

Promiscuous, diseased and unfit: Discourses and embodiments of Indian indentured women across the British Empire, c. 1840–1920

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Morag Flora Wright is a historian of the nineteenth-century British Empire and is interested in histories of movement, labour, gender and the law. In particular, she examines how attempts to create new economic sureties in the imperial project of abolition both rested on and created racialized legal systems and brought the indentured Indian family into closer contact with colonial systems of surveillance and finance. She uses the writings of feminist, queer and post-colonial theorists to explore questions around these themes and the role of historical writing in the perpetuation of colonial, racial and sexual hierarchies. Morag's doctoral research focuses on the construction of legalities around racialized indentured labour and seeks to understand the importance of particular constructions of domesticity and family to transformations in ideas of sovereignty, debt and property and the creation of international legal and economic systems. Her research is funded, with gratitude, by CHASE DTP and AHRC.

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ABSTRACT

Indian women represented something of a persistent problem for colonial officials. The Indian Government consistently emphasized the importance of obtaining high numbers of indentured women, as the lack of women on plantations was portrayed as leading to so-called vice and 'immoral' sexual relations. For the plantation colonies, women represented the social reproduction of the workforce, through their domestic and reproductive labour. I chart three imperial discourses which attempted to embody indentured women in markedly different ways: as promiscuous wives, as diseased and as possessors of unfit wombs. Through these embodiments I explore how the increasing violences and failures of the indenture system interacted with nineteenth-century understandings of race to map these problems not onto the system of indenture but onto the bodies of indentured women. I look at how a particularly medicalized language around women created by colonial officials sought to control, border and embody the concept of the woman worker as inherently racially deficient. In doing so the colonial states involved in indentured labour positioned themselves as father, as correctors of racial deviancy and indenture as a system, by extension, as a means of stepping into subjecthood, history and civility.

KEYWORDS

Colonial narratives, sex/gender categories, racialisms, medicine, venereal disease, motherhood

INTRODUCTION

On 12 December 1903, Budhiarin went into labour on board the indenture ship the SS Avon. The ship was travelling from Calcutta to Trinidad and would arrive in Port of Spain only a few weeks later (UK National Archives,¹ BT334/Box 0004: 156). In total six emigrants gave birth on the two-month long voyage, but only four infants arrived in Trinidad. In the weeks prior to her giving birth,

Budhiarin had watched two other emigrants, friends perhaps or Jahajins at least, go into labour. First Koolwanti on 27 November and then Rahsi on 5 December. I cannot be sure what happened during their labour, but I can say that both women endured the unimaginable in the cramped hospital on the heaving ship. The Medical Officer present only noted ‘still born due to premature labours’ next to the entry ‘Koolwanti’s Infant’. Next to Rahsi’s name, he cared only to put ditto marks to repeat Koolwanti’s fate. Such loss, however unfathomable, was common. Death haunted indenture ships, the ghosts of those who perished settled in the bows and in the stories of those who survived. The anguish of these deaths, and the continued suffering of Rahsi and Koolwanti, must have been in Budhiarin’s mind as her waters broke and contractions started, fearful of the fate of her child and herself. At around 1.45 pm, however, in the ship’s small ‘hospital’, Budhiarin gave birth to a girl, whose name was not noted in the shipping log and whose mother’s nationality was marked only as ‘emigrant’.

Budhiarin was only 16 years old when she embarked from Calcutta. The ship was not the first leg of her journey, which began some 500 miles away in Abanpore, in today’s Chhattisgarh (National Archives Trinidad and Tobago, TT NATT IM 2). By the time she boarded the Avon, however, she had been changed — she had been inspected and abstracted, her body no longer only her own in intimate knowledge, but transformed and made ‘known’ to the colonial gaze by a series of medical observations. The Trinidad Government Emigration Agency noted on 23 September that she was 5 feet and one-and-a-half inches, she had two scars, one on her right cheek and one on her back, she was free from ‘all bodily and mental disease’ and that she had been fully vaccinated (National Archives Trinidad and Tobago, TT NATT IM 2). As the embarkation of pregnant women had been officially discontinued in the 1860s, there is no mention on Budhiarin’s pass of her condition. She may have hidden her pregnancy, there are no noted details of a father which may have fed

into her decision to migrate. It seems improbable, however, that the officials in the depot did not know of her pregnancy given her advanced stage (Geoghegan 1874: 29).

Budhiarin's migration pass speaks to a wider discourse in the late nineteenth century on the body, contagion and gender which were mapped out spatially through the depot, the ship and the plantation. These three spaces form what David Armstrong (1993) calls a geographical imaginary of public health spaces in which the deficiencies of indentured labour were mapped onto the bodies of indentured women. These spaces were, however, being defined in the context of shifting sovereignties in a global empire. The depot, the ship and the plantation under indenture represented nebulous zones of contact, with slippery notions of authority and power. So as Budhiarin moved through these spaces, her body was marked by an increasingly volatile discourse as promiscuous, diseased and unfit. In this article, I seek to understand these three colonial imaginaries, to understand the ways they were connected to the brutalities of indenture and to deconstruct the way they were drawn on to the bodies of women like Budhiarin.

Violence, both physical and sexual, was woven into the fibres of the nineteenth-century indentured labour system, but the legal construction of indenture and the prevailing logics of nineteenth-century racism post-Morant Bay meant that colonial officials continuously embodied these problems as inherent in the Indian indentured labourer. The issue was not that indenture was exploitative and cruel, the issue was that it had to work against the 'uncivilized' Indian. This flipping of the problems in indenture acted as a form of colonial disavowal (Hall 2024). By embodying the violences of indenture as racial problems inherent in indentured labourers, the depot, the ship and the plantation, all of which held significance as brutal locations in the abolitionist imaginary, could be recast as neutral spaces in which colonial progress could change the labourer, and particularly, the labouring woman.

History has placed a heavy burden on the backs of the indentured women who did migrate. Their stories have been used to feed narratives of enslavement and freedom, with both colonial and nationalist voices moulding them into the patriarchal paradigms of ‘powerless victims’ or ‘immoral’ women (Lal 1985). What I sketch here, however, is not an attempt to resuscitate the voices of these women. As Rhoda Reddock (1985) contends, the archives of indenture are both animated by the figure of the indentured woman and yet are totally deprived of her presence. She appears as snippets and disjointed sentences. Questioning these snippets can produce what Gaiutra Bahadur (2018: 468) calls the ‘structural stealing of voices’, using speculation to flesh out what was stolen by colonial officials in the first place. Much like Budhiarin’s story, the people do not represent the people whose stories they attempt to tell but, to put it in Spivak’s terms (1988), they are an attempt to re-present the re-presentations of the archive, to meet the distortion of meaning that the archive presents as truth and to invert them. Speculation, as Sonja Boon (2020) demonstrates, is often a case of learning to leave stories unfinished, of messing with the narrative function of linear time to allow a space of ‘desire, yearning, and longings that can never quite be resolved’. In this way I tell many women’s and no-one’s stories here. It is precisely the sketch of Budhiarin’s encounter with power that I aim to draw out here, to understand her representation as ideological, not accidental.

Instead, I try to grapple with the ways that these women became known to the Indian and Colonial Offices, not as people but as embodiments of problems. In doing so I trace the emergence of a bureaucratic medical language around indenture which hints not to indenture having gendered experiences, but of the centrality of gender to the system itself. This is the story of how the imperial and colonial governments involved in crafting indenture turned systematic abuses into gendered and racialized individual ‘defects’. I chart this story by looking at three key figures around which this

discourse, which was particularly medical in nature, grew: the promiscuous wife, the diseased body and the unfit womb. I argue that in creating these figures who represented a contagious threat to the community of indenture and empire, colonial medical officers sought to permanently distance indentured women from colonial ideals and liberal Christian discourse, thereby creating a contingent, dependent notion of freedom that could be delineated to, and from, constructions of race, sex and gender.

THE PROMISCUOUS WIFE

To understand exactly what these public health spaces did in the system of indenture, it is first necessary to examine what discourses created their possibility and how these discourses were mapped onto women's bodies through articulations of sexual excess, promiscuity and prostitution. I am interested less here in how accurate these assertions were, although an interest in this element, particularly around the slippery connection between widowhood and sexual labour, stretches back to Hugh Tinker (1993: 205). I am cautious, however, that there is a strong tendency in the literature to 'save' indentured women from the claims and, in so doing, cast a moral judgement on the practice, essentially applying 'imperial categories of analysis to imperial archives' as Madhavi Kale (1998: 6–8) eloquently phrases. Instead, I wish to dissect how the association of indenture with sexual-economic exchange, mapped onto the bodies of Indian women, created a particular condition of possibility for colonial surveillance, discipline, citizenship and power.

In the early years of indenture, planters were relatively uninterested in employing women. Little attention was given to the migration of women, children and family units, which were seen as a costly financial risk. The figure of the Indian woman did not match the embodied ideal of the labourer, which, as Purba Hossain (2023) has highlighted, was viewed as docile, quiet,

orderly and, most importantly, male. The plantation classes were interested in immigration as the sole source of reproducing the labour they desired. The need to introduce women, and the resultant 'women's question' that would haunt indenture, emerged out of the nexus of two parallel desires: the need to balance the economic prospects of the plantation complex and the need to distinguish indenture from slavery by tackling claims that indenture 'broke' the family (Mohapatra 1995).

Despite the lack of desire on the behalf of plantation owners to include women among labourers recruited in India, women had of course signed up for indentures from the very beginning of the system, but in far fewer numbers than men. While from the 1850s the Government of India started to implement various requirements to boost the number of women being transported, it was not until the 1882 Emigration Act in India that a sex ratio was codified into law for all colonies (apart from Mauritius, which already held a large settled Indian population). The Act settled on 40 women for every 100 men. However, this target was never reached and Indian men universally outnumbered Indian women on plantations in Trinidad, Guiana, Jamaica, Mauritius, Natal, the Straits Settlements, Fiji and the many other colonies to which indentured labourers were transported (Mohapatra 1995: 240–242).

What this imbalance meant for life on the plantation is debatable. There were certainly significantly high levels of violence, rape and murder but, like Amba Pande, I hold caution against attributing this solely to a sex ratio (Pande 2020). All of these spaces were the sites of relentless quotidian acts of violence, which were highly gendered and racialized. What can be said with certainty, however, is that the sexual disparity was a key concern for colonial officials who wished to disaggregate indenture from the shadow of slavery. The abolitionist movement within Britain coincided with a rising concern regarding the effects of industrial labour on the family (Scully 1997). Not only did this mark the beginning of a middle-class British association between gender

and the public/private, but it also painted women's sexuality, or rather the lack of masculine control over women's sexuality, as inherently threatening to the labouring family, thereby undermining both the family and the economy (Scully 1997: 7–8). Within this context, many abolitionists within Britain imagined 'freedom' as intimately linked with masculine authority: enslaved women would be freed into the patriarchal care of men and enslaved men would be free to take up their rightful position as the head of the family (Scully 1997: 7–8). The high rates of suicide, murder and gendered violence on plantations were therefore read by colonial officials as a result of a lack of access to women, threatening the authority and thereby freedom of indentured men.

Mimi Sheller (2012: 10), writing about post-emancipation Jamaica, argues that in order for ex-enslaved and indentured peoples to take up 'positions as free subjects, freed men and women at times had to (indeed, wanted to) perform normative scripts of sexual citizenship'. The idea that fewer Indian women on plantations might lead to either racially mixed relations or the sexual freedom of Indian women deeply undercut normative scripts of sexuality. John Scoble (1847: 162), a prominent member of the British Anti-Slavery Society, commented that the conditions on ships led to the 'prevalence of promiscuous intercourse with the women, and unnatural practices among the men'. Scoble's criticism of indentured labour hinged on the concept that it was sexually degenerative.

The indentured woman within this was dually imagined as both corrective and corruptive. Women carried with them the possibility of stability for the problems of indentured masculinity, but only with appropriate masculine authority. Scoble's comments point to an intersection in the discourse around indenture between an emergent embodiment of women as a standard bearer of 'civilization' and the policing of 'unnatural practices' primarily among men. Scoble's comments indicate that the ability for

women to have multiple partners, even if all these partners were men, was seen by colonial powers not just as morally wrong but as deeply undermining the centrality of the heterosexual family unit, thereby also undermining both society and the economy. Indentured masculinity required its mirror self, the ability to own indentured femininity, to both be disciplined and to fulfil the requirements of masculine freedom. The sexual freedom of Indian women on plantations was therefore consistently presented as a threat to Indian men's authority.

For anti-indenture campaigners, however, the notion of masculine authority was not only seen as an issue of indentured men. We can see this dynamic clearly in C. F. Andrews' and W. W. Pearson's famous 1918 work on indentured labour in Fiji, where they state:

The Hindu woman in this country is like a rudderless vessel with its masts broken ... being whirled down the rapids of a great river without any controlling hand. She passes from one man to another and has lost even the sense of shame in doing so. (Appendix, 6)

Andrew and Pearson's comments emphasize the dual nature of masculine authority in the empire, for the 'controlling hand' that should guide the woman was not just indentured Indian men but also the colonial state as patriarch. The failure of masculine authority over indentured women was therefore not just a failure of indentured masculinity, but a failure of the state. The embodiment of this idea was however the woman, who is pictured as an empty vessel (very literally a ship without direction) that should be filled with masculine authority. In using Hindu women to embody perceived sexual excesses on the plantation, Andrew and Pearson manage to be both critical and vague about indenture. The failures that Andrew and Pearson observe in indenture are not taken to be structural, but instead are embodied in the figure of the too-sexual woman. The discourse around the introduction

of women into the indenture system created a liberal-moral discourse around the nature of indentured femininity and masculinity which allowed British officials to interfere in the sexual lives of the colonized in ways which had not before been easily permitted to them. As Prabhu Mohapatra (1995) has highlighted in detail, the primary outlet of this discourse was in a moral panic and attempts to legislate Indian marriages.

The ways that this embodiment of the violences of indenture in the 'too-sexual' woman interacted with lived practice differed from colony to colony. While the concept of concubinage and the lack of an official union was at the forefront of drives to legislate for Indian marriages in Guiana, officials in Natal, Jamaica and Mauritius complained of the rising practise of polyandry among Indian immigrants (Frere 1875). The report of a royal commission in 1875 stated 'we find that polyandristm exists so commonly as to be almost an acknowledged system, and that the general moral conditions of immigrants is very low' (Frere 1875: 583). Likewise, the owner of La Barraque estate in Mauritius wrote to the Colonial Secretary in 1844 to complain that married Indian men earned money by loaning their wives to other labourers, stating that Indian men viewed women as 'objects of traffic and sensuality' (TNA, CO 167/263).

However, despite the decades of interest in marriage to secure indentured men's sexual needs, almost all marriage legislation in the indenture colonies produced little material result. I argue that this failure, combined with the logic of nineteenth-century racism, flipped the geography of the discourse of the promiscuous indentured woman so that their 'fall' into vice was portrayed not as through indenture, but as having already occurred within India. As the Trinidad Emigration Agent commented in 1871:

Of single women, those only who will be found to emigrate who have lost their caste, by which all ties of relationship and home are severed, and, having neither religion nor education to restrain them, have fallen into the depths of degradation and vice. (TNA, CO 323/690/66)

This spatial turn to understanding the root cause of the promiscuous woman coincided with a solidifying of colonial racial discourses after the Indian uprising and Morant Bay, which portrayed behaviours as markers of racial character. It should be emphasized that this construction was based almost entirely discursively and was often not grounded in a material reality. For the colonial officials who oversaw and propagated indenture, this meant that matters like sexual jealousy were not products of the plantation, although many who opposed indenture believed that it exacerbated it, but were markers of indentured men's race. In Catherine Hall's terms, this allowed for a certain amount of disavowal on behalf of the colonial officials in the plantation colonies (Hall 2024). By inverting the geography of sexual jealousy, by portraying it and promiscuity as racialized traits inherent in Indian men and women's bodies, 'officials' of all types (from the Colonial Office to overseers) could distance themselves from the brutalities they witnessed on the plantation. Murder, suicide and rape could all be recast not as the failure of the systems of protection built into indenture, nor as an indication of the brutalities of the plantation, but as unavoidable tragedies inherent in the bodies of indentured labourers. It was no longer the colonial government's or the Colonial Office's duty to stop the violence on plantations by altering the plantation system, but to reduce their occurrences by correcting the character of the labourer.

Jacqui Alexander (1994: 12) describes indentured Indian femininity as 'dread and desire, mysteriously wanton, inviting death and destruction'. At its extreme, therefore, colonial officials understood indentured women as the root cause of their own murders, something which Brij V. Lal (1985) contends emerged through the colonial discourse of 'sexual jealousy'. Crucially, in spite of its perceived excesses, Alexander (1994: 12) claims that for colonial authorities in Trinidad, indentured femininity was capable of domestication. Indentured masculinity, on the other hand, was 'unrestrained, violent, and androgynous' and was

fundamentally untameable on its own. So while, as Mohapatra (1995: 228) states, up until the systematic recruitment of women for indenture, it was generally speaking understood by colonial officials that it was the plantation that caused 'the women [to be] made prostitutes, and family life destroyed', this soon changed into an understanding of the indentured woman being always already a prostitute.²

The discourse created around indentured men and women positioned indentured femininity as hyper-promiscuous. In the latter half of the nineteenth century, most official reports on the system fell in line with comments made by Alexander and postulated that most indentured women were in some way engaged in prostitution prior to their emigration. In 1869, the chief emigration agent in Madras claimed that 'nearly one half [of] the emigrant women are of doubtful character or about one-third confirmed prostitutes' although the agent never details exactly how these women's professions were 'confirmed' and thus exactly what is meant by prostitute is unclear (Carter 1994: 27). The labelling of women as 'confirmed prostitutes', however, had important implications for the ways their bodies could be treated and examined. By embodying the sexual excesses of the plantation in indentured women and portraying them as *always already* prostitutes, indentured emigration changed from being a system that brought about women's sexual freedom (imagined as wanton and threatening) to being an 'honourable alternative' to professional prostitution within India (Lal 1985: 141). This happened through nineteenth-century surveillance technologies that mapped disease onto bodies that were designated 'prostitute'.

THE DISEASED BODY

The rise of a discourse that painted indentured women as inherently promiscuous and frequently prostitutes emerged at a time when there was renewed interest in containing and controlling

prostitution within India. Across the British Empire, prostitution was both regarded as a necessary outlet for the ‘aggressive’ male sex-drive which was understood as vital to colonial rule and as a problem, a ‘throwback, a reminder of why imperial expansion was a “civilising mission”’ (Levine 2004: 160). The determining factor for the split in thought was generally speaking proximity to the white body, both literally through the figure of the soldier and metaphorically for colonial society.

In the latter half of the nineteenth century, prostitution became increasingly connected to venereal disease³ both within Britain and across the empire. As Philippa Levine (2004: 160–161) highlights, the discursive connection between the racialized prostitute and venereal disease threatened the white body, becoming both a measure of unruliness as well as a civilizational standard. Utilizing a nominally Foucauldian analysis, most studies on sexual labour within colonial India have focused on the cantonment and the brothel as the two spaces within which ‘public health’ sought to survey and discipline ‘subversive’ and ‘disorderly’ colonized women and safeguard the white male body. As Stephen Legg (2012) shows, the Government of India actively pursued the segregation of sex-workers, creating segregated ‘brothel districts’ across India, a policy which had its origins in military rule but extended outwards into urban populations. Such segregationist policies worked to ‘contain’ disease by embodying it in sex-workers and creating geographies for their surveillance. In this way, the creation of ‘brothel districts’ mirrors the depot, the ship and the plantation. These sites became ‘public health spaces’ precisely because of their containment of people the colonial state designated as problematic (the figure of the promiscuous indentured woman), and of the ability of the colonial state to examine and isolate those inside them.

In 1871, a report (Frere 1871: 62) into the treatment of indentured labourers in British Guiana was published in the British parliament, in which the presence of venereal disease on plantations

emerged as a key concern. In responding to a comment made by James Crosby, the protector of immigrants, that syphilis was 'exceedingly prevalent' on ships leaving Calcutta, the Commissioners made the following remarks:

It has been suggested that all this might be avoided, if the examination in India by a female nurse was made real instead of being, as it is, illusory ... on the other hand, it has been objected that is a measure of this kind were to be strictly carried out, no female immigrants from India would submit to it, and the result would be to stop immigration altogether.

In the report, venereal disease has a specific embodiment and spatiality. It is understood as being both inherently connected to women's bodies and is spatialized as being outside of the plantation system. Women's bodies were always already diseased prior to arriving on the plantation. The proliferation of venereal disease on plantations therefore lay in the figure of the indentured woman and in the 'failure' of the depot as a public health space.

The colonial lament at the lack of inspection of indentured women at depots predated the report by some decades. In an 1843 letter to the Colonial Secretary of Mauritius, C. Anderson, the Emigration Agent at Calcutta, transmitted a list of duties at the depots, noting that 'it will be one of the principle duties of the Medical Officer to prevent the embarkation of any person suffering from the venereal disease in any stage' (Hope 1844: 9). As was implied by the Commissioners' comments, however, the inspection of women's bodies within India was controversial. It was generally regarded that Indian women should only be inspected by women nurses, although when they were, the prevailing gendered logics of the period meant that the word of the nurse was distrusted. As Clare Anderson (2009: 98) posits, pre-embarkation medical routines were seen as 'unveiling' Indian women's bodies, something which was highly controversial within India. The embodiment of indentured women as diseased in the plantation

colonies was in tension with constructions of ‘Indian women’ within India and would remain so for the duration of indenture. What emerged from this was a certain amount of ambivalence around venereal disease. While the problem of venereal disease was embodied in the figure of the indentured woman, the examination of women in the depot was politically complicated for the Indian Government. This ambivalence led to a universalizing of indentured labour, portraying venereal disease as a condition afflicting *all* indentured women, and therefore, something that could be assumed rather than inspected.

In part this was connected to evolving ideas of venereal disease which, as Spongberg (1997: 6) highlights, moved away from the ‘scabs, sores, chancres and pustules that graced the penis’ to focus on vaginal discharge and the understanding of disease as a ‘taint’, something which emerged out of the interaction of medical knowledge with colonial encounters. The casting of venereal disease as a ‘taint’ meant that all indentured women were understood as being carriers, so not only were indentured women always already prostitutes, but they were always already diseased. This idea comes through strongly in the words of Mr Bascom, an estate manager in Guiana, who complained of the introduction of venereal disease by the women who had arrived on the ‘Arcot’ ship in May of 1870 (Frere 1871: 149). The only evidence for Bascom’s comments was the unusually high number of women on the ship, marking an inversion of John Scoble’s idea that it was the paucity of women that led to sexual corruption.

The phantom character of the indentured woman as *inherently* (and racially) diseased portrayed Indian women as physical embodiments of death across sites of indenture. In the 1875 inquiry into the treatment of indentured labourers in Mauritius, the Commissioners consistently portrayed infectious indentured women as the cause of death of their otherwise healthy (heterosexual) partners. In the report, the Commissioners refer to the Medical Officer’s opinion that Mootian killed themselves

on 25 November 1870, after 'finding that he had contracted venereal disease from his own wife' (Frere 1875: appendix 65). The report does not provide any indication as to why the Medical Officer came to these conclusions, or even if Mootian's wife had venereal disease herself. For the purposes of the report and the medical discourse within which the Medical Officer was working, it did not really matter. Within a growing medical knowledge, venereal disease was a gendered affliction and a gendered threat.

The two-sex model which emerged in the eighteenth century and was dominant in medical discourse in the nineteenth century posited that the categories of 'male' and 'female' were 'opposite and incommensurable' (Laqueur 1990: 126). This model maintained that the male body was the natural body, imbued with health and, as its opposite, the female body was therefore abnormal and diseased (Laqueur 1990: 154). Understandings of venereal disease therefore, as Mary Spongberg (1997: 3) highlights, hinged upon this oppositional model, painting men as 'victims of disease' and 'women as its source'. Meleisa Ono-George (2014: 163) shows that while all women were 'pathologized as sites of disease', those most closely associated with promiscuous sex and sexual-economic exchange, in particular, became focal points for legislative efforts to combat venereal disease.

With this lens, it is perhaps unsurprising then that the Medical Officer in Mauritius was so happy to rule that so many men's suicides were the result of venereal disease or to ascribe Mootian's death to his wife, and her implied infidelity. In the full 1871 report, indentured men are portrayed as experiencing venereal disease, and by extension sex, passively. This is an interesting inversion of Alexander's postulations on indentured masculinity and on the discourse surrounding sexual jealousy, which painted them as unrestrained and often violent. As indentured women became imagined as inherently more promiscuous and tied to colonial notions of prostitution, so too did the understanding of

their bodies as corruptive increase. Within this colonial imaginary, the inherently diseased body of the indentured woman carried within it all of the wanton excesses of the plantation. It was not the system of indentured labour that led to the 'corruption' of indentured men (as colonial discourse on venereal disease viewed them), but the body of the indentured women. The corruptive power attached to women was initially moral, their imagined predisposition towards promiscuous sex threatened the moral order of indenture and risked it being connected to slavery. Through a rising concern with venereal disease, however, the corruptive power in the bodies of women became distinctly medical.

These two imaginaries of the indentured women's bodies as diseased opened the possibility of monitoring, policing and, frequently, criminalizing them. Perhaps the most famous legal interventions to attempt to regulate commercialized sexual labour throughout the British Empire was the Contagious Diseases Acts (CDA).⁴ The emergence of the CDA, particularly in India, grew out of a tension between the prudery of Victorian discourses on sex and the need to provide white soldiers and sailors with access to safe sex. The CDA made it law for women suspected of prostitution to register with the police. Registration involved invasive and brutal medical examinations and if the result indicated venereal disease, women were imprisoned in a locked hospital. The Act gave the police the power to determine who was a prostitute. In the colonies, and particularly in India, these acts had a geographical specificity and were generally confined to a four-mile radius of cantonments (Legg 2012).

While the implementations of CDAs were controversial in Britain and around the empire, the Acts showed remarkable durability in the sites of indenture. In fact, many people and groups who opposed the implementation of CDAs elsewhere were staunch supporters of their implementation in the indenture colonies (Ono-George 2014: 1662). CDAs were in force in several of

the indenture-receiving colonies, including Jamaica, Trinidad and Fiji as well as in India. In the case of Fiji, not only did the CDA remain in force far longer than in other colonies, but, as Mumtaz Alam and Nii-K Plange (2023) highlight, the Act was not as oriented towards monitoring brothels and cantons for prostitution, but rather focused on indentured women.

This focus opened the possibility for indentured women to be more closely monitored in the plantation colonies.⁵ Dr Scott, the health officer at the port of Georgetown in 1871 claimed that ‘in addition cases of disease were higher among newly arrived immigrants, stating that a female nurse had been established at the port to inspect arriving indentured women’ (Frere 1871: 62). While there is a certain amount of laying the blame for venereal disease elsewhere, Dr Scott’s comments come from a report commissioned by the Colonial Office to create a veil of integrity to indenture, to bestow the colonial governments with innocence which would shape ‘the parameters of the debate on indenture’, both at the time and in the archives (Mongia 2004: 749).

The discourse of medicalizing women’s bodies as ‘disease-ridden’ was, however, in direct tension with the desire to continue signing women up for indentures. In a report on recruitment for migratory labour in India, Pitcher noted that medical examination of women’s bodies created fear among Indian communities which hampered the recruitment of women (Pitcher 1882). Towards the end of the nineteenth century, it became increasingly important for colonial officials to demonstrate that indenture led to prosperous families in the plantation colonies. This served the purpose of both negating criticisms of indenture’s similarities to slavery⁶ and presenting indenture as a form of colonial progress which took ‘wanton’ women and transformed them into family figures by bringing them into closer contact with colonialism itself. In order for this to happen, women’s bodies had to be reimagined once more in the figure of the mother.

THE UNFIT WOMB

These discursive boundaries which cast indentured women as inherently promiscuous and diseased were at odds with a growing need to create settled communities of indentured and ex-indentured labourers. As well as shoring up the sexual and domestic needs of Indian men to 'prove' indenture as distinct from slavery, there was an additional fiscal motivation for the systematized recruitment of indentured women in the later nineteenth century. Until around the 1860s, most colonies bore the financial burden of introducing indentured labourers themselves — for it was an expensive system which marked Indian labour as 'cheap'. This was achieved through the leveraging of imperial debt and the implementation of importation taxes, a mark of the importance of the plantation economy to the empire (Connolly 2019). After the 1860s however, employers of indentured labourers were expected to pay an increasing percentage of the costs of introducing labourers. So, it is perhaps unsurprising that it was around this time that the debate on a systematic recruitment of women for indenture became most fervent. Indentured women were sought for their physical, domestic, sexual and reproductive labours at precisely the moment that creating a settled Indian community in the sugar colonies made the most fiscal sense to plantation owners.

For the colonial states involved to present indentured labour as a thriving system of 'aided colonialisation', as it was retroactively termed in the 1916 Imperial Conference, they had to create discursive space for 'monstrous' promiscuity to transform into motherhood (British Library, IOR/L/PJ/6/1494). We therefore see two major strands emerge in the 1860s. First, the lifting of the 'ban', ineffectual as it was, on the migration of pregnant women and secondly the centring of the 'women's question' away from sexual activity and into motherhood.

There was no formal system of leave entitlement within the laws of indenture prior to 1875, either for pregnancy or for caring

for infants. Colonial observers of the system were, however, careful to paint pictures of the special care women received on plantations. In 1874, Geoghegan in his report, quoting the Commissioners of the 1870 inquiry in British Guiana, wrote that:

Pregnant women are always treated with consideration. From an elaborate examination of paylists and registers of birth, they [the Commissioners] show that 'women with child almost invariably leave work three or four months before their time, and that if the child lives, they do not return to work within from six months to a year afterwards. We were constantly informed, and we see no reason to doubt that pregnant women are allowed to 'sit down' as the phrase is, whenever they please...as soon as the attention of the mother can be dispensed with, she is generally 'warned to go to work,' the young children, being looked after in her absence by a nurse paid by the estate for the purpose. (Geoghegan 1874: 113).

The Commissioner's comments and Geoghegan's reporting were, however, at odds with the legality of the system. Ordinance 16 of 1832 in Mauritius, in fact, gave Stipendiary Magistrates in the colony the power to 'modify or suspend the contract of any female immigrant who shall be unable to perform the duties imposed by it on account of pregnancy or domestic duties' (Frere 1875: 182). The law remained actionable until the close of the century, although again colonial officials were keen to raise that it was rarely utilized — the law actually only became an issue with regards to its apparent ability to put the power of the protector into question. Without formal legal protections around pregnancy and motherhood, indentured women who took leave from the plantation risked being accused of breaking their contracts.

The realities of the plantation system however, and the ambiguous nature of pregnancy and motherhood under the law, meant that bearing children in indenture was a dangerous experience. As Koolwanti and Rahsi highlight in the first example I looked at in Budhiarin's story, miscarriages, stillbirths and infant mortalities

were remarkably high during indenture. Glenn Fowler has estimated in his analysis of the Annual Reports on Indian Immigration in Fiji that the death rate for infants between 1890 and 1900 was 15 per cent whereas the rate for children was 10 per cent per annum (Fowler 2012: 283). For colonial officials, however, this was not the result of a violent plantation complex nor resulting from the stress of survival as a colonized woman, instead they characterized indentured women as 'negligent' and racially inferior mothers. The incomprehensible deaths of babies and children were blamed not on a system that forced women to work but were instead seen as the responsibility of the grieving mothers.

Significant work has been done in recent years to unpick colonial narratives of negligent mothers, particularly by Vicki Luker (2005) and Margaret Mishra (2016) who both connect the discourse to the framing of indentured women as 'prostitutes'. Venereal disease, sexual labour and motherhood were generally presented as incompatible in the nineteenth century, but this was compounded in the latter decades by the emergence of eugenicist thought (Luker 2005: 364). The imaging of indentured women as corrupted and racially degenerative was imagined not just in their bodies, but in their reproductive potential and therefore included their wombs and their capacities to birth children. In 1898 the Medical Superintendent of Cunningham Hospital of St Kitts, Dr W. G. Branch commented that:

The largeness in the proportion of still-births to the whole birth rate is also due mainly to congenital syphilis. There are no public records, moreover, of early abortions, but it is well known that venereal taint in the foetus is an important factor in the production of such casualties. (Norman 1898: 220)

However, the eugenicist discourse that emerged around indentured women as mothers changed dramatically in the early twentieth century. The focal point of this discourse was medicalized interest in breast-feeding practices, and through it the

indentured mother emerged as a fetishized symbol of ‘purity’. Like all depictions of Indian women that exist in the colonial archives, this embodiment was deeply racialized and, whereas the discourse of the ‘unfit’ mother emerged out of situating Indian women in an anachronistic relationship to a medical ‘modernity’, images of the purity of Indian women grew out of racialized comparisons with other communities. As one medical report in British Guiana stated:

The unspoilt coolie mother is beyond praise for her devoted care in rearing her infant at the breast. It is an inspiring sight to see her, even in the throes of sickness and suffering, continue to supply it with its only perfect food.
(Medical Officer (Anon) 1916: 586)

Such comments from Guiana echoed a similar strain of discourse in India, and in particular Bengal, where a paper by Sundarimohan Das (1921: 57) stated that ‘Indian mothers know that mother’s milk is baby’s life’. Saha (2023) argues that in the latter nineteenth century, breast-feeding became a key element of a colonial eugenicist discourse and, as such, became tied to and a symbol of community regeneration, racial and ‘national’ health. Indentured women, whose construction as ‘prostitutes’ marked them as ‘inferior’ to Indian women within the geo-political boundaries of ‘India’, were only marked out as ‘pure’ in comparison to other racialized groups. In Fiji in the early twentieth century, Indian women were consistently marked out as the ‘best mothers in the world’ by colonial medical officers, particularly when in contrast to Indigenous Fijian mothers, who were branded as inherently deficient (Luker 2005).

These medical utterances and the final embodiment of the indentured woman emerged in the years immediately surrounding the official ending of the indenture system. In the final years of indenture, Colonial Office officials and representations from the key plantation colonies of Guiana, Trinidad and Fiji met in

London to discuss the future of emigratory labour in the face of protests across the plantation colonies and India. During the debates that ensued, Gilbert Grindle (Assistant Under Secretary of State for the Colonies) commented that indenture 'has not been a system of recruitment of labour, but a system of Aided Colonisation' (TNA, IOR/L/PJ/6/1494). Indenture was imagined by colonial officials as an integral part of the colonial civilizing mission, as a means of producing 'productive' labour from Indian people racialized as unproductive.

No single figure was as important for this process than the indentured woman as she appeared in the colonial imaginary. Indian women became conspicuous in colonial discourse one last time, not as racially deficient, but as mothers radically transformed through the processes of indenture. The embodiment of the indentured woman changed dramatically through the production of a discourse of medical modernity. Her body, which had been used to chart the perceived failures of indenture, which was characterized as promiscuous, diseased and unfit became the ideal mother only through the 'corrective' regime of indenture.

CONCLUSION

Throughout the nineteenth century, as indentured labour continued to fail to meet imperial and colonial expectations of freedom, the violence and failures of the system were continually sketched onto the bodies of indentured women. The medicalized discourse which arose around indentured women, grounded as it was in ideas of promiscuity and rooted in the realities of the plantation complex, attempted to racialize indentured Indian women as different from their sisters on the subcontinent. By portraying indentured women as inherently corrupted, colonial officials and medical officers could carve out space for indentured women to be uniquely legislated and uniquely abused.

The impacts of these embodiments on the lived experiences of indentured women were myriad and complex. The plantation complex was brutal and extremely gendered. Instances of murder and rape among other forms of sexual violence were relatively commonplace. But there was space too for the making of families, for the construction of sisterhoods and for joy as indentured women subverted the categories applied to them. The colonial archives I work out of give glimpses of these lived experiences, but never speak to their full complexity. According to Keguro Macharia (2015), love is, and has historically been, a constant site of policing. Dominant groups, those imbued with the power of normativity and legality, ‘cultivate and embody love while claiming that minoritized groups do not know how to love properly, if at all’ (Macharia 2015: 68). The discourse which surrounded indentured women cast them as both unloving and unlovable, as incapable of displaying anything but carnal desire, their corrupted bodies in turn corrupting society around them. The only recourse to ‘motherhood’ was through their migration and their labour. While racialized as ‘Indian’ therefore, they could only become productive labouring subjects (sexually, physically and reproductively) through their removal from India.

The embodiment of indentured women as inherently promiscuous, corruptive and unfit paved the way for a re-articulation of indenture as a civilizational project. The indentured women emerged as the true marker, not of Indian culture from which indentured labourers were frequently distanced by colonial observers, but of the penetrative power of the colonial state finally asserting patriarchal authority over her. Within these images, the indentured woman herself was lost, her recovery only possible through the unpicking and rejecting of these colonial embodiments.

In the face of these violent archival imaginaries, whose power we can only undo by fully knowing their contours, I am still struck

by Budhiarin and what love it takes to bring forth life in the belly of a ship, in the face of insurmountable grief and colonial violence. Budhiarin arrived in Trinidad in 1904, at the cusp of the transformation of indenture into a civilizational project. How was this mapped on to her body? How did she resist? I imagine Koolwanti and Rahsi by her side. The baby could not undo their suffering, but I hope that the four of them joined together, perhaps they purchased land together, told the baby their secrets, taught her how to circumvent and undo the patriarchal and colonial powers that performed such ritual violence on their bodies. All of this is both possible and impossible. The archive, predicated as it is on their deaths, can never tell us. But we can hope.

NOTES

1. Hereafter TNA.
2. The term 'prostitute' carries with it immense violence and moral judgement. When used in the archive, this word is frequently divorced from the practice of sex work, the 'prostitute' appears more as a colonial phantom. I use the term here deliberately, not to cast judgement on sexual-economic exchange on the plantation, but to unpack the colonial figure of the 'prostitute' and to attempt to understand what the invocation of this word made possible in medical discourses around indenture.
3. Venereal disease was the generally used term for what we call now an STI. I use this term here as the nineteenth-century imaginary of what disease was, and particularly what diseases associated with sex were, worked in a significantly different way from how we might imagine them today. In particular, venereal disease was associated with a particular kind of degenerative teleology, one which was mapped onto ideas of race in the latter nineteenth century in ways I discuss here (Hanley 2022).
4. The Act originated in Britain where it was made law in 1864. Versions of the Act were passed around the empire, particularly in locations where military bodies were seen as being at risk from 'local prostitution'. The Act was, however, short-lived and incredibly controversial. In Britain it was repealed in 1886 and it experienced a similar short-lived and volatile experience around the empire (Legg 2012).

5. I would like to acknowledge that this is not the only reading possible, and that (while it is beyond the scope of this article) indentured women were occasionally able to subvert the colonial inscriptions put onto their bodies and to utilize these technologies for their own ends (Bahadur 2013).
6. The importance of reproductive power to systems of colonial enslavement is well documented, but even as reproduction was sought for in sites of enslavement, enslaved families were frequently broken up as children remained the property of slave owners (Morgan 2004).

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