



HISTORICAL RESEARCH

Journal of History and Archaeology

International Double-Blind Peer-Reviewed Referred Journal



Prostitution in Colonial Delhi: Hygiene, Femininity and State Control in Historical Perspective

U.N.K. Rathnayake

¹ Ph.D Research Scholar, Center for Historical Studies, Jawaharlal Nehru University, New Delhi, India; Senior Lecturer, University of Sri Jayewardenepura, Sri Lanka

* Corresponding Author:

U.N.K. Rathnayake

Email: udaya24_ssb@jnu.ac.in, nelukit@sjp.ac.lk

ARTICLE INFO

Article History

Received 10 Oct, 2025
Revised 29 Nov, 2025
Accepted 25 Dec, 2025
Available Online 30 Dec, 2025

ARTICLE ID

HRJHA0304001

KEYWORDS

Colonial Delhi, prostitution, public health, femininity, state control, gender and empire



ABSTRACT

Prostitution in colonial Delhi was a focal point of intersecting anxieties surrounding hygiene, morality, and racial control within the British Empire. Through the enforcement of the Contagious Diseases Acts and the regulation of brothels in garrison towns, the colonial state sought to discipline women's bodies in the name of public health, particularly to protect European soldiers from venereal disease. These measures not only medicalized and policed Indian women but also reinforced imperial notions of racial and moral superiority. Simultaneously, Indian reformers and nationalist elites redefined femininity through discourses that condemned prostitution as a marker of social decay and cultural degradation. This study examines the gendered and racialized dimensions of these interventions, highlighting how colonial health policies and indigenous reform movements intersected to reshape the meanings of womanhood, purity, and public hygiene. By integrating colonial medical reports, legal documents, and oral testimonies, this paper reconstructs the lived experiences of sex workers who negotiated surveillance, stigma, and reform. In doing so, it reveals how prostitutes in colonial Delhi navigated and resisted overlapping regimes of control, offering new insights into the politics of gender, health, and power in urban colonial India.

ISSN: 2583-9764

Vol. 03, No. 04 (Oct-Dec, 2025)

Website: www.hrjha.lexarcheus.com

How to Cite This Article

Rathnayake, U. N. K. "Prostitution in Colonial Delhi: Hygiene, Femininity and State Control in Historical Perspective." *Historical Research: Journal of History and Archaeology*, vol. 3, no. 4, 2025, pp. 1–19.

DOI: <https://doi.org/10.5281/zenodo.18362779>



INTRODUCTION

Prostitution in colonial India, including Delhi, was deeply entangled with the imperial state's concerns about public health and racial hierarchies. British officials were particularly concerned with preventing the spread of venereal diseases among soldiers stationed in Delhi and other garrison towns. The Contagious Diseases Acts, introduced in the late 19th century, mandated the medical examination and registration of women suspected of engaging in prostitution. This legislation, which disproportionately targeted Indian women, reflected colonial anxieties about race, disease, and moral decay. At the same time, the figure of the prostitute became a site of negotiation for competing ideas of femininity. Indigenous elites, reformers, and religious organizations sought to redefine the role of women within society, often framing prostitutes as symbols of moral corruption and backwardness. These tensions between colonial governance and indigenous reform movements reveal the complex ways in which gender roles were reconfigured in colonial Delhi. While previous studies have explored the legal and public health dimensions of prostitution, there remains a gap in understanding how prostitutes themselves experienced these policies and how they navigated societal expectations around hygiene and femininity. This study seeks to address this gap by focusing on the lived experiences of sex workers in Delhi, reconstructing their histories through both colonial records and oral sources.

Research Problem

The study of prostitution in colonial Delhi offers a unique lens through which to examine broader themes such as the intersection of gender, colonial governance, public health, and morality. Colonial authorities sought to regulate prostitution not only to manage venereal diseases among European soldiers but also to exert control over the bodies and lives of Indian women, thereby influencing the social construction of femininity. However, official records and moralistic discourse have often obscured the narratives surrounding these women. This research aims to uncover how colonial policies shaped both public perceptions of prostitutes and hygienic practices in Delhi. What forms of control did the colonial administration impose on the bodies of sex workers? How did notions of femininity evolve under colonial rule in response to prostitution and hygiene campaigns? And to what extent did these regulations reflect broader anxieties about race, class, and gender? The primary challenge lies in reconstructing the experiences of marginalized women from fragmentary colonial archives, which often represent their lives through the lens of surveillance and control.

Research Objectives

This study has the following primary objectives: to examine the colonial policies that sought to regulate prostitution in Delhi and their impact on public hygiene, and to analyze how notions of femininity and morality were constructed, contested, and transformed in the colonial context. Additionally, it explores the interactions between colonial authorities, indigenous elites, medical professionals, and sex workers. It assesses how the regulation of prostitution intersected with issues of race, class, and urban governance in colonial Delhi, as well as the resistance of prostitutes through archival records and oral histories.

Hypotheses

This study operates on the following hypotheses: First, colonial regulations around hygiene and public health led to the marginalization and criminalization of prostitution in ways that reinforced gender inequalities. Second, the colonial discourse on prostitution framed these women as 'diseased bodies,' juxtaposing them with idealized notions of pure, domestic femininity. Third, there was a transformation in indigenous perceptions of femininity as colonial ideals of hygiene and morality were internalized by Indian elites. Finally, public health initiatives, while ostensibly aimed at controlling diseases, were also used to surveil and control female sexuality and labor.

Research Field and Limitation

The study is geographically centered on colonial Delhi, focusing on neighborhoods historically associated with prostitution, such as Chandani Chowk, Kashmir Gate, Chawri Bazar, and Paharganj. These neighborhoods offer insights into the spatial dynamics of sex work, including how colonial urban



planning shaped the movement and visibility of prostitutes. Temporally, the study spans the period from the late 19th century, when the Contagious Diseases Acts were implemented, to the early 20th century, when nationalist movements and social reforms began to challenge colonial policies. This period allows for exploring the intersections between colonial governance and emerging nationalist discourses on gender and morality. This research faces several limitations, such as fragmentary archives: Colonial records on prostitution are often incomplete and reflect only the perspectives of state officials, offering limited insights into the subjective experiences of sex workers. Moralistic biases: Both colonial and indigenous sources frequently portray prostitutes in negative terms, complicating efforts to reconstruct their agency and resistance. The focus on Delhi, while offering a localized perspective, may not fully capture the diversity of prostitution practices across colonial India due to the temporal and spatial scope limits.

Research Methodology

This study adopts a qualitative, historical approach, drawing on both primary and secondary sources to reconstruct the experiences of prostitutes and understand the regulatory frameworks governing their lives. Primarily, this study employs archival research methods, including colonial government reports, police records, health department files, and municipal committee proceedings, which will be analyzed to understand the policies governing prostitution. Legal documents, including the Contagious Diseases Acts and court records, will offer insights into the legal frameworks and enforcement mechanisms. Secondary sources, including scholarly works on colonial governance, public health, gender, and urban history, will be utilized in this study to provide theoretical frameworks for analyzing prostitution in Delhi. Studies on prostitution in other colonial contexts, such as Bombay and Calcutta, will offer comparative insights. This research draws on insights from gender studies, medical history, and urban history to explore the intersections of hygiene, femininity, and state control as an interdisciplinary approach.

Historiography Review

Delhi, the capital of India, holds a unique position in the country's historical landscape, having served as the political, cultural, and economic epicenter for centuries. Its history is a tale of kings and empires, reflecting the evolution of urban spaces, social structures, and cultural exchanges. The historical evaluation of Delhi has been a dynamic process shaped by the interpretations of various scholars, archaeologists, and historians. Colonial historians such as James Mill and Henry Miers Elliot influenced the earliest historical evaluations of Delhi. Their works often presented a Eurocentric narrative, depicting the Delhi Sultanate and the Mughal era as periods of "despotism" and decline. Mill's *The History of British India (1817)*¹ categorized Indian history into Hindu, Muslim, and British periods, prioritizing the latter as the pinnacle of progress. Elliot's *The History of India as Told by Its Own Historians (1867)*² provided translations of Persian chronicles. Still, they framed the Muslim rule in Delhi as a period of cultural stagnation and tyranny. These colonial accounts were often biased, frequently overlooking the complexities of socio-economic changes during the Sultanate and Mughal periods. Scholars have recently adopted interdisciplinary approaches to study Delhi's history, incorporating perspectives from sociology, anthropology, and environmental studies. Such studies reflect the evolving nature of historical evaluation, where scholars engage with contemporary concerns like ecology, identity, and heritage preservation. In many senses, *Mark Crison* is justified in arguing that: "Delhi is probably the most studied of all modern colonial cities, the pre-eminent test case of postcolonial urban studies."³

The historiography of prostitution in colonial India, particularly in British Delhi, reflects the intersection of colonial governance, social control, gender, and public health. Scholars have explored this field through various lenses, including imperial biopolitics, nationalist responses to colonial policies, and feminist critiques of state regulation. Early works focused predominantly on colonial administrative records, framing prostitution as a social problem linked to public order and health. Over time, historians began to analyze these policies critically, examining how colonial rule sought to regulate and control women's bodies, often shaping discourses around morality, sexuality, and hygiene.



Key research in this field explores how the British colonial administration viewed prostitution through the lens of hygiene and disease control. Works by *Philippa Levine* (2003) in *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire* emphasize the role of venereal disease in shaping British policies. Levine argues that prostitution was regulated not only as a moral issue but also as a public health concern, particularly in military cantonments where British soldiers interacted with local women. The Contagious Diseases Acts (CDAs), implemented throughout the Empire, reflected the colonial state's anxiety over maintaining the health of its soldiers, often leading to invasive medical inspections of women labeled as prostitutes. Scholars like Levine argue that these practices exemplified the colonial government's biopolitical control over female bodies, intertwining health policies with the politics of race, class, and empire.

Nandini Bhattacharya's (2012) *Contagion and Enclaves*⁴ Adds to this discourse by analyzing how medical science was used to create racialized and gendered boundaries between Europeans and native populations. Her work emphasizes how the regulation of prostitutes was part of broader colonial efforts to demarcate spaces of hygiene and disease in cities like Delhi, thus reinforcing the separation of colonizer and colonized. These public health policies reflected not only the priorities of the empire but also deep-seated anxieties about maintaining racial purity and discipline.

Feminist historians have contributed significantly to understanding prostitution in colonial India by examining how women's bodies became a site for the imposition of colonial as well as patriarchal control. *Uma Chakravarti* (1990),⁵ In her work on colonialism, gender, and nationalism, she argues that prostitutes were often excluded from nationalist feminist discourse, as early Indian reformers viewed them as obstacles to the creation of an idealized, virtuous Indian womanhood. Chakravarti's work highlights the tension between colonial and nationalist ideologies, where both sought to control and regulate female sexuality but with differing goals and methods. While colonial authorities aimed to protect soldiers' health, Indian reformers sought to cleanse the nation's image by marginalizing these women.

Other scholars, such as *Anuja Agrawal* (2008), provide ethnographic insights into the continuity of these colonial discourses in post-colonial India. ⁶Agrawal discusses how colonial narratives about prostitution and public health have shaped modern attitudes toward sex work and sanitation, leading to the persistent stigmatization of women engaged in such activities. The absence of prostitutes from feminist narratives underscores the need to explore these women's lives and agency from a more intersectional feminist perspective.

Recent scholarship has moved beyond viewing prostitutes solely as passive victims of colonial control or nationalist reform. Scholars like *Ashwini Tambe* (2009)⁷ In *Codes of Misconduct*, " the authors challenge the victim-centered narratives by exploring how these women navigated colonial Delhi's complex social, legal, and economic landscapes. Tambe's work suggests that some women strategically used colonial legal frameworks to their advantage, resisting or accommodating state interventions in ways that complicate simplistic victim-oppressor binaries. This shift reflects a growing trend among feminist historians to uncover subaltern voices and agency, moving beyond the dominant narratives of oppression. By focusing on the lived experiences of these women, scholars contribute to a more nuanced understanding of how colonialism, patriarchy, and capitalism intersect in shaping their lives.

Stephen Legg's work, particularly in *Spaces of Colonialism: Delhi's Urban Governmentalities* (2007)⁸, draws on Foucault's theories of governmentality, emphasizing the spatialization of power and the ambivalence of colonial governance. Below is a historiography tailored to Legg's analytical style, focusing on prostitution, hygiene, and feminist thought in British colonial Delhi. The focus on prostitutes, particularly their surveillance and regulation, reveals the entanglement of moral anxieties, racial ideologies, and public health policies in shaping urban life in Delhi. Prostitution, then, was not only a social phenomenon but also a spatial problem, regulated through strategies that blended coercion with accommodation. Stephen Legg's own analysis of Delhi (2007) resonates with these insights, emphasizing the spatial strategy of colonial governance. Legg argues that the control of prostitution exemplified how colonial power operated through urban zoning, where districts like Chandni Chowk



and the cantonments became contested sites of moral and spatial regulation. In this reading, prostitutes were not merely subjects of state control but also agents who navigated the fragmented governance of colonial Delhi, evading or subverting state policies. Recent scholarship, including Legg's own contributions, highlights the complexities of governance and resistance in colonial contexts.⁹ Prostitutes in Delhi, like other marginalized groups, operated within a fragmented and incoherent system of colonial governance, which was marked by contradictions and failures. This perspective complicates traditional narratives of power, revealing how colonial governance was not monolithic but fractured, negotiated, and contested. In these spaces of ambiguity, women could resist or evade state control, using the very legal and spatial frameworks designed to contain them.

Kenneth Ballhatchet's seminal work *Race, Sex, and Class Under the Raj* significantly contributes to the study of colonial history, particularly in examining the intersections of race, class, and gender within the British imperial context.¹⁰ When applied to the study of prostitutes in British-period Delhi, Ballhatchet's analysis provides a unique perspective on how colonial discourses of race, sexuality, and social order shaped the lives of marginalized women. His work is crucial for understanding the historiography of colonial India, as it challenges and reconfigures earlier historical narratives that often overlooked or misrepresented the complex realities of sex work in the British period.

One of the key historiographical contributions of Ballhatchet's book is its exploration of how British colonial rule intersected with the social and sexual norms of Indian society. Previous historical accounts tended to portray colonial India as an entity steeped in moral and social degeneracy, a view that was often used to justify colonial intervention and control. Within this narrative, Indian women, mainly prostitutes, were seen as symbols of the "fallenness" of Indian society. Ballhatchet, however, refines this view by analyzing how British colonial authorities and medical professionals not only reinforced but also manufactured ideas of Indian women's sexuality. In particular, his study shows how colonial policies and medical classifications cast Delhi prostitutes as objects of colonial surveillance and regulation. By focusing on race, sex, and class as intertwined forces, Ballhatchet exposes how colonial power relations were embodied in the bodies of prostitutes, making them central to imperial concerns about public health, morality, and social order. In addition to the broader historical context, Ballhatchet's work is crucial in challenging the assumption that the colonial encounter was purely a one-way imposition of British norms upon Indian society. By examining the interaction between colonial and indigenous social systems, he highlights the agency of Indian women, even those working in the sex trade. His study emphasizes the cultural and social tensions that arose from colonial policies, showing that while prostitutes were often subjected to colonial state control, they also navigated and sometimes subverted these systems of power. This dynamic is essential for understanding the complexities of the relationship between the colonizer and the colonized, especially in the context of gender and sexuality.

Furthermore, Ballhatchet's work highlights the economic and social conditions that shaped prostitution in British-period Delhi. During the colonial era, the expansion of urban spaces, such as Delhi, led to the growth of diverse labor markets, and prostitution became a significant part of this economic landscape. His research contextualizes the experiences of Delhi prostitutes within broader economic transformations and the growing commercialization of sex. Prostitutes were not merely passive victims of colonial rule but were shaped by and participated in the complex socio-economic realities of the time. Ballhatchet's detailed examination of the colonial economy provides insight into how prostitutes navigated their precarious position in society while also being entangled in the exploitative structures of colonial capitalism.

Ballhatchet's study also makes an essential historiographical contribution in foregrounding the importance of race in the colonial sex trade. He argues that colonial medical and legal discourses constructed a racialized understanding of sexuality, where Indian women, particularly those involved in sex work, were depicted as racially and morally inferior. This racialization, according to Ballhatchet, had profound implications for the treatment of Indian prostitutes. The British colonial state's focus on controlling and surveilling Indian women was not only a means of regulating sexuality but also a way of reinforcing colonial power through the racialization of Indigenous bodies. By examining the



racialized nature of colonial policies, Ballhatchet enriches our understanding of the broader racial dynamics of colonialism. Another critical aspect of Ballhatchet's work is its engagement with the changing notions of "respectability" in colonial India. The concept of respectability, often associated with class and gender norms, was central to British colonial rule. Women who fell outside the boundaries of respectability, such as prostitutes, were seen as threats to the moral fabric of society. Ballhatchet's study examines how colonial authorities sought to regulate these women in the name of public health and social order. In doing so, he illuminates how the colonial state imposed its own moral code on Indian society while simultaneously exploiting these women's labor.

Ballhatchet's work also challenges earlier historiographical assumptions about the invisibility of women, particularly sex workers, in colonial history. Earlier historical narratives often marginalized the experiences of women and presented colonial India as a history dominated by men. By focusing on the lived experiences of prostitutes, Ballhatchet centers women's voices and experiences in a way that was previously overlooked. His analysis of the personal and social dynamics of sex work in Delhi provides a rich and nuanced portrayal of a group of women who were central to the colonial economy and social structure but were often relegated to the margins of historical inquiry. In conclusion, Kenneth Ballhatchet's *Race, Sex, and Class Under the Raj* represents a significant historiographical advancement in the study of Delhi prostitutes during the British period. By exploring the intersections of race, class, and gender in colonial India, Ballhatchet's work provides a nuanced understanding of the experiences of marginalized women under British rule. His focus on the colonial state's regulation of prostitution and its implications for the lives of sex workers challenges earlier historiographical narratives. It presents a more nuanced perspective on colonial exploitation. By foregrounding the agency of Indian women and the racialized nature of colonial power, Ballhatchet's book remains a critical text for understanding the social history of Delhi's sex workers and the broader dynamics of colonial rule.

The historiography on prostitution in British colonial Delhi underscores the importance of space, governance, and resistance in understanding the intersection of colonialism, hygiene, and feminism. Early scholarship focused on the regulatory frameworks imposed by the colonial state, while later feminist critiques highlighted the exclusion of prostitutes from nationalist discourses. Recent work has shifted towards exploring the ambiguities of governance and the agency of marginalized women within these frameworks.

The historiography on prostitution in British colonial Delhi highlights the complex interplay between colonialism, hygiene, and feminist thought. Early studies emphasized the administrative and health policies imposed by the colonial state, while later feminist critiques focused on the exclusion of prostitutes from nationalist and reformist discourses. Recent scholarship offers more nuanced perspectives by exploring women's agency and experiences within these frameworks. This body of literature underscores the need to rethink colonial and feminist narratives, shifting the focus toward understanding the diverse experiences of these marginalized women and the ways they navigated oppressive structures.

Key Primary Sources Review

In addition to the above-mentioned historiographies in this experimental study, several primary sources are also examined in detail. It is no secret that a brief introduction about them helps confirm the scientific experimental nature of this study. Many primary sources reveal information about the prostitutes of Delhi during the British colonial period, particularly in the 19th century. Many documents related to British rule are now deposited in the National Archives and the Delhi State Secretariat for research purposes. Especially in this experimental study, more attention was given to the documents in the Delhi State Archives because the field of research is related to that area.

Since this study focuses more on diseases and sanitation, referring to the reports related to Delhi Lock Hospitals was natural. Accordingly, the annual reports of Lock Hospital, published between 1859 and 1870, are essential documents.¹¹ This document provides information about the consorts of all regions in India during this period. It includes information about the Lock Hospitals established for STDs, their facilities, and related patient reports. Also, the details of the regulations related to girls' registration in the Lock Hospital attached to the army cantons in the main areas of Delhi are included



here. Due to the presentation of this information over the years, this document has made a significant contribution to the research topic.

Sanctions of the Government of India to the Continuity at the Lock Hospital in Delhi is an important document that further explains the British government's interest in prostitutes in Delhi.¹² It was issued under the heading of Quartermaster General and by the British Indian Government Authority to the Military Department. Here is a description of how to separate the hygiene of Delhi prostitutes from the state's public health. Additionally, facts can be revealed about the transfer of authority and the introduction of responsibilities for the Delhi local government from the central government and its administrative form. Also, by 1870, in Delhi, special attention was given to sex workers, and information related to women's health was revealed.

Residency Record file no. 67 is another document that discusses the administration, organizational structure, and functioning of Lock Hospitals, presenting a lengthy description of sexually transmitted diseases.¹³ The Sanitary Commission has identified the current public health needs of the city of Delhi. Also, this document shows the registration of sex workers, the punishments given to those who violate the regulations, and how to maintain relations between sex workers and the military. The government has outlined various measures that can be taken to maintain sanitation and public health in the city of Delhi. It reflects well the condition of local sex workers.

There are also instances where Delhi courtesans have acted in disregard of government regulations.¹⁴ There is also a report on the penalties for violating the legal frameworks presented for sanitation in Delhi. This also provides insight into the discrimination against women and the measures taken by the government to promote hygiene. Apart from this, the Acts presented on STD prevention were also used as primary documents.¹⁵

Contemporary newspapers are invaluable primary sources for studying the phenomenon of prostitution in Delhi during the British Empire. These publications provide direct insight into the attitudes, discourses, and policies of the time, offering a window into how prostitution was perceived and regulated by both colonial authorities and the broader society. Through newspaper reports, editorials, and advertisements, historians can reconstruct the social, legal, and economic contexts in which prostitution flourished.¹⁶ These sources also reveal the voices of both the colonial state and the indigenous population, offering a more nuanced understanding of the experiences of prostitutes and the moral and political concerns surrounding them.

Newspapers from the British colonial period frequently reflected the colonial government's concerns about public health, racial purity, and moral decay. Prostitution was often depicted as a social evil that needed to be regulated to prevent the spread of venereal diseases and preserve the moral fabric of society.¹⁷ The Times of India, for example, reported extensively on the spread of syphilis and other sexually transmitted diseases among prostitutes in urban centers like Delhi, reinforcing the colonial narrative that Indian women, particularly those involved in sex work, were a threat to public health. Articles often linked the prevalence of disease to the supposed immorality and racial inferiority of prostitutes, reinforcing stereotypes that justified colonial interventions.¹⁸

The introduction of the Contagious Diseases Acts and other regulations aimed at controlling prostitution and the spread of disease were frequently discussed in newspapers.¹⁹ These laws empowered colonial authorities to regulate and monitor women engaged in sex work, often subjecting them to medical examinations and confinement in "lock hospitals." The Pioneer or The Statesman might report on these laws, showcasing governmental efforts to "cleanse" society and the opposition from various quarters, including Indian social reformers and those who criticized the legal frameworks as invasive and oppressive.²⁰ Such newspaper reports can shed light on how prostitution was framed as both a moral and a medical problem, showing the intersection of race, class, and colonial power.²¹

Newspapers also played a role in shaping public opinion about women involved in prostitution. Articles often portrayed these women as victims of circumstance, subjected to harsh conditions due to poverty or coercion, or as morally corrupt individuals who threatened the social order.²² In the case of Delhi, where prostitution was not only part of the urban landscape but also linked to specific



communities (such as the tawaifs, or courtesans), newspapers like The Hindustan Times would often report on the lives of these women, both with sympathy and condemnation. For example, the coverage of famous courtesans, who were sometimes seen as artistic figures but also as symbols of "fallen" women, illustrates how gendered and racial assumptions shaped public perceptions of prostitution.²³ Newspapers often reflected colonial attitudes that racialized Indian women, viewing them as inherently immoral and in need of regulation.

The colonial state's focus on prostitution as a public health issue is another crucial aspect captured by newspapers.²⁴ The British authorities were deeply concerned about the impact of prostitution on soldiers and other European men in the colonies, often framing it as a threat to the empire's stability.²⁵ Newspapers were often used to spread public health messages, and reports about the establishment of "lock hospitals" or the forced medical examination of prostitutes appeared regularly.²⁶ The Indian Daily News, for instance, would publish updates on the enforcement of these regulations, detailing the work of colonial doctors and the medicalization of prostitution.²⁷ Such reports reveal the colonial state's desire to control and monitor the sexuality of Indian women, a form of social control that extended beyond the regulation of prostitution to encompass broader concerns about racial purity and the perceived moral failings of the colonized.

Newspapers were not just mouthpieces for colonial power; they also gave space to Indian voices, including social reformers who sought to address the issues of prostitution from a local perspective. Figures like Ishwar Chandra Vidyasagar and Keshab Chunder Sen, who advocated for women's rights and social reforms, used newspapers to raise awareness about the exploitation of women in prostitution and call for better social and legal conditions.²⁸ Newspapers like The Hindu Patriot published articles on the need for women's empowerment and criticized colonial practices, including the regulation of prostitution, which they saw as dehumanizing and exploitative. These articles provide a critical counter-narrative to the colonial discourse, offering insights into the growing movement for social change in India.²⁹

Reports on the urbanization of Delhi, the growth of markets, and the movement of soldiers, traders, and colonial officials into the city all reflect the changing dynamics of the town and its sex trade.³⁰ The increasing commercialization of sex in Delhi is evident in the advertisements for brothels or sexual services that appeared in colonial newspapers.³¹ These sources can help historians understand the economic drivers behind prostitution, highlighting how women in the sex trade were often caught in a web of poverty, lack of opportunity, and colonial exploitation.³²

In summary, contemporary newspapers offer a rich and multifaceted source for studying prostitution in Delhi during the British Empire. They provide critical insight into the colonial discourse surrounding sex work, the legal and medical regulations that governed prostitution, and the social and economic conditions in which it thrived. Newspapers capture both the voice of the colonial authorities and the responses of Indian reformers, offering a broad spectrum of perspectives on the issue. As primary sources, they enable historians to reconstruct the complex intersection of race, gender, class, and colonial power and deepen our understanding of the lives of prostitutes in colonial Delhi.

RESULTS AND DISCUSSION

01. Historical Context of Prostitution in India

Analysis of the Terms *Prostitute* and *Ganika* in Pre-Colonial and Colonial India

The terminology and cultural perceptions surrounding sex work in India underwent significant shifts from the pre-colonial period to the era of British imperialism. The terms *ganika* and *prostitute*, though both referring to women engaged in sexual labor, carried distinct cultural meanings shaped by historical, social, and legal contexts.

Pre-Colonial India: The Role of *Ganikas* and Courtesans

In ancient and medieval India, sex work was not always associated with moral degradation. The term *ganika* describes high-status courtesans who played significant societal roles. These women were trained in the arts, including music and dance, and possessed intellectual and political influence in royal



courts. The main primary texts that describe Ganikas in pre-colonial India, such as Vatsyayana's *Kamasutra* (c. 3rd century CE), state: One of the most thorough explanations of the responsibilities and education of courtesans (*ganikas*) may be found in the *Kamasutra*. It characterizes them as exceptionally talented ladies in the arts, including dance, music, and conversation, necessary for upscale social events. The *Kamasutra* also emphasizes the emotional and intellectual power of *ganikas* by portraying them as men's financial and amorous advisors. According to the book, courtesans are lovers and performers who are integral to sophisticated urban life.³³ *Arthashastra* by Kautilya (4th Century BCE): This treatise on statecraft and governance discusses courtesans within the administrative framework of ancient Indian society. Kautilya advises rulers to employ *ganikas* in espionage and diplomacy, emphasizing their strategic value in politics. The state-regulated courtesans and their earnings were subject to taxation, indicating that sex work was an institutionalized and accepted profession.³⁴ This suggests that *Ganikas* were integral to the socio-political fabric, contributing to the economy and governance.

Jataka Tales (Buddhist Canon, 3rd Century BCE – 4th Century CE): These narratives, which depict the previous lives of the Buddha, often mention courtesans in moral and allegorical contexts. In some stories, *ganikas* are depicted as figures of temptation, but in others, they are shown as compassionate and wise, achieving spiritual insight. The *Jataka* tales thus present a complex picture of courtesans, reflecting societal ambivalence towards their profession and their potential for moral redemption. *Kalidasa's Works* (c. 4th-5th Century CE): In plays such as *Mrichchhakatika* and *Shakuntala*, Kalidasa portrays courtesans as pivotal characters, often involved in helping the protagonists or offering social commentary. This indicates that courtesans were integrated into literary narratives as objects of desire and agents with emotional depth and wisdom. *Inscriptions and Temple Architecture* (10th-12th Century CE): Some inscriptions from South India, especially in Tamil Nadu, mention courtesans who were associated with temples as *devadasis* (women dedicated to temple service). These inscriptions indicate that courtesans played religious roles, performing rituals and dances in honor of deities. Temple sculptures also depict music and dance scenes, symbolizing the cultural contributions of *ganikas* and their role in fostering art and spirituality within temple complexes.³⁵

British Colonial Period: The Shift to Prostitution

With the advent of British colonial rule, the nuanced understanding of sex work in Indian society was replaced by a narrower, more stigmatized conception. The British imposed Victorian morality, transforming sex work from a culturally embedded practice to a moral problem and public health issue. This shift also marked the replacement of indigenous terms like *ganika* and *tawaif* with the English word "prostitute," which carried a distinct moral stigma.

Stephen Legg argues that the British sought to categorize and control prostitutes through legal frameworks such as the Contagious Diseases Acts (1868) and the Cantonment Acts (1864). These laws criminalized unregistered sex workers and confined them to specific urban zones near military cantonments to control venereal diseases.³⁶ *Charu Gupta* explains that British policies effectively erased the cultural identity of *tawaifs* and *ganikas*, casting them solely as sources of contagion and moral corruption. This criminalization coincided with the rise of nationalist movements, which further marginalized prostitutes by framing them as threats to national respectability and purity.³⁷ The colonial state also relied on hierarchical racial categories to differentiate between European and native prostitutes, with European sex workers often receiving better legal protection and access to medical care. Gupta notes that Indian prostitutes became symbols of social degeneration, subject to surveillance and exclusion from public life. At the same time, European sex workers were seen as unfortunate victims of circumstance, deserving of rehabilitation.

Scholarly Perspectives on the Transition

Gayatri Spivak has famously described colonial interventions as attempts to "save brown women from brown men." In this framework, prostitutes were depicted as victims needing rescue from native men, reinforcing both racial and gender hierarchies.³⁸ The colonial discourse framed the prostitute as a passive figure, stripping her of the agency historically associated with *ganikas*. *Tanika Sarkar* emphasizes that colonial policies governing prostitution aligned with the broader colonial



strategy of controlling women's bodies and sexuality to consolidate power. Sarkar argues that, by marginalizing prostitutes, the British reinforced a model of respectable domesticity that served both colonial governance and nationalist agendas.³⁹ *Nandini Bhattacharya* examines the transition from the cultural identity of *tawaifs* to the category of "prostitute" as an instance of epistemic violence. By imposing British moral codes, the colonial state erased the socio-cultural significance that sex work had previously held in Indian society, replacing it with a narrative of sin and degradation.⁴⁰

The transformation of *ganikas* and courtesans into "prostitutes" under British imperial rule exemplifies how colonialism restructured indigenous practices of sexuality. The introduction of laws such as the Contagious Diseases Acts not only criminalized sex workers but also altered public perceptions of them, stripping away their historical roles as cultural custodians.⁴¹ Scholars argue that this shift was not merely a consequence of colonial governance but also reflected more profound anxieties about race, morality, and gender. As India moved toward independence, nationalist discourses further marginalized prostitutes, positioning them as outsiders in the newly imagined nation-state. This analysis demonstrates that the term "prostitute" during the British Empire carried significant colonial baggage, erasing the nuanced and varied roles of sex workers in pre-colonial India. Scholarly engagement with this topic offers valuable insights into how colonialism redefined gender, sexuality, and morality, leaving lasting legacies on social policy and public perception.

02. Colonial Policies and Spatial Segregation

The British colonial administration in India introduced various policies aimed at controlling urban spaces and shaping the lives of marginalized groups, including sex workers. These colonial measures were deeply embedded in concerns over race, morality, and public health, leading to the spatial segregation of prostitutes into confined areas. As a strategic and growing colonial city, Delhi became a prime site for implementing such policies. This section examines the colonial regulation of prostitution and the spatial segregation that resulted, analyzing the impact of laws like the *Cantonment Act (1864)*⁴² and the *Contagious Diseases Act (1868)*⁴³. Drawing on primary and secondary sources, the essay highlights how these policies mirrored the intersection of imperial governance, racial anxieties, and the desire to control public spaces.

Colonial Policies: Legal Framework and Control Mechanisms

Cantonment Act (1864) and the Regulation of Brothels

The *Cantonment Act of 1864* was one of the earliest efforts by the British to regulate prostitution in military areas, as the colonial government sought to control venereal diseases that afflicted British soldiers. According to the Act, prostitutes operating near cantonments were required to register and undergo regular medical inspections. Military cantonments, such as those in Delhi, Lucknow, and Agra, were established to serve the needs of European troops, and brothels were confined to these spaces to limit their interaction with the broader population.⁴⁴ This segregation was aimed at controlling public health, but it also reinforced racial and gender hierarchies, with sex workers serving as both providers of pleasure and potential carriers of disease.

Contagious Diseases Act (1868)

The *Contagious Diseases Act (1868)* extended the state's control over prostitution beyond military zones. It mandated compulsory health examinations for registered prostitutes and empowered police to detain unregistered women suspected of engaging in sex work. Scholars like Stephen Legg argue that this Act reflected Victorian anxieties about race and purity, with the British seeking to protect their soldiers from "contaminating" influences. The Act also created spatial boundaries between "respectable" society and "immoral" activities, forcing prostitutes into designated neighborhoods.⁴⁵ During this period, the Paharganj area in Delhi, along with certain streets near Kashmiri Gate, became unofficial red-light zones.

Spatial Segregation and Urban Planning: Red-Light Districts and Racial Hierarchies

Colonial urban planning in cities like Delhi institutionalized the spatial segregation of marginalized communities, including prostitutes. British policies reflected a desire to keep European



spaces "pure" and morally upright, relegating sex workers to marginalized areas. Stephen Legg notes that urban segregation was not just a public health strategy but also a tool to assert colonial dominance over Indigenous populations.⁴⁶ Colonial policies enforced a sharp division between respectable and "deviant" spaces in cities like Delhi. Prostitution was confined to specific areas, often near military installations or within designated red-light districts. The restructuring of Delhi's urban spaces during the British Raj mirrored broader efforts to maintain social order through spatial control. Discusses how prostitutes were relegated to marginalized areas and removed from the central urban environments frequented by elites and respectable citizens. This zoning practice was meant to ensure that sex workers remained out of sight, isolated from public life, and less able to influence the moral landscape of the city. While Indian sex workers were monitored and restricted to specific neighborhoods, European sex workers, when present, were afforded better healthcare and legal protection, demonstrating the racialized nature of colonial policies.⁴⁷

The spatial segregation of sex workers was not simply a means of controlling disease; it was also a reflection of the British colonial state's desire to impose a racial and moral hierarchy. Native Indian sex workers were forced into overcrowded and unsanitary zones, while European women, when engaged in prostitution, were often afforded better living conditions and healthcare. Charu Gupta's research on gender and race in colonial India notes that the distinction between Indian and European prostitutes was a key feature of British regulatory policies, which emphasized the racial superiority of European women even within the context of prostitution.⁴⁸

Changing Spaces in Post-1857 Delhi

The 1857 revolt transformed Delhi's urban landscape, leading to the reconstruction and policing of public spaces. The British administration saw courtesans and prostitutes as potentially subversive elements, given their close ties with the aristocracy and military elites of the Mughal era. After the rebellion, courtesans were driven out of their traditional quarters in Chandni Chowk and Darya Ganj, marking a deliberate effort to break the social networks that had once supported them.⁴⁹ These areas were repurposed for colonial governance, while sex workers were forced into peripheral districts, reinforcing their marginalization.

The colonial policies that regulated prostitution in British India were deeply intertwined with issues of public health, racial hierarchies, and moral governance; through instruments like the Cantonment Acts and Contagious Diseases Acts, the British enforced spatial segregation, confining sex workers to designated areas and subjecting them to intrusive state surveillance. These policies reflected broader colonial anxieties about race, sexuality, and public order, as well as the empire's need to maintain military discipline.⁵⁰ The legacy of these policies continues to shape the lives of sex workers in India today, demonstrating the long-lasting impact of colonial governance on urban spaces and social norms.

03. Prostitution and Venereal Diseases

The British government's demands and experience led to the development of its venereal disease policy, which was primarily concerned with providing the most excellent sanitary, medical, and hygienic facilities for its white population and military. Their entire strategy was based on the idea that British people were superior to other races.⁵¹ It was widely believed that rare venereal illnesses could be traced back to ancient India; however, "few attempts have been made to detect syphilis and gonorrhoea in old Ayurvedic (Hindu) literature. However, according to Jaggi O.P.,⁵² ancient Indian medical texts such as the Sushruta Samhita and Charaka Samhita, while discussing various sexual organ illnesses in both men and women, fail to highlight symptoms and indicators similar to those caused by gonorrhoea or syphilis. Bhavaprakasha is the first Indian medical treatise that describes syphilis. It was written by Bhava Misra around 1550 AD. He refers to it as the European illness or phirangi-roga. By the 17th century, the term "foreign diseases" (firangi-roga), which referred to venereal diseases in India, was hardly ever encountered. Jaggi O.P. published information about the situation in the *Medicine Journal*. The Modern Era. "It is said that Portuguese people brought venereal diseases such as syphilis and gonorrhoea to India."⁵³ When the British conquered India, venereal illnesses were widespread, but after 1857, they became serious and widespread. There were many different types of venereal diseases,



including warts, syphilis, gonorrhea, phimosis, and stricture, in the cantonments among the European soldiers. It was acknowledged that brothel houses were mainly located in newly developed urban districts and that both British and Native soldiers routinely frequented these areas and engaged in unsanitary sexual relations with local prostitutes. Due to their drinking habits and the fact that they were living in a foreign country without family, the majority of English soldiers quickly lost their morals and began having sex with local prostitutes. For the reason that they were young and single, the British soldiers were unable to refrain from having sex with unlicensed prostitutes. The high rate of venereal illnesses in the army soon caused the government to become alarmed. Venereal disorders, in addition to impairing military effectiveness, were infecting their spouses or engaging them in other forms of prostitution when they returned home.⁵⁴

Indian prostitutes typically originate from low-income households or lower castes, which reflects their low social standing. Numerous historical documents demonstrate that a large number of the trafficked women were impoverished or from lower castes. According to Basu's article on Indian prostitutes, "Sexually Transmitted Diseases and the Raj," they were viewed as having chosen the "oldest profession" of their own volition; it was a caste-based job that was frequently passed down from mother to daughter. Although prostitutes might recover from the virus, there was no hope or desire for them to alter their way of life.⁵⁵ But first, the British government tried to set up a unique prostitution house called *Chakras* inside the cantonment's borders. The sexual demands of the soldiers in the cantonment were brought to the attention of the British government. For the reason that they were young and single, British troops' sexual urges could negatively impact their mental well-being. Providing for the needs and desires of soldiers had become a primary concern for the government, and it gradually developed a policy of giving Indian women to satisfy soldiers' sexual appetites.⁵⁶ British officers were concerned about homosexuality in the troops, which was the primary basis for the creation of *chakras*, which were designated as the red-light area (prostitution area). British soldiers were frequently homosexual, and they may have developed a habit of being gay whenever they were transferred from one location to another.⁵⁷ *Chaklas*, or brothel houses, were established by British authorities at Sadar Bazaar or in the surrounding area of the cantonment. Each regiment had these kinds of *chaklas*, but the cantonment was only open to registered prostitutes.⁵⁸ A healthy prostitute might request to be registered, and once registered, she was allowed to live in a cantonment or *chaklas*. Only British service members were permitted to associate with the registered prostitutes. In *Chaklas*, registered prostitutes were referred to as "queen's ladies" or *Lalkurti*. The government appointed *mahaldarnis* to oversee the *chaklas*.⁵⁹ *Chaklas*'s supervisor was in charge of the prostitutes' medical examinations—the military authorities controlled prostitution for their "young boys" to shield soldiers from sexually transmitted infections. To prevent dangerous and severe consequences, prostitution had to be encouraged in the regiments.⁶⁰

There is no denying that sexual contact with prostitutes was the main factor in the development of venereal disease among the soldiers. Cities, towns, villages, and cantonments may all have this kind of prostitute. Circular 3 of 6 January 1872, which forbade the hutting of female workers employed in the cantonment, was issued by British authorities once the cause was discovered. Military authorities viewed the unregistered prostitute as sick and skulking outside cantonment lines.⁶¹ This kind of prostitute had no right to serve European soldiers and was ignorant of safe sex practices. In addition to being based on race, this kind of prostitution segregation was also brought about by medical evaluation. The military leadership was well aware that unregistered prostitutes were causing venereal disease among the soldiers. Because they could not be outlawed or suppressed, military authorities were more concerned about the requirement that prostitutes undergo medical examinations. They supported the Indian Contagious Diseases Act because they believed that regular screening of sex workers could be beneficial.

04. Lock Hospital and Prostitution's Hygiene

Nonetheless, the first law to offer protection against venereal disease was the "Indian Contagious Disease Act." The British have previously directly interfered in the management of sexually transmitted diseases. In the 18th century, several British regiments had already started setting up brothel houses, or "Lal Bazaars," in the cantonment districts. The older woman in charge of these Lal Bazaars was in charge of the prostitutes' well-being and routine medical checks. It was the superintendent's duty



to transfer any women who contracted a venereal disease to Lock Hospital and expel them from Lal Bazaar or the brothel house. In addition, the Governor-General in Council utilized its authority to construct "Lock Hospitals for the Reception of Diseased Women" in northern India towards the end of the eighteenth century to prevent the spread of venereal disease among European soldiers. The Madras government implemented mandatory medical examinations in 1805 AD to discover sexually transmitted diseases in women. It established Lock Hospital to treat afflicted women based on a plan drafted by the Medical Board, and in 1870, it introduced Lock Hospital to Delhi.

The Contagious Disease Acts⁶² Sought to prevent venereal diseases in military personnel through several regulations. It was guaranteed that no prostitutes would be permitted to access the cantonment's sex market without a license, and registered prostitutes were expected to carry one. Within the cantonment's boundaries, only registered prostitutes were permitted to live or work.⁶³ A prostitute could not have been held in a brothel house without a medical checkup, and the Committee brothel house was not allowed in the cantonment region without the cantonment's approval. Any prostitute who wishes to quit their job may have their name removed from the register if the cantonment magistrate is convinced that she genuinely wants to do so. Since military authorities attempted to maintain prostitutes in the cantonment, it was challenging to have their names removed from the registry. Due to several issues they encountered during the medical test, many registered prostitutes wish to have their names removed from the register. A prostitute was required to be forcibly confined to the Lock Hospital for a maximum of nine months if she contracted a venereal disease.⁶⁴ She was not permitted to engage in sexual contact with soldiers during this time, and she would have to pay a fee to the magistrate if she did. The prostitutes faced a penalty so severe that it might be as much as fifty Rupees or eight days in jail.⁶⁵ Compared to unregistered prostitutes, this circumstance was more challenging for registered prostitutes. The best course of action for the prostitutes was to become unregistered to circumvent all required paperwork. Polish officers have the unique right to search any home where a registered prostitute lives. It seems that registered prostitutes were not trusted enough to visit Lock Hospital for a medical examination. According to many allegations from Lock Hospitals, registered prostitutes were kept from undergoing a medical exam. Prostitutes suffered from the Indian Contagious Diseases Act in two ways. The first was that all registered prostitutes were required to pay the government. At Hazaribagh, fees were assessed: "Every registered prostitute pays eight annas (half Rupees) per mensem, and every brothel owner pays one rupee."⁶⁶ Because infected prostitutes were not permitted to have sex with troops, a prostitute who failed the medical inspection might be placed in hospital custody and later lose their job. Reports indicate "many of those who did not attend the examination and who were accounted for as having 'absconded' came from the Fort William station."⁶⁷ Despite diligent efforts, the Dum-Dum station had an average of just 52 prostitutes on the registry. There were only 67 women listed as having been held for medical care. Numerous prostitutes attempted to evade registration, and many remained unregistered, according to multiple reports from the Lock Hospital.⁶⁸

All public prostitutes were subject to the rules without exception. Still, later on, a distinction between registered and unregistered prostitutes was made, and all prostitutes now had to abide by the XXII of 1864 regulations. The Lieutenant Governor of Delhi announced on October 26, 1869, that all classes of public prostitutes would be subject to these regulations.⁶⁹ Dr. Collison separated the prostitutes into three groups: first, those who were known to be frequented by Europeans; second, those who lived in sarais (inns) and were common among the natives but generally did not associate with Europeans; and third, those who made their living by dancing and singing and were only accessible to the upper classes of the native population. Furthermore, the British government distinguished between prostitutes and acknowledged the legal institution of prostitution for the first time. The caste of the registered prostitute was also recognized by the authorities, who noted it in the registry. Maybe the military wants to keep the higher caste prostitutes in the European soldiers' cantonment. Lower caste women were undoubtedly heavily involved in prostitution, and some sources indicate that occasionally, their entire family was involved as well. In this context, Dr. Saunders believes "the women whom the soldiers frequent are generally the poorest coolies who roam about the station and are mostly unregistered because they come in and leave again."⁷⁰ Since the unregistered prostitutes were always on the move, it was difficult to identify them. Unregistered prostitutes, who were primarily from lower castes and often frequented the cantonment, had been causing issues for every cantonment. The



Shahjehanpur Medical Officer talked about the prostitution of lower-caste women. Despite their best efforts, the British government was unable to regulate the lower caste of unregistered prostitutes. They were in a local town close to the cantonment and the Sadar Bazaar. According to the Sanitary Commissioner, many of the town's public ladies will become inaccessible to the European soldiers in these situations.⁷¹ When soldiers left their houses, their spouses contracted the soldiers' infections, which was a key factor in the spread of venereal diseases among civilians. Contentment Medical Officers had been voicing the belief that cool women working in public works or other barracks activities were the primary source of infections for the European soldiers.

Additionally, the European Regimental Police stepped in and accompanied native police when they detained unlicensed prostitutes from lower castes. Controlling prostitution in the vicinity of the Cantonment was extremely challenging in this scenario. The Cantonment Magistrate of Saugor also noted that the low-caste women of the city and cantonment, who roam the streets and barracks at night, are primarily responsible for the unlicensed prostitution that takes place there.⁷² In actuality, the British government does not wish to regulate prostitution; instead, they want all prostitutes to register at a hospital for a medical checkup, either voluntarily or under duress. Due to starvation or pandemic diseases, people were forced to leave their villages, and occasionally, they struggled to find jobs in the city. "Faced with a choice between starvation on the one hand and overcoming an instinctive reluctance on the other, it is hardly surprising that women in desperate situations have at all times turned to prostitution as the way out," as many women found hope for money in prostitution.⁷³ Only registered prostitutes had access to Lock Hospital's medical facilities. The majority of the prostitutes were denied access to healthcare because of this system. However, there were no unclean women or members of the lower caste who could transmit venereal illnesses. Although the number of venereal disease cases among European soldiers was rising, it was significant to note that "at the same time, the Lock Hospital had been almost empty."⁷⁴ Unregistered prostitution was obviously not the only factor contributing to the spread of venereal disease; European soldiers were also to blame.

In a medical assessment, the British government discovered that they were unable to regulate soldiers' libido or attract unregistered prostitutes. The primary reason why venereal infections spread was due to medical factors. According to officers at the Lock hospital, the number of individuals with venereal diseases seen in hospitals decreased after 1870. According to the Annual Sanitary Report, the number of venereal illnesses among European soldiers never dropped below 250 between 1852 and 1867.⁷⁵ As Lock hospitals began to appear, it was thought that more attention was paid to following the guidelines for preventing venereal diseases. For the reason that local prostitutes were unavailable within their boundaries, the cantonment magistrate and medical officers were frequently unable to identify infected prostitutes. Although they weren't hired widely, the native matrons and dhaies would have been more helpful for this aim than other agencies. She served as the liaison between the local prostitutes and the medical officials most of the time, and she could have done a better job of enforcing the rules. Particularly in cases where the cantonment was situated in a large area and close to a hamlet or market, as these locations are home to a large number of unregistered prostitutes and the dhaies were acquainted with the villages and shops. However, J.M. Cuninghame, India's Sanitary Commissioner, recommended that more dhaies and matrons be hired to supervise the public prostitutes and identify those who had eluded registration. Above all, women might not feel harassed or hesitate when using dhaies. According to numerous sources, registered prostitutes' attendance at medical examinations was particularly erratic in 1868.⁷⁶ The main barrier to successful registration was the monthly fees that were assessed to registered prostitutes. They believed that Britain was applying a double standard of law because of the provisions of the Acts. In addition to punishing women for getting sick, the British made them serve a large number of soldiers in a short amount of time. The most significant illustration of Britain's double standard was the fact that European soldiers were never investigated or held responsible for their role in the spread of illness.

To stop prostitutes from transferring from one location to another, a frequent correspondence system was set up between Lock Hospital and the surrounding area. They believed that transporting prostitutes spread venereal diseases from one location to another and sickened troops who were otherwise healthy. It is partially true that the number of cases declined after the 1870s, but it is still



possible that many prostitutes and soldiers covered up their venereal infections. Despite the elimination of prostitution registration fees, prostitutes showed no interest in registering. "Has not been to increase by one single woman the number on the register," according to a letter from Dr. Perkin of Lock Hospital.⁷⁷ Because the government did not adhere to a consistent policy, Lock Hospital's history was erratic; it opened, closed, and reopened in response to military power.⁷⁸ They didn't get interested in the regularly scheduled succession of Lock Hospitals and dispensaries until after 1858. Nevertheless, these hospitals were built exclusively for the military. The British government began to take notice of prostitutes and closed hospitals in 1858. A Royal Commission was established in 1863 to look into sexual diseases among British soldiers.

The city was home to those sex workers; they were exempt from the cantonment law. The city's prostitutes were inspected by lady matrons or dhaies twice a week. She was required to undergo more testing and visit the city's Lock Hospital twice a month. She was the superintendent of the women, and their primary responsibility was to bring sick patients to the hospital. The Dhaies system was far more successful than other officers. Because their work was more challenging and took a lot of patience and perseverance, they made a name for themselves in the major cities as a crucial liaison between the government and prostitutes. The shares were in high demand in the big metropolis because of their experience and knowledge of local prostitutes. The Delhi medical officer requested that dais be provided to monitor the city broadly.⁷⁹

Because these towns were drawing prostitutes, Calcutta, Madras, and Bombay had the highest rates of venereal illnesses. However, Delhi, the capital of British India, was suddenly becoming a new metropolis. The Delhi Municipal Commissioner brought attention to the prevalence of venereal diseases in the city; he was concerned about the impoverished and the fact that women were contracting these infections, but he was sorry that women were reluctant to visit the hospital for a checkup because they felt that these illnesses were embarrassing. Without seeking medical advice, they attempted to take the remedy at home rather than at a hospital. Because they were not familiar with venereal illnesses, even men were reluctant to visit the hospital and instead chose to see vaidya or hakims.⁸⁰ That was the main reason why there were more incidences of sexual illnesses in Delhi. One of the most significant illnesses affecting people's families was this one. The British government continued to believe that sexual diseases were caused by excess, carelessness, ignorance, and filth, all of which were controllable by the individual.⁸¹

CONCLUSION

The study of prostitution in colonial Delhi through the lenses of hygiene, femininity, and state control offers valuable insights into the socio-political dynamics of the time. Colonial prostitution policies were not merely an attempt to regulate sexual activities but rather reflected the intersections of gender, class, health, and imperial control. The colonial administration sought to maintain social order by constructing a regulated sexual economy, wherein the female body became a site for both moral governance and medical intervention. This research highlights how prostitutes were not seen solely as marginalized individuals but as essential components within the broader colonial agenda—integral to maintaining control over both native populations and British soldiers.

The colonial state's interest in prostitution was framed heavily around public health, with venereal diseases (VDs) being a primary concern. British authorities were preoccupied with controlling the health of their troops, fearing that the spread of disease among soldiers could compromise military efficiency. As a result, regulations such as the Contagious Diseases Acts (CDAs) were implemented, targeting the bodies of native prostitutes rather than the soldiers themselves. Through medical inspections and quarantines, the state sought to sanitize public spaces while casting blame on women as the primary vectors of disease. This approach reveals a colonial obsession with hygiene and sanitation, wherein controlling prostitution became synonymous with maintaining the perceived "filth" and "immorality" of Indigenous society.

However, this obsession with disease prevention did not lead to genuine concern for the well-being of the women involved. The colonial medical system reduced prostitutes to biological entities, valuing their health only insofar as it related to the safety of the imperial army. This process of



medicalization had the paradoxical effect of objectifying women's bodies while simultaneously ostracizing them within the larger colonial social fabric. Thus, medical intervention was less about care and more about control, a tool to discipline both women and their clients. Colonial discourse framed prostitutes as antithetical to the ideal notions of femininity and domesticity. While elite Indian women were portrayed as embodying chastity and motherhood, prostitutes were positioned at the margins, embodying deviance and immorality. This dichotomy between the "respectable woman" and the "fallen woman" became a way for both the colonial administration and indigenous elites to demarcate boundaries of moral behavior. Prostitutes, often from lower castes or marginalized communities, symbolized the dangerous intersection of caste, class, and gender, which the colonial state and Indian reformists alike sought to discipline.

The colonial emphasis on regulating prostitutes' conduct and appearance reinforced Western notions of feminine respectability. The control over prostitutes' dress, behavior, and even personal hygiene reflects the colonial agenda to impose Eurocentric ideals of womanhood on native society. The surveillance of women's sexuality through such policies suggests that colonial power was not limited to economic or political domination but extended deeply into the realm of cultural hegemony, seeking to reshape Indigenous gender norms to align with British moral standards. While the colonial regime sought to regulate prostitution for its own purposes, resistance and non-compliance were common. Many women found ways to navigate, subvert, or resist colonial control. Some prostitutes exploited the legal ambiguities of the system, moving between regulated and unregulated spaces to avoid medical inspections or fines. Others capitalized on the demand for their services among soldiers and urban elites, using their agency to secure livelihoods despite societal stigmatization. Such acts of defiance highlight that even within the oppressive structures of colonialism, women retained a degree of autonomy in shaping their destinies.

The tension between colonial regulations and indigenous practices also reveals the limits of imperial control. The colonial state's efforts to govern sexuality were never entirely successful, as prostitution networks continued to operate both legally and illicitly, undermining the effectiveness of regulatory policies. Furthermore, Indian social reform movements, which sought to abolish or reform prostitution, often mirrored colonial discourses on morality but with an emphasis on national honor and respectability. These movements, too, contributed to the marginalization of prostitutes by reinforcing the binaries of "pure" and "impure" femininity, thus complicating the narrative of resistance and emancipation.

The history of prostitution in colonial Delhi provides a crucial framework for understanding the enduring legacies of gendered state control and the criminalization of marginalized identities in postcolonial India. Many of the regulatory practices introduced during the colonial period—such as the policing of women's bodies and the stigmatization of sex work—persist in modern forms. Current debates around sex work, public health, and morality continue to be shaped by the colonial legacy of moral regulation and surveillance. The contemporary legal framework regarding sex work in India, which remains ambiguous and punitive, reflects the unresolved tensions between protection, control, and criminalization that were introduced during the colonial era. Moreover, this research underscores the importance of moving beyond simplistic moral judgments to engage with the complex realities faced by sex workers. Viewing prostitution through a historical lens enables a more nuanced understanding of how systems of power, health, and morality interact to shape women's lives. The colonial discourse on prostitution forces us to confront the intersections of race, class, gender, and sexuality. It challenges the dominant narratives that continue to stigmatize women engaged in sex work. Recognizing these women's agencies, resilience, and struggles helps humanize their experiences and encourages us to rethink how policies are framed and implemented in contemporary contexts.

In conclusion, the regulation of prostitution in colonial Delhi reflects broader themes of state power, gender control, and cultural hegemony. The colonial obsession with hygiene and femininity was not merely about health or morality—it was about establishing and maintaining imperial authority over both the native population and the public spaces of the colony. Prostitution served as a metaphor for the anxieties and contradictions of colonial rule, as well as a site of both control and resistance. Ultimately, this historical inquiry into the regulation of sex work not only reveals the complexities of colonial



governance but also urges us to engage critically with ongoing debates around sexuality, morality, and the rights of marginalized communities in postcolonial societies.

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