “revolutionary” mobilisations and/or initiatives. Thus, the proposals of some

⁵³ “[...] a state of complete physical, mental and social wellbeing [...]”: World Health Organization, *Official Records of the World Health Organization*, no. 2 (Geneva: World Health Organization, 1948), 16.

⁵⁴ Opposition projects tried to avoid the term “health reform” already used by the authorities in the late Franco era and by the UCD governments.

left-wing political forces on health education, especially those of PSUC and PCE, were associated with a general political strategy in a revolutionary key.

Strictly related with the problem of biological bias, so evident in the development of medical knowledge, was the question of how and what should be taught in medical training, as the new health services required a different type of professional.⁵⁵ Some solutions were proposed, but, as with many other issues, a new teaching programme was not considered with much detail. Little was said on the health training that allowed the study of socio-economic and political determinants of disease and the development of preventive activities and health education.

Therefore, in the context of new concepts of health and health services proposed by reformists and *rupturists*, the role of health education was considered crucial. But what did “health education” mean?

WHICH HEALTH EDUCATION FOR A NEW HEALTH SYSTEM?

The lack of recognition of the complexity of health education of the population –to which we referred at the beginning of this text– must be seen in the context of the very abundant but not very specific references to it in the writings on health reform, both from the government and from the opposition. In the latter’s projects, stereotyped proposals repeatedly appeared in which health education formed part of an integral model: “[...] the National Health Services, implies covering the entire population and integrating, homogenising and unifying all health services in a harmonious set that includes health education of the population, public hygiene and epidemiology, prevention, cure, and rehabilitation and social integration”.⁵⁶ Health education was not just another element, it was the base of the health system pyramid, as prevention could evade illness and therefore the need to cure. The cost-effectiveness of this approach was sometimes underlined, as it avoids the high costs

⁵⁵ More than twenty years later, problems that had already been explored and not solved: Primitivo de la Quintana, “La medicina social como problema docente (I)”, *Revista de Educación* 5, no. 12 (1953): 1-11. Primitivo de la Quintana, “La medicina social como problema docente (II)”, *Revista de Educación* 5, no. 13 (1953): 110-128, emerged again. See the article by Barceló-Prats and Comelles in this dossier.

⁵⁶ Acarín *et al.*, *Servicio Nacional de Salud*, 48.

of care.⁵⁷ The privileged setting to develop health education was Primary Health Care, canonised at Alma-Ata. In some cases, some specific lines were devoted:

Health Education. A fundamental pillar of the health services, aims to provide the population with the necessary information on the healthiest lifestyle habits, to clarify healthy and unhealthy habits, to provide necessary training for the personal psychophysical whole and of external influences, to provide guidance on the use of medicines and toxic substances. Putting special attention to certain social groups: children, adolescents, mothers, the elderly, etc.

All this will be developed by specialised health education staff, who can be recruited from among today's health professionals, based on specific training.⁵⁸

It was a far from novel vision of health education, criticised a few years later by the WHO: "Many administrators still believe that watching a film, looking at a poster or listening to a lecture will lead the individual towards a right path"⁵⁹ and in the already mentioned text of 1987: "It is not so much a question of knowing how to elaborate health slogans (with more or less moralising pretentious [...])."⁶⁰

Without greater concreteness, but with a less top-down vision, there were other formulations:

Thus, health education can be more than just technical advice given by health professionals to the population and can become a process of information and reciprocal contribution, where the citizen receives information that can be contrasted with his daily life, and the health professional obtains knowledge of the environment in which he works and can refer to aspects of his

⁵⁷ Adolfo Serigó Segarra, *La crisis sanitaria en España (Nuevas ideas en salud pública)* (Madrid: The author, 1979), 60.

⁵⁸ Acarín *et al.*, *Servicio Nacional de Salud*, 53.

⁵⁹ World Health Organization, *New approaches to health education in primary health care. Technical Report Series, 690* (Geneva: World Health Organization, 1983), 11.

⁶⁰ Centre d'Anàlisi i Programes Sanitaris, "Nota editorial", 5.

knowledge once it has been confronted and discussed with the population.⁶¹

Health education was often a primordial element in the construction of a new health system that entailed political changes: “Educational action is especially aimed at achieving the participation of the population in the planning and management of health action, so it responds to the real needs of the population”.⁶² Although various levels and instruments of participation were defined to achieve this, these were not detailed proposals either.

The lack of specific plans regarding health education would be congruent with the assessment of the sociologist Jesus M. de Miguel, on the set of health reform proposals: “There is undoubtedly a lack of sufficiently elaborated alternative models to the current health system in Spain to be able to be applied with ease. The level of opposition discussion in this area is still very basic and in somewhat backwards [...]”.⁶³

The governmental proposals were not more detailed, either. After the failed attempts by Enrique Sanchez de Leon,⁶⁴ first Minister of Health of the Democratic Transition⁶⁵, in May of 1980, a health reform bill was submitted to Parliament:

Health education is thus understood as the interrelation between health services and the population using them. It determines that permanent health education systems and modern methods of health education transmission will be used. The use of collective education guidelines and health education programmes carried

⁶¹ Nolasac Acarín, “Bases organitzatives per a la defensa de la salut”, en *Xè Congrés de Metges i Biòlegs de Llengua Catalana. II Ponència. Funció social de la medicina*, (Barcelona: Acadèmia de Ciències Mèdiques de Catalunya i de Balears. Societat Catalana de Biologia, 1976), 303. It is a vision closer to: World Health Organization, *New approaches to health education in primary health care*.

⁶² Ferran Martínez Navarro, *Estructura i malaltia. Una alternativa sanitària per al País Valencià* (València: Tres i Quatre, 1978), 76.

⁶³ De Miguel, *La sociedad enferma*, 187

⁶⁴ See Manuel Evangelista Benítez, *Medicina y sociedad: la reforma sanitaria* (Madrid: Ministerio de Trabajo y Seguridad Social, 1981), 329-359

⁶⁵ In the governments of Adolfo Suarez, between 1977 and 1982, there were five health ministers. Rovira Tarazona, Sánchez de León's replacement, entrusted the project to the Secretary of State for Health, José María Segovia de Arana, a prestigious clinical and academic figure.

out through the Health Centres is recognised. The implementation of other programmes through companies, schools, or neighbourhoods, in which all health professionals will be involved, is noted.⁶⁶

In some opposition proposals, while recognising the role of schools in health education, it was considered:

Above all class distinctions, the doctor is the best qualified for health education. The medical consultation, in the intimacy of the doctor-patient relationship, is a person-to-person education. The doctor is the only one that has the basic or specialised scientific knowledge to provide safe guidelines for action.⁶⁷

The necessity for complementary training or changes in medical curricula were sometimes mentioned.⁶⁸ Nurses were cited as likely to take on educational tasks, but on this point, as on others, the burden of the projects written by doctors was obvious.

One of the points that appears in almost all the proposals, regardless of the party concerned, has to do with the role of health education as an antidote to that what was considered as a distorted use of health services, either through under-utilisation or, above all, abuse: “[...] the main cause of those who go to the doctor and are not truly ill, is a lack of culture. The lack in information and the absence of a minimum health education mean that people go to the doctor for the most minor of problems”.⁶⁹ A similar view was expressed in 1979 in the Secretary of State’s report on health reform: “[...] the abuse of the population’s demand for medical care due to the scarcity or absence of genuine health education are also clear signs of the functional inadequacy of our healthcare structure”.⁷⁰

⁶⁶ Luis Sánchez Harguindey, *Reforma sanitaria española* (Madrid: Acción Social Empresarial, 1981), 21.

⁶⁷ Francisco Javier Yuste Grijalba, *Hacia una sociología de la medicina* (Barcelona: Aula de Ediciones, 1971), 33.

⁶⁸ Nolasac Acarín, “Bases para la regionalización sanitaria”, in eds. Nolasac Acarín *et al.*, *La sanidad hoy*, 111-133. Joan Campos Avillar, “Hacia un modelo de ruptura educativa para la reforma sanitaria”, in ed. Jesús M. de Miguel Rodríguez, *Planificación y reforma sanitaria*, (Madrid: Centro de Investigaciones Sociológicas, 1978), 121-151.

⁶⁹ Acarín *et al.*, *La salud, exigencia popular*, 48.

⁷⁰ José María Segovia de Arana, “Líneas generales de la reforma sanitaria”, junio de 1979, 1137/11, Archivo INGESA, 6.

This point of view, especially with regard to pharmaceutical benefits, which appeared time and again in the first years of debate on health reform, had become common after the launch of the SOE,⁷¹ as well as in one of the first published criticisms of Franco's health system.⁷² The role of doctors and the pharmaceutical industry in what was seen as a misuse of medicines was also pointed out.⁷³ Education on the use of health services has, of course, value, as it allows for the optimisation of resources. The point is that such education was always approached from a professional point of view, without considering the needs of the population. In the opposite sense, health education was assigned an emancipatory value on other occasions: better knowledge of health and disease would enable individuals and communities to act more independently of the paternalism and hegemony of health professionals.⁷⁴

There were, in the context of reformist projects, some texts referring specifically to education for health. Jose Antonio Valtueña published a very brief text in the in the May 1975 issue of *Cuadernos para el Diálogo*, devoted to "The Right to Health",⁷⁵ and Joaquin Jubert published two similar chapters in 1976 and 1977.⁷⁶ The *Catalan Culture Congress* had a

⁷¹ José Fernández Turégano, *Comentarios sobre el Seguro de Enfermedad* (Madrid: Instituto Provincial de Sanidad. Publicaciones de la Jefatura Provincial de Sanidad de Madrid, 1958), 31-32. On the lack of sustainability of the SOE, partly due to the increased pharmaceutical spending, see: Margarita Vilar-Rodríguez and Jerònia Pons-Pons, "The Introduction of Sickness Insurance in Spain in the First Decades of the Franco Dictatorship (1939-1962)", *Social History of Medicine* 26, no. 2 (2012): 267-287, <https://doi.org/10.1093/shm/hks082>. For official recommendations on the use of medicines, see: Federico Mayor Domingo, ed., *Investigación sobre la asistencia farmacéutica en España: estudio socioeconómico sobre el conjunto de la asistencia sanitaria española* (Madrid: Ministerio de Trabajo. Instituto Nacional de Previsión, 1977), 919-921.

⁷² Felipe Solé Sabarís, in *La crisis de la medicina liberal*, Henri Hatzfeld (Barcelona: Ariel, 1965), 207.

⁷³ Joaquim Bonal, "Farmàcia e indústria farmacèutica", in *Xè Congrés de Metges i Biòlegs de Llengua Catalana. II Ponència. Funció social de la medicina*, (Barcelona: Acadèmia de Ciències Mèdiques de Catalunya i de Balears. Societat Catalana de Biologia, 1976), 384-398.

⁷⁴ Gol i Gurina et al., *La sanitat als Països Catalans. Crítica i Documentació*, 83.

⁷⁵ Valtueña, "El ciudadano indefenso", 77-78. Valtueña, a medical doctor, continued to take an interest in health education over the years. He published numerous articles on various health issues, signed as president of the International Centre for Health Education (Geneva, Switzerland), an organisation about which we have found no information, and later as a member of the Association of International Spanish Civil Servants. See: Perdiguero Gil, "La popularización médica durante el franquismo", 115.

⁷⁶ Joaquim Jubert i Gruart, "Educació sanitària: pressupòsits bàsics per una pedagogia de la salut", in *Xè Congrés de Metges i Biòlegs de Llengua Catalana. II Ponència. Funció social de la medicina*, (Barcelona: Acadèmia de Ciències Mèdiques de Catalunya i de Balears. Societat Catalana de Biologia,

commission dedicated to health education that published part of its conclusions.⁷⁷ Various papers dealt with health education in the broader framework of school health. Its authors were doctors such as Martí,⁷⁸ Antó,⁷⁹ Casares, and the social worker Francina Roca.⁸⁰

Leaving aside Valtueña, who had experience in health education activities, a first obvious point is that in this set of more specific proposals there was no participation of authors from the world of pedagogy, something that had occurred in the case of the work “Health Education Problems” (1965) and in the monographic issue of the journal *Vida Escolar* on health education in schools published in 1961, if only through the presence, not least, of Adolfo Maíllo.⁸¹ Jubert was later involved in the pedagogical world with regular participation in reform movements such as summer school. The inexperience of the majority of the authors explains why the proposals were only a declaration of intentions, in which classical versions of health education were mixed with proposals that understood it as a tool to achieve social change.

1976), 343-353. Joaquim Jubert Gruart, “Educació per la salut. Objectius i etapes”, in eds. Jordi Gol i Gurina *et al.*, *Salut, sanitat i societat. Per una resposta socialista a l'actual situació sanitària*, (Barcelona: 7 x 7 edicions, 1977), 59-73. Jubert, a neurologist, interested in neurobiology, worked in the field of psycho-pedagogy and special education. On Jubert, see: Josep María García and Balda, “Aproximació històrica a l'educació especial a Catalunya: l'educació institucionalitzada en centres d'educació especial a les comarques de Girona (1873-1997)” (Doctoral Thesis, Universitat de Girona, 2007).

⁷⁷ “Comissió d'Educació Sanitària”, in ed. Congrés de Cultura Catalana, *Resolucions II*, (Barcelona: 1977), 86-89.

⁷⁸ Josep Martí i Valls, “La sanitat i l'escola”, in *Xé Congrés de Metges i Biòlegs de Llengua Catalana. II Ponència. Funció social de la medicina*, (Barcelona: Acadèmia de Ciències Mèdiques de Catalunya i de Balears. Societat Catalana de Biologia, 1976), 361-364. Martí i Valls worked at the *University Hospital Vall d'Hebron*, had political responsibilities in the *Barcelona City Council*, founder of the CAPS, and in recent years has had notoriety in the movements in defence of public health in Catalonia.

⁷⁹ Josep Maria Antó and Josep Martí, “Algunas posibilidades de actuación sanitaria en la escuela”, *Cuadernos de Pedagogía*, no. 31-32 (1977): 64-69. Josep M^a Antó is an epidemiologist currently working at the Barcelona Institute for Global Health. See: “ISGLOBAL. Instituto de Salud Global”, 2018. <https://www.isglobal.org/our-team/-/profiles/6201>, (consultado marzo 15, 2021).

⁸⁰ Ramon Casares and Francina Roca, “La medicina i la higiene escolar”, in eds. Jordi Gol i Gurina *et al.*, *Salut, sanitat i societat. Per una resposta socialista a l'actual situació sanitària*, (Barcelona: 7 x 7 edicions, 1977), 155-175. Years later, both of them, together with other authors, presented a paper on health professionals at the *Tretzè Congrés de Metges i Biòlegs de Llengua Catalana* (Andorra, 1988), in which they discussed health education in a little more detail.

⁸¹ Adolfo Maíllo, “La educación sanitaria en la escuela”, in ed. V.V. A.A., *Problemas de educación sanitaria. Curso desarrollado como contribución a la VI Conferencia de la Unión Internacional de Educación Sanitaria*, (Madrid: Editorial Universitaria Europea, 1965), 29-59. Adolfo Maíllo, “Concepto y límites de la educación sanitaria escolar”, *Vida Escolar*, no. 26 (1961): 2-8.

Health education, therefore, was approached from a relatively unrealistic medical point of view. Jubert, who was well versed in the health education ideas of the WHO and UNESCO, pointed to the development of health education activities: “It is necessary to previously ‘diagnose’ the state of ‘health education’ of the population or of groups of individuals, to be able to elaborate the necessary ‘educational treatment’. However, it is also necessary to know how to administer and dose this treatment and to know who has to administer it”.⁸² There is no metaphor that could be closer to healthcare, in a context in which the limited curative approach was rejected.

From this medico-centric point, the necessity to carry out a diagnosis prior to educational actions, already advocated by authors such as Maíllo and Serigó, revealed an ambiguous assessment of culture, which shows the discomfort in which the WHO was also immersed regarding this point.⁸³ Although the beliefs of the population were to be known and respected, they were usually seen as obstacles to health education governed by health professionals, in the context of a classical approach based on the eradication of certain harmful, or potentially harmful, behaviours. There was, nonetheless, innovative proposals, such as the need to take into account “marginal medicine”, which could be treated methodologically: “[...] from the point of view of recovering and purifying the numerous health habits that each child (and each teacher) brings, according to his or her family and geographical origin”.⁸⁴ Other methodological proposals in the same text indicated that health education could be approached from various disciplines of the school curriculum, avoiding a dogmatic presentation of “official medicine” and stressing personal responsibility for paying attention to health.⁸⁵

Educators and the school environment were considered indispensable as a setting for health education. However, there are striking

⁸² Jubert i Gruart, “Educació sanitària: pressupòsits bàsics per una pedagogia de la salut”, 347.

⁸³ World Health Organization, *Expert Committee on Training of Health Personnel in Health Education of the Public. Technical Report Series, 156* (Geneva: World Health Organization, 1958), 4.

⁸⁴ Josep Maria Antó and Josep Martí. “Algunas posibilidades de actuación sanitaria en la escuela”: 68.

⁸⁵ The only texts that dealt in detail with health education programmes, but still outside from the reform context were: Yuste Grijalba, *La educación sanitaria* and Yuste Grijalba, *Hacia una sociología de la medicina*.

statements such as: “[...] the body directly responsible for health services in schools must be the hospital [...]”,⁸⁶ referring to all the areas of school health: hygiene, prevention, healthcare and treatment of school pathologies, and health education. This statement, and others like it, must be contextualised in the framework of the poor state of school health, whose very insufficient interim reform had been undertaken shortly before Franco’s death.⁸⁷ In other cases, the preponderance of the health scenario in school health moved to local contexts, such as counties, municipalities, and neighbourhoods.⁸⁸

In the specific writings on health education, it was again emphasised as a tool for the participation of the population in the management of a democratic health system, the aim of which was a new type of society with collective health as its primary aspiration. However, some of these ideas were not from public health professionals, but mostly from clinicians, which explains many of the paradoxes of what was proposed.

The repeated allusion to the political dimension of health education, which called for popular demands on the health system, was rarely grounded:

In short, we believe that it is now possible to build a health pedagogy in schools, based on the understanding of a man as a psycho-somatic-social reality, whose illnesses are inseparable from his individual and collective personality, and on the formulation of a policy for the defence of health linked to initiatives at the social base, which consider the globality of health resources and which identifies each person as the bearer and manager of his or her own health.⁸⁹

⁸⁶ Martí i Valls, “La sanitat i l’escola”, 362. Casares y Roca were of the same opinion “La medicina i la higiene escolar”, 163: “The organization of school health correspond, then, to the Office of Health, or more specifically, to the National Health Service, which will plan the protection of all children in a single, free system”.

⁸⁷ Decree 2892/1975 of 31 October, approving the Provisional Regulations of School Health. *Boletín Oficial del Estado* 13 November, 1975, no. 272: 23687-23692.

⁸⁸ Casares and Roca, “La medicina i la higiene escolar”.

⁸⁹ Josep Maria Antó and Josep Martí, “Algunas posibilidades de actuación sanitaria en la escuela”: 69. Years later, one of the authors of this statement presented the thesis Josep Martí i Valls. *Moviments socials i reivindicacions sanitàries a Catalunya (1970-1976)*. (Doctoral Thesis, Universitat

Jubert's varied interests in children development, health education, special education and other fields of knowledge, such as art history, took him off the well-known path and went beyond the criticised but pervasive classical hygienic concerns.⁹⁰ He pointed out that in the context of a new health system, "classical" health education, basically centred on the teaching of hygiene, became "education for health", based on a certain concept of health, which in the Catalan context was that of Gol.⁹¹ He indicated that its zone of influence should include issues such as: respect of human and individual life, knowledge about behaviour, the meaning of life and death, acceptance of the limitations of medicine, a critical attitude towards general and health consumerism. The originality of the proposals was not accompanied by indications on how to deal with such complex issues. It seems more like a *desideratum* without translation in concrete actions, as was the case in most of the writings we have been discussing.

The importance of health education began to take shape in local health scenarios in the late 1970s. An important role in this process was played by a reference institution, the Experimental Centre for Health Education (Perugia) (*Centro Sperimentale per l'Educazione Sanitaria*), created in the mid-1950s. Many Spanish health professionals travelled to the Italian city to attend its summer courses and, later, some of the professors from this Centre moved to Spain to give courses.⁹² It was in municipal centres and, above all, in Primary Care Centres where health education (now education for health), which had been advocated at a general level, began to take root. Nursing professionals played a special role in this process.⁹³

Autònoma de Barcelona, 1981), in which he analysed the socially based initiatives referred to in the quote.

⁹⁰ Most of the proposals did include sex education, the area in which the most innovative pedagogical proposals were produced. For a detailed analysis of the subject, see: Inma Hurtado García and Aida Terrón Bañuelos, "La educación sexual durante la Transición: Modelando discursos y modulando voces", in eds. José Martínez-Pérez and Enrique Perdiguero-Gil, *Genealogías de la reforma sanitaria*, (Madrid: Catarata, 2020), 155-191.

⁹¹ This terminological and conceptual transition also appears in: "Comissió d'Educació Sanitaria", 86-89.

⁹² Josep M. Comelles *et al.*, "Health education and medical anthropology in Europe: the cases of Italy and Spain", *Salud Colectiva* 13, no. 2 (2017): 171-198, <https://doi.org/10.18294/sc.2017.1196>. Duro Martínez, "Discursos médicos y políticos".

⁹³ María Jesús Pérez Mora, "La reforma de la Atención Primaria de Salud: sus inicios en la Comunidad Valenciana", in ed. Enrique Perdiguero Gil, *Política, salud y enfermedad en España: entre el desarrollismo y la transición democrática*, (Elche: Universidad Miguel Hernández, 2015).

CONCLUSION

Social Security was introduced in Spain in 1967, after the long gestation of the principles laid down in the 1963 Social Security Law. The new scheme did not overcome many of the problems that it had set out to solve, although it did significantly increase the percentage of the population with health coverage. The main lines of healthcare, established since the set-up of the SOE, hardly changed: the focus on curative rather than preventive care, the neglect of the collective dimensions of health and illness, low-quality general medicine, and the centrality of prescriptions in the absence of a technically suitable healthcare relationship. The hegemony of hospital healthcare grew with the development of a certain, very biologicistic way of conceptualising medicine and the proliferation of new nosocomial facilities. This situation meant that by the mid-1970s there was a consensus, both in government and in the clandestine political and trade union organisations, on the need to change the health sector. Of course, the parameters on which such a task should hinge varied, with some talking about reforming the health system and others about building a new one. Nonetheless, all the writings that we have analysed, from different sources, agreed that health education is a key element. In the same manner, they agreed on the diagnosis of the previous situation: nothing, or almost nothing, had been done in this respect during Franco's regime. The fragmentary initiatives developed did not even merit the role of "precedents".

The proposals that sought to implement a national health service placed healthcare education of the population at the basis of a new system that would prioritise the defence of health over the treatment of illness, offering comprehensive care, with universal coverage, financed by the general state budget, decentralised and with the participation of the population in management and planning. Government reform projects, reluctant to abandon the insurance system and with less emphasis on aspects such as decentralisation and co-management, nevertheless shared many other features with the *rupturist* ones.

One of these coincidences, albeit with notable variations in nuance, was the consideration of education for the population from a naïve perspective –a kind of panacea without much concreteness– classical –advice to the population on unhealthy behaviours, especially to specific

vulnerable groups– and with much emphasis on its role as a guide to “correct” use of health services within the parameters set by experts. This predominant approach to education used a certain rhetoric of engagement with the education system, but, in most cases, without much pretence of collaboration.

Only incipiently, at the end of the 1970s, some professionals, through creative initiatives –often of a municipal nature– and, or, due to the influence of international trends, began to lay the foundations for what would be a more concrete, systematic, and conscious development of “education for health” during the following two decades.

A final question could be asked: does this approach, inherited from the yearnings of a new way of dealing health and illness expressed during the Democratic Transition, still exist today? If any citizen were to visit a health centre today, at any level, would he or she easily identify activities that would support the key role that was intended to be given to health education for the population? The answer would require the development of a whole research programme that has not yet been tackled globally.

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