

A Tale of Two Mothers: Colonial Constructions of Indian and Fijian Maternity

Vicki Luker

Abstract

This paper outlines the ways in which British colonial administration in Fiji, during the period until World War II, characterized Fijian and Indian mothers. These characterizations were important because they influenced the provision of services in maternal and infant health. I argue that the administration saw Fijian and Indian mothers according to the differing roles in the colony that it had assigned to their peoples on a racial basis: yet their reproductive performance appeared to undermine these agenda. While this tale of two mothers is in many respects distressing, the treatment of Indian maternity was especially so, and receives greater emphasis here.

This paper outlines the ways in which the British colonial administration in Fiji, during the period until World War II, characterized Fijian and Indian mothers.¹ These characterizations were important because they influenced government policy relating to maternal and infant health. I argue that the administration saw Fijian and Indian mothers in terms of the differing roles in the colony that it had assigned to their respective peoples on a racial basis, and owed little to an understanding of factors that, in retrospect, might be emphasized in any attempts to explain some of the differences in the patterns of Indian and Fijian maternity.

While I tell a tale of two mothers, three stereotypes appear. Only one pertained to Fijian women: they were perennially cast as ‘bad mothers’, racially deficient in maternal instinct. Two pertained to Indian women: initially the administration characterized them as ‘prostitutes’ in a manner that denied or denigrated their maternal faculty; but this image

¹ I use ‘Indian’ rather than ‘Indo-Fijian’ for the colonial period.

later reversed, when its spokesmen proclaimed Indian mothers the world's best.² My earlier work had concentrated on the Fijian mother as the government saw her and tried to change her. Yet, the treatment of Indian maternity in colonial Fiji was in some respects more distressing and receives greater emphasis here.³

Indigenous and Indentured Maternity

Fijian mothers, like Fijians in general, were of stronger moral and emotional interest to the administration. Following 1874, when the islands of Fiji were annexed, British rule was based on 'the paramountcy of Fijian interests'. Consequently, Fijians retained ownership of most of the land, and were supposed to stay in their villages to progress under colonial tutelage to the status of peasant cultivators. To satisfy the colony's commercial need for plantation labour, workers were brought from India.⁴

Yet, despite the administration's special and explicit commitment to Fijian welfare, the Fijians, like many other indigenous peoples of the Pacific, declined demographically throughout the early colonial period. At Cession in 1874, the official 'guestimate' of the Fijian population was 150,000. Numbers dropped steeply during the great measles epidemic of 1875 and sank further in the 1880s and 1890s. By 1901, the population dipped below 100,000 (McArthur, 1967).

Current explanations for the decrease of Pacific populations following European contact usually stress the impact of introduced diseases against which Islanders had no immunity.⁵ But in the late nineteenth century explanations were more varied and, in Fiji, politically controversial. Many European settlers, cheated of their plantocratic dreams by restricted access to Fijian land and labour, blamed the native policy for indigenous

² A tendency to oppose sexuality and reproduction has been seen as particularly pronounced in western thought (Jolly and Manderson, 1997: 23-5). While the sudden reversal of the image of the Indian woman from 'prostitute' to 'world's best mother' operates neatly within these polarities, the characterization of the Fijian mother does not. Her alleged maternal incapacity was rarely coupled with imputations of a heightened sexuality which so often featured in European representations of Pacific, especially Polynesian women (Lukere, 1997: 112; but see Jolly, 1997b).

³ This paper draws heavily from chapters 9 and 10 in Lukere (1997).

⁴ Useful histories of Fiji include Lal (1992), Macnaught (1982), Scarr (1984).

⁵ The impact of new diseases on Pacific Island populations has been emphasized by Stannard's work on Hawaii (Stannard, 1989). For critical comment on this approach to depopulation see Denoon (1995).

decline. Far from preserving Fijians it was, they claimed, killing them off. Key government officials resisted that thesis and looked for other causes and remedies (Lukere, 1997).

In this context, official interest came to focus on Fijian infant mortality. Statistics from the 1880s indicated that nearly one in every two Fijian infants died in the first year of life (Fiji, 1896: appendix 3). The Fijian mother became a convenient object of blame. John Bates Thurston (1895), who was perhaps the most influential administrative figure in the colony's founding decades, explained that before *pax britannica* the mother of a dead Fijian infant, and more especially an infant son, was customarily clubbed by her husband, hence the standard of maternal care, left only to the instincts of Fijian women, had deteriorated. The lengthy report of a commission of inquiry into the decrease, published in 1896, further confirmed that the cause of native depopulation centred on the native mother. Sections of the report entitled 'Neglect of Children...', 'Domestic dirt' and 'General insouciance of the native mind, heedlessness of mothers, and weakness of maternal instinct', identified *her* as a crucial problem (Fiji, 1896). The colonial type of the 'Fijian mother' had been born.⁶

Myriad measures were taken to lower Fijian infant mortality and change Fijian mothers in the wake of the commission. They included a state-sponsored hygiene mission of European women to Fijian women; a Provincial Inspectorate that policed village mothers and children; the founding of hospitals for Fijians with the care of mothers and children an important objective; and a Native Obstetric Nursing scheme (Lukere, 2002). Stiffer penalties for abortion and contraception were introduced. Any Fijian woman whose baby was born dead or died before its first birthday was required to undergo a magisterial inquiry. These initiatives were so unpopular that, some observers claimed, in 1900 they prompted Fijians to petition for annexation to New Zealand (Lukere, 1997: 145)!

⁶ While local politics had prompted this characterization, it also conformed to wider metropolitan patterns. In many European countries during the late nineteenth and early twentieth centuries, fears of population decline, national deterioration, and racial decay were associated with tendencies to blame mothers. Analogous thinking was at work in Fiji, but there mother-blaming predated the efflorescence of such writing in Britain. Relationships between metropolitan discourses on decay and maternity, and colonial discourses about indigenous decline and maternity are addressed in Jolly (1997a) and Lukere (1997) and indicate the complex interplay -- and sometimes apparent independence -- of metropole and periphery. See also Stoler (1997).

And these measures didn't *seem* to work. Though by 1905, the first signs of Fijian recovery are, in retrospect, detectable, Fiji's administration was by then utterly steeped in 'extinctionism'. One governor announced that the absolute *decease* of the Fijian race was only forty years hence (McArthur, 1967: 32; Im Thurn, 1905).⁷ The missionary J. W. Burton declared: '*The Fijian is dying*. No juggling with the figures can deceive us in this' (Burton, 1910: 8). Interest in the Fijian mother faded in an atmosphere of fatalistic resignation. In 1916, statistics on Fijian infant mortality ceased even to be gathered.

Meanwhile, the Indian population grew. Burton was among the first of many to declare that Fiji was becoming, 'to all intents and purposes, an Indian colony' (Burton, 1910: 267). He and his colleagues in the Indian branch of the local Methodist mission joined Indian nationalists, based both locally and in India, and an assortment of English, Australian and New Zealand 'feminists' to fight against indenture. Their campaign made the plight of Fiji's Indian women an intense moral and political issue.

Mothers Under Indenture

The earliest *Girmitiya* women---so named after the *Girmit* or 'agreement' they had signed in the depots of Cakutta and later Madras---arrived in the first shipment of Indian labour in 1879. Sugar plantations were to fuel Fiji's colonial economy and needed a larger workforce than could be locally supplied. Only 588 Indians lived in Fiji in 1881. In 1891, there were 7,468. As the sugar industry expanded around 1900, levels of immigration increased. By 1911, there were 40,286 Indians, nearly half the size of the Fijian population. These were mostly male, 'free Indians' who had served their indenture and settled on the river deltas and sugar growing areas of Viti Levu and Vanua Levu (McArthur, 1967: 27).⁸

Under indenture, immigrants were contracted to labour for their allocated employer. Failure to work to rule was a criminal offence. On completing indenture, labourers were free to settle or go home; and after a further five years in the colony, the government paid the return passage. Devised after the abolition of slavery to meet the appetites of sugar colonies for labour, to its critic's indenture was slavery reincarnate. To supporters, it was an economic boon not just to planters, but to labourers

⁷ Most Pacific populations began to recover in the late nineteenth and early twentieth centuries. See McArthur (1967), Rallu (1991). For discussion of the reasons for the Fijian recovery, see Lukere, (1997: 238-40).

⁸ Gillion (1973) and Lal (1983) give fuller accounts of indenture in Fiji.

themselves. Indians were able, it was argued, to exchange poverty at home for prospects of prosperity overseas. Scholars still debate whether the voluntary participation of indentured labourers or their bondage should be stressed (Northrup, 1995: 4-10; Walvin, 1996: chapter 10).

But indenture, perhaps even more than some manifestations of slavery, was structurally hostile to women. Under either system, planters viewed women as inferior workers and generally fewer females than males were imported (Jolly, 1987: 122-3; Walvin, 1996: 96-7). Only due to the insistence of sections of British opinion, which held that the presence of indentured women would improve life for indentured men, was it ruled that a minimum of forty indentured women should accompany every 100 indentured men. Immigration to Fiji mostly met this standard, but the ratio of men to women still placed disproportionate sexual demands on the outnumbered women, who were also, in the plantation hierarchy, vulnerable to abuse by managers---whether European overseers or their Indian counterparts, *sirdars*. Unlike paternalistic planters in the latter days of North American slavery, employers had no investment in the reproductive capacity of female workers. They looked solely to immigration for new recruits and considered the childbearing of women workers a cost. Indenture was thus fundamentally inimical to maternity.⁹ Finally, indentured women were assumed to be of low caste and loose character. Yet indentured workers were drawn from a range of castes representative of their origin societies---mostly in north central India; and evidence of prior character is, as Brij Lal (1983) has argued, lacking. So, in addition

⁹ This hostility was even more pronounced in destinations such as Queensland where political opposition to the establishment of an immigrant coloured workforce was strong (Saunders, 1982: 16-7). But the investment of North American slave-owners in the reproductive capacity of female slaves needs to be seen in perspective. First, slave-owners in the northern states enjoyed an advantage: their counterparts in other regions of the hemisphere were largely precluded from making gains through the reproductive capacities of female slaves by less favourable disease environments. Thus New World slavery was by and large, if for different reasons, just as inimical to the interests of maternity as was indenture (see for example Mathurin-Mair, 1998). Moreover, while scholars like Fogel and Engerman argued that the interests of paternalism and economics on North American slave plantations favoured the formation of stable slave families and militated against the harsh treatment and sexual exploitation of slave women, others---like Walvin---construe the investment in female reproduction as an added exploitation of women and depict their sexual violation as starkly as did the critics of both slavery and indenture (see Fogel and Engerman, 1974: 78-86, 122-4, 130-44; Littlefield, 1981; Walvin, 1996: 101-9).

to the hardships of their labour, *Girmitiya* women suffered both prejudice and cruel sexual and reproductive circumstances (cf Reddock, 1998). Their special difficulties are reflected in their death rates. Among the Empire's indentured Indian populations surveyed by Shlomowitz and Brennan, women's death rates exceeded men's everywhere, but this difference was greatest in Fiji (Shlomowitz and Brennan, 1994: 57; Table 2).

A pivotal issue in the depiction of *Girmitiya* women and central to the controversy over indenture during the 1910s was their alleged 'prostitution'. The loaded question for Europeans concerned with the debate was whether the system turned *Girmitiya* women into prostitutes, or whether they came to the system as prostitutes already. Defenders of indenture maintained the latter and used the terms 'Indian woman' and 'prostitute' almost synonymously.

But opponents of indenture told other stories with electrifying effect. Burton wrote of European overseers sexually abusing *Girmitiya* women with the comment, 'Some Englishmen seem to imagine that because a woman is brown she has, therefore, no rights of person' (Burton, 1910: 290). To Victorian and Edwardian moral reformers, anxious to 'banish the beast' of male sexuality, the tale of the unscrupulous seducer was tragic because it debased not only the victim but the perpetrator.¹⁰ Transposed to Fiji, with the parts played by a *white* male overseer and indentured *dark-skinned* woman, the parable became an imperial tragedy, corrupting the Anglo-Saxon virility and moral authority on which empire relied. Other critics told stories on the same basic pattern. Gandhi's associate, the Reverend Charles Freer Andrews who reported on Fiji in 1915 and 1917, liked to stir his female mission audiences with the picture of European superintendents---some from respectable families, even sons of clergy---in charge of thirty or forty Indian women 'three miles away, among the tall growing cane' who once initiated, 'will go on and on after Indian women' (Andrews, 1918).

The best-known parable of sexual exploitation in Fiji for an Indian, as distinct from European, audience was the tale of Kunti, published in the Indian press during 1913. Kunti was reportedly a married woman of the Chamar caste who, to escape rape by a European overseer, jumped into a river and was saved from drowning by a passing Indian boy. Unlike the tragic emplotment of the European narratives, Kunti's was a tale of virtue triumphant. It emphatically repudiated claims that indentured women were vicious or that Fiji's administrators and planters were morally immaculate (contra, for instance, to Finucane, 1900). The outcry in

¹⁰ The phrase is borrowed from the title of Bland (1995).

India was huge. Kunti became a symbol of domination by Britain (Kelly, 1991: 45-55). When the Indian government demanded explanations from Fiji's administration, the story about Kunti was found to be a free adaptation of 'what really happened', but nonetheless dramatized moral inconsistencies and oppressions that were true.

While the *interracial* aspect of 'forced prostitution' under indenture excited perhaps the greater indignation among Indian activists and imperial moralists, the *intra-Indian* aspect was more heavily stressed with time. Campaigners repeatedly identified the excess of Indian men over women as a fundamental evil. To the administration's embarrassment, one of its own doctors in an official publication confirmed the ill effects of this imbalance by stating that 'each indentured woman has to serve three indentured Indian men, as well as various outsiders...' (Fiji, 1917).

Regardless of their prior status, on arrival to Fiji *Girmitiya* women were all subject to legislation that treated them as prostitutes. They became the main target of Fiji's Contagious Diseases Ordinance of 1881. This was modelled on acts in Britain which had been introduced from 1864 to limit venereal infection among servicemen at army and navy centres by allowing for women identified as prostitutes to undergo compulsory medical inspection and, if signs of venereal infection were found, hospital detention. In Britain opposition to these laws was passionate. They were said to deny women their civil liberties, subject them to virtual rape, derive from the sexual double standard, punish women instead of men, and finally, fail in checking disease. After the British Acts were abolished in 1886, campaigners looked to India and the empire. In 1893, Fiji's ordinance also fell to metropolitan attack.¹¹

The target of Fiji's legislation---Indian women---was not its only interesting racialized feature: so was its rationale, native preservation. Since feeling in England about contagious diseases legislation was so heated, its introduction to Fiji needed compelling justification. So the administration argued that Fiji was a special case where such measures were necessary for the preservation of Fijians who, if infected by Indian women, would vanish quicker than ever. Even after the Ordinance's abolition, Fiji's administration petitioned repeatedly for its reintroduction. Medical officers claimed that the right to examine coolie women was all the more urgent because plans to combat yaws, which had hitherto granted Fijians immunity to syphilis, would remove a bar to deadlier venereal infection

¹¹ For accounts of the Contagious Diseases legislation, the campaigns against them and their effects across the empire, see Bland (1995), Hyam (1990) and Walkowitz (1980).

(Lukere, 1997: 176-7).

Impositions on Indians in the name of saving Fijians implied an opposition between the Indian 'prostitute' and the Fijian mother: the reproductive capacities of the latter were to be protected from venereal disease in the former. Other tenets dear to administrators contradicted the danger purportedly posed by Indian women, for both races were said to repel one another sexually, while claims that yaws would soon be eradicated were overly sanguine if not disingenuous. Yet any measures proposed for the benefit of Fijians carried some force, supported by what was nominally the ultimate moral purpose of British rule in Fiji.

The prostitute stereotype had implications for indentured motherhood, since 'prostitute' and 'mother' tended to be seen as mutually exclusive. The Colony's Chief Medical Officer, Bolton Glanville Corney invoked the belief that 'loose women' rarely conceived (CSO, 1898a). Nevertheless, indentured women did bear and rear children, and rates of infant mortality were high---in the 1880s and 1890s, on a par with Fijian rates (Shlomowitz, 1986: 299). Most official explanations of indentured infant mortality alluded to maternal incompetence, even deliberate infanticide (for example Fiji, 1898). While this language resembled that used by officials to describe Fijian mothers, slovenly carelessness and indifference to childcare were also considered characteristic of the whore.

Perhaps the most telling denial of Indian maternity was the Contagious Disease Ordinance itself. Justified by implicit reference to Fijian mothers, a more convincing case for limiting the spread of venereal disease could have referred to indentured mothers. Medical officers occasionally attributed elevated rates of stillbirths on plantations to syphilis or reported that numerous children there were congenitally syphilitic. One doctor referred obliquely to venereal disease when he claimed that the death rate among the offspring of Indian labourers 'must be regarded as satisfactory in view of the diseases to which this race is so liable...' (Finucane, 1900). Many Indian mothers and their children would doubtless have been spared great suffering if venereal infection were prevented: but such arguments admitted compassion inadmissible to indenture's moral scheme.

The official denial of *Girmitiya* maternity clashed with the vision projected by critics of indenture. Andrews, a most effective campaigner, idealized Indian women as mothers, mixing feminist and Christian maternal values of his time with elements he described as distinctively Indian. What impressed him most in India, he claimed, was 'the gentleness and devotion of Indian women' where the 'romance of womanhood' centred on the wife and mother, whose attentiveness and religious observances

sustained social, moral and spiritual life (Andrews, 1912: 207, 208). Thus in this line of thought, indenture was a crime against motherhood that also consigned Fiji's Indian population to chaotic degeneracy.

Anti-indenture literature highlighted the hardship suffered by *Girmitiya* mothers. Burton described one who slipped away at midday to see her sick child and was caught bringing it back to the fields by an overseer: he swore, whipped her, and declared that coolies had to be treated that way (Burton, 1910: 285-6). Totaram Sanadhya, a former indentured labourer, wrote of Narayani, whose infant had died, so two or three days after the birth she was ordered back to work. When she refused, because the order was against regulations, the overseer struck her senseless. He was tried and found not guilty, while '[t]his poor woman was beaten so much that her mind went bad, and until now she has stayed crazy' (Sanadhya, 1991: 44-5). Repeatedly, plantation lines were described as unfit for family life or rearing children.

One case from 1898, well before opposition to indenture reached crescendo, says much about *Girmitiya* maternity. Gangya and her husband were labourers on the Bati ni Kama estate at Labasa, Vanua Levu, a region where conditions during the 1890s were especially harsh. According to Gangya, she had been six months pregnant, and thus entitled by law to stay in the lines. However the *sahib* (or master) James Berry and the *sirdar* had refused her leave. One day she was planting eighty chains of cane, like the other women. About midday she began to feel 'unwell', but the *sirdar* told her to finish her work. An hour later she asked the *sirdar* and Berry for leave to go to hospital, but her husband was ordered to put Gangya on the cane truck and take her back to the lines instead. Fellow workers testified that Gangya's pregnancy was plain to see, she had become 'unwell' late in the morning and had passed blood. Before reaching the lines Gangya asked her husband to stop the truck and there she gave birth to a male child who lived an hour and was buried, on orders, that evening. Gangya was not allowed a nurse, nor sent to hospital, nor was her husband granted leave to care for her. He was back at work the next day. Both had been warned not to speak of these events, though eventually they took courage and told the police. Gangya's husband testified that this had been their third child: the first two were also born on the estate, but had only survived for two days and one day respectively.

The magisterial inquiry into these events could not credit the testimony of Mr Berry or the *sirdar*, and found Gangya a respectable wife and outstanding worker, whose only fault may have been that she did not begin to ask for leave until her pregnancy was more advanced than she ad-

mitted or realized. But the official reaction to this case is revealing. Governor O'Brien was a man of pernickety conscience who implemented an array of initiatives to lower Fijian infant mortality. In relation to European or Fijian women, he had often insisted on conditions that allowed them 'self-respect' and 'decency'; and he was keen to coerce, train and educate Fijian women to the dignity of their maternal role. He had that tendency to revere and defend a certain rarefied ideal of womanhood, which, some have said, feeds from its opposite: the whore.¹² He supported a proposal to introduce an ordinance banning the slander of women, but since *Girmitiya* women were the most slandered in Fiji, unsurprisingly the proposal foundered on the argument that unscrupulous Indian women would exploit it! In Gangya's case O'Brien did not speak the language of moral outrage against the brutal treatment of a mother, but a dialect of political and economic pragmatics. He impressed on plantation management 'the very damaging character of the affair (it is just the sort of thing that might lead to the Indian Government stopping emigration to Fiji)' (CSO, 1898b).

Public pressure and pressure from the Indian Government did lead to numerous reforms to the system of indenture. Even before the full impact of the campaign, rates of indentured infant mortality had already begun to fall, and some have argued that at their peak, these were not excessive when compared to contemporary rates in India (Shlomowitz, 1986: 295). Wages had increased steadily in real terms from 1890, and from 1908 living and working conditions improved, probably enhancing the health of indentured women and their children. Despite flagrant shortcomings, particularly in the area of maternal and child health, indentured Indians were also better catered for, with respect to inspection, hospital facilities and drugs, than were Fijians. And within the administration, indentured men, women and children had their odd champion (Lukere, 1997: 180-1).

Nevertheless, by the late 1910s, during indenture's twilight in Fiji, the lives of *Girmitiya* women remained little changed in certain controversial respects. They were still sexually vulnerable and outnumbered, extremely harsh attitudes persisted in plantation and government circles, and medical provision for indentured women continued to be politically and culturally charged. Even after the abolition of forced vaginal inspections, the official medical treatment of Indian women perpetuated earlier attitudes and methods (see for instance Kelly, 1997). *Girmitiya* women, according to their defenders, much more so than European women, felt

¹² For a classic statement of this dichotomy, see Thomas (1959).

simply violated by male medical attention (Andrews, 1918).

An Australian overseer who worked in Fiji during the late 1910s leaves little doubt that brutality was deeply engrained. Walter Gill described one evening when he and a work-mate chanced upon a coolie pushing a girl in a cane truck whose foot was sliced in half. The pair had been turned away from the plantation hospital. Gill and his mate took the two back there and tried to tend her injury, but because the European doctor refused to see natives or coolies after 5pm, she could be given no morphia or professional treatment. Gill continued, 'At nine next morning, she gave birth to her baby. The birth seemed effortless, as though she was incapable of feeling more pain. The child was a girl, so before she [the mother] died she made her man promise to take care of the dog' (Gill, 1970: 27-8).

With that story I leave the indentured mother. In practice, Fiji's importation of indentured labour ceased in 1916 due to war-time shipping difficulties, and in 1917 a huge India-wide campaign against any future resumption of indenture began. This, claimed Gillion, 'enlisted wider public support than any other movement in modern Indian history, more even than the movement for independence' (Gillion, 1973: 182). The plight of indentured Indian women galvanized deputations of Indian ladies to the Viceroy and an international feminist protest. One result of the latter was Florence Garnham's investigation of indenture in Fiji, commissioned by forty-five Australasian women's groups with names like the Women's Peace Army and the Society to Combat the Social Evil. In 1919, the Governor of Fiji adopted her recommendations, which included indenture's cancellation (Garnham, 1918). The last remaining contracts were abolished the following year.

Maternal Contrasts

There had been in fact two kinds of Indian women: the indentured and the free. By the second decade of the century the former comprised a shrinking proportion of Fiji's female Indian population. For Indian women, the shift from indenture to freedom meant passing out of official view. It also meant leaving an infrastructure that did provide, however defectively, some medical service.

Government indifference to free Indians was modified slightly---and reluctantly---by pressure from overseas feminists and those local missionaries who, when their fight against indenture was largely won, looked to the condition of the free population. They campaigned for suitable medical care for Indian women and specifically, for the employment of

European women as nurses and doctors. There was self-interest in this altruism. Feminists were endeavouring to cement a role for white women in the running of empire, and a suitable niche for them was seen in medically attending their coloured sisters. Frustrated by a lack of Indian converts in Fiji, missionaries saw their delivery of medical services to Indian women as a way of bringing Christ into the heart of the Indian home. In a token gesture of appeasement, the government hired a sole female doctor--Mildred Staley--to service all the colony's Indian women and then dismissed her at the earliest opportunity. When this caused outcry, grudgingly the administration helped fund an all-woman hospital for Indian women, run by the Methodists, until its assistance there too was cut (Lukere, 1997: 185-8).

The government's reluctance to assist Indians had hardened. Post-indenture, Indian men, as politicians, businessmen and small planters, seemed to it unreasonably aggrieved, ambitious and threatening. The political, economic and moral world of this colony, nicely ordered as to race, was predicated on Indian relegation and containment in every sense.¹³ Yet demographically Fiji's Indian population was breaking bounds. Its statistics looked unbelievably good. 'So low a death rate with so high a birthrate is almost if not quite without equal in the world'. With 6.1 deaths per mille and 34.5 births per mille for 1920-1924, Indian rates were respectively the lowest and highest in Fiji, and lower and higher than rates in England and Australia. Indian infant mortality in 1924 at 45 per mille was lower than Australia's of 57 in the same year (CSO, 1926). Figures like these were taken by the administration to reflect glowing Indian health. The constant petitions from overseas feminists on Indian mothers, babes and death-rates seemed out of touch with reality---and were dismissed as the scribblings of 'troublesome people' (CSO, 1924).¹⁴

Fijians too were now increasing in number, but not so fast. While the prospect of their absolute extinction paled, they faced instead the prospect of virtual extinction on the margins of an imminent Indian majority. To many within the administration, these demographic trends posed a challenge to the racial, moral and political order of Fiji, and prompted closer scrutiny of Indian and Fijian reproductive performance.

Among the many contrasts drawn between them, the most pro-

¹³ Gillion (1977) and Lal (1992) give rich accounts of the tensions of this period.

¹⁴ A number of considerations probably detract from the good impression made by these statistics. Many older Indians may have returned to India to die; deaths were in likelihood not always registered; and the deaths of infants are particularly prone to under-reporting.

nounced was infant mortality. When the figures for 1925 were obtained and compared, the crude Fijian rate of 172.2 was found to be three times greater than the Indian---and continued to exceed it for several decades (Fiji, 1926). Indian mothers were, in certain frames of reference, *too good* at bearing and rearing children while Fijian mothers were still not good enough. In immediate response, the administration revived precepts and texts from earlier attempts to 'save the race' at the turn of the century, and, even more dogmatically than before, some officials in the interwar period propounded the theory that Fijian mothers were maternally deficient. Colonial Secretary and Acting Governor Juxon Barton was fond of saying that 'The great trouble is the anthropologically admitted phenomenon of thoroughly bad motherhood amongst Poly- and Mela-nesian races...' (Barton, 1938). In 1927, a Child Welfare scheme, inspired partly by the earlier but short-lived mission of European women to Fijian women and modelled on the recent Child Welfare initiatives in Samoa was launched for Fijian mothers. No similar program was considered necessary for Indian women, who by now had been converted in the colonial imagination from whores into the world's best mothers. The top doctors in the colony declared them peerless (Hoodless, 1938). While the Child Welfare Scheme fought an indecisive battle against Fijian infant mortality in adverse conditions throughout the 1930s, the Indian population grew as predicted, gaining in 1946 the majority it has only just recently lost (Fiji 1997; Lambert 1938; Lukere, 1997: 194-210).

Conclusion

Both the Fijian mother as a cause of (absolute and then relative) indigenous population decline, and the Indian mother, in her interwar characterization, as a threat to the demographic basis for the colony's political and racial status quo, became discursively less significant after World War II for reasons that will not be adumbrated here (but see Lukere, 1997: 235-7). In the post war era, moreover, the provision of medical services in Fiji and other colonies was expanded in a new spirit, with new medical technologies, and increased investment. Great general gains were made in infant survival. By the time Fiji gained independence in 1970, crude Fijian infant mortality rates were actually somewhat better than Indo-Fijian (Robertson, 1991: 8).

The likely reasons for the distinctive, and shifting, differences in the patterns of Fijian and Indian maternity during the colonial period cannot be explored here either. The point is that some contemporary observers

did stress factors that would be likely to figure now in retrospective explanations. Sylvester Lambert, the Rockefeller Foundation's medical representative in the Pacific between the wars, was for instance intrigued and bothered by the demographic disparities between the Indians and Fijians in Fiji. He believed Indians enjoyed the advantage of a greater, inherited immunity to many of the diseases which were still relatively new to Fijians; noted that Indian women, in contrast to Fijian women, married younger, bore more children and belonged to a population with a larger proportion of females coming to reproductive age; and strenuously rejected the thesis that a deficit or surplus of maternal feeling in the women of either population was a factor (Lambert, 1938).

Yet Indian and Fijian mothers, for the administration, were crucially and inherently problematic. The reproductive performance of each conflicted with the function that it had assigned to their respective races. All that was expected of Fijians was simply to survive in good condition, reflecting the wisdom and benevolence of British rule: but the apparent failure of Fijian mothers to reproduce their race seemed to discredit this project. All that was expected of Indians was to labour---not in reproduction, but production. Yet the treatment of *Girmitiya* women, and especially the violation of their maternal role, not only made indenture repugnant to many moralists, feminists and Indian nationalists, but indicted the Fiji administration's claims to special virtue. Before indenture's abolition, the colony exemplified a dilemma in imperial morality, not unlike---to use a simile some of its critics would have found meaningful---that of the husband who in honouring the sanctity of marriage felt compelled to frequent the whore. For while Fiji's covenant between Fijians and the Crown had bestowed paramountcy on the one and supremacy on the other and an aura of sanctity around both, it was underwritten by a meaner, seamier contract.

Both Fijian and Indian women were travestied by the characterizations imposed upon them. For Fijian women, administrative actions predicated on the 'bad mother' type caused pain at times. This conclusion is difficult to avoid after reading infant death inquiries, in which grieving women who had lost children to diseases imported by Europeans stood presumed guilty of neglect (Lukere, 1997: chapter 3). But the condemnation of Fijian mothers was necessitated in this colony by a policy that was committed to indigenous welfare and spared Fijians much of the trauma and dispossession suffered by native populations elsewhere. Moreover, some measures---like the Native Obstetric Nursing and the Child Welfare schemes---were turned by Fijian women themselves to the benefit of their people.

Redeeming features are harder to find in the colonial characterization of the Indian woman. Under indenture, she lived in the material realities ultimately created by European words and power. At first she was under pressure to live out the type into which she had been cast: that of prostitute. When this was later so dramatically reversed to that of 'superb mother', some things remained unchanged. Both types were used to deny medical or other assistance to Indian mothers and their infants. And both expressed a basic resentment towards Indian maternity, since in different ways it challenged the very limited role that Empire had assigned to this people in Fiji.

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Vicki Luker is Executive Director, *Journal of Pacific History*, Division of Pacific and Asian History, Research School of Pacific and Asian Studies, Australian National University ACT 0200, Australia.
Email: vicki.luker@anu.edu.au.