

A GREAT WORK IN INDIA

THE FIGHT AGAINST VICE AREAS AND TRAFFIC IN WOMEN AND CHILDREN.

Introductory.

Sixty-six years ago Josephine Butler threw down the challenge to State regulated prostitution and the deliberate degradation of women and demoralisation of men which this system inevitably involves. She began her work in England in 1870 ; five years later she carried her challenge to the Continent of Europe and now it is reverberating in India and the East.

The society she founded still carries on her work and when, in 1928, Josephine Butler's Centenary was celebrated all over the world, a Committee in Calcutta asked the London society (now known as the Association for Moral and Social Hygiene) to send a worker to India with the definite object of "convincing the public and the authorities in this city that the time has come when all public brothels shall be closed." The Association responded and sent Miss Meliscent Shephard. She has now been in India for over six years and her work is spreading over that vast country with the full support and approval of the Indian people.

The Association for Moral and Social Hygiene (India) has its headquarters' offices in New Delhi where Miss Shephard plans her campaign and acts as advisor and expert organiser for the Indian work. There are branches in the Punjab, in the United Provinces, in Mysore State and Assam, while in Bengal and Hyderabad (Deccan) are affiliated societies. The work in India has been divided into five main sections :

1. Investigation and research.
2. Legislation.
3. Education and propaganda.
4. Medical and public health work.
5. Rescue work and revival of interest in wholesome recreations.

In February, 1936, Miss Shephard represented the A.M.S.H. (India) at the meetings of the International Council of Women held in Calcutta. On the subject of traffic in women and children, Miss Shephard prepared notes of a speech which we understand time did not permit her to make in full. These notes give so interesting an account of the early links between the English and the Indian work on moral problems and also so clear a picture of the general lines of Miss Shephard's work in India to-day, and the encouragement and sympathy from the leading Indian social reformers, that we reproduce below some extracts.

From Miss Shephard's Notes.

The British Army brought to India the policy of the Contagious Diseases Acts, which was then in operation in England and other parts

of Europe. Indian or Japanese women were procured for the use of British troops, and subjected to regular medical inspection and segregation. Under this policy, the venereal incidence amongst the British troops in India rose to 570 per 1,000 hospital cases.

Keshab Chandra Sen, of Calcutta (father of our beloved Dowager Maharani of Maurbhanj), appealed by letter to Josephine Butler, in 1874, for help in challenging these conditions. He pointed out that the procurement of women for the soldiers was cruel. He was invited to join the Council of the Association, which he agreed to do; we have his letters written from Colotolla, Calcutta, in 1875, to Mrs. Butler, in which he wishes her and her colleagues "all good success in their noble work."

In 1876, Keshab Chandra Sen visited Liverpool and stayed with Canon and Mrs. Butler. In a letter to her sister, Mrs. Butler writes of him:—

"We were so much impressed by his lofty spirit and by his certainty that, though he and I will not live to see it, our cause will, one day, be victorious in India, as it will be throughout the world, wherever men and women desire justice and truth to triumph."

At the same time, Dadabhai Pandanrung, J.P., Fellow of Bombay University, and Narayan Jaganath, Educational Inspector of Karachi, also corresponded with Mrs. Butler's Association, seeking help with the difficult Indian customs, which they said, "are sapping the life of our young people."

The Association at first formed a Committee, to correspond with Indian leaders, but finding such measure inadequate, workers were sent to different parts of India and Ceylon, to consult with leaders on the spot. In this way, Dr. Kate Bushnell, Mrs. Andrews, Mr. Maurice Gregory, the Revd. and Mrs. T. Dixon, all contributed their share in the work of challenging the different systems which contribute to the traffic in women and children in this great continent of India.

The formation of the Social Questions Section of The League of Nations, with their consequent Enquiry Commission into Western and Far Eastern traffic, was very helpful. I was invited to India in 1928, the Josephine Butler Centenary year, to represent the Association for Moral and Social Hygiene, founded by Mrs. Butler. The invitation was sent through the Metropolitan of India.

My term of service was then limited to three years.

At that time, no whole-time worker was engaged in this work in India, with the exception of the women working in missionary rescue homes. Individual Indian women, such as Pandita Ramabhai, Mrs. Muthalaksmi Reddi, in Madras, Lady Bose on behalf of widows, and a few others had done special work amongst caste prostitutes and

devadassis. But the whole subject had not yet been studied, in relation to its legal, medical, educational and rehabilitation aspects.

The first two years were spent in Bengal where it became apparent that the difficulties were both greater and very different from those in Western lands, owing to the prevailing illiteracy, lack of social service work, and traditions of family life which profoundly affected the outlook of men and women on these matters.

It was possible, however, to found the All-Bengal Women's Union, to help with the initial organisation of the Govind Kumar Bhabhan at Panihati and to investigate the tolerated vice areas in Calcutta and Howrah. We tried to obtain sanction for amendments to the then existing law. The present law in Bengal is unworkable, owing to two different principles having been allowed to exist in one legal instrument. I know that the All-Bengal Women's Union has tried to get these anomalies removed; but the public apathy to the whole question is great.

You may ask: What did your investigations reveal? You will understand that these subjects must be studied from many different angles, due weight being given to the social customs, religious sanctions, educational background, and health standards of the races involved. . . . It is not possible to do more here than sketch the outstanding features of our work and challenge, and I would preface my statements with the assurance that our efforts have been always undertaken with a real love for India, and only with the desire to help Indian men and women to undertake the reforms which so many of them desire to see carried out. That is why—when forming branches of our work—we do not insist upon the name of our Association being necessarily used. We act as initiator, adviser, consultant, investigator, standing in the background, coming into the open only when challenge is needed, and unpopular work has to be carried through.

We have found, then, from the military point of view, that when adequate facts as to the existence of medically inspected brothels were taken to the Authorities in Simla, the houses were closed and the women repatriated. The following extract from a letter from the Military Secretary to the India Office to the Association for Moral and Social Hygiene (London) will give the present policy of the Army in India, as far as British troops are concerned:—

"I am to add, for the information of your Association, that the issue by any responsible officer of H.M.'s Forces, to any section of that Army in India, of any official advertisement or recommendation, of any brothel, whether for the use of the Army or otherwise, is *contrary* to the policy of the Government of India, as also is the periodical inspection or control of the inmates of any such brothel, by any Medical Officer of His Majesty's Forces."

This change in Army policy is directly due to the pressure brought to bear upon the responsible authorities, and the fall in the venereal disease ratio amongst British troops reflects the medical usefulness of this change. The Commanders-in-Chief I have known, Sir William Birdwood and Sir Philip Chetwode, have always been anxious to help our work, and I have no doubt that Sir Ernest Cassels will be equally helpful. At the Commander-in-Chief's request, I have had the privilege of lecturing to troops and to officers, especially in Lahore, on these subjects. A "Statement for Army Chaplains" has also been written and published, having run into three editions for official circulation.

Apart from the military work, our investigations in India have been concerned with the European, Japanese and Indian areas for segregated brothels, as well as with those customs which in some measure, contribute to the traffic in women and children. These customs include devadassis, child-marriage, non-marriage of child-widows, hill-tribes whose women are sold for grain, and certain other customs like Jalpani, which need not be set out here.

It is obvious that in a country with customs so various upon which Western culture has been slowly introducing industrial and governmental and educational changes, the problems relating to the aims of our work are many. Chief amongst them is the fact that India is a country of poor villages with illiteracy entrenched, especially amongst the women, and a great conservatism. These seven years have given me a deep sympathy for those Indian leaders, whether men or women, who are trying to reduce the ills to which their forefathers have made them heirs. No race is blameworthy for inheriting evil traditions. But blame attaches to those who hand on evils to the next generation.

Our Association has, as a basis, the single high standard of morality. My interviews with Mahatma Gandhi, and my study of his books, convince me that he holds always that our principles are not only desirable but possible in India as elsewhere.

Since 1932, I have by invitation travelled all over India, Ceylon and Assam, dealing with these questions. Everywhere there are the same difficulties. Some of them have been dimly glimpsed during this Conference, but others have not yet been touched upon. Housing, child-marriage, non-marriage of widows, are all factors; but the presence of large segregated vice areas in cities, of red-light tents for prostitution at large *melas*, of temple women and devadassis, make the problem different in India from the position in other countries.

We have tried to investigate these subjects along many lines :—

Investigation into the brothel areas themselves to discover the *causes* behind the girls' entry into that life. Sometimes it is poverty, but that is not the primary factor. The main cause in India, as elsewhere, is the demand, which it is profitable to supply. Unless there is

a revolution of thought, a real challenge against this cause of the traffic in women and children, all our rescue work, all our legislation, all our medical work, will be fruitless. Therefore, I appeal to every woman of whatever nationality, to consider her own deep responsibility for reducing the demand. Teach, teach, teach the equal moral standard from youth upwards. Train choice in little ways. Do not give way to the small boy whenever he demands that his whims shall be met. If he learns self-denial in earlier years, when he comes to man's maturity, he will refrain from demanding the satisfaction of physical pleasure at the expense of the degradation of women.

But we have also tried to introduce **Legislation**. Throughout the British Empire, with the exception of Queensland, in Australia, I am glad to be able to report that the Regulation system has been abolished, owing largely to the steady pressure, since 1869, of the Association which I have the honour to represent in India. We have drafted Bills, criticised laws which have had the double standard as a foundation, and have shown the racial folly of segregated areas. An examination of the crime sheets in certain large towns in the various Provinces recently, revealed the appalling fact that 73 per cent. of the serious crimes, such as murders, rape, manslaughter and serious rioting had their origin in the segregated vice areas. In Lucknow and in the United Provinces, the Inspector-General of Police reported last year in the Legislative Council, that 300 murders had taken place in that area alone during the past year.

But legislation alone is useless. We have to try to rouse the Health authorities—so that an adequate system of medical treatment shall be available for the diseased population. A Questionnaire has been circulated throughout India during the past year, to elicit facts whether medical, legal or educational. The medical provision, both for training of medical students and for treatment facilities is woefully inadequate, and in most mofussil areas, completely lacking. The general public are still unaware of the grave racial health results of these venereal diseases which, in some places, are regarded as almost the necessary accompaniment of manhood. We have also tried to arouse the University authorities so that students shall be given supervised lodgings. In one Northern Indian University centre, I found that students had actually obtained cheap lodgings in brothel houses.

The introduction of these subjects into the work of the Advisory Board of Education on which two women sit, has been promised; we have every hope that Lady Grigg and Rajkumari Amrit Kaur will be able to make some advance in the educational work connected with the teaching of moral and social hygiene through their work on this Board, I am glad to say that the Commissioner of Education has promised to print certain statements which I have been asked to prepare as a Board of Education Handbook.

The Indian Red Cross Society and the National Health Association of South India, have two films on these subjects, and we hope more may be done by our Association if funds can be made available.

Some people may wish for statistics.

Total in British India Only. 1931 Census.

Beggars, vagrants, prostitutes : Table X, page 396. 445,837 females. 951,325 males.

(Probably many of these men are connected with procuring).

In addition : prostitutes only. Table X, page 398. 66,479 females.

Procurers only. 6,057 males.

The above did not include over 800,000 persons who were returned as "Insufficiently described and unproductive occupations."

Of the above figures, Bengal showed 23,829 women prostitutes who registered themselves as solely of that occupation at the 1931 Census. In addition, Bengal shows 76,075 who registered prostitution as one of their occupations though they were also beggars.

Medical.

The Public Health Returns of 1932, Vol. 1, Table 60g, give the number of cases in hospitals :—

British India :

Gonorrhœa ..	289,268	Leprosy ..	81,083
Syphilis ..	343,248	T.B. Lungs	160,771

Villages : Medical.

Sir John Megaw undertook a medical survey, in 1933, of a certain number of villages where he could rely upon medical reports. He examined ten diseases : Rickets, night blindness, leprosy, T.B. lungs, other forms of tuberculosis, insanity, blindness, congenital mental defects, gonorrhœa and syphilis.

He found that the two venereal diseases accounted for 13 million cases, whilst the eight other diseases together only accounted for 11 million cases.

Sir John Megaw adds : There is little evidence that the educated classes of the community have realised the full gravity of the situation ; at any rate, they have made no constructive suggestions for working out plans for the solution of this problem.

Rehabilitation and Rescue Work.

Since this subject was introduced into the discussions of the All-India Women's Conference, in Lahore, in 1930, there has been considerable advance in the number of women interesting themselves

in rescue work. The chief rescue agencies are The Salvation Army and the various Missionary Societies, the Brahmo Samaj, and Seva Sadan, and Servants of India Societies.

Those who have visited the Govind Kumar Home at Panihati must have been struck by the extreme youth of the children rescued from brothel areas. The youngest child was 3½ years old. The Vigilance Associations and the Branches of our Association throughout India are struggling to maintain their rescue work at a high standard, and Government grants are now given in some Provinces. Those with influence in Provincial matters are begged to try to secure at least one rescue home for each Province run, as far as internal management is concerned, by a committee of ladies. If a Big Sister Movement, such as the All-Bengal Women's Union (which I started in Bengal in 1929, and which Mrs. Neely took over on my departure) could be started in each Province, much might be done to rescue children and to provide that sisterly care which is so needed, especially after-care, when they start out on married life on their own. Probation work, protective patrol work, railway station patrols, women barristers for widows who keep purdahnahshin rules, all these avenues of help await the work of educated Indian women. I would specially stress the need for women barristers, for the legal wife often has difficulty in securing her property when there are demands made by concubines and favourites.

We are glad that we were asked to give information to the two Indian Delegates, Mrs. Subbarayan and Begam Shah Nawaz when they went to Geneva to represent Indian opinion. But they would be the first to say that there is much need for a real revolution of thought, for study, for an awakened and enlightened and progressive practice in these matters. Biology, psychology, physiology, are all necessary in colleges and schools, but if the parents still continue to arrange early marriages, to fail to consider the health of the proposed husband, to regard the medical examination of girls as unnecessary, and resort to quacks for treatment, so long will these racial health problems continue.

This subject is so often regarded as the Cinderella of Social Services, yet I hope this paper has briefly outlined some of the many-sided activities which are necessary if the highest and purest standards of family life are to be maintained. The future India is being built now, by the women of to-day, present in Conference.

I have the honour to represent the oldest Society dealing with these problems whether in India or elsewhere. We believe that the basic principles of our work :

A demand for a high and equal standard of sex morality :

Respect for human personality :

Liberty with responsibility :

are principles which are common to all creeds at their highest and

purest. We have always had associated with us the best Indian thought, whether amongst men or women. Now we need much more practical effort.

The Headquarters of our Association in New Delhi can be used as a training house and bureau of information. I would gladly welcome there educated women who wish to study these questions or to consult about local problems. Our Association is used by the Social Questions Section of the League of Nations, and I can also supply League literature, especially the past Reports, free of cost, to universities. The League is most anxious that the available helpful information should be distributed in India.

You will ask about finance. The funds of the Association for Moral and Social Hygiene are supported by *voluntary contributions*. We need money for printing, for journeys and, from January 1st of this year, my own salary has to be raised as far as two-thirds is concerned, in India. I venture to think that England, in raising the total cost of this work in India as far as stipend goes and journeys back to England, has responded nobly to the invitation issued by the Bengal groups in Josephine Butler's Centenary year, 1928.

What is the conclusion? We need a revolution of thought, a better understanding of the real meaning of love, of the real meaning of consecrated service. . . .

Indian women have a lamp-lighting ceremony at sunset, when the house-mother goes round all the rooms of the house with a lamp in her uplifted hands. From one lamp a thousand can be lit. From Josephine Butler's life the lamps of many lives have been lit to serve. Is the Indian Josephine Butler in this audience?

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