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# Colonial Control Through Tangsi Architecture: Moentji in Kazerne Djotangan Surabaya, 1880

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**Abstract:** This study aims to examine the mechanisms of bodily control and spatial surveillance of the *moentji* in *Kazerne Djotangan*, Surabaya, in 1880. This study uses a historical method with a spatial-architectural analysis of primary sources in the form of the 1880 *Distributie plan der Kazerne Djotangan* plan from the archives of the *Departement van Oorlog* (ANRI No. 184). The results of the study indicate that the spatial layout of *Kazerne Djotangan* does not merely function as a physical structure but as an instrument of power that systematically regulates the bodies and daily lives of indigenous women. The symmetrical placement of barracks around an open field, the lack of adequate private partitions, and the separation of women's wards from military sleeping areas form a surveillance system that operates without the constant presence of guards. The daily rhythm of the *moentji* is controlled by a military timekeeping system that forces their movements to follow the soldiers' schedules, leaving very little time for personal time. The venereal disease crisis, which peaked in 1880 with 1,013 cases of syphilis among 31,439 troops, prompted the transformation of barracks' medical facilities into apparatuses for the disciplinary actions of the military. Through the health card system and the isolation wards of the Sarnizoeno Infirmario, women, who had previously served as companions to soldiers, were transformed into objects of medical supervision, subject to removal at any time. This study emphasises that colonial power operated not only through formal policies but also through the space, time, and bodies of indigenous women within military institutions.

**Keywords:** concubinage; military barracks; moentji

**Abstrak:** Penelitian ini bertujuan untuk mengkaji mekanisme kontrol tubuh dan pengawasan spasial terhadap *moentji* di *Kazerne Djotangan*, Surabaya, pada tahun 1880. Penelitian ini menggunakan metode historis dengan analisis spasial-arsitektur terhadap sumber primer berupa denah *Distributie plan der Kazerne Djotangan* tahun 1880 dari arsip *Departement van Oorlog* (ANRI No. 184). Hasil penelitian menunjukkan bahwa tata ruang *Kazerne Djotangan* tidak semata berfungsi sebagai struktur fisik, melainkan sebagai instrumen kekuasaan yang mengatur tubuh dan keseharian perempuan pribumi secara sistematis. Penempatan barak yang simetris mengelilingi lapangan terbuka, ketiadaan sekat privat yang memadai, serta pemisahan bangsal perempuan dari ruang tidur militer membentuk sistem pengawasan yang bekerja tanpa kehadiran penjaga secara konstan. Ritme keseharian *moentji* dikendalikan melalui sistem penanda waktu militer yang memaksa pergerakan mereka mengikuti jadwal serdadu, sehingga ruang bagi waktu pribadi menjadi sangat terbatas. Krisis penyebaran penyakit kelamin yang mencapai puncaknya pada tahun 1880 dengan 1.013 kasus sifilis dari 31.439 anggota pasukan mendorong transformasi fasilitas medis tangsi menjadi aparatus pendisiplinan tubuh

*moentji*. Melalui sistem kartu kesehatan dan ruang isolasi *Sarnizoeno Infirmario*, perempuan yang semula berperan sebagai pendamping serdadu berubah statusnya menjadi objek pengawasan medis yang dapat disingkirkan sewaktu-waktu. Kajian ini menegaskan bahwa kekuasaan kolonial tidak hanya bekerja melalui kebijakan formal, tetapi juga melalui ruang, waktu, dan tubuh perempuan pribumi di dalam institusi militer.

**Keywords:** *moentji*; pergundikan; tangsi militer



## Introduction

Concubinage in the Dutch East Indies was not simply a private matter between European men and indigenous women. This practice both grew out of and reinforced colonial power structures that placed indigenous women in the most vulnerable position within a racially divided social hierarchy. Amidst the limited number of European women in the colony, the presence of concubines was seen as a practical solution to maintain the stability of the lives of colonial officials and soldiers stationed far from their home countries. Therefore, concubinage served not only as a domestic relationship but also as part of the social mechanisms that underpinned the continuity of colonial rule (Santi et al., 2025).

The role of nyai in colonial society varied significantly. On the one hand, they served as cultural bridges, introducing local languages, customs, and knowledge to the newly arrived European community in the Dutch East Indies (Santi et al., 2025). On the other hand, this contribution was never adequately protected by law. Both the nyai and the children born of these relationships faced precarious status under colonial law. This situation demonstrates that indigenous women were positioned as pillars of colonial social stability, yet were denied equal recognition as legal subjects (Nasution & Yanuardi, 2022).

The economic background was a crucial factor in explaining the persistence of concubinage in colonial society. Indigenous women's limited access to non-agricultural employment led some to seek economic security in the barracks. Therefore, the position of the moentji cannot be understood solely as the result of individual choice, but rather as a consequence of structural pressures that limited indigenous women's life choices (Berliani & Gesang, 2024). This choice nevertheless carried severe social consequences, as the moentji often faced a double stigma: being marginalised from the indigenous community while simultaneously being completely rejected by European society (Januari et al., 2024).

The colonial military environment presented a more complex form of subordination than the life of concubinage outside the barracks. The lives of the moentji were governed by a set of rules that combined racial hierarchy, gender inequality, and class distinctions into a mutually reinforcing system. An intersectional approach helps explain that their natural subordination stemmed not from a single identity, but from the intersection of various social categories operating simultaneously (Fairuz, 2025). In such a situation, women's freedom of movement was severely restricted, and their existence was reduced primarily to the domestic and reproductive functions required by the military institution.

Changes in colonial policy towards concubinage became apparent in the 1880s. Dutch military authorities no longer viewed concubines solely as a social solution, but rather as a threat to military effectiveness. This concern was related to the increasing number of venereal disease cases within the colonial military. Military medical statistics indicated that the spread of syphilis and other sexually transmitted infections significantly impacted the health of soldiers, potentially reducing the combat readiness of garrisons in various regions of the Dutch East Indies (Gritantin, 2024). This health crisis prompted the colonial government to implement increasingly systematic surveillance through medical and administrative measures.

The military health crisis then placed the body under increased scrutiny. Women, previously viewed as soldiers' companions, were now subject to health examinations, record-keeping, and monitoring. This surveillance was not primarily aimed at protecting them, but rather at maintaining the physical qualities of soldiers, who were considered important assets of the colonial state (Gritantin, 2024). This situation aligns with the concept of biopolitics proposed by Foucault (1997), namely the management of individual bodies *moentji* as part of efforts to regulate population and maintain state productivity. Surveillance of the *moentji's* body was essentially part of a strategy to maintain colonial military capacity.

The spatial dimension of colonial control has received relatively little attention. Studies on *moentji* have relied primarily on textual sources and literary works that highlight women's social experiences in the colonial environment (Berliani & Gesang, 2024). However, the layout of buildings, the division of space, and the presence of health facilities within barracks can reveal how colonial power was manifested in material form. Therefore, architecture cannot be viewed solely as a technical document, but rather as a historical source that records the workings of power in everyday life.

Relevant previous research includes a study (Nasution & Yanuardi, 2022) on concubinage within the Dutch East Indies military, a study (Gritantin, 2024) on the spread of venereal disease among colonial soldiers, and a study (Berliani & Gesang, 2024) that examines concubinage in Java through literary sources. These three studies provide important insights into the moentji of colonial military life and health issues. However, the relationship between barracks' spatial layout, medical surveillance, and control over indigenous women's bodies has not been a primary focus of discussion. This gap serves as the starting point for this research.

*Kazerne Djotangan* was chosen because it is one of the important military complexes in East Java, whose architectural plans from 1880 are still preserved in the archives of the Departement van Oorlog. The plans display a detailed, organised spatial division, including medical facilities integrated into the military housing area. Analysis of these architectural archives demonstrates that the barracks' spatial layout was not simply the result of technical considerations but rather a representation of the power relations that governed the bodies, mobility, and daily lives of indigenous women in the colonial military environment. To analyse this issue, this research combines approaches from social history, colonial health history, and spatial-architectural analysis. Theoretically, the research utilises the concepts of surveillance and discipline (Foucault, 1997) to interpret architecture as a technology of power, the concept of biopolitics to explain the management of the body through health policy, and an intersectional approach

(Fairuz, 2025) to understand how the intersections of race, gender, and class shape the experience of subordination.

This research is important because the mechanisms of colonial power were not only implemented through administrative policies but also through spatial arrangements that shaped residents' daily lives. The study of *Kazerne Djotangan* offers an opportunity to understand better the relationships among spatial planning, health surveillance, and control over indigenous women's bodies. Therefore, this research is expected to provide a more comprehensive understanding of the relationship between spatial organisation, health surveillance, and colonial practices of control over indigenous women in the military environment.

Based on this description, this research aims to answer two main questions. First, how did the spatial planning of *Kazerne Djotangan* Surabaya in 1880 function as an instrument of surveillance and control over life in the colonial military environment? Second, how did the military health crisis due to venereal disease lead to the emergence of mechanisms of socio-medical control over bodies within the barracks? This research's contribution lies in explaining the relationship between the barracks' spatial organisation, health surveillance, and control over indigenous women's bodies as mechanisms of colonial power, while also expanding the study of Indonesian colonial historiography into the material realm, which has been relatively neglected.

## Research Methods

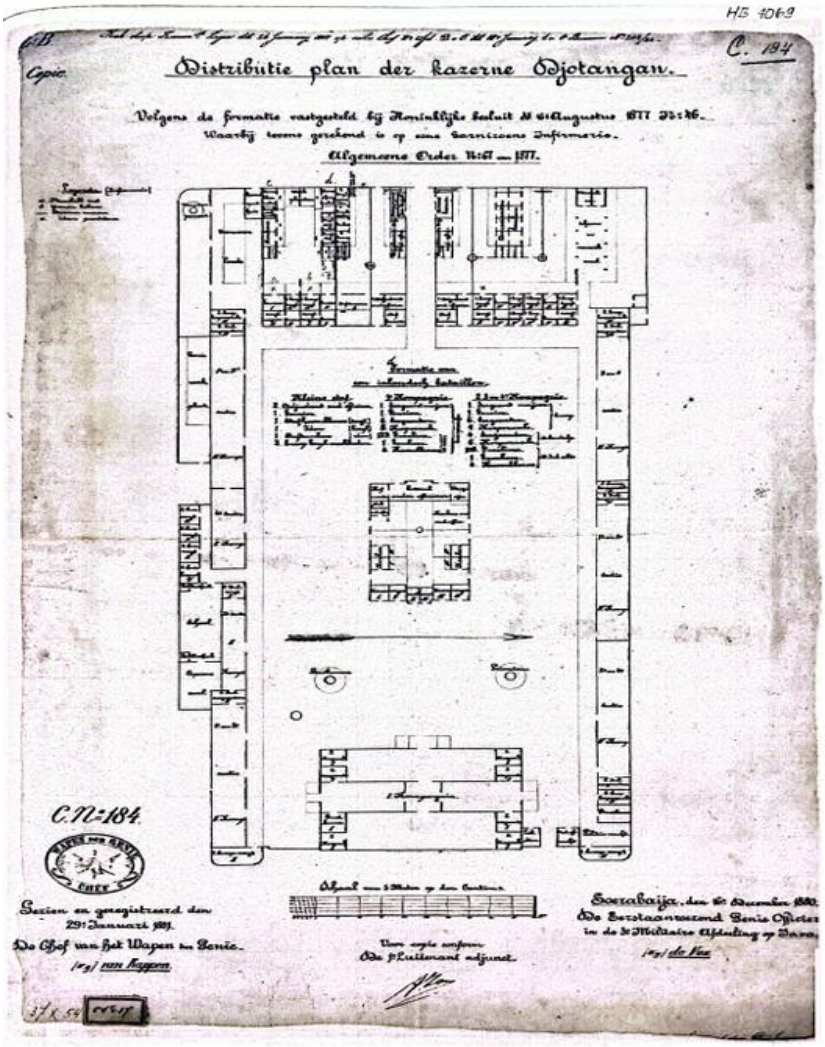
This research uses historical methods to examine past sources critically. According to Kuntowijoyo, historical methods consist of heuristics, criticism, interpretation, and historiography as the final stage (Kuntowijoyo, 2013). Data collection was conducted using primary sources in the form of contemporary written documents, including the *Distributie Plan der Kazerne Djotangan* (1880) from the Department of Oorlog collection stored at the National Archives of the Republic of Indonesia (ANRI), statistical data on venereal disease collected from the Koloniaal Verslag (1870–1890) and the *Burgelijk Geneeskundige Dienst* collection at ANRI (Eradication of Prostitution in Colonial Indonesia, 2001). Contemporary newspapers such as *Het Vaderland*, *Deli Courant*, *Bataviaasch Nieuwsblad*, and *De Expres* were also used. Secondary sources are written documents used as supporting materials, including books and scientific journal articles relevant to the themes of concubines, colonial medicine, military history, gender relations, and spatial studies in the Dutch East Indies. Next, these document sources are criticised by comparing various contemporary written sources and by internal scrutiny to ensure the information contained therein is accountable in terms of chronological description, year of publication, writing style, and content, as well as by external criticism that examines the authenticity, origin, and physical characteristics of the archival materials. The next stage is to interpret the data sources using a socio-historical and spatial approach, supported by Foucault's concepts of discipline and biopolitics, and an intersectional perspective, to analyse how architectural arrangements and health policies functioned as mechanisms of colonial control. Finally, all the facts obtained are then written down in full as the results of all stages, so that the scientific study of the spatial organisation of *Kazerne Djotangan* and the socio-medical regulation of moentji in the late nineteenth century can be presented objectively in accordance with the theme studied.

## Research Result

### Anatomi Spasial Kazerne Djotangan Surabaya Tahun 1880

Spatial Anatomy of the 1880 Surabaya Army Barracks

An exploration of the Army Barracks based on the 1880 Distributie plan der Army Barracks (Departement van Oorlog, 1880) demonstrates that colonial military architecture functioned not only as a physical structure but also as a tool for organising power. Built under the mandate of the Royal Military Order of August 1877, the barracks exhibit spatial planning aimed at establishing a system of control over all residents, including indigenous soldiers and the moentji group, who are in subordinate positions in terms of economic, racial, and gender status.




**Gambar 1.** *Distributie plan der Kazerne Djotangan*, Surabaya 1880.
Sumber: ANRI, Koleksi Kearsitekturan Departemen van Oorlog, No. 184

### 1. The Layout and Design of Military Barracks as a Surveillance Instrument

A visualisation of the 1880 plan of the *Kazerne Djotangan* depicts a military complex designed with meticulous precision. The linear, symmetrical arrangement of the barracks

surrounding an open field demonstrates an attempt to achieve total surveillance. As noted in Philibert Dabry de Thiersant's report, this barracks system deliberately placed European non-commissioned officers within the Native barracks units so that the movements of the soldiers and their spouses could be monitored 24/7 (Rocher & Santosa, 2016). It explains why, in the Djotangan plan, the officers' barracks block was placed in proximity to, and facing, the Native barracks; any potential deviation, dissatisfaction, or complaint had to be monitored and suppressed immediately before it spread to other units.

The open design of the barracks, with inadequate privacy partitions, suggests a systematic attempt to deprive residents of their personal autonomy. In this context, the building functioned as an "eye of power," with its architecture forcing each individual to feel constantly watched, without the need for a physical presence. The absence of permanent walls ensured that the moentji's domestic activities remained within the radar of military authorities. In line with Fairuz's perspective (2025), the barracks' panoptic design was part of an apparatus of physical oppression that normalised the practice of surveillance of indigenous women's bodies. The rigidity of this design reflected the KNIL's extreme disciplinary doctrine, in which every inch of space had to serve a control function for the effectiveness of the colonial war machine (Rocher & Santosa, 2016).

## 2. Spatial Hierarchy and Moentji Domestication

Behind the "*Inlandsch*" (Pribumi) label on the floor plan, rigid social and racial strata existed. According to Van Kessel's study, African soldiers (*Zwarte Hollanders*) held a higher position than indigenous soldiers, despite being ranked below the native European group. This inequality was physically manifested in the quality of living facilities. At the same time, European personnel enjoyed the luxury of straw mattresses and thick cotton blankets; indigenous personnel and their spouses were provided only with sleeping mats, pillows, and sarongs specially stamped to prevent theft (Van Kessel, 2011). It was evident in the use of *chambrees*, long barrack buildings resembling ancient hospital wards, where privacy was a luxury, limited only by a single sheet of tarpaulin curtain hung from an iron wire (Baay, 2010).

Military hierarchy even permeated the social structure of women within the barracks. A husband's rank determined a woman's status; The *moentji* of high-ranking soldiers was often referred to as "Major *Moentji*" and had the privilege of wearing a white kant kebaya as a status symbol outside the military compound (Sunjayadi, 2018). Within these cramped living spaces, the phenomenon of "*anak kolong*" emerged, in which soldiers' children were forced to live under their fathers' high beds because there was no dedicated family room in the official floor plan. Their existence was spatially "hidden" beneath the physical, mat-covered spaces of the barracks (Rocher & Santosa, 2016).

Discussions about the structure and organisation of the colonial military were not limited to practices within the barracks but also became part of the evolving discourse in the Netherlands. It was reflected in a report in the January 13, 1902, edition of the newspaper Het Vaderland, which highlighted the issue of racial composition within the military and the effectiveness of the unit organisation system implemented in the Dutch East Indies (Het Vaderland, 1902). The existence of this discourse demonstrates that the system implemented within the barracks was not a standalone practice but rather part of a broader colonial policy, monitored and debated on a broader scale. Thus, the spatial hierarchy, racial divisions, and living arrangements within the barracks can be understood as constructions of power that

operated not only at the local level but also intertwined with political and military interests at the imperial level.

The forced domestication of the *moentji* was strictly regulated through the regulation of time and space. Regulations prohibiting women from sleeping in the ward during the day forced them to migrate to the "women's ward" to perform domestic tasks such as washing, ironing, and cooking. The moment when the *moentji's* routine movement back and forth between the barracks and the ward, to the sound of military trumpets, was described as "the ebb and flow of waves" that maintained the rhythm of the cold, empty barracks (Van Kessel, 2011). Despite their roles as managers of soldiers' salaries and even defending the fort with their "*konde perdom*" on their heads, their status remained demeaning and shrouded in uncertainty. The kitchen's location in the floor plan also served as an instant hiding place for wives and children when officers conducted inspections to maintain the illusion of order (Rocher & Santosa, 2016). This condition emphasises that the space in *Kazerne Djotangan* in 1880 was an instrument that locked indigenous women in a cycle of extreme economic, social, and gender subordination for the sake of survival amidst minimal employment opportunities for indigenous women (Santi et al., 2025).

## 3. Moentji's Space and Daily Rhythm

The lives of the moentji within the military barracks were not solely shaped by the physical configuration of space, but also by the daily rhythms strictly regulated by military discipline. Space and time, in this context, worked simultaneously as instruments of power that shaped the bodies, behaviour, and social positions of women within the barracks. An analysis of the Moentji's daily lives is important because it reveals how colonial power relations were manifested not only in spatial planning but also in everyday practices.

The chambree was the primary communal space used by soldiers, families, and the moentji. This elongated building resembled a hospital ward with high ceilings and rows of beds on either side. Lin Scholte's depiction in Reggie Baay's work shows that this space was occupied by many individuals simultaneously, with very limited space between beds and no adequate permanent partitions (Baay, 2010). Single soldiers occupied iron beds with straw mattresses, while couples were confined to a narrow space with bunk beds, often no more than one and a half meters wide. A tarpaulin curtain hung from a wire serves as the only barrier, creating a false sense of privacy within the collective dwelling.

The presence of children in the same space demonstrates the increasingly complex nature of space utilisation. The space under the bed, known as the "kolong," is used as an additional sleeping area for the children, giving rise to the term "*anak kolong*" (Rocher & Santosa, 2016). This placement demonstrates that from an early age, the soldiers' children occupied a marginal spatial position, physically hidden beneath the main structure of the living space. In this case, the "*chambree*" serves not only as a place to live but also as a mechanism that erodes private boundaries and subjects all residents to constant surveillance.

The existence of the women's ward demonstrates how domestic space was organised separately from military sleeping quarters. Military regulations prohibited women and children from being in the sleeping ward at certain times, except in cases of illness (Joesoef, 2006). This situation forced the soldiers to routinely move from the chamber to the women's ward during the day. Activities carried out in this space included domestic chores such as washing, ironing, and cooking. The women's ward also had special access, allowing residents to reach markets or stalls around the barracks to meet their daily needs.

This separation demonstrated that women's mobility was not a form of freedom, but rather part of a structured regulatory mechanism. Domestic activities were centralised in a specific space, making them easier to direct and supervise. In this context, the women's ward functioned as a disciplinary space, concentrating women's reproductive work in a controlled location.

The daily rhythm of the *moentji* was regulated by a military timekeeping system, primarily the sound of the trumpet, which served as the primary regulator of daily activities. The first trumpet sound in the morning signalled the time to wake up and prepare for activities, as the *moentji* began preparing the soldiers' and children's needs, including clothing and breakfast. The second trumpet, sounding around six a.m., signalled the start of roll call, after which the soldiers went about their respective duties.

The *Moentji's* domestic activities coincided with the soldiers' military activities. Household chores continued in the women's quarters until the third trumpet sounded at noon, signalling rest time. At that time, the *moentji* returned to the chamber to serve food and share meals with the family, before returning to the quarters to resume work. This pattern of movement is repeated daily, creating a regular and predictable cycle of mobility. Reggie Baay likened this rhythm to the movement of "the ebb and flow of waves," demonstrating both order and adherence to the military time system (Baay, 2010).

This regulation of time emphasised that control over the *moentji's* body occurred not only through spatial organisation but also through temporality. Daily activities had to conform to a military schedule centred on the needs of the soldiers, severely limiting personal time. Military discipline, in this case, operated not only on men as soldiers but also on women within the barracks' social system.

The role of the *moentji* within the barracks demonstrated a complexity that transcended merely domestic functions. Managing the household economy was a primary responsibility, including managing the use of soldiers' salaries to meet daily needs (Van Kessel, 2011). In certain situations, their involvement even extended to quasi-military activities, particularly during expeditions. The military training conducted in the women's ward and their participation in the defence of the barracks demonstrated that their position could not be reduced to mere domestic assistance.

This situation contrasted with their subordinate social status. Vulnerability to violence, relationship uncertainty, and the possibility of expulsion without legal protection were part of the reality they faced. Children born of these relationships often experienced neglect. This situation demonstrated the paradox of power relations within the barracks, where women were crucial to the continuity of military life. However, it was also placed in an extreme position of vulnerability.

The space and rhythm of daily life in *Kazerne Djotangan* in 1880 demonstrate that these practices were not neutral. Both are part of a colonial control mechanism that systematically regulated women's movements, time, and bodies. Through these arrangements, colonial power was present not only in formal policies but also in seemingly simple everyday practices that were fraught with relations of domination.

**Health Crisis and the Body's Control Mechanisms**

The discussion of the spatial organisation and daily rhythms of the military barracks in the previous section demonstrated that military barracks functioned as disciplinary spaces that strictly regulated women's bodies and activities. However, this dynamic was not isolated.

The presence of European soldiers in the Dutch East Indies contributed to the development of concubinage within the barracks, creating a social world separate from the rest of society. In this isolated space, sexual relations, biological needs, and limited access to formal partners created patterns of life vulnerable to various problems, particularly in the health sector.

Concubinage, in this context, was not only viewed as a social phenomenon but also began to be seen as a source of serious problems within the military, particularly related to the spread of venereal diseases. From the second half of the 19th century, the rise in cases of venereal disease among soldiers caused significant concern for the colonial government. Daily life within the barracks, populated by many men with high biological needs but with limited access to women, increased the likelihood of uncontrolled sexual practices. As noted by Reggie Baay, the imbalance between the number of men and women, as well as the low economic capacity of most military personnel to maintain their homes, pushed many of them to seek sexual fulfilment outside the barracks, particularly with sex workers whose health status was unknown. This situation increased the risk of contracting sexually transmitted infections (STIs) within the military environment.

Furthermore, the presence of illegal brothels surrounding the barracks further exacerbated the situation. Unstable sexual relationships, changing partners, and even extreme practices such as partner trafficking demonstrated the fragility of the moral and social fabric within barracks. (Baay, 2010). These conditions not only fueled social conflicts such as jealousy, fighting, and even murder, but also accelerated the spread of sexually transmitted diseases, including syphilis. Women, both within and around the barracks, were often positioned as sources of problems and "carriers of disease," even though they were also part of a system created by the military's own needs.

The spread of STIs had a serious impact. In addition to deteriorating the physical condition of sufferers, these diseases also impact psychologically, including feelings of despair, mental disorders, and even suicide. Similarly, as recorded in colonial archives, military personnel infected with venereal diseases not only experienced a decline in physical condition but also psychological impacts, increasing their fighting spirit (Hartanto & Hudiyanto, 2023). The prolonged suffering caused by venereal diseases, coupled with the painful and physically demanding side effects of treatments such as *kwikkuur*, led some soldiers to choose to end their lives. In some cases, sufferers also experienced ostracism, being barred from participating in military expeditions and required hospitalisation. This situation was exacerbated by the isolation practices implemented by the colonial government, where hospitals served not only as places of healing but also as spaces of social isolation, further exacerbating the psychological stress of sufferers (Hartanto & Hudiyanto, 2023). Furthermore, the high prevalence of venereal diseases among the Dutch East Indies military since the mid-19th century was a serious concern for the colonial government, given that the military was the main foundation of the stability and strength of colonial rule (Syahfrullah, 2020).

This situation caused panic within the colonial government. On the one hand, the military desperately needed soldiers to face various conflicts, including the ongoing war in Aceh. On the other hand, the high morbidity rate from venereal disease threatened the stability and effectiveness of the military. This situation prompted the government to take various measures, ranging from providing free healthcare for infected soldiers to routine health checks to efforts to regulate prostitution practices around the barracks. In this context, health statistics became crucial for understanding the scale of the crisis.

**Venereal Disease Statistics and Their Impact on the Military**

According to colonial reports compiled in the National Archives of the Republic of Indonesia (ANRI), alarming health conditions existed within the military at the end of the 19th century. This crisis was reflected in morbidity statistics, which showed a high prevalence of sexually transmitted diseases among soldiers.

**Table 1.** Venereal Disease Morbidity Statistics in the Colonial Military, 1870-1889

| Year | Troop Strength (*Strekte*) | Syphilis Cases | Cases *Morbi Veneris* (Other) | Disease Ratio (*Syphilis/Strekte*) |
|---|---|---|---|---|
| 1870 | 27.525 | 575 | 5.105 | 2,1% |
| 1875 | 30.571 | 645 | 6.620 | 2,1% |
| 1880 | 31.439 | 1.013 | 8.999 | 3,0% |
| 1885 | 29.257 | 1.003 | 7.311 | 3,4% |
| 1889 | 33.659 | 967 | 10.084 | 2,9% |

Source: Processed from the Dutch Colonial Government, 1890, and the Archive Collection of the Burgelijk Geneeskundige Dienst National Archives of the Republic of Indonesia, 2001

**1. Data Analysis and Shifting Control Mechanisms**

The surge in disease rates reached a critical point in 1880, the same year the Djotangan plan was created, when syphilis cases reached 1,013, with a morbidity ratio (morbi veneris) of 28.6% of troop strength. It meant that nearly a third of the military force was at risk of biological disease. These figures created anxiety for the Dutch military, which viewed every soldier as a valuable national asset. This fear of crippling military productivity served as the basis for legitimising the authorities in Djotangan to implement highly mechanistic oversight mechanisms.

This situation aligns with the description in the colonial newspaper De Expres, which stated that soldiers' uncontrolled sex lives, a lack of stable partners, and the prevalence of illegal prostitution around the barracks were major factors in the spread of venereal disease. The report emphasised that many soldiers, unable to maintain their sexual health, turned to sex workers without a clear medical history, which ultimately increased the risk of transmission (De Expres, 1913).

Furthermore, the same source also illustrates that venereal disease was not merely a medical issue but had disrupted overall military stability. The disease caused prolonged physical suffering, psychological distress, and even drove some soldiers to commit suicide out of despair. This situation indicates that the health crisis had developed into a serious threat to the continued viability of the colonial military. This phenomenon demonstrates that venereal disease was not merely a medical issue but had a direct impact on overall military stability. The prolonged physical suffering, psychological distress, and even suicide among soldiers indicate that the health crisis had developed into a serious threat to the continued viability of the colonial military.

The issue of women in barracks also received intense attention in various colonial media reports. An article titled "De vrouw in de kazerne" (The woman in the barracks) in the newspaper (D. Courant, 1904) highlighted the dark side of the institution of household management, which the Dutch East Indies army defended "vigorously." The article's author, Mars, argued that soldiers living in concubinage actually experienced a decline in military value due to the dominance of concubines who sought to control their partners through

various means. This phenomenon was particularly evident on payday (*hari gadji*), when women were often waiting to take over the soldiers' salaries, which in some cases sparked riots in the barracks and undermined the prestige of the Europeans.

While there were criticisms of the loss of independence in soldiers due to the influence of concubines, contemporary media editors acknowledged the unavoidable dilemma. The undeniable fact was that concubinage in the barracks improved our soldiers' health. Without housekeepers, it was feared that the number of soldiers would decrease drastically due to venereal disease, as was the case in the British army in India, which did not implement a similar system. Therefore, despite being viewed as a "vice," the presence of women in the barracks was still considered too risky to be eliminated in order to maintain the combat readiness of the colonial military.

The link between prostitution, barracks life, and the health crisis is also reflected in a newspaper report (Het Vaderland 1902). The report cites a discussion in the Indisch Militair Tijdschrift, which states that efforts to eradicate prostitution cannot be carried out without first acknowledging the reality of it. It is emphasised in the quote: "Wil men de prostitutie bestrijden, dan moet men haar onder de oogen durven zien" [If someone wants to eradicate prostitution, then he must have the courage to look at it directly]. This statement demonstrates that prostitution was an inherent part of colonial military life, inseparable from the system that surrounded it.

The social impact of this system is also clearly evident in the same source, particularly regarding the position of women and children in the barracks. The report stated that many girls from lower-ranking military ranks were driven into prostitution due to the lack of social and economic protection from the state: "*dat vele zoo niet de meeste dochters van Europeesche minderen … gedwongen zijn zich te prostitueeren*" (Het Vaderland 1902). This situation demonstrates that concubinage and prostitution not only impacted the health of soldiers but also created a cycle of social vulnerability that exacerbated the spread of venereal disease within the military environment. The complexity of these issues underscores the inadequacy of a medical approach alone to address the problems within the barracks. The interconnected social, economic, and sexual factors highlight the limitations of the health policies implemented by colonial authorities.

The effectiveness of curative medical supervision ultimately proved to be significant. Health control policies implemented since the late 19th century, as reflected in the fluctuations in venereal disease rates in Table 1, were unable to eradicate the practice of concubinage, which persisted into the third decade of the 20th century. The failure to reduce morbidity through medical approaches prompted a shift in control strategies, no longer focusing solely on physical health, but rather toward deeper administrative oversight of soldiers' private lives.

This change took on a more systematic form, as reflected in newspaper reports (Courant, 1927). A report in the column "*Leger en Vloot*" (*Legerbestuur*) mentioned an official instruction from the Army Administration (*Legerbestuur*) requiring every military commander to register non-commissioned officers practising concubinage as of June 1, 1927. This registration included highly personal information, including the names and nationalities of the concubines, the date of the relationship, and the presence of children, both legitimate and natural. This practice demonstrated that the state was expanding its scope of control beyond disease surveillance to direct intervention into soldiers' private lives. The

documentation of women's and children's identities within the military system marks a significant shift in the increasingly deep and personal mechanisms of colonial power.

## 2. Medical Facilities as Disciplinary Apparatus

The response to the crisis was realised spatially through the provision of permanent medical facilities within the *Kazerne Djotangan*. Based on the 1880 plan, the *Sarnizoeno Infirmario* functioned as a disciplinary apparatus through the following systems:

a. Marking System (Health Card): Through the 1852 Regulation, the bodies of concubines were bureaucratically controlled. It was the first bureaucratic form to intrude into the privacy of indigenous women within the barracks. Without this card, a woman was considered an "intruder" or a source of disease who had to be expelled.
b. Isolation Room: The Sarnizoeno Infirmario in the 1880 plan provided not only treatment rooms but also isolation rooms. Based on an 1874 military medical instruction, infected women were to be completely segregated. It created a social stigma within the barracks: the hospital became a place of fear because, for a concubine, a diagnosis of "sickness" meant the loss of economic protection and housing.

This policy had a continuity with public debates in the early 20th century. In De Expres (1913), the colonial government openly acknowledged that the practice of concubinage in the barracks was deeply entrenched and difficult to eradicate abruptly, as it had become part of the military system itself. Nevertheless, the government began to direct policy toward its gradual abolition through more "modern" approaches, such as encouraging formal marriage among soldiers and limiting the presence of concubines in barracks. This move signalled a shift from tolerance-based control to regulation and normalisation, where women's bodies were no longer monitored but also classified, regulated, and selected through medical and administrative mechanisms.

## 3. The Paradox of "Barracks Women" from a Medical Perspective

A stark paradox emerges from these statistical data and spatial planning. On the one hand, the Dutch military needed women's presence to support its soldiers' mental stability. However, on the other hand, through the medical lens of the *Infirmario*, women were negatively viewed as "vectors of disease."

This view was also reflected in colonial public discourse. An article in (De Expres 1913) explicitly referred to concubinage as a "*noodzakelijk kwaad*" (necessary evil), a practice deemed morally reprehensible but maintained because it served military purposes. In this logic, women were reduced to functional instruments: they cooked, cared for, and "protected" soldiers from illegal prostitution, yet were simultaneously considered a source of moral and biological degeneration. This degeneration was clearly evident in reports (Bataviaasch Nieuwsblad, 1903) and Deli Courant (1904), which highlighted the threat of *pauperism*, where children from these relationships grew up unprotected and increased the number of poor members of society. These social conditions, considered "dirty" and uncontrolled, later legitimised the need for coercive supervision by health authorities.

This medical hegemony drastically changed power relations within the barracks. Whereas previously power rested with the barracks commander, it now shifted to the military doctor (*officier van gezondheid*). It was the decision of the doctor at the garrison hospital that determined whether a concubine could remain with her soldiers or whether she should be banished beyond the walls of the barracks. Thus, the bodies of indigenous women in *Kazerne*

*Djotangan* became a contested arena between the military's biological needs and colonial health discipline. They were needed to maintain internal stability, yet simultaneously monitored, suspected, and subject to dismissal at any time. This situation underscores that colonial control operated not only through military force but also through medical practices that infiltrated even the most intimate spheres of everyday life.

## Conclusion

This research shows that the spatial layout of the *Kazerne Djotangan* in 1880 served not only as a means of military investment but also as an instrument of surveillance that regulated the daily lives of the barracks' residents, particularly the *moentji*. Through the open and cramped arrangement of the barracks, the regulation of mobility between women's quarters and quarters, and the discipline of time marked by the rhythm of military activity, the barracks' space formed a pattern of control that limited the movement and autonomy of indigenous women. The venereal disease crisis that hit the colonial military in the late 19th century further reinforced these mechanisms. The presence of health facilities such as the *Sarnizoeno Infirmario*, the implementation of health checks, and the use of health cards indicate that the body became the object of medical surveillance aimed at maintaining the soldiers' combat readiness. In this situation, most occupied a paradoxical position: they were needed to sustain domestic life and social stability within the barracks, but at the same time were placed as a group in a position of vulnerability to control, stigmatisation, and exclusion. These findings demonstrate that colonial power was exercised not only through military policies and force, but also through the regulation of health spaces and practices that reached the most personal aspects of everyday life. Thus, the architectural plans and colonial health facilities can be read as historical sources that document the relationship among space, the body, and power in colonial Dutch East Indies society.

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