THE PROBLEM

The history of women labour all over the world has been one long story of exploitation. A qualified female nurse, often considered as a part of the skilled work force, is no exception. She is ruthlessly exploited. Her vulnerability is rooted in her socio-economic background and her identity is with the unorganised weaker section of the society. She still
retains, to a large measure the archetypal image of an automaton within the factory system of hospital.¹

This study attempts to analyse the exploitation of the female nurses working in the government, institutional and private hospitals in Kanyakumari District of Tamil Nadu, in terms of their wages, working conditions and welfare measures. It also seeks to assess the socio-economic conditions of the female nurses.

IMPORTANCE OF THE STUDY

In India women are employed in agriculture and non-agriculture, organised and unorganised industries and service sector. There are numerous studies about women employed in agricultural and industrial sectors. A review of the role played by women labour in Indian economy reveals certain distinct trends.

From very early days women took part in various agricultural operations, worked in tea and

coffee plantations, beedi and tobacco industry, were employed in jute and textile production, served as bonded labourers in brick kilns, stone quarries and at construction sites. Few took up self-employment such as selling fish and recycling garbage. Some worked in the handlooms and powerlooms as embroidery and zari workers.²

In agriculture women were soon replaced by machines; to others, work remained seasonal. Mechanisation led to unemployment. Many industries began to thrive on cheap labour. Consequently women were paid very low. In some cases the middlemen cheated and exploited them. Gender inequality at the workplace took its toll and reflected in the disparity of wage rates.³ Poverty and want forced them to work under dangerous circumstances and in unhealthy environment. Exploitation became deep rooted in terms of job security, wage discrimination, long working hours and adverse working

² Women's Research Centre, A Study on Women Workers in the Four Textile Mills Around Calcutta, Women's Research Centre, Calcutta, 1984, p.3.

conditions. This explains the numerous studies done in the above area.

Among the service sectors, teaching and health services have often been considered as two major areas of exception. While the former is respected as the Noble Profession, the latter is grudgingly accepted for its humanitarian advantages. Women play an important role in health sector as doctors, nurses, technicians and menial orderlies. The labour intensive health industry today heavily depends on female nurses.

Female nurses are essential in a society. They take care of the patients and promote their physical, mental and spiritual well being by practice and by precept. They cater to the needs of the individual, the family and the community at large. Yet they are usually relegated to subservient and supportive roles resulting from the prevailing gender bias and their inferior position in the industry's class hierarchy with the doctors (mostly male) at the top and the nurses (mostly female) at the bottom. Thus the

disadvantage of the female nurse is doubled because she is a female and she belongs to the low budget sector.\(^5\)

A doctor qualifies himself for a degree after five years of study. A nursing degree is obtained after four years. In the early sixties, a staff nurse and a house surgeon received almost the same salary. But today an experienced nurse with a post-graduate degree or specialisation in midwifery is paid lower than an assistant surgeon, for the doctor possesses a higher bargaining potentiality and wields greater influence with the administration.\(^6\) While the salary of the doctors is being constantly revised, that of the nurses has not been adequately enhanced. Young women choose nursing as career as it offers substantial employment opportunities immediately after study and training. Even during the period of their training, they receive a stipend, which ensures some measure of security and self-preservation.\(^7\) But a well trained and highly


motivated female nurse often meets with disappointment as she enters the world of active service. In terms of remuneration she is not suitably compensated.

The ever expanding educational opportunities now facilitate more women to be qualified as female nurses.\(^8\) While at work, they are not only exposed to economic exploitation but also to grievous crimes against them. Disparities in wages and the lack of other service benefits are driving the best of the qualified, efficient and experienced female nurses to seek greener pastures in other countries. The resultant brain drain leads to the recruitment of unqualified nurses.\(^9\) As a consequence the medical service to the community at large suffers a serious set back. These are some of the trends that have to be critically examined and satisfactorily rectified.

With the deteriorating social scenario where crime and lawlessness are on the increase, the condition of women and the female nurses in particular seems to be critical. Many types of harassment at the

\(^8\) Ibid., p.17.

workplaces are on the increase. Female nurses are also becoming hapless victims to such growing measure of violence and criminal intimidation.  

(Female nurses are toiling under unfavourable conditions. Some of them are on call for twelve continuous hours without a break. As residential accommodation is not generally provided for them, they live away from their hospitals, start the day even as early as at four o'clock in the morning, complete their domestic chores, and travel to reach the workspot before seven o'clock. In some hospitals, they work in broken shifts - a couple of hours in the morning and some more in the evening with a three hour interval. Since most of them find it difficult to travel home and return, the female nurses spend a major part of the day in the hospital."

The night duty is a special feature of the nursing service. The night shift is also a period of twelve continuous hours of work. In many hospitals,


11. N. Shantha Mohan, op.cit., p.70.
proper security is not provided for the female nurses. There are reported cases of rape and assault during the night shifts.\textsuperscript{12} This adds to their physical, mental and emotional strain. Many of the hospitals are unhealthy work places. The lack of hygienic surroundings exposes the female nurses to dangerous diseases.

The welfare programmes of the government do not reach the female nurses in the private hospitals. Though the female nurses are educated, they are not powerful enough to organise themselves. Trade Unions are unknown among the female nurses in the private hospitals.

On the contrary, in the government hospitals though the wage conditions are encouraging, the work environment is not very favourable; the doctor-nurse ratio, the patient-nurse ratio and the bed-nurse ratio are alarming. Long working hours tell upon their efficiency.\textsuperscript{13}

\begin{itemize}
\item[13.] Usha Rai, \textit{op.cit.}, p.7.
\end{itemize}
In any given context of exploitation, wages, working conditions and welfare measures remain interrelated aspects that mutually affect one another. Though the private sector in health services is more profitable than the public sector, here the exploitation of the female nurses is very high.

The health sector in Kanyakumari district of Tamil Nadu provides vast employment opportunity to women. Female nurses constitute seventy five per cent of the women labour. A study of the socio-economic conditions of the female nurses in Nagercoil, the headquarters of the revenue district of Kanyakumari has revealed the plight of the female nurses.

The wages paid to the female nurses are very low when compared with the hours of work and the magnitude of the service they render. A haunting sense of job insecurity drives them to accept low wages. There is no adequate legal safeguards to prevent the employers


from their illegal actions against the female nurses in the private hospitals. 16

Co-existence of government, institutional and private hospitals provides scope for investigating wage differentials. The female nurses with equal qualification and equal experience are drawing different wages in different hospitals. There is no uniform norms to determine the wages of the female nurses. Neither the hard work nor their efficiency improves their standard of living. They are serving the patients, but the fees paid by the patients for the services swell the profit of the private hospital enterprise. The hospitals flourish at the expense of the female nurses. The female nurses are also the victims of the socio-economic conditions around them.

Kanyakumari district has a medical and female nursing history of over a hundred and fifty years. This small district has a large number of government, institutional and private hospitals. They employ female nurses of various ranks with a fairly good literacy

level. The conditions prevailing in the various hospitals are so very divergent that the disparities are much pronounced. Exploitation of the female nurses by the employers may have adverse effects on the efficiency of the health services in general and on the welfare of the female nurses in particular.

Therefore this study aims to investigate the extent of exploitation of the female nurses in the institutional and private hospitals as against the government hospitals and of their socio-economic conditions in Kanyakumari district.

REVIEW OF LITERATURE

Many scholarly attempts have been made to study women labour in the Indian context, its various categories, their socio-economic background, ungainful employment of women and exploitation. Studies on women labour in health services mostly centre around service conditions and efficiency. The specific studies on the female nurses highlight the socio-economic conditions, wages, service conditions and social risk.
1. WOMEN LABOUR

Basing their observation on a historical perspective, Junsay and Heaton\(^1\) point out that the upsurge in the economic participation of the Indian women outside their domestic surroundings is a fairly recent phenomenon. Traditionally they have lagged behind men in joining the labour force for gainful employment. Often low and poor social and economic background of the parents have inhibited their development. Although it is impossible to improve the socio-economic status retroactively, policies must find ways, suggest Junsay and Heaton, to overcome their disadvantageous background and be successful.

Feudal norms of behaviour, observes Murali Manohar,\(^2\) still persist in the treatment meted out to women. His examination of the working conditions of women in the unorganised sector affirms that a large number of them have remained poorer and have not

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experienced over the years any qualitative change towards better life styles. This study, based on the primary data collected from a sample drawn from six categories of unorganised women labourers, namely servant maids, construction, sanitary and beedi workers, petty traders and migrant tribal women in India, shows how they exist in illiteracy and indebtedness, lacking skills and assets. Unfixed and undermined wage rates force them below the subsistence level.

In contrast, the educated among the Indian women not only try to meet the traditional role obligations of a wife and a mother, but also spend many hours away from home in paid employments. Lois and Dwaraki\(^1\) describe this experience as *role overload* or a *double day*. Such a combination of roles leads them to stress and strain, often resulting from the sheer physical impossibility of performing all duties well and at times as a result of her questioning the *division of labour* in her household. A more traditional mate is often known to be in conflict with the liberated outlook of the educated woman.

Job insecurity is identified as a growing cause for concern among women. Arati Ganguli\textsuperscript{20} narrates the displacement of women in the agricultural sector with the introduction of machines. As a consequence of the Equal Wages Act, the organised sector prefers recruiting men, and those women who join the unorganised sector are heavily exploited. The state and the economist tend to play down the amount of labour contributed by women at home. Of the many Five Year Plans of the Government of India, a concern for women is noticed only from the Sixth Five Year Plan.

Indhira Awasthy's study\textsuperscript{21} of rural women of India throws light upon the status, life style and aspirations of the women living in the backward, traditional rural societies. The attitudinal survey of the Jagti village in Jammu division of Jammu and Kashmir reveals that the potentialities of the rural women could be transformed into \textit{Women Power} through motivation,


mobilisation and establishment of industrial co-operatives.

2. EXPLOITATION OF WOMEN LABOUR

Judith B. Agassi's critique\textsuperscript{22} on women on the job points to the fundamental fact that the passive nature and submissive temperament of women greatly influence their job attitudes. Compared to men, they tolerate fragmentation and monotonous repetitiveness in work. They are contented with jobs of low quality and remuneration. Agassi reinforces her conclusion with findings from a study conducted by Crewly, Levitin and Quinn. It reveals that women are more concerned with the social and hygienic aspects of their jobs rather than the content, challenge and career advancement. As they work only for pin money, they remain susceptible to exploitation.

Exploitation of women labour is universal, and is witnessed perennially even in economically well advanced countries. For example, Japan manifests a

systematic exploitation of its women labour. Peter Clusters\textsuperscript{23} records that the female labourers in the silk factories had to toil for fourteen hours a day. Labouring time of women in early cotton spinners was eleven to twelve hours each shift, but frequently they were forced to be in the job for twenty five hours continuously. Added to the plight of long hours, the dark halls of cotton weaving factories lacked fresh air, water dripped from the ceiling and machines were filled with steam. The incidence of tuberculosis was very high and as a result many women were forced to return to their villages. Many who tried to escape from their inhuman existence as labourers were caught, beaten up and forced to parade naked through the factory premises. Peter Clusters also observes that today many middle aged women are part-time labourers. Those in the service sector are denied allowances, bonus and such supplementary payments received by full-timers and regular employees.

Wage differentials force women to be absolute losers. Examining the discrimination of wages

of women in London, Stephen Castle\textsuperscript{24} determines the cost to be around twenty one billion pounds a year in pay. He points out that men and women enter the labour market roughly at the same level. The pay of men increases steadily at the expense of women. The pay gap between them grows larger, the higher up the pay scale.

Surveying the conditions of Indian women labour in informal sector, Usha Rai\textsuperscript{25} laments the passive indifference of the government even after the presentation of the Report of the National Commission on Self-Employed Women and Women in Informal Sector. A vast majority of women in this sector are illiterate and have no organised bargaining power. Her study of wage structure in various states makes a startling revelation. For example, in the drought prone Maharashtra, women are paid low even under the Employment Guarantee Scheme of the government.

In Kancheepuram, Tamil Nadu, a male weaver gets ten rupees a day; but a woman weaver receives only


two rupees. If zari work is involved, a man is paid twenty rupees, while the woman continues to get two rupees.

The tobacco processing units of Gujarat and Maharashtra employ men in the mechanical units, but women toil manually. Similarly in the Hindustan Machine and Tools Watch Factory, a long line of women work at the assembly units but their supervisors are all men.

Usha Rai strongly insists that the government should implement expeditiously the pertinent suggestions of the National Commission. She also recommends the installation of a Labour Commission for Women to redress their grievances.

The type of employment women perform depends very much on their educational and social status. Lack of skill at times causes women to seek and accept low-paid jobs. Women constitute, claims Rajula Devi, more than half of the humanity and perform one third of its qualified work. Their contribution to a nation's infrastructure is immense.

Many parts of India, points out Minu Jain\(^{27}\) still remain feudal, traditional and backward, lacking the advantages of enlightenment and liberation through social reform movements. A very high rate of crimes against women in states like Uttar Pradesh, Madhya Pradesh and Maharashtra stems from this social milieu. It is also noted that procedural difficulties prevent a large number of cases being registered, specially in the rural areas. Hence the details offered by the Home Ministry reveal only a small part of the sordid reality.

Indian women at work have been hapless victims of many occupational diseases. Excessive exposure to noise and vibrations, finds Manjul Misra\(^{28}\), adversely affects the female reproductive organs; women working in rubber industry have proved to be highly prone to ovarian cancer. The chemicals used in dyeing and moth proofing cause occupational cancer in women of the textile industry. Citing the survey conducted jointly by the Industrial Toxicology Research Institute, Lucknow and the National Institute of Occupational Protection.

\(^{27}\) Minu Jain, "The Second Sex, Crimes Against Women are on the Rise", Sunday, December 29, 1991, p.3.

Health, Ahmedabad, Manjul Misra pleads for a better deal for the women employed as construction workers, coir weavers, agricultural labourers, beedi and carpet makers.

3. WOMEN LABOUR IN HEALTH SERVICES

Of late, the area of health care is witnessing the emergence of many disturbing trends. Slowly the system is becoming dehumanised, mercenary and corrupt. Ideally, the health care differs from other social activities in terms of public expectations. The performance of the health personnel should combine technical competence with a higher spirit of abiding service and a genuine humanitarian concern. Unfortunately, an impersonal callousness has permeated into the health services; and the public dissatisfaction is on the increase. To reverse these trends, urges V.R. Muraleedharan, a spirit of sacrificial service must be rediscovered and inculcated.

Focussing his attention on the medical education, N.H. Antia\textsuperscript{30} reasons that during the last four decades, the number of qualifying doctors has increased from one thousand to thirteen thousand annually. Over production of doctors leads to corrupt practices at the expense of the public.

Veeranarayana Khethineni\textsuperscript{31} is of the view that the medical education over-emphasises on producing the well trained but highly specialised man-power in curative services, neglecting the physicians in social and preventive medicine and para medical personnel. He also complains that the health care system is tilted in favour of urban, curative services and is inaccessible to the majority of the poor.

Amar Jesani\textsuperscript{32} examines the increasing use of repressive measures against health activists - doctors, nurses and volunteers - who are either

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politically active in opposing the state or are merely practising their profession by rendering aid to the victims of state violence. He refers to a Report of the Amnesty International and concludes that numerous cases of victimisation of health professionals all over the world points to the urgency to initiate wider solidarity campaigns by health activists and human rights groups.

4. FEMALE NURSES

Ranjana Ragavachari suggests that the life experience of a female nurse is the sum total of the conflicts she encounters and the adjustments she resorts to in her three dimensional obligations as a human being, a woman, and a participant in the nursing profession. Genderisation, though offers scope for employment, has simultaneously relegated woman to an inferior occupational position. The subordination of nursing to medicine, coupled with insufficient occupational autonomy has considerably slowed down the process of professionalism. Limited promotional opportunities and other incentives to female nurses

33. Ranjana Ragavachari, Conflicts and Adjustments, Indian Nurses in Urban Milieu (M.Phil. Dissertation), Delhi University, Delhi, 1990.
further lead to a state of disinterestedness and even neglect.

Ragavachari explains that the ideological perception of purity and pollution in the Hindu culture and the inferior status traditionally assigned to women combine to confer the low status on the female nurses in India.

Gross ignorance of the nature of work in the profession, narrates the Young Women's Christian Association - India Study\textsuperscript{34}, is a major cause for the lingering prejudice against the profession of nursing. The study also portrays the plight of the married nurses: many of them quit their positions either to oblige the demands of the service regulations or due to their inability to coordinate their family life and the pressures of the profession. The study suggests that part-time and full-time employment should be created for married nurses.

\textsuperscript{34} Young Women's Christian Association of India, \textit{op.cit.}, p.160.
Karuna Ahmed advocates the need for the interdependence of doctors and nurses in hospitals, where the backwardness in the techniques of medical service and the overwork of the female nurses coexist.

Changes in the occupational role structure of doctors and nurses, opines T.K. Oommen, would reduce the disparity between them. The differences now exist in the nature of variation in the service status, wages and working conditions, and the additional earning capacity of the doctors over the nurses.

Drawing attention to the fact that nursing profession attracts only middle and lower middle class women, the International Labour Office Survey reiterates the need for analysing the working conditions of the female nurses in India in the light of government regulations.


It is generally established that the female nurses in the private hospitals are underpaid when compared with those in the government hospitals. The volume of work in the private hospitals is more. The Ambedkar Institute of Labour Studies Enquiry\textsuperscript{38} concludes that significant improvement in working conditions and attitudinal changes in the nurses are very much needed.

The activity pattern of the nursing personnel, as analysed by Padma Prakash\textsuperscript{39} reveals that the ratio of nursing, non-nursing and non-productive activities works out to 62:17:21. In spite of the arbitrary categorising of the activities, the inference is that by readjusting the allocation of work among the various nursing and paramedical personnel, more time for patient care could be realised and this would ensure increased efficiency and better services.

\textsuperscript{38} Ambedkar Institute of Labour Studies - An Enquiry into the Situation of Nursing Personnel in India, AILS, Bombay, 1981, p.88.

\textsuperscript{39} Padma Prakash, Nurses - Striking the Core Issues - Activity Pattern of Nursing Personnel - Manpower and Planning Unit, Government of Karnataka - Bangalore, 1980, p.66.
Usha Rai⁴⁰ asserts that the nature and magnitude of the problems faced by the female nurses in different hospitals throughout India significantly vary from context to context. For example, the wards of Lok Nayak Jayaprakash Hospital and Safdarjung Hospital in Delhi are observed to be filthy and filled with foul stench. Cockroaches, cats and dogs freely roam in abundance. The mattresses put out for airing remain lumpy and blood stained. Such unhygienic conditions promote diseases and the female nurses there remain ever vulnerable to occupational health hazards.

Many of the hospitals in Bihar function without night duty nurses for security reasons. Numerous cases of rape and harassment, even by fellow doctors, have been reported. But the administration rarely acts against the offenders. Similar conditions are known to prevail in Rajasthan and Maharashtra.

The investigation of H.C. Udai Shankar⁴¹ confirms that while taking up night shifts, the female nurses face more challenges and problems. Along with the

inherent insecurity, they demand more work leading to physical and emotional stress. The problems of the married nurses are further aggravated as they have to leave behind young children and old and sick people at home. Only the economic needs of the female nurses compel them to cling on to the night shift jobs.

T.K. Adranwala\textsuperscript{42} attempts to correlate the conditions of the female nurses with their wages and hours of work. He states that unity among women in nursing could lead to improvement of their conditions through a collective bargain and liberation from their male counterparts and superiors.

An examination of the working conditions of the female nurses in the government hospitals of Pune undertaken by S.K. Keskai\textsuperscript{43} reveals that nurses are working for long hours in unhygienic conditions. The many benefits provided by the terms and conditions of legislations are not reaching the female nurses. The very critical conditions under which they work cause the

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\textsuperscript{43} S.A. Keskai, Enquiry into the Working Conditions of Nurses in Government Hospitals in Pune ( M.Phil. Dissertation ), Pune University, Pune, 1979.
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inefficiency of the nursing personnel. Their effects are damaging to the system and the society at large.

The social backwardness of the *ayahs* in the Delhi hospitals is directly related, claims Juneja, to their income and standard of living. Similar inferences have been made of the female nurses by Virodhini Namjoshi, E. Suriyamani, Shyama Singh and N. Shantha Mohan.

The above survey of the major studies relating to women in nursing profession suggests that the sociological investigations have emphasised the

44. *ayahs*: unqualified female nurses


social factors like family background, education, caste, religion and social status. Occupation related analyses have highlighted the situation and status of the female nurses, the problems, challenges and conflicts they face, and the adjustments they resort to. Other core issues discussed include wages, working conditions and welfare activities. So far, no systematic effort has been initiated to measure the rate of exploitation of the female nurses in the private and institutional hospitals and suggest remedial measures for the betterment of the nursing personnel and consequent efficiency in the nursing services.

This investigation attempts to fill the lacuna with a case study of the female nurses working in the government, institutional and private hospitals in Kanyakumari district of Tamil Nadu.

OBJECTIVES

i. To trace the medical and nursing background of Kanyakumari district

ii. To find the wage differential existing between the government and institutional hospitals, the government and private hospitals, and
the institutional and private hospitals in Kanyakumari district

iii. To measure the rate of exploitation of the female nurses in terms of wages in the institutional and private hospitals compared with the wages in the government hospitals

iv. To study the exploitation of the female nurses in Kanyakumari district in terms of their working conditions

v. To study the exploitation of the female nurses in Kanyakumari district in terms of their welfare activities

vi. To examine the socio-economic factors responsible for the exploitation of the female nurses in Kanyakumari district

vii. To suggest remedial measures to eradicate the exploitation of the female nurses in Kanyakumari district
HYPOTHESES

i. The wages of the qualified female nurses in the private and institutional hospitals are lower than that of the government hospitals in Kanyakumari district.

ii. The rate of exploitation in terms of wages is greater in the private hospitals than in the institutional hospitals in Kanyakumari district.

iii. The qualified female nurses of Kanyakumari district too are exploited in terms of working conditions and welfare activities.

iv. The socio-economic factors contribute to the exploitation of the female nurses in Kanyakumari district.

ASSUMPTIONS

i. The term exploitation is used in a specific sense to denote the difference between the wages in the government hospitals and the institutional, or the government hospitals and the private hospitals.
ii. The wage paid to the female nurses in the government hospital is assumed as the standard for measuring the rate of exploitation.

iii. Private health service is assumed as the capitalistic mode of production, where the owners are assumed as employers.

iv. Health service is assumed as the commodity sold in the private hospitals for which the buyers, the patients pay the price.

v. Nursing service as a labour is assumed as a fraction of variable capital.

vi. Government hospital wage for the female nurse is assumed to be the measure of labour time contributed by the qualified female nurses in the three types of hospitals, namely the government, the institutional, and the private.

vii. The wage paid in the private hospitals is assumed to be the socially necessary labour time essential to maintain the labour which is always less than the actual labour time contributed by the labour.
SCOPE OF THE STUDY

The scope of the study depends upon its implication in practice. The Health Service is a vital part of the modern society and the role of nurses is significant. In Kanyakumari district running a hospital is a profitable business and it results in the growth of employment of the female nurses. But the exploitation of the female nurses by the hospital owners-cum-doctors leaves the female nurses in a critical situation. This study is undertaken with the aim of analysing the problem of exploitation. As most of the female nurses all over India work under such identical situations, it is hoped that this study will have a greater universal applicability in formulating policies, and designing plans for the amelioration of the female nurses in India.

LIMITATIONS

i. This study concerns with the qualified female nurses and it is based on a limited number of samples.
ii. This study deals with the female nurses working in the hospitals alone, and excludes the female nurses in the primary health centres of this district.

iii. This study excludes the male nurses, though the male nurses are also employed in various hospitals.

iv. The hospitals of Kanyakumari district employ other health workers also. But this study deals only with the female nurses.

v. The real wages which involve subjective elements like prestige, job satisfaction, good will of the employer and patients are not included in the study.

vi. Marxian Theory of Exploitation is used with limited application.

vii. As the sample female nurses do not have proper account of their income, expenditure, savings and debt, there are possibilities of error.
CHAPTER OUTLINE

This study contains nine chapters. In the first chapter the problem and importance of the study are discussed. Previous literature related to the problem is reviewed. The objectives and hypotheses are spelt out. The assumptions are given. The scope and limitations of the study are also pointed out.

The second chapter enunciates the theory behind the analysis, the methodology followed and the special meanings of the terms used in this study.

The third chapter provides the historical background of medical service and the nursing profession in Kanyakumari district.

The fourth chapter analyses the wage structure and the rate of exploitation in terms of wages of the female nurses.

The fifth chapter examines the exploitation of the female nurses in terms of their working conditions.
The sixth chapter considers the exploitation of the female nurses in terms of welfare activities.

The seventh chapter investigates the social factors responsible for the exploitation of the female nurses.

The eighth chapter determines the economic factors responsible for the exploitation of the female nurses.

The final chapter summarises the important findings of the study and presents the conclusions arrived at. Based on the findings of the study, some policy recommendations are made. It also provides some viable suggestions for improving the working conditions of the female nurses in Kanyakumari district.