



Guarding The Female Body: The Contagious Disease Act Of 19th Century British India

Vigya Tripathi

Ph.D. Research Scholar

Central University of South Bihar Gaya.

Abstract

The Contagious Disease Act was a series of legislative measures enacted in 19th-century colonial India and later in England, Scotland, and Ireland. These acts aimed to combat sexually transmitted diseases, particularly syphilis and gonorrhoea, by implementing mandatory medical examinations and treating women on the street. The rationale behind these acts was to protect the health of the military by preventing the spread of sexually transmitted infections. However, the act specifically targeted women involved in prostitution, largely ignoring the role of men in spreading the disease. This paper examines the unique history of prostitution in 19th-century colonial India, focusing on the intersection of legal, social, and moral dimensions under British rule. It explores the implementation of the Contagious Diseases Acts, which introduced Victorian moral values into Indian law, aimed at controlling female sexuality and venereal diseases among British troops. The analysis highlights the complex dynamics of power, gender, and class, revealing how these laws affected the social standing of women engaged in prostitution and the broader implications for Indian society. Through a critical examination of colonial and indigenous responses, this study underscores the lasting impact of colonial legal frameworks on contemporary social and legal challenges in India, contributing to a deeper understanding of the colonial legacy on gender and morality.

Keywords: Venereal Disease, Nationalism, British Empire, Lock Hospitals, Criminalization, Prostitution.

I. Introduction

Prostitution has a unique history in India, as it does in every other developed nation.¹ In the late 18th century, the issue of prostitution began to stir controversy, particularly in Europe and its colonies. This attention intensified in the late 19th century with the introduction of regulations to manage prostitution through the Contagious Diseases Acts in Britain. These acts, aimed at controlling the spread of venereal diseases, were later implemented across the British Empire, affecting India, a major colony. The 19th century in India was marked by reforms but also by racial tensions across the Empire. The 1857 Rebellion led the British government to take direct control over India, reducing the East India Company's dependence on local labor. This uprising made the

¹ Sinha, S. N., & Basu, N. K. (1933). *History of Prostitution in India*. Calcutta: Bengal Social Hygiene Association. 10.

British more vigilant towards India, prompting them to emphasize the cultural differences between Indians and Europeans. Victorian values of morality were imposed on Indian society, distinguishing British citizens from the native population. The category of Indian prostitutes, previously diverse, was now uniformly seen as a symbol of Indian women's immorality. Due to concerns for the British army's health in India, prostitutes were regulated and subjected to medical examinations. Fears of interracial relationships between the colonizers and the colonized exacerbated racial tensions. The debate on prostitution in India expanded when British feminists began advocating for the protection of their 'Indian sisters,' especially prostitutes.

The Contagious Diseases Acts, which governed prostitution in British India from 1864 to 1886, initially targeted English ports and garrison towns before being extended to the general civilian population.² These Acts were conceived as health measures aimed at curbing venereal diseases within the British Army and Navy, and eventually among the wider British public. Rooted in an androcentric view that male sexuality was inherently aggressive and beyond control, the Acts tolerated prostitution but sought to ensure "clean sex" as a strategy to lower the incidence of venereal diseases among British men. Women involved in prostitution, unjustly deemed the primary vectors of these diseases, faced harsh restrictions under these laws to facilitate the goal of "clean sex." After significant public dissent and a vigorous campaign for abolition, the Acts were repealed in 1886, marking the end of their contentious implementation.

II. Literature Review

K. Bushnell's work, "India and the Contagious Disease Act (1893),³ delves into the acceptance and adaptation by the Indian populace to the roles imposed by the British through the Contagious Diseases Act. Interestingly, Bushnell points out that the oversight of prostitutes in India under this Act was maintained more through persuasion than through outright coercion, highlighting a nuanced approach to colonial control. This observation suggests that while the Act was a tool of imperial authority, its implementation might have involved complex interactions between the colonizers and the colonized, possibly leveraging existing social structures and negotiations. In "Morality Legislation and British Troops in Late Nineteenth Century India" (1979),⁴ Kaminsky explores the resistance to the Contagious Diseases Act, framing it as a struggle for individual human rights. This paper illuminates the role of the British military in India, noting its composition of both European and Native soldiers. It brings to light the intricate dynamics of colonial power, focusing on how morality legislation like the Contagious Diseases Act and the Cantonment Act served dual purposes: regulating prostitution and attempting to curb the spread of venereal diseases among British troops. This dual-purpose underscores the intersection of public health, morality, and imperial control.

K. Baker's "How Disease and the Law Controlled the Female Body" (2012)⁵ examines the legal framing of prostitutes starting with the Contagious Diseases Acts. Baker argues that these laws reflect Victorian norms of sexual morality and gender roles, casting the female prostitute in a particular light that underscores gendered power dynamics and societal expectations of women. By tracing the evolution of legal representations of prostitution, Baker reveals how these laws have contributed to complex discourses around the female body, sexuality, and power. The exploration of Foucauldian concepts of constructed sexuality and disciplinary mechanisms further enriches this analysis, offering a critical lens through which to understand the control and representation of female sexuality within a legal and societal context.

"Guarding the Sons of Empire: Military-State-Society Relations in Water, Sanitation and Health Programs of mid-19th-Century India" (2020)⁶ by Sarah J. Halvorson and James L. Wescoat Jr. offers an insightful

² As the assumptions and provisions of the Cantonment Acts and the Indian Acts were similar, differing as they did only in territorial jurisdiction, they will jointly be referred to as the Indian Contagious Diseases Acts, unless a specific distinction has to be made.

³ Bushnell, K. (1893). 'India and the Contagious Disease Act'. *The Indian Medical Gazette*.

⁴ Kaminsky, A. K. (1979). 'Morality Legislation and British Troops in Late Nineteenth-Century India'. *Military Affairs*, Lexington, Va. Vol. 43, Issue 2.

⁵ Baker, K., (2011) "The Contagious Diseases Acts and The Prostitute: How Disease and the Law Controlled the Female Body", *Journal of Law and Jurisprudence*. Vol. 1 Issue 1.

⁶ Halvorson, S. J. & Wescoat, J. L. (2020). 'Guarding the Sons of Empire: Military-State-Society Relations in Water, Sanitation and Health Programs of mid-19th-Century India'. *Water*. Vol. 12. Issue 2.

exploration into the interplay between military, state, and societal dynamics in mid-19th century India, particularly in the context of water, sanitation, and health programs. The study illuminates how the concept of segregation, deeply intertwined with complex gender dynamics, shaped military sanitation regulations in cantonments, setting them apart from civilian public health initiatives. This divergence underscores a gendered approach to addressing waterborne diseases, with the health of the British military personnel—referred to as "the sons of empire"—being of paramount concern. The paper delves into the ideological underpinnings of military sanitation efforts, revealing how health advisors, including women, were motivated by the goal of protecting British soldiers from the diseases prevalent in the Indian environment. The emphasis on sanitary reform, safe water supply, drainage, and the establishment of a public health system reflects broader ideological debates around gender, class, and racial separation during the period. This focus on sanitation and health is presented not merely as practical measures for disease prevention but as part of a larger ideological framework that sought to maintain the physical and moral health of the British imperial force through a deliberate separation from the colonized society. The research by Halvorson and Wescoat Jr. contributes to a deeper understanding of the colonial agenda in India, highlighting how public health and sanitation policies were intricately connected to the imperial project of maintaining control over the colony. The emphasis on gendered logic in the context of waterborne disease and sanitation reform further enriches the discourse on colonial public health strategies, shedding light on the ways in which these efforts were intertwined with notions of gender, race, and imperial ideology. This work offers a critical perspective on the historical intersection of military needs, public health policy, and the colonial governance structure, revealing the complex layers of interaction between the British Empire and Indian society in the mid-19th century.

The paper "From Begums and Bibis to abandoned females and Idle women: sexual relationships, venereal disease and the redefinition of prostitution in early nineteenth-century India" by Erica Wald, Joya Chatterji, Rohit De, et al. (2009),⁷ offers a critical examination of the transformation in the legal and societal perceptions of prostitution in colonial India. This shift, as the authors argue, was largely driven by the East India Company's repeated failures to curb the spread of venereal diseases among European soldiers, a concern that dates back to the late 18th century. These early attempts at disease control laid the groundwork for the later enactment of the Contagious Disease Acts, reflecting a deepening concern over the health of the British military and the moral implications of their interactions with Indian women. The paper highlights the decline of long-term, emotionally involved relationships between European men and Indian women, which were progressively replaced by more transactional sexual encounters within and around military cantonments. This change not only reshaped the concept of prostitution but also led to an increase in the legal measures targeting women perceived as prostitutes. The authors trace how these developments contributed to a broader redefinition of prostitution, which was increasingly criminalized and moralized in the legal discourse of the time. By situating these shifts within the context of military medical efforts, the paper illuminates the underlying forces driving the social and moral reconfiguration of these women's roles in colonial society. It underscores the intersection of public health concerns with the colonial administration's broader objectives, revealing how attempts to manage venereal disease among soldiers were intertwined with the regulation of women's bodies and sexualities. Furthermore, the paper delves into the broader implications of these historical dynamics for contemporary health politics and problems in South Asia. It suggests that the imperial project's sanitizing logic, which cast Indian settlements as unclean and British troops as vulnerable to disease, was rooted in evolving notions of climate, water, race, and the constitution of the soldiers themselves. This dual perspective on disease highlights the complex power dynamics between the state, military, and society, shedding light on the differential access to resources and the gendered nature of health regulation.

Through its analysis, this work contributes to our understanding of how colonial policies and medical practices shaped the social and legal construction of prostitution in India, leaving a lasting impact on the region's health politics and the legacy of colonial public health strategies. Together, these works provide a multifaceted view of the Contagious Diseases Acts' impact in British India, from the macro level of colonial governance and military strategy to the micro level of individual lives and rights. They highlight the Acts' role not just in public health

⁷ Wald, E., Chatterjee, J., De, R. et al. (2009). 'From Begums and Bibis to abandoned females and Idle women: sexual relationships, venereal disease and the redefinition of prostitution in early nineteenth-century India'. *The Indian Economic and Social History Review*. Vol. 47, Issue 1.

management but in the broader project of colonial control, revealing the intersections of law, morality, gender, and power in the colonial context.

III. The Indian Contagious Disease Act

In the latter part of the 19th century, the colonial state of British India introduced two pivotal pieces of legislation that redefined the landscape of prostitution and the status of women within this institution, infusing Indian law with a Victorian medico-moral sensibility characteristic of the era. These were the Cantonment Act (Act XXII of 1864) and its subsequent amendments in the years 1880, 1889, 1893, and 1897, alongside the Indian Contagious Diseases Act of 1868. Mirroring similar laws in Britain, these acts were promulgated as special measures aimed at curbing the spread of venereal diseases among British troops stationed in India. The legislative strategy included the surveillance, registration, medical inspection, and mandatory treatment of Indian women identified as prostitutes. Specifically, the Cantonment Acts aimed to regulate prostitution within the vicinities of British military cantonments, setting spatial limits to where prostitution could legally occur. On the other hand, the Indian Contagious Diseases Act extended its reach beyond military zones to include seaports and major cities and towns across India, reflecting its broader applicability.

The primary objective behind the enactment of the Indian Contagious Diseases Act was to safeguard the health and welfare of British soldiers in India. This approach not only highlighted the colonial government's prioritization of the well-being of its military personnel over the rights and freedoms of local women but also marked a significant intervention into the social and legal dimensions of prostitution in India. Through these acts, the British colonial administration sought to impose a regimented and medically supervised framework on prostitution, significantly altering its traditional dynamics and institutionalizing a new set of norms and regulations around the practice.

In the period following 1858, when the British established direct rule over India, there was a unified effort by military-medical establishments, municipal bodies, and provincial governments to adopt a regulationist policy towards prostitution and fully implement the lock hospital system. This concerted push was underscored in 1863 when Sir Charles Wood, the Secretary of State, presented the Government of India with the findings of the Royal Commission on the Sanitary State of the Army in India. This report played a pivotal role in concluding the ongoing debate of the time by highlighting venereal disease as a major issue for the British troops in India.⁸ It pointed out that a higher percentage of British soldiers succumbed to venereal diseases than to injuries sustained in battle, referencing statistics from both the Crimean War and the Indian Mutiny. The report advocated for a reinstatement of the lock hospital system, suggesting enhancements based on accumulated experience.⁹

In 1864, the momentum to address these concerns further materialized with the introduction of a Bill aiming to unify the administration of civil and criminal law within military cantonments. A significant portion of the Bill was dedicated to enabling local governments to devise regulations for the inspection and control of brothels and the prevention of venereal diseases. This legislative move was encapsulated in the enactment of the Cantonment Act of 1864 (Act XXII), alongside its subsequent amendments (in 1880, 1889, 1893, 1895, and 1897), and the Indian Contagious Diseases Act of 1868 (Act XIV of 1868).¹⁰ These laws collaboratively laid the groundwork for a structured and widespread system of regulated prostitution. By establishing this medico-legal framework, the British colonial authorities sought to mitigate the impact of venereal diseases among troops through the regulation of prostitution. This approach not only aimed at protecting the health of the military personnel but also marked a significant intervention into the existing social fabric and legal systems concerning prostitution in India, leading to the institutionalization and expansion of a system that regulated prostitution in a manner previously unseen in the country.

⁸ Rules under Sections 26 and 27 of the Cantonments Act., XIII of 1889, as amended by the Act V of 1895, for the prevention of the spread of infectious diseases within a cantonment. Extract from the Proceedings of the government of India in the Military Department, No.1910. Home Department Sanitary Proceedings, in HSF, May 1895, NAI.

⁹ Extract from the Proceedings of the government of India in the Military Department, No.1910. Home Department Sanitary Proceedings, in HSF, May 1895, NAI.

¹⁰ Ibid.

The Cantonment Act (Act XXII) of 1864, along with its subsequent revisions, outlined specific sanitary regulations for the vicinity of approximately one hundred British cantonments across India. This legislative measure was part of a broader strategy to maintain the distinction between the British official elite and the Indian populace. A key aspect of this strategy was the deliberate physical separation of British and Indian living spaces. British civil stations were designed and constructed to be close yet distinctly separate from Indian towns, embodying the physical manifestation of colonial segregation. In these British enclaves, the environment was meticulously organized and maintained to reflect British standards of cleanliness and order. Large gardens surrounded the residences, providing spacious and aesthetically pleasing surroundings. The roads were straight, broad, and well-maintained, contrasting sharply with the Indian towns characterized by their narrow, winding, and often unsanitary streets. This stark difference highlighted the perceived superiority of the British way of life and underscored the colonial narrative of civilizational contrast, where the Indian towns were seen as both fascinating and potentially hazardous. The segregation was not just spatial but also disciplinary, especially concerning the British soldiers stationed in cantonments or permanent military camps. The behaviour of the soldiers, including their participation in drunken brawls and ventures into areas deemed as sources of "oriental vices" and diseases, was a constant concern for the colonial authorities.¹¹ These concerns were rooted in the desire to uphold the class and racial prestige of the British army. Consequently, cantonments were established as expansive, segregated zones that served multiple purposes: they provided a disciplined, safe, and sanitary living environment for the soldiers and officers; they acted as a buffer to protect the troops from the perceived moral and health risks of the local surroundings; and they reinforced the racial and class hierarchies essential to the colonial order. Through the establishment of cantonments and the enforcement of sanitary regulations, the British colonial administration sought to create a controlled microcosm of British society within India, one that was insulated from the influences of the indigenous population and aligned with the Victorian values of morality, cleanliness, and order.

Cantonment regulations in colonial India were markedly more arbitrary and stringent compared to the civil laws governing the broader population. The entire expanse of cantonment land was under government ownership, empowering military officials with sweeping authorities during times of war, including the right to seize homes irrespective of ownership.¹² Additionally, the commanding officer of a cantonment possessed the unilateral power to expel any individual from the area without needing to justify the decision. A typical cantonment was designed to accommodate a regiment of approximately a thousand soldiers, featuring a central bazaar and regimental bazaars that doubled as areas catering to the soldiers' sexual needs.¹³ These spaces acted as the cantonment's "red-light" districts. Within these zones, *chaklas* (government-sanctioned brothels) housed between twelve and fifteen local women who were legally acknowledged by the government. These women were systematically monitored for health concerns, receiving medical care in secure facilities to ensure they did not transmit venereal diseases to the soldiers.

The spatial arrangement within the cantonments and the provisions for the soldiers' interactions with these women were meticulously planned. When stationed in large cantonments with permanent barracks, special tents were erected behind the encampment exclusively for these women, indicating a structured approach to managing their presence. In contrast, during military movements, these women were transported in carts under the guard of British soldiers or by train to the regiment's new location, reflecting the military's effort to maintain constant access to sexual services while ensuring mobility and operational readiness. This system underscores the colonial military's attempt to regulate and control the sexual lives of its soldiers within the cantonments, integrating such measures into the broader framework of military discipline and health management. The existence of *chaklas* within cantonments, along with the logistical arrangements for transporting women, illustrates the institutionalized approach to prostitution, highlighting the complex interplay between military needs, colonial governance, and the control of women's bodies within the imperial context.

¹¹ King, A. (1976). *Colonial Urban Development, Culture Social Power and Environment*. London.

¹² Andrew, E. & Bushnell, K. (1898). *The Queens Daughters in India, extracts from Elizabeth and Kate Bushnell's Report to Josephine Butler*, in *The Queen's Daughters; An Anthology of Victorian Feminist Writings on India 1857-1900* edited by Penelope Tuson, Ithaca Press, Berkshire.

¹³ King, op.cit.

The implementation of the Cantonment Act XXII of 1864 inadvertently led to unintended consequences for the dynamics of prostitution within and around British cantonments in India. As a direct response to the restrictive measures introduced by the Act, many women who were engaged in prostitution moved their operations to the cities, which lay beyond the Act's jurisdiction. This migration allowed them to continue entertaining troops without the constraints and oversight mandated within the cantonments. This shift posed a significant challenge to the Act's effectiveness, as the troops simply followed the women into the cities, undermining the legislation's intent to control venereal disease through regulated prostitution within cantonment areas. The medical and military authorities observed that the absence of medical supervision over these women in the cities led to an uptick in venereal disease cases among the troops. Recognizing the logistical and practical difficulties in extending medical control over all women engaged in prostitution within a large urban area, the authorities proposed focusing on the 'lower-class' women, perceived as the primary group accessible to the soldiers. This approach was based on the assumption that targeting this segment of women could effectively reduce the spread of venereal diseases among the military personnel.

As a result of these challenges, the scope of the Cantonment Act XXII of 1864 was expanded to encompass the municipal limits of entire cities, extending the regulations and control mechanisms beyond the initial cantonment boundaries.¹⁴ This expansion aimed to bridge the gap created by the initial legislation, attempting to bring a wider population of women under medical surveillance and control to mitigate the health risks posed to the troops. This extension of the Act's provisions represented an effort to adapt to the practical realities on the ground, highlighting the complexities involved in regulating prostitution and controlling venereal disease within colonial contexts.

Under the Indian Contagious Diseases Act of 1868, a system was established requiring women identified as "common prostitutes"¹⁵ to formally apply for registration and permission to engage in their profession to the Commissioner of Police. This application process was thorough, necessitating details such as name, address, age, place of birth, caste (if applicable), occupation, marital status, and prior history of prostitution. Upon registration, these women were subjected to a medical examination conducted or overseen by the Superintendent. Those found free of venereal diseases were issued a "ticket" that included their personal information, the date of examination, and a declaration of their health status. However, women diagnosed with diseases like syphilis or gonorrhoea were transferred to a licensed lock hospital for mandatory treatment, detained until deemed cured.¹⁶ Furthermore, registered women had to present themselves for weekly medical examinations at a designated location, as indicated on their "ticket." These examinations were invasive, carried out in the presence of appointed matrons at the Inspection Office, and involved the use of a vaginal speculum to inspect the reproductive organs thoroughly. The Act also empowered police to detain unregistered women suspected of soliciting or engaging in prostitution without a warrant, subjecting them to a magistrate's judgment. Convicted individuals could face up to one month in prison, a fine of up to one hundred rupees, or both. Convicted or found guilty, a woman would undergo medical examination and be registered as a prostitute, with those diagnosed with venereal diseases sent to lock hospitals for treatment. The Superintendent was also tasked with ensuring that any detained woman received necessary medical care if sent to prison. This legislation represented a stringent approach to controlling venereal diseases through the regulation of prostitution, embodying the colonial government's intervention in personal liberties and the imposition of a medicalized surveillance system on women labelled as prostitutes. This system not only infringed on the rights and freedoms of these women but also subjected them to a regime of medical examination and control that underscored the colonial state's prioritization of public health and moral order over individual autonomy.

¹⁴ Report of the Committee Appointed by the Secretary of State for India to Inquire into the Rules, Regulations, and Practice in the Indian Cantonments, and Elsewhere in India with Regard to Prostitution and the Treatment of Venereal Disease [1893]. Reprinted with explanations and notes by the British Committee for the Abolition of State Regulation of Vice in India and throughout the British Dominions [established in 1893], Westminster, London, NMML.

¹⁵ Mason, P. (1974). *A Matter of Honour: An Account of the Indian Army, Its Officers and Men*. London.

¹⁶ Levine, P. (1994). 'Venereal Disease, Prostitution, and the Politics of Empire: The case of British India'. *Journal of the history of Sexuality*. Vol. 4. Issue 4.

Under the regulatory framework established by the Indian Contagious Diseases Act of 1868, brothel owners bore significant responsibilities in managing the women working within their establishments. They were mandated to maintain detailed records of the prostitutes, including names, ages, ticket numbers, and personal information, and to submit these records monthly to the Superintendent. Additionally, any significant changes such as the death, illness, or departure of a resident needed to be promptly reported. Brothels were strictly prohibited from harbouring unregistered women, with violations attracting severe penalties including imprisonment for up to six months, fines up to a thousand rupees, or both. Brothel owners also played a crucial role in ensuring the health and regulation compliance of their establishments. They were obligated to facilitate weekly medical examinations for all residents, report any instances of disease promptly, and abstain from providing alcoholic beverages to the residents, particularly targeting European soldiers or sailors. Non-compliance with these regulations could result in imprisonment, fines, or both.

The Act also imposed strict mobility controls on both prostitutes and brothel owners. Any change of address had to be communicated to the authorities, with failure to do so potentially resulting in a one-month jail sentence and a fine of up to 100 rupees. Moreover, the legislation aimed to spatially confine brothels and prostitution activities to designated neighbourhoods or streets, with residing outside these areas after prohibition leading to imprisonment for repeat offenders.¹⁷ For those wishing to exit prostitution, the Act provided a pathway through de-registration, contingent upon demonstrating a commitment to a conventional lifestyle, such as through marriage, intentions to live with a husband, or reclamation by family. The process included a probationary period of at least a month, during which the woman continued to undergo medical examinations and was observed by the Superintendent. Successful de-registration was predicated on the woman's health status and her compliance with the observation period, culminating in the removal of her name from the register of prostitutes. This regulatory regime reflects the colonial administration's attempt to exert control over prostitution through a combination of surveillance, medical examination, and spatial confinement. It highlights the intricate balance between public health concerns, moral regulation, and the rights and autonomy of the women involved, within the broader context of colonial governance and social order.

IV. The Construct of the Prostitute in the Discourse in the Acts

In the 19th century, both India and Victorian England were deeply influenced by class and gender as central pillars of social organization, significantly affecting perspectives on prostitution and the societal role of the prostitute. Despite the political tensions between these cultures, there were notable symbolic parallels in how they conceptualized the place of women within the social hierarchy, particularly in relation to their sexual relationships with men.¹⁸ In both societies, the sexual and physical purity of a woman, especially one married, was upheld by distinct yet culturally entrenched patrilineal norms governing descent and inheritance. These norms not only reinforced the patriarchal family and kinship structures but also served as keystones for ensuring social stability. The emphasis on maintaining a woman's purity was linked closely to the preservation of family honour and the transmission of property through male lineage, reflecting broader societal values that transcended cultural boundaries.

Moreover, both Indian and Victorian English societies were characterized by a complex network of institutional norms, behaviours, and ideological frameworks that vested men with authority over women's sexuality. This patriarchal control extended beyond the family unit to encompass broader societal and state levels, where the state itself, alongside individual males, was seen as the protector and guardian of female virtue. Such perceptions were instrumental in shaping laws and social practices that sought to regulate women's bodies and sexuality, including the legal and social constructs surrounding prostitution. These shared ideological underpinnings contributed to a convergence of views between advocates and opponents of the Contagious Diseases Acts, blurring the lines between the political and cultural contestations of the time. The symbolic similarities between Indian and Victorian English traditions regarding women's roles and sexuality, though often obscured by their political dynamics, highlight the global nature of gendered norms and the universal challenge of navigating female autonomy against a backdrop of patriarchal control.

¹⁷ Mason, P, op.cit.

¹⁸ Levine, P. (1994). 'Venereal Disease, Prostitution, and the Politics of Empire: The Case of British India'. *Journal of the History of Sexuality*. Vol.4, No.4.

While the 19th century saw class and gender as foundational to the social structures in both India and Victorian England, the manifestation and control of female sexuality within these frameworks diverged significantly due to cultural nuances and social constructs unique to each society. In India, the dialogue around female sexuality became a critical battleground for social and political contestation between the British colonizers and the Indian colonized.¹⁹ This conflict underscored a broader struggle between "traditional" Indian patriarchal values and the "modern" patriarchies represented by the colonizers. The response in India to this cultural imposition involved a deliberate reimagining and defence of a distinctly Indian heritage and identity, symbolized powerfully in the figure of the chaste mother. This strategic cultural reaffirmation was not a mere replication of Western social purity norms but a conscious effort to delineate and preserve an unblemished Indian ethos in the face of colonial domination. Central to this endeavour was the articulation of a morality that sharply delineated domestic from non-domestic spheres and private from public expressions of sexuality.

Indian reformers and nationalists navigated these complex dynamics by increasingly marginalizing non-reproductive, working-class prostitution, while simultaneously elevating the procreative roles of women as mothers. These maternal figures were sanctified within the nationalist discourse, their purity and devotion becoming emblematic of the broader Indian struggle for self-determination and resistance against colonial influence. This nuanced approach towards female sexuality and prostitution reflected a pattern where the preservation of a pure, domestic sphere was paramount. The veneration of motherhood and its association with nationalistic purity underscored a strategic reconfiguration of traditional Indian values in the face of colonial challenges. Through these efforts, Indian society sought to reclaim and fortify its cultural identity by redefining the roles and representations of women, particularly in contrast to the colonial narrative and legal impositions surrounding prostitution and female autonomy.

The socio-economic, political, and cultural dynamics of 19th-century colonial India not only facilitated the emergence of a new female archetype, distinct from the traditional housewife, but also the woman engaged in prostitution. The discourse surrounding the Indian Contagious Diseases Acts offered a more definitive characterization, naming, and identity to this figure, heavily influenced by the Victorian discourse on prostitution as seen in the English Contagious Diseases Acts, which served as a model for the Indian legislation. The enactment of the Indian Contagious Diseases Acts sparked a vigorous debate that encapsulated a broad spectrum of perspectives, shaped by differences in nationality, ethnicity, religion, class-caste, and gender. Despite this diversity, the coalition formed by the British medical, military, and administrative elite in India managed to assert a dominant narrative, establishing a hegemonic discourse on prostitution.²⁰ This discourse, as Lata Mani suggests, was part of a broader colonial narrative aimed at understanding and defining Indian society within the imperial context. This narrative was not isolated from pre-colonial Indian discourses nor did it emerge in isolation; rather, it evolved through interactions with the local populace, albeit under the significant influence of the British colonial elite.²¹

Rule 2 of the Indian Contagious Diseases Acts offers a definition of a prostitute that reflects the ambiguity and complexity of the term's application. It described a prostitute as a woman who engages in prostitution as a business, available to clients in various locations, including brothels, their own houses, or elsewhere, without explicitly defining what constitutes prostitution. This implicit understanding suggested that prostitution involved women engaging in non-domestic sexual intercourse for remuneration. The interpretation of this definition and its application became a subject of debate among the British medical-military establishment and the administrative elite. Discussions varied on whether to include women who engaged in occasional non-domestic sexual intercourse with one or more clients for a price, or those in non-marital relationships with a single man (mistresses or concubines), within the scope of the term 'prostitute'. Ultimately, the Acts were generally applied to women engaged in habitual non-marital sexual intercourse, reflecting the colonial authorities' attempt to regulate and control female sexuality within a legal and moral framework. This approach

¹⁹ Mukherjee, S. (2017). *Gender, Medicine, and Society in Colonial India. Women's Health Care in Nineteenth and Early Twentieth-Century Bengal*. Oxford University Press: New Delhi.

²⁰ Mort, F. (1987). *Dangerous Sexualities: Medico-Moral Politics in England since 1830*. London Routledge and Kegan Paul.

²¹ Mani, L. (1989). Contentious Traditions: The Debate on Sati in Colonial India, in *Recasting Women, Essays in Colonial History*, (eds). Kumkum Sangari and Sudesh Vaid, Kali for Women.

underscores the complex interplay between colonial power dynamics, legal definitions, and the societal understanding of female sexuality, revealing how colonial legislation sought to impose specific norms and values on the indigenous population, particularly on women's bodies and sexualities.

The conceptualization of prostitution under the Indian Contagious Diseases Acts was shaped by several distinct but interrelated notions, fundamentally embedding the practice within a specific socio-legal and moral framework: **Female Phenomenon:** Prostitution was defined primarily as a female activity, implicitly excluding male participation from its definitional scope. **Non-Marital Sexual Intercourse:** The engagement of women in sexual relations outside the institution of marriage was a central element of this definition. **Public and Habitual Engagement:** The acts characterized prostitution as a public, habitual engagement with multiple partners, distinguishing it from private or occasional sexual encounters. **Transactional Nature:** A key aspect of this definition was the transactional nature of the engagements, with sex being exchanged for monetary compensation.²² This delineation of prostitution fragmented female sexuality into two polarized categories: the legitimate, reproductive, and exclusive sexuality confined to the private domain of domesticity, versus the illegitimate, non-reproductive, pleasurable, and non-exclusive sexuality situated in the public, non-domestic sphere. The former category valorised the purity and exclusivity of wives as conjugal property of their husbands, while the latter cast prostitutes as impure, public sexual property available to any paying male.

The Indian Contagious Diseases Acts, introduced as a response to public health concerns, were deeply infused with Victorian values of respectability and morality. They aimed to regulate the sexual interactions between British military personnel and Indian women, who were perceived as potential vectors of venereal diseases. The legislation was premised on the notion of male sexuality as inherently aggressive and indomitable, particularly among young, single, working-class British soldiers. This led to the institutionalization of a class of "public native" women within the controlled environs of military cantonments (and later civilian areas), providing a "safe" and state-sanctioned outlet for the soldiers' sexual needs outside of marriage.²³ Underpinning the Acts was the patriarchal assumption that prostitution was a universal and inevitable feature of society, necessitated by the "natural" inclinations of male sexuality. Thus, prostitution—and by extension, the women engaged in it—was portrayed as both a societal necessity and a moral failing, a paradox supported by contemporary Western medical and hygienic discourse. The enforcement of the Acts involved strict disciplinary measures, relegating prostitutes to the margins of society.²⁴ They faced intense surveillance, behavioural regulations, mandatory health checks, and isolation in lock hospitals if found diseased. This regime of control rendered them functionally invisible within the public sphere, confined to the shadowy peripheries of social and physical spaces. Through these measures, the Acts not only sought to manage the public health risks associated with prostitution but also reflected and reinforced the colonial state's broader objectives of social control, moral regulation, and the assertion of British authority in India.²⁵

V. Conclusion

The exploration of prostitution within the colonial context of 19th-century India reveals a complex interplay between legal, social, and moral dimensions shaped by both indigenous and British influences. The introduction and implementation of the Contagious Diseases Acts marked a pivotal moment, embedding Victorian values into Indian law and attempting to regulate female sexuality under the guise of public health. This legislation not only reflected the colonial endeavour to impose moral and social control over the Indian populace but also highlighted the intersections of class, gender, and power dynamics. The resistance and adaptations by both the colonized and the colonizers underscore a period of significant social transformation, where the construct of the prostitute became a site of contestation and negotiation. Through this lens, the history of prostitution in India during this era serves as a microcosm for understanding broader colonial impacts on social structures, gender

²² Rules under Sections 5, 11 and 21 of Act XIV of 1868 [the Contagious Diseases' Act], in the GDLV, Compilation No.88, Volume.No.14, 1871, MSA.

²³ Banerjee, S. (1998). *Dangerous Outcast: The Prostitute in Nineteenth Century Bengal*. New York.

²⁴ Memorandum on the Working of the Contagious Diseases Act on the Contagious Disease Act, by W. J Moore CLE, Surgeon General, October 1886, Home Department Sanitary Proceedings, in HSF, No.49, June 1888, NAI.

²⁵ Walkowitz, J. R. (1980). *Prostitution and Victorian Society: Women, Class, and the State*. New York: Cambridge University Press.

roles, and legal frameworks, revealing the enduring legacies of these intersections in contemporary Indian society. This analysis contributes to a deeper understanding of the colonial legacy, offering insights into the persistent socio-legal challenges and the complexities of gender and morality within post-colonial contexts.

