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## **Malayalee Nurses and Health Care: Some reflections on Challenges and Stereotypes**

### **Abstract**

The proposed research tries to understand the complexity of nursing as a profession along with the attendant questions of caste, gender, religion, social status and empowerment of the nursing professionals in the context of the unique development experience of Kerala. Representations on mainstream and social media have brought out supportive and negative images of nurses which have directly influenced the pattern of migration, career option and working conditions of nurses in Kerala, in major cities in India and abroad. During the crisis situations such as war and pandemic, the nursing workforce faced an unprecedented challenge professionally, socially, economically, and psychologically. Media highlighted and praised the Malayalee nurse's timely intervention to save the COVID-19 positive patients, and their positive traits are always associated with the image of Florence Nightingale and her qualities of care. On the contrary, nursing as a profession for women was continued to be stigmatized in literature, media and cinema, and nurses were often considered sexually decadent. The present study is an attempt to problematize the contradictory and ambiguous images that the nursing professionals are forced to carry even when they are considered as an 'empowered' group who had achieved upward mobility and were one of the key stakeholders of healthcare.

**Keywords:** Gender, Social Status, Empowerment, Pandemic, Stereotypes

### **Introduction**

High literacy rate and education of women in Kerala are often cited as a sign of high level of empowerment achieved by women in Kerala. Richard Franke and Barbara H. Chasin (1992: 151) noted that, "Kerala women have benefited from the expansion of educational opportunities at all levels. Educated women in Kerala find jobs in teaching, nursing, social work and related fields." Scholars have highlighted the progressiveness of Malayalee women on the basis of their high literacy level, empowerment and jobs. The present study tries to critically address the connection between progressiveness and preference for nursing familiar in popular accounts of a progressive Kerala. Understanding the dynamism and growth of nursing as a

profession along with the attendant questions of caste, gender, religion, social status and empowerment of the nursing professionals would bring more knowledge on the challenges faced by nurses. Since the profession had a long and paradoxical character and embodied history in Kerala, nursing profession was portrayed differently by the dominant society and media in each phase of its development and crisis in Kerala. Nurses face various challenges at workplace which include verbal abuses, frustration due to the workload, low salary, lack of respect from others, problems due to care for the people affected with infectious diseases, shortage of personal protective equipment, etc.

There are several studies on nurses with their focus ranging from socio-economic conditions, historical development of nursing, trajectories of migration, matters regarding nurse patients ratio, labour capital conflicts in Kerala's hospital industry, etc. (Sujani Reddy 2015; Oommen 1978; Arnold 1989; Rosemary Fitzgerald 2006; Sreelekha 2007, 2010 & 2016, 2017; Nair & Percoat 2020; Percoat and Rajan 2007; Abraham 2004; Healey 2013; Kodoth 2013). Some studies have focused on nurse's salary issues, issues related to recruitment of nurses, strikes, quality of private care, internal migration and the difference in the approach towards nurses in India and abroad (Sreelekha 2010, 2012; Sreelekha & Rajan 2017; Rajan & Sumeetha M. 2020; Kodoth 2021). Covid-19 pandemic and the challenges that health workers face in this sector are also addressed in some of the recent medical researches. However, there are hardly any historical and cultural studies on the complex and nuanced dimensions of the representations of nurses in popular literature, media and cinema. Print and visual media can be seen as vehicles which carry ambivalent and often contradictory visions contingent on peoples' complex mentality. An in-depth analysis of these sources along with data collected from the nurses would provide new dimensions to the analysis of challenges of nursing profession.

## **Emergence and Growth of Nursing**

Health services and consequently nursing services developed in India in response to the interests of the British colonial rule. The Colonial Nursing Association (CAN) was established in London in 1895 to supply private nurses to British colonial communities (Rosemary Fitzgerald 185). But the CAN had no comparable arrangement with the India office and rarely sent nurses to this part of the Empire. Colonial

medical policy regarded the provision of state sponsored nursing services as impracticable and costly. It made the complaints of European community in India as they faced myriad health hazards. In major cities like Calcutta, private charities and nursing care for the Europeans started by lady missionaries. During this period Indian women were not recruited. Hospital nursing in India received the attention of Florence Nightingale in 1864. Though she proposed sending of a few handpicked matrons and head nurses to commence the training of nurses in civil hospitals in Bengal and upper India the plan was rejected as expensive. The earliest health institutions were established in the late 17<sup>th</sup> century to cater to the needs of the army of the East India Company (Rosemary Fitzgerald; 186-189). During 1970s and 1980s isolated developments emerged in nursing provision in the state medical sector, but confined to particular localities and institutions. Gradually colonial state intervened in the health of its people without incurring too great an expense on such an organization (Arnold, 1989).

Lady Missionaries and Sisters have supplied better nursing services in India at minimal state expense. The nurses of St. Thomas hospital, London provided nursing services in the hospital founded in 1664 at Madras for the East India Company soldiers. The government sanctioned a training school for midwives in the Madras Presidency in 1854 (Aditi Iyer, et.al. 1995: 16). Lady missionaries began nursing services and training as early as the second half of the 19<sup>th</sup> century. Nursing suited their tastes and dedication. Gradually, they came to attract women in India, especially Christians. Training courses in mission hospitals differed somewhat in that they were conducted in vernacular languages and thereby cleared the way for Indian women to join its ranks. However, during that stage also the numbers were all too small and the general reliance on trained nurses from European (some of them came as part of religious mission) and Anglo-Indian communities meant that nursing was far from becoming a popular occupation. Training was not standardized because in most of the cases, training was conducted by the nurses-in-charge of the institutions who themselves had differing levels of training.

Govt appointed various committees to study about the issues in Indian nursing sector as it was characterized by a lack of professional status. Studies of Bhore (1946) and Shetty (1955) Committees pointed out the importance of attracting trained 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: 1) in the beginning, a nurse was

considered as 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) it was considered or categorized as a menial job- especially in the beginning, which demanded more physical work, 4) the casteist mentality of some people, 5) unsatisfactory and crowded living conditions, 6) night duties, and 7) the low standard of education among those who went for a nursing job in early days (Aditi Iyer, et.al; 1995). The greatest obstacle that Indian nursing has faced originates 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, and 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.

### **Growth of Nursing in Kerala**

The involvement of Lady Missionaries and Nuns was crucial in the growth of the nursing sector in Kerala too. It was in 1838 London Medical Mission started its activities in Neyyoor under the leadership of Dr. Ramse. By 1864, medical classes were also started here to train doctors and nurses. But it was difficult to get women for nursing training because nursing was seen as a disgraceful job. Mrs. Macdonald, an expert in the field of nursing took charge of the Neyoor hospital as nursing superintendent and nursing training classes were began in 1893. During these days women from lower castes came for nursing training (Somervell 1940: 98). It is reported that more men than women were involved in nursing work. In the early period of nursing profession in Kerala, wives and widows of low paid clerics and poorly pensioned servants took up nursing as a temporary 'profession' to meet their financial hardships. Especially in hospitals like Neyoor they worked on the principle that male patients must be nursed by male nurses and females must be looked after by females. In the absence of trained nurses, many nursing related tasks were performed by relatives of patients.

Here too nursing education has to be designed to meet the ever increasing health demands of the society. When the two-year nursing training began in 1906 at the Travancore General Hospital under the leadership of Dr. Punnan, eight nuns from Switzerland were providing nursing services. During that time the hospital was

patronized by Travancore Royal family. These nuns took young girls mostly Christians from their neighbourhood and gave them training as helpers. The idea of service was inculcated in them as part of religion. Therefore, for a long time nursing as a profession focused on service rather than service conditions (Gita Aravamudan 2020). A retrospection of the nurses' training at the beginning of the 20<sup>th</sup> century reveals that nursing in those days was of a low standard in Kerala. And formal nursing courses were established in hospitals in Trivandrum and Ernakulam in the 1920s. Nursing was formally recognized as profession in 1934. During this time a large number of nurses came from Europe and most of them came as part of missionary and charitable activities. Trainings were conducted by the initiatives of missionary sisters. Most families were unwilling to send their children for the nursing profession. Because there was a great deal of contempt for the nursing profession in society. There was an attitude these days that saw the nurse as a doctor's assistant or a prostitute.

Scholars point to a number of reasons why people may be reluctant to choose nursing as a profession: night duty, the need to touch male patients, handling the bodily fluids of others, caste and associated notions of purity and pollution are some of the important reasons behind their reluctance. During the early years, stigma attached to nursing was more. However, the influx of nurses from Europe and elsewhere as part of missionary charity work has led to the growth of nursing in this region. Gradually it became possible for them to attract more and more Christians to this profession. Malabar had no formal training for nurses until Kerala's second medical college was started at Calicut in 1958. The promises and pressures of Independence led to the establishment of Kerala's first medical college at Trivandrum in 1950, aided by grants from the Rockefeller Foundation. During this time they were instrumental in revising the curriculum of the general nursing programme. During the early years, a nurse was considered only a mechanical worker. Later, it came to be recognized that nurses' function demanded deeper knowledge and professional skill and the only way to improve the nursing service was to train and employ properly qualified nurses.

Since 1950s, the number of women from Kerala entering the nursing profession has steadily increased. It could be seen that during 1960s there emerged suggestions to appoint male nurses to meet the paucity of female nurses in India.<sup>1</sup> There are a few accounts which show the presence of male nurses in hospitals

during the beginning period. The 1960s emerged as the telling decade in Nursing. It provided an increasing level of government investment in medical treatment. The proportion of the population 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: 188). But still the number of training centres for nursing in Kerala was not enough, and because of this reason and in view of more job opportunities students in large scale migrated to other regions where private and unqualified training institutes were the sphere in which nurses faced more problems within and outside the institution. There, they were easy prey to sexual advances, since they were seen as sexual objects. Over time the training courses for nurses have changed a lot and nursing began to be selected on the basis of merit. The growth of the healthcare sector today has created opportunities for specialty nursing.

### **Predominance of the Christian Community**

Once nursing opened up as a sure avenue of employment in the 1950s, many families, mostly but not exclusively Christians, readily directed their high school educated daughters towards it. There are a number of reasons why Christians are increasingly entering the field of nursing. 1) Although there were caste differences among the Christians, the customs of untouchability did not exist. Nursing profession might have been considered ritually 'unclean' by Hindus and other communities. 2) Inheritance law in the Syrian Christian community was very unfavourable to women. 3) High dowry system was another problem which women faced. A salaried daughter was often an acceptable substitute for a dowered one. 4) Christian families often had low incomes, and training for nursing required lesser educational qualifications than medicine 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 ((Meera Abraham 1996: 81-83; T.K. Oommen 1984: 119-122).

But one of the main things that influenced them was the Christian religion based mission services and charity activities. Special emphasis was placed on mission services in the activities of the Medical Mission also. The name of Florence Nightingale is closely associated with the popularization of nursing as a mission. She was very much popularized as "lady with a lamp" and to a certain extend this image

of her helped to rescue nurses from the disgraces. Rather than a financially attractive job, missionaries popularized nursing as a mission. According to Somervell, medical mission had even included some questions to measure mission aptitude in the job exams. Their training was mainly focused on cultivating a spirit of service attitude rather than work. The gradual rise in the financial status of girls as nurses has inspired more people to take up this employment. In an all-India survey of nurses conducted in 1974, it was found that 65% of the nurses were Christians and 30% were Hindus while the rest of the community's representation was very few (T.K. Oommen 1984: 119-122). Scholars argue that four fifth of Indian nurses are Malayali and more than four fifth of Malayalee nurses are Christians (See Percot 2005).

The nurses' training religiously and rigorously piloted by the missionaries, spurred the spirit of the Malayalee women from Christian community into entering the nursing service. The training by the missionaries included the practice of praying regularly for getting the capacity to give care and love for patients with a sisterly affection. One interesting thing was the curriculum arrangement of nursing training, especially by the missionaries, which was organized on a religious grounding, that of prayer. The trained nurse teachers, especially nun teachers, used to remind the trainees in their day to day classes and practice the holy words of Jesus Christ which pointed to the greatness of their job, and its morality. However, Christian religious mentality alone was not the real reason or the inspiring factor which moved them into nursing service. The weak financial background and the then socio-economic situation, especially during the time of the 1950s and 60s forced many of them enter into a job for getting money. Nurses themselves have cited the necessity to get a job in such a crucial situation, not for them, but for the sake of their family's existence. Many of these women nurses would be the elders among the siblings, and so the responsibility to take care of the other family members fell on their shoulders. Most of the literary documents including popular magazines and novels in the mid 20s repeatedly raise the point that the real motivation urging women to opt for the nursing job is not its 'cultural value' but the lure of salary (Abraham 2004). Here it would not be wrong to say that along with the newly implanted Christian mentality, financial crisis in the family, motivated people into aspire for the nursing profession. In the modern health institutions, the charitable activities of the missionaries introduced a mentality of service or care to health service personnel, especially the nurses.

## **Stereotypes and the Question of Gender in Nursing**

In the 20<sup>th</sup> century debates on the gendered public sphere in Kerala the nursing profession was seen as one that suited the natural qualities and abilities of women. On the occasion of the opening ceremony of new civil hospital at Travancore in 1865, the maharajah of Tiruvitamkoor made a striking resemblance between the hospital and the modern home. Thereby he expressed 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.'<sup>2</sup> In most of the reform related literature home is identified as a realm of woman. Prevalent mentality spread by culturally, ascribed certain 'natural' attributes to women: namely, submission, self sacrifice and, above all, maternal instincts enabling them to care nurture and nurse. Similar kind of views were raised for showing married women's suitability for the nursing job. Because in the early 20<sup>th</sup> century, government restricted nursing women's marriage on account of the Statham Committee report. Objecting to this government restriction, P.K Narayana Pillai, noted intellectual and member of the Shree Moolam Praja Sabha argued that "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."<sup>3</sup>

Although nursing was not treated as a respectable profession as female nurse may have to deal with male patients, nursing care was considered to be natural traits associated with femininity. Florence Nightingale is also given much emphasis to the feminization of nursing and treating it as a religious avocation. Caring is seen as the essence of nursing and traditionally allied with femininity. This approach was much reflected in their training also.<sup>4</sup> Women were thus the product of a gender based division of labour that has evolved over time in modern medical system. As such views still exist today, studies show that male nurses are losing their acceptance and face social stigma associated with the choice of career in society especially in Kerala (George & Bhatti 2019). Female nurses considered as ideal for caring both sexes. Male nurses working abroad have also shared their bitter experiences when they open



up about their job to the native people in Kerala.<sup>5</sup> They too face challenges with such fixed notions and stereotypical images related to masculinity. Thus modern nursing emerged as a gendered profession in and through the debates and discussions of a gendered Malayalee society.

Gender invariably assumes the garb of stereotypical images. Stereotypes take on many traits, of which some are favorably viewed, while others are stigmatized. The portrayal of nurses as an immoral group is common in film and literature. Much exaggerated and sexually decadent portrayal of nurses' behavior was more evident in the films of 1960s & 70s. Most often they are caricatured for their relation with male doctors and patients, their tactics, etc. There are stereotypes of sexualized female nurses. The profession of nursing itself is stereotyped. While female nurses are caricatured for their immoral character male nurses are stereotyped as effeminate. Positive traits are always associated with the image of Florence Nightingale and her qualities of care. She is depicted as an angel and ideal image of a nurse with qualities of chaste and devoted woman. Public image of western nursing was low at one time but later much improved due to slow reform and reorganization following the intellectual and social refinement of Florence Nightingale.

Malayalee nurses have been much more stigmatized and even treated as objects of sex. Negative stereotypes are portrayed in the media constantly which made challenges to the nursing profession. Moreover, their relatively low status in the health care hierarchy, the visible dominance and even harassment by male doctors and their power has engendered a social stereotype of the women who work as nurses. Women nurses are also differentiated within the common category of working women. Compare to teaching, nursing was not considered as a preferable job for women as the cultural value which society looks for is absent in the nursing profession. However, this profession gives a permanent salary, most of the time more than the salary of teachers and certain other women's jobs. Monetary benefits enable them to take family responsibility, and sometimes, it helps to take independent decisions also.

Various records show that society has developed an aversion towards nursing. Society conceived of them as a demoralized category. Nursing, as a profession, was long stigmatized 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.<sup>6</sup> Early literature and cinema have portrayed similar perception about nurses. Even so called new generation movies have also depicted woman nurses as people who adopt immoral ways to attain their goals in nursing career.<sup>7</sup> The popular novelists Parappurathu and G. Vivekanandan have sensitively represented this issue in their novels and short stories. Their writings show that the volume of the stigma attached was much more among military nurses.<sup>8</sup> Earlier, women nurses had less demand in the marriage market also. Most of the men were not ready to marry a woman nurse.<sup>9</sup> This situation has gradually changed when nurses' migration to overseas countries brought more prospects to them.

There is a stereotypical notion that women are very much 'natural' to care giving, nurture, etc. However, men cannot be good care givers. So they are not suitable to nursing profession. Braking this notion men in Kerala joined nursing from 2004 onwards.<sup>10</sup> In India, it is through the directive of 2003 all private nursing schools are directed to keep 20% general nursing seats for males. Even though the reservation made optional in Kerala, men increasingly joined to nursing with an aim to go abroad. The number of those going abroad has also steadily risen as many European countries welcome male nurses in psychiatric and other departments. Now about 21% of the nursing workforce are formed by male nurses and they are attracted to this profession with an aim to migrate (Gita Aravamudan 2020).<sup>11</sup>

Nurses' migration to overseas countries for employment have brightened the prospects of nursing as a career. It has increasingly come to be viewed as a profitable and rewarding job drawing more aspirants into the field. Study on migrated nurses of Malayalees in Delhi shows that migration gives better job condition, civil rights and other benefits for Malayalee nurses (Sreelekha Nair 2007). Earlier, the matrimonial market was not favourable to nurses, but the picture has changed and nurses are now in high demand. Matrimonial websites help us to understand how much Malayalee nurses are sought after by prospective grooms.<sup>12</sup> 'USA nurses' considered as the highest class (George 2005) and they are considered as the key to the Western dream for loads of young men belonging to the Christian Malayalee middle class. The stigma attached to this profession in India has certainly not completely vanished, but in Kerala, nursing has become a real chance to enhance one's career opportunities.

## **Issues related to Pay Fixation**

Missionaries involvement in the development of modern health institutions and nursing service can be seen as a main reason for treating nursing as a mission rather than a profession. This legacy of nursing in fact influenced the pay fixation of nurses especially in private/mission hospitals. Nurses' demand for better pay scale and shorter hours of work was reflected in the World's nurses meet held in London in 1937 also.<sup>13</sup> There had also discussions with regard to the unequal scale of pay between educated Indian nurses and European/Anglo Indian nurses in India. Demand for equal payment was published in newspapers too.<sup>14</sup> As a solution to this problem, an initiative was taken to reduce the pay scale of nurses in South India in 1939 and it was showed as an initiative to Indianize the profession and thereby completely shut out Anglo-Indian entrants.<sup>15</sup> In India, various committees such as Bhore, Shetty, Mukherjee, Jane and Balaraman Committee have been appointed to study about the issues in Indian nursing. Though much studies and revisions in pay scale were suggested by Govt. it is not fully implemented even now. From the early 20<sup>th</sup> century itself, there emerged demands from trained nurses all over India for 'a revision of the present miserable scale of remuneration earned by hitherto overworked and underpaid profession.'<sup>16</sup>

The Bhore committee was bitterly critical of the conditions under which nurses are required to carry on their profession in India. Their bad conditions include lack of professional status, insufficient pay, gross under staffing, over work, deplorable living conditions, etc.<sup>17</sup> Service conditions were also not attractive for nurses. II Five year plan gave priority to introduce 17 new nursing schools to train auxiliary nurses. Regarding the shortage of nurses, the Union health minister also recommended the authorities concerned that married nurses might be employed on a part time basis.<sup>18</sup> From different sector women are requested to join the nursing profession as they are gifted with the qualities of 'kindness' and 'sympathy' so essential for this job.<sup>19</sup>

From 1980s onwards, nurses started strikes demanding better working conditions and better pay scales. There are reports about dharna and strike staged by nurses representing all Delhi hospitals in 1986, 1998, etc.<sup>20</sup> In Kerala also nurses have

started strike against the low pay scale and very poor salary rate especially in private hospitals. These strikes have reached its momentum in 2017 and 2018 under the organization of United Nurses Association (UNA), a registered association of Indian nurses started in Kerala in November 2011. Most of the cities across India strikes and protests have been reported for years demanding a hike in pay scale. Strikes were led by nurses working in private hospitals and they demanded the implementation of revised wages.<sup>21</sup> Most of the private hospital managements in Kerala were not paying them minimum wages and other benefits mandated in 2013. It is in July 2017, as a relief to the striking nurses, the Kerala Govt. said in a meeting with the representatives of nurses and private hospital managements that it would implement the supreme court directive of Rs. 20000 minimum salary to nurses in the state.<sup>22</sup> Though the govt published a draft on the minimum basic salary in Nov last, an order of the revised pay was not issued. Therefore in February 2018, over 68000 private hospital nurses declared a statewide strike from 15<sup>th</sup> onwards demanding minimum basic salary of Rs. 20000 as fixed by the Supreme Court. Kerala has about 1100 private hospitals, including 457 with 50 plus beds. When govt issued a notification ensuring minimum basic salary of Rs. 20000, nurses called off their strike in 24<sup>th</sup> April.<sup>23</sup> The minimum wage notification is an outcome of a series of strikes and appeals by nurses' organization since Feb 2015. Again in March 2021 the nurses association in Kerala moved a petition in the Kerala high court against an order confining the monthly salary of staff nurses to the number of days worked in a month.<sup>24</sup>

## **Conclusion**

Globally, the nursing profession is recognized as a skilled labour and contributes to enhancing the health of human beings. They are recognized and appreciated well during the crisis situations such as war and pandemics of Covid-19 by the Governments and media for their responsibility and services as health workers. Covid-19 created unprecedented challenges at their working and living conditions-professionally, socially, economically, and psychologically. A significant number of nurses lost their lives while performing their duty. Many reported that timely intervention of Malayalee nurses saved the patients during this pandemic. Similar recognition was also reported as Malayalee nurses became India's 'hero'

when Nipah Virus outbreak in Kerala in 2018. Everywhere Malayalee nurses are praised for their memorable services in the health care system.

On the contrary, historically nursing as a profession for women was stigmatized in literature and cinema, and nurses were often considered sexually decadent. Government or hospital authorities are reluctant to take strong initiative for the well being of nurses. Recent studies argue that calling nurses ‘heroes’ is a harmful narration and dangerous label with negative consequences. With this hero narrations, expectations of what nurses should do become unrealistic. Similarly it becomes normalized for nurses to work longer hours or extra shifts without consideration for how this may affect them personally (Jessica Rainbow, et.al 2021). They face various issues such as low pay scale, long working hours, etc. The stigma attached to this profession in India has certainly not completely vanished, but in Kerala, nursing has become a real chance to enhance one’s career opportunities. Policymakers should create strategies for the improvement of nurses’ conditions.

## End Notes

<sup>1</sup>The Times of India, Male Nurses, Oct 31, 1964, p. 6

<sup>2</sup> The Travancore Administrative Report 1865-66, pp-61-62.

<sup>3</sup>J. Devika, Imagining women’s social space in early modern Keralam, Working paper 329, Centre for Development Studies, Thiruvananthapuram, April 2002. p. 19.

<sup>4</sup>A Probationer, The Times of India, the lot of the hospital nurse: the first year is the real test of her quality, Mar 18, 1932, p. 14

<sup>5</sup>Malayaleekalude German Pravasam, 2014.

<sup>6</sup>Proceedings of Travancore Cochin Legislative Assembly, 1963

<sup>7</sup> For instance, see “22 Female Kottayam,” Malayalam movie released in 2012. Malayalee nurse is a main protagonist here and she gets cheated by her boyfriend and is sexually assaulted by his boss. Different from early movies this movie depicts bold and courageous woman nurse who take recourse against the men who cheated her in life. As a woman centric movie it is depicted as adopting clever but immoral ways to achieve her goals. It gives the message that since the world around them especially men are not sincere they too cannot be moral and chaste.

<sup>8</sup> Parappurathu, *Anweshichu: Kandethiyilla* (Mal Novel), D. C. Books, Kottayam. 1959. G. Vivekandana, *Ward No. 7* (Mal Novel) D. C. Books Kottayam, 1966. G. Vivekandana, *Vedanakalude Lokham* (Malshort story), NBS, Kottayam.

<sup>9</sup> One of the respondents pointed out that during their time most of the men were unwilling to marry a nurse. The category of police also has a less social status and stigma prevailed in society especially during the early years. Society conceived them as an immoral and sexuallydecadent group. Similarly, during the time of informal interviews, many nurses expressed their unwillingness to send their daughters for nursing even in a better and more promising environment and condition. Binumol Abraham, Women Nurses and the notion of their empowerment, CDS Discussion Paper-88, KRPLLD, Trivandrum, 2004, p. 18.

<sup>10</sup>Shobha John, Men Nurse a New Ambition: Go Global: Nursings’ the new rage among Malayalee males, The Times of India, Jun 20, 2005, p.11

<sup>11</sup>Gita Aravamudan, With Kerala’s nurses on frontlines of Coronavirus fight, a brief history of nursing profession in the state, April 13, 2020. (www.firstpost.com)

<sup>12</sup>Irudaya Rajan (ed), India Migration Report 2013: Social Costs of Migration, New Delhi: Routledge, 2013, p.12

- <sup>13</sup>The Times of India, World's Nurses Meet, Aug 10, 1937, p. 12
- <sup>14</sup>The Times of India, Better treatment for Indian Nurses' Urged: J. J. Nursing Association, Jan 21, 1931, p. 5
- <sup>15</sup>The Times of India, Revised Scales of Pay for Nurses: Indianisation of Profession, Nov 9, 1938, p. 3
- <sup>16</sup>The Times of India, Pay of Nurses: Crying Need of Reform, Nov 4, 1916, p. 12; The Times of India, Working Girls' Salaries, Sep 15, 1921, p. 6; Poorly paid nurses: To the editor of the Times of India; The Times of India, Sep 2, 1933, p. 24
- <sup>17</sup>The Times of India, Nurses, May 21, 1949, p. 6; The Times of India, Nurses, Apr 9, 1954, p. 6
- <sup>18</sup>The Times of India, Better deal for nurses: Rise in pay planned, Apr 28, 1956, p. 9
- <sup>19</sup>The Times of India, More Nurses Needed: Noble Social Service, Aug 20, 1957, p. 9
- <sup>20</sup>The Times of India, Stir by Nurses, Dec 31, 1986, p. 16
- <sup>21</sup>Hundreds of nurses stage strike in Cherthala, Collector calls for immediate attention, Malayala Manorama, Feb 15, 2018
- <sup>22</sup>[https://medicaldialogues.in/kerala-nurse-strike-called-off?infinite\\_scroll=1](https://medicaldialogues.in/kerala-nurse-strike-called-off?infinite_scroll=1)
- <sup>23</sup>Kerala's nurses association goes on strike, demand minimum wages, Feb 15, 2018; Kerala nurses call off strike after govt issues wage order, MM, April 24, 2018.
- <sup>24</sup>Shafali Bakshi, Nurses Association Moves Kerala High Court Against Order Confining Monthly Salaries, Medical Dialogues, March 3, 2021

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