Women Nurses and the Notion of Their "Empowerment"

Binumol Abraham

Disucssion Paper No. 88

Kerala Research Programme on Local Level Development
Centre for Development Studies
Thiruvananthapuram

Women Nurses and the Notion of Their "Empowerment"

Binumol Abraham

English
Discussion Paper

Rights reserved
First published 2004
Editorial Board: Prof. P. R. Gopinathan Nair, H. Shaji
Printed at:
Kerala Research Programme on Local Level Development
Published by:
Dr K. N. Nair, Programme Co-ordinator,
Kerala Research Programme on Local Level Development,
Centre for Development Studies,
Prasanth Nagar, Ulloor,
Thiruvananthapuram

Cover Design: Defacto Creations

ISBN No: ISBN No. 81-87621-91-5

Price: **Rs 40**
US$ 5

KRPLLD 2004 0500 ENG

Contents

1. Introduction 5
2. The Kerala Model 7
3. Nursing Gets ‘Gendered’ 10
4. Growth of Nursing and Predominance of the Christian Community 13
5. Social Space and Empowerment of Women Nurses 18
References 20

Women Nurses and the Notion of Their "Empowerment"

Binumol Abraham

1. Introduction

The major purpose of this study is to trace the historical dimensions of social and economic empowerment of women nurses in Keralam. The historical process by which nursing emerged as a gendered profession and the nature of the specific image of the woman nurse as constituted in the culture of Keralam will also be examined. The notion of empowerment is discussed at two levels. The notion of a heightened level of well-being of women with the benefit of permanent salaried jobs is called into question. By doing this it seeks to address critically the connection between female empowerment and the preference of women for nursing so familiar in popular accounts of the 'progressive Malayalee Women' of 'Progressive Kerala'. The Malayalee woman nurse's symbolic power or the level of her empowerment seems to be much smaller than that of other working women in comparable positions. Symbolic power is based on symbolic capital. Symbolic capital is the degree of prestige, celebrity, and honour an agent has accumulated in the field (Bourdieu, 1990). In the case of the women nurses, even if they might have acquired some status especially on the basis of economic independence and capabilities in the profession, certain negative symbolic properties like the high level of stigma existing in the medical system and the society associated to their profession eliminate their symbolic status. Economic capital does not necessarily confer cultural or symbolic capital.

Sources and methodological framework

The present study focuses on the first eight decades of the twentieth century. The secondary sources of information for the study are literary works, newspapers, journals, and other periodicals. Case studies of six nurses who are retired from the nursing service, three of whom worked in government hospitals and three in private hospitals in Kottayam constitute the primary source. The selection for case studies is made on the assumption that women nurses constitute a homogeneous category (in this category of women nurses, nun nurses are excluded) and that the same questions put to them would fetch the same answers from them. In order to reduce the problems of literacy representation, a combined method of literary representation and personal interviews is followed.

Section 2 focuses on how certain arguments in favour of the Kerala model, which highlight the progressiveness of Malayalee women on the basis of high level of education and the positive presence of Malayalee women in jobs like nursing and teaching, could be contested.

Binumol Abraham is Doctoral scholar at Department of History, Central University, Hyderabad.

After probing of the notion of 'empowerment' that lies at the heart of such discussions, the question of how nursing emerged as a 'gendered profession' (i.e. a profession dependent upon certain qualities identified to be more abundantly found in women, and less in men) is dealt with in section 3. Section 4 traces the history of woman-nursing and the factors that underlay the predominance of women from the Christian community in the profession. The last section problematises the notion of empowerment of women nurses.

2. The Kerala Model

The progressiveness of Keralam – especially high levels of education, high social status of women, women's positive drive to obtain salaried employment, the spread of medical facilities etc. – are the identified elements which many scholars, consider to have been crucial in the making of the Kerala Model. The drive of Malayalee women to obtain regular salaried employment has been commended. Literacy and education in Kerala – particularly for women – reached heights unknown elsewhere in India (Jeffrey, 1992). Jeffrey mentions that by the time of the Second World War, educated working women in Keralam could earn income, status, and even official influence. Likewise, Richard Franke and Barbara Chasin observed thus:

'Kerala women are ahead of their all-India counterparts in many areas. Educated women have benefited from the expansion of the social service sector. They enter jobs such as teaching, nursing, social work and related fields'. Education and salaried employment have been regarded by all these scholars as the important indicators of women's 'status'. Women in Kerala have been among the most literate women in India. Much has been written about the 'high status' of women in Keralam and their central role in social development.

Prolonged periods of institution-building have preceded the attainment of the present stage of well-being in Kerala. For example, medical care had, like education, a double attraction for the Keralite. The number of allopathic hospitals and health care centres began to multiply rapidly in Travancore and Cochin since the 1930s. Opportunities for employment in medical care institutions also increased simultaneously. The number of patients treated in hospitals and dispensaries doubled between 1951 and 1961. By the 1970s, Kerala's medical facilities showed the highest rate of use in India (Jeffrey, 1992).

Since independence, Kerala has produced more nurses than any other State in India. Before 1947, even in Travancore and Cochin the number of Malayalee nurses was not notably high (Jeffrey, 1992). During the pre-independence period, training in nursing used to be conducted under the initiative of nuns belonging to the Christian Missions. Eight Swiss nuns began work as nurses in Trivandrum in 1906, and formal nursing courses were established in hospitals in Trivandrum and Ernakulam in the 1920s. By 1938, Travancore had 180 nurses, more than 50 of whom were Europeans. In 1950 the new state of Travancore-Cochin had fewer than 400 nurses, though most of them were Malayalees.

From 1950 onward the number of Kerala women entering the nursing profession steadily increased (Table 2.1).

The number of nursing schools increased from 26 in 1977 to 62 in 1991 (Table 2.2).

The advantage of Kerala women for taking to nursing lay in readiness of their families, demonstrated since the 1920s, to send their young women to salaried jobs. As early as 1933, an inquiry into education concluded that girls attended schools in large members not

Table 2.1 No. of Women Entering Nursing Profession in Kerala: 1951-1991

1951	508
1961	933
1971	3542
1981	4894
1991(in different categories) Registered female nurses	1303
Midwives	11683
Integrated nurses and midwives	13213
Auxiliary nurse midwives	9892

Source: *Economic Review* (different years), Robin Jeffrey 1993; Census of India 1961 Vol.vii, Kerala.

Table 2.2 No. of Government and Private nursing Schools: 1971, 1984, and 1991

Year	Government	Private	Total
1977	9	17	26
1984	9	43	52
1991	12	50	62

Source: *Economic Review* (Various years)

because of the 'cultural value' of education, but as a direct means of securing employment and competing with men in the open market.

Jeffrey mentions that though women from matrilineal groups did not rule their families they enjoyed an autonomy and position unusual for the time. According to him, 'the readiness of young women to become nurses resulted from the remarkable place that women occupied in old Kerala and suggests that not all was lost in the transition to Patriliny'. Some scholars argue, however, that, for women, education provided some compensation for the loss of status that accompanied the downfall of matrilineality and matrilocality. Most of these scholars represented woman's role after the decline of matriliny as the resource manager of the home and her income generating activity was seen to be the increasingly positive reorientation of *marumakkathayam* (matriliny).

In this context, it is necessary to lay bare the truth that lies at the heart of the above accounts which camouflage the 'lack' of power of women attributed to 'womanly qualities', and to positively portray educated women's empowerment and high status or autonomy. Recent studies conducted, however, in the context of the growing doubt about Kerala's development experience problematise the notions of women's 'status', power/autonomy in various sectors (Eapen and Kodoth, 2002). These studies observe that there is growing uneasiness when Kerala's social development outcomes are linked to non-conventional indicators, particularly in the context of the rising visibility of gender-based violence, mental ill-health among women, and the rapid growth and spread of dowry and related crimes. They question the adequacy of conventional indicators in understanding women's status in Keralam. It is very clear from these studies that education alone does not enable women to address gender-specific problems.

Even if salaried employment provides economic benefits it does not by itself ensure women's control over her earnings. It depends on various other factors in family and society. For example, in most of the cases of nurses, especially in the Christian families, the nurse in the family would have to bear the burden of the rest of the family members, but is treated as a milch cow. She does not have the power to use her income at her own discretion. In such cases it is doubtful whether they are economically empowered or exploited.

Other serious issues which are raised about women are the high level of suicide rate among them belonging to different socio-economic strata and their sexual insecurity. For instance, the sexual insecurity, which nurses face, both within health care institutions and outside, is widespread and highlighted in popular literature and cinema, but is hardly explored as a social problem. Thus, it is found that through women's education and salaried employment are two important and necessary tools for them to acquire status, power, and autonomy, but they are not sufficient elements.

3. Nursing Gets 'Gendered'

This part deals with the question of how nursing emerged as a 'gendered profession' i.e., a profession dependent upon certain qualities identified to be more inherently and immensely found in women, and less in men. It seeks to explore how this profession emerged as a 'natural' job for 'women' and not 'men'.

Indeed the intertwining of the images of 'progressive Malayalee womanhood' and the participation of Malayalee women in the nursing profession appeared in popular discourse long before the idea of Kerala Model was proposed. Dr Susheela Nayyar, Health Minister of India, stated in 1967 about the progressiveness of Malayalee women. She found that progressive women in Keralam are engaged in nursing service even outside Kerala and that it was the matrilineal system which had prevailed in Kerala that helped them in choosing this profession as a service. In the debates going on in the modern public sphere, the 'naturalness' of women's job and their 'natural qualities' and 'natural capacities' for doing their job are widely discussed and controverted.

In the debates of the early decades of the twentieth century, on the gendered public sphere, an issue repeatedly raised was Malayalee women's education. Moderates supported women's basic education with training in domestic and 'womanly' jobs. They argued that women's entry into public space is necessary for their economic independence and that the jobs they take up should be suitable for women's role and duties in family and in community (Amma, 1927, 1932). The reformers argued for material independence and general education. Reformers like R. Iswara Pillai and Changanacherry Parameswaran Pillai also argued for reform of the then existing education suitable only for domestic jobs and womanly duties.

B. Bhageerathi Amma, editor of *Mahila* Magazine argued for educational reforms and introduction of English. The new education system should give importance to handicrafts/ hand-weaving, etc to help women acquire Economic Independence for the benefit of their homes and the community. The Western style of equal education to women and men would create more rivalry, ego problems, jealousy, etc., in the home. Opinions regarding the suitability of women's jobs were, however, divergent. The desire for modern education, treated as a passport to salaried employment, was to become an abiding feature of Malayalee modernity. And gradually families came to welcome as woman who could earn a salary. Women became teachers because a small, but regular income was found better than nothing at all. And a growing proportion of teachers comprised women. And teachers commanded a certain degree of social respectability (Jeffrey, 1992).

In the mid-Twentieth century Malayalee public sphere, most of the women leaders argued that teaching is the most suitable job for women while some of them agreed with the suitability of nursing too. At the same time they agreed that women have the capacity to do most of the public jobs on a par with men but such jobs should be undertaken only with the consent and the support of the family (Chandy, 1929). Here one finds that both women and men were in agreement about the concept of 'womanly' qualities or capabilities. Women leaders of the

mid-Twentieth realised the importance of both womanly and manly duties for the development of the community or society/nation.

The idea of 'inborn capacities' of women, 'naturalness of women's self', etc are very much inherent in debates in a gendered society. This theme underlies the remarkable arguments that gained considerable velocity by the 1930s (Amma, 1930; Amma, 1936). The debates of the 1930s were on the lines that since women are shaped by such qualities like patience, gently disposition, tact, love, affection, emotion, etc., these 'natural capacities' would help them discharge 'womanly duties' with aplomb. The modern school was one institution which was identified early enough to be one in which 'womanly' capacities would play an important role. This was why from the early stages of women's entry into the public space most educated women entered the teaching profession.

Another important sphere was modern medical institutions. Here 'womanly' qualities pushed women into the profession of 'nursing' which was a womanly' service. It was thought that nursing would come naturally to women. These women were thus the products of a gender-based division of labour that evolved over time in modern medicine. This institution was linked, right from the beginning, to the spirit of caring, compassion and charity, which had come early to Keralam and has flourished ever since. The establishment of medical institutions was part of the effort to redefine the Tiruvitamkoor's (Travancore) image as a *Dharmarajayam*, a land of equity.

On the occasion of the opening ceremony of new civil hospital at Trivandrum in 1865, the Maharajah of Tiruvitamkoor made it clear that his state was a benevolent power, which strives to conserve the lives of its subjects as its duty. At the same time a striking resemblance between the hospital and the modern home surfaced in his hope that the new institution 'will be always distinguished for its sanitary arrangements, for the attention and tender care of the sick and the suffering' (Devika, 2002).

The dominant ideology ascribed certain 'natural' attributes to women: namely, submission, self-sacrifice and, above all, maternal instincts, all of which ideally make them suitable to care, nurture and nurse. The same argument was raised for showing suitability of married women for the nursing profession. Such an argument came up because in the early 20th century, the Tiruvitamkoor Government had restricted the job of nursing to unmarried women. If a nurse got married, she automatically forfeited the job following the recommendations contained in the Statham Committee report. Objecting to this practice, P. K. Narayana Pillai, noted intellectual and member of the Shree Moolam Praja Sabha argued thus: "It is totally meaningless to insist that nurses must necessarily be unmarried. Everyone will agree that women, in comparison to men, have greater natural talent, patience, and maturity for this profession. This is why, of course, women are appointed in hospitals for this job. But such qualities are found in greater brilliance in married women. It is married women, rather than unmarried ones who have greater experience, patience and skill in nursing" (Devika, 2002).

The justification for women's entry into the public domain was their qualities like 'gentle power', disposition, and tact. The number of women who opted for professions like engineering and other physical jobs were certainly not as high as those who aspired for

‘womanly’ professions. Only those institutions in which women could display these qualities opened up to them, largely in institutions in the public sphere. Women also opted for these natural habitats only.

By publishing the biography of Florence Nightingale in women’s magazines repeatedly during the early Twentieth century, some public men of moderate views advised Malayalee women, especially those who were in the field of charity and nursing – to accept her life as a role model and to practise nursing by taking inspiration from her life. Likewise, magazines published biographies of those women who had spent their life for charity and patient care in hospitals (Somerwell, 1940). During the 1970s, magazines produced articles which suggested that Malayalee women take great interest in doing such kinds of services as nursing eminently suitable for display of feminine qualities. For example, in a biography of Florence Nightingale the author gave descriptions of the positive atmosphere created by women nurses by their kindness, motherly affection, care, etc., and which elicited willing cooperation from patients. Thus modern nursing emerged as a gendered profession through, and around the debates and discussions of, a gendered Malayalee society. Whether it was this ‘naturalness of women’s self’ based on the natural recognition of women as caretakers and healers that led to the genderisation of nursing or whether it was crafted by the accommodation of a Western ideal into the fabric of a colonised society, is a question to ponder on.

4. Growth of Nursing and Predominance of the Christian Community

This section will raise questions about the incorporation of modern nursing emerged as an institution in the modern knowledge system, and trace the evolution of nursing. Health services (and consequently nursing services) developed in India in response to the interests of the British colonial rule. In this context it is important to understand how modern nursing emerged in the West and its general nature. This is because in Keralam, it developed by a fusion between western modernity and an indigenous cultural superiority. Another important issue which is explored in this section is the presence of women from the Christian community in great numbers in the nursing profession.

There is no evidence from historical accounts to suggest that women worked as assistants to doctors. But there were local women folk who served as healers and midwives but were not related to the modern hospital (Iyer, 1995). Popular accounts recount the participation of only certain types of women in nursing. They were almost invariably priestesses, nuns of religious orders, virgins, women of doubtful virtue, or even criminals. Likewise, under war conditions, men and prostitutes were recruited – to care for the wounded. Prior to the 19th century, the individuals trained to care for the sick were nuns, but their space was only within the religious institute. When secular hospitals first came into being in Europe, the moral character of any woman nurse who did not belong to the upper or middle class was automatically suspect. And the media attention on nurses is indicative of a general anxiety that held sway about the poor conditions in hospitals. To improve the quality of hospital care, cleanliness and the presence of trained nurses were seen as an essential precondition. These notions created conditions favourable for the appearance of trained nurses and their acceptance in society.

The name of Florence Nightingale is closely associated with the popularisation of nursing as an occupation for the respectable, genteel, and properly trained women of the middle classes. 'During the time of the Crimean War, the world of nursing in Europe was straining to evolve from the province of the sacred on the one hand and from the profane on the other' (Rammanna). Its reputation, enriched by the "lady with a lamp" imagery, helped to rescue it from the disgraces. At the same time, it was gradually disentangled from the rigour of a religious order and thus presented a respectable secular employment alternative for middle class women. The identification of nursing with trained women was buttressed by two considerations. First, the `natural' attributes of good women drawn out by proper education and training. Second, the popularisation of nursing as a woman's job and the 'surplus women' phenomenon.

In Europe, while nursing has remained predominantly an occupation for women, the Nineteenth century ideological legitimisation has, to a substantial degree, erased the stigma attached to women working as nurses. Nurses have also been receiving higher incomes than other working women and enjoying reasonably positive social status too. The nursing profession was grafted into India through the discourse of colonial mentality. The earliest health institutions were established in the later Seventeenth century to cater to the needs of the

army of the East India Company. In India during the Nineteenth century, the notion of health was being discussed and interpreted (variously) by scholars. For instance, health as a matter of individual responsibility was slowly giving way to the recognition of the need for the state to intervene in the health of its people without incurring too great an expense on such an organisation.

Some studies argue that since India lacked the tradition of female nurses, it took a great deal of time and energy to establish a nursing service on the lines of the Western model. The first attempts to develop nursing services by training women were started in the mid-Nineteenth century. The government sanctioned a training school for midwives in the Madras Presidency in 1854. Studies show that the J. J. Group of Hospitals established in the 1860s was the first government organisation to train Indian women. A number of civilian hospitals started their own training programmes. Training courses in mission hospitals differed somewhat in that they were conducted in vernacular languages and thereby cleared the way for India women to join its ranks. However, during the early stages, the numbers were all too small, further, the general reliance on trained nurses from European (some of them came as part of religious mission) and Anglo-India communities meant that nursing was far from becoming a popular occupation, taken advantage of by common women. Training was not standardised because, in most of the cases, it was conducted by the nurses-in-charge of the institutions who themselves had had differing levels of training.

Bhore Committee (1946) and Shetty Committee (1955) observed that nursing was characterised by a lack of professional status. These Committees' major and initial initiatives were to attract women from 'good families' and 'right women' for the job. Shortage in the number of trained nurses was evident in almost all states and hospitals due to various reasons such as the following: (1) in the beginning, a nurse was considered a prostitute or an assistant of a doctor in a clinic or a small hospital and was supposed to give whatever the patient needed to get, 2) most of the time, nurses were expected to perform non-nursing duties, 3) nursing was considered, or categorised as, a menial job, especially in the beginning, which demanded intensive physical work, (4) the casteist mentality of some sections of the society kept them away from nursing; 5) unsatisfactory and crowded living conditions made nursing unattractive as a job. 6) night duties proved as a deterrent to several job seekers; and (7) low standards of education among those who went for a nursing job made it unattractive in the eyes of the educated. The greatest obstacle that Indian nursing had faced originated from the Indian cultural milieu with its notions of 'purity and pollution'. Some part of nursing involves the management of the body functions of patients; hence it does not fit into the acceptable cultural definition of a good job. Nurses' work in close proximity with not only other male workers but with male patients too gives a negative cultural image. Whatever be the reasons for this kind of popular images regarding nurses, this category is considered in society a demoralised or stigmatised group.

Moreover, their relatively low status in the health care hierarchy and the visible dominance and even harassment by power-wielding male doctors have engendered a social stereotype of women who work as nurses. Many interpretations describe this situation as the negative properties regarding the status, or symbolic value, of nursing profession in India. A survey

conducted in 1975 among nurses concluded. “hardly any…came because they wished to care for the sick. They came mostly because it was a job. An educated daughter was a potential salary, and a nursing qualification almost guaranteed employment” (Jeffrey, 1992).

Regarding the condition of nurses/nursing profession very few studies has been done so far. One study made in the 1970s, was based on a comparison between doctors (full-fledged professionals) and nurses (semi-professionals) (Oommen, 1978). It was observed that nurses had shorter periods of training, they are not generating knowledge, had less autonomy, the knowledge they apply was supplied by doctors and they were supervised by administrative superiors or by full-fledged professionals (doctors) or invariably by both. The study argues that highly professionalised occupations are invariably ranked the highest in modern industrial societies. Of the factors which are said to be contributing to the high prestige of an occupation are its ability to acquire power, control wealth, secure high financial rewards, its utility to clients at times of crises, and ability to contribute more to the societal pursuits of ideals. But these functional variables do not explain why certain occupations are prestigious even when they do not possess most of the above attributes. By comparing these two professions, the author tries to show the distinctions or the differences on the basis of prestige and status. Since these two groups have different properties not common to both, it is difficult to compare and make distinctions on the basis of each group’s occupational attributes. Moreover, the study was pursued from a sociological perspective and explained the distinctions of these two categories at various levels by looking at various properties within the institution, not outside the institution. The author also mentioned about the nurses from Kerala, especially nurses from the Christian community.

Another study looks into the history of nursing in general (both in Europe and India) and focuses on the category of Auxiliary Nurse Midwives (ANM) [Iyer, 1995). This study has descried the overall nature of the job of women nurses, their status, positions, etc.

No study exists on the history of nursing in Keralam. Nursing was of a low standard in Kerala till the end of the colonial era. Travancore started in 1906 a two-year training programme for nurses in the General Hospital, Trivandrum under the efficient leadership of Dr Poonen. In that year, eight Swiss nuns had taken up work as nurses (Peters). And formal nursing courses were established in hospitals in Trivandrum and Ernakulam in the 1920s. During this period a large number of nurses came from Europe most of whom as part of missionary and charitable activities. Training programmes were conducted under the initiative of these missionary sisters. Nevertheless, even by 1938, Travancore had only 180 nurses, more than 50 of whom were Europeans. In 1950 the new state of Travancore-Cochin had fewer than 400 nurses, though most by them were Malayalees (Jeffrey, 1992).

The advantage of Kerala women lay in the readiness of their families, demonstrated since the 1920s, to send young women into salaried employment. Once nursing opened up as a sure avenue of employment, many families, mostly but not exclusively, belonging to the Christian Community readily sent their high-school-educated daughters towards the nursing training programmes. The two-year programme which was initially introduced in 1920 was round to be inadequate to cope with the needs of the developing medical sciences. Hence a revised

certificate course in nursing consisting of 3 years general nursing and one year of midwifery was started in 1943 in the school attached to the General Hospital, Trivandrum. A similar programme was in existence in the Cochin State since 1924. Apprenticeship was the main feature of this programme. Malabar had no formal training for nurses until 1958, when Kerala's second medical college was started at Calicut. Kerala's first medical college had come up at Trivandrum in 1950, aided by grants from the Rockefeller Foundation. During the early years, a nurse was considered only a mechanical worker. Later, it came to be recognised that nurses' function demanded sound knowledge and technical skill. The only way to improve the quality of the nursing service was to train and employ properly qualified persons as nurses. Owing to the inadequacy of facilities and in the face of the rising demand for trained nurses, students in large scale migrated to other regions of India for training. But most of the institutes imparting training in nursing were of poor quality with unqualified trainers, in which the students faced severe problems within and outside the institutions. There they were easy prey to sexual harassments too.

The rising demand in Keralam for medical services has led the incumbent governments to start medical and health care institutions including nursing schools in the different regions of the State. The seats in the nursing schools began to be filled with young women looking for regular salaried employment.

The available data indicate the over representation of the Christian community in the nursing service. In an all-India survey of nurses conducted in 1974, it was found that 65 percent of the nurses were Christians and 30 percent were Hindus, the representation of the rest of the communities being extremely low. The predominance of the Christian community could be due to several factors: 1. Christian families often had low incomes, and training for nursing required only lower educational qualifications than for entry into medicine. 2. Inheritance law in the Syrian Christian community was unfavourable to women, and 3. A salaried daughter was often an acceptable substitute for a dowered one. If women benefited personally from the employment opportunities, this was an almost accidental by-product of family calculation. Nevertheless, because bodily secretions are considered polluting, few upper caste Hindu women have gone into nursing.

Oommen cites the following factors for the predominance of Christians in nursing: 1. Nursing being an exclusively female occupation and since many women from Hindu, Muslim, and other communities were not available for the profession until about the last 20 to 30 years, Christian women might have been over-represented in all predominantly female occupations. 2. Nursing profession might have been considered ritually 'unclean' by Hindus and other communities. 3. The low prestige associated with nursing as an occupation in the eyes of the community, emanating partially from the fact that the female nurse has to handle male patients, might have been a disincentive to women in general to enter this profession. 4. Modern medicine was introduced by the special initiative of foreign missionaries as part of the colonial agenda and because of this reason Christian missionaries had a tendency to prefer native Christians: this was another motivation for Christians to go for this job. 5. The family and caste background of converted Christians might also have been a reason for them to enter into this less prestigious profession which, they found, an easier one to enter, with minimum education and free training.

All available evidence suggests that the real motivation for women to opt for the nursing job is not its 'cultural value' but the lure of a salaried job. Recently, this trend has changed. However, during the 1950s and the 1960s, the women who took up nursing as a profession happened to belong to poor households of which they were the sole breadwinners.

The end of the Nineteenth century is often seen as a major period of transition in the history of Keralam. Modernity was mainly characterised by the emergence of various institutions like the school, the hospital, and the print media. The notion of the superiority of the European over the non-European culture and people became widespread. Even through Christianisation was not on the colonial agenda, most of the officials showed an intense desire to protect the interests of Missionaries in Travancore. Towards the end of the Nineteenth century itself Missionaries like Joseph Peet and Thomas Norton started giving religious speeches near the markets of their villages, which might have influenced the local populations to enter into pubic domains for education, jobs, etc (Nellimugal).

Thus this mode of religious activity shaped, directly or indirectly, the mentality of the people. Usually one's religious activities or religious mentality gets formulated by a conducive religious atmosphere. This kind of grounding activities fashions or refashions one's religious mentality. By different ways of the process of Westernisation of health care, the modern medical system got dominance over the indigenous Ayurvedic system. The traditional patterns of education were slowly and systematically replaced by modern methods of institutional education. In India, the educational status of the population was higher in the case of Travancore and Cochin, than in the rest of the country.

The training in the nursing profession, religiously and rigorously piloted by the Missionaries, must have spurred the spirit of the Malayalee women from Christian community, to entering the nursing service. In the gendered public sphere of colonial Keralam, 'women's inborn capacities' or 'natural qualities' like love, patience, and care happened to be reiterated in all discussions.

Missionaries found that evangelisation was the most effective instrument for the conquest of the minds of the natives, and which was considered a prerequisite for establishing the colonial regime (Chandramohan, 1999). Literature of various forms and popular journalistic writings, especially those of community magazines and leading newspapers, give glimpses into the mentality which led to the large scale presence of the Christian women from Kerala, especially from central Thiruvitamkoor, in the nursing profession.

5. Social Space and Empowerment of Women Nurses

As indicated earlier, at the initial stages nursing used to be considered a menial job and people had an aversion for persons engaged in the profession. Nurses had to do intensive physical work right from the beginning of the training period till the very end of their professional career. The intensity of work was all the more high during the early period when the number of employees and nursing staff were very small. The roots of the aversion to the nursing profession may be traced to the socio-cultural milen of the period, shaped by a rigid caste system; even the decline of the system could not erase the attitudes completely from the minds of the people. The advent of modernity could not make much difference in the casteist mentality of the people either, because modernity in Kerala itself was not completely an exogenous idea but a fusion between indigenous culture and western ideas. Hence modernity could not erase the notion of cultural superiority embedded in the minds of the Malayalee, especially those who had more cultural capital. A discussion on social space was held with Dr Nizar Ahammed which helped the development of a frame work of analysis based on Bourdieu's notions of cultural capital and social/symbolic capital.

Women nurses are conventionally differentiated from and treated differently, within the common category of working women. Till the 1970s the number of women in the category of workers was quite small. The only major category was that of the teachers. The socio-economic background of women, especially of the Christian community made them go in for an educational training programme wherein the financial investment was either absent or not burdensome (Oommen, 1978). Even Christians did not consider nursing a desirable career for their women. Parents with several daughters, experiencing economic stress, were heard to be stating bluntly that they have no daughters to be sent for nursing, when somebody makes a suggestion to them. But these parents are seen to have relented later and sent their daughters, most of them the eldest of the lot, for a nursing career. Compared to that of the other working women, the social, cultural, and economic background of the women nurses was invariably very poor.

The nursing profession gives a permanent salary, most of time at levels higher than those of teachers and other comparable women's job. Economic security enables them to take family responsibility, and sometimes, it helps to take independent decisions also. Instances of nurses securing overseas employment have brightened the prospects of nursing as a career in recent times. The profession has increasingly come to be viewed as a profitable and rewarding job drawing more aspirants into the field. There is a growing demand in the marriage market for nurses employed overseas or who are likely to go abroad in search of employment. Thus a new type of 'hypergamous' marriage has come into vogue augmenting the social status of the lower middle class families to which nurses usually belong. Dr Oommen's study points out that by marrying men with graduate or postgraduate degrees, more than 50 percent of women nurses are experiencing upward social mobility (Oommen, 1978).

However, the aversion which the society had about the profession lingers. Nursing, as a profession, was long stigmatised in literature and cinema, and nurses were often condemned

for being sexually decadent. Indeed, in the 1960s, a prominent member of the Kerala Legislative Assembly, Prakkulam Bhasi, openly stated in the legislature that there were two sorts of women in Kerala who had to struggle against severe social stigma – stage artistes and nurses (Government of Kerala, 1963). Literature, cinema, and the print media have propagated this negative image. Popular novelists have represented this issue sensitively in their novels and short stories. The volume of the stigma attached was much more among nurses in the military services. Most of the women nurses have admitted the problems which they face during their service in the military (Parappurathu, 1959; Vivekanandan, 1966). Another dominant version of society's exclusion of women nurses is the poor demand they have in the marriage market. Most of the men are not ready to marry a woman nurse. The only men who were willing to marry them belonged to the category of the police.

The concept of power and empowerment are related and power is defined as a socially determined one, which has nothing to do with the individual's capabilities or strength. A subjective perspective analysis has shown that in most of the cases, the social capital of nursing is small. For example, Oommen's study shows that only 27 percent of the nurses would advise their daughters to join the profession while 70 percent would not, a piece of evidence which strongly indicates that many of them do not perceive their occupation as prestigious (Oommen, 1978).

The women nurses' personal identity within the health care system is likely to be formed on the basis of the capability that they display as part of their profession. A good woman nurse, with a cheerful disposition and a caring mentality, acquires some power. However, her virtues, efficiency, and attitudes are to a great extent, determined by the mentality which she might have acquired from her training and practice. One's mental set-up is important in the formation of one's habits. And certain social norms like women's natural capacity, her genial disposition, her soothing presence, amiable postures, and gentle gestures are the markers used by society to identify a good nurse. Even if in this way a woman nurse acquires a symbolic power within the health care system, these positive elements suffer because of the attribution of the negative values. In fine, women nurses are, in effect, a more disempowered category than other women in employment.

References

Aditi Iyer, et al. '*Women in Health Care Auxiliary Nurse Midwives'*, Mumbai: The Foundation for Research in Community Health. 1995.

Aditi Iyer, et al. *Women in Health Care: Auxiliary Nurse Midwives*. Mumbai: The Foundation for Research in Community Health. 1995.

Alan Bryman, Robert G Burgess (Eds.). *Analyzing qualitative data*, New York: Rout Ledge. 1994.

Amma B, Aananda Valli. *Streekalum Sahakaranavum* (Women and Cooperation), *Mangalodayam,* Vol.17 (8), 1930 in Devika.J. *Domesticating Malayalees: Family Planning the Nation and Home-centred Anxieties in mid-21st century Kerala*, CDS Working Paper 340, CDS: Trivandrum. 2002.

Amma, K, Bhageerathi. 'Women Education: A Community Matter', *The Mahila,* 7 (2), 1927

———————. 'Higher Education and Marriage', *The Mahila* 12 (45), 1932 (a).

—————. 'Women and Industrial Development; *The Mahila*, Vol.12 (45), 1932 (b).

Amma.P. Gouri, Presidential Speech at Annual Meeting of *Nair Mahila Maha Sammelanam*, Kochi, Kochi, *Mahila*, 16 (45). 1936.

Bourdieu, Pierre. *In Other Words – Essays Towards Reflexive Sociology*, (Translated by Mathew Adamson), Polity Press, Basil Blackwell Ltd. 1990.

Chandramohan, P. 'Colonial Connections of Protestant Missionaries in Travancore', *The Indian Historical Review*, Vol. XXVI, New Delhi: ICHR. 1999.

Chandy, Anna. *Stree Swathanthriyathepatti* (Malayalam), *Sahodaran*, Special Issue, 1929.

Devika, J. *Imaging Women's Social Space in Early Modern Keralam*, CDS Working Paper 329, Trivandrum: CDS. 2002.

—————. *Domesticating Malayalees: Family Planning, the Nation and Home-centred Anxieties in Mid 21st Century Keralam*. October 2002, Trivandrum.

Eapen, Mridul, Praveena Kodoth. *Family Structure, Women's Education and Work: Re-examining the High Status of Women in Kerala*, CDS Working Paper No.341, Trivandrum: CDS. 2002.

Franke R.W, Barbara H.Chasan. *Kerala Development through Radical Reforms*, New Delhi: Promilla and Co. Publications. 1992.

Goldsterin, Joshua S. 'War and Gender – How Gender Shapes the War system and Vice-versa'. Cambridge University Press, 2001.

Government of India: Census of India 1961, Vol VII, Kerala.

Government of Kerala. Economic Review, Trivandrum: State Planning Board.

Government of Kerala. Proceedings of Travancore-Cochin Legislative Assembly, Kerala Legislative Library, Trivandrum, 1963.

Govindan Parayil. *Kerala – The Development Experience Reflections on Sustainability and Replicability*, London: Zed Books. 2000.
Gulf Malayalee. (Malayalam Journal), Various volumes, 1979.

Hine, Darlene Clark. 'Black Women in White-Radical Conflict and Cooperation in the Nursing Profession 1890-1950', Bloomington: Indianapolis Indian University Press. 1089.

Jeffrey, Robin. *Politics, Women and Well-being: How Kerala Became a Model*, Macmillan. 1992.

Jim, Thomas. *Doing Critical Ethnography*, New Delhi: Sage Publications. 1993.

K. Saradamoni, 'Women, Kerala and Some Development Issues', *Economic and Political Weekly*, *26* February 1994.

Kunjabdulla, Punathil. '*Marunnu*' (Malayalam Novel). Kottayam: DC Books.

Kunkumam. (Malayalam Magazine) Various Issues, December 1959 to November 1976.

N. Shantha Mohan. A Joint Women's Programme Publication, New Delhi: Uppal Puc House. 1985.

Nellimugal, Samuel. *John Hawksworth* (Malayalam), Kottayam: Benjamin Baily Research Centre, CMS College.

————————————. *Joseph Peet* (Malayalam), Kottayam: Benjamin Baily Research Centre, CMS College.

————————————. *Thomas Norton* (Malayalam), Kottayam: Benjamin Baily Research Centre, CMS College.

Noack, Horst (Ed.). 'Medical Education and primary Health Care', London: Croom Helm. 1980.

Oommen, T, K. '*Vedana Mattunnavarude Vedhana'* (Pain of Pain Removers), *Malayala Monorama*, 25 October 1964.

Oommen. T. K. *Doctors and Nurses,* Delhi: Macmillon Co. of India. 1978.

Parappurathu. *Anweshichu: Kandethiyilla*, (Malayalam Novel), Kottayam: DC Books. 1959

Peters, Lucy. 'Nursing Education in Kerala', *Health Magazine*.

Pieterse, Jan Nederveen. 'Power and empowerment Overtime: From Coercion to Consent.

Pringle, Rosemary. 'Sexuality, Power, and Work - secretaries talk', London: Verso. 1988.

R. Jayasree. *Religion, Social Change and Fertility Behaviour: A Study of Kerala*, New Delhi: Concept. 1989.

Ramanna, Mridula. 'Florence Nightingale and Bombay Presidency', *Social Scientist*, 30 (9-10).

——————————. 'Florence Nightingale and Bombay Presidency', *Social Scientist,* 30 (9-10).

Somerwell, T Howard. *Knife and Life in India: The story of a Surgical Missionary at Neyyoor, Travancore*, London: The Living Stone Press. 1940.

Sundar Ramanathaiyer, Stewart Macpherson. *Social Development in Kerala: Illusion or Reality?* England: Ashgate Pub. 2000.

Vivekanandan, G. *Ward No.7* (Malayalam Novel). Kottayam: DC Books. 1966.

————————. *Vedanakalude Lokam* (Malayalam Short Story), Kottayam: NBS.