

# First Krishna Memorial Lecture

**“I could live like a boy in  
every other respect...”**

*Perceptions of Women's  
Education in Colonial India*

Geraldine Forbes

**2014**



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## **Perceptions of Women's Education in Colonial India**

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In the second chapter of her memoir, Haimabati Sen recalled her childhood desire to study. She was the first-born and although her mother considered this a tragedy, Haimabati's zamindar father declared: "My daughter has no less rights than those which accrue to other people's sons."<sup>1</sup> He declared she was not to be called by a girl's name but rather "Chuni Babu." Allowed the free run of the estate, Haimabati avoided the women's quarters and the tasks that went with it. When a teacher came to instruct the boys, Haimabati sat with them and even without books not given to her because she was a girl, she quickly learned what they were being taught. She lamented:

Although the teacher was very fond of me and I greatly enjoyed the lessons, I had no right to an education. I could live like a boy in every other respect, but when it came to education, I was a woman<sup>2</sup>.

I have taken this statement as the title of my essay because it was the issue of formal education that made Haimabati aware she was not a boy and hence not entitled to opportunities and privileges enjoyed by boys. Yet, like so many women, in the past and present, Haimabati pursued education with a passion.

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<sup>1</sup> "Because I am a Woman": Child Widow: A Memoir from Colonial India, translated by Tapan Raychaudhuri, edited by Geraldine Forbes and Tapan Raychaudhuri, introduced by Geraldine Forbes (Delhi: Chronicle Books, 2010) 9.

<sup>2</sup>Ibid. 15.

Much earlier, the advocates of female education in India claimed women, when educated, would be the key to national regeneration. In his Educational Despatch of 1854, Sir Charles Wood, the President of the Board of Control, wrote: “The importance of female education in India cannot be over-rated . . . .” Commenting that prominent men were increasingly interested in educating their daughters, he predicted this would do more to lift the “educational and moral tone of the people” than educating their sons.<sup>3</sup>

Those Indians who supported female education did so because they wanted social and religious reform, or social and financial mobility, or both. Some who supported female education saw its importance for social mobility as the demand for educated brides increased. Others were motivated by a desire for social reform, possible only if women as well as men were educated. Many Western-educated Bengali gentlemen undoubtedly wanted to “wean away their own wives and daughters” from various forms of popular culture regarded as licentious and vulgar.<sup>4</sup> The concern was not with women as individuals, but with their development as companions to men, as

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<sup>3</sup> Educational Despatch of 1854. Despatch from the Court of Directors of the East India Company, to the Governor General of India in Council, (No. 49, dated the 19th July 1854). 20.

<sup>4</sup> Sumantha Banerjee, “Marginalization of Women's Popular Culture in Nineteenth Century Bengal,” Kumkum Sangari and Sudesh Vaid ed., *Recasting Women, Essays in Colonial History*, (New Delhi: Kali for Women, 1989), 130-131.

"scientific" nurturers, and as members of civil society. "If education has any value for girls," Sarala Ray wrote in 1909, "it must make her more fit for her household work and daily life. Mere theoretical knowledge cannot make her a good wife or a good mother."<sup>5</sup>

Even a cursory reading of the objectives of nineteenth century educational programs for girls and women inform us that the architects, whether European or Indian, were interested in control. Women's education continues to be linked to the progress of the nation but now its advocates use the language of empowerment. In this essay, I want to reflect on two imaginings of formal education for women. I began with Haimabati Sen's articulation of education as an object of desire. The second view is of education as a technology of control. The question I would like to pose is why were women so keen to pursue an education that historians conclude was engineered by the colonial government, monitored by their families and aimed at only "limited and controlled emancipation?" I will draw primarily on Haimabati Sen's memoir, Campbell Medical School's program to train women medical professionals, and other work on women's lives.

### **Campbell Medical School and Lady Doctors**

Although the colonial government initiated a few programs to train

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<sup>5</sup> Sarala Ray, "Notes on Female Education," Sarala Ray Centenary Volume (Calcutta: Sarala Ray Centenary Committee, 1961), 10-11.

midwives and nurses, officials were not interested in women's health until the last three decades of the nineteenth century. Even then, they assumed men could be trained to deal with difficult cases of childbirth and “diseases particular to women and children.”<sup>6</sup>Concluding that the demand for their services would be very limited, they decided three lectures on women's conditions and six on children's would be sufficient for the Hospital Assistants, who were men holding a vernacular three year degree in Western Medicine.

It was not until 1888 that Campbell Medical School admitted women into the Hospital Assistant training program. When the Superintendent of Campbell argued in favor of this measure, he claimed there was a demand for women doctors in the districts among people who could not afford the services of women graduates of Calcutta Medical College. They could, however, afford the fees of Hospital Assistants and there were well-qualified middle-class female candidates keen to enroll in such a program.

Support for the idea came from the Brahmo Samaj and others who backed schemes to train widows for useful work. They believed with Sivanath Sastri (1847-1916) that “the social and national regeneration of the

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<sup>6</sup>No. 2 from J. Ewart, Esq. Officiating Principal, Medical College to W. S. Atkinson, Director of Public Instruction, No. 121, 14 June, 1867, Proceedings of the Lieutenant-Governor of Bengal Medical Department (W. Bengal Archives).



country depends largely upon the education, elevation, and social emancipation of women.”<sup>7</sup>Preparing young widows to be teachers or health workers would free them, reformers assumed, from their “unsettled, precarious and perilous position.”<sup>8</sup>Commenting on the number of women who had applied to Campbell Medical School, the *Indian Messenger* [1891] wrote these numbers indicated a “craving for lucrative and useful occupations . . . among poor middle-class Hindu women.”<sup>9</sup>The article then commented on the need to develop schemes to train teachers.

The Campbell program was originally designed to produce Hospital Assistants, Indian men who were given the VLSM or Vernacular Licentiate in Medicines and Surgery following the completion of a three-year course in Western Medicine taught in Bengali. At first, this training was provided to men who could serve the military but as the demand for Western medicine increased, Hospital Assistants were employed by the railways, on tea plantations, in jute mill, at emigration depots, on ships, and in hospitals and dispensaries. In comparison with Medical College graduates, Hospital Assistants required less schooling and worked for much lower salaries. When

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<sup>7</sup>Sivanath Sastri, *The Brahma Samaj: Religious Principles and Brief History*, (Calcutta, 1958) 22.

<sup>8</sup>“Education for Hindu Widows,” *Indian Ladies Magazine and Review*, XXVI: 296 (August, 1995) 433.

<sup>9</sup>*The Indian Messenger* (Aug 2, 1891) 369.

the program was opened to women, various measures were devised to encourage applicants: a simple entrance examination could be substituted for school examinations, there would be no age limit or entrance fee, and generous scholarships.<sup>10</sup>

This was not a humanitarian project. After 1857, the colonial government wanted to “penetrate the Zenana” to learn what was being taught to children and increase the visibility of its “civilizing mission.” Women Hospital Assistants would, they assumed, be employed mostly in government dispensaries and Dufferin Hospitals-hospitals for women opened and supported by a fund set up by Lady Harriet-wife of the Viceroy Lord Dufferin. These new medical institutions would observe strict purdah and bring secluded women into contact with the colonial government.

### **Women Wanted Education**

Despite the context of surveillance and control, women pursued literacy and education. Tanika Sarkar has written extensively about Rashundari Devi, the author of *Amar Jiban*, the first autobiography written in Bengali, published in 1876. Married at the age of 12, Rashundari looked after the entire household from when she was just 14 years old. She recalled that while doing her household chores, “a desire took shape in my mind and I

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<sup>10</sup>The Indian Messenger, (Dec 25, 1887) 129.

came to be possessed of a single wish: I will learn to read, and I will read a sacred text.” Then she reproached herself: “What is wrong with me? Women do not read, how will I do it, and why does this bother me so!”<sup>11</sup> She stole a page from a book and a sheet of paper from her son and kept them hidden in the kitchen where she secretly pursued her education, learning to read when she was 25 years old. This is only one of the many accounts we have of women pursuing literacy in the face of opposition and hardship.

Haimabati Sen believed that God has planted a “desire” to learn in her heart. Eventually the teacher and her father relented and allowed her to have books and join the class, but her education was terminated when she married. Married before she was 10 years of age and widowed within the year, Haimabati was at first allowed to study with the young boys at her father-in-law's home but had to stop when one of the boys wrote a love letter signed with her name. Whether living with her husband's family, in Varanasi, or later with Brahmo families in East Bengal, Haimabati pursued her education in the face of incredible odds. It was only when she was in her mid-20s and had remarried, that she was admitted to Campbell Medical School, graduating in 1894. Unlike Rashundari who wanted to read religious texts, Haimabati's childhood desire to read was consistent with her identity as a boy. However, the teenage widow Haimabati was aware she could market her skills. In Varanasi without the support of a cousin she thought she could count

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<sup>11</sup> Tanika Sarkar, *Words to Win: The Making of "Amar Jiban": A Modern Autobiography* (New Delhi: Kali for Women, 1999) 168.

on, Haimabati found employment as a teacher at a small neighborhood school. She was grateful for her meager salary but thought: “if I had more education I could hope for a better job.”<sup>12</sup> Her pursuit of more education drove her to Kolkata to seek out people from the Brahmo Samaj who had established homes to educate widows. Eventually, these men helped her gain admittance to Campbell.

Who were the other girls who entered Campbell Medical School? The first class, which began in 1888, enrolled Hindu, Brahmo, Christian Bengalis, and Eurasian women. Haimabati's class of 13 women, entering in 1891, included Hindus, Brahmos, and one Muslim. In terms of age, Haimabati's classmates Idennessa and Benoy Kumari Chuckerbutty<sup>13</sup> were only 16 years old; the two oldest students were 29. Haimabati Sen was 26, somewhat older than the average age of 21 years. Many thought the program would appeal only to Brahmo and native Christian women but this was not the case. In the first two years, there were more Hindu women, mostly Brahmins and Kayasthas, than Brahmos or native Christians. In 1891 the first Muslim student was admitted; the second came in 1893.

We do not know what impelled these women to enter Campbell. Some were single, others married or widowed. As students, they had to overcome enormous hurdles in their daily lives. Although single women who came

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<sup>12</sup>“Because I am a Woman” 67-68.

<sup>13</sup>Probably Chakraborty. I have preserved the spelling used in colonial documents.

from outside Calcutta could stay in a hostel, married women and widows had to find space with relatives or people from their districts. All of them faced difficulties traveling to and from Campbell Medical School. At home, the widowed and married women had to take care of children and run households while attending classes and fulfilling their hospital duties. Haimabati wrote about her classmate Kadambini Banerji, who left Campbell:

We helped her, but she was totally incapable of coping with her studies. Her husband had died three years earlier, leaving her with three or four children to care for. People paid for her maintenance out of charity. Vidyasagar gave her Rs 10 per month and we each contributed a little. She had to study despite all these handicaps.<sup>14</sup>

Traveling and taking classes with men and from male instructors, these women faced sexual harassment and had to fear for their reputations. In addition to these difficulties, most had educational deficiencies. For some women, this was just too much and they dropped out leaving no trace for the historian to follow.

### **Working Women**

Although lack of formal education and family responsibilities took

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<sup>14</sup> “Because I am a Woman,” 170.

their toll, many of the women who entered Campbell graduated and found jobs. Between 1891, the year the first women graduated, and 1905, when the program required more formal schooling, Campbell produced over 50 Bengali women Hospital Assistants, the majority of whom accepted positions in the districts of Bengal. According to the 1904 report of the Bengal branch of the Dufferin Fund, 38 of the Fund's 43 female hospitals and dispensaries were under women who had earned the VLMS degree, mostly graduates of Campbell.<sup>15</sup>

Campbell graduates had an easy time finding positions in the new women's hospitals and dispensaries being built in the districts of Bengal. While their salaries (usually about Rs 40-60/ month) were only about one-tenth of what a woman graduate of Calcutta Medical College would earn, they often received benefits such as housing and travel allowances with their salaries, and were allowed private practices. For example, Bonotosini Chunder went to Sylhet with a salary of Rs 40/ month, free quarters, and servants; Sushila Debi accepted an appointment at the Lady Dufferin hospital at Bhagalpur with a salary of Rs 60/month, a horse allowance of Rs 15/month, and free quarters; and Lukhimoni Debi received Rs 50/month and free quarters at Monghyr Charitable Dispensary. Those who had accepted

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<sup>15</sup> Report of the Bengal Branch of the Countess of Dufferin Fund for the Year Ending 30 November 1904 (Calcutta: Bengal Secretariat Press, 1905), 36-43.

scholarships from district boards, for example, Nistarini Chuckerbutty and Mussamut Idennessa, were bound to return to their districts.<sup>16</sup> Most of these women had many private patients. In Dacca and Mymensingh, for example, lady doctors treated more than ten times as many women in their homes as in the hospitals. And, private practice could be lucrative. Although it was irregular income, Haimabati wrote she sometimes earned an extra Rs 2000/month.

Although tracking their careers has been difficult, many of these women had careers as long or longer than men belonging to the Indian Medical Service. In 1903, seven women who had received the VLMS between 1891 and 1894 were still practicing in the districts of Bengal: Haimabati Sen in Hooghly; Mussamut Idennessa in Mymensingh; Hemangini Debi at the Lady Duff Hospital in Bankura; Menaka Devi at the Girish Chandra hospital in Murshidabad; Nistarini Chuckerbutty in the Dumraon Raj hospital, Shahabad; and Priya Bala Guha in the Zuharunissa Female hospital, Bogra.<sup>17</sup> Haimabati's career spanned other four decades from her appointment to Hooghly Dufferin Hospital from 1894 to 1910, to her subsequent private practice in Chinsurah, from 1910 until her death in 1933. Mussamut Idennessa was the “Native Lady Doctor” of Bidyamoyi

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<sup>16</sup> The Ninth Annual Report of the National Association for Supplying Female Medical Aid to Women of India, 1893 (Calcutta, Office of Government Printing, 1894), 142-143.

<sup>17</sup> List of Qualified Medical Practitioners in Bengal 1903, Compiled in the office of the Inspector General of Civil Hospital, Bengal (Calcutta, Bengal Secretariat Press, 1903)

Female hospital in Mymensingh for at least 20 years.

One way to judge their impact on these areas is through the number of women and children they treated. In her early years in Chinsurah, Haimabati treated about 230 patients per year in the hospital, 3,500 in the outdoor clinic, and approximately 150 patients in their homes. Ten years later, she was treating almost 400 patients in her hospital, and close to 6,000 in the outdoor clinic. Her home visits had also grown and now numbered over 270. There can be no doubt that these women became important and valued members of the communities they served.

The vernacular degree qualified men and women to be Hospital Assistants, but Campbell graduates often became “lady doctors in-charge” of women's hospitals. While the title was impressive, they were under the control of the Civil Surgeons who supervised their work, performed major operations, and submitted yearly reports on expenditures, patients treated, and the quality of their work. Most of the reports were favorable, citing increases in the numbers of patients and the popularity of the doctors. However, these men criticized the lady doctors for not having more upper-caste/class patients in their hospitals. Although there was sufficient evidence that women from well-off families did not want to be treated in hospital wards, Civil Surgeons blamed the female Hospital Assistants for neglecting the observance of strict *purdah*. To induce the elite to attend the women's hospitals, Civil Surgeons recommended special “cottages” and other measures to attract women from this class.



Completing the degree was difficult but once they had graduated, Campbell's graduates found jobs and had productive careers. However, they worked under the watchful eyes of Civil Surgeons and were not able to make independent decisions. So, what was in it for women?

First, education brought financial security. In a patriarchal world, women are dependent on men - fathers, husbands, brothers, male relatives, and male officials - for survival. When the “ideal” fails, fathers die young, illness strikes, husbands die, and brothers refuse to take responsibility women are left to fend for themselves. A major theme in Haimabati's memoir was the difficulty widows had supporting themselves and their dependents. Above I mentioned Haimabati's effort to find work in Varanasi and her eventual employment as a teacher. She was fortunate to find employment. For many other widows, the only options were domestic work, begging, or sex work. Haimabati and other women of her society knew women who had been forced to work at menial jobs and as a result were sexually vulnerable. After she began Medical School, Haimabati bought fish from a woman who sometimes made and sold *muri*. She wrote:

This woman did not belong to the lower orders [she was Kayastha]. She was widowed when she was very young and stayed with her brother's family. Their persecution forced her to leave her part of the country and earn her living as a cook.

But her misfortunes traveled with her. She was corrupted and had a child. This was the gift of the *babu* she cooked for and it was he who sent her to some other place. The child died at the age of two or three. The *babu* too disappeared after a while. Aunt lived on her own ever since. Sometimes she made *muri*, at other times she sold fish.<sup>18</sup>

At Campbell Medical School, Haimabati was surrounded by widows, some with small children, who were dependent on scholarships to survive. Although now a remarried widow, Haimabati was blessed with a husband who did not work and, like her colleagues, supported her family.

Second, these women earned the respect of their communities. Medicine was a respectable profession and the length of their careers and the number of patients they treated testify to their importance to the districts they served. Although I cannot verify that all were valued by their communities, on one of my many trips to Chinsurah in the mid 1990s, I met a retired schoolteacher who told me her father regarded Haimabati Sen as a “model” for women. He encouraged his daughter to be like Haimabati and

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<sup>18</sup>“Because I am a woman,” 182.

become a teacher.<sup>19</sup>

As Hospital Assistants, without much formal education and prohibited from performing prestigious operations, they were probably more attuned to their patients than the highly educated and well-paid members of the Indian Medical Service. British officials saw surgery as critical to the practice of Western medicine and a way to woo “natives” away from traditional systems. Because they believed “the fame and popularity” of government-sponsored institutions rested on the success of surgery, officers who performed more than 150 procedures during the year were to be commended. In the districts, Civil Surgeons were in charge of major procedures and Campbell graduates assisted. In another article, I have suggested that prohibiting women Hospital Assistants from major procedures might have made them more popular with their clients since many of the surgeons were keen to experiment and death rates were high. The records suggest the inferior position of women Hospital Assistants pushed them to work more closely with the lower medical staff: *dais*, dressers and

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<sup>19</sup> “In 1994, I interviewed Mrs. Radha Rani Chatterjee, a retired English teacher from Chinsurah, who was then in her 70s. She said her father told her about Dr. Sen when she was a little girl. He admired Haimabati, called her a woman of “high culture,” and related that she had to fight for her education. Mrs. Chatterjee commented that she, like Haimabati, had to fight for her education and was supported at every step of the way by her father.

compounders, and staff treated with disdain by members of the Indian Medical Service. In Haimabati's case, this collaboration seemed to work to the benefit of her patients who the records indicate flocked to see her.

Third, their positions gave them opportunities to help other women and brought them face-to-face with gender inequality. In some, it produced a feminist consciousness. Here I am using the word feminist to mean someone who recognizes the gendered dimension of power as unfair. Above I mentioned Sushila Debi, a widow who graduated a year before Haimabati and accepted an appointment at the Lady Dufferin hospital at Bhagalpur. In less than a year, Sushila Debi left Bhagalpur and became the Lady Doctor of Hooghly Dufferin Women's Hospital. However, within a month she resigned citing her dissatisfaction with the living quarters. When Haimabati arrived in Chinsurah, she met Sushila who was now married to Gopi Habra. Haimabati wrote:

I heard the marriage was celebrated according to Hindu rites. . .

I was pleased to hear Sushila was married. . . . She was a great beauty and looked young for her age. Gopi Babu was very pleased to have found Sushila. The gentleman was in great difficulty as his first wife had died and left behind two

daughters and a son. Sushila's family proved to be his salvation.<sup>20</sup>

Sushila had her mother, brother, and sister as well as her daughter with her. She had told Gopi Babu her daughter was her sister. If the girl addressed her as "Mother" she would say to her, "I am your elder sister." She would tell Gopi Babu, "I have brought her up. That is why she calls me "Mother."<sup>21</sup>

When they met in Chinsurah, Sushila confided about deceiving her husband and asked for Haimabati's help. Two months pregnant when she married, Sushila implored Haimabati to preside over the birth and - I assume because this is not stated - inform everyone that Sushila's child was premature.

The story of Sushila Debi illustrates how one woman used deception to catch a husband and planned to deceive the community. A beautiful woman who looked much younger than she was, she pretended to be single and childless. Although Haimabati did not approve of Sushila's actions, she justified this and other deceptions as the consequence of women's

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<sup>20</sup>“Because I am a woman”,187-188.

<sup>21</sup>“Because I am a woman”,187

powerlessness. Put in a difficult position because she was given a bribe after assisting the Civil Surgeon, Haimabati decided to hide the money and give it to her husband in small amounts after she had seen private patients. Commenting on this strategy, she wrote: “One may ask, why do you have to resort to irregular ways? But you well know women have no freedom.”<sup>22</sup>

Education and experience increased Haimabati's consciousness about how subordination hampered women's ability to act responsibly and morally and pushed them into deception.

Finally, one might inquire about the impact of education and employment on women's ability to negotiate more power in intimate relationships. The situation described above- hiding and lying about money - arose because Haimabati could not stand up to the Civil Surgeon and because she had to hand over her money to her husband, who was “the” head of the family even though he did not work. She earned, he handled the family's finances and made decisions about expenditures. If Haimabati wanted money for her sister or some other personal charity, she had to ask her husband for it, or lie about fees she earned from private patients. What is especially interesting is the contrast between Haimabati's response to the two patriarchies that governed her life. She sometimes protested against the medical establishment that was male, credentialed, and legitimated by the

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<sup>22</sup>“Because I am a woman,” 194.

Raj but she acquiesced when her husband demanded she behave like a “proper” wife.

### **Conclusions**

Let me return now to the topic of education. “National regeneration,” “equality,” “empowerment” are some of the terms evoked to promote female education. However, it takes very little research to reveal that most programs are not designed with women's equality and empowerment in mind but to serve the interests of whichever patriarchy dominates. While older histories believed the rhetoric of colonial administrators and reformers, contemporary historians focus on the motives of surveillance and control behind educational programs for women. While this has been a useful project, women's desire for and pursuit of education still needs further exploration. Were these women naïve? Were they pursuing education because their fathers, husbands or brothers insisted they do so? Or, were they making their own decisions and acting rationally within the context of their time.

Judith Walsh has looked at nineteenth century advice manuals for evidence of the model woman set by “new patriarchy,” her term for progressive or reform-minded men who favored education for women but did not want to lose their dominant position in the household. Walsh believes women enthusiastically pursued the agenda of “new patriarchy” because

literacy had made it possible for them to read religious texts as well as other books and begin to imagine a different future. They gave lip service to patriarchal values, Walsh contends, at the same time they were beginning to shape their own lives.<sup>23</sup>

Referring to the women whose lives I have studied, and particularly to those who became medical professionals, I would argue that the desire for education was not limited to women whose husbands and fathers espoused the values of “new patriarchy.” However, I agree with Walsh that the women who pursued education were aware that what they were to gain fell far short of equality or empowerment. If we look at what women could gain and often gained, we find education sometimes led to employment, which saved them from the fate of destitute women and gave them financial security. Even when women handed over their money, as Haimabati did, they were able to make some financial decisions. Employment in a suitable field for women meant they were respected and in some cases honored. Although these women were stepping out of the conventional roles of wife and mother, those who found jobs in Dufferin Hospitals and government dispensaries secured their positions within their communities. The fact these institutions observed purdah solidified their status. For some, education and work led to the

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<sup>23</sup> Judith E. Walsh, "What Women Learned When Men Gave them Advice: Rewriting Patriarchy in Late-Nineteenth -Century Bengal (New Delhi: Oxford University Press, 2004)



development of feminist consciousness and the ability to help other women. Haimabati's remembering that as a child she realized: "I had no right to an education. I could live like a boy in every other respect, but when it came to education, I was a woman," may well have been the adult Haimabati's recounting of her consciousness of female inequality. We will never know if her classmates perceived the difficulties they faced as part of a patriarchal system but I think they did.

All of us who pursue women's history are confronted with the problem of sources and often have to be content with fragments. In *The Gender of Memory: Rural Women and China's Collective Past* (2011), Gail Hershatter writes about "good enough stories," that is, fragments that are "good enough" to throw doubt on assumptions, challenge what other accounts tell us, and in some cases, give us the outlines of biography. Researching on Haimabati and her colleagues, the fragments suggest many of these women developed a sense of the unfairness of gender relations and in their professional lives tried to help other women.

Education made it possible for women to develop identities beyond the prescribed roles they inherited. Rashsundari Devi recounted her questioning of a system that decreed reading was forbidden to women and blamed widows for their husbands' deaths. Women like Rashsundari Devi and Haimabati Sen and the many other women who have written about their lives conveyed a strong sense of self to their readers. Whether or not they

worked outside the homes, education made it possible for them to go beyond the traditional roles set down for middle-class women.

As Mary Wollstonecraft made clear in *A Vindication of the Rights of Woman*, education *per se* was not necessarily liberating, but education could make it possible for women to earn a living and gain a modicum of equality with men. The colonial government, as part of its civilizing mission, began to promote female education from the mid-nineteenth century but with the object of control rather than self-actualization. Promoting one form of education to produce docile subjects, the British imposed their patriarchal values on educational institutions. Examining personal accounts and fragments of women's lives reveals the extent to which patriarchal structures limited their exercise of agency. However, these limitations did not and do not, cripple women. Too often, education for women is advanced as a panacea for all their problems, missing the point that education takes place in institutions and within cultural and social contexts. As the stories of Haimabati Sen and her classmates point out, education did not solve all their problems and in fact, often presented them with new ones. However, as Haimabati remembered, it was denial of education that first made her aware of gender differences, and it was this awareness of the basic unfairness of gendered power that propelled and sustained her through her difficult life.



Late Krishna Bhattacharya  
Distinguished Teacher of Education,  
West Bengal Education Service



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