International Journal of Applied Social Science
Volume 6 (1&2), January & February (2019) : 15-21
Received : 04.11.2018; Revised : 18.11.2018; Accepted : 04.12.2018

RESEARCH PAPER
ISSN : 2394-1405 (Print)

Vulnerability of Devadasis – A Descriptive Study in Raichur District for Social Work Intervention

P.D. LEELAMMA*[1], B. RAMESH[2] AND K. MINIMOL[3]
[1]Research Scholar, [2]Professor and [3]Associate Professor
[1&2]Department of Studies and Research in Social Work, Tumkur University, Tumkur (Karnataka) India
[3]Department of Social Work, Vimala College, Thrissur (Kerala) India

ABSTRACT

Devadasi is a woman who is considered given in marriage to God or deity. These women dedicated to God once held high social status and were well respected. But today they are nothing more than sex slaves. The 'service' given to the men is considered as equal to service of God. Devadasi practice clearly violates the fundamental right to life with dignity, right to freedom, right to health and health care. This study focuses to describe the practice of this system in Raichur district of Karnataka, where 3949 devadasis are found. They often go to cities and towns and engage in commercial sex work. Their children are under the risk of being pulled to this practice. Recommendations for social work interventions are given for resilience enhancement and empowerment of this vulnerable community.

Key Words : Vulnerability, Devadasis, Social work intervention

INTRODUCTION

The term *devadasi* is a Sanskrit term denoting *'Deva'* means God and *'Dasi'* means female servant which means female servant of God. (Patil, 1987) "It is also interpreted as the slave servant of God, handmaiden of God, sacred slave girl, temple dancer, the harlot of the Gods and temple courtesan" (Patil, 1975). The Indian institution of Devadasi, a religious practice, consists of the votive offering of girls to the deities in Hindu temples. The dedication usually occurs before the girl reaches puberty and requires the girl to become sexually available for community members. Traditionally, it is believed that these girls are "serving" the society as "ordained" by the goddess. In other words, "the Devadasis are courtesans in God's court" (Kadetotad, 1983). Due to her sacred condition and her belonging to the divinity, a devadasi cannot be married to one particular man, as in the traditional idea of marriage. Instead, she is a property of the divinity that benevolently concedes her to the whole community. This concept is well summarized by a saying that goes: "Devadasi is a servant of God and wife of the whole town" (Torri, 2009).

Devadasis are mostly young girls given to the temple by their parents. There they are taught sacred dances and ceremonies pertaining to the God of the temple (Slavery International, 2007). Devadasi literally means God's female servant (Dasi), who is young, pre-pubertal girls 'married off' or 'given away' in matrimony to God or local religious deity of the temple. These girls are not allowed to marry as they were married to the temple God. She had to serve the priests, inmates of the temple, the Zamindars (local landlords) and other men of money and power in the town and village. The 'service' given to these men is considered as equal to service of God. The Devadasi is dedicated to the service of the temple deity for life and there is no escape for her. If she wants to escape, the society would not accept her (Jordan, 2003).

"The myth behind the creation of this tradition would chill an adult. Rishi Jamadagni, husband of Renuka, orders the beheading of his faithful wife for a momentary lapse into sensual thinking. From this myth of momentary infraction, generations of women and their daughters

How to cite this Article: Leelamma, P.D., Ramesh, B. and Minimol, K. (2019). Vulnerability of Devadasis – A Descriptive Study in Raichur District for Social Work Intervention. *Internat. J. Appl. Soc. Sci.,* **6** (1&2) : 15-21.

have been turned into sex slaves in the name of religion" (IndraniNayar- Gall, 2018).

Devadasi practice clearly violates the fundamental right to life with dignity. It also violates the right to health and health care, right to liberty and security of person, right to freedom from torture, violence, cruelty or degrading treatment. This practice violates children's *right to life* (art 6.1 CRC), *right to survival and development* (art 6.2 CRC), *right to protection* (from discrimination and punishment, (art 2.2 CRC), physical or mental violence (art 19.1 CRC), economic exploitation (art 32 CRC), sexual exploitation (art 34 CRC) and the *right to participation* (art 12).

This practice continues in the 21st century. A recent census report of the Karnataka State Women Development Corporation shows that the State still has 9,733 devadasis (IndraniNayar-Gall, 2018). The secret dedication of young girls, as 'devadasis takes place, however, it is not being openly revealed by the Devadasi community. The experience in the field has shown that there is chance for the second and third generation of children of devadasis to be pulled into commercial sexual exploitation and trafficking, by virtue of their vulnerability and disempowering status.

According to Samyukta Mahila Vedike (1981) 98% of households with Devadasi background belonged to schedule caste community and practiced prostitution. It was found that there is a stage when religious prostitution blends into commercial prostitution. Yet the women concerned retain their identity as Devadasis clan. Tarachand (1992) study revealed that, belonging to a lower caste is a kind of "prerequisite" to become a Devadasis. Mowli (1992) found that many dalit women are dedicated to the Goddess at a very young age by poverty-stricken parents who are unable to pay their future dowries and hopeful that a pleased Goddess will make the next pregnancy with a boy. The study of Joint Women's Programme (2000) revealed that majority of the Devadasis work as agricultural labourers and they engage in manual labour for livelihood. According to the survey conducted by Anti-slavery International organization (2007), the major reported health problems experienced were alcoholism (87%), sexually-transmitted diseases (40%), body pains (25%), and menstrual bleeding disorders (35%). Two or three cases of HIV infection were reported among young women who had gone to Mumbai on contracts as migratory construction workers.

This study was conducted among the devadasis in Raichur District of Karnataka State. Raichur is located in the northern part of Karnataka. The population of the district as per 2011 census is 19.29 lakhs. According to the census of Karnataka Women's Development Corporation in 2007-08 there are 46,645 devadasis in Karnataka state. As per the statistics available in Devadasi Rehabilitation Programme (DRP), now there are 3949 devadasis in Raichur District (taluks of Raichur 390, Lingusgur 1276, Sindhanur 911, Manvi 726, Devadurga 646).

The objectives of the study were:

1. To study the socio economic background of respondents.
2. To describe the practice of devadasi system and the perpetuating factors of devadasi dedication.
3. To understand the attitude of devadasis towards devadasi system.
4. To understand the psycho-social and health problems of the respondents.
5. To assess the knowledge of devadasis about the legal provisions and rehabilitation programmes.
6. To suggest social work interventions to combat this practice.

METHODOLOGY

Research approach and research design:

The research design in this study is descriptive cum diagnosticin nature. The study attempts to describe accurately the characteristics of the respondents, their socio economic situation, their attitude towards the practice, the problems encountered by them and the legal and welfare measures. The major variables in this study were age, education, income, occupation, attitude and psycho social status. This study verifies and establishes the relationships among the variables of the study and has the nature of diagnostic study.

Participants:

A representative sample size of 60 devadasis who took part in this study was selected from the five taluks of Raichur district by using random sampling method. Measures employed to avoid errors are preparation of source frame by compiling the survey lists received from the office of Women and Child Development Corporation/ DRP, and Navajeevna Mahila Okkuttaan NGO in Raichur.

Tools and procedure of data collection:

All the respondents were interviewed using a pre-

tested structured interview schedule which was developed by the researcher after a careful literature review and consultation with experts in the area. The self-constructed tool which consists of 160 questions is used to measure the socio economic back ground, perpetuating factors of the practice, to analyze the perception of respondents about the practice of devadasi system, psycho-social problems and health problems of devadasis, the level of awareness on legislation and the rehabilitation services and programs for the welfare of devadasis. Scaling techniques like rank ordering and methods of summated rating were used. The researcher visited the houses of devadasis and conducted interviews. Observation and focus group discussions were also conducted.

Inclusion and exclusion criteria:

Devadasis who are registered in DRP and NJMO, an NGO in Raichur and living in the geographical area of the study are the criteria for the inclusion. Devadasis living or working in cities/towns during data collection were excluded from the study.

Statistical analysis:

The description about the respondents were done using tables, graphs and diagrams and measures of central tendency. Karl Pearson's Co-efficient of correlation, Parametric tests of difference (t-test) and ANOVA were used for statistical analysis. The data were processed using SPSS.

RESULTS AND DISCUSSION

Socio economic background :

Age of respondents:

Age wise distribution of respondents shows that 8.3% above 60 years, 29.3% 50-60 years, 28 % belonged to 40-50 years, while 30% belonged to 30-40 years and 10% belonged to 20-30 years. Majorities (87%) of the respondents were from nuclear families. 78.3% of the respondents were illiterates, 17.7 % had Primary education and only 3% had Secondary education. All the respondents belonged to scheduled caste of which 71.6% were Madiga and 28.4% were Cheluvadi. This reveals that there are young devadasis and new dedication is taking place even today. The new generation devadasis may be dedicated secretly outside the villages or in the towns overtly due to restrictions imposed and wide opportunities to practice prostitution in the towns and cities. However it was found that they are not included in the list of DRP.

With regard to the housing condition of the respondents, 41.75 live in small huts, 38.3% in thatched houses and only 5% live in terraced houses. Most of them live in single room (48.3%) or double room houses (50%). Also 60% of the respondents' houses are with cow dung flooring. The lack of privacy in their households leads to cumulative adverse effects on their children as they are exposed to sexual activities of devadasis.

The sources of income of respondents, other than devadasi practice are unskilled seasonal labour (21.7%) and goat rearing (10%). Only four of them were engaged in skilled work like tailoring and vegetable selling. With regard to the monthly income 28.3% of them earn between Rs.1000/- to Rs. 2000/-, 51.7% of them between Rs. 2000/- to Rs. 3000/- , 5% of them between Rs. 3000/- to Rs. 4000/- , 1.7 % Rs. 4000/- to Rs. 5000/- and 13% above Rs. 5000/- per month.

With regard to the social security benefits, only 45% of the respondents receive devadasi pension. Majority (76.7%) reported to have debts. Only 45% of the respondents have land holdings of which 20% of them have less than one acre, 11.7% two acres of land and 13.3% above two acre of land. All of them have dry land cultivation. Due to lack of personal assets and regular income, majority of the respondents live a life of poverty which make devadasi families deprived and more vulnerable.

Perpetuating factors of Devadasi system :

There are multiple causes leading to the dedication of the young girls like superstitious believes, poverty, custom, tradition, influence of old devadasis, absence of male members in the family, influence of village leaders etc. The Table 1 points out the same.

Study shows that none of the devadasis are volunteered to become devadasi. They are dedicated as devadasis by their parents or due to the influence of the relatives, old devadasis and elders of the village. It is also studied that high caste and rich people directly and indirectly encourage this system for their vested interest.

Respondents' contact with Cities/Towns :

It was found that the devadasis in North Karnataka migrate to major cities seeking jobs and further engage in commercial sex work. Sometimes the children are taken along with them, which leads to discontinuation of

Table 1 : Factors leading to Devadasi system

Sr. No.	Factors	No. of respondents	%
1.	Custom	4	6.7
2.	Poverty	6	10
3.	Vowed by parents	4	6.7
4.	Incurable disease followed by vow	5	8.3
5.	Absence of male in the family	3	5
6.	Tradition	3	5
7.	Matted hair	4	6.7
8.	Influence of village leader	5	8.3
9.	Influence of old devadasis	5	8.3
10.	Both Vowed by parents and traditions	3	5
11.	Poverty, absence of male in the family	5	8.3
12.	Poverty and influence of village leader	8	13.4
13.	Poverty , matted hair and incurable diseases followed by a vow	5	8.3
	Total	60	100

their education and coerced into sexual activities. The following table shows the names of cities and towns they go (Table 2).

Table 2 : Respondents' contact with cities /towns for commercial Sex work

Sr. No.	City or town	No. of respondents	%
1.	Mumbai	20	33.3
2.	Bangalore	18	30
3.	Hyderabad	3	5
4.	Raichur	3	5
5.	Others	6	10
6.	None	13	21.7
	Total	60	100

Attitude of Devadasis towards Devadasi practice:

To find out the attitude of the respondents towards the devadasi system, a Likert scale was formulated with 22 statements, both positive and negative. Based on the scores obtained, the respondents were classified into four groups from highly negative to highly positive as given in the Table 3.

Table 3 : Respondents' level of attitude

Sr. No.	Attitude	No. of respondents	%
1.	Highly negative	26	43.3
2.	Negative	22	36,7
3.	Positive	10	16.7
4.	Highly positive	2	3.3
	Total	60	100

The table shows that only 20% have positive attitude towards devadasi system. Majority of them do not like this practice and perceive this system as highly negative. This reveals that the women get into this practice by coercion or due to their circumstances.

Psycho-social and Health problems of the respondents :

The psycho-social problems of the respondents were assessed with a series of 17 statements. The responses to these statements were scored on a five point scale (strongly disagree, disagree, not sure, agree and strongly agree). To get an overall assessment of the psycho social problem, a total score was obtained by adding individual score for each statement, with a minimum score of '0' to the maximum score of '68'. Then the entire score was divided into four groups as low (score 0-17), medium (score 17-34), high (score 34-51) and very high (score 51-68). Percentage of respondents belonging to each group is represented in the Table 4.

From the table it is evident that the majority of the respondents have psycho social problems to a great

Table 4 : Extent of psycho social problems

Sr. No.	Attitude	No. of respondents	%
1.	Low	-	-
2.	Medium	-	-
3.	High	39	65
4.	Very high	21	35
	Total	60	100

extent.

With regard to the health problems and treatment taken for the sickness, a number of diseases were listed out. The Table 5 shows the sickness of the respondents and the proper treatment they take.

Devadasis are affected by a number of diseases. Majority of them have health problems like anemia, asthma, general weakness, night blindness, backache, sexually transmitted diseases, urinary tract infection and malnutrition. It is alarming to note that 33.3% are infected with HIV/AIDS and among them only 2.17 are under treatment. Number of respondents who have anxiety and depression is also high.

Knowledge of Devadasis about the legal provisions and Rehabilitation programmes :

Knowledge of the Legal Provisions:

A two point scale was adopted to assess the level of awareness of respondents about the Karnataka Devadasis (Prohibition of dedication) Act 1982. It is given in the Table 6.

A greater percentage of the respondents are aware of the provisions given in serial numbers 1,2 and 3 which deal with the punishment for the violation of the particular provisions in the Act-to those who support, perform, take part or abet the performance. There is a consistent decrease in their awareness about the other provisions of the Act.

Knowledge of Rehabilitation programmes:

As a measure to rehabilitate devadasis and stop practicing sex work, the Government of Karnataka has certain packages of services namely Devadasi Rehabilitation Programme (DRP) implemented by Karnataka State Women Development Corporation. Besides this, there are different NGOs rendering services to the devadasi community. This research explored the awareness of devadasis about these services.

About 69% of devadasi women have registered themselves with the Devadasi Rehabilitation Programme (DRP) of the government. They are being assisted with some schemes such as devadasi pension (49%), medical checkup (6%), housing (30%) and subsidized loan for self-employment (7%). Those devadasis whose names are not registered in DRP are not eligible for any government facilities.

Rehabilitation needs of the respondents :

A need assessment for the rehabilitation of devadasis was also conducted. The following recommendations were suggested by the respondents for their rehabilitation (Table 7).

Table 5 : Health problems and treatment

Sr. No.	Health problems	Illness		Treatment	
		No. of respondents	%	No. of respondents	%
1.	Anaemia	9	15	3	5
2.	Asthma	16	26.4	9	15
3.	General weakness	40	66.7	4	6.7
4.	Night blindness	46	76.7	8	13.3
5.	Skin diseases	13	21.7	-	-
6.	Back ache	36	60	2	3.3
7.	T.B.	26	43.3	14	23.3
8.	Cancer	3	5	1	1.7
9.	Ulcer	20	33.3	12	20
10.	Hypertension	7	11.7	4	6.7
11.	Arthritis	8	13.3	4	6.7
12.	Migraine Headache	13	21.7	4	6.7
13.	Irregular periods	20	33.3	8	13.3
14.	Sexually Transmitted Disease	45	75	12	20
15.	Urinary tract infection	45	75	9	15
16.	HIV/AIDS	20	33.3	13	21.7
17.	Anxiety	56	93.3	1	1.7
18.	Depression	18	30	1	17
19.	Malnutrition	35	58.3	2	33
20.	Any other	2	3.3	2	3.3

Correlation of variables :

Statistical analysis was conducted to ascertain the association between significant variables of the study.

There is association between income of respondents and level of satisfaction from devadasi practice. (Karl Pearson's Co-efficient of Correlation) The correlation is 0.371 and type of correlation is low.

There is significant difference in the awareness on legislation of respondents belonging to different education level (ANOVA).

There is significant difference between respondents belonging to different age groups with regard to their attitude towards the practice of devadasi systems (ANOVA). It reaches to the peak at 50-60 age bars and then diminishes.

Recommendation on social work intervention to Combat Devadasi practice :

The results of the study indicated that majority of the respondents have psycho social problems due to their status as devadasis. Practicing social case work and counseling among the devadasis will help them to cope with the problems. Social Group work is a method focused on the individual development through groups. Group work can be conducted for children, devadasis and their families. As there are children who had to drop out from schools, group work can be used as an effective method to enhance motivation among them. Effective child protection measures are to be undertaken with special emphasis on preventing child abuse, after assessing the risk factors and protective factors of children of devadasis. Social Workers can implement student

Table 6 : Respondents' knowledge on Legislation Karnataka Devadasis Act, 1982

Sr. No.	Provisions of the Act	Yes (%)	No (%)	Total (%)
1.	Whoever performs any such ceremony (dedication as Devadasi) is punishable for three years of imprisonment and fine of Rs.2000/-	55 (91.7)	5 (8.3)	60 (100)
2.	Whoever permits of any such ceremony (dedication as Devadasi) is punishable for three years of imprisonment and fine of Rs.2000/-	44 (73.3)	16 (26.7)	60 (100)
3.	Whoever takes part or abets the performance of dedication ceremony any such ceremony is punishable for three years of imprisonment and fine of Rs.2000/-	29 (48.3)	31 (51.7)	60 (100)
4.	If the abettors are parents, guardians of the girl, maximum punishment up to five years of imprisonment and fine of Rs.5000/-	20 (33.3)	40 (67.7)	60 (100)
5.	All marriages of devadasis are regarded as valid	8 (13.3)	52 (86.7)	60 (100)
6.	The children of devadasis after marriage are regarded as legitimate	5 (8.3)	55 (91.7)	60 (100)

Table 7 : Respondents' recommendations for rehabilitation

Sr. No.	Recommendations	Yes		No	
		No. of respondents	%	No. of respondents	%
1.	Counseling services	60	100	-	-
2.	Income generation schemes	58	96.7	2	3.3
3.	Awareness on positive religious practice	57	95	3	5
4.	Punishment for supporters	51	85	8	15
5.	Free treatment for devadasis	59	98.3	1	1.7
6.	Institutional care for children of devadasis	58	96.7	2	3.3
7.	Proper implementation of govt. schemes	58	96.7	2	3.3
8.	Devadasi security schemes	60	100	-	-
9.	Punishment for the customers	48	80	2	20
10.	Promotion of SHGs for devadasis	51	85	9	15
11.	Network of devadasi Groups	51	85	9	15
12.	Free Anti- Retroviral therapy	60	100	-	-
13.	IGP by Government	60	86.7	-	-
14.	Skill oriented training	52	91.7	8	13.3
15.	Housing	55		5	8.3

retention strategies in schools by providing psycho-social and practical support. Awareness generation programmes among the public depicting the ill effects of this system on them and their children will be beneficial.

Organizing devadasis into groups at villages (SHGs), taluks and district level (federation) will help them to voice out their issues and address their issues collectively. Empowering devadasis for claiming social security benefits entitled for them through right based approach can be adopted. This could be achieved through advocacy, lobbying and networking. Sustained efforts should be made among the devadasis for their employability and income generation. For this, skill development programmes are to be organized in collaboration with government agencies and NGOs. Maintaining optimum health is also another major aim of social work practice among devadasis as this practice adversely affects their health. A comprehensive health care package including preventive, promotive and curative interventions are to be adopted at community level.

Research can be conducted to assess the effectiveness of social work interventions and the evidence documented through publications. Above all, capacity building and continuous professional development programmes for the functionaries could be organized to ensure delivery of quality services.

Conclusion :

A small attempt is made by the investigator through the descriptive diagnostic study to unravel the life situation of a community of victims of oppression and violence called 'devadasis'. We cannot afford to ignore this population and society because of the impact it has on the society. The findings of the study are the outcome of the analysis of different variables by using statistical and non-statistical measures. Based on the findings some suggestions are associated for social work intervention for the emancipation of an exploited community. If proper intervention strategies are formulated and implemented, these victims will be able to function as partners for their own transformation and transformation of the society.

REFERENCES

Anti-Slavery International (2007), Thomas Clarkson House, Stableyard Broomgrove Road London. www.antislavery.org

https://www.thehindu.com /Today's Paper/NATIONAL / KARNATAKA, January 10, 2008

https://timesofindia.indiatimes.com › City News › Bengaluru News Apr 9.2018Torri, Maria

http: United Nations Convention on Child Rights.

Joint Women's Programme, Regional Centre, Bangalore, An Exploratory Study on Devadasi Rehabilitation Programme Initiated by Karnataka State Women's Development

Jordan, K. (2003). From Sacred Servant to Profane Prostitute: A History of the Changing Legal Status of the Devadasis in India, 1857-1947 Manohar Publishing House, New Delhi.

Kadetotad, N.K. (1983). Religion and Society among the Harijans of Yellammana Jogatiyaru Hagu Devadasi Paddati (Jogati of Yellamma and Devadasi Custom), Dharwad, Karnatak University Press Kannada, Bangalore

Karnataka: A Study, (Carried out under financial assistance from NORAD Corporation) Report Submitted to National Commission for Women, New Delhi, 2001-02.

Mowli, V. C. (1992). Jogin: Girl Child Labour Studies, New Delhi, Sterling Publishers Private Limited.

Patil, B.R. (1975). The Devadasis. *Indian J. Social Work*, **35** (4) : 377-389.

Patil, B.R. (1987). *Encyclopaedia of Social Work,* New Delhi: Publication Division of Government of India.

Tarachand, K.C. (1992), Devadasi Custom – Rural Social Structure and Flesh Markets,Reliance Publishing House, New Delhi

Torri, Maria Costanza (2009). Abuse of Lower Castes in South India: The Institution of Devadasi.*Journal of International Women's Studies*, **11**(2) : 31-48.

****