NURSING IN MIZORAM: A GENDERED PERSPECTIVE

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INTRODUCTION

Nursing as a profession is identified as a single-sex profession, attributed to women's 'caring' and 'nurturing' nature. The occupational image of nursing has always been 'feminine'. Earlier, it was considered as an extension of domestic work. In the early 19th century, nurses were perceived as immoral or illiterate, and the profession was considered as less than desirable. Nursing as we know it today came to be regarded as a woman's profession through the efforts initiated and developed by Florence Nightingale during the 19th century. By embracing the Victorian idea of womanhood, women's innate caregiving and healing traits were assumed as natural. Nightingale's image as a subordinate, nurturing, domestic, humble, self-sacrificing, and not highly educated nurse became prevalent in society. But, despite the glamorous 'lady with the lamp' image, most of nursing work was low-paid, heavy-duty housework.

The establishment of formal nursing schools attracted women from working and lower-middle class homes, whose only other options were factory or clerical work. But the philosophy of nursing education did not change, and the educators were still middle and upper-class women. If anything, 'they toughened their insistence on lady-like character development, and the socialization of nurses became what it has been for most of the 20th century: the imposition of upper class cultural values on working class women' (Ehrenreich & English 1973). Soon, more and more women started entering nursing schools and women found their place in the health system. As it was regarded as a woman's job, the ostracization of men in nursing started.

The existence of gender-based division of labour in the healthcare system is implicit when examining the role of nurses. With the concept of the domestic division of labour coming into prominence in the 1970s, a range of feminist theories developed. In the 'traditional' domestic division of labour, men were held to be primarily responsible for financial provision for their households, and women were primarily responsible for the management and performance of household and care work. (Pilcher and Whelehan 2004). Some theorists emphasised the connection between capitalism and patriarchy. They argued that before the development of capitalism, a patriarchal system was established in which men controlled women and children's labour power in the family (Hartmann 1982). This technique of hierarchical organization and control developed along with capitalism, which was then used for segregating paid work to the men's advantage. However, patriarchy focused an explanation of domestic division of labour. It was claimed that 'women's oppression is directly beneficial to men and perhaps only indirectly beneficial to capitalism' (Delphy & Leonard 1992) and that the symbolic work done by women for men within family relationships took place within a domestic or a patriarchal 'mode of production' (Pilcher & Whelehan 2004). Feminine characteristics and socially constructed gender roles attributed nursing and care work to a woman's domain. Prominent and authoritative professions such as medicine and dentistry were strongly male dominated whereas

supporting jobs or semi-professional positions were seen as women's work (Adam 2010).

Despite men's contribution to nursing, the feminine image of nursing and the perception of the male nurse as an anomaly was perpetuated in mainstream media. The art and science of nursing has not always been female. Men played a dominant role in organised nursing as far back as 330 A.D. in the Byzantine empire. During this era, hospitals were one of the major institutions where nursing emerged as a separate occupation, primarily for men. Moreover, military, religious, and lay orders of men known as nurses had a long history of caring for the sick and injured during the Crusades in the 11th century (MacPhail 1996). In the United States, men served as nurses during the Civil War.

John Simon, a lesser-known rival of Florence Nightingale, was the founder of an experimental field hospital in Germany during the Franco-Prussian War (1870-1871). Male nurses were hired to staff hospitals, and mortality rates among the troops were kept low (Evans 2004). Unfortunately, men were not accepted readily in nursing schools for many years. Interestingly, in 1888, Darius Odgen Mills established the first male nursing school in America, based in Bellevue Hospital in New York City. This school of nursing provided education and training to nurses to care for psychiatric patients. However, it appears that men's contribution to nursing has been forgotten.

Nursing in Mizoram was introduced by the missionaries in the colonial period. Mizoram was declared a British colony in 1890. The northern half came under Assam while the southern portion was administered by Bengal till it was merged into a district in 1898. The colonial intervention in the Lushai hill paved the way for missionary activities. Health facilities were introduced by the colonial government. But this was mainly for the colonisers and not intended for the public in general (Lalthanliana 2008). Since the colonial government was mainly concerned with the administration of the hills, the moral life of the colonizers was entrusted to the missionaries. Like other colonial states, apart from giving moral support to missions and the moral

upliftment of native people, the idea that the British empire should itself be subject to moral governance was promoted (Carey 2011).

Once missionaries arrived, the medical mission was established. It became an effective instrument in teaching western religion. As the worldview of the pre-colonial Mizos was directly connected to healing, the missionaries were able to colonise the minds and hearts of the people through western medicine. Medical missions, in which nursing was practised, were soon set up in north and south Mizoram. Although women healers were known in the pre-colonial period, the work of caring was professionalised after the advent of Christian missionaries in Mizoram.

The image of nursing in Mizo society had always been feminine, and male nurses are often considered effeminate. Along with this, nursing being seen as a 'marginalised' vocation resurfaced in mainstream media during the outbreak of the Covid-19 pandemic despite nurses' efforts in battling it. It became extremely important to question the root of such perceptions while highlighting the contribution of nurses as frontline workers.

WOMEN AND NURSING IN COLONIAL MIZORAM

The history of modern nursing in Mizoram can be traced back to women's involvement in the missionaries' medical mission. Women's agency was taken up by women missionaries. The colonial government was not particularly concerned with Mizo women's health and welfare. It was the women missionaries who brought these issues into the public arena (Forbes 2005). In embracing the Victorian ideology of womanhood, a gendered 'separate sphere' was created with the emergence of new institutions (Reddy 2015). As health institutions were set up, medical personnel started emerging and work was allotted as per a gender-based division of labour. Since the missionaries were a product of western patriarchal society, nursing as a profession was

symbolic of femininity. The work previously done by the women missionaries was taken up by nurse missionaries, and the practice of western nursing as a profession started in Mizoram.

EARLY PRACTICE OF NURSING

Women missionaries and wives of the missionaries practiced nursing prior to the arrival of trained medical missionaries. They attended to the sick and were concerned with women and children's health. Though not medically equipped or trained, they practised nursing among the Mizos along with evangelising. Around this time, the practice of burying motherless babies was common. When a woman died while nursing a baby, the baby was placed beneath the mother's death body and buried along with the mother (Kyles 1990). The logical explanation was that the others had no knowledge about how to look after the needs of the baby in the absence of maternal care. The colonial government tried to stop this practice, but this only meant that the baby died soon, as they did not know how to nurture the baby and feed it anything other than rice. Moreover, the infant mortality rates were high. This may be because no proper care or nourishment was given to the children (Chapman & Clark 1968). On witnessing the practice of burying motherless babies and infant mortality rates, the missionaries emphasised the importance of trained midwives and took initiatives.

In northern Mizoram, Mrs Katherine Jones, the wife of Rev. D.E. Jones, a Welsh missionary, came to the hills in 1904. She had worked in Sylhet and had attended medical training in Glasgow. She used her medical knowledge among women and children. A weekly women's meeting was started in which lessons on health and hygiene were often taught along with lessons on the Bible (Jones 1998). In 1922, Miss Kitty Lewis, the first woman missionary came to the hills as a teacher. She followed the footsteps of other wives of missionaries like

Mrs Sandy and Mrs Jones and took special care of younger and older women. When Mrs Katie Hughes joined in 1924, the mission's work with women reached new heights.

In 1926, since the women missionaries had an increasing interest in opening a clinic, a welfare clinic was started. Local mothers were called to the clinic and taught the rudiments of child care once a week. It provided the women hours of relaxation and a chance to gossip with other local mothers (Llyod 1991). The mothers and babies were examined and lectures were given on diet and health. A little room was opened in which the babies were weighed, known as '*Nau Buk In*' or 'Baby's Weighing House', and prizes were given to the best or cleanest baby (Lloyd 1991).

In the South Lushai hills, the wives of pioneer missionaries, Mrs Lorrain and Mrs Savidge, continued the work started by their husbands and worked for women's welfare. In 1904, when Mrs Lorrain came to the south, motherless babies soon became her responsibility. She felt it was her task to train a young girl of the same clan as a baby so that the baby was cared for properly and given cow's milk. Since goat and bison milk were considered unclean excretion, there was a shortage of milk. The Gurkha regiment that had come with the British troops decided to stay on in the hills. They understood how to rear cows and took it up as an industry. Cow's milk was soon easily available. Soon, the babies were provided with a nurse from the same clan and a good supply of milk, and Mrs Lorrain became a complete clinic in herself in daily charge of all (Clover 1993). Mrs Savidge also helped Mrs Lorrain in this good work.

The first native to be trained by the missionaries was Thangchhumi. As they were the first Christian converts in their village, she along with her mother were often despised by the others. Since Chhumi's aunt had died in child birth, the infant was left under their care. In following their new faith, they did not believe in superstitions regarding motherless babies and intended to nurture the baby. They went to

the mission station to ask for help. A missionary's wife Mrs Savidge agreed to teach Chhumi how to attend to the needs of her little cousin. Chhumi entered the mission school and assisted the missionaries in the mission school in providing care to the motherless babies. This work was mostly under the charge of Mrs Lorrain and two or three babies were always present to receive milk (*B.M.S. Rawngbawlna Reports* 1901–1938).

Education was also an important project of the missionaries. It was conceived as a means through which conversion could be achieved since the Mizos would be able to read the Scripture. Among the missionaries, Edwin Rowlands was the first to highlight the importance of female education in the hills. His writings on the women's position was repeatedly mentioned in 'Mizo Leh Vai Chanchin Bu' in 1898 (Hmingthanzuali 2010). In his article, 'Ram dang Thu', published in 'Mizo Leh Vai Chanchin Bu' in 1903, Edwin Rowland said that amongst the advance European societies women received equal education with men and pointed out that they were numerous institutions of higher studies for girls (Zosapthara 1903).

Initially, there was a wide gap in the sex ratio where only a few girls were able to attend school. To get more female students, the missionary women would often tour from village to village to persuade parents to send their children to school. Girls' education was perceived as unnecessary. The popular pre-conceived notion was that if girls were able to read and write, they may utilize it for sending love letters (Hluna 1992). As the female population was largely engaged in domestic work, it was also believed that they would have no time for learning. Women's education was hardly supported by the native people, including by women themselves. Commenting on women missionaries in the South Lushai hills, Chapman and Clarks (1968) state, 'They did not see what sense there was in sending boys to school, let alone girls. Boys did sometimes get jobs for the Government or under the mission because they could read and write, but no one expected girls to be able to do that, so it was far better for them to

remain at home. The young men still said they would not marry girls who had been to school.'

Apart from the strong opposition to female education in the hills, there was slow progress in coming up with a girls' school, and only a few women had the desire to become educated. Measures were taken by the missionaries to promote female education. The work started by the wives of the missionaries was taken up by women missionaries who came to the hills as teachers. Under the Welsh Calvinistic Mission, Mrs K.E. Jones opened a girls' school in Aizawl in 1904 with only12 students. She introduced a new curriculum which included:

a) All subjects included in the primary courses: scripture and singing.
b) Needlework including plain sewing by hand and machine, cutting and making garments, shirts, pants, coats and frocks thread work and crochet.
c) Hygiene including care of infants and young children and cleanliness.
d) Cooking with practical demonstrations, teaching the value of local food and the best way to use local ingredients, especially cooking for the sick and weak ('Letter from Mrs K.E.Jones to Mr J Hezlett the Superintendent of Lushai Hills', 4 May 1916).

The curriculum was designed to train women and girls to become more useful in society, as E. Chapman, a female missionary in South Lushai hills, mentions in her book, 'We had made a mental note that when school for girls started in Mizo district, the work and lessons must be done out-of-doors, and life must not spoil them for village work. It must be planned as to make girls more useful in their homes and villages than they were without it' (Chapman and Clark 1968).

The curriculum's success was evident in the increasing number of female students. The colonial government also supported the work of the missionaries. Mr Hazlett opined that the main objective

of women's education should be to enable them to perform their domestic duties more efficiently, with greater comfort to their families and to themselves, and at the same time to give them a broader outlook in life so that they might lead happier and more useful lives ('Letter from Mrs.K.E.Jones to Mr J Hezlett the Superintendent of Lushai Hills', 4 May1916). With the missionaries' efforts, the number of girls attending school increased from around 80 in 1912 to 95 in 1916 in the north, out of which 61 were in the mission school in Aizawl. In 1906, the mission school was shifted to Sikulpuikawn for boys; it was later known as Sikul Sen. In the same year, it was decided that the school in the mission compound would solely be for girls (Rev. Lalchhuanliana 1997). Women's education rested in the hands of Mrs Jones and Mrs Sandy, the wives of Rev. D.E. Jones and Rev. F.E. Sandy. They were soon joined by other female missionaries, and Mrs Jones remained the headmistress of the school till 1916.

Under the care of the missionaries, the school gradually developed. In 1920, after passing the Middle English Examination with a modest triumph, three pupils were able to pursue further education. Out of the girls, Chawngthuami and Rosiami joined the high school in Shillong on a government scholarship, and Kaithuami and her friend Tlawmkungi were sent to train in nursing (Malsawmi 1994). They later assisted the nurse missionaries and were in great demand in the hills.

On seeing the condition of women and with an intention to stop the superstitious beliefs regarding the burying of motherless babies, a few women were selected and recruited as 'Bible Women' by the missionaries. Training for the 'Bible Women' was started by Mrs Katherine Jones and Mrs Siniboni, a woman from the Khasi church; they were trained in three major subjects: the Bible, nursing, and house-keeping so that they could impart important spiritual and practical knowledge to women who were seen as spiritual healers, physicians, and mothers (Thanpuii 2014). The earliest record of Mizo Bible Women is found in the *Welsh Calvinistic Methodist Foreign Mission Report of 1904* in which three evangelist and one Bible woman supported by the native church are mentioned. Mrs Chhingtei was the

first woman to be appointed a Bible Woman. The practice of recruiting Bible Women in the north was followed in the south.

Bible Women were the first to practice nursing among the Mizos. In the beginning, they faced various challenges. They were accused of not being willing to perform their duties or domestic work and wanting to gain the goodwill of the missionaries for their own benefits. Despite these charges, they remained firm and performed their task in different villages and were soon known for their knowledge rather than their practice of evangelism (Malsawmi 1994). They preached the gospel from place to place while imparting information about midwifery, health, and hygiene among the native women. They were often consulted or called upon as midwives to the nearby villages. They also paid house visits to tend to the sick and carried out their spiritual training by offering prayers. In their own villages, they held a separate service for women. Initially, this did not get strong support among the church elders and the pastors as prejudices against women in public and religious life were still strong, but gradually the participation of women in social life was accepted. In this service, ideal Christian womanhood was taught along with health and cleanliness (Rev. Lalchhuanliana 1997).

The missionaries' view about teaching and nursing as a feminine profession apart from preaching the Bible broadened the job description of Bible Women. This also shows that they had the ability to balance their domestic and professional lives, and in a way shows their interest in challenging cultural norms while complying with traditional gender expectations (Taneti 2013). Soon, the prejudices against women which were very prominent in their social lives disappeared. Moreover, it was also realised that the women evangelists succeeded in winning the hearts of the people compared to their male counterparts. With their initiatives, they succeeded in positioning women in the religious sphere (Hluna 1992). In fact, they were much appreciated and gained more recognition for midwifery than evangelism.

MISSIONARY NURSES AND THE PROFESSIONALISATION OF CARE

As the medical mission was an important aspect of the mission's work, there was a huge demand for medical missionaries. Along with missionary doctors, missionary nurses also came to the hill. Mission hospitals were soon established, and nursing education became a necessity. The first doctor of the Welsh Mission Hospital, Dr John William had trained a few natives in 1928. A doctor from Chhandraghona, Dr Teichman also delivered lectures and visited almost every year and attended to those in critical medical condition. As there was a huge demand for nurses, Miss Margaret Winifred came in 1929 and replaced Tlawmkungi. The natives were trained by the medical missionaries, but the nursing school was firmly established under the tuition of Sister G.M. Evans and Dr G.P. Robert in 1937. Text books were translated into Mizo, and state examinations for both nursing and midwifery registration were started. A three-month preliminary training school was started followed by weeks of block teaching in specific subjects. The training was directed at efficient patient care and skilled care in the wards, clinics, operation theatres, and maternity and labour wards (Bounds 1988). In 1944, the institution was recognised by the Assam Nursing Council and continued to be the only recognised nursing institution till 1980. In the early days of nursing education, general nursing and midwifery were taken up, but from 2019 the course was change to B.Sc (Nursing) (Hminthanmawii 2019).

In the South Lushai hills, the training for natives began with Miss Oliver Dicks in 1919. She was later joined by Miss E.M. Oliver in 1921. In 1928, with the appointment of Miss I.M. Good, a nurses' hostel was opened in which Lalsiami became the first trained Lushai nurse who took up work in other villages. During 1919-1952, training was given in junior nursing. In 1952, the Serkawn Nursing School was established and Miss E.M. Maltby became its first nursing superintendent. General nursing and midwifery (GNM) was taken up as a joint institution

with the Presbyterian Nursing School. It was later recognised as a separate institution by the Assam Nursing Council and the auxiliary nurse midwife (ANM) course started in 1970. However, from 1988 till today, nurses are trained in the GNM course (Hmingthanmawii 2019).

In the early years of the nursing school, it was difficult to get women to take up long training in nursing. The selection was difficult as some girls from Aizawl had good educational standards while the others were from villages with limited education. Efforts were made to train girls from every corner of the hills. When selected they were received in the nurses' hostel, and provided a bed and a locker (Bounds 1986). The nursing textbooks were translated into the local language and included topics such as anatomy and physiology, nursing, hygiene, medicine, surgery, and midwifery. In the early days, teaching was difficult as subjects such as hygiene were new to them. The number of students increased every year. The Preliminary Training School became an established feature and the nursing school gradually developed. With improvements in the standard of education, students were able to take the senior certificate examination in nursing and midwifery. The Baptist Hospital was also affiliated to this school, which enabled the students to take the state examinations; this was recognised by the Assam Nursing Council in 1952 (Bounds 1988).

The missionary nurses in the medical mission were successful in bringing changes for the women in Lushai Hills. Apart from studying the course and doing practical works, the nurses were also trained to be ideal Christian women. Each evening the staff of the hospitals came together and a service was held. They chose hymns, Bible readings and offered prayers. On returning to their villages, these nurses were considered suitable wives. Therefore, the training received by the nurses helped remove the prejudices against female education or learning, as they proved to be useful agents not only in breaking the traditional method of healing or midwifery and thereby practising western medicine as well as living as ideal Christian women (Chapman and Clark 1968).

Healing of not only the body, but also of the mind was considered important. In Imogen Roberts' (1950) 'Mawii's Story' about a young native nurse of the same name, she gives an account of a sick orphan boy. The boy was given medicine and also taught about Jesus' life. However, the medicines failed and the boy soon passed away. As Mawii had nursed him, she was saddened by his demise. But since he was believed to have spiritual healing powers, Mawii was at ease and stated, 'We think the Spiritual Healing was even more important than healing his illness'.

After taking up the course and being trained in the nursing school, the native nurses played an important role in the health of the community. The men missionaries had thought that 'Christians must be Lushai of the Lushais', and the women missionaries were of the same opinion (Clover 1993). In training the natives, the missionary nurses led the way as all the nursing duties were not clear to the natives to begin with. On returning to their villages, the trained native nurses were often consulted for different cases in the absence of medical personnel. After the missionaries left the hills, the administration of the nursing school was taken up by successive Mizo nurses.

As a profession, nursing was considered to be suitable for women as the job was linked to a women's inherent characteristics. The practice of offering care and assisting the doctors and missionary nurses was given to the natives nurses. This placed them among the 'newly created educated class', by the missionaries. Although there were no social distinctions, nurses were viewed as 'model wives' due to the training they had taken in the colonial period (Hmingthanzuali 2010). Initially, the natives were trained to assist the missionaries. Gradually with improvement in the syllabus and after taking different course, the nurse training centre was set up and developed into a nursing school. These natives were employed in the mission hospital in which nursing as a profession started. Since the nursing school was started by the missionary nurses, natives who worked in government hospitals were also a product of the mission.

Since the training of nurses was initiated by the missionaries, a lot of the same teaching is still practised today. Evangelising continued to be an important aspect of nursing along with care. Since most of the late Mizo nurses were under the missionaries, even if they did not work in the mission hospital, the colonial link between medicine and religion was still visible. In 1975, the Evangelical Nursing Fellowship was established and different units were set up in various districts. Apart from these, a monthly magazine, *Nurse Eng* was published from 1980 which focused on the Christian practice of nursing. Although many years have passed, the legacy of colonial rule can still be seen in nursing.

COVID-19 AND THE GENDER GAP IN NURSING

Traditionally, Mizo society has been patriarchal. With the gradual development of Christianity and the setting up of new institutions, pre-existing gender roles were reinforced. The line between men and women was clearly demarcated in terms of position and participation. From its inception, nursing was considered suitable for women. The nature of caring and nurturing is typically associated with women. We could not identify the first 'male' nurse, but from various records it is clear that men had already entered the profession after Mizoram gained statehood in 1987. When men started entering the profession, they were largely unaccepted. As nursing had been introduced as an extension of women's domestic role in society; it was often seen as a 'marginalised' job.

This issue re-surfaced with the Covid-19 pandemic when nurses failed to gain the media's attention as compared to their medical counterparts. The representation of nursing in the media has generally been feminine. While women entering male-dominated professions are praised and accepted widely, men in women-dominated professions are often not recognised.

Nurses were on the frontline and played a significant role in fighting Covid-19. As frontline workers, nurses helped in dealing with the outbreak every day. Despite being the main care takers, their role in fighting the virus was often neglected. As the virus raged on, the number of patients increased every day. There was a shortage of health workers and the hours of duty were usually longer than before. At the same time, some of the senior nursing staff had some health complications such as diabetes and hypothyroidism, which made them more vulnerable (Interview with staff nurse, 28 October 2020). They also confessed that they were stressed or anxious because of the increasing workload. Sharing her experiences, staff nurse Chanchinmawii stated, 'Despite the long hectic hours of work, I could not ignore my duty as a mother'. Similar stories were also told by nurses who are mothers (Zaithanchhungi, staff nurse, 27 October 2020; Lalthangliani, staff nurse, 15 October 2020). While some of them had maids to attend to the needs of their familes, few of them cannot afford help as the primary breadwinners. With the extension of working hours, looking after their families remained their sole concern. Although nursing was introduced with the intention of liberating women from the domestic sphere, the experiences that the nurses shared clearly show the limitations of the freedom. Due to a limited number of trained health workers, nurses were burdened with a huge workload while trying to fulfil their duties as mothers.

The pandemic also highlighted the gender gap in nursing. As modern nursing was popularised after the publication on the life and works of Florence Nightingale and since it was appropriated as a 'woman's job', men entering the profession are in a minority. Historically, nursing is considered a natural extension of a woman's role in society. As a result, it is considered a low-value occupation (Williams 1992). It is well known that men's average income is well above that of women. Consequently, the separation, isolation, and labelling of certain roles as women's or men's in both traditional and modern societies reflects a patriarchal social structure.

This image of nursing perpetuates cultural understandings and societal attitudes about occupations appropriate for men and women. As such, nursing remains stereotyped as a female occupation. After all, gender-role socialisation patterns in society provide examples of ways in which boys and girls are exposed to different role models and different messages about what is appropriate for each gender. Society has presented men with strong stereotypical boundaries concerning masculine or feminine behaviour. Men who choose nursing as a career risk challenging traditional gender-defined roles and stereotypes (Evans 2002; Nelson & Belcher 2006).

It is troublesome for some to accept the image of men as caring, compassionate, and gentle. Men who want to enter this female-identified occupation challenge society's stereotypical image of nursing. The traits of caring and nurturing are not inherent in the biological and social nature of the sexes, but are cultural constructs reinforced by the social activities associated with being male or female. Evans (2004) maintains that gender and politics have influenced how the responsibility for caring activities has been given exclusively to women. Actually, this appropriation has influenced how the division of labour is postulated along gender lines, meaning that occupations are socially or culturally defined through constructions of gender. A 'male' nurse shared his experience. Lalthakima, ward boy, State Referral Hospital said, 'Nursing is beyond nurturing and caring; there are times when we have to resuscitate a patient, in which a female nurse's physical force is often insufficient'. As the science and art of nursing evolve, both male and female nurses are equally.

As nursing is attributed to women's caring nature, it often deters men from entering the profession. These stereotypes are enhanced by social, political, and economic systems and often lead to discrimination against men who choose careers outside their gender. Men appear to encounter more negative criticism from the public on entering female-identified occupations. Those who have entered the profession are often eyed with suspicion. Such experiences were shared by 'male nurses' who claimed that the public in general considered nursing

a feminine job. There is a common joke of a 'male nurse' being promoted to 'sister'. However, a more gender neutral term or the opposite gender term, 'Ward Boy' was adopted recently.

A man's touch in practising nursing has been sexualised. It can be argued that the label of nursing as women's work is a significant deterrent that inhibits recruitment of men in the profession and aids promotion of the sex imbalance in the nursing workforce. Male nurses have been prohibited from working in specific clinical areas, such as maternal/infant child care. (Lalhmingmawia Thangluah, staff nurse, Civil Hospital, Aizawl). These attitudes tend to promote sexism in the profession, affecting men's recruitment.

Women in traditionally male professions have achieved acceptance in popular television programmes. Today, women are portrayed as doctors, lawyers, and architects, but where are the male nurses, teachers, and secretaries? These beliefs are reinforced by the language used in nursing. Women in nursing are simply nurses, not 'female nurses'. However, men in nursing are frequently identified as 'male nurses'. These images, perceptions, and language influence societal views of nurses. This, too, leads to the marginalisation of men nurses and fortifies negative stereotypes (H.S. Tluanga, staff nurse, Civil Hospital Aizawl).

Another commonly held stereotype concerning men who choose nursing as a career is that they are effeminate or gay. It is assumed that for becoming a nurse, female attributes such as a capacity to serve, empathise, and nurture are required. Hence, men who nurse must be 'feminine' and are regarded as gay (Lalhmingmawia Thangluah, staff nurse, Civil Hospital Aizawl). Although there are a number of gay men in the profession, this stereotype forms a major obstacle for many heterosexual men who might otherwise consider pursuing a career in nursing. The stigma associated with homosexuality leads some men to enhance or magnify their 'masculine' qualities. These beliefs foster the view that the profession is a threat to their masculinity. Subsequently, these men felt a need to show their wedding rings or to mention their wives and children in order to reiterate their heterosexuality.

In addition, the labelling of male nurses as effeminate or homosexuals can be interpreted as a social control mechanism that redefines nursing as women's work. This signifies that male nurses are different from other men. As a result of these attitudes and perceptions, one can understand why nursing remains an occupation low on career choice for males.

CONCLUSION

A pre-conceived notion of nursing as a woman's profession is seen when examining the history of nursing in Mizoram. The practice of western nursing was introduced by the missionaries as a part of the medical mission. Prior to the arrival of medical missionaries, the health and welfare of Mizo women was taken up by women missionaries and wives of missionaries. A small clinic was opened by them in which medicines were dispensed while teaching the western practice of midwifery and healthcare. Outside the mission school such lessons were also taught in the Sunday school by missionary wives.

Apart from the medical mission, the education of the natives became an important project for the missionaries. In the early colonial period, there was a prejudice against female education. While boys could be enrolled in schools without much hesitation, women's education was viewed as unnecessary. The underlying factor behind this can be understood in terms of girls' contribution to their families. Since the Mizos were agriculturist, they spent most of their time in the field. Domestic chore as well as tending to the younger siblings was left to the girls. Not only men but women also opposed female education. The missionaries toured from village to village to persuade girls to go to school. To change perceptions about female education, the curriculum was designed in such a way that girls would be considered a useful asset in society. This was introduced by the women missionaries and the wives of the missionaries. Lessons on health and hygiene,

cleanliness and infant care were a part of the syllabus. Other lessons on 'women craft' were also taught. Once the lesson learnt by the girls were considered productive, the number of girls enrolled in the school increased every year.

Soon a few women were selected and recruited as Bible Women by the missionaries. The earliest nursing was done by these Bible Women. They were given special training in midwifery and evangelism. Initially, they were paid for by the local church. Most of them were married and often carried babies with them. When the training was over, they went to different villages and preached the gospel while practising midwifery. Along with preaching the gospel, they imparted new knowledge to the natives. They started being known for their medical practice rather than evangelism. Women were excluded from religious functions from the pre-colonial till the early colonial period. These women succeeded in positioning women in religious life by starting women's fellowships in their villages at a time when there was a prejudice against the participation of women in social and religious life. In this context, Mizo women played an important role in breaking traditional mindsets about medicine and midwifery by teaching and practising the new knowledge that they acquired.

The work started by the women missionaries was later taken up by missionary nurses when they came to the hills. Under their supervision, nursing education was established and introduced as a profession. As a part of women's emancipation, nursing as a profession was able to place these women among the professional class in the colonial period. They returned to their villages as model midwives and were included in the newly-educated class. However, women healers or midwives or *nauchhar* continued to exist even after the introduction of western healthcare facilities. In some areas they were often more sought after than the trained nurses. Since the pre-colonial period, they have transmitted their knowledge from generation to generation, and this knowledge is still practiced in some parts of the state.

In the colonial period, the nurses were only trained enough to assist the missionaries. The 'native' nurses proved to be a useful agency

in spreading the practice of western medicine along with evangelising. As they taught in the nursing school, the Christian principles of healing the body and the mind were reflected in their work. They worked under the supervision of the missionary nurses. On returning to their villages, they were often consulted for different ailments. As a part of women's emancipation, nursing as a profession was able to place these women among the professional class in the colonial period. Till the missionary nurses left, the administration of the nursing school and the nurses was under the charge of the missionary nurses. In displaying the 'superiority' of their culture, the native nurses were considered 'inferior'. Even though they were often portrayed as women's emancipators, the missionaries who were a product of a western patriarchal society merely reinforced new gender roles in Mizo society. Gender roles intensified with the establishment of new institutions (churches, hospitals, schools). Native men were involved in the medical mission, but caring of the sick was left to the women. In the religious sphere, although women were initially appointed as evangelists, with the emerging native evangelists and pastors, the appointment of female evangelists was discontinued. Although a new space was created for men and women with the emergence of new institutions, the existing gender roles were reinforced. Despite the newly-defined gendered space and roles, the missionaries' project was a success in Mizoram and this was possible only with the contribution of women.

In the colonial period, work was allotted on the basis of gender. The colonial legacy is still felt in society, and this resurfaced along with the outbreak of the Covid-19 pandemic. As the pandemic raged on, working mothers were burdened with their roles in the family. This clearly shows how limited their emancipation has been. Moreover, the shortage of workers showed the gender gap in nursing with men in the minority.

As the science and art of nursing evolved, nursing was not confined to women alone. However, since the introduction of modern nursing, it was linked with women's 'caring' and 'nurturing' traits.

The stereotypical masculine roles claim that men are not empathic. They cannot nurture. They are not compassionate. These are reserved for females. All these claims are social constructs and not inherent.

As the nursing profession evolves, nurses should be considered nurses, and nursing should not be singled out as a gender-specific profession. The focus should be on what the individual is inspired to do.

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Nurses Interviewed:

Chanchinmawii, Staff Nurse, State Referral Hospital, Telephonic Interview, 14 October 2020.

Hminthantluangi, Staff Nurse, State Referral Hospital, Telephonic Interview, 14 October 2020.

H.S. Tluanga, Staff Nurse, Civil Hospital, Aizawl, Telephonic Interview, 27 October 2020.

Lalhmingmawia Thangluah, Staff Nurse, Civil Hospital, Aizawl, Telephonic Interview, 27 October 2020.

Lalthakima, Ward Boy, State Referral Hospital, Telephonic Interview, 14 October 2020.

Lalthangliani, Staff Nurse, Civil Hospital Champhai, Aizawl, 15 October,2020.

Zaithanchhungi, Staff Nurse, Civil Hospital, Aizawl, Telephonic Interview, 27 October 2020.