

The main areas of public health education work in Russia from the late nineteenth century to the mid-1930s

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Abstract

This article examines the main factors associated with the creation of a system of public health education, and the main areas of public health education work in Russia from the late nineteenth century to the mid-1930s. It analyses the main documents regulating public health education and the achievements and shortcomings of public health education work prior to the Russian Revolution, and describes the key factors in the development of public health education policy in the RSFSR. It sets out the main areas of public health education work (training of public health education instructors; lecture, literature and editing, publishing and library, and museum and exhibition work), and highlights the importance of professional training of public health education specialists, work with public organisations and trade unions, and cooperation between departments to maximise coverage of the population and promote and increase the accessibility of information on sanitation and hygiene.

Keywords

history of medicine, history of healthcare, public health education, health promotion, public health, sanitation

Knowledge of human health and disease, as well as various methods of prevention, have had a direct impact on the fight against infectious diseases with a high mortality rate. The Covid-19 pandemic, and the global social, economic and medical crisis associated with it, have shown the need to develop effective prevention methods for new biological threats and compelled us to remember the lessons of the past in order better to assess the present situation. In this context, Russia's experience of public health education activities from the late nineteenth century to the mid-1930s is extremely important.

Attempts to organise public health education were made in the Russian Empire from the end of the nineteenth century. Health and sanitary matters were then overseen by the Ministry of Internal Affairs, under which the first public health

organisations, which included a public health bureau, public health doctors, lecturing doctors, and bacteriological laboratories and institutes, began to be established in this period (Erofeev 2012; Yegorysheva 2013).

In 1877, the Russian Society for the Protection of Public Health, a public organisation, was founded. Besides research activity and helping to improve hygiene conditions, its goals were “readings, meetings and public lectures on hygiene” (Hubert 1904, p. 106; Kucherenko et al. 2017). In 1894, the Committee on Spreading Knowledge of Hygiene to the People was established in Moscow under the Society of Russian Doctors in Memory of N.I. Pirogov. Various projects and even some successful museum exhibitions were devoted to hygiene issues. Despite the lack of

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a government public health education policy in these years, zemstvo doctors held talks with the public and distributed pamphlets and medical articles. At this time, one of the leading publications on public health issues was the journal *Meditinskaya beseda* (“Medical conversation”), founded in Voronezh on 2 April 1887 (and published until 1908). However, “although living conditions called for precisely coordinated activities in public education in the field of healthcare, the promotion of knowledge of hygiene was a voluntary matter, not at all regulated at state level” (Gorbushina 2016). Mass public health education in the Russian Empire around the turn of the twentieth century was made harder by the fact that in the uyezds, a single zemstvo doctor, the main source of health information for the population, could be visited by several hundred, and sometimes even thousands of, people,¹ which, alongside the low level of literacy, the impoverished social position of most of the working class, and the lack of coordinated government work on public health education, prevented significant successes in raising public awareness of health and disease prevention from being achieved.

The first organisational decision by the new authorities regarding the creation of an authorised medical and health body was adopted on the night of 25–26 October 1917: the Petrograd Military Revolution Committee established a Health and Sanitary Department, headed by future People’s Commissar of the Byelorussian SSR Mikhail Barsukov. The main task of this department was “reorganisation of the whole of the Republic’s health and sanitary matters” (*Petrogradskiy voenno-revolutsionny komitet...*, p. 142). In November 1917, medical and sanitary departments of the local Soviets, as well as medical colleges under the People’s Commissariats, were set up and began operating (Ostrovkin 2019). Barsukov faced the challenge of bringing together the various establishments providing healthcare and sanitation to the public under an integrated system, at a time when not all the medical community supported

the new government and some of its members openly opposed it.²

On 30 January 1918, a decree of the Council of People’s Commissars established the Council of Medical Colleges, which became the highest medical authority of the Government of Workers and Peasants,³ which brought together the medical colleges of the People’s Commissariats and oversaw the local medical and sanitary departments.

An important event in the development of public health education in Soviet Russia was the First All-Russian Congress of Medical and Sanitary Departments of the Soviets, organised by the Council of Medical Colleges. In a speech “On the organisation and objectives of Soviet medicine at a local level”, Nikolai Semashko, who would become the first People’s Commissar of Health, highlighted not only the need “to develop the most extensive public health education activities among the population (talks, lectures, exhibitions, etc.) without delay”, but also the vital importance of the widespread participation in this activity “of the organised working and rural poor”⁴ (Khabriev, Egorysheva, Sherstneva 2018). The congress also heard a speech by Zinovy Solovyov and Vera Bonch-Bruevich on “The objectives and organisation of a People’s Commissariat of Health”, which defined what would need to be done to organise a central national body to oversee the fight against epidemics (Davydova 2013). The congress was held in June 1918, and the People’s Commissariat of Health (Narkomzdrav) established as early as July.⁵ Its priority objectives

¹ Office of the Chief Medical Inspector of the Ministry of Internal Affairs. Reports on the state of public health and the organisation of medical assistance in Russia in 1906. Saint Petersburg: Tipografiya Ministerstva Vnutrennikh Del, 1908. P. 75. (In Russ.)

² Reports by the commissars of the Petrograd Military Revolution Committee, Moscow, 1957, p. 246–251. See also: To the comrade doctors from the management of the Society of Russian Doctors in Memory of N.I. Pirogov. *Obshchestvennyy vrach* [Public physician]. 1917; 9–10: 79–80. (In Russ.)

³ Decree of the Council of People’s Commissars of the RSFSR, “On the Council of Medical Colleges”, of 30 January 1918.

⁴ Resolutions of the First All-Russian Congress of Medical and Sanitary Departments of the Soviets. *Izvestiya sovetskoy meditsiny* [The news of Soviet medicine]. 1918; 5–6: 13. (In Russ.)

⁵ Central Party Archive of the Institute of Marxism-Leninism under the Central Committee of the Communist Party of the Soviet Union. F. 2. Op. 1. Ed. khr. 6549. L. 1–3.

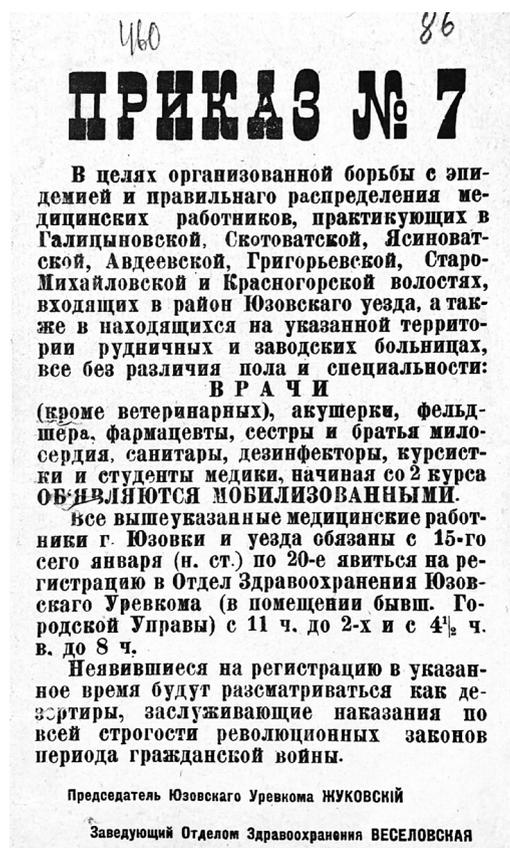


Fig. 1. “On the mobilisation of medical workers for the fight against the epidemic”. Order No. 7 of the Military Revolution Committee of Yuzovskiy District, 1921.⁶ GA RF. F. R9550. Op. 4. D. 10752. L. 1.

⁶ Text on the picture:
Order No. 7

For the purposes of the organised fight against the epidemic and the suitable deployment of medical workers practising in Galitsynovskaya, Skotovatskaya, Yasinovatskaya, Avdeyevskaya, Grigorevskaya, Staro-Mikhailovskaya, and Krasnogorskaya volosts, in the region of Yuzovskiy Uyezd, as well as at mine and factory hospitals in the said territories, all, whatever their sex or specialist field:

PHYSICIANS

(except veterinarians), midwives, feldshers, pharmacists, female and male nurses, assistants, disinfectors, female students and medical students, starting from the second year, **ARE DECLARED MOBILISED.**

All the said medical workers in Yuzovka and its uyezd must report to the Department of Health of the Yuzovka Uyezd Revolution Committee (at the premises of the former City Government) for registration from 11 am to 2 pm and from 4:30 pm to 8 pm from 15 to 20 January (New Style).

Those failing to report for registration at the designated time will be regarded as deserters, deserving punishment un-

der the full force of the revolutionary laws of the civil war period. These objectives were repeatedly emphasised in various departmental and general government resolutions. For instance, paragraph 16 of a resolution of the People’s Commissariat of Labour and Social Welfare of the RSFSR dated 15 January 1920, “Directive for public health instructors”, stated that public health inspectors had not only to monitor the state of people’s health and conduct house-to-house inspections to identify centres of infections but also to help spread knowledge of hygiene to the public. Later, on 15 September 1922, the Council of People’s Commissars of the RSFSR issued a decree “On the republic’s public health bodies”, which stated that the tasks assigned to the latter included public health education⁷ (Sherstneva 2015).

A major factor in the spread of diseases was the poverty and low level of culture and literacy among most of the working population.⁸ The priority areas of health and sanitary work in these years were the fight against infectious (typhus, typhoid, tuberculosis, cholera, and smallpox) and venereal (syphilis) diseases, alcoholism, and mother and child welfare (Vanin et al. 2017; Maslov et al. 2012; Sherstniyeva 2014).

The development of public health legislation required decisive measures, which sometimes restricted people’s freedom or (if violated) could lead to criminal prosecution. For instance, a flyer issued in 1921, “Remember, comrades, your enemy – cholera!” stated that anyone who emptied out waste, chamber pots and slops indiscriminately was a criminal.⁹ According to Order no. 7 of the Military Revolution Committee of Yuzovskiy District, issued in 1921, medical workers who did not take part in the fight against an epidemic were considered deserters who deserved “punishment under the full force of the revolutionary laws of the civil war period”¹⁰ (fig. 1).

der the full force of the revolutionary laws of the civil war period.

Chair of the Yuzovka Uyezd Revolution Committee Zhukovskiy

Head of the Department of Health Veselovskaya

⁷ State Archives of the Russian Federation (GA RF). F. R9550. Op. 4. D. 7924. L. 1.

⁸ GA RF. F. R9550. Op. 4. D. 6030. L. 1.

⁹ GA RF. F. R9550. Op. 2. D. 1533. L. 1.

¹⁰ GA RF. F. R9550. Op. 4. D. 10752. L. 1.

In 1918, the Department of Public Health Education was established within Narkomzdrav's Disease Control and Prevention Section. The department had three divisions, dealing with museums and exhibitions, literature and editing, and lectures.¹¹ On 4 January 1919, to help achieve Narkomzdrav's public health education goals, its Commission on Public Health Education ordered the disparate initiatives on the development of a cadre of public health education instructors and their training, as well as on lecture, literature and editing, publishing and library, and museum and exhibition work, to be coordinated¹² (Freyberg 1922, p. 37–38). Four main, mutually complementary areas of public health education were identified, that, with the help of a wide range of outreach tools, made it possible to provide different segments of the population with accessible information on health and diseases.

In a speech on “Education – the path to health,” the first People's Commissar of Health, affirmed by the Council of People's Commissars, Nikolai Semashko, observed: “Ignorance and disease go hand in hand. Comrades, read booklets and flyers that say how to care for health, how to care for children, how to protect yourself against infections, how to care for the sick so as to help them rather than harm them”.¹³ Thus, the need to carry out active public health promotion work among the public in order to overcome diseases and low level of literacy had been identified by the start of the 1920s.

The most important establishments facilitating the spread of health information were public health education centres. These offered a lecture bureau, an education and training centre, a visual aids department, exhibitions on health care, libraries and lecture theatres. Their main goals were to develop scientifically based methods of public health education, to respond in a timely manner to the spread of epidemic diseases and carry out anti-epidemic measures, and to involve the public in the performance of health measures¹⁴ (Nomogoeva and Plekhanova 2009).

For the health promotion bodies to work effectively under the planned economy, additional funding was required. For example, Tula Oblast's 15-year general plan for social education and healthcare provided for the establishment of public health districts, with a laboratory, a disease control unit, and a permanent exhibition.¹⁵

Staff at the public health education centres organised courses, seminars, and lectures, provided consulting assistance and reviewed new articles on public health education. They held question-and-answer evenings on the most topical issues, staged permanent and travelling exhibitions, created posters, distributed popular literature on healthcare matters to the public, helped to make cinema films on hygiene topics, and made radio and television broadcasts so as to provide more extensive and visually compelling coverage of the most important topics.

One of the priority objectives in terms of general public health education was to create a system for training specialists in developing, spreading and promoting health information. Particular attention was paid to training public health education workers and instilling in every medical worker, whatever their specialist field, a responsible attitude to public health education – an honorary duty and work responsibility of doctors, feldshers and nurses. Every medical worker had to spend at least four hours a month spreading knowledge of health and hygiene. In addition, fourth-year students at every medical institute in the RSFSR had to take a course of several lectures (4–8 hours) on public health education theory and practice in accordance with the Department of Healthcare Management's curriculum.¹⁶

Health education workers interacted with the public at various levels: they held individual talks (with patients at medical institutions or at home about health and hygiene issues), did health promotion work among certain population groups, such as at factories, educational establishments and civilian and military hospitals,¹⁷ and helped to establish specialist health-promoting schools, organised and delivered public lectures, took part in and initiated talks, television and radio broadcasts,

¹¹ GA RF. F. A482. Op. 1. D. 44. L. 1.

¹² GA RF. F. A482. Op. 1. D. 44. L. 13.

¹³ The Russian State Archive of Sound Recordings. F. 608. Op. 4. Ed. uch. 28.

¹⁴ Military Medical Museum. Of. 32641/89. I.n. AOF-284/89. L. 93.

¹⁵ GA RF. F. A262. Op. 1. D. 262. L. 49.

¹⁶ Russian State Archive of Scientific and Technical Documentation (RGANTD). F. 178. Op. 1. Ud. D. 119. L. 3.

¹⁷ RGANTD. F. 178. Op. 1. D. 191. L. 19.

and so on. For health education to cover the whole of the population, not only medical personnel but also members of the public themselves had to be involved in the work. To this end, medical aid posts and voluntary aid detachments were set up, with voluntary public health education activists and designated authorised public health workers taking part in their activities.¹⁸ They could work at medical aid posts set up at enterprises, educational and social establishments and housing developments. The main tasks of these volunteers were not just to help arrange meetings between medical workers and the public, and to spread knowledge of hygiene but also to monitor the timing of children's vaccinations and sanitation compliance, and to report any violations to the disease control and prevention service. Associations and clubs, including for children, were organised at public health education centres. For example, there were 3,500 adults and 300 children in a club at a Moscow public health education centre by December 1919.¹⁹ "Ready for public health defence" and "Ready for air defence and chemical defence" groups were set up all over.²⁰

Measures and activities encouraging the development of personal responsibility for improving and supporting disease control and prevention were integral to government policy. To meet these objectives, an order from the Moscow Department of Health, dated 1 September 1928, established the Institute of Public Health Culture.²¹ In 1938, this became for Central Research Institute for Public Health Education. It was the leading research and methodological centre for public health education, where not only were public health instructors taught, but training programmes and guidance materials for health promotion work among the public were also developed.

On 23 December 1933, the resolution "On the organisation of state public health inspection" was issued. This not only described control and oversight measures, but also discussed the need to improve the quality of the health promotion work by developing and training specialists²² (Safonov et al. 2007; Ostrovkin 2017). For example,

the regulation "On an epidemiologist" set out the obligation to perform public health education work.²³ A separate regulation "On public health inspectors" was also established. They were taught in groups of no more than 30 in two two-hour classes a week, where they learned about the main forms and methods of health promotion work and had the chance to put what they learned into practice immediately.²⁴ The first courses for public health managers were held in 1934 (fig. 2).

Three main forms of health promotion work were identified: oral (personal talks with the public in the form of lectures and seminars approved by experts in advance, participation in radio broadcasts, and advising people on issues that arose), print (wall newspapers, question-and-answer boards, newspaper articles, dissemination of public health education literature, flyers, leaflets, pamphlets and posters), and demonstrative ("health corners", permanent and travelling exhibitions on public healthcare, clean-up days and weeks, theatrical performances, living newspapers, etc.).

Because of the low level of literacy among the working class, the most popular forms of health promotion in the early stages of the development of public health education were various lectures and talks during "clean-up weeks"²⁵ and three-day campaigns against social diseases,²⁶ at which the basic principles of hygiene were explained in an accessible way. During clean-up weeks, residents learned about various topics (e.g. bodily cleanliness and the cleanliness of living quarters, yards and streets). The city council worked to improve the sanitation and hygiene of public places and to make hygiene products more affordable.²⁷

For the public health outreach work to be successful, the topics of the talks or lectures needed

sars of the USSR, of 23 December 1933, "On the organisation of State Public Health Inspection".

²³ Regulation no. 734–68 on an epidemiologist affirmed by a Deputy Minister of Health of the USSR and the Chief Public Health Officer of the USSR, of 5 April 1968.

²⁴ Order no. 633–66 of the Ministry of Health of the USSR, of 2 July 1966, on confirmation of the guidelines "On the training of public health inspectors and their work. (Guidelines)".

²⁵ GA RF. F. R9550. Op. 4. D. 6179. L. 1, 2.

²⁶ GA RF. F. R9550. Op. 4. D. 6030. L. 1.

²⁷ GA RF. F. R9550. Op. 4. D. 6179. L. 1, 2.

¹⁸ GA RF. F. R9550. Op. 4. D. 6434. L. 1.

¹⁹ GA RF. F. A482. Op. 1. D. 44. L. 72, 73.

²⁰ RGANTD. F. 178. Op. 1. D. 241.

²¹ RGANTD. F. 178. Op. 1. D. 1. L. 1.

²² Resolution no. 85 of the Central Executive Committee of the USSR / no. 2740 of the Council of People's Commis-



Fig. 2. Participants in the first courses for public health managers (1934).
RGANTD. F. 178. Op. 1. D. 196. L. 9.

to be carefully chosen, taking account of the audience and local epidemiological and public health situation. Learning about the principles of hygiene began from the pre-school age, when children were first introduced to the basics (the need to maintain cleanliness, wash hands, etc.). The teaching and involvement in various health measures continued in Pioneer organisations, at school, in the army (among both conscripts and the officer and command staff²⁸) and the workplace.

Public health instructors were sent to regions with local centres of infectious diseases before the start of the seasonal outbreaks. Their work included telling people about the need to comply with the public health rules on preventing the diseases and about their main symptoms. Public health education was part not only of Narkomzdrav policy but also of the new proletarian culture in general. Population centres and army units elected health officials, who acted as a link between public health oversight and the general public²⁹ or those in the armed forces³⁰ and took part in public health commissions.

²⁸ RGANTD. F. 178. Op. 1. D. 191. L. 4, 10.

²⁹ GA RF. F. R9550. Op. 4. D. 6434. L. 1.

³⁰ RGANTD. F. 178. Op. 1. D. 191. L. 8.

In identifying the best methods for working with the public, various options for conveying hygiene information most effectively were discussed. For example, the newspaper *Gigiena truda* (“Hygiene of labour”) reviewed forms of public health education such as a living newspaper, cinema, lectures, concerts and recitation evenings, and assessed metrics such as how fatigued or enlivened the audience was, and put forward proposals for improving the cultural education work with the public (Ginzburg 1927). Major film studios, such as the All-Ukrainian Photo Cinema Administration in Kiev and Sovkino, were engaged to make public health information films.³¹

The leading forms of printed information were various pamphlets, bulletins and posters explaining the basic principles of hygiene and setting out disease prevention measures (fig. 3). Public health education literature was printed and distributed, and newspaper articles explaining topical public health issues in an accessible form published. Bulletins were drawn up with guidelines for public health education activists and lecturers, containing factual material and information on new books, films, plays, and exhibitions.³²

³¹ RGANTD. F. 178. Op. 1. D. 2. L. 14, 15.

³² RGANTD. F. 178. Op. 1. D. 2. L. 4.

An example of a visual form of public health education work and the fight against syphilis was a play called “The trial of a prostitute and a procuress”, written by Aleksandr Akkerman and published by Narkomzdrav in 1925.³³ The newspaper *Vlast Truda* (“The power of labour”) described this as “one of the interesting and understandable methods of public health education”.³⁴ The newspaper *Sovetskaya Sibir* (“Soviet Siberia”) reported that “the trial was carried out with great enthusiasm” and “the public showed liveliness and great interest in the case”.³⁵

The Ministry of Culture’s support for theatrical performances on hygiene topics for the general public enabled the emergence of artistic groups who staged agitprop performances on various topics (from general political to everyday). One of the best-known was the Blue Blouse collective, which operated from the early 1920s to 1933. A journal of the same name was published, and featured poems and sheet music, including on topics relating to health and hygiene.

Despite the importance of public health education work being understood, and the efforts made at state level to spread knowledge of health, there were not enough printed products in regional population centres, the information provided was rarely updated, and very often there were no visual aids in indigenous and minority languages.³⁶

An important aspect of public health education in the RSFSR was the organisation of museum and exhibition work. The establishment of permanent institutions (museums and public health education centres) made it possible to collaborate in all areas of public health education and to involve interested members of the public.



Fig. 3. A flyer on “Personal protection measures against cholera”. (Department of Public Health Education, Novgorod, 1921).³⁷

GA RF. F. R9550. Op. 4. D. 3320. L. 1.

The first meeting of the Commission on Public Health Education under the Disease Control and Prevention Section set the goal of establishing a central museum of social hygiene. When the museum and its displays were being planned, Zinovy Solovyov, Co-chair of the Commission, observed that a clear line needed to be drawn between the museum’s historical and forward-looking sections in order to highlight the future prospects and show the state’s successes in public health and hygiene.³⁸ The work on preparing and creating the social hygiene museum’s displays was led by Alfred Molkov, head of the Museum and Exhibition Division under the Department of Public Health Education of the People’s Commissariat of Health of the RSFSR. The primary goal of establishing the museum was to bring together exhibits from local governorate museums and create a single exhibition showcasing the priority areas of the Commissariat’s work: protection of dwelling places; mother and child welfare; prevention of infectious diseases; and public health education.³⁹ Draft regulations on the State Museum of Social Hygiene were approved at a Commissariat meeting on 25 January

³³ Akkerman A.I. The trial of a prostitute and a procuress: the case of citizen Evdokimova, accused of deliberate infection with syphilis, and citizen Sviridova, accused of procuring and abetting [A play]. 3rd ed. Moscow: Izdatelstvo Narkomzdrava, 1925. 64 p. (In Russ.)

³⁴ *Vlast Truda* (“The power of labour”). 1925; 214 (1720): 5. (In Russ.)

³⁵ *Sovetskaya Sibir* (“Soviet Siberia”). 1924; 23 (1265): 4. (In Russ.)

³⁶ Order no. 277 of the Ministry of Health of the USSR, of 19 May 1964, “On measures to further improve the promotion of knowledge of health and hygiene”.

³⁷ Text on the picture:

Cholera has already settled among us and its bony army of death threatens mills...

...and factories, threatens the army. Everyone to arms! Everyone to vaccinations! The enemy is not waiting!

³⁸ GA RF. F. A482. Op. 1. D. 44. L. 8.

³⁹ GA RF. F. A482. Op. 1. D. 44. L. 13.

1919 (Kzyzbaeva 2013), and on 3 July 1919 the bulletin of the Narkomzdrav printing bureau reported that it was ready to open and grant access to its displays (three days for all-comers and three days for excursionists and groups registering in advance).⁴⁰ On display at the museum were photographs, filmstrips and replicas that, Molkov claimed, had no equivalents in Russia or the West.⁴¹

Apart from establishing the Central Museum, an important task for the Museum and Exhibition Division was helping local medical and health and sanitary departments to organise museums and exhibitions, as well as collaborating and coordinating activities in this area. To this end, artistic studios and workshops producing visual aids were placed under the control of the Museum and Exhibition Division.⁴² The displays were filled with exhibits and learning aids of historical and artistic interest, obtained from governorate and uyezd health and sanitary departments, or private individuals.⁴³

During the Civil War, the Main Military Medical Directorate for organising public health education work at the fronts and in the rear created public health exhibition carriages.⁴⁴ According to an announcement from the All-Russian Central Executive Committee, dated 31 December 1919, the primary task in the fight against epidemics in the ranks of the Red Army was to organise auditoria for the collective viewing of public health education films and slides and holding lectures and talks⁴⁵ (Magomedova 2012). In Red Army and Navy units, “red corner” reading rooms were set up. Their goals included “eradicating religious prejudices regarding the political studies hour and the health studies hour”.⁴⁶

Museum and exhibition activities were widespread. For example, apart from the Central Museum of Social Hygiene, 11 governorate and 22 uyezd museums/exhibitions had opened in the

RSFSR by 1920, while 4 governorate and 7 uyezd exhibitions were ready to open.⁴⁷ Between 1920 and 1939, outstanding scientists, such as Academician Nikolai Burdenko, Professor Nikolai Gameleya, Nikolai Semashko, Lev Gromashovsky and Aleksei Sysin, contributed to the museum and exhibition work.⁴⁸

The creation of a system of public health education in the RSFSR was driven by the wide prevalence of infectious diseases, the high mortality rate, the low level of literacy, the major differences in the social and economic situations in the oblasts, and the country’s rapid urbanisation and industrialisation. The effectiveness of the system of public health education established, and of the cooperation between departments and among the public, was largely based on a common understanding that health and sanitation were the task and responsibility of every citizen of the new Soviet Republic, and that only with everyone contributing could the morbidity and mortality rates for infectious and non-infectious diseases be reduced.

The public health education methods used in the country in the early twentieth century made it possible to cover a significant proportion of the population. From school age, children became accustomed to the non-governmental organisations of the Red Cross and Red Crescent, public health defence groups and clubs at public health education centres. In addition, teachers at schools and pre-school institutions had to teach children basic hygiene skills. Educational establishments, enterprises, health resorts, sovkhozes and kolkhozes held health days and weeks when both medical and hygiene topics specific to the establishment in question and domestic and social aspects of people’s health were discussed. One of the most important aspects of the health promotion work was the engagement of public figures, leading scientists, artists, directors and poets to create visual materials (flyers, pamphlets and posters), films, television and radio broadcasts, and popular science books and articles, which made information on hygiene more accessible and understandable to people and helped them develop the skills needed to stay healthy and support public health. It should also be noted that the free

⁴⁰ GA RF. F. A482. Op. 1. D. 44. L. 35.

⁴¹ GA RF. F. A482. Op. 1. D. 44. L. 60.

⁴² GA RF. F. A482. Op. 1. D. 44. L. 60.

⁴³ Collection and directives of the government of the Russian Republic on health and sanitary matters. *Izvestia VTsIK* (“The news of the All-Russian Central Executive Committee”). 1919; 8 (560): 507. (In Russ.)

⁴⁴ RGANTD. F. 178. Op. 1. D. 191. L. 25.

⁴⁵ RGANTD. F. 178. Op. 1. D. 191. L. 60.

⁴⁶ RGANTD. F. 178. Op. 1. D. 191. L. 158.

⁴⁷ The Soviet government and public health. *Vestnik agitatsii i propagandy* (“Bulletin of agitation and propaganda”). 1920; 2: 28–30. (In Russ.)

⁴⁸ RGANTD. F. 178. Op. 1. D. 247. L. 8.

healthcare for citizens and the continuity between the prevention and treatment stages of healthcare helped in the planning and effective allocation of the resources of the national healthcare system.

Thus, an analysis of public health education in Russia from the late nineteenth century to the mid-1930s shows that the public health education work, based on a stage-by-stage approach,

consistency, continuity and cooperation between departments, was highly effective. Without doubt, public health education remains a complex challenge, requiring cooperation between medical workers, joint efforts by public organisations, local authorities, and government entities and the active involvement of the public in promoting and spreading knowledge of hygiene.

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