`Reimagining Power, Sexuality, and Governance: Unearthing Colonial Biopolitics in South Asia and British Ceylon (1815-1948)'

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Introduction

This thesis seeks to explore the racial, gendered, and sexual infrastructure of the British colonial administration concerning the reordering of women's sexuality in colonial Sri Lanka, hereafter referred to as Ceylon. Ceylon historically described as the 'wife of many marriages' and snatched by invaders 'with the power of their sword or bible or language' has had a long history of European colonisation; the Portuguese in the sixteenth century, the Dutch in the seventeenth and the British in the eighteenth.[1] This research examines how Britain's colonial occupation of Ceylon was manifested and maintained through the regulation of female sexuality, using biopolitical theory, feminist perspectives, and anti-colonial perspectives. The analysis is staged through three primary themes, utilising various discourses—legal, medical, and health-related—that were used in the justification of oppressive measures. The first theme, prostitution, is examined through the British Contagious Diseases Acts (CDA), which mandated the registration and counting of women engaged in prostitution in British colonies, including Ceylon. Ostensibly aimed at combating sexually transmitted diseases (STDs) among British soldiers in colonial territories, this ordinance resulted in state-sanctioned practices that subjected women's bodies to forced medical examinations and stigmatisation. Similarly, the second theme, the devadasi system, originally tied to religious rituals, saw women's bodies objectified and regulated within colonial intervention aimed at reform. The British colonial administration, focused primarily on the sexual aspect of the devadasis' roles, disregarding the broader cultural and artistic elements. The third theme, motherhood under colonial rule, was shaped by metropolitan norms dictating women's reproductive roles and responsibilities within the family and society. These norms effectively controlled women's bodies within the context of familial and societal expectations, further reinforcing colonial power structures. Women's bodies and subsequently their sexuality serves as the thread connecting these three themes— prostitution, motherhood, and the devadasi system—demonstrating their centrality in the colonial project. Through this examination, the thesis aims to reveal the pivotal role of sexuality and the body in the colonial restructuring of society.

Exploring these themes in the context of Ceylon is of personal interest to understand how these aspects of women's lives intersected with colonial policies and cultural

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[1] Margaret Jones, 'Heroines of Lonely Outposts or Tools of the Empire? British Nurses in Britain's Model Colony: Ceylon, 1878–1948' (2004) 11 *Nursing Inquiry* 148, 149.

transformations specific to the region. As a Tamil woman, my perspective brings a cultural and historical sensitivity to the study of Tamil and South Asian women under colonialism in Sri Lanka. While I did not personally experience colonial rule or direct oppression under colonial policies, my identity as a Tamil woman connects me intimately to the cultural and social fabric that colonialism profoundly influenced. This personal engagement adds a more nuanced layer to the scholarly inquiry, bridging a gap between personal histories and academic research. First, being Tamil allows me to interpret the context and cultural practices that may not be fully understood by non-South Asian researchers. This includes understanding of traditions, familial structures, and community dynamics that shape Tamil women's experiences historically and today. Secondly, as a Tamil woman engaging in this research, I am cognisant of the complexities and diversities within South Asian communities themselves. This awareness helps me navigate and analyse intra-community dynamics and variations in experiences based on factors such as race, gender, class, and regional differences, which are crucial in understanding the diversity of South Asian women's experiences under colonialism.

While primarily focusing on the specific experiences of women in colonial Ceylon, this thesis acknowledges several practical constraints that shape its scope and approach. One challenge is the scarcity of archival materials and scholarly works specifically dedicated to Ceylon. Existing literature often prioritises other regions or broader themes, leaving gaps in the detailed exploration of Ceylonese women's experiences. Moreover, the timeframe of a one-year master's program imposes limitations on the depth and breadth of research that can be undertaken. This necessitates a focused approach to select key themes and sources for analysis, which may result in the exclusion of other potentially significant themes and discourses. Given the constraints of time and resources, this thesis prioritises three themes—prostitution, the devadasi system, and motherhood—to offer a coherent examination of the regulation of female sexuality. Consequently, this selective focus means that other important aspects of women's lives and colonial dynamics, such as education, labour, as well as the state of devadasis in modern contemporary society are not explored in detail. This limitation underscores the need for future research to address these additional dimensions to achieve a more complete understanding of the colonial impact on women's lives in Ceylon.

Addressing the scarcity of material on Ceylon is crucial for ensuring a rigorous study of how colonialism intersected with women's lives and sexuality. To overcome this

limitation, the research incorporates texts and studies from India, adopting a broader analytical approach that compares Ceylon with India within the South Asian context. The thesis examines the different colonial governance strategies employed by the British in Ceylon and India, particularly focusing on the regulatory technologies utilised to control women's bodies and sexuality. This includes the implementation and impact of the CDA in both regions, discussed in Chapter 2. This analysis highlights how similar colonial policies had varying scopes and effects within the same colonial framework. The research also explores the British feminist movement's interactions with colonial practices in India and Ceylon. Josephine Butler's campaign against the CDA, which extended to India, is analysed to illustrate early forms of transnational feminist solidarity and the accompanying saviour complex that often-overshadowed indigenous voices. By examining Butler's activism and its influence on British legislative approaches in India, the study provides a broader context for understanding the interplay between colonialism and feminist movements. The thesis delves into the British portrayal and regulation of cultural practices like the devadasi system, which existed in both regions. By comparing how these practices were perceived and manipulated under colonial rule, the study highlights the colonial discourse of Western moral and cultural superiority. By situating Ceylon's unique colonial experiences within the broader Indian context, the study aims to deepen our understanding of the complexities of British imperialism in Ceylon and its enduring impacts on postcolonial identities and gender dynamics.

Methodologically speaking the proposed thesis belongs to the fairly recent historiographical genre that is known as the 'imperial turn' in history. By the 'imperial turn' in history I mean the growing attention that has been given to the impact of histories of imperialism and colonialism to metropolitan societies. Accordingly, this perspective challenges the traditional historiographical approach in which colonialism and imperialism are considered as isolated historical events. Instead, it is accepted that colonialism and the invention of race have been fundamental to the construction of European knowledge, ideologies, and values. The starting methodological point of the proposed dissertation, therefore, is to emphasise that the historical analysis will try to consider both the 'metropole' (the imperial centre) and the 'colony' (the colonised periphery) as interconnected and therefore, analysed within a single analytic field. More specifically, in each of the designated areas of research, analysis will endeavour to link its findings to the broader British imperial project and to the particular ways in which racial and gender hierarchies established in the colonies,

became the key sites in the production of knowledge and epistemologies attesting to the British cultural and civilisational superior identity.

Theoretically, my analysis will be situated within a Foucauldian biopolitical framework, with Foucault's concept of power—specifically bio-power—being central to this discussion. Bio-power refers to a new modality of power that emerged in the 18th century, focusing on the regulation and discipline of bodies and populations. Sexuality and Sex are central to biopolitics as Foucault states: 'sexuality exists at the point where body and population meet. And so, it is a matter for discipline but also a matter for regularisation'.[2] Consequently, it was crucial for the state to monitor and understand its citizens' sexual behaviours. This approach diverges from alternative frameworks of power and its domains. The colonial matrix of power is delineated across four interconnected domains: control of the economy (land appropriation, labour exploitation, control of natural resources); control of authority (institutions, military); control of gender and sexuality (family, education); and control of subjectivity and knowledge (epistemology, education, and formation of subjectivity).[3] Marxism would have been useful to analyse the economic exploitation of colonial powers, with its primary focus on economic structures, class relations, and the exploitation of labour, provides robust insights into understanding historical transformations driven by material conditions and economic imperatives. However, classical Marxism typically does not delve deeply into how power operates through the regulation of bodies, sexuality, and the governance of life itself—the core concerns of biopolitics. Therefore, for the thematic scope of a thesis focused on gender, sexuality, and the control of subjectivity and knowledge, Foucault's biopolitical framework becomes particularly relevant. It offers a more suitable theoretical lens because it addresses the ways in which state and institutional power intersect with intimate aspects of individuals' lives, shaping norms, identities, and social practices. This theoretical perspective allows for a deeper exploration of how colonial and postcolonial regimes have historically regulated and normalised gender roles, sexual behaviours, and knowledge production, thereby providing a deeper understanding of the dynamics at play in the specific context of the thesis.

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[2] Michel Foucault, *Society Must Be Defended: Lectures at the Collège de France, 1975-76* (Picador 2003) 251-2.
[3] Aníbal Quijano, 'Coloniality of Power and Eurocentrism in Latin America' (2000) 15 International Sociology 215.

While this thesis prioritises Foucault's biopolitical framework for its relevance to the regulation of bodies, sexuality, and knowledge production, future work should incorporate scholarship on race and gender in Marxist thought (e.g., Bhattacharyya on racial capitalism) and decolonial feminist perspectives (e.g., Lugones and Caribbean scholars). These perspectives provide crucial insights into the 'imperial turn' and its implications for power, resistance, and subject formation.

Scholars have adeptly utilised the concept of biopolitics, applying it to various circumstances. For example, Kesby focuses on how Foucault's sexuality works to unravel the bodily distinctions of patriarchal space in rural Zimbabwe, providing light on the impact they had on colonial interactions.[4] Similarly, Howell's examination of prostitution regulation in colonial Hong Kong emphasises the transition from European self-discipline models to racial commodification and geographic division under the growing state.[5] Specifically in relation to Ceylon, David Scott contributes to this discourse by researching 'colonial governmentality' in Ceylon/Sri Lanka, emphasising the importance of scrutinising the aims of rule, their conception, and the spatial methods of carrying out governance.[6] James Duncan investigates the formation of abstract space and people in Ceylonese coffee farms, focusing on worker resistance through a variety of techniques ranging from insubordination to counter-surveillance networks.[7] The cited research demonstrates the broad applicability of biopolitics in various contexts, including colonialism. The current research aims to enrich this scholarly discourse by applying biopolitics in a novel way, specifically focusing on the regulation of women and their sexuality in Victorian England, colonial Ceylon, and South Asia. This endeavour seeks to uncover the intricate mechanisms of power that govern female bodies and sexual practices, offering original insights into the strategies deployed both in the metropole and the colonies.

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[4] Mike Kesby, 'Locating and Dislocating Gender in Rural Zimbabwe: The Making of Space and the Texturing of Bodies' (1999) 6 Gender, Place & Culture 27.

[5] Philip Howell, 'Race, Space and the Regulation of Prostitution in Colonial Hong Kong' (2004) 31 Urban History 229.

[6] David Scott, 'Colonial governmentality' in *Anthropologies of modernity: Foucault, governmentality, and life politics (2005),* 21-49. Scott builds on Foucault's concept of governmentality to explore how colonial rule in Ceylon was structured through epistemological and institutional formations rather than relying solely on direct coercion. His analysis contributes to a broader understanding of colonial power by demonstrating how British colonial administrators sought to reconfigure indigenous political traditions and establish new modes of governance that aligned with imperial interests.

[7] James S Duncan, 'Embodying Colonialism? Domination and Resistance in Nineteenth-Century Ceylonese Coffee Plantations' (2002) 28 Journal of Historical Geography 317.

In situating my analysis within a Foucauldian biopolitical framework, I aim to explore how colonial discourses and practices formed a powerful, violent, and paternalistic apparatus that controlled the colonised population of Ceylon. Although Foucault engaged with race, he did not pay attention to the imperial context of his theory. This oversight has been significantly criticised by feminist scholars, a topic that will be explored in more detail in the next chapter. However, considering that the biopolitical construction of sex and sexuality coincided with the era of imperialism, I argue that the biopolitical framework is particularly useful for understanding the complex social dynamics characterising the relationship between colonial discourses, practices, and female sexuality. More specifically, I contend that these colonial discourses and practices simultaneously appropriated, disciplined, controlled, and gendered the spatiality, mobility, affectivity, and relationality of the individual colonised subject. I do not view the colonial biopolitical apparatus in isolation. Instead, I see the discourse on sexuality and the female body within the empire and the British state as coexistent and co-constitutive, with the racialising and racialised hierarchical regimes of power each instituted as mutually constitutive. The treatment of the female colonial body shaped and was shaped by perceptions of the white English female body, with both assessed through intersecting frameworks of utility, morality, and docility—yet often positioned in opposition to one another. By adopting a Foucauldian approach, I aim to highlight how power operates not just through overt repression or economic exploitation but through the subtle, pervasive regulation of life itself.

THESIS OVERVIEW

First, **Chapter 2: The Biopolitical Apparatus: Power, Sexuality, and Colonial Control** will explore Foucault's concept of biopower, demonstrating its critical role in understanding power dynamics from colonial rule to sexual regulation. Drawing on Foucault's analyses of the body as the target of power, the chapter will examine how the body politics of Britain served as a mechanism of control and regulation. The first section will highlight the transition from direct control (discipline) to systemic population management (regulation), focusing on managing female sexuality. The second section will delve into the interplay between biopower and racism, showing how states categorise and control populations based on perceived biological differences. The objective of this chapter is to elucidate and underscore the applicability of Foucault's biopolitical theory to the analytical framework of this thesis.

Chapter 3: Legislating Morality: Abolition Measures and Sexual Regulation, delves into the intricate dynamics of British regulation, particularly through the CDAs. This chapter examines how the CDAs, initially aimed at curbing venereal diseases within the military, evolved into broader tools for enforcing British moral and social norms both in Britain and its colonies, such as India and Ceylon. Unlike other policies that may address broader social issues, the CDAs directly targeted sexual behaviour, making them a prime subject for analysing how sexuality is regulated through state power. The analysis challenges the notion of unilateral policy imposition from the metropole, highlighting the nuanced, reciprocal influences between Britain and its colonies. Additionally, the chapter explores the role of imperial feminism, contrasting the varied feminist responses to state-imposed sexual regulation in different colonial contexts. The chapter seeks to challenge the simplistic view of unilateral policy imposition by highlighting the reciprocal influences between Britain and its colonies, examining the diverse feminist responses to state-imposed sexual regulation across different colonial contexts.

Chapter 4: The Colonial Transformation of Devadasis examines how British colonial rule in Ceylon and South Asia redefined the roles of devadasis, originally revered for their spiritual significance, into symbols of moral degeneracy and social threat through legal, cultural, and moral strategies. The analysis of the devadasi system is relevant to this thesis as the colonial impulse to categorise devadasis as 'prostitutes' had profound ramifications for their art, bodies, and lives. This redefinition paralleled the regulation seen in earlier chapters on the CDA pertaining

prostitutes, where marginalised women were stigmatised and controlled through similar legal and moral frameworks. Additionally, the chapter resonates with the exploration of motherhood in previous analyses, illustrating how both devadasis and mothers faced institutionalised scrutiny and moral judgments concerning their bodies and roles within colonial contexts. The regulation of motherhood, like that of devadasis, reflects broader colonial strategies to impose normative frameworks on female roles, influencing societal attitudes towards sexuality and reproductive norms.

In **Chapter 5: Maternal Imperatives: The Biopolitical Regulation of Motherhood** there will be an exploration of motherhood as a site for the exercise of biopower and the regulation of populations. This chapter is situated within the thesis to highlight the parallels between the regulation of prostitution and motherhood, as well as the regulation of devadasis. This analysis is necessitated by the fact that some prostitutes were also mothers, juxtaposed against the ideal Victorian woman envisioned as a domesticated mother. This ideal was imposed in colonial contexts, making it essential to analyse the regulation of women in the colonies through this framework. The chapter explores how policies and ideologies surrounding motherhood shaped reproductive norms, family structures, and societal expectations. Following on from the analysis of the institution of devadasis as well as the CDA on prostitution by analysing the biopolitical regulation of motherhood the chapter aims to demonstrate the similarities in how states and societies govern bodies and behaviours deemed socially significant or deviant. Both themes involve the regulation of female bodies and sexualities, albeit in different contexts—one focusing on reproduction and caregiving, the other on sexual labour and societal morality.

Collectively, these chapters provide a critical examination of how biopower and colonialism intersect with the regulation of sexuality across various contexts. They reveal the enduring legacies of power dynamics by highlighting the construction, regulation, and contestation of sexuality under colonial rule. Through this interconnected analysis, the chapters deepen our understanding of historical processes and their impacts on gender, power relations, and identity formation in colonial societies, specifically focusing on the policies and ideologies that shaped the experiences of women and the regulation of their bodies.

Chapter 2: Biopolitics: Power, Sexuality, and Colonial Control

This chapter begins by examining Foucault's concept of biopolitics and the associated technologies of power, tracing the shift from discipline to regulation. It explores the emergence of state racism within biopower, laying the groundwork for a critical analysis of its broader implications. The second section re-imagines Foucault's biopolitical framework through feminist and postcolonial critiques, incorporating insights from South Asian scholars to illuminate the intersections of race, gender, and colonial power. By integrating these perspectives, this chapter seeks to decentre Western narratives, extending the scope of biopolitical analysis beyond Europe. Rather than serving as a critique of Foucault's work in its entirety, this re-examination refines his biopolitical concepts to better align with the focus of this thesis.

Foucault's conceptual framework for unravelling the complexities of biopower may be found in his seminal work, 'The History of Sexuality Volume One: The Will to Knowledge' (1978), as well as his lectures at the Collège de France. In 'The History of Sexuality', Foucault begins by summarising the repressive hypothesis: that from the 17th century onward, particularly under Victorian norms, sexuality became confined to the private sphere, especially within the conjugal family. The open discussion of sex was replaced by silence, and only procreative, legitimate sexual behaviour was deemed acceptable.[8] The remaining aspects of sexuality were devoid of delight, relegated to a purely functional capacity for reproduction within the framework of the nuclear family.[9] However, Foucault is not satisfied with this hypothesis and questions this narrative by raising three critical doubts.[10] His aim, however, is not to simply refute the repressive hypothesis but to contextualise it within the larger framework of discourses about sex in modern societies. He seeks to understand why sexuality has been so widely discussed and what has been said about it, moving beyond the binary of repression versus liberation. First, he questions whether sexual repression is an established historical fact linked to the rise of the bourgeoise in the 17th century.[11] Second, he questions whether prohibition, censorship, and denial are the primary tools of power.[12] This conventional view sees

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[8] Michel Foucault, *The History of Sexuality. Volume 1: The Will to Knowledge* (Robert J Hurley tr, Penguin Classics 1976) 8.
[9] ibid.
[10] ibid 10.
[11] ibid.
[12] ibid.

power as a negative force that limits, restricts, and forbids. Foucault is sceptical of this simplification and suggests that power might operate through more complex and subtle mechanisms.[13] Foucault's doubt extends to both general and specific contexts. He is not only concerned with whether repression is the dominant mode of power in all societies but is particularly interested in its role in modern Western societies. This indicates a need to contextualise power dynamics within specific historical and cultural settings. Third, he questions whether there was ever a clear-cut transition from an era dominated by repression to one characterised by critical awareness and opposition to repression.[14] This doubt emphasises the continuity of power dynamics, suggesting that what appears to be a break or challenge might actually be a continuation or evolution of the same power structures. Foucault introduces the concept of a regime of power-knowledge-pleasure that sustains the discourse on human sexuality. He emphasises the need to understand the interconnectedness of exercises of power, knowledge, and pleasure, suggesting that these elements work together to shape the discourse on sexuality.

Biopower: From Discipline to Regulation

To grasp the concept of biopolitics, it is essential to first understand the classical theory of sovereignty, as it lays the foundation for exploring biopower, sexuality, and race. In previous periods, sovereigns possessed the authority to dictate the destiny of their subjects, holding both the 'right of life' and, effectively, the 'right of death', maintained through a process of 'deduction', which entailed eliminating various facets of a subject's existence, such as life, taxation, properties, or benefits.[15] There has been a shift away from this subtraction or removal of elements from a subject or population in the modern era, leading to the abandonment of the 'right of death'.[16] Contemporary power dynamics are predominantly concerned with the conservation, development, and enrichment of life. While hostilities remain constant, they are now fought not for the sovereign who must be defended, but for an improved standard of life for a whole population.[17] This transformation does not encompass the substitution of the old sovereign right—to take life or let live—but rather supplements it, offering a

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[13] ibid.
[14] ibid.
[15] ibid 136.
[16] ibid.
[17] ibid 137.

novel right that does not eradicate the old but infiltrates it— the power to 'make live' and 'let die'.[18]

This transformational shift in the exercise of power over life can be traced at the level of the mechanism, techniques, and technologies of power. During the 17th century, there was the emergence of technologies of power which were centred on the body. This recently acquired power took two interconnected forms. Firstly, anatomo-politics, which viewed the individual body as an instrument to be disciplined, optimised, and ensured to conform to its functions.[19] This method focused on the anatomical characteristics of the human body, utilising it as a source of forces in order to make it useful. This disciplinary technology of power sought to enhance productivity through exercises and drills, while also rationalising power usage via surveillance, hierarchies, inspections, and record-keeping. The body's integration into systems of control through surveillance, hierarchies, and meticulous regulation reflects a shift from sovereign power, which operated primarily through deduction (e.g., taking life, imposing taxes), to disciplinary power, which aims to optimise and control. Second, biopolitics, which surfaced later, focused on the species as a whole, considering key biological processes such as reproduction, birth rates, mortality rate, and overall health.[20] This new technique does not simply replace disciplinary techniques because it exists on a different level, on a different scale, and uses very different instruments. Unlike discipline, which addresses bodies, biopolitics applies to living beings as a species. Specifically, discipline seeks to govern a multiplicity of individuals by dissolving their multiplicity into individual bodies that can be surveilled, trained, utilised, and punished if necessary. In contrast, biopolitics addresses a multiplicity of individuals not as mere bodies but as a global mass affected by processes characteristic of birth, death, production, illness, and so on. In conjunction, these two distinct dimensions—the discipline of 'man-as-body' as well as the regulation of 'man-as-species'—formed the foundation of biopower's organisational structure during the classical period.[21] This approach endeavoured to capitalise life as opposed to merely controlling it.

In broader terms, one critical element that intertwines the disciplinary and regulatory dimensions, and applies equally to the body and population, is sexuality.[22] Sexuality's

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[18] Foucault n(2) 241.
[19] ibid 139.
[20] ibid.
[21] Foucault n(2) 242.
[22] Foucault n(8) 103.

control allows for the management of both the body's disciplinary order and the random events within biological multiplicity. The nineteenth century marked sexuality as a field of strategic importance. As an inherently physical behaviour, sexuality necessitates individualising disciplinary controls, manifesting in continuous surveillance. Notably, the strict supervision of children who masturbated, from the late eighteenth to the twentieth century, exemplifies this aspect of disciplinary control over sexuality. However, due to its procreative implications, sexuality also influences broader biological processes that affect populations rather than just individuals. Sexuality becomes the best example which showcases these two technologies of power. The four main areas of focus in the study of sexuality—hysterisation of women's bodies, pedagogisation of children's sex, socialisation of procreative behaviour, and psychiatrisation of perverse pleasure—all converge to integrate these two forms of biopower.[23] The interests in both child sexuality and female hysteria are directed toward a kind of discipline of the body: they try to control the behaviour of children and women.[24] Further, this discipline is enforced in the name of regulating the population. Children need to learn socially acceptable behaviour, and women's health is closely tied to reproduction. The interest taken in birth control and sexual perversion aim at regulating the growth and behaviour of the population (regulation of population) and does so by demanding certain forms of self-discipline (discipline of the body). Given these conditions, medicine, intertwined with hygiene, emerged as a vital element because it bridged the gap between scientific understanding of biological and organic processes—essentially linking knowledge of the population and the body.[25] This dual focus allowed medicine to function as a political intervention-technique with specific power-effects. Broadly speaking, at the juncture of the 'body' and the 'population', sex became a crucial target of a power organised around the management of life rather than the menace of death.

The emergence of state racism within biopower:

In his lecture 'Society Must Be Defended' on March 17th, 1976, Foucault explores the intersections of biopower and sexuality, highlighting the role of race in the functioning of biopower. The question arises of how biopower, with its aim to enhance as well as prolong life, can lead to acts of killing: 'how can it let die?'.[26]

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[23] ibid.
[24] ibid.
[25] ibid 117.
[26] Foucault n(2) 254.

When operating within the framework of biopower, the justification for actions like population extermination draws upon the principles of evolutionism and is rooted in the promotion of a racist ideology.[27] In the emergence of biopower racism is inscribed into it as the basic mechanism of power, as it is exercised by the State. This leads to a stark distinction in the domain of life between those deemed worthy of life and those deemed disposable. Racist discourse is employed to divide humanity's biological continuity by building race hierarchies and classifying specific populations as being superior or inferior. Most importantly, it maintains a positive relationship between the power to kill and the assurance of life, maintaining the ideology that the greater the number of lives that are lost, the more those who continue to live are going to prosper.[28] This relationship stems not from racism or the state, but from the persistence of warlike connections inside the fabric of society: 'If you want to live, the other must die'.[29] The death of the other is perceived not only as a means of ensuring one's safety but as a way of improving the overall quality of life.[30] In essence, this analysis reveals how biopower transforms societal norms and structures, embedding a deadly calculus into the governance of life itself. The fact that authoritative figures in sex accepted the 'hygienic necessity' of cleaning the social body, offers legitimacy for the state-sanctioned racism that lingered at the time.[31] This narrative fosters the idea that eliminating so-called 'degenerate', 'defective individuals' will result in stronger, morally cleansed individuals.[32] Adversaries include individuals identified as risks both within and beyond the population, resulting in a strengthening of the species or race.[33]

Racism establishes prerequisites to provide legitimacy to slaughter certain groups of individuals in a normalised society.[34] It is important to note that when Foucault emphasises 'killing', he is not merely referring to direct murder, but also all forms of indirect murder, such as exposing someone to death, political death, such as rejection, disapproval, and cultivating the chance of death for some people.[35] For

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[27] ibid 257.
[28] ibid 255.
[29] ibid.
[30] ibid.
[31] Foucault n(8) 54.
[32] ibid 54.
[33] Foucault n(2) 257.
[34] ibid 39 - Foucault argues that in contemporary society, power is exercised through both juridical (legal) systems and disciplinary techniques. However, the techniques of discipline are increasingly invading and transforming the procedures of the law. This means that the norms and practices developed in institutions of discipline are becoming more integrated with, and even supplanting, traditional legal frameworks.
[35] ibid 256.

instance, if a government or institution deliberately restricts healthcare services, medications, or preventive measures for a specific demographic group based on racial or socio-economic factors, it cultivates conditions that enhance the likelihood of death for individuals within that group. This indirect approach to affecting mortality rates aligns with the broader conceptualisation of 'killing' within the framework of biopower. The extremities to which biopower can go, is exemplified by Hitler's Nazi regime. The Nazi state is an example of the confluence of disciplinary authority and biopolitical administration of life, which results in an institution that is both racist and deadly.[36] The Nazi system exemplifies the extremes of this new power mechanism, incorporating features of discipline, regulation, and certainty.[37] However, the interplay between the sovereign right to murder and the biopolitical management of life is not limited to fascist regimes, but is visible in a variety of modern governments, regardless of political ideology.[38] The analysis reveals how intricately in which racial hierarchies as well as the normalisation of violence become crucial to power.[39] Ideas of superiority and inferiority are reproduced by highlighting the function of racial rhetoric in fragmenting the biological continuity. Furthermore, the Nazi regime provides a terrifying reminder of the potential repercussions when these mechanisms are followed to their extremity. This approach compels us to critically reflect on the long-term ramifications of these power dynamics in modern societies. The interconnection of power, knowledge, and pleasure becomes evident as these elements coalesce to enforce norms and maintain control over populations. Understanding this interplay is crucial for recognising and challenging the subtle and overt ways in which biopower operates, influencing every aspect of social life and governance.

Nevertheless, while Foucault acknowledges that racism existed prior to the emergence of biopower, he does not extensively delve into the intricate relationship between biopower, colonialism, and imperialism.[40] British colonial rule in South Asia— including India and Ceylon —exemplifies how biopolitical governance was central to the imperial project, extending beyond economic exploitation to encompass the systematic regulation, classification, and control of colonised populations. Colonialism was not merely a political and economic enterprise but a profoundly

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[36] ibid 260.
[37] ibid 259.
[38] ibid 261.
[39] Ann Laura Stoler, *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things* (Duke University Press 1995) 135.
[40] ibid 254.

racialised and biopolitical endeavour. The British administration sought to legitimise its dominance over South Asian subjects through scientific racism and evolutionary discourses, portraying the colonised as biologically inferior, morally degenerate, and culturally stagnant. This framework not only justified their subjugation and exclusion but also underpinned the genocidal logic of empire, wherein the erasure or forced assimilation of 'undesirable' populations was framed as a civilising necessity. Biopower, in this context, can be understood as an apparatus that partially owes its evolution to the 'boomerang effect' of colonial governance.[41] By the late sixteenth century, colonial techniques—such as the census classifications, medical regulation of 'native' bodies, and legal restrictions on indigenous mobility and reproduction— were not only imposed upon the colonised but also began to shape governance strategies within Europe itself.[42] Racialised policing, public health interventions, and eugenic discourses, initially devised to regulate South Asian populations, reverberated back into the metropole, informing state policies on immigration control, public hygiene, and social engineering. This dialectical flow of power, wherein colonial strategies of surveillance and discipline were reimported into the imperial centre, exemplifies the phenomenon of 'internal colonisation'.[43] The biopolitical logic first deployed to manage the colonies was later repurposed within European societies, producing new mechanisms of exclusion, regulation, and control. By foregrounding this reciprocal dynamic, this analysis challenges conventional historiographical paradigms that position colonialism and imperialism as external to European modernity. Instead, it underscores the inseparability of the metropole and its colonies, advocating for a single analytic field that fully accounts for the co-constitutive nature of colonial and metropolitan power structures.

Reimagining Foucault: Gender, Empire and Biopolitics

Foucault's exploration of the relationship between race, biopower, and racism provides profound insights into the mechanisms underpinning modern power structures. By elucidating how biopower operates through racist logic to regulate sexuality and justify acts of killing, a disturbing connection between the power to kill and the assurance of life is revealed. This analysis, however, primarily assumes a historical relation between territory, population, and sovereignty characteristic of Europe. While he extensively addresses the relationship between power, knowledge,

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[41] ibid 45.
[42] ibid.
[43] ibid 257.

and sexuality, he does not fully explore how these dynamics unfold in colonial contexts or the central role of gendered and racial hierarchies in the administration of colonial power. This gap can lead to an incomplete understanding of colonial power, where racial ideologies were central to the structuring of authority. Reinterpreting Foucault's theory through the lens of gender, empire, and biopolitics necessitates a deeper exploration of how gender intersects with biopower. Feminist and postcolonial scholars, including Spivak, Guha, and Chatterjee, critique the Eurocentric limitations of Foucault's framework, arguing that it fails to fully account for the racialised and gendered dimensions of power. By integrating these perspectives, this approach provides a more nuanced understanding of how race, gender, and power operate across both historical and contemporary contexts. Not only does this approach deepen our understanding of biopolitics, but it also compels us to consider the diverse and complex ways in which power structures shape human lives across different societies and epochs.

In this regard, Gayatri Spivak's seminal essay Can the Subaltern Speak? (1988) is crucial in addressing this gap.[44] Spivak critiques Western intellectual traditions, including Foucault, for their failure to recognise how colonial discourse silences the subaltern, particularly subaltern women. Her concept of *epistemic violence*—the erasure of non-European knowledge systems through colonial and academic discourse—directly challenges Foucault's universalising analysis of power.[45] Foucault's understanding of power as dispersed and productive overlooks the colonial state's brutal disciplinary mechanisms, which were neither fluid nor subtle in their control over colonised populations. For instance, Spivak examines the British colonial abolition of *sati* (widow immolation) in India as an example of how the colonial state positioned itself as a paternalistic force, saving brown women from brown men.[46] While ostensibly a humanitarian intervention, this regulation of women's bodies was not about gender liberation but about consolidating colonial authority by portraying Indian traditions as inherently oppressive. This example aligns with a biopolitical logic wherein the state intervenes to 'protect' life while simultaneously reinforcing its power over colonised subjects. However, unlike Foucault, who sees biopolitics as a shift from sovereign power to regulatory power,

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[44] Gayatri Spivak, *Can the Subaltern Speak?* In C. Nelson, & L. Grossberg (Eds.) Marxism and the Interpretation of Culture London (Macmillan 1988).
[45] ibid,
[46] ibid, 94.

Spivak demonstrates that colonial governance operated through both—violently disciplining subjects while regulating their lives under the guise of reform.

Spivak's analysis extends beyond *sati* to the codification of Hindu law, a process that exemplifies what she terms epistemic violence. Prior to British intervention, Hindu legal traditions functioned through a complex interplay of oral and written texts: *sruti* (the heard), *smriti* (the remembered), *sastra* (the learned-from-another), and *vyavahara* (the performed-in-exchange).[47] These forms of legal knowledge were not entirely coherent or fixed, allowing for interpretative flexibility. However, British codification transformed this fluid system into a rigid, hierarchical structure that aligned with colonial notions of governance. By imposing positivist legal frameworks and privileging certain elite Brahmanic interpretations, the British effectively silenced alternative indigenous legal traditions. This codification project was not an isolated legal reform but part of a broader colonial epistemic strategy that included the education system. As Thomas Macaulay declared in his 1835 *Minute on Indian Education*, the goal was to create 'a class of persons, Indian in blood and colour, but English in taste, in opinions, in morals, and in intellect'.[48] The introduction of British legal and educational structures, therefore, was a dual mechanism of epistemic violence: it not only erased indigenous modes of knowledge but also produced colonial subjects who internalised the legitimacy of British rule.

Furthermore, Ann Laura Stoler examines how colonial governance operated through racialised and gendered mechanisms that Foucauldian analysis often overlooks. She argues that colonial power was not merely a system of control but a project of constructing racial and sexual taxonomies that underpinned imperial rule. Stoler's examination of *métissage* (racial mixing) highlights the contradictions within colonial discourse, where racial intermixing was both celebrated and condemned, reflecting anxieties about race, sexuality, and the maintenance of imperial hierarchies.[49] These racial obsessions and imperial discourses on sexuality were not confined to colonial bourgeois cultures alone. By centring discussions of discursive anxieties and practical struggles over citizenship and national identities within Foucault's framework, both in metropole and colony, bourgeois identities emerge as inherently racialised. This racialised notion of civility engendered conflicts between class and racial affiliations, revealing the fragility rather than the hegemony of imperial control

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[47] ibid, 95.
[48] ibid, 77.
[49] Stoler, 81.

systems. Furthermore, gendered constructs of motherhood, masculinity, and the policing of 'deviance' were central to colonial policies of racial exclusion and control. Recognising the entanglement of bourgeois and racialised sexualities underscores the need for an integrated analytic framework—one that challenges the Eurocentric historiographical tendency to divorce the age of empire from the development of bourgeois liberalism.

This recognition of the racialised and gendered dimensions of colonial governance aligns with Ranajit Guha's who further critiques colonial power structures, which challenge the applicability of Foucauldian concepts like biopower in non-European contexts. In *Dominance Without Hegemony: History and Power in Colonial India* (1997), Guha contends that, unlike European states, the British colonial regime in South Asia failed to establish ideological hegemony and instead depended primarily on coercion to sustain its rule.[50] He asserts that, unlike metropolitan bourgeois states where persuasion outweighed coercion, the colonial state's dominance was characterised by the paramountcy of coercion over consent.[51] This framework aligns with Foucault's notion of biopower, which involves the regulation of populations through subtle mechanisms of control and normalisation. However, Guha's analysis reveals a crucial distinction: in the colonial context, governance was overtly violent. The 1871 Criminal Tribes Act serves as a pertinent example: it criminalised entire communities by designating them as 'habitual criminals', thereby subjecting them to surveillance, restricted movement, and social ostracisation.[52] This legislative act underscores the divergence between European and colonial applications of biopower. While Foucault describes biopower as operating through normalisation within increasingly liberal societies, the colonial state's approach was marked by legal violence and enforced assimilation. The Criminal Tribes Act not only imposed stringent controls over the designated communities but also institutionalised their marginalisation, reflecting a governance strategy that prioritised coercion over consent. Guha's critique thus reinforces the argument that Foucault's framework, while illuminating in European contexts, is insufficient for comprehending colonial power dynamics. The colonial state's reliance on racialised and gendered mechanisms of control indicates that power was neither as diffuse nor as productive as Foucault theorised. Instead, it operated through rigid hierarchies, legal

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[50] Ranajit Guha, Subaltern Studies VI: Writings on South Asian History (OUP 1989).
[51] ibid.
[52] Anjan Saha, 'Criminal Tribes & The Raj: An Ideology of Control in Colonial India' (2020) 7 Journal of the Department of Sociology of North Bengal University, 48.

instruments, and overt repression, challenging the assumption that colonial governance was merely an extension of European modernity.

Partha Chatterjee's *The Nation and Its Fragments* (1993) extends this critique of colonial power by demonstrating that biopolitics in the colonial context was not solely imposed by imperial authorities but was also internalised and repurposed by nationalist movements.[53] Chatterjee's analysis of the *inner/outer* dichotomy—where the home became the sanctified realm of indigenous values and the public sphere the domain of colonial modernity—reveals a crucial biopolitical dimension: the regulation of gender, sexuality, and reproduction as key sites of power.[54] Foucault's governance of life through mechanisms that regulate bodies and populations, is central to this dynamic. In the colonial context, the British administration sought to control Indian society through legislative interventions like the *Age of Consent Act* (1891), justified under the guise of protecting women.[55] However, nationalist leaders resisted these colonial intrusions not by challenging the notion of state intervention in intimate life but by asserting their own regulatory claims over women's bodies. The nationalist discourse reframed women as the symbolic bearers of cultural authenticity and national purity, thereby establishing a parallel form of biopolitical control. Both the colonial and nationalist projects thus functioned through biopolitical management of life and death—particularly through the governance of sexuality, reproduction, and familial structures. Women's bodies became the terrain upon which competing forms of biopolitical sovereignty were inscribed: the colonial administration's justification of interventionist policies paralleled the nationalist imperative to shield women from colonial interference by reinforcing patriarchal norms. The management of life was not simply a top-down colonial imposition but was reconfigured within anti-colonial resistance, demonstrating that biopower in colonial contexts was not only coercive but also self-reproducing through indigenous political formations.

Sylvia Federici, a prominent scholar whose work primarily focuses on the capitalist subjugation of women, offers an alternative framework to Foucault's biopolitics outside of its traditional framework. Her analysis of the rise of capitalism reveals a distinct manifestation of biopolitics through the exploitation of women, with the most striking example being the 'discursive explosion' around sex, most powerfully

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[53] Partha Chatterjee, *The Nation and Its Fragments: Colonial and Postcolonial Histories* (Princeton University Press 1993)

[54] ibid, 120.

[55] ibid, 116.

embodied in the torture chambers of the witch hunts.[56] Federici's historically centred approach reexamines the transition from feudalism to capitalism from the perspective of women, the body, and primitive accumulation. Federici's analysis of power, body, and reproductive processes can serve as a framework to explore how colonial powers exerted control over the bodies and sexualities of colonised women. Unlike Foucault's approach, which amalgamates 'male and female histories into an undifferentiated whole', Federici emphasises the pivotal role of the female 'body' in understanding male dominance and power dynamics.[57] In capitalist society, the female body mirrors the role of the factory for male wage labourers, functioning both as a site of exploitation and resistance.[58] This dynamic is illustrated in the historical witch hunts, where accusations such as infanticide or the undermining of fertility were not mere superstitions but strategic attacks on the reproductive autonomy of women, reflecting fears over the nation's economic stability and future labour forces.[59] Thus, the witch hunt served the interests of European elites by eliminating a perceived threat to their political and economic power, aligning with Foucault's notion that a positive relationship exists between the power to kill in conjunction with the assurance of life. Federici's approach offers a biopolitical analysis that examines the regulation of women's reproductive capacities and bodies as well as the production of future labour forces. However, it diverges from Foucault's biopolitics by infusing a gendered dimension into the analysis. By focusing on the female body, Federici underscores how the exploitation and regulation of women were integral to the broader biopolitical strategies of capitalist systems. This gendered perspective is particularly valuable for this thesis, as it highlights the ways in which power was specifically deployed to manipulate and control women's bodies within both capitalist and colonial contexts.

Taken to its extreme what we see here is a biopolitics bent not only on the management of life, but also the management of death, or as Achille Mbembé (2003) terms it Necropolitics. Mbembé is particularly useful here as he specifically explores the racialised mechanisms of terror operating under colonial regimes. The connection between the positive and negative logics between biopolitics and necro-politics, is the formation of two distinguishable and related biopolitical subjects; (s)he who must live, and is protected, and (s)he who must die – who is unprotected, and whose life is

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[56] Silvia Federici, *Caliban, and the Witch: Women, the Body, and Primitive Accumulation* (Autonomedia 2004) 186.
[57] ibid 8.
[58] ibid.
[59] ibid 88.

enervated, potentially unto the point of death. In this regard, Mbembé's analysis resonates with Spivak's critique of colonial governance, particularly in how the lives of colonised women were not only regulated but also viewed as expendable. Spivak's concept of epistemic violence highlights how the colonial state systematically erased indigenous knowledge and gender roles, framing women's bodies as spaces for imperial intervention, where the line between biopower (life) and necropolitics (death) became blurred. While Mbembé does note that sexuality is important to the forms of disciplinary, necro and biopower deployed in the colony, sexuality takes a backseat to his analysis of colonial violence. It is precisely through the racialised articulation of colonised peoples as not fully human that the life-function of biopower becomes suspended in sovereign colonial rule. Existing as the paradoxical under-belly of Western sovereignty and rule of law, Europe has long produced terror as its Other, as that which has to be bio-politically exterminated from the social body in the service of civilising necessity. Yet, importantly, colonial rule is the absolute exercise of racialised terror. The disintegration of bodily autonomy under colonial rule helps to contextualise the intrusive practices—like forced sterilisation and bans on inter-racial marriage—that were predicated on safeguarding racial purity and managing the demographic fabric of the colonies.[60] Chatterjee's critique of colonial governance closely parallels Mbembé's analysis of necropolitics, particularly in how colonial rule functioned through a racialised logic that determined who was to be protected and who was to be subjected to violence. While Mbembé emphasises the absolute exercise of racialised terror in the colony, where sovereignty is expressed through the suspension of life-function and the production of death, Chatterjee examines how colonial governance strategically managed life and death through cultural and gendered regulations.

This racialised terror in the colonies created a distorted narrative in which women's bodies became battlegrounds for imperial anxieties and aspirations. The invasive strategies of eugenics, employed to orchestrate the reproduction of 'desirable' traits, illustrate the extent of the colonial ambition to mould the fertility and sexuality of women, treating them as variables in an equation of imperial maintenance.[61] Such interventions mirrored the ethos of population control that was also evident in the metropole, where the 'undesirable' were targeted under similar pretences,

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[60] Achille Mbembé translated by Libby Meintjes, 'Necropolitics' (2003) 15(1) *Public Culture* 11, 23.

[61] Anna Davin, '2. Imperialism and Motherhood' in Frederick Cooper and Ann Laura Stoler (eds), *Tensions of Empire: Colonial Cultures in a Bourgeois World* (University of California Press 1997) 23.

manifesting a shared imperial logic that governed bodies across both Britain and its colonies. The parallel drawn between sterilisation procedures and the suppression of a certain 'deviance' reflects a sustained fixation on racial purity, a concern as much at home in Victorian England as in the tropics of Ceylon.[62] Eugenics emerges as a salient example of the colonial application of biopower, wielded to ensure the reproduction of individuals who aligned with the empire's racial and moral ideals. In the shadow of such policies, colonised subjects were marked as sexual and racial hazards to European hegemony, revealing a deep-seated fear of degeneration—a fear which materialised in colonial policies, such as the ordinances of Ceylon, which mirrored metropolitan concerns about purity and social order.[63] This underscores the necessity of expanding Foucault's concept of biopower to include the intertwined colonial and metropolitan contexts, recognising how both realms shared a unified system of control that cannot be analysed in isolation but must be understood as a single, global analytic field.

The reimagining of Foucault's concept of biopolitics through the critical lens of gender, empire, and race significantly extends the applicability of his framework, particularly when examining colonial and postcolonial contexts. If Foucault's genealogy of power fails to account for the colonial state's deep investment in racial and gendered hierarchies, then his framework requires reworking to account for non-European histories of domination and resistance. The colonial state did not merely regulate populations through subtle mechanisms of biopower but enacted epistemic violence that rendered subaltern voices unintelligible within hegemonic discourse. This silence is not merely an absence of speech but an active erasure, a systematic exclusion that prevents the subaltern from entering the discursive domain of power. Therefore, while Foucault offers valuable insights into power dynamics, his Eurocentric perspective calls for a decolonial approach to understanding histories of oppression and resistance beyond Europe. The inclusion of feminist and postcolonial perspectives—particularly those of Spivak, Stoler, Guha, Chatterjee, Federici, and Mbembé—expands and challenges Foucault's model by highlighting the racialised and gendered aspects of biopolitical governance. Spivak's critique of epistemic violence, for instance, illustrates how colonial discourse not only erases indigenous knowledge but also suppresses subaltern voices, thus emphasising the violent nature of biopower in colonial settings. Stoler and Guha complicate Foucault's analysis by

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[62]Jess Whatcott, 'No Selves to Consent: Women's Prisons, Sterilization, and the Biopolitics of Informed Consent' (2018) 44 Signs: Journal of Women in Culture and Society 131, 146.
[63] Stoler n(39) 51.

pointing out that race and gender played central roles in shaping colonial governance. Stoler examines the racial and sexual taxonomies that informed colonial rule, while Guha challenges the notion that colonial power was based on consent, instead stressing the significance of coercion and overt violence. Federici's gendered lens, through an analysis of historical witch hunts and the exploitation of women's reproductive capacities, shows how biopower specifically targeted women's bodies as sites of both exploitation and resistance. Finally, Mbembé's concept of necropolitics adds to this understanding by revealing that colonial power structures did not merely regulate life but also determined who would live and who would die.

Chapter 3: Legislating Morality: Abolition Measures and Sexual Regulation

This chapter will conduct a two-part analysis of the enforcement of the CDAs in Britain and its colonies, with particular attention to, but not limited to, Ceylon. Part 1 begins with an exploration of Victorian sexuality and the discourse surrounding prostitution in Britain. It examines the origins and intentions of the CDAs, focusing on how these laws extended state power over individual bodies and enforced sexual norms. This section delves into the legislative history and political motivations behind the CDAs, highlighting how concerns over the health of military personnel led the British government to regulate and control women's sexuality through methods such as compulsory medical examinations and the detention of suspected prostitutes. Part 2 provides a comparative analysis of similar regulatory efforts in the colonies, with particular attention to Ceylon. It discusses how the CDAs, and other sexual regulation policies were implemented in colonial contexts, examining any differences and similarities between the metropolis and the colonies. This section aims to investigate how metropolitan models of sexual regulation were adapted to suit colonial contexts, and the subsequent impact of these adaptations on policy developments in the metropole. This perspective contributes to a broader exploration of the 'boomerang effect', wherein colonial practices influenced the social fabric of Europe, a concept gaining traction among scholars.[64] Finally, the chapter continues by assessing the impact of imperial feminism, a concept used in this thesis to demonstrate how feminist ideologies were deeply entangled with the objectives of the British Empire. This section primarily focuses on feminist campaigns in India, examining how British feminists engaged with state-imposed sexual regulation efforts—either supporting, opposing, or strategically navigating them in their pursuit of gender equality. While the broader discussion centres on India, the Theosophical Society serves as a key case study for imperial feminism in Ceylon, illustrating how feminist interventions unfolded in different colonial contexts.

Colonial Regulation of Prostitution: the CDA: Origin, Aim, and Application in Britain and Ceylon.

A rise in British sexual conservatism propelled colonial men towards 'sexual opportunities' at the empire's periphery, ostensibly strengthening imperial bonds through sexual 'collaboration', presenting a provocative yet oversimplified narrative of

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[64] Foucault n(2) 103.

consensual entrepreneurship in colonial sexual dynamics.[65] This romanticised portrayal of colonial sexual encounters, underestimates the coercive structures underpinning prostitution in the colonial setting. This draws attention to a misinterpretation within colonial discourse—that of mistaking the coloniser's 'opportunity' for a scenario of mutual benefit. By framing these encounters as opportunities, the narrative implicitly suggests a level of agency and choice for the colonised that often did not exist, thereby ignoring the unequal conditions under which such 'opportunities' were presented. This portrayal not only diminishes the gravity of the exploitation but also perpetuates a male-centric view that romanticises colonial dominance as a form of cross-cultural exchange rather than acknowledging it as an imposition of power. Sexual relationships in the colonial context were frequently marked by violence, rape, and the objectification of indigenous women and men, rather than being consensual and beneficial for both parties.[66] Exploring the coercive structures underpinning prostitution could unveil the socio-economic desperation that compelled many women into prostitution, rendering the notion of 'sexual opportunity' as a male-centric fantasy that overlooks the profound imbalances and exploitations inherent in colonial enterprises.[67] These include the reinforcement of racial hierarchies, the disruption of local social structures through cultural imperialism, and the economic exploitation that rendered local populations vulnerable to various forms of personal and systemic abuse. The sexual encounters between colonisers and the colonised thus emerge not merely as instances of personal exploitation but as manifestations of broader imperial control and governance mechanisms that benefited the imperial centre at the expense of local integrity. The criticism of the romanticised portrayal of sexual collaboration in colonial contexts serves as a stark reminder to avoid repeating misinterpretations in the analysis of the CDA, to always consider the imposition of power dynamics in the examinations of historical events and societal structures.

When juxtaposed with the Victorian era's broader strategies of social reform in order to address public health and sanitation, narratives of sexual opportunity and moral supremacy seamlessly transition into the empire-wide endeavour to regulate and control the sexuality of colonial subjects as well as subjects in the metropole. The Victorian era's preoccupation with internal 'enemies' such as prostitutes, spinsters,

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[65] Ronald Hyam, *Empire and Sexuality: The British Experience* (Manchester University Press 2017) 88.
[66] Paul Grossman, 'Why were Colonial Powers Interested in Sexuality?' (2018) 2 Midlands Historical Review 1, 12.
[67] ibid.

homosexuals, and the impoverished, framed through a discourse of contagion, underscores a broader motive to maintain purity within the British Empire.[68] By casting marginalised groups as threats to the domestic middle-class ideal, reveals a sophisticated form of social control that extends biopolitics into the realm of sexual regulation. The bourgeois effort to medicalise and racialise poverty and difference as contagions betrays a calculated move to manage societal threats externally, reinforcing domestic sanctity while veiling moralistic biases with scientific rhetoric.[69] This tactic not only identified 'risk populations' linked to venereal disease spread, but also strategically excluded these concerns from broader public health initiatives.[70] Within the specific framework of prostitution, the bodies of prostitutes emerged as focal points for perceived contagion, serving as conduits for the transmission of syphilis and as spaces where the filth and ailments attributed to poverty were thought to proliferate.[71] Consequently, the regulation of prostitution was predicated on the belief that it would enable the containment of pauperism, manage population expansion, and counteract the moral decay undermining national well-being.[72] Thus, the regulation of prostitution during the Victorian era became a contentious arena where conflicting rationalities clashed. On one hand, there was a medical rationality that focused on physiological aspects, advocating for measures aimed at curing or preventing diseases associated with prostitution.[73] This perspective argued for regulatory frameworks that would control and mitigate the health risks posed by prostitution, viewing it as a public health issue. On the other hand, there existed an older ethnological rationality that emphasised racial inferiority. This viewpoint posited that certain races or ethnic groups were inherently more predisposed to engage in prostitution or immoral behaviours.[74] Advocates of this perspective used racial stereotypes and pseudo-scientific theories to justify discriminatory policies and regulations targeting specific racial or ethnic communities.

Hence, discussions about sexuality became key in framing public discourse, gradually expanding throughout the century to encompass deliberations on sexual

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[68] Alana Tomas, 'Race, Gender and Sexuality and the Pursuit of Modernity: British Biopower and Female Sexuality in Domestic and Colonial Practices' (2023) 9(1) The Great Lakes Journal of Undergraduate History 23, 29.
[69] ibid.
[70] Roger Davidson and Lesley, A Hall (eds), *Sex, Sin and Suffering* (0 edn, Routledge 2003) 161.
[71] Mary Poovey, *Making a Social Body: British Cultural Formation, 1830 - 1864* (Univ of Chicago Press 1995) 88.
[72] ibid.
[73] ibid 16.
[74] ibid.

ethics, its implications for governance, and its broader societal and legal ramifications. The regulatory approach towards prostitution in the mid-19th century necessitated a profound reassessment of the prevailing double standard regarding sexual behaviour between men and women. Historically, societal norms had condoned and even glorified male sexual freedom and conquests, while simultaneously stigmatising and punishing women for engaging in similar activities. Critique of the moral decay surrounding 'the whoredom in the House of Commons' was evidenced during the 1840s which underscored a period where male 'vice' faced stern societal sanction, painting a picture of parliamentary members embroiled in promiscuity.[75] However, no legislative sanctions were enacted against men's sexual pursuits compared to those imposed on women. This stark contrast in treatment reflected deeply ingrained beliefs about gender roles, purity, and societal expectations. As governments and societies began to regulate prostitution more systematically, particularly in response to perceived threats to public health such as venereal diseases, a critical examination of these double standards became unavoidable.[76] The legislation aimed at controlling prostitution, such as the CDA in Britain, focused predominantly on inspecting and regulating women engaged in prostitution. These laws effectively sanctioned the moral and legal policing of women's sexuality under the guise of public health concerns, while largely ignoring or tacitly condoning men's participation in the same activities. This regulatory framework forced a re-evaluation of the underlying assumptions and justifications for such double standards. It prompted questions about why men were afforded sexual liberties and minimal social repercussions for their behaviour, while women were subjected to harsh societal condemnation, legal penalties, and health inspections. The disparity in treatment underscored broader issues of gender inequality, power dynamics, and the moral hypocrisy embedded in societal attitudes towards sexuality.

Furthermore, these legislative attempts to criminalise the transmission of disease did not directly address the root issues of prostitution, exemplifies a broader imperial mentality aimed at controlling and displacing 'undesirable' elements of British society to colonial territories.[77] Absence from direct observation diminishes consideration. This approach reflects a pattern of using the colonies as a dumping ground for problems deemed too challenging or inconvenient to resolve within the mother

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[75] Judith R Walkowitz, *Prostitution and Victorian Society: Women, Class, and the State* (1st edn, Cambridge University Press 1980) 70.
[76] ibid.
[77]Mary Poovey, *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (University of Chicago Press 1988) 6.

country itself.[78] This strategy, ostensibly aimed at rectifying deviations from monogamous marital norms, further underscores a gendered and colonial logic wherein women are both marginalised within the domestic sphere and instrumentalised within the imperial project. The moral degradation leading to such licentious behaviour is primarily attributed to men, yet resolutions always conspicuously target women—perceived as the 'problem'—rather than addressing male sexual conduct.[79] Such practice implies a double exploitation of women: first, through their scapegoating for societal moral lapses and, second, through their utilisation as tools within the colonial expansionist agenda, expected to stabilise and 'civilise' colonial societies by anchoring them in traditional familial structures.

Between 1864 and 1869, four laws, known as the CDA, were passed by the British Parliament in an attempt to reduce venereal disease in the armed services. These Acts applied to certain military stations, garrison, and seaport towns, giving police officers the authority to arrest any woman found within the specified areas whom they considered to be a prostitute. The woman in question was then brought before a magistrate who, if he agreed with the arresting officer, would order her to register and submit to a medical examination. If found to be suffering from venereal disease, she was sent to a hospital where she could be detained for three months or longer, at the discretion of the physician in charge. If she refused to submit to the examination or to enter the hospital, she could be imprisoned with or without hard labour. This legislation was enacted at the urging of officials in the War Office and the Admiralty, who believed that the efficiency of the army and navy was being dangerously impaired because of the high incidence of venereal disease. Ultimately, they maintained, the security of the nation itself would be jeopardised.[80]

Yet, in the early stages of the CDAs implementation in 1864 and 1866, there was an apparent lack of significant opposition, allowing these measures to unfold without the need for elaborate justifications.[81] It wasn't until the late 1860s, spurred by growing public dissent, that proponents were compelled to articulate a rationale for the inherent class and gender biases of these acts.[82] Interestingly, as the debate intensified, supporters began to tout the moral and social advantages of the acts,

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[78] ibid.
[79] ibid.
[80] Margaret Hamilton, 'Opposition to the Contagious Diseases Acts, 1864-1886' (1978) 10 Albion 14.
[81] Walkowtiz, 71.
[82] ibid.

arguments that were conspicuously absent when the first act was introduced, revealing a post hoc justification for policies initially aimed solely at public health concerns, namely the epidemic threat of syphilis and other venereal diseases.[83] These public health concerns were initially predicated on three assumptions: that syphilis was spread through promiscuous sexual contact with diseased prostitutes; that existing voluntary facilities for treating female venereal patients were ineffective as preventive and therapeutic institutions; that available diagnostic and therapeutic methods were adequate to carry out the medical provisions of a regulation system.[84] This shift from public health concerns to social and moral rhetoric's suggests that the initial public health justifications were supplemented—or perhaps even overshadowed—by broader social control objectives aimed at regulating and disciplining perceived deviant behaviour, particularly that of marginalised groups like prostitutes.

An examination of the CDA in Britain is pivotal for understanding the gendered dimensions of these regulatory measures, highlighting how the Acts institutionalised a surveillance regime that disproportionately targeted women, under the guise of medical and moral safeguarding. The CDA of 1864 established a legislative structure that required police superintendents to report to magistrates any woman suspected of engaging in prostitution and harbouring a contagious disease, based on intelligence gathered by undercover constables within certain designated areas.[85] The imposition of the burden of proof on accused women led to compulsory invasive medical examinations and, upon detection of infection, detention and treatment under questionable conditions.[86] Furthermore, the Act's reliance on the vague notion of the 'common prostitute' granted authorities excessive discretionary power, enabling the arbitrary classification of women within this category, thus extending beyond prostitutes to encompass the entire female demographic, subjecting them to potential scrutiny and intervention.[87] This surveillance, anchored in the moral dichotomy between the morally virtuous and the 'fallen' woman, revealed a gendered strategy of control surpassing the stated objective of disease prevention.[88] By compelling women to undergo medical examinations and potentially face detention, the state

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[83] ibid.
[84] ibid 48.
[85] Kimeya Baker, 'The Contagious Diseases Acts and the Prostitute: How Disease and the Law Controlled the Female Body' (2012) 1 UCLJLJ 88, 92
[86] ibid.
[87] Paul W Werth, 'Through the Prison of Prostitution : State, Society and Power' (1994) 19 Social History 1, 6.
[88] ibid.

exercises direct control over their bodies, thereby infringing on their autonomy and subjecting them to a form of state-sanctioned violence.

The Royal Commission of 1871's investigation into the implementation of the CDA provides a window into the prevailing attitudes towards sexuality during the Victorian era. In advocating for a pseudoscientific 'spermatic economy' concept, the Commission inadvertently affirmed gendered standards of sexual behaviour, which were deeply entrenched in the era's medical and legal frameworks.[89] The emphasis on seminal fluid as crucial to a man's health, posited as being exponentially more potent than blood, and the emphasis on the depletion of energy following its emission, points to an archaic scientific rationale that sought to excuse male sexual proclivities while simultaneously commodifying female sexuality.[90] This biased perspective can be understood as part of a broader societal attempt to rationalise the gender disparity observed in the application of the CDAs. Men's engagement in sexual activities was described as a 'natural impulse', while women's involvement was reduced to a mere commercial endeavour.[91] This dichotomy not only reflects the gendered biases of the time but also exemplifies how science was co-opted to uphold and justify these biases within the legal statutes. The Commission's endorsement of such theories underscores the conflation of scientific, legal, and moral discourses that shaped and legitimised societal attitudes towards gender and sexuality. Thus, the CDAs emerge as mechanisms of control that went beyond the containment of venereal diseases. The Acts were instrumental in reinforcing the control over women's bodies, delineating the bounds of acceptable sexual conduct, and thereby asserting a patriarchal order aligned with British imperial goals of moral superiority. There emerges a pattern of regulating women's bodies and sexualities, a strategy that served the dual purpose of maintaining public health while reinforcing the social and moral order of the day. In this context, the spermatic economy theory, while on the surface addressing public health concerns, also played a critical role in upholding the patriarchal structure that these health measures were part of. This interplay between scientific theory and regulatory control demonstrates a concerted effort to maintain control over sexual conduct, a facet deeply intertwined with the broader socio-political fabric of the British Empire. This fabric encompassed not only colonial governance and imperial ideologies but also the regulation of social norms,

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[89] Walkowitz, 71.

[90] Geoffrey P Miller, 'Law, Pollution, and the Management of Social Anxiety' [2000] SSRN Electronic Journal 1, 23.

[91] Walkowitz, 71.

beliefs, narratives, and justifications used to justify and perpetuate imperial rule, often involving ideas of superiority, civilising missions, and racial hierarchies. The CDA's role within this framework thus was not merely about health— it was part of this broader imperialist project to impose British values, norms, and governance structures on colonial populations. It reflected a belief in the superiority of British morals and hygiene standards, which were used to justify the imposition of control and discipline over colonised peoples.

While the Acts' implications for women are direct and prominent, attention needs to be drawn to the broader mechanisms of control at play, which suggests that a nuanced understanding of how state power is operationalised not just through overt actions but through the cultivation of collaborative regulatory environments that manage and monitor individual behaviours.[92] The CDA underscores the complex, decentralised, and relational nature of their enforcement, revealing a nuanced framework for understanding the regulation of women's sexuality not only within England but also within the colonial context.[93] Firstly, the CDAs' reliance on provincial magistrates, doctors, and hospital authorities for enforcement highlights the distributed nature of power.[94] This decentralised modality of governance reflects Foucault's conceptualisation of biopolitics as a dominion of power exerted across populations rather than territories, prioritising the regulation of life, health, and bodily autonomy. Moreover, the CDAs' were not applicable to all of England, thus the application to specific cities where venereal disease was perceived as a threat illustrates the targeted nature of these interventions.[95] This selective enforcement not only highlights the state's prioritisation of specific geographical areas and populations but also mirrors colonial strategies employed by the empire.

Colonial Adaptations: The Global Influence and Ethical Rationalisations of Prostitution Laws in British Colonies, with Ceylon as a Case Study

Imperial discourse increasingly conflated poverty with racial inferiority, framing marginalised groups—particularly colonial subjects and racialised communities—as predisposed to immorality. This ideology underpinned both the subjugation of colonial populations and the stringent regulation of the impoverished in Britain. Prostitution

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[92]Werth, 13.
[93] ibid 11.
[94] Ibid 12.
[95] ibid.

was constructed as both a public health crisis and a moral failing, necessitating rigorous state intervention. The regulation of prostitution thus functioned as a nexus of imperial power, serving not only to contain disease but also to reinforce racial and social hierarchies. Colonial authorities intensified surveillance and regulatory efforts in urban centres and port cities, which were identified as high-risk zones due to their role in military and commercial exchange.[96] These hubs, crucial to the movement of goods, people, and capital, became key sites for biopolitical control, as soldiers and sailors were both vectors of disease and instruments of imperial expansion.[97] By exerting authority over these strategic locations, the empire sought to preserve the health and efficiency of its military and economic networks, aligning public health measures with broader geopolitical imperatives.

This strategy was not confined to Britain alone but was formalised through the CDA's which, though inconsistently enforced within England, were systematically applied across the empire. They were implemented in territories such as Hong Kong in 1857, India in 1864, Queensland in Australia in 1868, and the Straits Settlements in Southeast Asia in 1870.[98] This widespread application reflects the expansive influence of the British Empire. The CDA's implementation in Hong Kong exemplifies how female sexuality was regulated and controlled within a racialised colonial framework. The acts linked female sexuality with disease, justifying invasive state control primarily targeting women. Prostituted women were readily identified as threats to the colonial state, and at the front line of colonial sexual discipline experienced its most intrusive surveillance.

In the colonial context, this regulation became further racialised, with the British colonial administration's approach to prostitution in Hong Kong highlighting a distinct departure from domestic policy frameworks.[99] This divergence underscores the strategic flexibility embedded in imperial governance, which allowed for the implementation of more coercive and experimental control mechanisms within colonial territories. To address the twin threats of crime and disease, Hong Kong's colonial authorities brought in legislative and administrative machinery to regulate

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[96] ibid.
[97] ibid.
[98] Phililppa Levine, 'Venereal Disease, Prostitution, and the Politics of Empire: The Case of British India' (1994) 4 Journal of the History of Sexuality 579, 581.
[99] Philip Howell, 'Prostitution and Racialised Sexuality: The Regulation of Prostitution in Britain and the British Empire before the Contagious Diseases Acts' (2000) 18 Environment and Planning D: Society and Space 321, 329.

commercial sex.[100] The legislative framework not only sanctioned the licensing and inspection of brothels compared to the metropole but also authorised invasive actions such as the forcible entry into premises suspected of harbouring illicit activities, the utilisation of paid informants, and the establishment of a dedicated morals police, the inspectorate of brothels, tasked with the surveillance of clandestine brothels and the apprehension of unregistered sex workers.[101]

Furthermore, by mandating fines and imprisonment for women adjudged to have transmitted diseases to healthy individuals, and by financing these administrative operations through levies imposed on brothel keepers and prostitutes, the colonial government institutionalised a system of control that prioritised public health and moral order over individual rights and freedoms.[102] The candid admissions by notable figures such as the Dean of Carlisle, concerning the unconstitutionality and ethical transgressions of these ordinances within colonies, illuminate the propensity to infringe upon individual rights in the service of imperial ambitions.[103] The Dean of Carlisle's comment that such systems were 'instituted under circumstances of arbitrary power would not be tolerated in this country' reveals a profound critique of the double standards in British governance.[104] The term 'arbitrary power' implies actions taken without regard to law, ethics, or the consent of the governed, highlighting a form of rule that is dictatorial and despotic. These policies in Hong Kong illustrate a deliberate strategy by the British Empire to impose stricter, more authoritarian controls in its colonies than it would dare implement at home. By contrasting these repressive colonial practices with the purported principles of justice and liberty upheld in Britain, the critique reveals the underlying hypocrisy and exploitation inherent in British colonialism.

In South Asia, the regulation of prostitution unfolded in two significant phases, both designed to consolidate British power: the Cantonment Act of 1864, which mandated the registration and inspection of women in military brothels, and the subsequent extension of similar regulations to seaports and major cities in 1868.[105] In the colonial context of India, unlike Britain, the CDA were not confined to military personnel but extended their reach to civilians, compelling prostitutes interacting with civilians in

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[100] Howell n(5) 229.
[101] ibid.
[102] ibid.
[103] Howell n(99) 334.
[104] ibid.
[105] Levine, 581.

metropolitan areas to register with the state.[106] This shift meant that the intimate lives and health of a wider segment of the society were subjected to state scrutiny and control, effectively blurring the lines between public health measures and the surveillance of private lives. The British military cantonments imposed stringent regulations on the habitation and occupational practices of prostitutes, instituting a surveillance regime that persisted longer and was more rigorous than that observed within Britain.[107] This harsher surveillance reflects a broader strategy of colonial governance to maintain the health, productivity, and masculinity of the British army, safeguarding it from the perceived 'degeneracy' of colonised lands.[108] As in many aspects of colonial governance, it was politically feasible to conduct harsher and more sustained surveillance in the Empire, including Ceylon than in Britain itself.

Prior to examining the regulation of prostitution and women's sexuality in Ceylon, it is crucial to understand the moral standards on sexuality before colonial influence as well as the enactment of the CDA. For example, for local Ceylonese people, marriage did not necessarily take the monogamous form preferred by the colonials. An anecdote from a Portuguese officer in the early 16th century illustrates this diversity: he encountered a Sinhalese woman who expressed dissatisfaction with her eight husbands.[109] Despite his offer to eliminate seven of them, she insisted on keeping at least four, leaving the officer puzzled and highlighting rare insights into Sinhalese women during that era.[110] This not only showcases the complexity and diversity of Sinhalese marital practices but also reveals a cultural misunderstanding. The officer's reaction reflects a lack of understanding of Ceylonese customs and values, while the woman's insistence on keeping multiple husbands demonstrates a level of autonomy and choice, challenging European stereotypes of women's roles and rights in non-Western societies. Apart from fraternal polyandry and the practice of infanticide, group marriage was practiced, while a man could be married in a fraternal polyandric union and also have a monogamous union with a wife in a separate home. Instances of polygamy are also recorded.[111] These facts, and the observation that people often entered into four or five marital unions during their

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[106]Sagaree Jain, 'The Queen's Daughters: White Prostitutes, British India, and the Contagious Diseases Acts' (2017) 2 ANTYAJAA: Indian Journal of Women and Social Change 4, 6.
[107] Levine n(98) 586.
[108] Jain, 6.
[109]Carla Risseeuw, 'Gender, Kinship and State Formation: Case of Sri Lanka under Colonial Rule' (1992) 27 Economic and Political Weekly WS46, WS48.
[110] ibid.
[111] ibid.

lifetime, completed the European judgment of horror and amazement.[112] This judgment is indicative of a broader cultural and ideological divide: Europeans, particularly colonials, favoured monogamous relationships and viewed other forms as aberrant. Their horror likely stemmed from a sense of moral and cultural superiority, believing their own practices to be more civilised or appropriate. The variety of marital arrangements among the Sinhalese—fraternal polyandry, group marriage, polygamy, and combination marriages—illustrates a complex social fabric adapted to local conditions and needs. The Europeans' ethnocentric judgment, stemming from an incomplete understanding of the social, economic, and cultural contexts that shaped these practices, underscores the importance of cultural relativity. Understanding customs within their own context, rather than through the lens of foreign values, reveals the nuanced and well-adapted nature of these practices. Encounters with diverse sexual practices in the colonies contributed to a moral panic among European colonials, who perceived these practices as threats to their own societal norms. This panic fuelled policies aimed at controlling and regulating sexuality, both in the colonies and in Europe.

Under British rule the regulation of prostitution in Ceylon shared many characteristics to those in Hong Kong, India, and other parts of South Asia. The overarching goal remained consistent: to maintain the health and productivity of the British military and exert control over the colonised population. However, while the colonial administration's objectives were similar across these regions, the scale, intensity, and local dynamics significantly influenced how prostitution regulations were implemented in Ceylon, leading to a distinct colonial experience. The colonial administration utilised a combination of penal measures and social reforms aimed at realigning the indigenous moral framework with that of Victorian, Christianised standards.[113] The criminalisation of prostitution in Ceylon was effectuated through a series of legal measures that evolved over time. Among the most pivotal of these were the **Vagrants Ordinance** (1841), **Houses of Detention Ordinance** (1888), and the **Brothels of Ordinance** (1899).[114] These ordinances collectively shaped the colonial governance of Ceylon and played a central role in the regulation of prostitution, framing it not merely as a social ill but as a moral transgression to be contained through state intervention. This legal framework, initially borrowed from

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[112] ibid.

[113] ibid.

[114] Jody Miller and Kristin Carbone-Lopez, 'Gendered Carceral Regimes in Sri Lanka: Colonial Laws, Post-colonial Practices, and the Social Control of Sex Workers' (2013) 39(1) Journal of Women in Culture and Society 79, 81.

English precedents, reflected broader imperial strategies to manage and control populations deemed undesirable, with a particular focus on women and marginalized groups.

At the core of this regulatory structure was the Vagrants Ordinance of 1841, formally titled the *Ordinance to Amend and Consolidate the Law Relating to Vagrants*.[115] This ordinance was not only a direct extension of the English Vagrancy Act of 1824, but also an embodiment of the colonial state's ideological and institutional response to the growing urban and rural poor. Its origins can be traced to the English Vagrancy Act of 1824, which itself emerged as part of a broader strategy by the British government to regulate and control the rapidly growing urban and rural poor. In Britain, the Vagrancy Act had been introduced as a response to the increasing visibility of poverty amidst industrialisation, which was perceived as a social problem requiring state surveillance and punitive regulation. This same impulse to control and regulate impoverished populations was transposed into the colonial context of Ceylon, where the Vagrants Ordinance was deployed as a tool for disciplining the native population, particularly those perceived to be socially and morally transgressive, such as women involved in prostitution.[116] The enactment of the Vagrants Ordinance in Ceylon was thus far from a legal formality; it was a reflection of the colonial state's broader ambitions to impose order upon a population it deemed disorderly. Prostitution, framed as a central social ill, was criminalised under this ordinance, and its inclusion within the broader category of vagrancy was deeply telling. The statute's scope was deliberately broad, encompassing a variety of social behaviours that could be construed as deviant, from 'wandering' to 'idling' to 'prostitution'.[117] In doing so, the colonial authorities not only criminalised certain actions but also constructed vagrancy and sex work as characteristics intrinsic to those who were targeted. The Vagrants Ordinance portrayed such individuals as inherently immoral, responsible for their circumstances due to their perceived laziness or lack of self-discipline. This ideological function of the law, which conflated various socially marginal behaviours under the umbrella of vagrancy, made it a potent tool for the state to consolidate its moral authority while deflecting attention

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[115] International Commission of Jurists (ICJ). (2017). *Briefing Paper: Compatibility of the 1841 Vagrants Ordinance with International Human Rights Law, 3.*
[116] Christopher Roberts, 'Discretion and the rule of law: The significance and endurance of vagrancy and vagrancy-type laws in England, the British empire, and the British colonial world' (2022) *Duke J. Comp. & Int'l L., 33,* 196.
[117] ibid.

from the structural forces—poverty, inequality, and colonial exploitation—that often drove individuals into sex work.

The colonial state justified the criminalisation of prostitution and other forms of social transgression under the guise of moral and public health concerns. The provisions of the Vagrants Ordinance, which included criminal penalties for behaviours such as the 'exposure of wounds or deformities' (Section 2-5), were ostensibly designed to protect public health.[118] However, in practice, these laws disproportionately targeted the lower classes, particularly women, whose sexual autonomy and agency were regulated through an explicitly gendered and racialised lens. These provisions exemplified how the colonial administration weaponised public health rhetoric to control vulnerable groups, positioning the regulation of prostitution as part of a broader strategy to impose a Victorian moral code on the indigenous population. The colonial state viewed the regulation of women's bodies—especially those engaged in prostitution—not only as a matter of maintaining public order but also as a means of controlling the 'moral decay' of native society, which was framed as a threat to the stability of colonial rule. The colonial state justified its actions by invoking the rhetoric of racial purity, positioning the criminalisation of certain racial or gendered behaviours as integral to the preservation of colonial racial hierarchies. The law's inherent vagueness allowed for wide discretion in its interpretation, which, coupled with the lack of oversight, resulted in its discriminatory application, disproportionately affecting women and other marginalised groups.

The Houses of Detention Ordinance 1888 enabled the incarceration of individuals classified as 'vagrants' in rehabilitation facilities, rather than in conventional prisons.[119] Even though such houses were notionally meant to act as vocational training centres or shelter homes, in reality they serve effectively to deprive persons who are brought there of their liberty.[120] Those detained under this ordinance were not being 'reformed' or trained for productive labour in the same way that contemporary vocational training programs aimed to do so. Instead, the ordinance served to segregate and control marginalised populations, particularly women, who were seen as a threat to the colonial moral order. These laws were designed to suppress promiscuous behaviour that the British colonial authorities deemed deviant or threatening to the social order and racial hierarchy they sought to maintain. By

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[118] ICJ n(116).
[119] ibid, 11.
[120] ibid.

policing women's bodies, Women were not only criminalised for their economic activities but were also targeted for their perceived failure to adhere to the imperial moral code. The regulation of their sexuality became a mechanism for maintaining both social order and the colonial racial hierarchy.

The Brothels Ordinance of 1899 centred on the regulation of brothel management and operation, prompted by concerns over the image of sailors and the impact on men frequenting these establishments.[121] At its core, the Ordinance addresses not the act of prostitution itself but the infrastructure that enables it—brothels. This approach establishes a framework for controlling and surveilling women's sexual and economic roles within society. The criminalisation of brothel ownership, rather than the acts of prostitution, is a critical point. This selective approach reveals a deeper concern with the management of spaces where women's bodies are commodified rather than focusing on individual sexual acts. In this sense, the law creates a framework that indirectly regulates the sexual and economic roles of women within society. By focusing on the infrastructure of brothels, the colonial state performs a mechanism of control that is less overt but equally insidious. The emphasis on controlling the spaces where sex work occurs reflects Foucault's idea of *regulatory power*, which operates through indirect means of surveillance and regulation. The state is not concerned with the sexual acts themselves, but with controlling the spaces of sexual activity, thus reconfiguring the management of bodies through their spatial occupation. By criminalising brothel ownership, the state signals its desire to regulate not just the physical location of sex work, but also the movement and mobility of the women who perform these acts within these spaces. The focus on brothels, then, is not a neutral legal act but a form of governance that reflects a biopolitical need to control women's autonomy and freedom through their sexual roles.

The relocation of brothels from visible, centralised areas to more discreet, hidden locations in Colombo further highlights the spatial control and manipulation of sexuality.[122] The colonial state seeks to separate deviant bodies—those of sex workers—from respectable society. The desire to regulate visibility is not just about keeping certain acts hidden; it is about maintaining the illusion of order and

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[121] Stephen Legg, 'Stimulation, segregation and scandal: geographies of prostitution regulation in British India, between registration (1888) and suppression (1923)' (2012) 46 (6) *Modern Asian Studies*, 1484.
[122] ibid, 1485.

respectability in public life, while simultaneously continuing to manage and control the populations that exist outside that respectability. Women's bodies, marked by their involvement in sex work, are seen as sites of deviance that must be concealed to preserve social order. This act of concealing bodies through spatial segregation is not a solution to the problem of prostitution but an effort to regulate its visibility, and in doing so, to perpetuate the idea that women who engage in sex work are to be hidden from the public eye. The 1907 ordinance in Ceylon, which restricted the immigration of 'destitute' or 'vicious' persons, further highlights the intertwining of racial and gendered control within the colonial framework.[123] The state's regulation of who may enter a territory, who may remain, and under what conditions, is a key mechanism through which power is exercised over populations. In this case, the state regulates the bodies of sex workers—many of whom are women—by controlling their movement, their economic activity, and their ability to live freely within colonial spaces.

These three ordinances were framed not merely as pragmatic responses to public health crises but were deeply imbued with cultural and moral judgments that reinforced the notion of the civilisational and moral inferiority of the colonised Ceylonese people. The British colonial administration often portrayed diseases, especially STDs, as problems primarily afflicting non-European populations.[124] This racialisation of disease was used to justify intrusive health measures, framed as necessary for the moral and physical purification of the colonised population. The narrative of imperial benevolence was a crucial component of the colonial strategy. It painted the empire as a force of civilisation and moral rectitude, brought to uplift the 'backward' society.[125] This portrayal not only justified the continuation of colonial rule but also masked the exploitative and oppressive nature of many of its policies. The framing of health interventions as part of a civilising mission reinforced the paternalistic approach that characterised much of British colonial governance, suggesting that the colonised needed to be protected from their own supposed primitive impulses and unhealthy environments. The colonial state framed its policies as efforts to 'protect' Ceylonese women—often depicted as vulnerable, unclean, and prone to disease—from their own perceived primitive instincts. This framing allowed colonial authorities to justify the exploitation of prostitutes by constructing them as victims of their own unhealthy environments and practices.

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[123] ibid.
[124] Thomas R Metcalf, *Ideologies of the Raj* (Cambridge University Press 1997) 171.
[125] ibid 158.

The colonial health policies were designed not just to safeguard public health but to maintain the social and racial hierarchies that underpinned British rule. The shift in the 1890s towards recognising disease transmission as a universal threat that crosses racial lines marked a pivotal change in medical discourse and colonial health policy.[126] This shift began to challenge the racially biased views that had previously dominated colonial medical practices. It suggested a move towards a more egalitarian understanding of health risks, acknowledging shared human vulnerabilities rather than attributing disease to racial or cultural inferiority. Despite these changes in medical understanding, the persistence of foundational racial ideologies continued to shape how health policies were implemented. In Ceylon, the focus on controlling the spread of disease—particularly sexually transmitted diseases—was often framed as an effort to protect the colonisers (soldiers, sailors, and other Europeans) from the 'danger' of the local population, as evidenced through the Brothels Ordinance 1899, rather than truly addressing the health needs of the colonised women themselves. For Ceylonese prostitutes, this meant that their bodies were not only sites of surveillance due to their roles in sex work but also because they were disproportionately seen as vectors of disease. This underscores the complexities and challenges involved in disentangling public health initiatives from the broader colonial objectives. The slow and often incomplete transition from racialised health policies to more inclusive approaches illustrate the durability of colonial structures and ideologies which reinforced the colonial Ceylonese women as inherently 'unclean' as well as morally inferior.

This repressive, regulatory power manifested through the Ordinances would indeed be unacceptable in Britain. This difference underscores the racial and moral hypocrisy of colonialism—where the colonised lands were seen not only as territories to be exploited but also as spaces where normal legal and moral constraints could be suspended. In this regard, Ceylon became a pivotal site for the British Empire's 'experiments' in legal and social control. For instance, the establishment of the 'Reclamation Road' as a segregated area for prostitution in Colombo was a practical solution to contain sex work, but it was also a stark reminder of the racialised control exerted by the colonial state.[127] The clear contrast between the strategies of regulation enacted within the heart of the British Empire and those applied in its

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[126] ibid 175.
[127] Legg n(121)1485

colonies serves to highlight the fundamentally exploitative nature of colonial governance. Through such measures, Ceylon became a laboratory for the imperial state to refine policies that, were they to be applied in Britain, would have stirred substantial moral, political, and public opposition. While metropolitan Britain might have engaged in public debates about health and social policies, often contoured by considerations of morality, ethics, and welfare, the colonial administration in Ceylon routinely bypassed such deliberations. Instead, the priorities of operational efficiency and risk management were paramount, overriding concerns about ethical propriety. The exploitation of colonial subjects thus transcends being merely a historical footnote, emerging as a crucial facet of the imperial relationship between Britain and its colonies. Through these practices, colonial territories like Ceylon not only served as sites for the systematic subjugation of indigenous peoples but as experimental arenas for the application of legal and moral frameworks that were tailored to meet the needs of imperial control, further entrenching the racial and moral hierarchies foundational to colonial rule.[128]

Transitioning from the discussion on the regulation of prostitutes, the analysis now shifts towards the ideological valuation of imperial feminism within the empire. This segment of the discussion contrasts the esteemed figure of the white, British feminist—often idealised as a paragon of virtue and moral authority—with the denigrated image of colonial women, who are frequently portrayed in imperial discourse as lacking in moral fortitude and autonomy. This stark contrast highlights how perceptions of female agency and feminist roles are manipulated to serve the empire's interests, reinforcing the dichotomy between the civilised 'Self' of the empire and the 'Other' of the colonies. This manipulation not only exacerbates social and racial divides but also supports the imperial agenda of justifying colonial rule through purported moral superiority and the need to 'civilise' the colonised. This approach not only illuminates the contentious space that feminist movements occupied within the empire's expansive reach but also examines how, despite intentions to champion women's rights, these movements often prioritised the liberation of white women, thus endorsing the subjugation of colonised women.

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[128] ibid.

Imperial feminism and Colonial Power

In transitioning to the discussion of imperial feminism, it is crucial to understand its dual role as both a product of and a response to the colonial agenda, illustrating the contentious space feminist movements occupied within the empire's expansive reach. The engagement of imperial feminism with the CDA in the metropole has received much attention, its extension to the empire bar a few authors, such as Antoinette Burton, has not received much depth. This section primarily focuses on feminist campaigns in India, examining how British feminists engaged with state-imposed sexual regulation efforts—either supporting, opposing, or strategically navigating them in their pursuit of gender equality. The Theosophical Society serves as a key case study for imperial feminism in Ceylon, illustrating how feminist interventions unfolded in different colonial contexts. This interplay between imperial feminism and colonial power structures prompts a critical examination of how feminist initiatives, while championing women's rights, paradoxically prioritised the liberation of white women, implicitly endorsing the subjugation of colonised women.

Barbara Ramusack's exploration into the nuanced roles of British women activists in colonial India illuminates the complex interplay of feminism, imperialism, and cross-cultural reform efforts.[129] These women, transcending the conventional roles of missionaries, embarked on a mission driven by a genuine concern for the welfare of Indian women. The careers of notable figures such as Mary Carpenter, Annette Akroyd Beveridge, Margaret Noble (Sister Nivedita), Margaret Gillespie Cousins, and Eleanor Rathbone, mapped against the backdrop of British imperial dominance, offer insightful perspectives on the intersections of race and gender in the pursuit of social reforms.[130] These women can be adeptly categorised into three distinct yet occasionally overlapping roles: maternal imperialists, feminist allies, and cultural missionaries.[131] The question regarding how far women can 'collaborate across racial or ethnic categories' underscores a fundamental tension within feminist movements in colonial settings: the desire to forge universal alliances based on gender solidarity versus the reality of racial and ethnic divides that are exacerbated by colonial power relations.[132] The presumption that women, by virtue of their shared experiences of

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[129] Barbara N Ramusack, 'Cultural Missionaries, Maternal Imperialists, Feminist Allies: British Women Activists in India, 1865–1945', *The Rise and Fall of Modern Empires, Volume I* (Routledge 2013) 310.
[130] ibid 309.
[131] ibid.
[132] ibid 310.

gender oppression, can easily collaborate across racial and ethnic lines overlooks the ways in which colonialism not only imposes additional layers of oppression on colonised women but also privileges certain groups of women over others. This differential positioning complicates the notion of a universal sisterhood, as it fails to account for the power imbalances and inequalities that shape women's experiences and opportunities for activism. This critique is not merely an academic exercise but reflects a deeper historical pattern where feminist movements, entangled with imperial ambitions, often navigated a fraught path between advocacy and complicity in colonial domination.

The complex interplay between white female imperialists and women of colour has been extensively documented, revealing a history marked by attempts to 'civilise' and 'liberate' non-white peoples under the guise of a colonial mission. This mission, often framed as a benevolent endeavour, saw white women aligning with imperialist agendas, positioning themselves as saviours of their 'less fortunate' counterparts in Asia, Africa, Australasia, and the Americas.[133] Their involvement in colonial pursuits—ranging from politicians, missionaries, social reformers and, indeed, academics —was propelled by a belief in their moral superiority and a duty to uplift women in the colonies from what they perceived as oppressive patriarchal structures. However, this noble mission frequently transgressed into the realm of overreach, undermining the autonomy, and disregarding the voices of the very women they aimed to help.

The British feminist movement's confrontation with practices like sati in India starkly illustrates the contradictions within imperialist feminism. Early female activists' campaign against sati (wife burning)—a practice vilified in Western discourse—is emblematic of a broader pattern where British interventions were celebrated as liberatory acts.[134] The narrative of rescuing 'brown women from brown men' served as a justification for both military interventions and socioeconomic aid, cloaking imperialistic motives in the language of feminist liberation.[135] The discourse surrounding sati, dominated by British 'saviours' and Hindu male elites, side-lined the lived experiences and testimonies of widows, whose voices could have provided crucial insights into the complexities of widowhood and societal pressures in India.[136]

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[133]Jawad Syed and Faiza Ali, 'The White Woman's Burden: From Colonial Civilisation to Third World Development' (2011) 32 Third World Quarterly - THIRD WORLD Q 349, 352.
[134] ibid 353.
[135] ibid.
[136] ibid.

This oversight underscores a recurring theme in imperialist feminist endeavours: the marginalisation of colonial women's perspectives and the imposition of Western values under the pretext of feminism and liberation.

More importantly, Josephine Butler's campaign against the CDA is emblematic of the broader British feminist effort to address injustices faced by Indian women. Her activism sparked a 16-year battle against the laws, fostering a feminist discourse on sexuality that has since become foundational in feminist theory. By critiquing what they perceived as the sexual degradation inherent in these Acts, feminist repealers played a crucial role in shaping contemporary discussions around gender and sexuality.[137] Butler's critique wasn't confined to British shores; she extended her campaign to the colonies, advocating for the rights of women subjected to similar acts there. This extension of her advocacy highlights an early form of transnational feminist solidarity, challenging the notion that feminist concerns were constrained by geographical or racial boundaries.[138] Writing to her friends in a letter, she declared that 'we must never give up til we have avenged the wrongs of Indian and Chinese women as well as others ... for 20 years Indian women have been oppressed and outraged ... and by a Christian nation!'.[139] Whilst this acknowledges the injustices faced by women in colonised countries, including Ceylon, the choice of words like 'avenged' and the portrayal of these women as victims of oppression 'by a Christian nation' complicates this narrative. The language imbues the statement with a saviour complex, implying that the liberation of Indian and Chinese women requires intervention from the West. This perspective, while rooted in a desire to address injustices, inadvertently reinforces a hierarchical relationship between the 'liberators' and those they seek to 'liberate'. It positions Western women as the agents of change, potentially overshadowing the agency, voices, and efforts of the women directly experiencing these injustices. Furthermore, the reference to 'a Christian nation' as the oppressor adds another layer of complexity, intertwining religious identity with colonial violence. It critiques the moral hypocrisy of a nation professing Christian values while engaging in colonial oppression, highlighting the contradiction between religious teachings of equality and the realities of imperial domination.

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[137]Melisa Brittain, 'Dangerous Crossings: Victorian Feminism, Imperialist Discourse, and Victoria Cross's "New Woman" in Indigenous Space' (1998) University of Guelph 1, 28.
[138] Karen Silva, 'Saving Their Indian "Sisters": British Women's Activism in the Late 19th Century' (2017) York University 1, 11.
[139]Antoinette Burton, *Burdens of History: British Feminists, Indian Women, and Imperial Culture, 1865-1915* (Univ of North Carolina Press 2000) 131.

One argument Butler advanced was the comparison of the British CDA with their French counterparts. Highlighting the failure of similar laws in France to achieve their stated goals, Butler effectively used this comparison to galvanise support against the British Acts. This move not only broadened her support base but also underscored the global relevance of her campaign against such laws. By showing how the CDA in France had failed, this would open the minds of more people to believe that the British Acts were a waste and should be shut down immediately.[140] In July the Indian Council at Simla voted for repeal on the grounds that regulation had 'not had the anticipated result of extirpating disease'. By September 5, 1888, the Repeal Act for India had received assent of the governor-general. The repeal campaigners' sense of accomplishment in their victory was not diminished by the fact that the regulatory system had been abolished due to its inefficiency rather than its inherent immorality. Whilst Butler's advocacy sough to protect women from state-sanctioned exploitation, her positioning as the defenders of oppressed Indian women, she inadvertently assumed a saviour complex, reflecting colonial logics. Expanding the critique to the British Empire's broader colonial practices, India in particular is an interesting factor due in part to the view that many Englishmen had about natives. The narrative surrounding the British military presence in India, as described, is deeply imbued with the ideologies of colonialism and paternalism, manifesting through the doctrine of the White Man's Burden.[141] This doctrine, rationalised colonialism as a moral duty of Europeans to civilise and uplift supposedly backward societies. The description suggests that British military personnel viewed their role in the colonies not merely as occupiers or protectors but as agents of civilisation tasked with rectifying the perceived 'backwardness' of Indian life and the 'prison-house of domesticity'.[142] Both Butler's campaign and the British colonial presence employed colonial logics of moral superiority. In Butler's case, it was the moral imperative to protect women; in the colonial context, it was the duty to civilise. However, this perspective is fraught with assumptions of racial and cultural superiority, implying that the British way of life was inherently superior to that of the Indians. Such a stance ignores the richness, complexity, and history of Indian civilisation, reducing it to stereotypes of backwardness and neediness.

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[140] Katria Hiersche, 'Prostitution and the Contagious Diseases Acts in 19th Century British Colonies' (2014) Student Theses, Papers, and Projects (History) 1, 31.
[141] ibid 21.
[142] ibid.

Despite Butler's contributions her activism raises critical questions about the nature of her solidarity, especially considering her lack of direct engagement with the Indian women she sought to help. As highlighted earlier, her approach to advocating for Indian women, primarily from Britain and without direct interaction with those she sought to help, underscores a fundamental issue within imperial feminist movements—the assumption of understanding and speaking on behalf of 'Other' women.[143] This dynamic often resulted in the overshadowing of indigenous voices and experiences, with Western feminists acting as the primary agents of change. This issue is exemplified in the work of Pandita Ramabai, a leading feminist figure in colonial India.[144] Ramabai did not simply establish new organisations; rather, she unified existing segregated women's societies, known as striyancha sabhas, under the umbrella of the Arya Mahila Samaj in the early 1880s.[145] This move created a cohesive and harmonious unit, strengthening the women's movement in India. Furthermore, the early organisational activities of women in the 1870s across the Bombay Presidency demonstrated significant political capacities, indicating that Indian women were already expressing their agency and advocating for their rights independently of Western feminist intervention.[146] Thus, the western mode of advocacy presumed a universal understanding of women's oppression that did not account for the unique cultural, social, and political contexts of Indian women.

The Western feminists impulse to assist was often ignited by narratives shared by missionaries or educated Indian men who approached British women for support, seeking allies for their causes back in India.[147] This dynamic is exemplified by American reformers Elizabeth Andrew and Katherine Bushnell, members of the World Woman's Christian Temperance Union. Encouraged by Josephine Butler and the Ladies' National Association (LNA), they ventured to India in 1892. Their investigations, later published in The Queen's Daughters in India (1898), uncovered widespread regulation and compliance among Indian women within military stations, driven by the threat of expulsion. For every military station they visited they discovered that regulation was rampant and that Indian women submitted rather than face expulsion from the cantonments.[148] By emphasising the role of women as

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[143] Syed, 352.
[144] Padma Anagol, 'Agency, Periodisation and Change in the Gender and Women's History of Colonial India' (2008) 20 Gender and History 603, 618.
[145] ibid.
[146] ibid.
[147] Silva, 4.
[148] Burton, 136.

imperial purifiers Butler feminised the imperial ethic of moral improvement and helped to imperialise traditional notions of women's responsibility for the nation state.[149] Butler's commitment to a supposed universal sisterhood allowed her to advocate on behalf of Indian women, despite her limited understanding of their lived experiences. She often portrayed Indian women as being in a state of bondage and degradation, requiring salvation—a viewpoint suggesting that their liberation would eventually be realised with the guidance of British feminists.[150] Such representations by Butler, depicting Indian women as 'enslaved' and awaiting liberation through British intervention, underscore a paternalistic view that effectively positioned the empowerment of Indian women as reliant on Western efforts. In addition, the 'mother-daughter' metaphor is telling; it ostensibly symbolises care and solidarity but, in reality, reifies a hierarchy that places Western women in a position of authority and wisdom over their 'daughters' in the colonies.[151] This dynamic, while possibly rooted in genuine concern, unavoidably echoes, and reinforces the imperial logic of the civilising mission, casting colonised women as passive recipients of Western benevolence and enlightenment.

The repeal campaign's reframing of prostitutes as victims rather than moral degenerates or vectors of disease represents a profound challenge to the Victorian moral and medical discourse, echoing Foucault's critique of how power and knowledge intersect to control bodies and sexuality. The campaign aimed to evoke sympathy and humanise these women, often referred to not as 'common prostitutes' but with terms that evoked empathy, such as 'suffering woman' or 'fallen woman'.[152] The repeal campaign's efforts to reframe prostitutes as victims and emphasise their suffering and humanity directly contested this discourse, challenging the underlying power dynamics that sought to define and control women's bodies. By advocating for the dignity and rights of prostitutes, the campaign resisted the theologisation of their sexuality and critiqued the broader social and moral implications of such medical discourses.[153] However, the campaign's focus on victimhood inadvertently contributed to a different kind of marginalisation by stripping these women of agency and reinforcing a binary of passive victimhood versus active moral corruption. This approach, although well-intentioned, neglected to address the root causes of

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[149] ibid 152.
[150] Silva, 11.
[151] Ramusack, 319.
[152] Mari Nylende Tollan, 'The Campaign for the Repeal of the Contagious Diseases Acts'. (2018) University of Oslo 1, 14.
[153] ibid 14.

prostitution, such as socioeconomic disparities and the lack of viable employment options for lower-class women.[154] Instead of dismantling the structures that commodified women's bodies, the campaign's legacy, embodied in the purity crusades, continued to police sexuality—this time through the lens of protecting moral purity rather than public health, as echoed in the push for a repressive sexual code.[155] Rather than dismantling the societal structures commodifying women's bodies, the legacy of the campaign, epitomised by the purity crusades, perpetuated the regulation of sexuality under the guise of moral sanctity, thereby embodying Foucault's notion of bio-power. By emphasising moral purity, these crusades broadened the discourse on sexuality, demarcating normative and deviant behaviours and instituting deep-seated surveillance and control mechanisms within both individuals and society at large.

Butler's critique, while ostensibly targeting the colonial exploitation and moral degradation under British rule, inadvertently navigates through a landscape of racial stereotypes and essentialist views. Her portrayal of Indian men as 'superstitious and ignorant' yet inherently protective of their women employs a dualistic framework that simplifies complex social dynamics into binary oppositions: the morally corrupt British versus the nobly suffering natives.[156] This dichotomy, while serving to criticise the British imperialist agenda, simultaneously reinforces colonial narratives of the noble savage—a patronising view that romanticises and infantilises colonised peoples as both lesser and morally purer than their colonisers. By asserting that Indian men have 'yet enough of the man in them not to endure forever that the women of their people...should be taken and bound to the service of the vices of the troops of their conquerors', Butler not only exoticises and homogenises Indian culture but also insinuates a latent nobility and masculinity that could be mobilised against colonial oppression.[157] This sentiment, while seemingly in defence of Indian dignity, paradoxically upholds the colonial hierarchy by suggesting that Indian men's value and agency are contingent upon their resistance to British vice. Moreover, Butler's reference to 'harlot temples and certain impure rites' exoticises indigenous religious and cultural practices, framing them through a lens of moral judgment reflective of Victorian England's own anxieties about sexuality and morality.[158] By contrasting these practices with the supposed honour of the native soldier, Butler unwittingly

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[154] Brittain, 30.
[155] ibid.
[156] Brittain, 32.
[157] ibid.
[158] ibid.

participates in the very moral binaries imposed by colonialism, categorising and evaluating indigenous cultures according to Western norms. While the intentions might have been to highlight the hypocrisy and corruption within the British ranks, her analysis is ensnared in the very frameworks of understanding that underpin colonial ideology. The critique, though aimed at British moral failure, inadvertently perpetuates a narrative that sees Indian society and its complexities through a reductive and Eurocentric lens. This not only undermines her critique's potential for universality but also illustrates a common pitfall in colonial discourse: the inability to fully escape the gravitational pull of its foundational biases and assumptions.

In the context of Ceylon, opposition to the missionary-driven efforts to 'civilise' the native population is exemplified by the arrival of Colonel Henry Olcott and Helena Blavatsky in 1880.[159] Their founding of the Theosophical Society represents a pivotal yet frequently overlooked moment in the history of anti-imperialist activism in Sri Lanka. This event highlights a significant challenge to colonial narratives, as Olcott and Blavatsky sought to promote the value of Eastern spiritual traditions and resist the imperial imposition of Western norms.[160] Theosophy, with its eclectic mix of liberal universalism, occultism, and a commitment to a 'universal Brotherhood of Humanity', presented a radical challenge to the dominant narratives of imperialism and Christian Eurocentrism.[161] In Ceylon, where the British Empire sought to entrench its authority and reshape native culture, the Theosophists' efforts to empower indigenous practices and shield them from imperial contamination signified a complex form of resistance. One example of such indigenous practices can be seen in the veneration of Buddhism, which had long been a cornerstone of Ceylonese identity.[162] The Theosophists aligned themselves with Buddhist traditions, particularly the efforts to revive and preserve the Buddhist clergy, which had been severely weakened under British colonial rule. The British colonial administration, especially through missionary activities, sought to diminish the influence of Buddhism and replace it with Christianity. This resistance engaged with, yet rejected, the underlying assumptions of imperial ideology, especially the belief in the civilisational superiority of the British. Theosophy in Ceylon was not simply a spiritual movement,

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[159] Kumari Jayawardena, *Feminism and Nationalism in the Third World* (Verso Books 2016) 122.
[160] ibid.
[161] ibid.
[162] Laurence Cox and Sirisena Mihirini, 'Early Western Lay Buddhists in Colonial Asia: John Bowles Daly and the Buddhist Theosophical Society of Ceylon' (2016) 22.

but a political one, offering an alternative vision that both protected and critiqued the colonial legacy.

The engagement with Theosophy underscores the complexity of oppositional voices within the colonial period, revealing that dissent could emerge from unexpected quarters and coalesce around ideologies that did not align neatly with the political spectrums of the time. By advocating for the autonomy and dignity of indigenous cultures, theosophists challenged the hegemony of imperialist ideologies that sought to impose Western values and norms. Indigenous practices such as Ayurvedic medicine also became a point of resistance. Ayurveda, the traditional system of medicine in Ceylon, was rooted in ancient indigenous knowledge passed down through generations.[163] Under British colonial rule, Western medical systems were often imposed at the expense of these traditional practices. The Theosophists, while primarily a spiritual movement, supported the recognition and preservation of Ayurveda, seeing it as part of the broader cultural resistance to colonial control. The Theosophical Society worked alongside Ceylonese reformists to advocate for the revival of traditional healing practices, which were often viewed with disdain by the British administration.[164] Yet, in their ambition to protect traditional beliefs and practices, they sometimes justified social inequalities and oppressive customs within those cultures. Thus, while their efforts were crucial in safeguarding cultural diversity and resisting colonial domination, they navigated a complex terrain where the pursuit of cultural preservation occasionally conflicted with the promotion of universal human rights and social justice.

Annie Besant's, a key theosophist, engagement with the Theosophical Society underscores the intricate dynamics of feminist activism within a colonial setting. Initially drawn to its principles of global unity and spiritual inquiry, Besant found in Theosophy a means to transcend the gender constraints of her Victorian milieu.[165] Her leadership in the society opened avenues for exploring spirituality that challenged conventional patriarchal norms, notably through the celebration of female divinity and spiritual practices centred around women. Besant's early advocacy for birth control, grounded in materialist and neo-Malthusian thought, aimed to address socio-economic challenges via population management.[166] Yet, influenced by

[163] ibid, 9.
[164] ibid, 7.
[165] Nupur Chaudhuri and Margaret Strobel (eds), *Western Women and Imperialism: Complicity and Resistance* (Indiana University Press 1992) 169.
[166] ibid 170.

Theosophical perspectives, she later distanced herself from these views, reflecting a nuanced engagement with the era's evolving regulatory discourses. Just as the Vagrants Ordinance, Houses of Detention Ordinance, and Brothels Ordinance sought to regulate sex work under the guise of social and moral order, Theosophy's reconfiguration of bodily autonomy through spiritual discipline imposed alternative but equally regulatory norms over sexuality and reproduction. Besant's shift away from birth control advocacy, underpinned by Theosophical beliefs in life's sanctity, aligns with Foucault's analysis of a societal transition towards regulating sexuality and the processes of life.[167] This evolution from materialist activism to spiritual adherence highlights the complex interplay between spiritual beliefs and the management of populations. Besant's eventual re-embrace of birth control advocacy post-Blavatsky illustrates her ongoing negotiation of agency within the Theosophical framework and the broader colonial context.[168] In a bio-politically governed society, sexuality is not just symbolic but a focal point of power, subject to regulation through discourses on health, progeny, and societal well-being. Besant's life trajectory exemplifies this shift, demonstrating how spiritual ideologies intersect with, and influence practices concerning bodily autonomy and reproductive rights. Theosophy's engagement with spiritual evolution, while advocating for liberation, inadvertently participates in the broader trend of life management, applying alternative norms and controls over sexuality and reproduction.

The narrative of British women's activism during the colonial era is imbued with complexities and paradoxes, woven into the broader tapestry of the British Empire. These women, embracing roles as missionaries, feminists, theosophists, and more, navigated the imperialist landscape that characterised their time, their actions inextricably linked to the imperial mission. Despite their diverse methods and impacts, these women shared a common defiance against the restrictive gender norms of Victorian society. By establishing roles that challenged traditional femininity, they claimed a form of autonomy within the predominantly male colonial framework. Their efforts, varying in their view of colonised women, collectively pushed against the empire's patriarchal boundaries. This intricate legacy highlights the ambiguous role women occupied, both reinforcing and challenging the empire's ideologies. They serve as a testament to the diverse endeavours pursued under the empire's shadow, aiming for change in a time constrained by strict gender expectations and colonial

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[167] ibid.
[168] ibid.

hegemony.[169] The language of intervention, cloaked in the guise of humanitarian aid or intervention in the modern world, often echoes the same rhetoric used to justify colonial domination. Recognising these enduring patterns of thought is crucial for understanding the foundations of present-day global disparities and moving towards genuinely equitable international relations. This engagement with historical and contemporary narratives of intervention reveals the need for a thoughtful reassessment of how we approach global inequalities and strive for a fairer world order.

Foucault proposes that modern societies exert control over individuals not merely through repression but through the production of knowledge about sexuality. This production of knowledge allows for the classification, medicalisation, and regulation of sexual behaviours, effectively controlling individuals by subjecting them to the 'truth' of scientific discourse.[170] In this context, William Acton, a British medical doctor and book writer, who extensively wrote about prostitution in London with the desire to 'cure' them, positioned prostitutes as the primary source of venereal diseases, can be seen as a manifestation of Foucault's bio-power, where the state exercises control over bodies under the guise of protecting public health.[171] Acton's medicalisation of prostitution served to stigmatise and dehumanise prostitutes, reinforcing social hierarchies and justifying state intervention in their lives. The portrayal of prostitutes as diseased and morally corrupt not only justified their exclusion and surveillance but also reinforced a moral order that saw female sexuality as something to be contained and regulated.

Foucault's insights into the function of confession in sculpting the discourse on sexuality highlight how the campaign's narrative practices against prostitution served as a mechanism for generating knowledge on sex, morality, and health.[172] For example, the recounting of prostitutes' victimhood and their tales of suffering acted as confessions, transforming personal experiences into subjects for public and scientific scrutiny. This process, while aimed at humanising and garnering empathy for these women, inadvertently intensified the oversight and regulation of sexual behaviour. Such confessions, recast as therapeutic interventions, reframe the perception of sexuality from a moral or sinful issue to one of health and pathology,

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[169] Silva, 15.
[170] Foucault n(8) 56.
[171] Tollan, 14.
[172] Foucault n(8) 19.

thereby marking sexuality as a domain ripe for medical intervention.[173] The recounting of prostitutes' experiences not only personalised their plight but also integrated it into broader narratives aimed at shaping public opinion and policy. This shift recast sexuality from a moral or ethical concern to one of health and pathology, effectively medicalising it. Consequently, sexuality came under the purview of scientific inquiry and intervention, reinforcing mechanisms of surveillance, normalisation, and control. This confessional process also operated in Ceylon, where the colonial state, through legislation such as the Brothels Ordinance, sought to regulate female sexuality, often by pathologising it. The portrayal of native women as morally degenerate, akin to the British medical narratives about prostitutes, exemplified how colonial powers used sexuality as a tool of governance. The Theosophical Society's attempts to reclaim indigenous spiritual traditions, while seemingly a resistance to imperial control, still operated within a complex framework of gender, race, and colonial power. The interplay between indigenous practices, the influence of Theosophy, and the colonial state's medicalisation of sexuality in Ceylon thus illustrates the multifaceted ways in which knowledge about sexuality and health was produced and deployed in the service of both imperial domination and resistance

In conclusion, this chapter offers a biopolitical perspective on the multifaceted impacts and intersections of the CDA in both metropolitan Britain and its colonies, focusing particularly on Ceylon. The CDAs exemplified a form of biopolitics by extending state control over individual bodies under the guise of safeguarding military health. Originating from concerns over the health of military personnel, these laws-imposed state-sanctioned medical examinations and the detention of suspected prostitutes, thereby enforcing specific sexual norms deemed crucial for maintaining military efficiency and public health. The comparative analysis of how these regulations were implemented in colonial contexts, such as Ceylon, underscores the adaptability of metropolitan models of sexual regulation to diverse colonial settings. This adaptation not only influenced local policies but also contributed to a reciprocal exchange where colonial encounters shaped metropolitan cultural, artistic, and consumption patterns. This dynamic interaction illustrates the 'boomerang effect', wherein colonial practices reverberated back to influence social dynamics and inequalities within Europe itself. Moreover, this chapter explored the intricate dynamics between imperial feminism and state-imposed sexual regulations. It highlights how British feminists navigated these regulations, sometimes aligning with

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[173] ibid 67.

state objectives in their pursuit of gender equality, and at other times critiquing and resisting these laws on moral and public health grounds. This analysis reveals how feminist activism was entangled with and responded to state policies, demonstrating the complex negotiation of power, resistance, and adaptation across imperial and metropolitan contexts during the Victorian era.

The next chapter will delve into how the manipulation of the body in Ceylon extended beyond the formal apparatus of governance into the realms of popular culture and performing arts, embedding racial and sexual stereotypes that reinforced British moral superiority. This examination will particularly highlight the role of devadasis, whose presence and treatment offer a profound illustration of how colonial powers employed symbolic and practical measures to regulate and control women's bodies. The integration of devadasis into this analysis reveals how colonial powers utilised and distorted traditional roles and symbols to fit their broader biopolitical strategies. By regulating devadasis and intertwining their symbolic representation with broader notions of moral and racial superiority, the colonial regime not only sought to assert control over these women's bodies but also to embed their regulatory frameworks within the cultural and performative fabric of colonial society.

Chapter 4: The Colonial Transformation of Devadasis

This chapter delves into the ways in which British colonial rule redefined and regulated the roles and identities of devadasis in Ceylon and South Asia. Originally held in high regard for their spiritual and cultural contributions, devadasis were subjected to a transformation under colonial governance. The relevance of this chapter to the overarching thesis lies in its examination of the colonial drive to categorise devadasis as 'prostitutes', thereby utilising female sexuality and their bodies as tools of regulation. The CDA's treatment of prostitutes, marked by legal and moral scrutiny, mirrors the disciplinary measures imposed on devadasis. Both groups were subjected to similar frameworks of control that sought to manage and regulate their bodies and behaviours according to colonial standards. First, to grasp the historical and cultural significance of the devadasi, it is essential to examine its origins and functions prior to colonial intervention. This chapter begins by tracing the historical roots of the devadasi tradition, highlighting their respected status and spiritual significance within their communities. Subsequently, the discussion will shift to the cultural significance of the devadasi institution, underscoring its contributions to the arts, religion, and social structures of the time. First, through a detailed analysis, the chapter aims to shed light on how colonial powers, driven by a desire to impose Westernised norms, redefined perceptions of the body, sexuality, and desire. This imposition was not merely a cultural imposition but a calculated strategy to control and reform indigenous practices, leading to a profound transformation of the devadasis' identity within the broader colonial project. This chapter then delves into the convergence between local patriarchal structures and colonial strategies, illustrating how these forces converged to establish a system of indirect rule that ultimately eroded the devadasi institution. The devadasis' plight serves as a case study of how colonialism and patriarchy worked together to regulate and transform the bodies and roles of women as sites for control, discipline, and reform.

The devadasi culture, an ancient tradition originating from southern India, has long been a subject of scholarly debate regarding its exact beginnings. Some trace its roots back to the third century AD, suggesting that it has been part of South Asian religious and cultural practices for over a millennium.[174] Others propose a later emergence, specifically during the sixth or seventh century, correlating the tradition's

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[174] Tameshnie Deane, 'The Devadasi System: An Exploitation of Women and Children in the Name of God and Culture' (2022) 24 (1) 1, 2.

development with the reigns of prominent South Indian dynasties such as the Cholas, Chelas, and Pandyas.[175] Despite the discrepancies in historical timelines, there is a general agreement that the devadasi practice began with noble and religious intentions. Devadasis were originally envisioned as devoted performers who served deities through sacred arts, enriching temple rituals and religious ceremonies with dance and music, thus contributing to the spiritual ambiance of the temples.[176] The term 'devadasi' literally translates to 'female servant of god', 'Deva' which means God and 'Dasi' which means female servant, signifying a woman's devout and servile affiliation to a deity.[177] At the height of their prominence, they were not merely temple servants but held a significant social status that elevated them above many others.[178] They were the custodians of classical arts, particularly in the realms of music and dance, and played a crucial role in preserving and perpetuating these traditions.[179] Rather than being marginalised, devadasis enjoyed a level of affluence and social standing that was substantial. They were recipients of significant gifts from wealthy patrons and royal families, including land, property, and valuable jewellery, which underscored their esteemed status.[180] In addition, given that devadasis operated within a matrilineal household structure, property was traditionally passed down through the female line, with the devadasi serving as the primary provider for the family.[181] This elevated status of devadasis is well-documented in historical inscriptions and architectural records. For instance, inscriptions found on the Raja Rajeshwar Temple in Tanjore, dating back to 1004 CE, highlight their important role in temple society.[182] These inscriptions reflect their status as being second only to the temple priests, showcasing their respected position within the temple hierarchy and the broader societal structure. This historical context illustrates that devadasis were once regarded with high esteem and played a crucial role in the religious and cultural milieu of their time.

The devadasis' role was deeply entwined with their spiritual dedication, where they were ceremonially 'dedicated' to deities of the local temple, such as Yellamma, the

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[175] ibid.
[176] ibid.
[177] Julia Ask, '"No Rules Apply to Another Man's Wife" : Social Reforms of the Devadasi System in South India' (2014) 1, 4.
[178] Kalaivani Rajendran, 'Devadasi System in India and Its Legal Initiatives - An Analysis' (2015) 20(2) Journal of Humanities and Social Science 50, 50.
[179] ibid.
[180] ibid.
[181] Ask, 10.
[182] Kalaivani, 51.

Goddess of fertility.[183] This dedication was symbolically represented as a form of divine marriage; they were considered 'married' to the deity and thus could not marry any mortal man.[184] This practice, of marrying a girl to Yellamma or other deities, has been ongoing for at least 2,000 years and continues to this day.[185]This is epitomised by the term 'nityasumangali'.[186] This Sanskrit term translates to a state of perpetual auspiciousness, emphasising the devadasi's eternal and sacred marital bond with a deity. This divine union safeguards them from the socially stigmatised condition of widowhood, thus embedding them deeply within the spiritual and cultural fabric of their communities.[187] As intermediaries between the divine and mortal worlds, devadasis hold a critical role that transcends mere societal functions.[188] They are intimately linked to powerful female deities like Goddess Sakti, highlighting their significance not just as cultural figures but as embodiments of divine feminine power.[189] The devadasis' duties extend beyond artistic performances; they are responsible for conducting rituals to ward off negative influences, a role that their communities take very seriously. These rituals are believed to maintain societal well-being, with the devadasis' unique powers—derived from their divine marital status—enhancing their role as community protectors.[190] This belief in their inherent purity and the divine nature of their service ensures that their presence continues to be seen as embodying both societal and spiritual ideals. In this tradition, the devadasi's body is considered more than just a physical entity; it is revered as a vessel for divine power and a living symbol of continuous auspiciousness. This dual role reflects the intricate cultural mechanisms governing women's bodies and roles in traditional societies. Despite historical changes and modern challenges, the continued reverence for devadasis and the maintenance of their traditional roles underscores a form of cultural continuity that persists, reflecting an enduring respect for their unique contributions to both spiritual and societal life.

In the context of pre-colonial Ceylon, the concept of 'purity' played a crucial role in determining women's participation in the performing arts, likely due to its connection

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[183] Tameshnie, 3.
[184] ibid.
[185] ibid.
[186] Ask, 5.
[187] ibid.
[188] ibid.
[189] ibid.
[190] ibid.

with religious rituals and deity worship.[191] During the Polonnaruva period (1055 CE - 1255 CE), there was a marked increase in the depiction of female performers in visual arts.[192] This shift can be attributed to the influence of Indian dance traditions and techniques, which were introduced and integrated into Sri Lankan culture during this era. The arrival and dominance of South Indian Tamil, Chola, and Pallava influences, as well as the infusion of Hindu religious and ethnic elements, played a significant role in this cultural transformation.[193] The Devadāsī dance tradition, integral to Hindu culture, began to find a place within Sri Lankan arts. Post-Polonnaruva visual art, including carvings, paintings, and sculptures, prominently features graceful female performers, marking a departure from the earlier robust male representations.[194] This shift is evident in various artistic works, such as the elephant lamp Dedigama, the Mihinthale temple paintings, carvings in the Yapahuwa palace, and the Gadaladeniya temple mouldings.[195] The introduction and establishment of the Devadāsī tradition towards the end of the Anuradhapura period and throughout the Polonnaruva period influenced the trajectory of Sri Lankan art.[196] This incorporation of South Indian artistic and religious elements not only enriched the local artistic landscape but also marked a transformation in how female performers were depicted, emphasising grace and divine association rather than mere physicality. This evolution highlights the dynamic interplay between regional cultural practices and artistic expression, illustrating the profound impact of cross-cultural influences on the development of Sri Lankan art.[197]

However, during the colonial period, the divine concept associated with the devadasi system and religious rituals involving female artists underwent changes. The British colonial rulers, supported by South Asian elites, standardised the term 'devadasi' across diverse cultural contexts, stripping it of its original esteem and burdening it with negative connotations.[198] This shift aligned with Victorian moral judgments, which deemed these practices morally reprehensible and exploitative, marking the beginning of efforts to eradicate the devadasi system. In colonial Ceylon, the 1891

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[191] Winojith Sanjeewa, 'Historical Perspective of Gender Typed Participation in the Performing Arts in Sri Lanka During the Pre-Colonial, The Colonial Era, and the Post- Colonial Eras' (2021) 4 International Journal of Social Science And Human Research 989, 993.
[192] ibid.
[193] ibid.
[194] ibid.
[195] ibid.
[196] ibid.
[197] ibid.
[198] Ask, 4.

census categorises devadasis under 'comedians and nautch dancers', a classification that strips away the religious and cultural significances of their roles, reducing it to entertainment.[199] This categorisation highlights the dynamics of power and cultural imposition in colonial rule, where terminology and classifications were active tools of control, reshaping societal structures. The devadasis' transition from respected cultural figures to marginalised entities reflects a colonial tendency to view indigenous practices through a utilitarian and decontextualised lens.

As highlighted earlier devadasis experience a unique form of autonomy within their matrilineal systems, allowing for socio-economic independence and a distinct cultural role, despite this the broader colonial context imposed a contrasting narrative that sought to stigmatise and control their identities. The colonial administration, influenced by Victorian values of purity, modesty, and a rigid gender hierarchy, saw the devadasis' independence and public roles as aberrations that needed to be corrected. By labelling devadasis as 'prostitutes', the colonial judiciary employed a powerful tool of social and legal reclassification.[200] This was not merely a matter of semantics, but a deliberate strategy aimed at realigning devadasis' societal roles to fit a constructed moral narrative rooted in Victorian values of purity and cleanliness. The act of re-branding devadasis in such derogatory terms served multiple purposes for the colonial administration. First, it provided a justification for intervening in and restructuring local customs and social systems, which were seen as degenerate or in need of reform. Second, it served to undermine the matrilineal inheritance and the socio-economic independence that devadasis enjoyed, aligning with broader colonial goals of dismantling existing power structures that could pose a challenge to colonial authority. This transformation was particularly influenced by the Victorian Purity Campaigns and the enforcement of the CDAs, as discussed in Chapter 3. These acts were ostensibly aimed at protecting public health, but they were deeply rooted in a moralistic agenda that sought to 'purify' society from perceived moral and physical corruptions by strictly regulating women's bodies and sexualities.[201] These campaigns promoted a monogamous, heterosexual framework as the only morally acceptable form of female sexuality, vehemently denouncing all other forms of sexual

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[199] Davesh Soneji, 'Śiva's Courtesans: Religion, Rhetoric, and Self-Representation in Early Twentieth-Century Writing by Devadāsīs' (2010) 14 International Journal of Hindu Studies 31, 39.
[200] ibid, 6.
[201] Rajalakshmi Nadadur Kannan, 'Gendered Violence and Displacement of Devadasis in the Early Twentieth-Century South India' (2016) 12 Sikh Formations 243, 249

expression, which further stigmatised and marginalised devadasis.[202] By targeting women labelled as prostitutes, including devadasis, the CDAs promoted a monogamous, heterosexual framework as the only morally acceptable form of female sexuality, vehemently denouncing all other forms of sexual expression. Therefore, the advent of British colonialism brought about a profound cultural destruction that systematically undermined these roles, reshaping the identity of the devadasis in line with colonial objectives. This redefinition operated as a mechanism to recalibrate devadasi sexual behaviour to align with colonial moral expectations, profoundly impacting their social and economic standing.

One of the primary tools of this cultural destruction was the emergence of photography in the late 19th century, which played a critical role in redefining the identity of devadasis.[203] This technological advancement served dual purposes: ostensibly, it functioned as a neutral and objective form of documentation, but more insidiously, it became a powerful tool for exoticisation and objectification. Photographs of devadasis frequently portrayed them in stereotypical ways, highlighting their roles as 'dancing girls' associated with temple activities. These representations stripped devadasis of their complex socio-religious identities and realigned them with colonial fantasies of the exotic South.[204] Critically, the multifaceted roles that devadasis played within their communities—spanning cultural, religious, and social functions—were overshadowed by a reductive focus on their sexual activities. [205] The reductive framing of devadasis' identities was not an isolated act of misrepresentation, but part of a broader colonial strategy aimed at cultural destruction. By focusing on their sexuality, colonial authorities imposed a binary moral judgment rooted in Victorian sexual morals, which were hypocritically applied and selectively enforced. This framing allowed the colonial administration to exert a form of symbolic violence, socially isolating devadasis and diminishing their status within their communities. By reducing their identities to mere objects of sexual fascination, the colonial regime could justify their marginalisation and implement social and legal reforms that further entrenched their exclusion.

This colonial imposition sharply contrasted with the regulatory practices in Britain, where control over women's bodies was exercised through stringent social and

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[202] ibid.
[203] Soneji, 39.
[204] ibid.
[205] Kannan n(198).

domestic norms within a framework of monogamy and family units. In the metropole, women's sexuality was rigidly confined to marriage and reproduction within this monogamous structure.[206] In contrast, in South Asia, the relationships of devadasis, which often included high-status patrons such as priests or royalty and did not necessarily result in childbirth, challenged conjugal norms, and posed a threat to the colonial moral order. Furthermore, the status granted to men through their relationships with devadasis underscores the embedded nature of these interactions within a broader social and cultural economy of honour in South Asia, starkly contrasting with the metropolitan norms where non-conjugal partnerships would likely result in social ostracism.[207] Colonial narratives, however, attempted to recast these culturally sanctioned relationships as indicators of moral decay, utilising a classic orientalist perspective that viewed native customs through a lens of inferiority and immorality. This not only placed devadasis in a precarious social position but exacerbated the challenges to their acceptance and stability within their own communities. The devadasi women, being sexually active with multiple partners while symbolically married to a deity, disrupted the conventional distinctions between a wife and a non-wife.[208] By engaging in sexual relationships outside the conventional bounds of marriage, devadasis blurred these categories, undermining the rigid marital and sexual norms imposed by both colonial and nationalist ideologies. This blurring was perceived as a threat to the established social order because it challenged the foundations upon which these norms rested—specifically, the control over women's sexuality and bodies. The colonial administration's efforts to recast devadasis' relationships as morally corrupt served as a tool to legitimise their intervention and reform native customs. This strategic misrepresentation facilitated the marginalisation of devadasis, reinforcing the colonial moral order and justifying the reformation of native societies according to Western standards.

To fully grasp the suppression of devadasi practices and the broader implications of British colonial policies on the status of women in Ceylon, it is crucial to delve deeper into the intricate interplay between colonial and local forces. This interaction fostered an alliance that precipitated significant social changes, particularly concerning the roles and statuses of women within these societies. British colonial strategies and local religious reforms became deeply intertwined, reinforcing each other in ways that

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[206] Ask, 7.
[207] ibid.
[208] Lucinda Ramberg, 'When the Devi Is Your Husband: Sacred Marriage and Sexual Economy in South India' (2011) 37 Feminist Studies 28, 45.

profoundly impacted gender relations and social hierarchies. Initially, the British colonial administration pursued a so-called 'civilising mission', aimed at introducing market reforms, the rule of law, and Christianity. These efforts disrupted existing customs and traditions, leading to social upheaval and resistance. However, the 1857 Indian Rebellion marked a pivotal shift in colonial strategy. Recognising the risks of direct imposition, the British transitioned to an indirect form of rule designed to preserve native customs and traditions as a means of maintaining control.[209] In the context of devadasis, who lived lives that defied easy categorisation, this shift in colonial strategy became particularly evident. The devadasis, through their unique socio-cultural roles and autonomy, exposed the contradictions and limitations inherent in the social and sexual hierarchies enforced by both colonial and local patriarchal authorities. By not adhering to traditional marital ties and occupying public spaces, devadasis represented a form of resistance against societal norms that dictated women's sexual and social roles. This resistance was perceived as a direct threat because it challenged the patriarchal control mechanisms that sought to confine women's identities within strict boundaries of wifehood and motherhood.[210]

To counter this threat, the colonial administration, in collaboration with local patriarchal elites, devised strategies to manage and suppress the devadasi institution. Encouraging devadasis to enter into heterosexual marriages was one such strategy, revealing the deep collaboration between colonial and patriarchal rule. This approach strategically leveraged existing patriarchal structures to reinforce colonial authority and establish control over the social fabric of colonised societies. By aligning with local patriarchal elites, colonial rulers aimed to normalise and reintegrate devadasis into a framework that fit their moral and administrative goals, thereby reasserting control over the bodies and roles of these women while reinforcing traditional heteronormative structures.[211] The colonial rulers found common ground with patriarchal leaders in their mutual interest to control and regulate women's sexuality, framing non-conforming sexual behaviours as immoral or aberrant, thus requiring correction. By promoting marriage and motherhood as the only respectable state for women, colonial rulers could claim to be advancing moral and social reform, thereby legitimising their governance. This narrative was instrumental in justifying colonial interventions aimed at 'rescuing' these women from

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[209] Kannan, 248

[210] Nicole Aaron, 'Let the "Dirty" Women Speak: The Agency and Divergent Aspirations of Devadasis and Development Interventions in Karnataka, India' (2015) University of Otago 1, 149.

[211] ibid.

their supposed degradation, while paradoxically stripping them of their legitimate cultural and professional statuses.[212] Meanwhile, local patriarchal authorities benefited by having their control over women reinforced and sanctioned by the colonial state, further entrenching their power, and ensuring that traditional gender hierarchies remained intact. Consequently, devadasis were redefined within a framework that denied their traditional roles, casting them as either victims of exploitation or morally degenerate figures. This alliance between colonial and patriarchal rule was not only a tool of social control but also a means of reinforcing existing power structures, both colonial and local, at the expense of women's rights and autonomy.

These adaptations served to maintain control over social structures and gender dynamics, aligning them more closely with the colonial state's goals while preserving a facade of traditional continuity. This effort to control devadasis was further compounded by local religious reform movements, such as those led by Ärumuka Nãvalar within Tamil Saiva communities in Ceylon, which sought to purify and standardise religious practices.[213] Nãvalar, a Sri Lankan Shaivite Tamil language scholar and a religious reformer's campaign against certain devotional practices, including those performed by devadasis at temples, was part of a larger agenda to realign Tamil religious practices with what was perceived as a more orthodox and sanitised version of Saivism.[214] This initiative was not just about religious purity but also about asserting control over cultural expressions and social behaviours that were deemed inappropriate or threatening to the social order and religious orthodoxy. By redefining what constituted legitimate religious practice, Nãvalar effectively marginalised roles that devadasis traditionally held, particularly those involving their performances associated with the worship of female deities like Pattini.[215] By supporting religious reformers like Nãvalar, the British colonial administration could reinforce social hierarchies and control deviant behaviours under the guise of protecting tradition. This alliance resulted in a form of internal colonialism, where local elites adopted colonial-style tactics to modify cultural and social structures. Nävalar's religious reforms, condemning practices associated with goddesses worshipped by lower castes and framing them as outside orthodox Saiva canon, not only purified religion but also reinforced social hierarchies that marginalised lower

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[212] ibid.
[213] Soneji, 41.
[214] ibid.
[215] ibid.

caste and gendered religious expressions.[216] The control extended through Nãvalar's efforts was not just a mimicry of British strategies but a localised adaptation that used religious reform as a means to consolidate power and control deviant behaviours. This act of defining religious orthodoxy and heresy mirrors the colonial endeavour to delineate 'civilised' from 'savage' practices, which justified the colonial mission as a civilising force. The establishment of the Nãvalar Press and the Caiva Paripãlana Capai played a role in this strategy, as these institutions became tools for the dissemination and surveillance of neo-Saiva ideology.[217] In comparison to the metropole, where the control over women and cultural norms was often masked behind the discourses of moral and public health, in Ceylon, these controls were indirectly articulated through the lens of religious purity and authenticity. This highlights a critical adaptation of strategies to local contexts, where colonial powers utilised familiar religious structures to enforce their rule, making the control appear more legitimate and less foreign.

Furthermore, these efforts advanced by Nävalar, particularly focused on enforcing chastity (karpu) for women while simultaneously encouraging men to engage in the burgeoning spheres of modern public life, illustrates a manipulation that enforced traditional gender roles in newly modern contexts.[218] Such a dichotomy not only reasserted patriarchal controls but also distinctly shaped the social fabric to maintain male dominance in public and religious life, while confining women to the private sphere of marital relationships. Nävalar's targeted halting of practices like blood sacrifices and nautch dances at the Kantacämi temple is a prime example of how cultural and religious practices were selectively scrutinised and curtailed when they involved women in prominent, public roles.[219] Adding to this, the influence of reformist figures like Muthulakshmi Reddi, who, while critical of the sexual double standard that condemned devadasis while ignoring their patrons, nonetheless reinforced a different double standard.[220] The discourse surrounding the devadasis often depicted them as victims of a patriarchal society, in contrast to 'ordinary prostitutes', who were portrayed as inherently immoral.[221] This framing reinforced the idea that monogamous marriage was the ideal state for women, aligning with both colonial and

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[216] ibid.
[217] ibid.
[218] Soneji, 43.
[219] ibid.
[220] Mytheli Sreenivas, 'Creating Conjugal Subjects: Devadasis and the Politics of Marriage in Colonial Madras Presidency' (2011) 37(1) Feminist Studies 63, 70.
[221] ibid.

reformist agendas. The virtues of monogamous life were extolled as embodying the highest moral values, central to cultural narratives, and representing the pinnacle of human relationships.[222] Within this framework, devadasis were encouraged to assimilate into this ideal by abandoning their traditional roles and embracing monogamous, conjugal relationships. The argument was that some devadasis, despite their caste laws and early training, could be transformed into 'faithful wives and model mothers' if given the opportunity to enter into what was termed 'mortal marriage'.[223] This perspective led to the advocacy for legislative reforms aimed at providing devadasis with the option of monogamous marriage, purportedly in line with Hindu-Indian tradition, and as a solution to their sexual exploitation.[224]However, this vision of monogamous conjugality as a form of liberation was fraught with contradictions and a coercive agenda. The initial sympathy shown towards devadasis quickly dissipated when these women resisted the proposed reforms.[225] Those who opposed the banning of temple dedications were harshly condemned, often dismissed as mere 'prostitutes set up by their keepers'.[226] This conflation of the identities of 'devadasi' and 'prostitute' revealed the inherent tensions in the reformist agenda. While the distinction between devadasis and prostitutes was initially invoked to challenge patriarchal representations of devadasis' sexuality, the subsequent insistence that true liberation for devadasis lay in abandoning their traditional practices and embracing monogamous marriage ultimately reinforced the very patriarchal norms it sought to dismantle.

In addition, Mahatma Gandhi's discourse during his visits to Jaffna exemplified this convergence of colonial and patriarchal control by emphasising temple purity and prescribing strict moral codes, especially regarding female sexuality. Gandhi's views, which restricted female sexuality to the roles of marriage, wifehood, motherhood, and domesticity, echo Nävalar's earlier reforms and highlight a continuity in strategies that transcended individual leaders and historical periods.[227] Gandhi's emphasis on purity and his metaphorical comparison of cleansing his own body to the purification of religious spaces symbolise a broader cleansing of the social body. Gandhi did not, in fact defy patriarchal norms, even if he believed in the freedom for every man and woman to follow their own path. Both leaders, despite their different contexts and

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[222] ibid.
[223] ibid.
[224] ibid.
[225] ibid.
[226] ibid, 71.
[227] Soneji, 44.

personal beliefs, contributed to a vision of moral purity that maintained a social order privileging male authority. Nāvalar's reforms aimed to curtail the visibility and influence of devadāsīs, while Gandhi's focus on chastity and purity served to confine women to private, domestic roles of mothers. This continuity in strategy reveals that their reforms were not merely about religious or moral concerns but were deeply intertwined with upholding a patriarchal social structure. These religious and social reforms, while ostensibly aimed at achieving religious purity, were fundamentally strategies of societal regulation achieved not through overt legislation but through the subtle normalisation of certain practices and the marginalisation of others. These strategies were crucial in ensuring adherence to a reformed socio-religious order aligned with the reformers' vision, reflecting a sophisticated manipulation of cultural life under the guise of religious orthodoxy that effectively embedded new power dynamics. In this framework, these reforms functioned as mechanisms for enforcing compliance with a new socio-religious order, specifically a pure and orthodox Saiva community.[228] This form of indirect rule involved the creation and reinforcement of new identities for devadasis, often through mechanisms like the census, which categorised people based on ethnicity, religion, caste, and other markers.[229] These categorisations fundamentally reshaped self-perception and intergroup relations, embedding the distinctions within the social order and ensuring their persistence.[230] Thus, the alignment of religious reforms with broader regulatory strategies reflects a nuanced manipulation of cultural and religious life to embed new power dynamics. The creation and reinforcement of identities, the manipulation of historiography, and the institutionalisation of discrimination reveal a systematic approach to ensuring compliance and maintaining dominance, often at the expense of marginalised groups like devadasis. In this way, the convergence of colonial administration and local patriarchal rule not only redefined the roles of devadasis and prostitutes but also reinforced a social order that sought to control and limit women's autonomy within society.

The devadasi system presents a nuanced example of how colonial power operated through a sophisticated blend of empowerment within constraints. On the surface, devadasis appeared to possess a degree of autonomy, particularly in their ability to engage in relationships outside the institution of marriage and express their sexuality

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[228] ibid.

[229] ibid.

[230] Mahmood Mamdani, *Define and Rule: Native as Political Identity* (1. ed, Harvard University Press 2012) 30.

through performance. However, this autonomy was meticulously circumscribed by broader socio-cultural and patriarchal norms that ultimately served the interests of the colonial administration. This dynamic reveals the dual nature of biopolitical regulation in the colonies: while women like devadasis could navigate certain freedoms, these were carefully manipulated to reinforce colonial and patriarchal hierarchies. This form of regulation, which allowed for some degree of autonomy while simultaneously restricting and reshaping it, contrasts with the more overtly repressive mechanisms of control seen in the Victorian metropole. The colonial context required a different strategy—a subtle yet pervasive manipulation of cultural norms that upheld the colonial and patriarchal status quo without necessarily resorting to the same blunt tools of repression used in Britain. This colonial double standard in biopolitical regulation reflects the adaptability of colonial power, which tailored its methods to different cultural contexts to maintain control over subject populations.

The branding of devadasis as degraded by the colonial regime exemplifies Foucault's concept of biopower, where the state exercises control over populations by regulating bodies and managing life. By reclassifying devadasis as 'prostitutes', colonial officials were not merely imposing a label but actively engaging in the construction of new social identities that supported the imperial agenda. This re-branding had profound implications for how devadasis were viewed both within their communities and by the colonial administration. It effectively erased the cultural significance of their roles in religious and social life, transforming them into symbols of deviance, disease, and disorder. This act of naming and categorising is a prime example of what Foucault refers to as the power to 'name and divide', a crucial technique in the exercise of biopolitical control. In this context, the devadasis' reclassification reflects what Foucault describes as the intersection of disciplinary power and biopolitical governance. On one hand, the colonial regime exerted disciplinary power by surveilling, categorising, and regulating the devadasis, a process akin to the medical and legal discourses of the 19th-century European societies. These women's bodies became sites of colonial intervention, where surveillance and medical scrutiny were justified under the guise of moral reform.

On the other hand, the colonial administration applied biopolitical governance by managing the broader population through the regulation of sexuality, purity, and social order. This dual strategy—discipline at the level of the body and biopolitics at the level of the population—allowed the colonial state to reshape colonial society in

ways that aligned with its interests, all while maintaining a veneer of moral and civilisational superiority. The colonial obsession with purity and cleanliness, as seen in the stigmatisation of devadasis, further illustrates the idea that biopower operates by creating binaries—between the pure and impure, the clean and unclean, the civilised and the savage. These binaries were instrumental in maintaining colonial authority, as they justified the need for 'civilising' interventions. By casting devadasis as impure and degenerate, colonial authorities were able to legitimise their intrusive reforms, which often sought to confine women's sexuality within patriarchal structures such as monogamous marriage, aligning with both Victorian and local patriarchal norms. This reflects the idea that sexuality is central to the state's project of normalisation, as it becomes a domain through which power is exercised and social order is maintained. The colonial state did not just impose laws to regulate devadasis but also reshaped how these women, and the society at large, understood themselves. By framing devadasis as symbols of moral degradation, colonial authorities entrenched a new social identity for these women, one that marginalised them and erased their historical roles within Indian religious and cultural traditions. This mirrors how modern power works through the production of knowledge and categories, effectively transforming subjects into objects of control. This transformation reflects the colonial regime's intricate manipulation of sexuality, identity, and cultural norms to maintain control over its subjects, illustrating the subtle yet pervasive nature of biopower in the colonies. By applying Foucault's theoretical framework, we can see how the colonial regulation of devadasis was part of a larger biopolitical strategy that sought to manage life and bodies to secure colonial interests, revealing the deep entanglement of power, sexuality, and identity in the history of colonial domination.

The regulation of women's bodies, whether through the criminalisation of prostitution under the CDA or the suppression of the devadasi tradition, reflects a broader colonial strategy aimed at entrenching patriarchal power by controlling female sexuality and reproductive roles. While these interventions were often justified by moralistic and civilisational rhetoric, their true purpose was to maintain social order and reinforce colonial dominance. By examining these interconnected themes, the chapter uncovers how colonial authorities sought to reshape indigenous social structures by policing women's bodies, reinforcing patriarchal norms, and dismantling traditional practices that posed a threat to imperial control. The next chapter delves into the specific dynamics of motherhood within the British Empire, focusing on how biopolitical strategies were deployed to regulate and control colonial populations.

Building on the analysis of devadasis and prostitutes, where women's bodies and identities became battlegrounds for colonial regulation and cultural redefinition, this chapter will explore how similar mechanisms were employed in the realm of motherhood. Central to this discussion is the contrast between the Victorian ideal of motherhood—characterised by purity, nurturing, and moral superiority—and the colonial portrayal of mothers in the empire as morally deficient and in need of 'civilising'. This continuity highlights how the regulation of women's roles, whether as devadasis or mothers, was instrumental in reinforcing imperial authority and asserting cultural dominance over colonised societies.

Chapter 5: Maternal Imperatives: The Biopolitical Regulation of Motherhood.

As established in Chapter 3, the implementation of the CDAs disproportionately targeted and marginalised women, specifically criminalising female sexuality under the guise of public health. These Acts focused exclusively on women, particularly prostitutes, who were often presumed morally suspect based solely on their socio-economic status and public visibility. As a result, single mothers, facing dire economic conditions, were particularly vulnerable and sometimes compelled to turn to prostitution as a means of survival.[231] Some women entered prostitution after becoming mothers, while others, often deserted wives, or widows in their mid-twenties, resorted to the streets to support their children.[232] Although these women represented a minority, their experiences warrant further research to understand how motherhood was manipulated by the empire. Motherhood, often venerated across cultures, can imbue sexual activity with unique cultural significance when linked to procreation. However, societal expectations around motherhood also shape a woman's sexual behaviour and expression. The chapter begins by examining the Victorian ideal of motherhood, emphasising its characteristics of purity, selflessness, and moral superiority, and explores how this ideal was imposed on colonised women. This imposition reflects broader societal values and reveals how the contrast between Victorian ideals and colonial perceptions reinforced racial and cultural hierarchies. Such disparities were used to justify imperial interventions, including the implementation of welfare programs in Ceylon under the guise of moral and civilisational uplift. Furthermore, the chapter explores the cultural significance of blood in Ceylonese society, analysing how it represents deeper cultural and social meanings. This exploration sheds light on the complexities of cultural identity and reveals how colonial narratives attempted to reshape or suppress indigenous understandings of these symbolic elements. By examining these dynamics, the chapter aims to provide a nuanced understanding of how colonial powers used both direct and indirect methods to control and redefine the roles and identities of women in colonised societies.

The Victorian ideal of motherhood was emblematic of the era's broader societal values, which held that women, particularly mothers, embodied virtues of purity,

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[231] Walkowitz, 18.
[232] ibid.

nurturing capacity, and moral superiority.[233] Victorian mothers were expected to embody selflessness, devoting themselves entirely to the care and moral upbringing of their children. This ideal positioned them as the moral backbone of society, tasked with instilling values and ensuring the spiritual and physical well-being of future generations, whose health and moral character were perceived as vital to expanding the empire's power.[234] The idealised vision of motherhood thus served as a cornerstone of both national and imperial stability, reinforcing the era's hierarchical and colonial attitudes. It was designed to reflect and enforce middle- and upper-class norms, while working-class and colonised women were often seen as morally deficient or incapable of fulfilling these roles to the same standard. Advancements in medicine, psychology, and social sciences during the Victorian era further reinforced this hierarchy, as new scientific insights into child-rearing were disseminated through public health campaigns that promoted idealised maternal practices.[235] In addition to broader political concerns, such regulations echoed imperialism's broader pursuit of controlling both bodies and territories through key metrics such as birth-to-death ratios, reproductive rates, and overall population fertility, in addition to associated political concerns.[236] Critical to this discourse was the 'moral hygiene' movement, which extended beyond biological explanations for infant mortality to include moral and behavioural dimensions, predominantly attributing the blame to inadequate maternal care by working-class Victorian women.[237] This reflected Victorian anxieties about social stability, class divisions, and the perceived moral shortcomings of the working class. British working-class women were often blamed for high infant mortality rates, as their perceived lack of proper maternal care was seen as a threat to the empire's future. This shift from a purely medical understanding of child-rearing to a moralised framework allowed the state to intervene in the most intimate aspects of domestic life, policing maternal behaviours and reinforcing class distinctions.

At the same time, the scientific discourse of the era demonstrated a profound disconnection between the understanding of women's physiology and the medical theory of sexuality. British women's bodies became sites of both scrutiny and misunderstanding, as they were held to moral and medical standards that often failed

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[233] Felicity A Nussbaum, '"Savage" Mothers: Narratives of Maternity in the Mid-Eighteenth Century' [1991] Cultural Critique 123, 126.

[234] ibid 132.

[235] Foucault n(8) 147.

[236] Foucault n(2) 243.

[237] Stephen Legg, 'Governing Prostitution in Colonial Delhi: From Cantonment Regulations to International Hygiene (1864–1939)' (2009) 34 Social History 447, 448.

to address their actual needs or experiences. For instance, women were discouraged from seeking medical pain relief, even with newly introduced anaesthetics such as ether and chloroform, reflecting how medical and state apparatuses, armed with a 'systematic blindness', often failed to acknowledge or adequately address the real and varied experiences of women's bodies.[238] This could be attributed to the fact that anaesthetics were believed to lower inhibitions, akin to the effects of alcohol, leading to fears of women behaving inappropriately or having erotic dreams during labour.[239] This concern was intertwined with the societal belief that women should maintain a certain decorum and moral standard, even in medical settings. The perceived loss of control under anaesthesia was therefore not just a medical issue but also a moral and social one. Moreover, the scientific drive to regulate maternal practices, while ostensibly aimed at improving public health, was deeply intertwined with the imperial project. This 'will to knowledge'—the pursuit of scientific understanding to manage populations—was coupled with a 'will to non-knowledge', which consciously marginalised non-Western or traditional maternal practices.[240] The 'will to knowledge' in this context is manifest in the state's and society's efforts to regulate and standardise maternal practices according to scientific principles. At the same time, this drive reflected a 'will to nonknowledge'—a conscious marginalisation of non-Western or traditional maternal practices and wisdom, which could offer alternative insights or methods. By superimposing a singular model of motherhood, the empire did not merely dictate social roles; they attempted to monopolise the very essence of reality, identity, and moral perception.[241] This imposition was not simply about dictating how women should behave within their domestic spheres; it was an attempt to monopolise and standardise the fundamental aspects of human experience and societal organisation. Consequently, the focus on maternal roles was less about genuine concern for women's well-being and more about leveraging their positions within the home to serve broader national and imperial objectives. This approach highlights how the Victorian ideal of motherhood functioned as a tool for both cultural standardisation and imperial expansion, shaping societal norms and personal identities in ways that reinforced the empire's goals.

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[238] Foucault n(8) 55.
[239] Rachel Meyer and Sukumar P Desai, 'Accepting Pain Over Comfort: Resistance to the Use of Anaesthesia in the Mid-19th Century' (2015) 1 Journal of Anaesthesia History 115, 117.
[240] Davin, 12.
[241] Tomas, 32.

In Ceylon, the imposition of Victorian ideals of motherhood and childcare practices to regulate the bodies of colonised women is exemplified by the 1920 Midwives Ordinance. The development of infant and maternal welfare services in British Ceylon was closely aligned with the colonial empire's broader objectives, which sought to exert control over motherhood.[242] This regulation of maternal health was not merely a health intervention but a strategic mechanism for consolidating power over both individual bodies and entire populations. Medical practitioners, who were trained in Britain and appointed to Ceylon after 1918, introduced a preventive health care model that became a standard expectation.[243] Medical practitioners in Ceylon, trained in Britain and appointed after 1918, introduced a preventive healthcare model that became a standard expectation.[244] This model emphasised regular health checks, vaccinations, and hygienic practices, aligning with a broader shift towards an interventionist approach to health that resonated with the empire's ideological framework of responsibility and control over its colonial subjects.[245] The training these practitioners received was not limited to medical knowledge; it also instilled an imperial vision of governance that sought to regulate and monitor every aspect of colonial life. The introduction of welfare services—including maternity centres and educational programs for mothers—was part of a dual strategy to improve public health while reinforcing imperial control. The focus was not merely on providing care but on integrating imperial control into the most personal aspects of life, embedding the empire's influence deeply into the daily routines and family structures of colonised women. This included requiring expectant mothers to receive regular visits and support from colonial health workers, who meticulously monitored infant progress throughout the first year of life.[246] Initiatives such as mothers' classes and baby days were organised to further the empire's objectives.[247] By 1928, combined weekly ante-natal and baby clinics were established in several locations, including Badulla and Numara Eliva, as well as at fifteen other health unit centers.[248] However, the implementation of these services was inconsistent, revealing the selective nature of the empire's approach to population management.[249] More affluent regions, often those with higher concentrations of colonial officials and economic activity, received

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[242] Margaret Jones, 'Infant and Maternal Health Services in Ceylon, 1900-1948: Imperialism or Welfare?' (2002) 15(1) Social History of Medicine 263, 267.
[243] ibid 272.
[244] ibid.
[245] ibid
[246] ibid.
[247] ibid.
[248] ibid 273.
[249] ibid.

better healthcare services compared to poorer areas, which were underserved and neglected.[250] This disparity in access illustrates how the colonial administration's control was not uniformly applied but strategically tailored to maintain and enhance imperial power. The uneven distribution of resources ensured that control over the individual and collective health of the population aligned with broader imperial objectives, reinforcing social hierarchies, and consolidating colonial dominance.

The regulation of women's bodies and their roles as mothers within Victorian and colonial contexts is a multifaceted subject that reveals significant insights into how medicalisation and societal expectations intersected to control women. By examining the 'hysterisation of women's bodies' and Victorian motherhood alongside colonial maternal norms, we can better understand how these mechanisms of control operated differently across contexts yet shared common elements in their exertion of authority. [251] The term 'hysterisation of women's bodies' describes the process through which women were pathologised and medicalised as inherently prone to hysteria.[252] As highlighted earlier the Victorian era was characterised by a medicalised view of women's health, which pathologised female emotional and physical states as inherently unstable. The concept of 'hysteria' was central to this view, with women being frequently diagnosed with this condition, where it was not merely a scientific categorisation but a tool for medicalising as well as controlling women's behaviour. The introduction of the Midwives Act of 1902 exemplifies the medicalisation of childbirth and maternal care, a significant aspect of how women's bodies were regulated during the Victorian era.[253] The Act institutionalised midwifery by requiring formal training and certification through the Central Midwives Board.[254] This shift reflects how childbirth, a natural process, was increasingly seen through a medical lens, requiring regulation, oversight, and professional intervention. By emphasising the need for 'well-trained midwives', it implies that maternal care should be a domain managed by those who have received formal medical training, suggesting that mothers should not trust their own instincts or traditional knowledge.[255] The figure of the mother depicted as the 'nervous woman', further embodies a medicalised view of female frailty and emotional instability.[256] This

[250] ibid.
[251] Foucault n(8) 104.
[252] ibid.
[253] Lisa Trivedi, 'Maternal Care and Global Public Health: Bombay and Manchester, 1900–1950' (2021) 34 Social History of Medicine 46, 56.
[254] ibid.
[255] ibid.
[256] Foucault n(8) 104.

reinforces societal norms that valorise professional and institutional authority over women's own knowledge and autonomy concerning their bodies and maternal roles. In the colonies, welfare centres were modelled on British clinics, replicating the same structures and practices.[257] These centres served as sites where colonial authorities could impose Western biomedical practices on local populations, thereby reinforcing colonial power dynamics. The focus on weighing babies, recording progress, and instructing mothers on hygiene and disease prevention reflects a systematic attempt to instill Western medical norms.[258] In doing so, these centres acted as instruments of cultural assimilation, where Western biomedicine was portrayed as superior to indigenous practices. The activities conducted in these welfare centres—such as the meticulous monitoring of babies' weights and the progress of pregnancies—echo the hysterisation of women's bodies by framing women as subjects in need of constant medical surveillance.

Furthermore, the enforcement of a specific moral and social order through the control of reproductive functions involved the propagation of Victorian ideals of femininity and motherhood, which as highlighted earlier emphasised purity, submissiveness, and domesticity. Such ideals were contrasted sharply against the portrayed 'otherness' of colonised women, who were often depicted as sexually promiscuous or morally degenerate in colonial discourse.[259] This dichotomy between the Victorian ideal of motherhood and the colonial perception of motherhood not only reinforced racial and cultural hierarchies but also justified imperial intervention under the guise of moral and civilisational uplift.[260] As part of this intervention, the colonial enterprise sought to educate women in Western modes of mothercraft, aiming to create healthier and more productive citizens—a key objective for maintaining the empire's labour force and military strength.[261] In this context, women were positioned in dual roles: as subjects of control, whose bodies and behaviours needed to be regulated, and as agents, tasked with the reproduction and perpetuation of the imperial order. This duality highlights the intricate complexities of women's roles within the imperialistic project of population management, where empowerment in some areas was closely tied to increased surveillance and control in others. Legislation like the Midwives Act of 1902 in Britain and the Midwives Ordinance of 1920 in the colonies, along with the establishment of maternal and infant welfare services, did not free

[257] Jones, 285.
[258] ibid.
[259] Nussbaum, 134.
[260] ibid.
[261] Davin, 13.

women from subordination. Instead, these measures reconfigured their subjugation, framing it within the broader objective of population management through the combined authority of the state, medical professionals, and societal expectations.[262] British doctors, district nurses, health visitors in the colonies leveraged their perceived superior knowledge to enforce moral standards on health, systematically undermining colonial childcare practices.[263] For example, care by individuals other than the colonial mother, including family members and neighbours, was disparaged as unsanitary and negligent, illustrating a deep-seated bias against non-medicalised approaches to childcare.[264] The stigmatisation of indigenous medical practices reflects a deep-seated distrust of non-Western knowledge systems and serves as a strategic tool for the Western medical establishment to consolidate its power. By portraying indigenous practices as inferior or unscientific, Western medicine not only devalues these rich, culturally significant traditions but also reinforces its own authority and legitimacy. This exclusionary approach helps Western medicine maintain a dominant position in health care, setting standards and dictating practices while marginalising alternative medical traditions. Thus, the stigmatisation effectively supports the monopolisation of medical knowledge and practices by the Western medical framework.

Furthermore, this binary opposition between the esteemed British mother and the disparaged colonial mother oversimplifies and overlooks the violence inherent in such regulatory frameworks promoting the cultural and racial superiority of the West. Western standards of motherhood dismissed indigenous parenting customs, colonial policies attacked the cultural autonomy of the colonised and upheld a false binary of the 'civilised' metropole versus the 'primitive' colony.[265] This forced imposition also ignored the complex, varied, and rich parenting traditions that existed long before colonial interference. South Asian parenting traditions offer compelling examples of the diverse practices that colonial policies disregarded. For instance, joint family systems are prevalent, where extended family members play significant roles in child-rearing.[266] Spanning multiple generations and domestic units, these familial structures prioritise and expect close-knit interaction.[267] This cohesive familial entity

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[262] Foucault n(8) 25.
[263] Davin, 13.
[264] ibid.
[265] ibid.
[266] Leela Dube, *Women and Kinship: Comparative Perspectives on Gender in South and South-East Asia* (United Nations University press 1997) 10.
[267] ibid 12.

actively engages in attending ceremonies, rituals, and contributing to communal obligations.[268] It fosters a culture of mutual assistance and shared responsibilities in familial rites, contrasting sharply with the Eurocentric lens imposed by colonial authorities. South Asian parenting, thus, advocates for an approach that integrates spiritual, cultural, and familial dimensions into the developmental upbringing of children, challenging the colonial narrative of superiority and cultural imposition. Therefore, the regulation of motherhood and female sexuality in the colonial context was not just an exercise in transferring domestic values. It was an act of violence that entrenched colonial power structures, repressed indigenous cultures, and advanced the imperialistic narrative of a civilising mission, all under the guise of moral superiority and the betterment of the colonised peoples. The Victorian celebration of motherhood served to uphold the racial and class hierarchies that benefited the colonial power at the expense of the subjugated.

In addition, this intensified scrutiny, that redefined Victorian motherhood as a paragon of racial purity, manifests starkly in the divergent birthing practices and perceptions of bodily functions such as menstruation, sexuality and breastfeeding which are often deemed polluting or impure. Through these bodily functions, the narrative sharpens the contrast between the exalted Victorian mother and the marginalised colonial mother, highlighting how indigenous practices related to the body are subjected to harsh judgments and reformation under colonial rule. In this harshly regulated colonial environment, indigenous maternal figures became focal points in narratives of racial deterioration and imperial anxiety, leading to a nuanced implementation of surveillance and healthcare interventions.[269] These healthcare interventions aimed to 'improve' indigenous maternal practices yet showed reluctance to fully promote the fertility of colonised populations, resulting in a fragmented and uneven impact. This paternalistic oversight constructed a model of 'ideal' motherhood, elevating middle and upper-class Victorian mothers as maternal exemplars while denigrating Asian mothers as lacking maternal instinct and capability.[270] In many colonised societies, practices like contraception, abortion, and infanticide were part of the social and cultural fabric, often imbued with religious or spiritual significance. Routine maternal care was provided by local midwives who followed indigenous methods and understood the cultural context of childbirth and

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[268] ibid.

[269] Margaret Jolly, 'Motherlands? Some Notes on Women and Nationalism in India and Africa' (1994) 5 The Australian Journal of Anthropology 41, 42.

[270] ibid 44.

child-rearing. For example, in many African and Asian cultures, midwives provided prenatal, birth, and postnatal care using techniques like massage, herbal remedies, and spiritual rituals.[271] Maternal bodies and birthing were often seen in religious or spiritual terms—as sacred, dangerous, or even polluting. These views shaped how communities approached childbirth and maternal care, integrating them into the broader cultural and spiritual life. Colonial authorities sought to 'clean up' and rationalise birth, not just by sanitary and hygienic injunctions at the moment of birth itself, but by forms of discipline of the pregnant body and surveillance of the new mother and her child. This highlights a colonial discourse that renders non-European maternal bodies as sites of bio-political intervention, wherein the European gaze, armed with medical and moral authority, sought to reformulate maternity along Eurocentric lines.

The stringent regulation of maternal roles exemplifies a broader pattern of control extending into cultural domains. In Ceylon, this manifested in the British Empire's fixation on racial purity and bloodlines. The British administration's commitment to upholding racial hierarchies favoured European bloodlines and purity, often at the expense of local customs and intermarriage traditions. To maintain a sense of racial superiority and pure blood, British colonies often had strict rules or social norms that discouraged marriages between Europeans and locals. Blood has long been associated with notions of purity and impurity in many cultures.[272] Within the realm of motherhood, blood takes on a particularly significant role, both literally and symbolically. Blood is a life-giving substance, crucial for childbirth, and thus intimately linked to the idea of motherhood.[273] At the same time, blood is also seen as a marker of purity and impurity, a duality that reveals itself most starkly in cultural attitudes towards menstruation and childbirth.[274] Menstruation, as a cyclical biological process, is deeply tied to a woman's capacity for motherhood. It represents the body's natural preparation for potential fertility, and yet, in many cultural contexts, it is stigmatised and viewed as a period of impurity.[275] Within the framework of Ceylonese society, blood carried profound social connotations—symbolising contamination, lineage, and power—intertwined deeply with rituals surrounding birth, puberty, menstruation, and

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[271] Mellissa Withers, Nina Kharazmi and Esther Lim, 'Traditional Beliefs and Practices in Pregnancy, Childbirth and Postpartum: A Review of the Evidence from Asian Countries' (2018) 56 Midwifery 158, 162.
[272] Nur Yalman, 'On the Purity of Women in the Castes of Ceylon and Malabar' (1963) 93 The Journal of the Royal Anthropological Institute of Great Britain and Ireland 25, 29.
[273] ibid.
[274] ibid.
[275] ibid.

death.[276] For examples, menstruation is considered polluting due to its association with bodily fluids like blood. In this cultural context, 'pollution' encompasses not only physical aspects but also spiritual or metaphysical dimensions, influencing the environment and those around the menstruating individual. The cultural regulation of menstruation serves as a precursor to the regulation of maternal roles. Being in a state of 'pollution' during menstruation imposes specific restrictions on individuals and their households. For example, they are barred from participating in religious rituals, visiting temples, and consuming certain foods. This reflects a belief in the contagious nature of 'pollution' and its impact on purity and auspiciousness. Such restrictions highlight a broader pattern where a woman's bodily functions are closely monitored and controlled, laying the groundwork for the regulation and control of motherhood. The stigma and restrictions surrounding menstruation do not end with menarche; they extend throughout a woman's life, affecting her during key reproductive milestones such as pregnancy and childbirth. The societal attitudes that classify menstruation as 'dirty' or 'decayed' also influence perceptions of the blood and fluids involved in childbirth, which can be similarly viewed as impure or needing to be managed carefully.[277] This continuity in the regulation of a woman's body—from menstruation through to childbirth—highlights a gendered control over women's reproductive capacities, reinforcing her role primarily as a mother whose purity must be maintained. Menstruation and motherhood are deeply connected through cultural understandings of purity, contamination, and control. The colonial concern with purity, especially within the gendered and caste-specific context of Ceylon, underscores the extent to which biopower permeated the intimate aspects of life, marking the bodies of women as critical junctures of imperial control and racialised power dynamics.[278]

Conversely, Foucault's abstraction of the symbolism of blood serves as a potent philosophical tool in his broader critique of power, body, and sexuality. The transition from a regime where blood signifies nobility and honour to one where control over life and health dominates through the regulation of sexuality. The bourgeois fascination with heredity and eugenics was not merely a continuation of aristocratic lineage concerns but evolved into an obsessive control over genetic health. This progression from the valorisation of 'blood' to the management of 'sexuality' encapsulates a shift towards a regime where power is exercised not through overt violence or the threat

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[276] ibid.
[277] ibid.
[278] ibid.

of death but through subtle, pervasive interventions into the very biological fabric of individuals. This is a movement towards 'an unrestricted state control', a scenario where eugenic policies justify extreme measures like genocide under the guise of purifying and optimising the population.[279] The notion of 'oneiric exaltation of superior blood' metaphorically illustrates the utopian vision that drives this eugenic agenda, highlighting how societal elites, enchanted by a dream-like obsession with genetic purity, endorsed draconian policies for the sake of biopolitical aims.[280] While this offers a deeply analytical, macroscopic view of how power evolves and adapts to new contexts—from direct control over life and death to a more intricate governance of bodies through social norms and policies—it also prompts a closer examination of how specific symbols, like blood, are manipulated to reinforce these power structures. The detailed scholarship on Ceylon reveals how the symbolic associations of blood—traditionally linked to notions of pollution and negative connotations—were strategically repurposed to reinforce colonial governance. [281] This manipulation of blood symbolism was not merely an abstract exercise; it had concrete implications for colonial control. These observations demonstrate how theoretical models of power can have real consequences and applications, profoundly affecting societal structures and individual lives. This integration of 'symbolism of blood' analysis with the Ceylonese infatuation with blood highlights a critical synthesis of how theoretical models of power transition are manifested in specific historical and cultural contexts. The symbolic value of blood, historically associated with nobility and honour, was repurposed within the colonial context to fit new regulatory objectives, intertwining old power dynamics with new methods of social control and population management. This nuanced application not only extends Foucault's framework but also challenges it, offering a deeper understanding of how power operates across different societies and historical periods.

The regulation of motherhood in both the Victorian metropole and the colonies reflects the broader biopolitical strategies of the British Empire. In the metropole, the idealisation of motherhood served to strengthen national and imperial power through the normalisation of specific maternal practices and scientific rationalisations. In contrast, in the colonies, the imposition of Victorian ideals and the manipulation of cultural symbols such as blood were used to assert colonial dominance and justify the suppression of indigenous practices. Therefore, the British Empire's regulation of

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[279] Foucault n(8) 150.
[280] ibid.
[281] Yalman n(272).

reproductive practices among colonial women served multiple strategic purposes. On one level, it ensured the reproduction of a labour force essential for the economic exploitation of the colonies. By controlling birth rates and family structures, the empire could maintain a steady supply of workers, thereby sustaining its economic interests. However, this strategy also went deeper, reflecting an intricate system of social engineering. By imposing Victorian norms on colonised women, the empire sought to reshape the social fabric of colonised societies in its own image. This was not just about maintaining order but about transforming the very identity of colonised populations to align with imperial objectives. The focus on the mother's body as a 'substantial and functional element' within the family and her biologico-moral responsibility towards her children's upbringing underscores the preoccupation with the health of the colonial population.[282] By controlling maternal influence, the empire could embed colonial ideologies deeply within the consciousness of colonised children from an early age. This alignment was crucial for maintaining the social order desired by the colonisers, facilitating easier governance and minimising resistance to colonial rule. Colonial mothers, therefore, were not just seen as bearers of children but as crucial agents in the empire's broader strategy of social control and cultural assimilation. By embedding colonial values within the family unit, the empire sought to create a self-sustaining system of control. This made colonial rule more resilient and less dependent on direct coercion. This approach transcended concerns of health or morality; it was a sophisticated strategy designed to perpetuate colonial power structures, facilitating resource extraction, and suppressing dissent. In both contexts, the regulation of motherhood was a means of exercising control, though the methods and implications differed according to cultural and racial considerations. By manipulating the concept of motherhood, the empire reinforced specific norms and expectations that governed women's behaviour, both in the metropole and in colonial territories. While English mothers were shaped to fit an idealised mould, it is crucial to recognise that many prostitutes, both in the metropole and the colony, themselves were mothers, further complicating their societal roles.

By contrasting prostitution (Chapter 3) and the devadasi system (Chapter 4) with the ideal of regulated motherhood, the chapter uncovers how moral and societal anxieties about gender, sexuality, and control were leveraged to enforce rigid norms across the empire, especially concerning female behaviour. Colonial authorities marginalised both prostitutes and devadasis by positioning them as threats to

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[282] Foucault n(8) 104.

societal order—prostitutes as disruptors of family integrity, and devadasis as embodiments of a sexual and religious freedom that defied colonial moral frameworks. This marginalisation reinforced the valorisation of motherhood as a symbol of virtue and societal cohesion, casting the devadasis and prostitutes as 'fallen' figures that jeopardised the colonial vision of a morally upright empire. Victorian society's stringent expectations of women to maintain this ideal not only enforced gender norms but also perpetuated a hierarchical structure that absolved men of responsibility for deviant behaviour. English women were seen as custodians of virtue, responsible for maintaining the moral compass of their male counterparts, and by extension, the societal order.[283] Victorian society's strict expectations of women to maintain this ideal not only enforced gender norms but also perpetuated a hierarchical system that absolved men of responsibility for deviant behaviour.[284] English women, as well as colonised women under these regimes, were framed as custodians of virtue, tasked with maintaining the moral compass of their male counterparts, and, by extension, the societal order. The relegation of non-conformist sexual behaviours to the peripheries of society underscores a deeper strategy: the policing of sexuality to reinforce class distinctions and maintain patriarchal control. By compartmentalising acceptable and deviant practices, Victorian society could advocate for a moral and productive public sphere while concurrently relegating its moral failures to the invisible margins.[285] This dualistic approach reveals the societal mechanisms of control at play—shaping, defining, and restricting English women's sexuality to fit an imperial ideal that reveres the domesticated mother and reviles the autonomous prostitute. Through this lens, devadasis, prostitutes, and mothers become polarised embodiments of female sexuality: some vilified, others valorised, but all instrumentalised to delineate the boundaries of acceptable behaviour within an empire concerned with maintaining its moral facade. While Victorian mothers were idealised as paragons of virtue, the devadasis and prostitutes were denigrated, yet all were tools within the same imperial schema. Despite their contrasting representations, each figure was manipulated to serve the empire's objectives, demonstrating that even the revered status of motherhood was more about reinforcing colonial power than genuinely empowering the women it purported to honour.

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[283] ibid.
[284] ibid.
[285] ibid.

CONCLUSION

The objective of this thesis is to uncover the profound impact of colonial governance on women's bodies and sexuality by examining legislative, medical, and social contexts. It demonstrates how the regulation of reproduction and enforcement of gender norms were integral to maintaining British colonial rule in Sri Lanka through three key themes: prostitution, the devadasi system, and motherhood. This investigation highlights the pervasive influence of colonial biopolitics on gender dynamics and shows how the governance of Tamil women's bodies was crucial to the continuity of British colonial rule in Sri Lanka.

The first theme prostitution is examined through the lens of the CDA, which were designed to regulate and control prostitution under the guise of public health. The examination of prostitution under the CDAs reveals how colonial authorities utilised biopolitical strategies to manage and discipline women's sexuality. By framing prostitution as a public health threat and marginalising prostitutes, the British colonial administration imposed strict norms that reinforced Victorian ideals of sexual propriety. This aligns with the notion of biopolitics, showing how colonial governance extended into intimate aspects of individuals' lives to maintain control. A critical analysis of these regulations across different colonial contexts, including Ceylon, demonstrates their adaptability and strategic application The flexibility of metropolitan sexual regulation models in different colonial settings demonstrates how these frameworks were tailored to fit local dynamics and specific circumstances, embodying biopolitical governance as a responsive and adaptive process. This adaptability highlights the reciprocal nature of colonial influence, where metropolitan policies were not static but evolved through interaction with local conditions, resulting in what can be described as the 'boomerang effect'. This dynamic process reveals how practices devised for colonial settings reverberated back, impacting social inequalities and policies within Britain itself. Moreover, the intersection of imperial feminism and state-imposed sexual regulations provides further insight into the complexities of colonial governance. British feminists faced a paradoxical situation: while some aligned with state policies in the hope of advancing broader gender equality, others resisted and critiqued the moral and public health justifications for the CDAs. This dual response reflects the complex ways in which feminist activism was both shaped by and influential upon state mechanisms. The alignment and resistance of feminist voices illustrate a nuanced interaction with colonial governance, where advocacy and opposition coexisted within the constraints of the

colonial framework. Overall, this theme illustrates how the regulation of prostitution was integral to maintaining colonial power, reinforcing societal norms, and shaping gender dynamics. It shows that the control of women's bodies and sexuality was central to the broader objectives of colonial rule, providing a critical insight into how biopolitical strategies were employed to sustain and legitimise colonial dominance.

The second theme examines the colonial intervention in the devadasi system, a traditional practice linked to religious rituals. The CDA's treatment of prostitutes, marked by legal and moral scrutiny, mirrors the disciplinary measures imposed on devadasis. Both groups were subjected to similar frameworks of control that sought to manage and regulate their bodies and behaviours according to colonial standards By focusing on the sexual aspects of devadasis' roles and objectifying their bodies, colonial authorities disregarded the traditional cultural and artistic significance of their practices. This intervention was not merely an effort to reform but a strategic move to dismantle indigenous practices and assert colonial dominance. European portrayals of devadasis as exotic and erotic cultural artifacts before the full imposition of colonial purity discourses serve as a critical example of how local practices were commodified and simplified to fit colonial narratives. These portrayals justified the imposition of Western values by reinforcing colonial stereotypes and justifying the replacement of local traditions with Western moral standards. The colonial administration sought to align 'native' religious practices with Western ideals, suppressing local variations to conform to a standardised framework. he intervention significantly altered the socio-religious roles of devadasis, reconfiguring their positions within their communities. The colonial effort aimed to mould these roles to fit emerging bourgeois moral standards, imposing new social hierarchies and moral codes. This reconfiguration extended to how devadasis viewed themselves and were viewed by others, illustrating a broader strategy to 'civilise' through social and cultural transformation. The analysis reveals a significant convergence between colonial administration and local patriarchal rule. The colonial intervention in the devadasi system did not occur in isolation but intersected with existing patriarchal structures within local societies. Both the British authorities and local patriarchal systems aimed to regulate women's bodies and reinforce social hierarchies, albeit through different mechanisms. The colonial administration's efforts to reform and control the devadasis' roles were consistent with, and at times reinforced, the patriarchal norms already prevalent in local society. This convergence highlights how colonial and local patriarchal systems collaborated to maintain and perpetuate gendered control and social order. By leveraging existing patriarchal norms, the colonial administration was

able to integrate its policies more seamlessly into local contexts. The imposition of Western values and the redefinition of devadasis' roles were not just acts of colonial domination but also involved aligning with and reinforcing local patriarchal structures. This dual reinforcement of control mechanisms underscores the broader biopolitical strategy employed by the colonial powers to assert and maintain dominance. In summary, the transformation of devadasis' identities and the convergence of colonial and local patriarchal systems provide a critical perspective on the biopolitical governance strategies of the British Empire. By altering cultural practices and enforcing new social hierarchies, colonial authorities were able to reshape local societies in ways that supported and extended their control. This process of cultural and social reconfiguration demonstrates how colonial governance was deeply intertwined with the management of gender norms and identities, reinforcing the thesis's argument about the pervasive impact of colonial biopolitics.

Building on the themes of devadasis and prostitutes, where women's bodies and identities became battlegrounds for colonial regulation and cultural redefinition, similar mechanisms were employed within the third theme of motherhood. British colonial authorities imposed strict Victorian norms concerning motherhood through legal and medical frameworks. These norms dictated women's reproductive roles and responsibilities, embedding metropolitan ideals into the personal lives of colonised women. The regulation of motherhood was not a mere administrative detail but a fundamental aspect of the colonial project. By shaping maternal care and responsibilities according to Victorian standards, the colonial administration aimed to control women's bodies within both family and societal contexts. This effort highlights how colonial governance extended into the most intimate aspects of life, reinforcing hierarchical gender norms, and projecting an image of moral and social superiority The thematic exploration of motherhood, in conjunction with prostitution, reveals a complex interplay of moral and social control. The dichotomy between the idealised Victorian mother and the stigmatised prostitute reflects broader societal strategies to manage gender and sexuality. This binary was used to maintain the Victorian family ideal while marginalising behaviours that threatened its stability. This dual strategy allowed Victorian society to enforce class distinctions and patriarchal control, thus entrenching its moral and social order. The colonial imposition of Victorian maternal norms involved not only the introduction of new practices but also the denigration and dismantling of existing cultural norms related to childbirth. Indigenous practices, such as local midwifery and traditional childbirth rituals, were subjected to severe criticism and reform under colonial rule. The manipulation of blood symbolism—traditionally

imbued with cultural and spiritual significance—by colonial authorities further illustrates the strategic control over reproductive practices. By reinterpreting traditional symbols like menstruation as polluting and dangerous, the colonial regime reinforced its governance, transforming culturally ingrained practices into tools of imperial discipline and surveillance. Foucault's analysis provides a theoretical context for understanding the regulation of motherhood. The transition from symbolic valorisation of blood to a regime focused on managing life, health, and sexuality illustrates how colonial powers adapted and extended biopolitical frameworks for imperial governance. The regulation of motherhood served multiple strategic purposes, including reshaping societal norms, and integrating local populations into the imperial framework.

Through these themes, the thesis illustrates how colonial powers leveraged control over women's bodies and sexuality as a central strategy in their broader project of domination. By regulating prostitution, dictating norms of motherhood, and intervening in the devadasi system, colonial authorities sought to impose their values, ensure social order, and maintain their supremacy. Women's bodies became battlegrounds for the imposition of colonial control, with sexuality serving as a crucial axis around which these efforts revolved. This multifaceted approach to controlling women's lives not only reinforced colonial authority but also aimed to transform the very fabric of colonised societies in ways that perpetuated their subjugation. Therefore, this thesis aims to provide an exploration of the biopolitical regulation of women's sexuality, synthesising feminist perspectives with other scholarly discourses. It strives to create connections across time and space, illuminating the potential of our present-day intimacies. My goal in writing this thesis has been to shed light not only on the sexual politics of colonialism but also on the personal dimensions of our subjection. By doing so, I hope to offer a profound and intimate understanding of the injustices imposed by colonial powers, revealing their enduring impact on our past, present, and future. The analysis has hopefully underscored how colonialism extended far beyond mere political domination, deeply permeating the social and bodily realms, with particularly profound impacts on women's lives. Colonial rule did not only involve the imposition of political control but also sought to regulate and reshape the very fabric of daily life, especially through the management of women's bodies, sexualities, and societal roles. This focus on women reveals the intricate ways in which colonial power sought to penetrate the most intimate aspects of individuals' lives. Women were subjected to a dual layer of control: one through direct regulation of their bodies and another through the enforcement of societal

norms that defined their roles within the colonial framework. The imposition of such norms often reinforced patriarchal structures and heightened gender disparities, making women's experiences crucial to understanding the impact of colonial rule. Furthermore, centring the study on women presents a significant shift from traditionally male-dominated historical narratives. It challenges and complicates these dominant accounts by highlighting the ways in which colonial power dynamics were also gendered, thus offering a more inclusive and representative historical account. By focusing on women, the research brings to light the diverse and often marginalised experiences that were otherwise obscured in conventional historical analyses, thereby enriching our understanding of colonialism's multifaceted impact.

As this research draws to a close, it becomes evident that colonial biopolitical regulation is both profound and pervasive. These regulatory practices, which were implemented during the colonial era, continue to extend beyond the immediate historical context, significantly influencing contemporary understandings of gender and power. The mechanisms of control and governance established during colonial times were not merely temporary measures; they laid the groundwork for enduring systems of oppression and hierarchy that persist in various forms today. To fully comprehend the complexities of colonial legacies and their ongoing impact on contemporary society, further research is needed to delve into the present-day manifestations and impacts of these legacies on women. Future studies should specifically target the ways in which colonial ideologies and practices are embedded in current legal frameworks, healthcare systems, and cultural norms that govern women's lives. This includes examining how colonial histories have informed contemporary policies on reproductive rights, healthcare access, and gender-based violence. By scrutinising these aspects through the intersecting lenses of gender and biopolitics, researchers can uncover the nuanced ways in which past colonial practices persist, influencing the present and future. Understanding the enduring impact of colonial rule on women requires an interdisciplinary approach that incorporates perspectives from history, sociology, political science, and gender studies. Such an approach can illuminate the multifaceted nature of colonial legacies and their pervasive influence on contemporary social structures. By drawing connections between historical colonial practices and modern-day inequalities, scholars can contribute to the development of more equitable and just social structures. This perspective underscores the necessity of exploring both historical and contemporary dimensions to understand the enduring repercussions of colonial rule fully. It highlights the importance of continued research and dialogue on the ways

in which colonial legacies shape contemporary society, particularly in terms of gender and power dynamics. Only through such analysis can we hope to dismantle the enduring structures of inequality and work towards a more just and equitable future for all.

BIBLIOGRAPHY

- Aaron N, 'Let the "Dirty" Women Speak: The Agency and Divergent Aspirations of Devadasis and Development Interventions in Karnataka, India' (2015)
- Acts' (2017) 2 ANTYAJAA: Indian Journal of Women and Social Change
- Anagol P, 'Agency, Periodisation and Change in the Gender and Women's History of Colonial India' (2008) 20 Gender and History
- Ask J, *"No Rules Apply to Another Man's Wife": Social Reforms of the Devadasi System in South India* (2014)
- Baker K, 'The Contagious Diseases Acts and the Prostitute: How Disease and the Law Controlled the Female Body' (2012) 1 UCLJLJ.
- Brittain M, 'Dangerous Crossings: Victorian Feminism, Imperialist Discourse, and Victoria Cross's "New Woman" in Indigenous Space' (1998) University of Guelph.
- Burton A, *Burdens of History: British Feminists, Indian Women, and Imperial Culture, 1865-1915* (Univ of North Carolina Press 2000)
- Cantonment Act 1864
- Chatterjee P, *The Nation and Its Fragments: Colonial and Postcolonial Histories* (Princeton University Press 1993)
- Chaudhuri N and Strobel M (eds), Western Women and Imperialism: Complicity and Resistance (Indiana University Press 1992).
- Contagious Diseases Act 1864
- Davidson R and Hall LA (eds), *Sex, Sin and Suffering* (0 edn, Routledge 2003)
- Davin A, '2. Imperialism and Motherhood' in Frederick Cooper and Ann Laura Stoler (eds), *Tensions of Empire: Colonial Cultures in a Bourgeois World* (University of California Press 1997)
- Deane T, 'The Devadasi System: An Exploitation of Women and Children in the Name of God and Culture' (2022)
- Dube L, *Women and Kinship: Comparative Perspectives on Gender in South and South-East Asia* (United Nations University press 1997)
- Duncan JS, 'Embodying Colonialism? Domination and Resistance in Nineteenth-Century Ceylonese Coffee Plantations' (2002) 28 Journal of Historical Geography
- Federici S, *Caliban, and the Witch: Women, the Body, and Primitive Accumulation* (Autonomedia 2004)
- Fischer-Tiné H, ''White Women Degrading Themselves to the Lowest Depths' : European Networks of Prostitution and Colonial Anxieties in British India and Ceylon ca. 1880-1914' (2003) 40 The Indian Economic & Social History Review
- Foucault M, *Society Must Be Defended: Lectures at the Collège de France, 1975-76* (Picador 2003)
- Foucault M, *The History of Sexuality. Volume 1: The Will to Knowledge* (Robert J Hurley tr, Penguin Classics 1976)
- Guha A, Subaltern Studies VI: Writings on South Asian History (OUP 1989)
- Grossman P, 'Why were Colonial Powers Interested in Sexuality?' (2018) 2 Midlands Historical Review.
- Hamilton M, 'Opposition to the Contagious Diseases Acts, 1864-1886' (1978) 10 Albion
- Hiersche K, 'Prostitution and the Contagious Diseases Acts in 19th Century British Colonies'

- Howell P, 'Prostitution and Racialised Sexuality: The Regulation of Prostitution in Britain and the British Empire before the Contagious Diseases Acts' (2000) 18 Environment and Planning D: Society and Space
——, 'Race, Space and the Regulation of Prostitution in Colonial Hong Kong' (2004) 31 Urban History
- Hyam R, *Empire and Sexuality: The British Experience* (Manchester University Press 2017)
- Inda JX (ed), *Anthropologies of Modernity: Foucault, Governmentality and Life Politics* (1. publ, Blackwell 2005)
- International Journal of Social Science And Human Research
- Jain S, 'The Queen's Daughters: White Prostitutes, British India, and the Contagious Diseases
- Jayawardena K, *Feminism and Nationalism in the Third World* (Verso Books 2016)
- Jolly M, 'Motherlands? Some Notes on Women and Nationalism in India and Africa' (1994) 5 The Australian Journal of Anthropology
- Jones M, 'Infant and Maternal Health Services in Ceylon, 1900-1948: Imperialism or Welfare?' (2002) 15 Social History of Medicine
- Kesby M, 'Locating and Dislocating Gender in Rural Zimbabwe: The Making of Space and the Texturing of Bodies' (1999) 6 Gender, Place & Culture
- Legg S, 'Governing Prostitution in Colonial Delhi: From Cantonment Regulations to International Hygiene (1864–1939)' (2009) 34 Social History
- Levine P, 'Venereal Disease, Prostitution, and the Politics of Empire: The Case of British India' (1994) 4 Journal of the History of Sexuality
- Levine P, *Prostitution, Race, and Politics: Policing Venereal Disease in the British Empire* (Routledge 2003)
- Mamdani M, *Define and Rule: Native as Political Identity* (1. ed, Harvard University Press 2012)
- Mbembé A, translated by Meintjes L, 'Necropolitics' (2003) 15(1) Public Culture.
- Metcalf TR, *Ideologies of the Raj* (Cambridge University Press 1997)
- Meyer R and Desai SP, 'Accepting Pain Over Comfort: Resistance to the Use of Anaesthesia in the Mid-19th Century' (2015) 1 Journal of Anaesthesia History
- Midwives Act 1902
- Miller GP, 'Law, Pollution, and the Management of Social Anxiety' (2000) SSRN Electronic Journal
- Miller J and Carbone-Lopez K, 'Gendered Carceral Regimes in Sri Lanka: Colonial Laws, Postcolonial Practices, and the Social Control of Sex Workers' (2013) 39 Signs: Journal of Women in Culture and Society
- Nadadur Kannan R, 'Gendered Violence and Displacement of Devadasis in the Early Twentieth-Century South India' (2016) 12 Sikh Formations
- Nussbaum FA, '"Savage" Mothers: Narratives of Maternity in the Mid-Eighteenth Century' [1991] Cultural Critique
- Poovey M, *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (University of Chicago Press 1988)
——, *Making a Social Body: British Cultural Formation, 1830 - 1864* (Univ of Chicago Press 1995)
- Quijano A, 'Coloniality of Power and Eurocentrism in Latin America' (2000) 15 International Sociology
- Rajendran K, 'Devadasi System in India and Its Legal Initiatives - An Analysis' (2015) 20(2) Journal of Humanities and Social Science.

- Ramberg L, 'When the Devi Is Your Husband: Sacred Marriage and Sexual Economy in South India' (2011) 37 Feminist Studies
- Ramusack BN, 'Cultural Missionaries, Maternal Imperialists, Feminist Allies: British Women Activists in India, 1865–1945', *The Rise and Fall of Modern Empires, Volume I* (Routledge 2013)
- Risseeuw C, 'Gender, Kinship and State Formation: Case of Sri Lanka under Colonial Rule' (1992) 27 Economic and Political Weekly
- Saha A, 'Criminal Tribes & The Raj: An Ideology of Control in Colonial India' (2020) 7 Journal of the Department of Sociology of North Bengal University.
- Sanjeewa W, 'Historical Perspective of Gender Typed Participation in the Performing Arts in Sri Lanka During the Pre-Colonial, The Colonial Era, and the Post- Colonial Eras' (2021) 4
- Scott D, 'Colonial governmentality' in *Anthropologies of modernity: Foucault, governmentality, and life politics (2005)*
- Silva K, 'Saving Their Indian "Sisters": British Women's Activism in the Late 19th Century'
- Soneji D, 'Śiva's Courtesans: Religion, Rhetoric, and Self-Representation in Early Twentieth-Century Writing by Devadāsīs' (2010) 14 International Journal of Hindu Studies
- Spivak G, *Can the Subaltern Speak?* In C. Nelson, & L. Grossberg (Eds.) Marxism and the Interpretation of Culture London (Macmillan 1988)
- Sreenivas M, 'Creating Conjugal Subjects: Devadasis and the Politics of Marriage in Colonial Madras Presidency' (2011) 37 Feminist Studies
- Stoler AL, *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things* (Duke University Press 1995)
- Syed J and Ali F, 'The White Woman's Burden: From Colonial Civilisation to Third World Development' (2011) 32 Third World Quarterly - THIRD WORLD Q
- Tambe A, 'The Elusive Ingénue: A Transnational Feminist Analysis of European Prostitution in Colonial Bombay' (2005) 19 Gender & Society
- Tollan MN, 'The Campaign for the Repeal of the Contagious Diseases Acts'
- Tomas A, 'Race, Gender and Sexuality and the Pursuit of Modernity: British Biopower and Female Sexuality in Domestic and Colonial Practices' (2023) 9(1) The Great Lakes Journal of Undergraduate History.
- Trivedi L, 'Maternal Care and Global Public Health: Bombay and Manchester, 1900–1950' (2021) 34 Social History of Medicine
- Walkowitz JR, *Prostitution and Victorian Society: Women, Class, and the State* (1st edn, Cambridge University Press 1980)
- Weheliye AG, *Habeas Viscus: Racialising Assemblages, Biopolitics, and Black Feminist Theories of the Human* (Duke University Press 2014)
- Werth PW, 'Through the Prison of Prostitution : State, Society and Power∗' (1994) 19 Social History
- Whatcott J, 'No Selves to Consent: Women's Prisons, Sterilisation, and the Biopolitics of Informed Consent' (2018) 44 Signs: Journal of Women in Culture and Society
- White L, '1. Introduction: Prostitution in Comparative Perspective; or, Casual Sex and Casual Labor'
- Withers M, Kharazmi N and Lim E, 'Traditional Beliefs and Practices in Pregnancy, Childbirth and Postpartum: A Review of the Evidence from Asian Countries' (2018) 56 Midwifery
- Yalman N, 'On the Purity of Women in the Castes of Ceylon and Malabar' (1963) 93 The Journal of the Royal Anthropological Institute of Great Britain and Ireland