



**GENDER AND
NAXALITE
MOVEMENT**

Edited by
PRADIP BASU

Gender and Naxalite Movement: An Introspection
Edited by Pradip Basu

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The Women in Naxalbari Movement: The Discourse of Unchanged Gender Stereotype

Swati Bhattacharya

The Naxalbari movement marks a significant shift in the post-colonial history of West Bengal. The post-Independence politics in India is a history of growing discontent, protests, and mass movements. The general political situation of Bengal was shaken by the impact of two World Wars. In the first half of the nineties the bombing of Rangoon, followed by steep inflation of 250% in essential commodities left deep imprints in the city life as well as the village life. As found in Greenough's documentation, Bengal was shaking by the great famine of 1943, where more than a million people died, and women and children were sold, and this entirely revolutionized the socio-economic structure of the state. The leftist ideology made its inroads around this time and weakened the traditional and religious beliefs on the Bengali mind (Greenough 1982,78). The ruling Congress hegemony was questioned time and again in different parts of the country which was reiterated in form of mass movements and a growing number of regional political parties and adopting various ideological beliefs. The Communist Party of India had already made deep imprints in Indian politics and guiding the governance. The Sino-India war in 1962 led to an ideological split within the communist party and gave birth to the Communist Party of India (Marxist). The break

was precipitated by the ongoing international communist movements and on the one hand, China was shielding one form of communist revolution and on the other hand, the Soviet Union was trying to expose to the world that it is the epitome of communist ideological belief that should be practiced across the globe. While the Soviet wing of the Indian Communists was endorsing the electoral process and it discouraged aggressive militant revolution, the pro-China wing harboured a militant revolutionary ideology and denounced parliamentary democracy as a myth. During the Sino-Indian war in 1962, the difference between the pro-Soviet section and the pro-China section became too wide and in 1964 the new party was launched by the pro-China faction. West Bengal was undergoing a strong socio-political revolution since the 1950s, growing mass movements and left activism were spreading fast across the state. The year 1966 experienced a severe food shortage, and violent food riots broke out in West Bengal when a large section of the people took to the streets. This culminated in a Food Movement in 1966. Tramcars were burned on the roads of Calcutta, students threw homemade bombs at the police, demonstrations, and rallies against the state government, at times, helped to develop political solidarity between the working class, lower-middle class, and students (Basu 1997,43). This series of events fuelled an upsurge in leftist student politics, and student leaders, influenced by Maoism, formed the core of the radical student movement. It seemed that the entire state was poised on a violent outbreak of mass fury.

The Naxalite Movement of 1967 was a culmination of the growing discontent with the change of government, severe crisis, and exploitation and the inability of the government to solve these crises led to a mass mobilization among local communist leaders and the rural poor. In May 1967 a major confrontation on the issue of crop harvest broke out between armed peasants and police in

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the Naxalbari area of Siliguri subdivision in Darjeeling district. On 24 May 1967, a group of armed marginal peasants and agricultural laborers claimed the harvest and defied local landowners in Barajharujote village. The police were called in. During the confrontation, police inspector S. Wangdi was injured by arrows and succumbed to his injuries that evening. On 25 May 1967, the police opened fire on nearly two thousand peasant activists in Prasadujote village, killing seven women, one man, and two children (Mukherji 1979 [2002], 48). This incident, instead of repressing the uprising, added more fuel to it. Peasants of the entire Siliguri subdivision, supported by local tea-garden laborers, erupted into an armed rebellion. Naxalbari was no longer the name of an insignificant area but a hallmark of a new dream of 'people's war' to the communist revolutionaries of India. The communist leaders and party workers— Charu Mazumdar, Kanu Sanyal, Jangal Santal, Souren Bose, Khokan Majumdar— who were at the helm of this confrontation, belonged to the pro-China section and had joined the CPI (M) in 1964. Charu Mazumdar and Kanu Sanyal, veteran communist leaders of this area, were the main architects of this peasant uprising. The Tebhaga movement of 1946 that erupted in certain North and North-Eastern districts of Bengal and later spread to other parts of the country resulted in the passing of the Land Ceiling Act in 1953 according to which "no farmer or landlord is entitled to hold land beyond 25 acres" (Joshi 1979, 447). Further, the tenants and the agricultural labourer working on the fields had to be paid half the share of the whole produce. (Joshi, 1980, pp. 453-456). However, in practice, the Land Ceiling Act failed to get hold of the excessive landholding by the rural owner class consisting chiefly of zamindars and money lenders. The excess land was registered in the name of their wives or children. Moreover, they could easily escape the act by bribing local government officials and state police. Thus,

there was no improvement in the situation of the farmers (Sarkar 2021, 3). It was at this juncture that small meetings were held in different weekly village markets known as hats throughout the entire rural regions of Darjeeling district in North Bengal by the then members of Communist Party of India (Marxist) shortened as C.P.I. (M) that was trying to emerge as a significant political organization and later held a strong base in Bengal for a long period. The Naxalbari uprising was therefore a fight against the multiple forms of violence that include denial of land and forest rights, incursions of mining companies, unfair crop sharing agreements between landlords and farmers, caste-based violence, and physical and sexual abuse committed by certain landed-folks and State forces against the indigenous tribes (Adivasis), Dalits (lower castes/untouchables) and farmers. The spring thunder of Naxalbari was brief but it changed the social and political context of West Bengal in particular and the country as a whole.

The Point of Departure:

Exclusion of women from the movement

Academic studies across all social science disciplines and historical documentation have explored the Naxalbari movement from socio-political perspectives. The causes, effects, political changes have been investigated, examined, and documented over time. However, the severe maleness associated with the Naxalite protagonists has never been questioned or debated in any of these studies. The documentations and debates of such a revolutionary movement therefore should overcome the isolationist celebration of individual women and try to posit gender as an analytical category for studying history. The entire discourse of Naxalbari is fashioned by men who choose to look at women merely as mothers and daughters of the future creators of the new nation. As a result, the women

entered the militant literary and political imagination, not as subjects with political goals of their own but as mothers of the nation's children and wives of men who are the real political subjects. This does not mean that the women have not participated in the struggle against the colonial imposition, nor does it mean that they have not substantially contributed to the culture and politics. Both the colonial and the "nationalist" discourse chose to look at women in sexual terms.

Women's history is not only an effort to restore women to history but perhaps more importantly, also to restore history to women (Sen, 2014, 3). The issue of incorporating gender with the Naxalite movement emerges from the traditional notion of the ideal created of the private and public sphere and their forced confinement as decided by the society. Gender essentially does not symbolize women; Gender is principally about the ideals of femininities and masculinities within a Spatio-temporal context and the relations of power between these ideals. (Sinha Roy, 2018). The public and private are contrasting, exclusive and complementary spaces and no gender study is possible omitting the differentiated recognition of both. If South Asia is taken, then the public/private divide becomes crucial, and masculinity is associated with 'public', and femininity is associated with 'private' or domestic sphere. For women, the split must be addressed with extreme caution as her performance in both roles is judged with 'legitimacy' and 'illegitimacy'. As her association with the private, may bring about the question of 'chastity' and violation of the socially conducted norms of her behavioural and association patterns, she is often restricted to her 'private' sphere to avoid immodesty or immorality. The constraints in the private domain and the responsibilities which involve her full-time involvement, like maintenance of household, birthing, and caring for children make them domesticated mentally and physically. Their interaction

with the public is even more restricted as mostly they are also burdened with the financial responsibilities, for which they work in the fields or other income-generating activities. The focus on domestic matters or domestic activities also makes them pressured to eschew any knowledge which is considered 'outside' knowledge, which primarily includes politics. The documentation of the lives of the militant women in Naxalbari which could be retrieved from their autobiographies/interviews reveals a sense of heroic endeavour that they lived in contrast to their mundane domestic interactions that traditionally prevailed. As Srila Roy in her interactions with the revolutionary women projects that the woman revolutionary becomes heroic the moment she leaves behind the mundane and ordinary life in her domesticity. To fulfil the historic task in an extraordinary situation she is embracing a highly male culture of the new left. The confessions of the women revolutionaries however remind the author that such an extraordinary situation is not devoid of her domestic responsibilities. "They live the exalted lives of care and adventure while still performing the everyday lives of care and feminized domesticity" (Roy, 2007,2).

The Naxalbari movement has been recorded as a rebellion to change the existing social structure of the society. The ideology was to transform the society into a classless one with the help of armed rebellion as it happened in China. However, such a rebellious move paid little attention to the existing gender disparity within the society and maintained a non-inclusive approach that had stereotypically existed even before the 1960s. From the very beginning, women were effectively discouraged even by the leaders to join the movement as activists. Charu Mazumdar, himself had written that women should not be involved in squads "because women need a place to stay at least for the night". This view reasserts the patriarchal mindset etched in the very ethos of the movement. To see

women as "objects of violence" and "subjects of fear" thus assuming a "protective" approach towards them shows that women are not and perhaps can never be considered as equals in the revolutionary movement (Singh 2013, 13). The abstinent denial of associating violence with women remained constant since colonial times. Although Tirtha Mandal in his accounts figured that the exact mindset of Charu Majumder could be found during the nationalist movement. The men were not confident of taking women in their revolutionary movement fearing threats like rape or physical torture, and the fear was not unfounded. Female revolutionaries however discarded the male fear and joined revolutionary politics, just like Suniti Choudhury. Bengali women were shadowed by the powerful imagery of Goddess Laxmi, the symbol of prosperity who was forced to leave her home in the face of partition and now had to be brought back, looked after, and protected. Barring a few examples like Sarala Devi Choudhrani on whom much has been written especially regarding her involvement in the physical culture movement, women's involvement in politics in the early 20th century was however not so extensive. In November 1921, the demonstration was staged by a thousand women to greet the Prince of Wales in Bombay. In December Basanti Devi, wife of Chittaranjan Das, his sister Urmila Devi and niece Suniti Devi participated in an open demonstration on the streets of Calcutta and courted arrest by stunning the nation by being out on the streets. In the 1920s the revolutionary nature of women and their participation in revolutionary terrorism was insignificantly coming off the edge. Although the powerful imagery of Goddess Laxmi has been an abiding influence on the women of Bengal and India, Laxmi Bai's stories remained a story of a powerful woman show was exceptional. The sight of the minor heir tied to her remained the point of glory and not many women were inspired to follow in her footsteps. However, after years a young

woman, Shanti Munda, among others, led the charge with a 15-month-old baby strapped to her back. Shanti fired the first of a slew of arrows on a policeman, an event in which the forces retaliated by killing eleven peasants and tribals. This incident sparked India's five-decade-long Maoist movement. The name of Shanti Munda is never remembered in the Indian household for her heroism or never documented in an analysis of Naxalite movements as a moment of glory.

Traditionally, No one looks astonished when they learn about England, even when the country is entirely run by a queen but even in England women being soldiers or members of parliament looked unusual. During feudal times women were not excluded from war or politics, rather women of privileged classes were 'manly' who were not inferior to their fathers or husbands. The independence of women seemed natural to the Greeks than to other civilizations at that time. The Spartan women were freer and were trained to bodily exercises similarly as with men, proving that women by no means can be disqualified for any activities based on capability. Although these Spartan examples gave Plato the idea of equality of the two sexes, this subjection was still considered natural. The first forms of protest by the dominated sex were made known to the public by women through their writings which were followed by petitions for their entry into parliamentary suffrage or their admission into professions or occupations which used to be considered as against them. It was not that women have proved themselves to be ineffective in terms of political participation, but the private-public divide stood as the barrier which effectively encouraged women to stay within the confines of their homes. Indian women came out of the private sphere long back with effective struggle but participation in politics remained stigmatized with elitism and mass participation was for common women. Even John Stuart Mill observed Hindu Governments

which were obsessively a male regiment allowing women to reign effectively from behind the curtain in the name of male minor heirs.

If a Hindoo principality is strongly, vigilantly, and economically governed; if an order is preserved without oppression; if cultivation is extending, and the people prosperous, in three cases out of four that principality is under a woman's rule. This fact to me is an entirely unexpected one, I have collected from a long official knowledge of Hindoo governments. There are many such instances: though by Hindoo institutions, a woman cannot reign, she is the legal regent of a kingdom during the minority of the heir; and the minorities are frequent, the lives of the male rulers being so often prematurely terminated through the effect of inactivity and sensual excesses. When we consider that these princesses have never been seen in public, never conversed with any man outside their own family except behind the curtain, that they do not read, and if they did even read there was no book in their language which can give them the smallest instruction on political affairs; the examples they cite of the natural capacity of women in government is very striking. (Mill 1870, 104)

Or in another instance, he cited, "The ladies of reigning families are the only women who are allowed the same range of interests and freedom of development as men, and it is precisely in their case that there is not found to be any inferiority. Exactly where and in proportion as women's capacities for the government have been tried, in that proportion have they been found adequate." (Mill 1870, 104) The account of Indian history therefore gloriously writes about Indian kings and their heroism praising the queens and princesses for their beauty yet glorifies Laxmi Bai for taking to the battlefield with an infant tied to her. She is glorified for being a perfect mother and breaking the stereotype but not many women are inspired to follow

the footsteps of Laxmi Bai. Even in informal politics the leadership roles were proved by South Asian women, who were active participants like Benazir Bhutto, Indira Gandhi or Hasina Wajed, Chandrika Kumaratunga, etc. However, the involvement of these women raises another side of the story, as these women are mainly from elite families with strong political connections, they do not represent the mass women of these countries. They have not impacted politics in a very strong manner, and they were groomed for decision-making roles. They have broken the stereotypical image of women and created specific institutions where women would rise to political prominence.

The Naxalbari movement according to Srila Roy was not exceptional for exclusion of women question of subscribing to a form of left traditionalism, the forms of 'patriarchal containment' and gendered division of labour within the party lines have been noted previously in most left-wing progressive movements in general. The movement not only exposed a non-inclusive approach but also made the private-public division very evident by containing the revolutionary women to the domesticity even within the movement. Just like the male counterparts the women were recruited even without the formal membership and divided into two groups. One group was engaged with the organizational task and the other with the technical task. While the organizational group was supposed to be in decision-making roles and reached the higher political echelons the technical group was mostly responsible for courier services like transportation of arms, information, and papers. Mostly women were doing the technical work or '*tek kaj*' as they called it. The role of women as discussed in every trajectory of the Naxalite movement glorified a woman who provided safe 'shelters', acted as support to their male counterparts, or worked as secret messengers. The idealized model of womanhood was inherited from the nationalist discourse in the late nineteenth and early

twentieth century that celebrated benevolent patriarchy, reinterpreted as it was by the Marxist intelligentsia in the 1940s and 1950s. To preserve the sacredness of 'home' or the inner sanctum of 'true Indian self' as against the profanity of the material exterior or the 'world', nationalism embarked on the project of creating the *bhadramahila* (gentlewoman) and redefined the values of chastity, docility, and nurture based on home/world, feminine/masculine opposition to produce a female counterpart of the emerging middle-class 'gentleman' (*bhadralok*). It is the discrepancy between this dominant model of *bhadramahila* and the diverse expressions of women's agency within the Naxalbari movement that marks the difference between 'imagined' and 'real' women. While the Naxalite leadership continued to celebrate the virtues of 'imagined' *bhadramahila*, 'real' women activists existed under the shadow of anonymity. (Sinha Roy 2007, 59)

A close reading of Naxal literature seems to suggest that the question of women's tasks or roles within the movement was marked by ambivalence. Thus, while female participants in the movement often themselves tried to project a militant personality, their male colleagues continued to expect women to fulfill a mainly nurturing role within the movement. A conscious desire to express irreverence towards the established social mores certainly played a part in determining how women attempted to forge a new personality for themselves. Thus, challenging the image of women as docile and passive, women Naxals often consciously attempted to engage in confrontation with policemen or suspected informers. Like their male counterparts, they too endured hardships and practiced self-abnegation. The role of nursing was also reserved for women. While the movement was limited to villages and the tribal population, both men and women took on the task of nursing the wounded comrades (Banerjee 2009). But the gender role division became more manifested as the

middle-class intelligentsia dominated the movement. As Menon has mentioned, "Nursing and teaching (particularly at lower levels) are predominantly considered women's profession ... the feminization of teaching and nursing is because such work is seen as an extension of the nurturing work that women do at home" (Menon 2012, 11-12). This ideology dominated the 20th-century middle-class Bengali society and the movement being dominated by this class after its urbanization was not an exception in following it. Krishna Bandyopadhyay, one of the important members of the movement spoke against the caregiving and nurturing tasks accorded to women on account of the patriarchal ideology harbored by the leaders, "We women activists underwent a nursing training course in Medical College ... Now I wonder the principal idea behind this training was that our male comrades will get wounded, and we women will nurse them back to battle condition! These ideas were harboured by the most progressive political party" (Bandyopadhyay, 2001, p. 87). Thus, the patriarchal ideologies of the middle-class society reflected themselves in the movement. As a result of these patriarchal notions, the women in the movement were pushed to the periphery where their contributions to the movement were overshadowed by the heroic tales of the male members.

If upper-caste, middle-class urban women with a university education were considered the 'rear guard', poor peasant women from rural areas suffered under the double registers of marginalization— 'non-metropolitan and 'women' (Sinha Roy 2018). Apart from physically resisting police and landlords, peasant women also assisted urban youth who tried to spread the Naxal ideology in the rural areas. Thus, according to Maya Chattopadhyay, peasant girls would stay up all night and guard the urban youth while they slept. Even during the freedom struggle women coming from intellectual and educated backgrounds were preferred and encouraged over tribes and peasant family

women. Girls from respectable families became more and more involved in conspiracies involving murderous assaults on British officials. By the end of 1931, a new element appeared in the terrorist movement as women revolutionaries began to be engaged in the murderous assault. Bina and Kalyani Das, Pritilata Waddedar, Santi and Suniti, and many girls became part of daring plans and gradually also became a target of severe police atrocities.

The standard story of the Naxalite memory of activism in the rural areas represents rural women as shadowy figures who gave food and shelter, who carried their messages and occasionally arms, who guided them from one village to another and yet had rarely been considered an equal partner in revolutionary activism. Utpal Dutt's representation of tribal women's capacity of interpreting the Maoist guerrilla strategy is, therefore, significant. In the same play, Dutt depicts another character – Debaree, a Rajbangshi woman peasant – who can read and who teaches her fellow villagers the philosophical moorings of revolution. It is in this domain of imagination (and extensive field research as Dutt toured the Naxalbari area for weeks immediately after the mass shooting in Prasadujote village in May 1967) we meet women revolutionaries who displayed courage, resilience, and intelligence in scripting a vision of people's movement. Urban middle-class women were discouraged from going to villages or working-class slums, and when they went to villages or worked in factories in defiance of the leadership, their efforts in organizational activities were either sidelined or unappreciated. For rural women, the problem lies in the gross oversight of their presence by urban male Naxalites. Interviews with Shankar, A.D., and R.B. in the previous chapter reveal that urban *Bhadralok* Naxalites failed not only to encourage peasant women but also to recognize women's presence beyond their conventional idea of women as 'supporters'. (Sinha Roy 2018,5)

Women - whether Adivasis, peasant, or Dailt - in India's hinterland (including India's resource-rich central plateaus and forests and tribal belts) have joined the Naxal movement to fight for their rights and justice. Besides this primary catalyst, there are other additional motivating factors. For example, the decision to join Naxalism is also driven by the desire to seek agency and combat sexual abuse, which they face from some sections of upper-caste men and security personnel (read State). The reason for women joining the Naxalite movement transcended just beyond the mere desire to join the political movement. The ideological faith and romanticism attached to transform society were present among the women who joined the Naxalite movement. The section of women who were forced to join to escape the existing condition was also not few. The Naxal ideology remains silent on the intrusion into the gendered space when it comes to women's sexuality and motherhood. It was seen as the woman's fault if she fell pregnant. It would mean the loss of rifle and fatigue and inglorious return home which was often not possible in the tumultuous political situation. These women, then, remained at the mercy of the party bosses who often relegated them to performing menial tasks. While childbirth under such circumstances was frowned upon, but women who used their children while performing courier duties were encouraged to do so. It worked as the perfect camouflage for such activities. Heroic motherhood was eulogized. Leena, a Naxal activist of the 70s describes her brush with the police where she managed to escape because her daughter was with her (Narain, 2017, 14).

The memoirs and autobiographies of the women Naxalites were the most first-hand accounts that the movement records. In the autobiography of Krishna Bandyopadhyay and Ajitha their desperation to be treated as equal with their male counterparts emerges prominently. As Krishna Bandyopadhyay (title of the

English translation of her memoir is *Naxalbari Politics: A Feminist Narrative*) stated,

Since my childhood, I have seen several festivals being observed and celebrated in our house. And the center of attention during these festivals would always be my brothers, uncles, and other prominent males 'human beings'. Even later in life I would cringe at the discrimination in every aspect of life—be it eating habits, education, freedom of movement. In my way, I protested once in a while, but not a brick on the wall of 'don'ts' was affected by it. I always thought that something needed to be done about this. (Bandyopadhyay 2008: 53)

The communist attitudes towards sexuality had a bearing on their perceptions of women within the movement. The Naxalite movement itself was very revolutionary in its own will, further, the non-engagement and insensitivity towards the gender question of the movement made the women travel a longer route to participate in such a radical movement. The unwillingness of the society to accept the movement was accelerated for the women as they found themselves performing the same roles as they would be doing in their households. The women were used as shields or second fiddle who could only be recognized with the male counterparts who were participating in the movement. There was an effort to romanticize women as mothers, wives, and widows of revolutionary men. Ajitha, resounding Krishna Bandyopadhyay also expressed her massive discontent with the Naxalite men, she expressed disapproval of Manu's views on women and quotes a sentence from him:

'A woman should obey her parents in her childhood, her husband in her youth and her sons when old'. She further expresses her disappointment, "I was daring to go in the field of action. When would my time come to meet these comrades brimming with revolutionary fervor, to see

those villagers and to urge them on about the truth that I believed in? But the comrades wanted me to wait for some more time. I felt depressed and disappointed that I was pulled back because I was a woman. I was fully aware of what tales' people would talk about girls who freely moved around with men. I hated this inequity and was determined to fight it" (Ajitha 2008: 43). The accounts of the personal lives of these women also present a kind of revolution within the movement. As Mallarika Sinha Roy pointed those two kinds of love that motivated women to join the movement, the first one was love for the person, whereby women joined the movement only because the man they loved was involved. The second kind of love is the love for people and the idea of revolution or ideology behind the revolution. Both the women fell in love with their comrades, while Krishna Bandopadhyay figured that the Naxalites celebrated her as a widow of a martyr when his love was killed in a police encounter. She was strongly discouraged, and her second relationship was mostly unrecognized. Ajitha was discouraged from getting married at all by her father as he believed that will disorient her from the path and goal of revolution.

The memoirs of women from the Naxalite movement are valuable sources from a feminist perspective that seeks to overcome the silences surrounding women participants of the movement as well as the gender dynamics of the movement. Contrary to what one would expect, neither of the two memoirs paints a unified heroic figure of a woman revolutionary. The women not only recount the instances where they committed acts of resistance and subversion, but also how they felt limited, disappointed, marginalized, discriminated against, and victimized in several ways. Debates on the 'woman question' initiated engagements between Marxist and feminist positions at different periods within diverse contexts, often repeating the issues concerned and yet generating new analytical angles. Such

reflections unfold an array of doubts, uncertainties, and realizations regarding the issues that concern women's lives in public and private domains and contain questions to the leadership about the meaning of marriage and divorce in a post-revolution society; the shame and self-hatred of experiencing 'sexual liberation' after the Soviet leadership moved away from the earlier association between revolution and free love. There is a mixture of pride and confusion of a peasant woman after returning to domesticity from a revolutionary life led by her for a long time. These experiences are also contrary to the somewhat customary leftist assurance that a neat resolution of women's issues would follow the people's revolution.

Conclusion


The dream of Naxalbari Revolution was to create a classless society that promises an end to exploitation by the rich to the poor. The expression of sheer disgust and disappointment towards existing government and electoral politics inspired a call for change. The restructuring of the existing social norms and promise of eradication of all forms of discrimination was romantic, revolutionary, and lucrative. This inspired people from all classes across the state, the youth from prime colleges of Calcutta to the peasants working in fields were so involved with the ideology and the thought that they sacrificed their dreams/fears and home within months. Since China had already paved a successful path before them, the dismantling of the existing exploitation looked achievable and desirable at the same time. The idea of associating violence and resorting on the barrels of the guns as the path to success did involve a lot of doubts and raised questions of social acceptability, but not much attention was given to this thought and many people from all pockets of the state pledged to take up arms and declare war against

the exploiters. Such a revolutionary turn of events was documented and projected as a movement that changed the course of history. However, such revolutionaries never considered fifty percent of the population as coparticipants or equals. The feminist perspective was never incorporated in the documentations or socio-political analysis of the movements. The women's question has been incorporated in Indian history without much history of the women's revolution associated with it. Unlike many other countries women in India never had to fight for their rights or suffrage. Voluntary participation (although stereotypical) was noticed during the freedom movement, although only a few women were recorded as active participants in armed struggle. Non-discrimination in terms of rights did not ensure social equality and this question was not addressed during the Naxalite movement.

Women's participation as active political actors/participants are meager in India. Bengal was considered an intellectually progressive state, but the binary of sophisticated elite of the city and masses of the rural countryside was pretty evident since the freedom struggle. Women who participated in active politics in West Bengal mostly belonged from such elite families with exceptions. The expectations of their political behaviour were also designed along the lines of social expectations from them. The Naxalite revolution did not treat women any differently in most cases. The stringent public-private divide was practiced similarly with the women participants of the Naxalite movement. Notwithstanding claims and efforts to establish a more equitable society, the reality is far from this. No movement is immune to the social environment out of which it is born, hence resulting in the re-creation and reinforcement of patriarchal norms within Left-Wing groups. Men and women have different experiences in conflict, and it is important to recognize and address the concerns accordingly.

References

- Greenough, Paul R. 1982. *Prosperity and Misery in Modern Bengal: The Famine of 1943- 1944*, New York & London: Oxford University Press.
- Basu, Sajal. 1979. *West Bengal: The Violent Years*. Prachi Publications, Kolkata.
- Mukherji, P.N. 2002. 'Naxalbari Movement and the Peasant Revolt in North Bengal' in Rao, S.A. edited, *Social Movements in India*, Delhi: Manohar, 17-90.
- Joshi, P.C. 1979, *Agrarian Reforms Facts and Fiction. Kurukshetra Land Reforms in India: Trends and Perspectives*. Allied Publishers Private Limited.
- Sarkar Pritha, 2021, 'Locating Women in the Naxalbari Movement: A Story of Resistance and Fabrication of the Individual Female Identity', *Rupkatha Journal on Interdisciplinary Studies in Humanities* vol. 13.
- Sen. C. Nandini, 2014, 'Gender, Militancy, and Memory: A Study of the Mau Mau and Naxalbari Women', *Journal of Sociology and Social Anthropology* vol. 4.
- Roy Sinha, Mallarika. 2007. 'Magic Moments of Struggle: Women's Memory of the Naxalbari Movement in West Bengal, India (1967-75)', *Indian Journal of Gender Studies*, Sage Publications, vol. 16, pp. 205-232.
- 2018, *Gender and Radical Politics in India: Magic Moments of Naxalbari (1967-1975)*. Routledge, London.
- Roy, Srila. 2001. 'The Everyday Life of Revolution: Gender, Violence, and Memory', *South Asian Research Journal*, vol. 27.
- Singh Pratibha, 2013 'Women's Role in the Naxalite Movement', *Center for Land Warfare Studies*, Delhi.
- Mill, John Stuart 1870, *The Subjection of Women*, London, Longmans, Green Reader, and Dyer.
- Menon, Nivedita. 2001. *Gender and Politics in India*. Oxford University Press, London.
- Bandyopadhyay Krishna, 2001, Abirata Larai. *Khoj Ekhon: Manabi Chetana Potrika (Search Today – Journal of Feminist Consciousness)* vol.7, pp. 4-9.
- Narain Akansha, 2017 'Roles and Participation of Women in Indian Left-Wing Extremism: from 'Victims' to 'Victimisers' of Violence', *Counter Terrorist Trends and Analyses*, Vol, 9, No. 8.
- Bandyopadhyay, Krishna 2008, 'Naxalbari Politics: A Feminist Narrative', *Economic and Political Weekly*, 43(14), April 5.
- Ajitha K. (2008), *Kerala's Naxalbari – Ajitha: Memoirs of a Young Revolutionary*. Transl. by Sanju Ramachandran, Srishti., New Delhi.



*Hesitant Psychocosmologies: Cultural
Identities of Bengali Middle Classes*

Edited by **Rupa Das Chakrabarti**

**Bamanpukur Humayun Kabir Mahavidyalaya Publication
2023**



***Hesitant Psychocosmologies: Cultural
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**Bamanpukur Humayun Kabir Mahavidyalaya Publication
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Epidemic Encounters, Communities, and Practices in the Colonial World

Edited by
Poonam Bala and Russel Viljoen

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Chapter 2

The Uncouth Woes

The Prevalence of Venereal Diseases in the British or European Troops in India (ca. 1864–1918)

Apalak Das

The present condition of the Army in India, with the enormous prevalence of venereal disease . . . yearly sending home thousands of men infected with constitutional taint, is therefore a great and growing source of danger to the whole community.¹

Report of Departmental Committee appeared in the statement of Earl of Dunraven in the House of Lords on the Departmental Committee of the India Office (1897) on 14 May, 1897

It was not the '*Gemeinschaft*' or idea of 'community', but preserving the supposed racial potency of the 'whites', who were snivelling the menace of degeneration from venereal diseases (VD), developed into one of the prime concerns to the colonial state. Why had the preservation of 'race' become so essential to the colonial administration in India? as VD posed direct threat to health, racial supremacy and martial spirit of 'white' than the *natives*, the Raj had decided to go for 'disciplining' the European soldiers in the name of military hygiene. The recent historiography on the politico-cultural liaison between race and diseases, such as the works of Ishita Pande, Philippa Levine, Erica Wald and David Arnold, has focused on the way in which colonial discourses framed the question of racial susceptibility to the tropical maladies, vices and wickedness that crippled the British vis-à-vis European soldiers. To the Raj, the issue was whether the 'moral policing', instead of mere withdrawing Contagious Diseases (CD) Acts, would prevent the VD; amidst of the sway of liberal wind and abolitionism or anti-regulationist vibes, there was a growing apprehension in the House of Commons in 1888 regarding the practices, rules and regulations on prostitution and the

treatment of VD in the cantonments and other places of British India. On 5 June 1888, a resolution was passed in the House wherein it had been resolved that any sort of measly suspension of measures for compulsory examination of women and for regulating prostitution in India or the legislations that instructed and permitted the government to carry out such measures in India would be both 'insufficient' and 'ought to be repealed'.² However, the British Parliament was sceptical on its application in the colonies which ultimately led to the formation of a departmental committee, named after its chairman, the Under-Secretary of State for India, Mr. George W. E. Russell, appointed by John Wodehouse, the Secretary of State for India on 7 April 1893. The aim was to investigate whether the Government of India (Govt.) accorded with the resolution adopted in the House of Commons or it had refashioned and restructured the legal imperatives to deal with the native 'consorts' (the probable source of contagion) through the enactment of new Cantonment Laws. It seems unusual that the Committee had not collected any evidence from Indian cantonments except Umballa, Meerut, Lucknow, Mean Meer (Lahore), Rawalpindi, Peshawar, Amritsar, Bareilly, Sitapur and Banaras as the inquiries must be presented in a form of a report before the end of parliamentary session. The Russell Committee found the testimonies of Mrs. Elizabeth Andrew, Dr. Kate Bushnell and several general officers as principal observations of the seven other cantonments. In relation to this, another Special Commission in India, that is Ibbetson Commission under Mr. Denzil Ibbetson, was employed by the Military Department of the Govt on 2 June 1893 which surprisingly selected only three cantonments, such as Umballa, Meerut and Lucknow, for the investigation. Both these groups had altogether accentuated the conditions of *chaklas* or brothels, the functions of lock hospitals and the periodical examination of the native women. Finally, the Russell Committee succeeded to put forth the report on 31 August 1893 in which the members in majority had concluded that all the ten cantonments largely violated the directives of the adopted resolution of the Lower House of British Parliament. Moreover, the numerous official orders and regulations were unable to abolish the old system of regulated and licensed prostitution. The Act of 1890, under the Cantonment Act of 1889, was in operation connected to the continuous system of periodical examination since 1888.³ Therefore, the Committee was of opinion that 'this system and the incidental practices . . . did not, and the Statutory Rules, so far as they authorize or permit the same, do not accord with the accepted meaning and intention of the Resolution of the House of Commons'.⁴

The Cantonment Act of 1895 intended to resolve the matter by outlawing the periodical examinations of prostitutes and disavowing any official approval of prostitution in the Indian cantonments, although it surfaced the fissure within the imperial governance over VD, which was gradually

widened in the 1890s. The Colonial Office was worried about the health of the British troops in India from the beginning; a military despatch was sent from the G.O. to the Secretary of State on 4 November, 1896 where it was stated that the increasing VD cases among the European soldiers induced the empire to ruminant about the imminent pitfall. From 1876 to 1885, annually there were 258 VD patients in 1,000 in an average which escalated to 522.3 in 1895, whereas the prevalence of VD was much less in the native troops. The inference was not all 'loose' native women having VD, but a class of women were definitely responsible 'with whom the British soldier associates, there has been an increase out of all proportion to their numbers'. In that despatch, a strong and 'fresh powers' had been requested without which no restrictions could do substantial effect in reducing the VD.⁵ The report of the Departmental Committee on 'the Prevalence of Venereal Disease among the British Troops in India', which appeared in 1897, stirred up the debate between the Extentionists and Repealers once again. The controversy engendered immense tremble in the Parliament. Meanwhile, the figures had revealed unprecedented increase of VD, chiefly syphilis, in the British troops. This had impaired not only the military efficiency of the army stationed in the Raj but the health of England's civil population. Especially, when the homecoming British soldiers started to socialize with their community, the risk of infection among 'healthy' population grew manifold.⁶ To the Colonial Office, the racial potency and 'discipline' of the British Army were at more risk than the health of the native consorts. Even, how far the resolution of House of Commons brought in the issues of 'choice' and 'compulsion' in case of prostitution was hitherto unaddressed in the colonial regulations later on. The native women were frequently seen as the means of contamination in the colonial legislations; however, they might not be the prime disquiet to the Raj,⁷ instead, the objectification of 'germed bodies' along with the prevention against VD was the rationale of empire, which required proper institutionalization through various health surveillances such as sanitary, departmental committee and lock hospital reports. Till the eighteenth century, the Western medical discourse identified the women's body as 'degenerated', 'depraved' and 'deformed' in contrast to the male counterpart. Subsequently, during the Victorian era, the notion was substituted with more robust surmise. The promiscuous bodies, which were by virtue supposed to be infected, were now distinguished from the 'purified' and 'moral' bodies.⁸ Thence, the CD Acts had been put into practice only to control such 'promiscuity'. The mounting cases of VD in the army from 1880s proved the frailty of the preventive system. Mark Harrison has pointed out that VD control was a 'moral' problem to the similar extent of a medical crisis in the British Army. Nevertheless, the traditional perceptions of 'restraint' and 'honour' in militarism were the foundations of British Empire, materializing the moral considerations in

such a way that many officers from old school perceived the VD control as undermining agency to military virtue. For them, the efficacy of a 'new' largely relied upon 'morality'; however, the pre-reformist medical officials had reversed the idea with an unyielding belief in scientific VD control by military competence rather than focusing on the nebulous concept of 'moral policing'.² Therefore, military hygiene was introduced in combination with successive sanitary reforms in India from the mid-nineteenth century, but these had achieved a little than expected. Transgressing Philip K. Barrow's theory, Harrison illustrated the rate of hospital admission of the British soldiers for the treatment of malaria, typhoid and VD which remained high from 1857 to 1900; this did indicate that British troops faced higher mortality from diseases more than have they had fatalities in the battles.³ This chapter focuses on the way in which ideas of health, hygiene and race were entangled with colonial investigations about VD in the British troops in India till the end of the First World War, and to what extent the imperial directives had succeeded to curb the prevalence of VD within the British Indian Army. It also looks at whether morality prevailed over promiscuity as the anti-regulationist movement, which was one of the frenzied debates within the medical academia via & via the Colonial Office in the nineteenth-century Britain, hovering around the politics of 'disease' (or diseased?) prevention.

PROMISCUITY, RACE AND SEX: THE VD IN THE BRITISH TROOPS IN INDIA (C. 1860s-1880s)

For the British officials, the tropical world such as India was so 'alluring' that it hardly resisted the European soldiers from becoming 'sloppy characters'. During the eighteenth century, the life of a common soldier was whittled by humid climate, tiresome early morning drill and occasional engagement with the enemies. Erica Wald has posited that drink, violence and sex turned into the 'grim trinity', associated with the young European soldiers. The Company and the Crown were equally dithered about the rising expense for maintaining the huge number of native wives, mistresses and children of European soldiers - the greatest impediments in maximizing the colonial profit. This was the reason behind the encouragement of the British East India Company towards owning native companions for sexual need by the late eighteenth century. As the European soldier was believed to be an asset, the colonial officials tried to protect them from obvious 'uncouth' hazard like VD. Unfortunately, syphilis and gonorrhoea had been persistent health problems stymieing the colonial state to control the diseases even in the early twentieth century when cure of VD was possible. Medical surgeons were concerned about growing disease prevalence in the barracks. The scaling

military costs had persuaded the European soldiers for more temporary sexual relations with 'lal bazaar' prostitutes. The medical faculties found an impregnable solution to restrain the venereal 'plague' by guaranteeing a band of healthy women for the soldiers in the cantonments.¹¹ The CD Act of 1864 had ensured the medical examination of 'diseased' women who were sent to the lock hospitals later for the treatment. In 1861, the British Army possessed 227,005 officers and men of which 82,156 belonged to Indian regiments and 144,849 to home or to the other colonial regiments.¹² The *Report of the Commissioners Appointed to Inquire into the Sanitary State of the Army in India*, in 1863, had presented the fact that the married officers were much healthier than the unmarried; moreover, the officers had not been easily driven by vices because of their improved lifestyle in comparison with the common soldiers:

While the soldiers live together in common bedrooms in barracks, the officers generally reside in separate bungalows, where they have the due arrangements for cleanliness, their food and drink are of superior quality; their contact with the sick in hospitals is limited to periodical inspections; when ill themselves they have the advantage of separate apartments and obtain leave to resort to healthy places.¹⁴

As there was no reliable record on how much soldiers were affected by syphilis, the Commissioners collected the returns of the lock and other hospitals to get an inclusive image. Almost 20–25% of the total sick were the VD cases which sometimes surged to 50% at some places such as Bangalore and Roorkee and 53% at Dinapore. A considerable number of cases were so serious that they had been pronounced unfit for service and eventually sent home as invalids. For the Commissioners, the reorganization of the measures, previously taken in the three presidencies, that is, Bengal, Bombay and Madras, and cleanliness in barrack lavatories would be effective to diminish the VD significantly.¹⁵ In the United Kingdom, the CD Act of 1866 was passed to check the ravages of VD in the army and navy and to restrict the inveterate expenses for the treatment of sailors and diseased soldiers.¹⁶ The Indian CD Act was implemented too in 1868 with similar objective; needless to say that it was not much different from the other CD Acts, protecting the 'white race' from the tropical vice.¹⁷ Initially, it proved effective as far as the statistics of mortality and sickness in the European troops in India was concerned. The VD admission rate in 1860–1869 was higher than 1870–1879, although the figure was still frightening. During 1870–1879, the total VD admissions in the European Army of India were 117,485 which was equivalent to admission rate of 203.5 per 1,000. In case of Bengal troop, the admission rate was 208.6 per 1,000, appearing less than that of the preceding ten years. For European Army of Madras, there was fewer, that is, 198.1 per 1,000, admittance in the hospitals in contrast to Bengal

Army but higher than the admission rate of European Army of Bombay, that is, 191.1 per 1,000.¹⁸ On 25 July 1874, J. M. Cunningham, Sanitary Commissioner of the GoI, had submitted his report on the rules for the prevention of VD among the European troops in the Bengal Presidency in 1873. To him, the greatest difficulty for the officials was to detect the large number of 'clandestine prostitution' which had been responsible for the increase of VD cases in the European troops both in India and England. This problem was much more alarming in case of British India where the population resided adjacent to the military cantonments.¹⁹

The lock hospital reports have provided the admission rates of European soldiers and prostitutes evenly. There were nine military (Bangalore, Bellary, Kamptee, Cannanore, St. Thomas Mount, Secunderabad, Seetabuldee, Trichinopoly and Wellington) and four civil lock hospitals (Madras, Rangoon, Thayetmyo, and Tonghoo) in Madras Presidency. The cases of primary syphilis in the military lock hospitals had been steadily increasing since 1873. It appeared that the admission for the treatment of primary syphilis, except 1875, was more numerous among the women than the European troops. Along with this, there was a significant swell of VD cases in the European force as well. In 1873, the ratio was 149.81 per 1,000 which ascended to 231.27 in 1877. To the colonial officials, the increase of primary syphilis, which was the most dangerous of all forms of VD within the British contingents, was a serious concern. The disease was so vicious that it made the young soldiers ineffective permanently at an early phase of their career. In spite of everything, the British colonists had considered the primary syphilis as 'mild and manageable disease' if treated earlier. The most affected areas in the Madras Presidency were Bellary, Trichinopoly and Bangalore where the large number of famine-stricken women from rural areas thronged for living. They were mostly 'unregistered' prostitutes and might have carried the germ of VD.²⁰ Undoubtedly, there was undiminished connection between famine and prostitution reflecting in the report. The colonial officials were saying that:

We must not be surprised if we find among the evil results of the famine an increased proportion for some years to come of cases of constitutional syphilis . . . there was, as already stated, a great influx of famine-stricken women and the increase of venereal diseases generally and of primary syphilis more particularly was due to their presence.²¹

From 1878 to 1880, the report shows trifling development as the number of primary and secondary syphilis cases and gonorrhoea in the European troops furthered.²² On 11 February 1880, the Military Lock Hospital of Trichinopoly was closed due to the withdrawal of all European troops from the station; though the total admissions in both classes of European soldiers and diseased

women had marginally reduced, the surging figures of VD among the Europeans were distressing when the ratio of admission had reached 324.09 per 1,000 in 1880 in Madras Presidency.²³ The figures for 1881 displayed a sizeable decline which was momentary. It again intensified in 1882 after which the colonial officers finally had to concede that whatever the objectives might have induced the Raj to found lock hospitals for providing the gratuitous medical aid to an unfortunate class of people, these institutions to protect the British soldiers from VD were no less than catastrophe.²⁴ Thus, in 1888, there were 356.41 per 1,000 as ratio of admission for all forms of VD in the British troops in Madras, illustrating shrink in general VD but considerable rise in primary syphilis.²⁵ In Punjab province, there were sixteen lock hospitals at Delhi, Umballa, Dagshai, Kasauli, Subathu, Jullundur, Ferozepore, Mean Meer, Multan, Dalhousie, Sialkot, Rawalpindi, Attock, Murree, Peshawar and Naushahra of which ten hospital reports had been showing a reduction in VD cases among the British troops in 1887 in comparison with the figures of the previous years; however, rest of the hospitals, especially those at Delhi, Dagshai, Dalhousie, Attock and Murree, presented somewhat unsatisfactory result (see table 2.1).²⁶ As the report of each hospital was erroneous, A. M. Dallas, the Inspector-General of Civil Hospitals of Punjab, appealed to the Secretary to Government of Punjab for transferring this responsibility of data collection entirely to the military department which had greater control over lock

Table 2.1 Venereal Diseases among the European Troops in Punjab Province, 1886-1887

<i>Hospitals</i>	<i>Ratio of Admission per Mille</i>		<i>Average Strength of Troops</i>	
	<i>1886</i>	<i>1887</i>	<i>1886</i>	<i>1887</i>
Delhi	345.60	351.46	489	478
Umballa	287.30	222.86	1,977	1,925
Dagshai	232.09	284.83	810	804
Kasauli	No details	No details	No details	No details
Subathu	950.38	452.48	262	484
Jullundur	376.99	202.08	626	866
Ferozepore	385.75	365.69	814	1,020
Mean Meer	364.85	317.66	751	872
Multan	426.53	339.89	701	915
Dalhousie	100.70	248.27	854	866
Sialkot	255.81	212.80	1,118	1,156
Rawalpindi	448.17	212.67	2,325	2,605
Attock	244.35	330.36	106.40	112
Murree	148.55	232.26	276	310
Peshawar	390.60	237.09	1,659	1,607
Naushahra	305.03	91.62	577	698.50

Source: *Report on the Lock Hospitals in the Punjab for the Year 1887* (Lahore: Punjab Government Press, 1888), 1.

hospitals than the civil department. The proposal did not get a nod from the Gol at the end; instead, it preferred to build up cooperation between the civil and military departments in this regard. Table 2.1 shows the ratio of admission of VD cases in the aforementioned lock hospitals in Punjab province along with the average strength of the European troops in 1886-1887.²⁷

The VD cases in the European troops of the North-Western Provinces (NWP) and Oudh were fairly high in the 1870s. There had been eighteen lock hospitals at Cawnpore, Agra, Bareilly, Allahabad, Meerut, Banaras, Moradabad, Ranikhet, Roorkee, Shahjahanpur, Chakrata, Naini Tal, Jhansi, Lucknow, Muttra, Fyzabad, Fatehgarh and Sitapur, providing mixed reports of success and failure. From 1874 to 1878, the mean ratio of VD cases per 1,000 was 273.1. The NWP and Oudh Government, although, seemed to be much satisfied with the way in which the local authorities intended to keep the European troops away from the native consorts. C. Robertson, the Secretary to NWP and Oudh Government, wrote a letter to the Secretary of Home Department to the Gol on 5 August 1878, while ensuring that VD was comparatively less contracted by the troops from registered prostitutes. This happened only because of the prohibition of illicit prostitution within or outside the protected areas. For example, the importance of regimental procedures of surveillance and detection was seen in most of the hospitals. At Cawnpore, where the troops stayed outside the town, the result was favourable.

Along with this, the coolie and low-caste women were staved off the cantonments.²⁸ Later in 1884, J. R. Reid, the Secretary to the NWP and Oudh, put forth similar view concerning the reduction of VD in the European garrison. The figure, that is, mean ratio of VD, had lessened from 273.1 in 1878 to 269.9 in 1883. Improvement was mostly observed at Banaras, Chakrata, Ranikhet and Lucknow, whereas Agra and Fyzabad could not furnish favourable result as the troops had intercourse frequently with the unregistered women while they were moving (see table 2.2).²⁹ To Reid, 'the various local reports explain . . . the different causes of success or failure. But, in the main, success will be found to depend on the efficiency of regimental control over the men and on the measures adopted to secure and retain a proper supply of protected women'.³⁰ The number of VD cases and disease prevalence among the European soldiers in 1883 are evident in table 2.2.

The departmental and lock hospital reports might have reflected the exclusive frights of the colonial officers about 'moral mayhem', caused by specific native consorts and unregistered prostitutes. This fragment of population was literally blamed for spreading Sexually Transmitted Diseases, especially syphilis, even though the problem was to constrain the 'adulterated desire' of the British vis-à-vis European common soldiers that made their 'race' impure. Karen Jochelson has articulated that individuals or groups, situating at the margins of the social hierarchy and supposedly threatening so-called societal norms, had

Table 2.2 Statement Showing the Prevalence of VD amongst the Soldiers of the European Garrisons during 1883

Lock Hospitals	Admission to Hospitals for VD in 1883		Syphilis	Total	Ratio of Admissions to 1,000 of Strength in 1883	Mean Ratio of Preceding Five Years	Mean Ratio of Five Years Previous to the Opening of Lock Hospitals
	Daily Average Strength of European Garrison for the Year 1883	Conorrhoea and Allied Forms of Diseases					
Allahabad	846	64	45	110	130.4	241.6	307.0
Cawnpore	770	73	21	94	122.1	235.9	324.0
Agra	1,134	214	156	370	325.4	322.4	212.0
Meerut	1,517	273	213	486	320.3	221.8	324.0
Lucknow	2,104	259	135	394	187.2	252.6	272.0
Bareilly	706	88	83	171	242.2	259.6	228.0
Fyzabad	712	106	142	248	348.3	164.8	287.0
Banaras	374	30	38	68	181.3	384.4	373.0
Moradabad	179	29	27	56	312.8	404.8	300.0
Shahjahanpur	206	46	39	85	412.6	286.2	164.0
Ranikhet	732	75	65	140	191.2	338.8	—
Sitapur	462	80	17	97	209.9	272.2	342.0
Roorkee	237	24	20	44	185.6	211.2	210.0
Naini Tal	254	46	30	76	299.2	280.6	244.0
Jhansi	307	27	06	33	107.5	142.8	110.0
Muttra	341	41	36	77	225.8	282.0	216.0
Chakrata	455	47	52	99	217.5	217.0	—
Fatehgarh	135	28	28	56	414.8	320.0	142.0
Total	11,471	1,550	1,154	2,704	235.7	269.9	378.2
Total of 1882	13,291	1,738	1,768	3,506	263.7	254.7	378.2

Source: Tenth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Cashm for the Year 1883 (Allahabad, Government Press, 1884), 17.

been designated as the 'essence of disease and social corruption'. In the late nineteenth- and early twentieth-century England, VD had materialized, rather idealized, the eugenic and political fear regarding the putrefaction of morality and corrosion of family, empire and race.³¹ The rise of VD cases in the European troops, even after the enactment of CD Acts, posed a fundamental question over the approach of the colonial authorities towards health of lower ranked soldiers. The British Indian Army was not a homogenous group; rather, it comprised of several officers, recruited from the upper classes or ranks and drawn from the lower echelons of the working classes. Most of the British or European common soldiers were affected by VD which, in turn, made the military profession unpopular among the civilians of Victorian England. The soldiers were differentiated as a 'stigmatized group' from the healthy civil population.³² From Foucauldian point of view, the Cantonment Acts embodied the 'disciplining of public space' through supervision while enclosing the 'public consorts' from 'normal Indian women'.³³ The movement for repealing the CD Acts, bolstered by Josephine Butler and Florence Nightingale, got momentum in 1880s that forced the Govt to defunct the CD Acts completely. Nevertheless, the surveillance over the 'bodies' continued to function in the name of new Cantonment Acts. Besides, quarantine and isolation policies were often seen as interfering strategies of private spaces during the plague epidemic and hence, did not win popular favour in colonial India and Zanzibar (Bala and Issa, respectively, in this volume).

LIBERALISM, EMPIRE AND HEALTH: THE CONTENTIONS ON THE EFFECT OF VD ON THE EUROPEAN TROOPS IN INDIA (C. 1890s–1910s)

The criticism of the liberal groups over the CD Acts in the British Empire was gradually dominating the political debates in England. The liberals were demanding explanation to the colonial administration about the prevalence of VD in the British Indian Army. On 14 November 1871, the Ladies National Association (LNA) had published the *Report for the Repeal of the Contagious Diseases Acts* in which the members clearly condemned the functioning of CD Acts and addressed the personal rights of women. The organization was also incredulous to the investigation of Royal Commission in December, 1870 while saying:

We hold that it is a dangerous precedent to allow any Government . . . to assume that the good name and personal rights of women are subordinate to the necessity of protecting soldiers from the physical disease which is the consequence of licentious indulgence. The issuing of a Royal Commission proceeds on this fatal assumption, and we therefore urge our friends everywhere, emphatically to protest against it, as they would against the shameful Acts themselves.³⁴

After the submission of the Royal Commission's report in July 1871, the LNA had accused the first Gladstone Ministry (which is known for its various economic and political reforms) for retaining these 'cruel', 'unjust' and 'immoral' laws.³⁵ Despite a split within the repeal movement, Josephine Butler and her LNA had succeeded to garner popular support against the CD Acts to a large extent. Paul McHugh has viewed the movement of LNA as one of the decisive junctures in the history of feminism. From 1870 to 1890, there was a considerable shift from militant form of protest to 'social purity wave' in the repeal movement which raised the fundamental issue of 'morality'. This premeditated changing stance had influenced the opinions in the British Parliament during 1890s.³⁶ What is more intriguing is the advancement and progression in medical knowledge related to VD in this time. The English venerology had witnessed significant transformation between the repeal of the CD Acts in 1886 and the inference of the Royal Commission on VD (RCVD) in 1916. Although the government intervention was minimal, the venerological knowledge of doctors, midwives and nurses came to be materialised through the adoption of new diagnostics, the growing emphasis on the centrality of laboratory-based medicine and therapeutic expertise. Therefore, the English medical academia had already found the answers of quite a lot of inquiries related to pathology of gonorrhoea and syphilis. Both these diseases were acknowledged as the serious intimidations to health, fertility and national efficiency.³⁷ On 4 July 1890, the Military Department of GoI issued a notification in continuation with the earlier notice, which was published on 20 December 1889. In this new order, the Governor-General in Council had decided to include some rules under section 26 (clause 21) and section 27 (subsections 2 and 4), mostly connected to treatments of soldiers, in the Cantonment Act, 1889. The hospitals, within or outside the limits of the cantonment, should be maintained partly or wholly at the expense of the cantonment fund to provide treatments to the infected cases. A medical officer had been assigned to every hospital. If an infected person had refused to go to the hospital or left the hospital before being pronounced as cured by the medical officer, the Cantonment Magistrate might not only remove that person from the cantonment within 24 hours, he could punish him by fining maximum Rs. 50 or imprisoning him as long as eight days for re-entering or residing in the cantonment without written permission.³⁸ Later, the Raj sought to incorporate all CD altogether. The particular stress was laid on the facts that the VD was not to be treated by regimental authorities in any way differently from other CD, and prostitutes were not permitted to dwell in regimental bazaars or to accompany the army contingents on the march. These directives, issued on 11 July 1892 by Colonel W. L. Dalrymple, the Quarter-Master-General to India, were for the regimental and station authorities whose observance had

been earnestly requested by the commander-in-chief.³⁹ In this regard, Major General E. H. H. Collen, Secretary to the GoI, Military Department, had extended his willingness to implement these rules in a letter to the Secretary to the Government of Madras and Bombay, Military Department. For Collen, this concept of founding new cantonment general hospitals to remove the exclusivity of VD was desirable as it rendered service also to others, suffering from infectious diseases like smallpox; nevertheless, this did not refrain him from making a difference between VD and other CD as far as the treatment was concerned. He had proposed a separate building for the VD cases. The new regulation aimed at widening the civil dispensary system to military cantonment than establishing new military hospitals having inflexible discipline for which, as Collen said – 'it being understood that the popularity and consequent stability of the system will depend to a very great extent on the successful personal effects of those officers to win the confidence and respect of the native population'.⁴⁰

The GoI was under pressure due to the political stand of liberal government in home.

Thus, once again, on 18 July 1893, a confidential memorandum was released by E. Stedman, the Quarter-Master-General for India, where the GoI had expressed its reservation on the growing misapprehension and misinterpretation of the cantonment regulations related to infectious diseases. It was stated that disregard of the rules and regulations, appeared in the earlier circulars of 11 July 1892 and 8 July 1893, would be observed 'apart from discipline' and 'short-sighted and harmful', putting the entire system of prevention of the disease among the troops in jeopardy. The deviations, such as paying *mahaldarnis* from public funds, ensuring compulsory examination of women, providing residence to prostitutes in regimental bazaars, blackmailing the prostitutes by subordinate medical staff and taking penalties for non-attendance at examinations, were strictly prohibited.⁴¹ H. Daly, the Assistant Secretary to the GoI, on 2 August 1893, desired to know whether any or all circulars and orders, issued frequently by the Military Department of GoI, had been in force in the cantonments of Hyderabad, Central India, Rajputana, Baluchistan, Ajmer-Merwara and Baroda. Except Baroda, which was under the jurisdiction of Bombay Presidency, the reports of other cantonments seemed to be satisfactory for the GoI as most of them were abide by the given directives (no such orders were in force in the cantonments of Erinpura and Kherwara or in the Sanitarium at Mount Abu, Rajputana).⁴² There was no periodical examination in Oudh, Bundelkhand and Bengal in 1893, although some of the cantonments, that is, Cawnpore and Meerut, voluntarily organized such inspection. Thus, E. Stedman had notified that these voluntary examinations too must be brought to an end without delay.⁴³ Did the new cantonment regulation at all significantly reduce the VD cases in the

European troops in the British Raj? After a sudden plummet in 1891, the VD cases mounted steadily till 1895 (see table 2.3).

H. R. Whitehead, the Army Medical Staff and Surgeon-Major of Royal Victoria Hospital, Netley,⁴⁴ had submitted a medical report on the cases of syphilis from India on 21 August 1896. For him, the disease appeared more virulent than before and it was the sole reason for continual increase of invalid in-service soldiers from India and the other colonies. From 1 October 1891 to 30 September 1894, almost 1,151 men had been invalided of which 242 were syphilis cases or 20% of the total number of invalidation were due to syphilis. The cases reduced in 1895, but the percentage of syphilis amplified nearly 40%. Whitehead was of opinion that the health and efficiency of the soldier were mostly destroyed by this malignant form of VD and it might occur again if they joined the service after the recovery.⁴⁵ He said:

No one can imagine a sadder sight than the reception here of a batch of poor fellows suffering from this disease, from one of the troopships, utterly broken down in health, hardly able to crawl, covered with scabs and sores, with the foul odour of the disease about them, objects of disgust and loathing to themselves and all around them, their condition is indeed pitiable and shocking.⁴⁶

Table 2.3 is comprehensively presenting the admission rate of VD among the British troops in India from 1860 to 1895 accompanied with some acts and observations.

In 1896–1897, the Principal Medical Officer of Netley registered 363 cases out of which 196 or almost 74% had a history of syphilis from India and 100 were declared unfit for service.⁴⁷ On 20 March 1899, Major Rasch, one of the members of British Parliament, asked the Secretary of State for India, George Francis Hamilton, whether the increasing virulence of secondary syphilis in the British Army in India had revealed that the patients did not go through early treatment, and they were only removed from the cantonments to spread the disease elsewhere. In his reply, Hamilton was quite sceptic about the Rasch's conclusion. He countered that as there was a considerable reduction in the admission rate due to the treatment of European soldiers in the barracks, it would be wrong to arrive at any definite inference in this regard.

Further, on 23 October 1899, Hamilton had set forth the statistics of admission rate for VD among British troops in India. In 1898, there had been 363 VD cases out of 1,000 against 486 cases in 1897 and 522 in 1895. To Hamilton, this was a significant fall since 1887. On the other hand, the total number of VD admissions in 1898 was 24,286 in comparison with 32,768 in 1897 and 36,058 in 1896.⁴⁸ Some cantonments in India had confirmed a trivial growth of VD cases in the British troops during 1899, such as Dum Dum, Barrackpore, Meerut and Delhi of Bengal Command; Mean Meer, Sialkot and Attock of Punjab

Table 2.3 Venereal Disease among British Troops in India, 1860-1895

Admission Rate per 1,000 Strength

Year	Primary Syphilis and Simple Venereal Ulcer		Secondary Syphilis		Gonorrhoea and Other Venereal Diseases		Total	Increase or Decrease Compared with Previous Year	Remarks
	Combined	Ulcer	Syphilis	Syphilis	Bengal	India			
1860	118.7		25.8	174.3	318.8		+31.4	1860. weekly inspection of men for venereal diseases discontinued	
1861	140.4		28.7	183.1	352.2		-45.3	1864. Bengal Act XXII, authorized Lock Hospital system	
1862	116.4		26.9	163.6	306.9		-26.5	1865. lock hospitals began to be opened	
1863	98.1		30.2	152.1	280.4		-24.9	1870. Army Enlistment Act introducing short service system	
1864	87.4		33.1	135	255.5		-40.6		
1865	64.8		28.7	121.4	214.9		-8.5		
1866	64.6		25.5	116.3	206.4		-46.2		
1867	51.4		23.7	85.1	160.2		+33.8		
1868	56.2		25.4	112.4	194		+13.1		
1869	69.8		23	114.3	207.1		-12.3		
1870	40.7		25	129.1	194.8		+27.6		
1871	73.3		24.2	124.9	222.4		-25.2		
1872	62.3		22.8	112.1	197.2				
1872	61.4		22.4	107.2	191	All India		1873. Proportion of unmarried soldiers began to increase.	
1873	53.4		20.4	107.9	181.7		-9.3		
1874	67.5		25.2	104.8	207.5		+25.8		
1875	67.1		25.1	121.3	213.5		+6	1877. Annual arrivals of new troops began to increase	
1876	59.8		23.9	119.8	203.5		-10		
1877	65.2		22.1	137.1	224.4		+20.9		
1878	95.4		22.1	174.1	291.6		+67.2	1879-80. large numbers of troops were on active service in Afghanistan	
1879	81.6		24.1	147.6	253.3		-38.3		
1880	87.4		23	138.6	249		-4.3		

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1881	92	23.1	144.5	259.6	+10.6	1882. Married establishments, India, reduced.
1882	87.6	23.2	154.7	265.5	+5.9	
1883	87.2	23.5	160.6	271.3	+5.8	
1884	90.2	24.4	178.9	293.5	+22.2	1885. Fifteen lock hospitals experimentally closed, 1st January
1885	122.1	28.7	191.8	342.6	+49.1	
1886	157.9	33.3	194.6	385.7	+43.1	1885.

	Primary Syphilis	Simple Venereal Ulcer	Total	
1887	75.5	66.6	142.1	361.3
1888	72.1	70	142.1	372.2
1889	134.3	90.9	225.2	481.5
1890	135.6	85.1	220.7	503.6
1891	104	55.2	159.2	400.7
1892	102.6	58.5	161.1	409.9
1893	129.3	84.3	213.6	466
1894	173	75.1	248.1	511.4
1895	174.1	64.9	239	522.3*
	178.6	66.8	245.4	536.8**

1887. Closed lock hospitals reopened early in the year.
 1888. Lock hospital system abolished in latter half of the year.

(*) including troops on field service, (**) excluding troops on field service
 Source: East India (Contagious Disease), no. 1, Report of a Departmental Committee on the Prevalence of Venereal Disease Among the British Troops in India (London, 1897), 15.

Command: Colaba, Mount Abu, Quetta and Khandalla of Bombay Command; Port Blair, Mandalay, Mallapuram and Wellington of Madras Command.⁴⁹ Still, the memorandum, by the Army Sanitary Commission on the report of the Sanitary Commissioner to the Genl. had illustrated a general diminution in VD figures in 1899. The recorded admission rate was 313.4 per 1,000 in 1899 in contrast to 362.9 per 1,000 in 1898. For the British authority, this gradual reduction of VD cases had only been achieved due to the efficacy of cantonment hospitals, regular examinations and thorough inspections of soldiers.⁵⁰ However, not everyone was convinced by the continual decrease of VD. A. G. Wyman, colonel of Late Dorset Regiment, reacted on Hamilton's claim that the figures were prepared on the basis of active service, that is, the regiments in frontier campaigns who were less exposed to VD than the troops in cantonments.⁵¹

This attenuation continued in 1900 when the admission rate of European soldiers was 298.1 against 313.4 in 1899. Bombay Command had witnessed large increase of VD, whereas Bengal and Madras Commands shared less than that of Bombay.⁵² The situation reversed in 1902 while the total admission rate of VD cases increased 281.4 per 1,000 as compared with 276.0 in 1901. It happened largely because of new arrival of regiments from field service in South Africa - some regiments carried the diseases with them. Secondly, the soldiers contracted VD while marching through the stations to Delhi and to the hills. There were some stations having sizeable amount of cases, such as Cannanore, Fort Fulta, Muttra, Taragarh, Calcutta and Fyzabad. This time the Bengal Command had the highest rate of admission for gonorrhoea, and Madras Command for primary syphilis.⁵³ The increase of VD cases in Burma division had drawn attention of the Raj in 1904, that is, 344.5 per 1,000. In general, there were 200.3 cases per 1,000 in the British troops in India in 1904 much lower than 1903, but it was rather surprising that, despite the development in the VD diagnosis in the early twentieth century, yet substantial number of VD patients was found in the British or European troops in India.⁵⁴ Often, sanitation classes for soldiers, especially for Non-Commissioned Officers and men in sanitary duties, were arranged by the Royal Army Medical Corps (RAMC) and Divisional Sanitary Officer in which the instructions on the effects of VD on military efficiency and its prevention had been incorporated.⁵⁵ The improvement of army health did not underscore the 'moral' upgrading of the British soldiers in India. Since 1907, the Wesleyan Methodist Church was concerned about the 'moral' degeneration of the British soldiers. Reverend Joseph Reed, General Superintendent of Wesleyan Church, Bombay, Punjab and Lucknow Districts, had submitted a memorandum to the Social Purity Committee of the Wesleyan Methodist Church on 23 September 1910 in which he criticized the Indian Army authorities, becoming hostile to his works on moral interests.

Particularly while the Army had been trying to provide sanitary conditions for preventing the VD, there was neither any consultation with the

Ecclesiastical Department nor Reed and his associates were allowed in the places as chaplains. It was concluded, by Reed, that the army authorities in India preferred the 'immoral' measures for the disease prevention more than the moral influence.⁵⁶ He even continued to add: 'The army authorities seem to utterly ignore the moral aspect of the sexual problem and only direct their attention to the physical questions involved'.⁵⁷

Nonetheless, Reed repeatedly called attentions to the War Office concerning the irregularities in the Indian cantonments. To the missionaries, the sanitary sexual intercourse or personal prophylaxes to prevent the VD, which often appeared in the lectures given by the RAMC in the European barracks, were detrimental to the 'moral' health of the European soldiers.⁵⁸ This grievance was accorded and forwarded by H. Bisseker, the Secretary of the Social Purity Committee to India Office. John Morley, the Secretary of State for India, took this accusation very seriously. On 28 October 1910, he wrote to the Earl of Minto, Governor General of India in Council, to investigate whether such alleged irregularities were in reality made by the military authorities in India.⁵⁹ On 2 March 1911, Lord Hardinge, G. Fleetwood Wilson, J. L. Jenkins, R. W. Carlyle, H. Butler, Syed Ali Imam and W. H. Clark had sent a letter to Earl of Crewe, the Secretary of State for India by denying each indictment of Reed.

Voluntarily women were treated as outpatient in the cantonment general hospitals, but no special privileges were extended to European prostitutes who had been under same restrictions like the native women. Hardinge and his fellows had assumed that a reduction of admission rate from 371.4 per 1,000 in 1898 to 67.8 per 1,000 in 1909 indicated a general improvement of 'morality' among the British troops in India. However, they seemed to be aware of the sexual impurity existing among the unmarried men, both soldiers and civilians; the commander-in-chief and his predecessors had always attempted to boost the moral tone of the Indian Army.⁶⁰ Harrison has shown that during the First World War the British Army sought to control VD in a peculiar way which was a blend of 'moralism' and 'pragmatism'. As the senior British officers and a few medical men were disinclined to accept the preventive measures that ignored the sense of 'immorality', the medical management against VD was invoked in the British Army at a snail's pace in contrast to the other armies of allies or enemies.⁶¹ The treatment of VD was not uninhibited from penal stigma; moreover, during the war, the authority had imposed penalties over the British and Indian soldiers irrespectively to discourage the illicit sex.⁶² In 1917, there were 4,201 VD admissions with three deaths in European troops in India. The ratio of admission varied from 1913 to 1917, reflecting in table 2.4. In this table, ten stations, that is, Peshawar, Rawalpindi, Lahore, Quetta, Mhow, Poona, Meerut, Lucknow, Secunderabad and Burma, were put under consideration.

Table 2.4 Ratio per 1,000 of Strength for All VD by Divisions for the Years 1913-1917

Divisions	1913	1914	1915	1916	1917
Peshawar	30.1	21.4	30.8	24.5	17.8
Rawalpindi	30.4	37.9	32.3	35.7	26.7
Lahore	47.7	43.3	10.1	16.9	27.4
Quetta	37.2	43.1	33.0	35.0	36.4
Mhow	48.7	58.6	33.1	47.1	44.2
Poona	65.6	74.7	32.9	58.7	65.2
Meerut	43.4	51.3	36.7	32.6	44.7
Lucknow	73.5	65.7	22.3	56.8	71.4
Secunderabad	62.7	59.1	34.9	26.1	81.1
Burma	105.1	103.7	44.5	57.7	58.0

Source: Annual Report of the Sanitary Commissioner with the Government of India for 1917 (Calcutta, 1919), 15

Apart from that, a few larger stations had shown the highest admissions rates of VD, for example, Calcutta, Colaba, Poona, Meerut and Kirkee. The officials even believed that most of the cases had been contracted outside the station. To counter the habitual vices of the European soldiers, numerous lectures were organized, and sports as well as pastimes had been provided. With recurring inspection of new arrivals and surprise scrutiny, the cases were detected at the earliest for the treatment.⁶³

CONCLUSION

How far the moral fabric of the health propaganda was effective to stall the prevalence of VD among the British or European soldiers in India is a contentious ground to be probed, but the approach of the colonial state in relation to VD was subject to contradiction. Probably, preserving the 'racial potency' of the whites while satisfying the sensual needs of the British soldiers at the same moment was not the only arduous duty of the Raj; it put the empire in perpetual conundrum. As VD had a little impact over the native soldiers, the British Indian Army was entirely fretted about the moral degeneration of the white race. Both the liberal and pro-CD Act factions had taken the 'moral obligation' of the army into account in the name of either individual freedom or constraint. Philippa Levine has pointed out that prostitution vis-à-vis promiscuity was placed under the colonial retribution. The colonized, precisely the native women, had been alleged as 'immoral' that could threaten the British imperialism. On the other hand, the CD Acts of 1860s-1880s and the movement of the liberals for the repealment of the CD Acts shaped the perceptions of military medicine. To Levine, colonial medicine ultimately helped the empire to extend and reconcile its power.⁶⁴ But, the Raj had to readjust its

standpoint on the disease prevention besides the changing contour of 'home' politics. Thus, the dynamism of colonialism acted in a complex relation of opposition.⁶⁵ It is true that at the onset of the twentieth century, the incidence of VD cases among the British troops declined, albeit in a punctuated speed, with the development of military medicine, newer diagnoses and treatments.

The native women were perceived as probable source of harbouring VD even after the revocation of CD Acts in the 1880s. Under the modified cantonment acts in India, the examination of the infected bodies continued. David Arnold has rightly argued that the disciplinary and medical requirements of the army facilitated inclusive medical power of the Raj to chastise Indian women at the time when there were few medical facilities accessible for general populace.⁶⁶ Besides, ideas of quarantine and discipline reigned supreme in the wake of the pandemics (Bala in this volume). The 'bodily' regulations were manifested through the 'western metaphors of disease and health' in British India.⁶⁷ Uncouthness associated with the VD was frequently 'politicized', rather, 'criminalized' in the course of moral reform.

NOTES

1. See House of Lords Debate, HL Deb 14 May 1897, vol. 49 cc 467-91: DOI: BRITISH TROOPS IN INDIA (HEALTH). (Hansard, 14 May 1897) (parliament.uk).

2. See *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 to the Treatment of Venereal Disease* (London: Eyre and Spottiswoode, 1893), v.

3. *Ibid.*, v-xxv.

4. *Ibid.*, xxv.

5. See *Report of A Departmental Committee on the Prevalence of Venereal Disease Among the British Troops in India* (London: Eyre and Spottiswoode, 1897), 21; Military Despatch from the Government of India to the Secretary of State for India, No. 184, dated Simla, 4 November 1896.

6. *Ibid.*, 5-14.

7. Philippa Levine, "Rereading the 1890s: Venereal Disease as 'Constitutional Crisis' in Britain and British India," *The Journal of Asian Studies* 55, no. 3 (August 1996): 585-612.

8. Mary Spongberg, *Feminizing Venereal Disease: The Body of the Prostitute in Nineteenth-Century Medical Discourse* (New York: New York University Press, 1997), 1-14.

9. Mark Harrison, "the British Army and the Problem of Venereal Disease in France and Egypt during the First World War," *Medical History* 39, no. 2 (1995): 135.

10. Philip D. Curtin, *Death by Migration: Europe's Encounter with the Tropical World in the Nineteenth Century* (New York: Cambridge University Press, 1989), xvii.

11. Mark Harrison, *Public health in British India: Anglo-Indian Preventive Medicine 1859-1914* (New York: Cambridge University Press, 1994), 228.
12. Erica Wald, *Vice in the Barracks: Medicine, the Military and the Making of Colonial India, 1780-1868* (Basingstoke: Palgrave Macmillan, 2014), 1-5.
13. See *Report of the Commissioners Appointed to Inquire into the Sanitary State of the Army in India* (London: Eyre and Spottiswoode, 1863), 10.
14. *Ibid.*, 38-39.
15. *Ibid.*, 126-28.
16. J. Brendon Curgenvin, *The Contagious Diseases Act of 1866 and its Extension to the Civil Population of the United Kingdom* (London: Victoria Press 1868), 3; this paper was read at a Meeting of the Health Department of the "National Association for the Promotion of Social Science", March 30, 1868.
17. Andrew Lyon, *the Law of India*, vol. 2 (Bombay: Thacker, Vining & Co., 1873), 194-99.
18. James L. Bryden and Arthur Stephen, *Vital Statistics of the Bengal Presidency: Sickness and Mortality in the European Army of the Bengal Presidency from 1870 to 1879* (Simla: Government Central Branch Press, 1882), 15-16.
19. IOR/P/525, Dec 1874, Pros. Nos. 18-19, Notes on the Working of the Rules for the Prevention of Venereal Disease among European Troops in the Bengal Presidency in 1873.
20. See *Annual Report on the Lock Hospitals of the Madras Presidency for the year 1877* (Madras: Madras Government Press, 1878), 1-11.
21. *Ibid.*, 11.
22. See *Annual Report on the Lock Hospitals of the Madras Presidency for the year 1878* (Madras: Madras Government Press, 1879), 5-6.
23. See *Annual Report on the Military Lock Hospitals of the Madras Presidency for the year 1880* (Madras: Madras Government Press, 1881), 3-4.
24. See *Annual Report on the Military Lock Hospitals of the Madras Presidency for the year 1882* (Madras: Madras Government Press, 1883), 4-7.
25. See *Annual Report on the Military Lock Hospitals of the Madras Presidency for the year 1888* (Madras: Madras Government Press, 1889), 6-7.
26. See *Report on the Lock Hospitals in the Punjab for the year 1887* (Lahore: Punjab Government Press, 1888), 1-2.
27. *Ibid.*, proceedings of the Hon'ble the Lieutenant-Governor of the Punjab in the Home (Medical and Sanitary) Department, no. 340, dated 21st July 1888.
28. See *Fourth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1877* (Allahabad: North-Western Provinces and Oudh Government Press, 1878), 112.
29. See *Tenth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1883* (Allahabad: North-Western Provinces and Oudh Government Press, 1884), 32.
30. *Ibid.*, 32.
31. Karen Jochelson, *The Colour of Disease: Syphilis and Racism in South Africa, 1880-1950* (New York: Palgrave, 2001), 4.
32. Lesley A. Hall, "'War always brings it on': War, STDs, the military, and the civilian population in Britain, 1850-1950," in *Medicine and Modern Warfare*, eds. Roger Cooter, Mark Harrison, and Steve Sturdy (Amsterdam: Rodopi B.V, 1999), 205-208.

33. Stephen Legg, "Governing prostitution in colonial Delhi: from cantonment regulations to international hygiene (1864–1939)," *Social History* 34, no. 4 (November 2009): 451–52.
34. See *Report of the Ladies National Association for the Repeal of the Contagious Diseases Acts* (Liverpool: T. Brakell, Printer, 1871), 5–8.
35. *Ibid.*, 10.
36. Paul McHugh, *Prostitution and Victorian Social Reform* (New York: Routledge, 1980), 16–29.
37. Anne R. Hanley, *Medicine, Knowledge and Venereal Diseases in England, 1886–1916* (New York: Palgrave Macmillan, 2017), 3–4.
38. National Archives of India (NAI), Government of India (GOI), Pros. Nos. 36–88, Foreign Department, Secret-I Branch, October, 1894, Working and treatment of venereal and other contagious diseases in Cantonment Hospital.
39. *Ibid.*, Confidential no. 20, Office of Quarter-Master-General in India, Army Head-Quarters, Simla, the 11th July, 1892.
40. *Ibid.*, Pros. No. 41, dated Simla, the 8th November 1892.
41. *Ibid.*, Pros. No. 55, Confidential no. 11, Office of Quarter-Master-General in India, Army Head-Quarters, Simla, 18th July 1893.
42. *Ibid.*, Pros. No. 58, Simla, the 2nd August, 1893.
43. *Ibid.*, Pros. No. 83, Confidential no. 24, Office of Quarter-Master-General in India, Army Head-Quarters, Simla, 26th October, 1893.
44. See *East India (Contagious Diseases), no. 1, Report of a Departmental Committee on the Prevalence of Venereal Disease among the British Troops in India* (London: Eyre and Spottiswoode, 1897), 30.
45. *Ibid.*, 31.
46. *Ibid.*, 30.
47. *Ibid.*, 31.
48. NAI, GOI, File. No. Defence A 1900 Mar 309–311, Defence Department, Sanitary A Branch, March, 1900, Simla Records, Prevalence of Venereal Disease in the British army in India. comparison of statistics for the years 1897 and 1898.
49. NAI, GOI, File. No. Defence A 1901 May 366, Defence Department, Sanitary A Branch, May, 1901, Simla Records, Reports regarding increase of Venereal Disease among British troops during the Year 1899.
50. NAI, GOI, File. No. Defence A 1901 Aug 3088–89, Defence Department, Sanitary A Branch, August, 1901, Simla Records, Memorandum by the Army Sanitary Commission on the Report of the Sanitary Commissioner to the GoI for 1899.
51. A. G. Wyman, "the Decrease of Venereal Disease in the Indian Army," *the British Medical Journal (BMJ)*, dated 6th January, 1900, 48.
52. NAI, GOI, File. No. Defence A 1902 Jan 2486–2492, Defence Department, Sanitary A Branch, January, 1902, Simla Records, Statistics of Venereal Disease among British and Native Troops in India during 1900.
53. NAI, GOI, File. No. Defence A 1904 Jul 838–840, Defence Department, Sanitary A Branch, July, 1904, Simla Records, Statistics of Venereal Disease among British and Native Troops in India during 1902.
54. NAI, GOI, File. No. Defence A 1905 Dec 697–698, Defence Department, Sanitary A Branch, December, 1905, Simla Records, Statistics of Venereal Disease among British and Native Troops in India during 1904.

55. Major Robert J. Blackham, "Sanitation Classes for Soldiers," *Journal of the Royal Army Medical Corps* 14, no. 1 (January, 1910): 77-83.
56. NAL GOI, File no. Defence A 1911 Mar 1705-1706, Defence Department, Sanitary A Branch, March, 1911, Calcutta Records, Alleged Irregularities in the Action taken by the Military Authorities in India for the Prevention of Venereal Disease among British Troops.
57. Ibid.
58. Ibid.
59. Ibid.
60. Ibid., Pros. No. 1706, Confidential, No. 44, March, 1911.
61. Harrison, "the British Army and the Problem of Venereal Disease," 156.
62. Kaushik Roy, *Indian Army and the First World War 1914-1918* (New Delhi: Oxford University Press, 2018), 85.
63. See *Annual Report of the Sanitary Commissioner with the Government of India for 1917* (Kolkata: Superintendent Government Printing India, 1919), 15-16.
64. Philippa Levine, *Prostitution, Race, and Politics: Policing Venereal Disease in the British Empire* (New York: Routledge, 2003), 9.
65. Ibid., 13.
66. David Arnold, *The New Cambridge History of India, vol. 3, part 5: Science, Technology and Medicine in Colonial India* (New York: Cambridge University Press, 2000), 90.
67. Judy Whitehead, "Bodies Clean and Unclean: Prostitution, Sanitary Legislation, and Respectable Femininity in Colonial North India," *Gender & History* 7, no. 1 (April 1995): 41.

BIBLIOGRAPHY

- Annual Report on the Lock Hospitals of the Madras Presidency for the year 1877.*
Madras: Madras Government Press, 1878.
- Annual Report on the Lock Hospitals of the Madras Presidency for the year 1878.*
Madras: Madras Government Press, 1879.
- Annual Report on the Military Lock Hospitals of the Madras Presidency for the year 1880.* Madras: Madras Government Press, 1881.
- Annual Report on the Military Lock Hospitals of the Madras Presidency for the year 1882.* Madras: Madras Government Press, 1883.
- Annual Report on the Military Lock Hospitals of the Madras Presidency for the year 1888.* Madras: Madras Government Press, 1889.
- Annual Report of the Sanitary Commissioner with the Government of India for 1917.*
Kolkata: Superintendent Government Printing India, 1919.
- Arnold, David. *The New Cambridge History of India, vol. 3, part 5: Science, Technology and Medicine in Colonial India.* New York: Cambridge University Press, 2000.
- Blackham, Major Robert J. "Sanitation Classes for Soldiers." *Journal of the Royal Army Medical Corps* 14, no. 1 (January 1910): 77-83.

- Bryden, James L., and Arthur Stephen. *Vital Statistics of the Bengal Presidency, Sickness and Mortality in the European Army of the Bengal Presidency from 1870 to 1879*. Simla: Government Central Branch Press, 1882.
- Curgenvin, J. Brendon. *The Contagious Diseases Act of 1866 and its Extension to the Civil Population of the United Kingdom*. London: Victoria Press 1868.
- Curtin, Philip D. *Death by Migration: Europe's Encounter with the Tropical World in the Nineteenth Century*. New York: Cambridge University Press, 1989.
- East India (Contagious Disease), no. 1, Report of a Departmental Committee on the Prevalence of Venereal Disease among the British Troops in India*. London: Eyre and Spottiswoode, 1897.
- Fourth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1877*. Allahabad: North-Western Provinces and Oudh Government Press, 1878.
- Hall, Lesley A. "'War always brings it on': War, STDs, the Military, and the Civilian Population in Britain, 1850-1950." In *Medicine and Modern Warfare*, eds. Roger Cooter, Mark Harrison, and Steve Sturdy, 205-208. Amsterdam: Rodopi B.V, 1999.
- Hanley, Anne R. *Medicine, Knowledge and Venereal Diseases in England, 1886-1916*. New York: Palgrave Macmillan, 2017.
- Harrison, Mark. *Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914*. New York: Cambridge University Press, 1994.
- Harrison, Mark. "The British Army and the Problem of Venereal Disease in France and Egypt during the First World War." *Medical History* 39, no. 2 (1995): 135.
- Jochelson, Karen. *The Colour of Disease: Syphilis and Racism in South Africa, 1880-1950*. New York: Palgrave, 2001.
- Legg, Stephen. "Governing Prostitution in Colonial Delhi: from Cantonment Regulations to International hygiene (1864-1939)." *Social History* 34, no. 4 (November 2009): 451-52.
- Levine, Philippa. "Rereading the 1890s: Venereal Disease as 'Constitutional Crisis' in Britain and British India." *The Journal of Asian Studies* 55, no. 3 (August 1996): 585-612.
- Levine, Philippa. *Prostitution, Race, and Politics: Policing Venereal Disease in the British Empire*. New York: Routledge, 2003.
- Lyon, Andrew. *The Law of India, vol. 2*. Bombay: Thacker, Vining & Co., 1873.
- McHugh, Paul. *Prostitution and Victorian Social Reform*. New York: Routledge, 1980.
- Oldenburg, Veena Talwar. *The Making of Colonial Lucknow, 1856-1877*. Princeton: Princeton University Press, 1984.
- Report of a Departmental Committee on the Prevalence of Venereal Disease Among the British Troops in India*. London: Eyre and Spottiswoode, 1897. *Report of the Commissioners Appointed to Inquire into the Sanitary State of the Army in India*. London: Eyre and Spottiswoode, 1863.
- 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 to the Treatment of Venereal Disease*. London: Eyre and Spottiswoode, 1893.

- Report of the Indian National Association for the Report of the Commissioners Enquiry into the Conditions of the Indian Army, 1907.
- Report on the Luck Hospitals in the Punjab for the year 1907. Lahore: Punjab Govt. Printing Press, 1908.
- Ray, K. S. Indian Army and the First World War 1914-1918. New Delhi: Oxford University Press, 1978.
- Singh, M. S. Venereal Diseases: the Burden of the Prostitute in Nineteenth Century Medical Literature. New York: New York University Press, 1977.
- Tenth Annual Report on the Working of the Luck Hospitals in the North-Western Provinces and Oudh for the year 1903. Allahabad: North Western Provinces and Oudh Government Press, 1904.
- Wald, Vera. View in the Harrocks: Medicine, the Military and the Making of Colonial India, 1780-1900. Washington: George Washington Univ., 2014.
- Whitcomb, Lucy. "Venereal Disease and Unhealthy Prostitution, Sanitary Legislation, and Hospitalization in Colonial North India." Gender & History 7, no. 1 (April 1995): 41.
- Wynn, A. G. "The Disease of Venereal Ulcers in the Indian Army." The British Medical Journal (BMJ), 1904 & January 1904, 68.

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A Fundamental Study on Apprehending Privacy, Online Privacy- its Violation Issues and Social Media Surveillance

Debarshi Bhattacharyya, Ph.D. scholar, School of Media and Communications, Adamas University. Senior faculty in the Department of Journalism and Mass Communication, Rani Birla Girls' College

Abstract

The domain of online privacy is a well-researched topic worldwide, yet its scope is so vast that requires constant upgradation to the existing known knowledge. Research conducted in the past and present decade have opened up eclectic areas of study focusing on the online privacy breaches and surveillance mechanism, which veils the modern social structure. The need of the hour is not only to highlight such cases but aware people in how they must be concerned with their online activities through logical and affirmative discourses. The study focuses on defining the meaning of privacy and surveillance in manifold contexts keeping in mind about its wide scale scope and applications. This academic paper also discusses various privacy invasion concerns by highlighting different cyber- criminal activities and attempts to comprehend public's point of understanding about online privacy and safety protocols. This paper also suggests definite guidelines, which if followed strictly might prevent users' from online data breaches.

Keywords: Privacy, Online Privacy, Surveillance, Social Media Surveillance

Introduction

The need for a constructive discourse on the issues pertaining to privacy on social media platforms is the most important call of the day. With the news published from across the world on infringement of users' privacy by not only the bureaucrats but also the government highlights the importance of the discourse. The necessity is urgent and needs deep focus in understanding the trend, implications and highlight strategies, if any, to fight the crisis. Spreading awareness and educating people on safety measures have always been the realm of microscopic analysis, however, more

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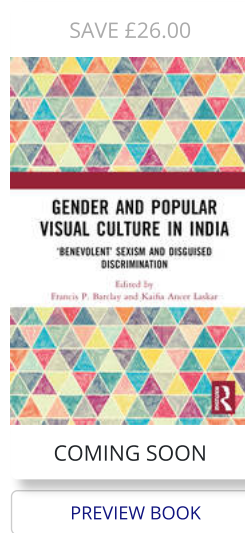
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Gender and Popular Visual Culture in India 'Benevolent' Sexism and Disguised Discrimination

Edited By Francis Philip Barclay, Kaifia Ancer Laskar

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Description

Perhaps, male-mindedness seems to have adapted to changing-contemporary circumstances to become more covert and conspiratorial. Sexist suggestions—through objectification and substantiated subordination—for instance, may have been explicit in Indian media a decade earlier. But in the contemporary times of online social media and vociferous feminism, such openness of unfairness against women in the media will, more often than not, be met with strife and unpalatable backlash - fearing which blatant prejudice is prudently steered clear of. It is, hence, understandable that patriarchy, to sustain itself as a culture, has adapted to become more benevolent in an increasingly hostile environment. To identify such sly and stealthy sexism embedded in media content, one may need a reconfigured grasp of contemporary feminist issues and an altered nuance for isolation and identification of discriminatory depictions. This book exposes redefined and hidden sexism that predominates the popular visual culture of India - particularly investigating mass and new media representations that are a prime part of and have a domineering effect on the ensemble of popular visual culture - and characterises contemporary feminist movements. It binds a collection of contemporary Indian case studies of sexism and feminism encompassing communication media such as print, cinema, television, Web series and social media. There is a lack of book titles that study media sexism in the present times, and the proposed book aims to explore an unexplored area that is of social and scholarly importance. This book highlights the duality of media platforms: while media is a critical tool associated with fourth-wave feminism, they still remain to be a deterrent to the development of women engendering inherent and age-old patriarchal notions. This book will be an eye-opener to the general readers about benevolent sexism and train them to identify sexism hidden in seemingly pro-women media representations.

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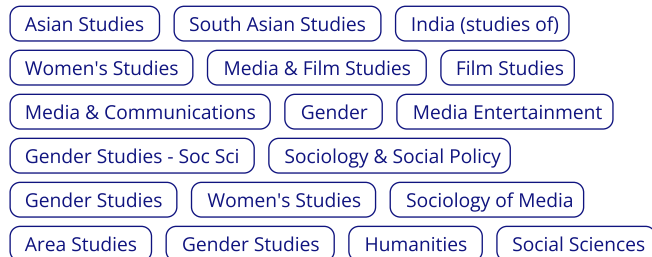
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CHAPTER 3

Wolf in Sheep's Clothing?

Sexism in Fourth-wave Feminism

Kaifia Ancer Laskar & Ishita Biswas

Abstract. Contrary to denunciation of sexual objectification in the previous waves of feminism, in the latest episode, being sexy is seen as a tool of self-empowerment. This chapter investigates the representation of female protagonists as sexy and empowered in contemporary popular Hindi-language soap operas and analyses if such representations are the vantage point for fourth-wave feminism in such soap opera text. Or is such representation only meant for the male gaze? Fourth-wave feminism has also drawn criticism for being "lipstick feminism". In this chapter, semiotic analysis is performed on soap opera text to deconstruct the possible binaries such as empowering-stereotypical and owning one's sexuality-catering to the male gaze. We argue that the soap operas under study use postfeminist cultural sensibilities and representation and have neoliberal consumerism embedded within them. Further, these soap operas could undo the gains of feminism by concentrating on sexy, elite and young women, relocating thoughts to a pre-feminist world.

Introduction

Hindi soap operas have become the daily dose of entertainment for a section of the population in India since the early nineties. While the educational serials broadcast on Doordarshan used the tropes of social messages ingrained within their text, commercial soap operas running in commercial channels aim at providing visual pleasures to their audience. The educational and informational intent of Doordarshan (the public service broadcaster of India) was gradually replaced with entertainment as the core function, with almost all households gaining access to television sets (Singhal & Rogers, 2001; Munshi, 2010;2012). With the explosion of satellite television, Western entertainment genres like soap operas and reality shows made foray into Indian television (Singhal & Rogers, 2001; Munshi, 2010;2012). At present, soap operas not only dominate the national channel of India (Doordarshan) but also the commercial channels such as Star Plus, Sony, Zee Tv, and Colors as one of the most popular television programme genres (Munshi, 2010;2012, Jaggi, 2011).