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PUNJAB ASSOCIATION
FOR
MORAL AND SOCIAL HYGIENE.

MORAL AND SOCIAL
HYGIENE

BEING AN ADDRESS DELIVERED TO THE
LAHORE ROTARY CLUB

BY
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MORAL AND SOCIAL HYGIENE.

(Being an address delivered to the Lahore Rotary Club by
Lt.-Col. F. A. Barker, I. M. S.)

The Aims and Objects of the Punjab Association for Moral and Social Hygiene, (formerly known as the Lahore Vigilance Association) are:—

To secure recognition of an equal standard of morality for men and women, and to eradicate prostitution and kindred evils;

To oppose and seek to overthrow the commercial exploitation of vice;

To study and promote such legislative, administrative, social, educational and hygienic reforms as will tend to encourage the highest public and private morality.

Similar Associations exist in all three Indian Presidencies and in several other Provinces.

A certain amount of misconception exists as to the policy advocated by this Association. It has been said that it aims at eradicating prostitution altogether. While all men and women of high ideals would certainly condemn prostitution on grounds of religion and moral and social hygiene, no sane person imagines that it is possible to eradicate this immoral profession by one stroke of the legislative pen. The State can, however, put a stop to brothel-keeping, procuration and the organised traffic in the bodies of defenceless women and girls, and prevent heartless persons from making a living out of the earnings of the latter.

Firstly, the Association believes that the brothel is the main citadel of the vice traffic. It holds that there should be a law penalising those who keep, manage, or

assist in keeping brothels where several women are under control, and a profit is made out of their earnings. The Association, in fact, wishes to prevent by law the existence of brothels which are the centres of a regular trade.

Secondly, the Association is against the maintenance of a tolerated vice area within or outside the limits of the city, as it considers that a tolerated vice area is

- (A) a flaunting advertisement of vice,
- (B) a constant menace to the morality of young persons,
- (C) a danger to residents in, and visitors to, the city,
- (D) a focus of venereal disease, and
- (E) a regular market where women and girls may be bought and sold and subjected to vile and cruel treatment.

Not the least objection to the existence of a tolerated vice area is that it gives a semblance of approval by Government, the Municipality and the Community in general to the traffic in women and girls.

The Association does not seek to interfere unduly with the freedom of any person to behave as he or she wishes to do, so long as what he or she does is not a breach of law or a violation of public decency or morals. It recognises that a law abolishing brothels and the tolerated vice area will not do away with all prostitution, but it would clear the way for advanced educational measures on the subject and would be in line with the best ideals of civilized governments. It believes also that the moral law should be the same for both men and women, and it cannot be a party to the imposition of cer-

certain disabilities on women only. It does not, therefore, favour the harassment of any women, whether she be a prostitute or not.

Nevertheless the Association does stand for public decency, the maintenance of a high standard of morals for both men and women, and the education of public opinion against the toleration of vice area in the city and against the segregation of women for the purposes of prostitution. The consequence of an Act for the Prevention of Prostitution, it has been said, is a vast increase in clandestine prostitution. Some indeed go so far as to say that clandestine prostitution is a direct outcome of the closing down of brothels. This statement the Association refuses to accept: in fact, there is abundant evidence that the promotion of segregated vice areas increases rather than decreases clandestine prostitution (see Report of the League of Nations).

Clandestine prostitution has always existed in Lahore, as in other large cities. But the position of the Association in this matter must be made quite clear, although it may give rise to some misunderstanding. As long as a woman carries on her profession privately by herself, without causing any offence against public morals or decency, she ought not to be interfered with *by the law*. The inhabitants may, of course, complain against any person in their locality who can be accused of such a breach.

The Association stands for the suppression of the traffic in women and girls **BY WHICH THIRD PARTIES MAKE PROFIT**. It, therefore, advocates the closing down of all brothels.

There are some who still believe that all brothels

should be moved and prostitutes forced to live in a segregated area outside the city. The Association thinks that such a policy is not only out of harmony with the trend of educated opinion in other parts of the world, but is also a retrograde policy.

Segregation will give rise to all the evils of cruelty, oppression, exploitation and degradation with which the slave trade was associated. All thinking men and women, who feel that the human body is a veritable temple of God and not something to be trafficked in, will, we feel sure, uphold the view that prostitutes ought not to be treated as beings without any rights or legal status and would show their instinctive abhorrence against a suggestion which would immerse a number of unhappy women in brothels in a segregated area from which they would never have any hope of coming out.

Having thus explained shortly the aims and objects of the Association, and perhaps having removed one or two misconceptions about it, I turn for a moment to another aspect of the question;—the need of action from the point of view of the health of the nation.

Major General Sir John Megaw, as a result of an enquiry into certain health aspects of village life in India, states that "it would probably be well within the mark to assume that 10—15% inhabitants of India suffer from syphilis at some time or other during their lifetime." On the basis of the figures collected by him, the approximate total number of cases of venereal disease among India's population is about thirteen millions. Venereal disease appears to be more common than has been usually believed Madras and Bengal easily head the list, and the rate for venereal disease in the Punjab

is as yet low. We should not, however, lull ourselves into inaction on this account, for the danger is ever-present and brothels are one of the most fruitful sources of infection.

In 1924, Dr. Margaret Balfour, speaking on her 30 years' experience in medical work in India, mentioned three facts which had impressed themselves on her mind:—

- (1) The prevalence of venereal diseases amongst all classes in India;
- 2) The great lack of knowledge among the people of the serious and far-reaching consequence of these diseases;
- (3) The lack of what one might call the 'moral sense' about them.

A good deal of work has been done during the interval since she expressed that opinion, but Megaw's figures show that little impression has been made. The great mass of the general public is still woefully ignorant of the danger of venereal disease: they are even more ignorant of the indirect danger which infected persons are to others, such as their wives and children.

I had not been in India a month before a striking, though happily not common, instance of such danger was brought forcibly to my notice. It fell to my lot to assist a medical officer with an operation case.

We were both using rubber gloves, but the operator happened to pierce both glove and finger with the needle he was using. The case was one of venereal disease. Removing his glove he tried to disinfect the prick, while I finished the operation. In spite of his effort he had, within a few months to be invalided out of the service

with severe Syphilis, undoubtedly contracted from that patient.

Such cases, as I say, are not common. But many are the children who are innocent sufferers from venereal disease conveyed from their parents, either before or after birth.

Miss Shephard, in her pamphlet, "Towards Moral and Social Hygiene in India," tells us of a school for blind children, built by a Hindu in thanksgiving for his own sight. Some of the children were deformed, shrunk-en, looking old before they had enjoyed their youth. 83 per cent. of these children owed their blindness, as well as other disabilities, to venereal disease. As a result of careful investigations it is estimated that there are nearly two million blind persons in India. (In England Ophthalmia Neonatorum causes more blindness than any other disease. It is the cause of 27 per cent. of all admissions to schools for the blind. In 60 per cent. cases of this disease, Gonorrhœa (in parents) is the cause).

Venereal diseases also account, to a large extent, for the very high infant mortality in India; estimated to be from 180 to 232 per mille of births.

It is not intended, however, to go into details of the medical aspects of venereal diseases; sufficient has been said to emphasise their great danger to the community.

What has been done so far to meet these needs? Here again I refrain from the purely medical aspect; I will confine myself to the moral and social side of the matter. Prostitution has been described as the oldest of the professions, and Egyptologists have reported the presence of

undoubted signs of syphilis in the excavated mummies. It is certain that both go back to the very foundations of civilization.

Prostitution and venereal disease are also so widespread that individual efforts to combat them are futile. Nothing less than the force of public opinion, combined by firm and thorough action by Governments, can hope to keep them within bounds. Two main methods have been tried in the past:--

(1). *The Regulation System.* Napoleon was one of the first to try this method, and he introduced it into the countries through which his troops marched. The system includes one or more of the following arrangements: licensed houses, segregated areas, prohibited areas with toleration outside those areas; surgical examination, police supervision and loss of civil rights of *the women only* in each case.

During the last 150 years, 47 nations have tried this system: of these, 31 nations had abolished it by 1929 as medically useless, socially ineffective, economically wasteful, and as a grave source of corruption to the police who had to handle it. The remaining 16 countries had set up Commission of Enquiry in order to abolish the Regulation System and substitute for it some policy which would be more effective.

(2). *The Abolitionist Policy.* This dates from 1869 when Mrs. Josephine Butler began her great challenge of the Regulation system, pointing out the injustice of procuring, segregating, forcibly treating and depriving of civic rights of the women only, whilst her partner in the mutual act went free. She maintained the principle that what is morally wrong can never be medically right.

Five years before this, Great Britain had begun the medical and police regulation of prostitution under the Contagious Diseases Acts. These acts were in force in 18 naval and military towns. Far from resulting in a reduction of venereal disease, these acts caused an increase, due to the impression given to the troops that the women provided for them were free from disease and that the authorities considered continence neither expected nor possible. As a result of the strenuous protest by Mrs. Butler and her colleagues, the acts were repealed in 1886 and have never been re-introduced. The following Army figures are of interest in this connection :—

	Year.	Ratio per mille.
No Contagious Diseases Act.	1863	261
First Contagious Diseases Act.	1864	258
Contagious Diseases Acts suspended.	1884	270
Contagious Diseases Acts abolished.	1886	267
	1896	158
	1906	81
	1913	50
	1926	21
	1930	16

Although it may be quite true that other factors have influenced the above figures, e. g., a higher standard of conduct in the Army, the result of diminished intemperance, better education and instruction and the provision of more facilities for healthy recreation, they show, firstly, that during the 20 years in which the acts were in force the incidence of venereal disease did not

fall, and, secondly, that since the acts were abolished the incidence has steadily fallen. We can therefore at least draw this conclusion; that Regulation is not necessary or beneficial.

Not content with her work in England, Mrs. Butler extended her activities to the Continent, and eventually a Social Questions Section was set up by the League of Nations. This made an international enquiry, whose report, in 1927, stressed the fact that "the main market for the traffic in women and girls is the vice area and the brothel. Profit being at the bottom of the whole business, it is the *third party* living on the earnings, which makes the traffic in women so tragic an affair in its worse aspects." A second enquiry into the traffic in women in the East, including India, has condemned the tolerated or segregated brothel as the main centre of traffic, both outgoing and incoming.

Turning to *India* itself—Contagious Diseases Acts were established in 1864-69, and remained in full force until 1888, after which there were frequent changes of policy, including the complete suspension of the Acts for about a year in 1895. This suspension was due to the publicity given by two delegates of the Association for Moral and Social Hygiene who had been sent out from England.

In 1897, new regulations were made leaving to the Commanding Officer of a Cantonment the decision whether to enforce the old Regulation system or not. The result was that brothels continued to be tolerated in some Cantonments though not in others.

After a campaign conducted by Revd. and Mrs. Dixon, and an extensive investigation carried out by our pre-

sent Bishop of Lahore, all brothels in Cantonments were forbidden by a Military Order under the Defence of India Act, these clauses being inserted in 1918. This order was repealed in 1922; but at the end of 1921 an Army Council Instruction had been issued to all Indian Commands, calling attention to the need for closing brothels and providing better education and recreation for the men.

Following the repeal also was a further Instruction which stated that this concellation should in no way be regarded as constituting official recognition of control by the State of facilities for prostitution, and that precautions should be taken to forbid compulsory examination by Medical Officers of women found in Cantonments, etc.

The venereal disease ratio per mille strength was at that time 110 in the Army in India, where there was, and still is, Civil toleration of vice areas. Owing to the efforts generally made to keep the troops from brothels, the ratio fell steadily until it was only 49 per mille in 1928. In this year a worker was invited to represent the A. M. S. H. in India, to investigate the situation and to clear away any remnant of the old system of Regulation which might remain. This woman worker found that in certain large Cantonment areas, specially in or near large cities, the Army had arranged for the medical inspection and certification of certain women in a small number of houses; the women being allowed to receive men in uniform only. This matter was fully investigated, the reports being taken to Simla Army Headquarters in 1930 and then sent to the India Office in 1931. The result was another Army Council Order forbidding any sub-rosa arrangements by medical or other officers

attached to the army in India, which could be regarded as in any way an attempt to introduce certified women for the use of troops. By 1930, the ratio had fallen to 40 per mille. The Army Advisory Committee, commenting on the reduction in venereal disease affected generally throughout the British Army, said:—"It can, we believe, be taken that the prevalence of disease among the Forces is governed by the extent to which open and known facilities for prostitution exist in the civil population among which the men are stationed."

The present policy of the British Army in India is that any attempt to provide medically inspected women for the troops (whether such women are resident in Cantonments or in a tolerated brothel in the vicinity) is strictly forbidden. "The issue by any responsible officer of His Majesty's Forces to any section of the Army in India of any official advertisement or recommendation of any brothel, whether for the use of the Army or otherwise, is contrary to the policy of the Government of India, as also is the periodical inspection or control of the inmates of any such brothel by any Medical Officer of His Majesty's Forces. This policy is in accord not only with the spirit of justice and of common law of England, but also with the results of modern medical research.

The results, in the Army, of Regulation and so-called Abolition respectively, have been dealt with somewhat fully as the Army represents a carefully controlled body of men, on whom the results could be estimated fairly accurately. But the association desires to enlist sympathy and interest in the general community. In India the problem is complicated by many social customs and

religious observances, but interest in the subject has been steadily growing. This is specially the case amongst women, groups of whom are everywhere spreading the cause and doing practical work for the legal, educational and medical aspects of the question. It is now difficult to keep pace with the demand for fuller information and for constructive principles.

As has been already stated, for a huge problem such as this, both public opinion and legal action by Government are essential; the legal side has not been forgotten by those who have had the cause at heart. Laws, making illegal and penalising those who keep, manage or assist in managing brothels, punishment for those who procure, live upon the immoral earnings of others or detain clothing, jewels, etc., with a view to compelling seduction are in force in the following parts of the Indian Empire:-

Burma. A bill was first introduced and passed in 1904.

Ceylon. A bill was introduced in 1913 and passed, after 7 years' investigatory work by Mrs. Human and Mr. J. Cowan.

Bombay. Introduced a bill in 1922 and amended it in 1931.

Madras. Introduced and passed a bill in 1930. but it was not put into force till 1932 and then only in Madras City and a ten mile radius of it. As the result was effective, Government extended the scope of the bill to three other districts and small towns in 1933.

Bengal. Introduced a bill in 1923. After much educational and investigatory work had been done, it was amended and finally passed in 1933.

The Native States of *Puddukottan, Cochin* and

Travancore have all abolished the vice areas and made brothel-keeping illegal.

As a result of the operation of these Acts, Burma finds that the law is adequate if the Police work it properly; Madras considers any apprehension with regard to the employment of Police to be groundless: its Vigilance Association gladly acknowledges that the Police have, in this difficult work, acted as welfare workers in conjunction with the lady workers of their Association. By September, 1932, 123 brothels had been closed in Madras city and its vicinity.

In Bombay, the result has been a distinct improvement in the vice areas: traffic in women has been checked; vice as such has ceased to receive the implied approval of the community; the old sordid sights are no longer seen, and public opinion has been roused.

Other parts of India are following suit. Mysore has twice introduced a bill and it is still under enquiry; the *United Provinces* introduced a bill early in 1933. It failed to be passed, but a new effort is to be made in the coming session. The same applies to the *North-West Frontier Province*. The *Central Provinces* and *Assam* are corresponding about a proposed bill, and *Delhi* is waiting to see what the Punjab will do. Meanwhile as one result of the restrictions caused by the Acts in the three Presidencies, traffickers are coming to the Punjab and bringing with them women and girls for use in the brothels of Lahore and other cities.

The entry of these traffickers into the Punjab will undoubtedly introduce a new danger for the Rural population; namely, the danger of the abduction of girls from the villages for the use of brothels in the towns.

In the towns themselves, young lads congregate for education, and the supervision over them is lax while the danger to their morals is great. One has only to watch outside the many Cinemas of Lahore as the time approaches for a performance to end to realise how easily students may be tempted, as they come out, to indulge in immorality.

What are we going to do about it? Are we in the Punjab content to allow ourselves to lag behind other parts of India in this vital form of social service, or are we going to bestir ourselves and take our rightful position in the great work? It was once said :- "Where the Punjab leads, India follows", but in this the Punjab has allowed herself to be forestalled. Let us not, however, permit this thought to discourage future effort. It was the same with the Prisoners' Aid Society: we let other parts of India get a start over us of (in some cases) 21 years; but now the Punjab Prisoners' Aid Society is one of the most active in the country. It may also be so with the work of Moral and Social Hygiene.

The Lahore Vigilance Association (now the Punjab Association for M. & S. Hygiene) was inaugurated less than three years ago, and some may wonder what it has done. Nevertheless it has aroused public opinion, and now has a draft Bill ready to place before the Legislative Council in the ensuing session if only sufficient support can be obtained. This form of social service can be supported by joining the Association and by studying the literature which it provides; or by personal rescue work in regard to the young of both sexes; or by educating the young in the principles of the Association; or by

arousing the interest of others. Those who are acquainted with members of the Legislative Council can try to persuade them to support the Bill when it comes up for discussion. All can help to fight the vested interests that have undoubtedly favoured the retention of segregated areas in Lahore in the past, and endeavour to persuade those who have such interests to give them up and adopt new and better ones.

There is also the matter of Cafes. It is well known that some Cafes are places of assignation for immoral purposes. It is also known that the less reputable Cafes engage girls as waitresses and use them for the same purpose. They get hold of young, unsuspecting girls and then force them, on pain of losing their situation, to submit to the immoral overtures of their male customers. Or the reverse may happen, as a waitress who has taken to the life of a "free-lance" prostitute may entice a customer whose only intention, on entering the place, was to enjoy a glass of beer or a "Chhota peg."

In a country like India, where women waitresses are not employed, all decent men should protest against the employment of girls in Cafes and should exert their influence to get the practice stopped. The Press should refuse to insert advertisements asking for such employees.

Provision has been made in Section 197 of the Municipal (Amendment) Act, 1933, which gives the Committee power to deal with disreputable Cafes, and it would be a salutary measure to enforce a rule requiring all Cafes to be licensed by the Police and forbidding waitresses in them. Failing action by the municipalities efforts should be made to influence Government to take

