

**A PAINFUL POWER: COMING OF AGE, SEXUALITY AND RELATIONSHIPS,
SOCIAL REFORM, AND HIV/AIDS AMONG *DEVADASI* SEX WORKERS IN
RURAL KARNATAKA, INDIA**

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**A thesis submitted to the Faculty of Graduate Studies in partial fulfillment of the
requirements for the degree of Doctor of Philosophy**

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BY

Treena Orchard

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University of
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Of

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CHAPTER 6- SEXUALITY & RELATIONSHIPS

The main reason that women engage in unsafe sex has less to do with economics than with condom symbolism and women's social and affective needs, which include the needs for status and esteem...Prostitutes or sex workers are said to use condoms with each customer. Their sexuality appears unrelated to any desire to establish or maintain long-term relationships (Sobo 1995:113).

Introduction

Following from the previous discussion about how young *Devadasis* come of age and are socialized into *dhandha*, this chapter focuses on the next stage of socio-sexual development, that of sexuality and relationships. Despite the centrality of these topics to the institution of sex work, very little is known about sex workers' sexuality and how their socio-sexual relationships (i.e. with lovers and non-regular clients) figure within their lives. This is partly due to the traditional definition of prostitution, most of which are predicated on a model of emotionless exchange: "promiscuous" sex for monetary consideration without emotional attachment. The other major component of prostitution is the selling (purchasing, curiously, escapes scrutiny) of sex, which is presumed only to have value of the proper kind within the confines of marital union (McClintock 1992:72). This position is summed up well by pioneering sociologist Kingsley Davis (1963:265), who contends that "...what reflects a pure commercialization and dehumanization of the sexual relation is her "selling sex" and her indifference to not only sexual pleasure but also to the partner". Thus, within the nexus of sex work the three elements of promiscuity, payment, and emotional indifference combine to produce a brand of sexuality and types of relations that are considered debased, deviant, and incapable of being assigned any significant human value. No surprise, then, that these topics have only

been addressed recently, mainly in 'developed' nations like America, Canada, Australia, and parts of Europe.

The other dominant factor behind the dismissal of these fundamental dimensions of sex work stems from the theoretical focus of researchers working in this area. Radical feminists like Kathleen Barry (1979), Andrea Dworkin (1987), and Catherine McKinnon (1987, 1989) view prostitution as involuntary slavery and examine sexuality or relationships only in terms of their exploitative organization and unequal position vis-à-vis patriarchy. Those in the other main camp who support the regulation of sex work consider more carefully prostitutes' work-related experiences, but this tends to be in relation to how they impact legislation and social or labour policy (Jagger 1991:260; O'Neill 2001:18), not as issues of complex personal and political meaning (Walkowitz 1980). The divides within academe over what constitutes sex work have also engendered divisions between feminists and sex workers. Laurie Bell (1987:17) documents the tensions between feminists ("good girls") talking about prostitution and sex workers ("bad girls") speaking from their diverse socio-economic, racial, class, and sexual positions, positions that they do not see reflected in ivory tower discourse.

While problematic, this cleavage helped spur the "pro-sex feminism" or modern sex worker movement that seeks safer working environments, legal advocacy, educational training, and challenges to stereotypes, including those pertaining to sex workers' right to pursue and express sexual pleasure (Doezema 1998; O'Neill 2001: 21). Groups have been organizing under this rubric since the international women's movement of the late 1970s, and are run by sex workers, social activists, feminist researchers, and volunteers. During the early formation of these groups, sex worker Carol Leigh coined

the term "sex worker", which she says originated out of a "desire to reconcile my feminist goals with the reality of my life and the lives of the women I knew. I wanted to create an atmosphere of tolerance within and outside the women's movement for women working in the sex industry" (1997:223). This proactive period in the contemporary sex work movement made instrumental changes in the way women in various sex-related industries (i.e. strippers, escorts, prostitutes, massage workers) organize to achieve their goals. It has also ushered in a new domain of sex worker-driven literature that contests traditional ideas about emotionally and sexually debased encounters with clients, presenting instead far more complex and emotionally diverse scenarios (Chapkis 1997; Delacoste and Alexander 1987; French 1988; Meretrix 2001; Pheterson 1989; Sycamore 2000).

These groups and writings are based largely in 'developed' countries, where women generally have greater individual freedom and mobility, along with access to education, health, legal, and social services. Not to say that sex workers in 'developing' nations have not been mobilizing and working towards change, they have since the 1990s (see Kempadoo and Doezema 1998:19-23). However, limited opportunities for publicizing their groups and the taboo nature of issues like sexuality, the body, and relationships with clients in countries like India make it more difficult to mobilize politically than is the case among sex workers in the West. Exploring these areas of life is important because of the obvious linkages between the conditions of sex, relationships and HIV/STD risk, violence, and body trauma, especially for the younger girls. It also helps to deconstruct traditional models of sex workers' experiences in this important area, especially those that suppose a universal meaning of sex (Kempadoo 1998:5) and those that assume the sex lives of "third world women" to be constrained and unsatisfying

(Mohanty 1991:56). Furthermore, examining socio-sexual relationships provides essential data into the underproblematized and relatively unknown sexual and social role(s) of the client in the lives of the women they sleep with, sometimes support, and often care for.

In order to contextualize the two main topics of sexuality and relationships, this chapter begins with an overview of some of the basic Hindu beliefs regarding women, sexuality, and the body. I then move to a discussion of sex workers' sexuality, starting with evidence from North America, Africa, and Asia, after which I narrow it down to Indian and *Devadasi* literature. Research data is then presented and discussed in relation to the issues raised, missing, and contested, in the current sex work canon surrounding the topic of sexuality. The third section of Chapter 6 deals with socio-sexual relationships with clients and lovers, and is prefaced by a general and then Indian-specific overview of existing research. Fieldwork material is used to explain the nature of these relationships and how they fit with typical models of sex worker-client interactions. The final section reviews the basic points raised in the chapter, and I conclude with a brief discussion of the relevance of these issues for HIV prevention and sexuality research generally.

"Through Woman is Being, and Through Woman is Downfall"¹⁰⁰: An Overview of Women's Status

The nature of sexuality and relationships among *Devadasi* women and girls can perhaps be best understood in relation to how Indian women in general experience these facets of life, as they are the group with which sex workers are typically compared. As the above section heading makes clear, women occupy a position marked by a duality; they are

¹⁰⁰ A Tamil proverb quoted in Reynolds 1978, cited in Wadley (1980:153).

essential and destructive. Examples of this insoluble division can be traced back to early legal and religious writings, which dictate several reasons for women's problematic status. The most basic explanation revolves around the impurity of the female body, which is connected with several intertwined ideas regarding blood, sex, and the dangers these pose to men.

Menstruation is one of central traits that defines female status and sexuality, while also disqualifying them from gaining access to learning the spiritual mantras that are necessary to achieving *moksha* or salvation (Leslie 1994:66). Menstruation is considered dangerous because of the heating quality of blood in general, the dirty quality assigned to this particular type of blood¹⁰¹, and the shedding of blood indicates an abundance of this heating substance, which, in turn, marks them as excessively "hot" (Beck 1969:553). Over-heated bodies are linked with an overabundant sex drive, and women are thought to have sexual appetites up to ten times as great as that of men (Daniel 1984:165; Marglin 1985: 60; Reynolds 1980:47; Viswanath 1997:316). "Women are more sexier than men" is how one informant described this fundamental difference between men and women, which was explained as meaning that women want sex more and, importantly, are more difficult to please sexually (orgasm) than men. This poses significant problems for men because women are believed to drain men's strength through their loss of semen during sex, while losing very little of their own 'seed' or *rasa* (Harper 1969:85; O'Flaherty 1980:30,31,36; Reynolds 1980:47; Wadley 1988:28). Furthermore, because other bodily substances like blood and saliva are embodied in semen, any emission can disrupt their equilibrium and upset further the bodily balance.

¹⁰¹ In fact, when women of any caste menstruate they are all considered to be as polluting as members of the Harijan or ex-Untouchable castes (Harper 1969:85).

While constructions of women as threatening to men's spiritual and bodily well-being are rooted in upper-caste Brahmin ideology, they continue to have great influence in most class and caste groups. The dangerousness of women is behind the severe regulation of their social and sexual behaviour, the principle roots of which are outlined in the following passages from the *Laws of Manu* from the early Christian era:

In childhood a female must be subject to her father, in youth to her husband, when her lord is dead, to her sons; a woman must never be independent

Though destitute of virtue, or seeking pleasure (elsewhere), or devoid of good qualities, (yet) a husband must be constantly worshipped as a god by a faithful wife...(Manu 5.147-148; cited in Buhler 1964).

In order to embody these dutiful qualities, young women and girls are socialized to become the 'ideal woman', which is often expressed through the model provided by the Goddess Sita, who shows (un)dying devotion for her husband Rama in the *Ramayana* epic (Dhruvarajan 1988:276; Fuller 1992:33; Kakar 1981:63-71). In this text Sita follows Rama into exile for 14 years, resists the sexual advances of the rival god Ravana who kidnaps her, and suffers the humiliation of having her chastity questioned by her husband (because of the time spent with Ravana). After this Sita continues her wifely duties by committing suicide on a pyre, and after she emerges unscathed on account of her intact virtue she rejoins her husband, and all is well (Wadley 1988:31).

Reliance on mythical figures to inculcate appropriate female behaviour may seem unusual to Westerners, but Madhu Kishwar (1999:227,240,248) provides several compelling reasons for the continued use and popularity of the Sita figure. First, Indians have a reverence for the past when people were considered to be wiser and of better moral fiber, making such models a natural guide to help navigate the troubled and changing world of today (*kaliyuga*). Second, by adhering to this paradigm women stand a

better chance of gaining acceptance into their husband's family, who place extremely high expectations on new daughter-in-laws. Third, following these rules is part of women's *dharma* (righteous duty) and, along with bearing a son they represent the sole path open for women to attain *moksha* (Wadley 1980:164-165).

Complimenting the Sita model is the *pativratiya* (or *pativrate*), which means an unswerving and steadfast devotion of a wife to her husband (Dhruvarajan 1988:273; Fuller 1992:20-21;Manu 1999:191). The equivalent of this term in South Indian is "*sumangali*", which translates as "she who is auspicious" or "an ever-auspicious woman" (Kersenboom 1987:xv; Reynolds 1980:37-38). The status of a *sumangali* is dependent upon having a living husband and bearing children, preferably male (Reynolds 1980:38). Attaining and maintaining this auspiciousness is so essential for women's *dharma* and familial harmony that a Tamil manual was published, entitled *May you be a sumangali always* (Najan 1979). The document contains excerpts from classical texts that extol the virtues and duties of a "good wife" and it closes with the following passage referring to the Goddesses Savitri, who brought her husband back to life:

"We pray that, following Savitri, that jewel among faithful wives, we say this mantra every day and get all the auspiciousness. We should thus live as *sumangalis* for a long time" (Sumangali Manual p.45; cited in Narayanan 1991:69).

Despite the restrictive conditions placed on Indian women's behaviour and the negative characteristics applied to their general being, that is not the whole story. Part of the reasons underlying these regulations is the power that women, especially *sumangalis*, are believed to possess, which is often likened to that of the Goddess. Even Manu recognized the importance of trying to ensure that women are not ill treated, advising that "They should always be respected as mothers...their material needs and comforts should

be taken care of so that they will have no occasion to feel bad (Manu Chapters II, 145 and III, 56). Having women "feel bad" is to be avoided because of the tricky position they are in, as bastions and potential destroyers of proper moral, spiritual, and familial order. Since so much rides on the *sumangali*-ness of the wife, which is derived from her self-control, submission, and duties towards her husband¹⁰², to anger or displease her is to tempt fate (Dhruvarajan 1988:274; Wadley 1980:160). While this specific line of reasoning tends to reside mainly in the realm of theory, the character of women are often aligned with Goddesses, who continue to play incredibly powerful roles in the daily lives of most Indians.

Hot, Cold, and the Embodied World: A Review of Hindu Conceptions of the Body

Bodily fluids, functions, and physiology have long been assigned symbolic importance through their association with the structure of the natural and social order, and their intimate connections with the operation of the universe (Douglas 1970); i.e the moon, tides and menstruation. These ideas are particularly relevant in India, where conceptions of the body find diverse meanings at the intersection of the ancient *ayurvedic* (science of life) system of medicine, cosmology, and God/Goddess worship (who are linked with disease, fortune, and spiritual harmony). What results are very complex conceptions of the how the body is affected by, and a reflection of, the environment, the stars, deities, and the behaviour of others. As Beck (1976) demonstrates, in certain specialized rituals the individual is believed to merge and become identical with the cosmos.

Aside from the fascinating ritual and symbolic dimensions of Hindu bodily knowledge, the body is also essential to understanding caste, disease, fertility, and

¹⁰² Which, incidentally, allow her *sumangali* powers to accumulate.

sexuality. According to founding texts like the *Rg-Veda* and the *Vedas* (c.1400-800 B.C.) the socio-economic, political, and religious hierarchy inherent in the caste system is, quite literally, written into the body. Brahmins constitute the head, Kshatriyas or warriors the arms, Vaisyas or traders the thighs, and the Sudras or serfs the feet (Zaehner 1962:44). This chart of the body politic signifies the importance of both bodily parts and caste groups, which are listed in descending order. While the ties between caste and sexuality will be discussed further in the next sub-section, its keystone role in Indian society deserves mention here. These cultural components are like two sides of the same coin, both of which depend upon women for appropriate value. Owing to their inability to access mantras and the realm of the 'twice-born', all women, irrespective of caste or class must observe the rules of purity and pollution in the same manner as persons of the lowest social category. The hierarchy of caste rests upon the observances of rules of purity and pollution (Marglin 1985b:44), thus women, or more precisely, their sexual virtue, is at the heart of the caste system and Indian society in general.

Fundamental to Hindu notions of the body and disease are the concepts of *dosas* or humors and *dhatu*s (body tissues) of which there are three and six, respectively. The three qualities of *sattva* (clarity and calmness), *rajas* (passions and aggressions), and *tamas* (dullness and lethargy) are also essential to people's health and disposition (Atler 1996:115). The three *dosas* are phlegm, bile, and wind, while the six¹⁰³ *dhatu*s are blood, flesh, fat, bone, marrow, and semen (Daniel 1984:175; Mani 1981:196). Each humor corresponds to a stage in the life-cycle, with phlegm being dominant during youth, bile in middle age, and wind in old age (Beck 1969:562). They are also connected with different

¹⁰³ Some sources include "chyle" (Zimmerman 1988: 203) or "initriam", sexual fluids, in this list, making for a total of seven *dhatu*s.

dhatu, as the Table below illustrates. In addition, humors and tissues are assigned 'hot' and 'cold' characteristics, which refer not only to the external environment, but also to body make-up, foods¹⁰⁴ consumed, moral constitution, and disease¹⁰⁵ (Lambert 1992:1070; Zimmerman 1988:2000). Sex, menstruation, and pregnancy are three particularly heating conditions. Intercourse can produce pimples or black patches on the skin if thought of or practiced excessively (dark skin spots are also thought to cause or reflect misfortune). Several male informants told me that sex is even "hotter" for men who use condoms because the semen cannot be expelled from the body, which can cause blisters in the mouth to form (another sign of overheating).

Table 4- Corresponding humors and body tissues (Daniel 1984:175)

<i>Dosa</i>	<i>Dhatu</i>
Right wind	Blood
Right bile	Bone
Right phlegm	Flesh
Left wind	Fat/marrow
Left bile	Nerve tissue/skin
Left phlegm	Saliva/serum

Along with bodily tissues are the fluids that relate specifically to sexuality, the primary three being blood, semen, and female seed. Wendy Doniger O'Flaherty provides

¹⁰⁴ Some heating foods include meat, spices, onion and garlic, chilies, and alcohol, versus cold foods like curd (yoghurt), rice, milk, and many fruit and vegetables (see Beck 1969: 566-570; Pool 1987:390).

¹⁰⁵ Examples of hot diseases include ulcers, smallpox, skin diseases, and leprosy, while coughs, tuberculosis, and paralysis fall under the cold rubric (Pool 1987:391).

detailed information regarding the function and meaning of these substances from the Vedic and post-Vedic periods, and it is from her text *Women, Androgynes, and Other Mythical Beasts* (1980:17-61) that data for this discussion is drawn.

Blood is the most basic of all body fluids and although not mentioned frequently in the earliest writings, it is understood to be explicit in the formulation of other substances. For instance, when water is drunk, it is transformed to urine, blood, and then breath; and when a person dies and the body elements disperse, blood and semen enter the water (*Ibid.*:20). In later texts, blood references increase and are often connoted with a female quality, which is true for all kinds of fluids, versus the solidity of things male. The different associations between female blood and other substances, mainly semen, are particularly problematic in the post-Vedic period and they foreshadow the persistent divide between women as either maternal (good, productive) or erotic (bad, destructive) (See also Gupta 1998:180-181). A neutral kind of blood produces breast milk for nourishing offspring, but the polluting kind of blood in the form of menstruation represents the danger women pose to male and caste purity. The boundaries separating good and bad, along with blood types, are blurred in one text where milk is said to be made from menstrual blood, which has been "cooked" or filtered to its pure goodness in the body; in much the same way that semen is distilled blood (O'Flaherty 1980:42).

Semen is discussed frequently throughout the earlier period in question, as both a refined substance and a process (*Ibid.*:20). One of the most important semen metaphors is that of rain or "the seed of the clouds", which binds heaven and earth and provides the liquid of life. Subsequent documents align milk with semen, a continuation of its life-giving properties. Beyond this, however, the two liquids are compared in terms of their

'containers', both of which are described as "liquid-bearing" or "milk-bearing" (*Ibid.*:44). From this emerges the compelling ideas of "the breast that feeds itself" (Klein 1948:265, 357) and "(homosexual) fellatio as the self-feeding breast" (Caldwell 1999a:170;b). Also central to post-Vedic texts is the belief that retaining semen increases male spiritual strength (which is always less than that of women) and intellectual development, which takes place over time as the substance travels to the head, the seat of power (O'Flaherty 1980:46-47). Once here, semen is transformed into a nourishing form, which is equated with cream, milk, or butter. Interestingly, male informants typically used the general term *dhatu* when referring to semen. However, an older man said another word is "*nada uchuchu*", which means "waist discharge", an apt description.

Female seed, termed "bull-like" or "seed-like" milk, is described in the *Vedas* as combining with the male seed in the process of creating children. Women give their seed and take that of the man, an idea that is reflected in contemporary beliefs about women's draining or absorbing role during sex. But is their seed menstrual blood or actually female semen? This question, it seems, is never fully resolved, but it points to the lingering ambivalence about women as life-giving and life-sucking. Additional data complicate the matter, when a third kind of female blood/seed/substance is introduced, that of sexual pleasure or lubricant (*Ibid.*:35). O'Flaherty connects this particular fluid with emotion and passion (*rasa* or *raja*) and argues that this is an extension of the dichotomy between erotic and maternal as passion is rooted, not in the maternal breast, but in the risky loins. Complicating this picture is yet another explanation of *rasa* as a seed that is the source of female semen, which is stored in menstrual blood and begins to accumulate around puberty. However, O'Flaherty closes with a more simple explanation,

saying that *rasa* in the broadest sense is fluid (made from digested food) that is consecutively transmuted into blood, flesh, fat, and the other *dhatus* (*Ibid.*:36).

The Complexities of *Kama*: Sexuality in Hindu Ideology and Practice

Writings about sexuality within Hindu society span centuries and include references to a variety of related topics, including law, morality, religion, caste, and culturally appropriate male and female behaviour. This sub-section examines the social context and conduct of sex as recorded in sacred texts and as experienced in the lives of several informants, highlighting when and how these two sources of information mirror and contradict one another. I begin, however, with a brief discussion about how sexuality figures within the structure of ideal life goals and the caste system.

According to orthodox Hindu ideology there are four objects of life that should be achieved in order to have a "good life". These are: *dharma* (religious and social duty), *artha* (acquisition of wealth and property), *kama* (pleasure and love), and *moksha* (liberation) (Pruthi and Sharma 1995: 164; Narayanan 1991:65; Zaehner 1962: 114). Like the other three goals, obtaining the benefits of *kama* demanded an active pursuit of the activities that lead to its accomplishment. This does not mean that all Indians, then and now, practice daily the "64 arts" of the *Kamasutra* and imbue every form of intercourse with a higher meaning. Sex is interpreted as both a religious duty and a vehicle through which salvation can be attained, and it was practiced differently by people of different social groups. The same holds true today, and most people express a belief in the sacred, pleasurable, and dangerous qualities of sex.

The different religious, economic, gendered, caste, and political dimensions of sexuality in this cultural context are often collapsed in academic and popular discourse, which favours distorted notions of "Indian sexuality" as fantastically exotic. This projection emerged during the colonial era, in which Indian sexuality was perceived to be barbaric and bawdy (Ballhatchet 1980; Levine 1994; Said 1979). The reification of Indian sexuality persists and gains prominence through the work of dominant theorists like Michel Foucault (1980:57), who groups India, China, Japan, Rome, and Arab-Muslim countries together as having societies with sexual systems that are characterized as *ars erotica*. Foucault argues that erotic arts, specifically pleasure, is a medium from which truth is drawn. He contrasts this system with the Western *scientia sexualis*, which is focused not on erotic experience in its own right, but on the suppression and regulation of sexuality. Foucault's position is problematic because of his inattention to how the issues of political-economy, race, religion, and gender affect the meaning and expression of sexuality in these different countries. Furthermore, by assuming that technologies of power and regulation operate only in Western contexts he casts the issue and experiences of sexuality in countries like India as uncomplicated or more 'natural', sweeping generalizations not unlike that of colonial powers centuries ago.

These assumptions are echoed in most people's perceptions of sexuality in India. I am constantly met with surprised and confused reactions from my North American friends, family, and colleagues when discussing the complicated¹⁰⁶ dimensions of sexuality in India. Two of the issues discussed most are the *Kamasutra* and the sexually

¹⁰⁶ Complicated in the sense that although sex is important to many people, it is often very brief in duration, closely tied to marriage (and certain time in marriage, after bearing children), extra-marital sex is common among men, and there are increasing instances of incest and sexual abuse against women and children (mainly, but not only, girls) being reported.

explicit temple art, both of which are often assumed to represent or explain sexuality in this cultural context. The idea that sex is creatively explored and frequently indulged in in India is common, and so many people are surprised to learn that prostitution is as well supported as it is. What seems to be confusing is not that various dimensions of sexuality exist, but that they take place in the mystical, sensual land of India. To explain or "unpack" this set of misconceptions one has to take sexuality in India, which is often discussed as an isolated phenomenon, and re-insert it within the broader landscape of political-economy, class, religion, and gender.

The *Kamasutra* was compiled by a sage, whose ability to read and write separated him from the masses and aligned him with those who were literate, and those who could afford the time and money it takes to partake in the toils of extended and numerous sexual relations. Similarly, while the erotic sculptures in famous temples like those at Khujarao and Konark were sponsored by and celebrated in the context of religion, they also served important economic and political purposes. As the discussion of the rise and fall of the *Devadasi* tradition in Chapter 3 illustrated, temples were sites of royal and religious power and their operation depended upon attracting visitors and pilgrims. The more *Devadasis* a temple hired and the more sexually charged environment they could create through sculptures, the more likely they were to gain wealth and prestige (Arcand 1991:205; Tannahill 1980:218). Thus, far from being a purely hedonistic and spiritually bounded phenomenon, sexuality in India must be understood as a complex social institution that creates and reflects meaning as it intersects the issues of religion, politics, economy, pleasure, and power.

As mentioned in the previous sub-section, female sexuality is one of the primary conditions on which the maintenance of caste purity hinges. In a sense, all women are considered polluting because of their ability to menstruate, the dangerous function that signifies life, heat, and potential destruction. This belief overrides caste divisions as all women, no matter what caste, are considered untouchable during their menstrual cycle (Marglin 1985b:44). Women are lumped together as one distinct and defiling social group upon which the fate of the rest of their family lines are dependent, but in reality things are more fluid. There are distinctions within castes that separate some women as more dangerous than others on account of their sexuality. Lower caste individuals are generally believed to have especially "hot" bodies because of their intake of meat and alcohol, and their related increased frequency of sexual intercourse (Mani 1981:202). In particular, untouchable women are perceived to have greater sexual potency, which is sometimes linked with their magical powers; in that, they carry spells and are considered generally inauspicious, yet they can also heal and avert misfortune (Khare 1995:155).

Women of the lowest social category are threatening to those of upper castes because their uncontrollable sexuality can lure their men away, thereby polluting¹⁰⁷ them (and perhaps their wives). A local term among Khare's informants living in the northern city of Lucknow describes untouchable women as "forbidden fruit (for upper caste men)". As the author says, "Paradoxically, the powerless thus become powerful by threatening the dominant caste order. On the other hand, if this is social recognition, it is still backhanded and *negative*" (emphasis in original) (Khare *Ibid.*:155). Although it is unclear how untouchable women themselves perceive of their supposedly heightened sexual

¹⁰⁷ This kind of pollution is not permanent, however, and can be 'washed away' through penance, donations to a priest, and abstaining from sex and "hot" foods for a time.

power, Khare's informants do not appear to experience it as productive or as a way to contest the oppression of the dominant caste order.

The same is likely true for *Devadasis* (who are predominantly from the lowest caste groups) because despite their polluting/power sexuality, they do not necessarily have control over their sexual encounters or their more intimate relationships. An instance of this is how many older women initially spoke of themselves as having the upper hand over their long-term clients (and their wives) because they received money and gifts from them, and the men listened to them about matters of money, sex, and sometimes family situations. However, virtually all of these women later spoke of their bitter dislike of having to support their family alone and of doing *dhandha*, wanting instead a married life and a husband to take care of them and their children. A cautionary example of the importance and complications involved in identifying the twisted threads of *Devadasi* women's sexual, economic, and socio-emotional experiences and what they 'mean' in relation to their notions of sexuality and self.

Identifying constructions of female sexuality in Hindu tradition and in relation to caste is central to establishing a theoretical context for the ensuing sections, but equally important is looking at how these orthodox beliefs compare with women's everyday sexual experiences. Sexuality is a taboo subject with strong connections to the institution of marriage, and it is not discussed during childhood (Aggarwal *et al.* 2000:226; Nayyar and Rajashekar 1998:49; Saraswathi 2002:129). Sexually explicit forms of media within popular culture (especially Bollywood and Western movies) and the Internet are expanding youth's opportunity to access and learn about sex among their peers, but it is still inappropriate to discuss these issues with parents or even siblings (Rakesh

1992:103). One older male participant affirmed this when he said that people are "socially banned to talk about sex with children".

The social prohibition on talking about sex and mixed sex socialization continues through adolescence, which is a particularly important time for young girls because of their risk of being "spoiled" before marriage (i.e. having a love affair, becoming pregnant, or being sexually assaulted). Being seen with a boy is reason enough for a girl to be beaten or chastised severely by her mother or relatives because regardless of what actually goes on, "people will suspect" that their discussion is of a sexual nature, or that it will lead to sex. Inquiring about sex during this time is equally punishable, as the following excerpt from my fieldnotes reveals:

Then G said some interesting things about trying to learn about sex in the context of adolescent development. She and a cousin who she told about her periods were curious about what happens between a bride and groom when they "go into the room". So they asked a newly married female relative, but the wife chided them and asked why they wanted to know about such things. The older woman promptly told everyone else what the young girls were asking, even though she promised them she wouldn't. G and her cousin were so embarrassed they cried, locked themselves in a room, didn't have supper, and lamented about why she told on them. Elders and others bugged them about this and joked with them for a long time, and even today it's mentioned! (May 14-31, 2002:28).

The lasting impact of these restrictions extends into married life, when women seen talking with men can be the subject of vicious gossip about their character and imagined behaviour. Despite the difficulties these rules place on young girls' mobility and socio-sexual curiosity, most married women are firm about not discussing sexuality with their children. I was astonished when several of my well-educated female friends told me that they would not talk about sex with their children, mainly because they would be embarrassed and it would be considered inappropriate by other family members.

What about actual sex, are women oppressed by their gender and doomed to forced and unsatisfactory intercourse? The data that I rely on to explore this question comes from two women, of middle and working class origins, and while it is not representative of all groups it does help shed light on some of the workings of sex that many women experience in South India today. I begin with some basic terminology that is not generally included in studies on sexuality, those pertaining to male and female genitals. The strong taboos surrounding sexuality explain the absence of these terms from literature and daily use, but more compelling is their absence from the language of women (especially upper caste), many of whom do not know names for their genitals (Kakar 1989:20).

"*Tunni*" is a literal term for penis in Kannada, "*shisna*" means testicles, and "*mukuli*" refers to anus. For women, "*molay*" or "*stana*" (more literal) denotes breast, a nipple is called "*molay tottu*" ("nipple on the breast"), and most women talk about breasts in terms of feeding babies. For vagina, "*yoni*" is popular but "*tullu*" is a more colloquial term, used more in villages¹⁰⁸. *Tullu* is also a very crude term of abuse that a man may call a woman (but not another man, as in the case of "pussy" in the West). Like among men, "*mukuli*" means anus, but the term for hips, "*kundi*", is also used to refer to the posterior area. Interestingly, neither woman knew the word for clitoris, but just a few days before I posed these questions, the middle-class participant had found the term from in a novel. The term is "*chandranadi*", and although "*chandra*" means "moon" I do not know if this meaning plays into the term and neither did my informant¹⁰⁹. She added that

¹⁰⁸ In his study on sex work in Kolkatta (Calcutta) Joardar provides two terms for female genitals: "*khaca*" or cage and "*khal*", meaning creek (1983:173).

¹⁰⁹ Although, Veena Das (1988:196) states that the word for a woman's menstrual cycle and the moon's cycle is the same.

the separate parts of a woman's genitals are not talked about, people usually just say *yoni*, and nor is stimulation of different areas of the pubic region.

Speaking of stimulation¹¹⁰, while the two women were not sure of the exact term for orgasm, one said that the general word for satisfaction, "*trupti*", could be employed. When I asked how important sexual climaxing is, their responses revealed a split along gender lines. For men, it is very important and some men even beat their wives in order to achieve sexual release. Women's pleasure, on the other hand, is less important or, more precisely, it is more complicated. As the oft-cited ancient passage goes, "the wife should be like the prostitute in bed and like *bhoomi* (the earth), accepting of everything" (Dhruvarajan 1988:277). One informant recited this saying and explained the difficulties involved in maintaining such an impossible balance, of "cooperating" in bed and being, basically, non-sexual in all other aspects of life. Although the description "cooperating" connotes submission to male desire, and sometimes this is the case (e.g. a woman must not be "too good" in bed or her husband will suspect prior sexual experience), it has more complex implications for female satisfaction.

When I asked one woman what this term meant, she had me first define what "good in bed" refers to. After replying: the woman being an active partner, her enjoyment, her skills in love-making, taking an initiative with sex, and wanting sex often, she nodded her head and said "that's it", implying that those same things are bound up with "cooperating". She said that women can sometimes control their husbands through sex too, because pleasing them (which does involve female satisfaction, to varying degrees) increases their chances of being more amiable to their wives (and children) in

¹¹⁰ Another word provided is that referring to masturbation, "*hastamaithuna*" ("*hasta*" means palm), a literal term not used very often.

other aspects of life. The other woman discussed her sexual enjoyment in a very open and almost boastful manner, telling me she and her husband "enjoy" for three hours and then asking if it was the same for me and my then partner (I had to concede defeat).

The women had less knowledge and experience with other sexual acts like oral sex and masturbation, although they agreed that men enjoy those kinds of thing (along with "blue movies" or pornographic films). When asked about oral sex for women, one of them replied with a very telling answer: "it exists", but is clearly not a common component of married sex life for women. However, if one adds to the above data the importance of kissing, which this informant said is almost as important as sex, what emerges are more opportunities for women's sexual enjoyment and control than commonly portrayed.

The classical ideals of *kama* persist in popular and local knowledge, making it difficult for most women to manoeuvre between the boundaries of belief and practice to make space for their sexual pleasure and agency. Popular Indian women's magazines contain many examples of the pervasiveness of this sexual double standard, which ghettoizes women in the realm of the loving, emotional, and responsive, versus the sexual, physical, and active world of men. The following quotation, by a male sex therapist answering a query about differences between male and female sexuality, exemplifies this divide:

Male sexuality is body oriented. Men get sexually attracted to the body of a woman. They need not have any love for her. That is why men go to prostitutes and are interested in seeing the woman's anatomy displayed in ads, movies, magazines, etc. As against this, female sexuality is very heart oriented. The woman gets sexually attracted to a man only when she loves him...It is said that 'man gives love to get sex and woman gives sex to get love' (Bhonsle 2002:50).

Another opening line in an upscale magazine for women article echoes this idea:

Warm, impassioned, fervent, he smells of the soil. He is helplessly physical. Soft, lucid, thoughtful, she likes looking beyond. She is essentially emotional. He wants sex, she wishes love (*Gurlz* November 2002:76).

While these binary associations of male and female sexuality are to be expected in a country that abides so strongly by idealized notions of socio-moral behaviour, the gaps that exist within the dominant sexual canon must be acknowledged. As the upcoming section illustrates, this slippage between rule and reality also holds true in the sexual lives and relationships of *Devadasi* women and girls.

Mores, Money, and Men: Sexuality Among Sex Workers

Since this issue is considered relatively taboo and was not easily discussed with *Devadasi* women and girls, the data that I was able to collect is prefaced with relevant sex work literature from North America, Europe, South-East Asia, and India (general and *Devadasi*). However, as clients and lovers were more readily accessible topics of discussion, the subsequent section on these two topics helps fill in some of the gaps in this preliminary exploration of sexuality.

Conditions for sex workers in North America and Europe differ from those for women working in 'developing' countries in several important ways, including access to health and legal services, family structure, mobility, and social security networks. My aim in contextualizing information from *Devadasis* with that from other parts of the 'developed' world is not to equate all sex workers' sexuality, nor is it to argue that one group work toward activities and behaviours that could lead to more fulfilling sex. It is, instead, an attempt to cast a wide net that captures an array of sexual experiences that provide 'evidence' to defy the limitations of dominant models of sex workers' sexuality.

Within this net are experiences that echo one another, across continents, racial and class groups, and hotel rooms. These similarities have not yet been explored within the Indian context, where sex workers are separated from 'normal' Indian women and are only beginning to take part in global sex worker movements in which these shared experiences can be realized and politicized. Thus, while working to destabilize traditional interpretations of sexuality among prostitutes generally, I am also attempting to bring these data into the larger debate about sex for "third world women", which is characterized as universally oppressive and without pleasure (Gedalof 1999; Mohanty 1991).

against essentialism: sexuality among prostitutes in North America, Europe, and Asia

A common issue raised in discussions of sex workers' sexual experiences is the strategy of demarcating 'public' sex from 'private' sex, which is thought to help women (and often their boyfriends) maintain control over their bodies and emotions (Brewis and Linstead 2000:88; Waddell 1996:77-78). The corollary of this is the basic belief that sex with non-regular clients does not arouse sex workers (Hart 1998:136). However, Western and global sex work literature contains many references to women enjoying sex at work, something that seems to please but can initially confuse many of their sex partners. In her autobiographical account of her life as a prostitute, Delores French (1988:56-57) speaks directly to this issue:

I found, however, that most men thought I was acting when I had an orgasm. I had as many orgasms as I could...There were times when I would be at the point of having an orgasm, and the guy would look at me and say, 'You don't have to do that.' I didn't *have to* do that? It seemed to me that, as long as we were both there, doing what we were doing, I should enjoy myself as much as possible.

In her study of women at the Mustang Ranch brothel in Nevada, Alexa Albert reports that over three-quarters of the women experience sexual excitement at work, and 70% admitted to having orgasms with clients (Albert 2001:137). Importantly, the unwritten rule about separating themselves from clients emotionally and sexually made disclosing these data risky, and the women discussed the stigma of admitting to their peers any sexual pleasure with or love for clients. The prostitutes in Angie Hart's 1998 work clearly express their desire for and achievement of sexual satisfaction within the context of work, saying things like "I need a few more orgasms today" and "My *conejo* ("pussy") needs licking" (Hart 1998:137). One participant even described making a client perform oral sex on her, despite his protests!

Some of the South African sex workers Catherine Campbell (2000:486) worked with also provided insight into their sexual experiences with clients. Most of them derive sexual pleasure from commercial encounters, especially those with regulars or boyfriends with whom they formed emotional attachments. The author exposes some of the complex socio-psychological implications of such relations within the women's community. Not only are many sex workers duped by men who get "free sex" for unfulfilled promises of economic support, some also lose face among their peers when they are abandoned, a situation that can lead to social isolation and scorn (Campbell 2000:486).

Many South Asian research projects on prostitution also discuss female, and sometimes male, sexual pleasure. Ratliff's (1999) important article, about how Philippine sex workers manipulate the labels 'sex worker' and 'boyfriend' to construct a more desirable identity for themselves, contains numerous descriptions of the importance of "hot sex" or satisfying sex to the women (Ratliff 1999:90). Another study describes how

sex workers in New Guinea divide their bodies in ways that mirror the separation from public and private sex, with only vaginal access allowed for clients, and breasts, the face, neck, and mouth reserved for their boyfriends/husbands (Hammar 1993:229). Sedyaningsih-Mamahit reports that Indonesian sex workers also cite sexual pleasure with clients as important, and one woman was quite forceful about this, saying "But if he cannot satisfy me, I will break everything in my room" (1999:1110).

unearthing the "hidden text"¹¹¹ of sexuality among Indian sex workers: commercial sex workers and Devadasis

There are many Indian writings on sexuality and prostitution, but most focus on how this issues relates to institutions like marriage, law, and property, or, like the *Kamasutra*, it reads like a manual for learning an extensive repertoire of sexual skills. These sources are valuable, however, they do not reveal much about how the women experience sex, pleasure, or the emotional turmoil resulting from attachment to clients or patrons. The rise in sex work research resulting since the advent of HIV/AIDS, and the realization that KAP (knowledge, attitudes, and practices) do not provide broad enough coverage of the dynamics of sex work, has led to more studies that attempt to grapple with sex workers' sexuality in greater detail.

The pioneering study by Punekar and Rao (1962) provide some insight into Mumbai sex workers' (*Devadasis* and CSWs) ideas about, and experiences with, sex. Given the taboo surrounding this topic many girls came to the brothels with little or no prior knowledge of sex. The importance of sexual desire is evident in the women's

¹¹¹ This term is borrowed from Oldenburg's (1990:45) discussion with courtesans in Lucknow, who confessed that despite knowing a great deal about love, they never loved a man and a man never loved them.

explanation of why *Devadasis* are dedicated. The informants said that the parents and community recognized the young girls' 'need for man', after all, "We too are normal women" some exclaimed (*Ibid.*:78). The issues of economy and caste must also be taken into account though, since most *Devadasis* are dedicated to help support their families, and they are from lower caste groups, who are typically less restricted when it comes to sex. These factors are not intended to detract from the women's expressions of sexual need, more to contextualize them. Their desires for sex are shared with the majority of unmarried women in this work, almost 50% of whom enjoy sex at work, versus 35% of married prostitutes (*Ibid.*:149).

These numbers seem extremely high compared to Joardar's (1984:151) work in Kolkatta, where virtually all of the sex workers said they do not get sexual satisfaction with clients, an exception being their early days in the trade when it was still "fun". However, one woman's admission that "love is taboo to us", along with her account of the difficulties in maintaining emotional distance from clients, mirrors Albert's (2001) informants statements about the inter-related stigma of falling for customers and enjoying sex with them.

The most compelling records of Indian sex workers' sexuality to date are those in the book *Unzipped. Women and Men in Prostitution Speak Out* (Jhaveri and Datta 2002). The following excerpts speak for themselves, and also to some of the complexities of sexuality that I am arguing for inclusion in the contemporary sex work canon. Shabana says:

A woman can make a fool of a man in two minutes. Can make him feel good also in two minutes. We can make men dance to our tune- do men make us dance to their tune? No, we can make the men do what we want (reciting part of a saying)"There's no end to a woman's water and a horse's penis, and there never

will be.¹¹² When a woman will drown a man, when she'll pull him out, this no one can tell. She'll give her heart to this one, say I love you to that one, leave someone else, like this (Jhaveri and Datta 2003:7).

She continues a few pages later, describing some of the differences between sex among married women and sex workers:

Once they start coming to our lane, the men don't want to go home. They stay here only. The desire grows, no? A wife cannot give in the same way. She thinks about her mother-in-law, her children, her self-respect and dignity. We have no such hassles. We can make love to that man openly. Whenever he feels like he can call us and we sleep with him. A wife can't sleep like that (*Ibid.*: 11).

These are clear indications of how sex workers can dominate men through sex, but they need to be understood in relation to the other things she talks about. Shabana also discusses the pain of losing a favoured lover and the hardships encountered en route to and during her sex work career, an important record of the diverse emotional and sexual terrain inhabited by women in prostitution.

Most writers about *Devadasis* mention sexuality, but the issue is usually presented in historical terms (often until Independence in 1947), and in ways that reiterate the “divided *Devadasi*” syndrome: prostitutes or nuns. Simplifying the complex socio-sexual, economic, and political roles the women have occupied over time is problematic for several reasons, one of them being the way in which it hastens the production of certain myths regarding these women's sexuality. As prostitutes, *Devadasis* are often depicted as possessing especially potent and polluting sexuality (Bradford 1983:315; Datar 1992:83; Mahale 1986:125). Although this trait is common to women, it is particularly dangerous in this case because of their frequent sexual encounters, which is dangerous because of women's ability to drain male sexual fluids and power during sex. As nuns, *Devadasis*'

¹¹² This refers to material presented earlier in the section on classical Hindu ideology regarding sex, about how women are able to have unlimited sex compared to men. The next line provides another example, that of the idea that women are thought to swallow men during sex.

sexuality underpins their power to conduct certain rituals that remove malevolent spirits and help to maintain the balance of good and evil, mainly with respect to the King/God and the temples in which they are employed (Kersenboom 1987:63-66). In addition, their status as 'wives of the God' provides them strong links with powerful female deities, who must be appeased to ensure earthly harmony. Thus, what emerges is a picture of *Devadasi* sexuality as powerful and polluting, sacred and profane.

How does this construction compare with women's actual sexual experiences? Here the literature about *Devadasi* is virtually silent, with the exception of the work by a handful of researchers. Marglin (1985a) argues that because of the connection between sex/ prostitutes and water or rain, which makes food grow, and allows people to live (Marglin 1985a:99), *Devadasi* sexuality can be interpreted as life-sustaining -versus life draining and dangerous. Srinivasan (1988:1870) contests the idea that *Devadasis'* sexuality is valued because of their links with the Goddess, revealing instead the importance of ownership and inter-patron competition for prestige to the practice of sponsorship. Taking a different stance, Epp (1997:279) views their sexuality as part of a religious-economic strategy, one geared toward maintaining family households and fulfilling spiritual obligations (see also Tarachand 1991:64). She also examines the impact of mature *Devadasis'* sexuality on the socio-economic position and identity construction among their male offspring (see chapter 9). Evans (1998:38) contends that the dominant presentation of *Devadasi* sexuality as degraded stems from the continual presentation of these women by male members of a patriarchal society that fears female sexuality.

propriety, prohibitions, and pleasure: Devadasi women and girls' experiences of sexuality

Although information pertaining to *Devadasis'* sexuality was difficult to collect, the data here represents a first step toward a better understanding of the complexity of this issue as it is experienced by the women and girls. This sub-section covers the topics of socialization and sex, shame and inappropriate sexual behaviour, and marriage and sexual satisfaction.

When asked if they knew they would have to do *dhandha* when they got older most informants said no, and added that they felt "bad" or ashamed. This, along with fear, is also how the majority of women and girls described the conditions surrounding their first sexual experience. A common response about not being aware of their fate and of not being informed of what to expect during their first client ceremony is "What should they tell. Suddenly they sent me inside (with the client)...They have tied *muttu* so we have to do *dhandha*". A very common bit of 'advice' from elder *Devadasis* to young women and girls upon their sexual debut was "you should cooperate because he is paying you". One young girl's grandmother told her, "there's a money bank inside of you, go and earn".

When I inquired about the women and girls' sources of information about doing *dhandha* and sexuality most cited elders and friends. While the words spoken by the elders were often brief and revolved around cooperating, some women talked about the care taken by older *Devadasi* when a girl did not accept a client due to fear and/or ignorance about what she was to do. After fleeing in fear from the sexually abusive home she was married into, one young woman described how her circle of *Devadasi* friends strongly affected her eventual dedication and entry into *dhandha*. The older women

present at the time of this interview voiced their opposition to the friends' influence, saying "she used to go to films with her friends, they all spoiled her". Another girl explained that while she heard one of the terms for the first night ceremony ("*kai hikisuvudu*") when she was a little girl, she had no idea what it meant and thought it referred to a touching of hands. However, her friends along with her lover, who she was able to secretly arrange as her first client, taught her about sex.

Many *Devadasis* receive a certain degree of instruction in the workings of sex, but this is not the case for all of the women and girls we interviewed. As the lengthy interview quoted in the sub-section on sex work entry in Chapter 4 illustrated, some young girls are tricked into doing sex work. That particular informant described how relatives used alcohol to 'break her in', a technique that she was severely chastised for when her immediate family members came to visit her. Her use of alcohol, which is considered a "bad habit"¹¹³ throughout India-especially for women, was viewed as inappropriate behaviour, not the fact that she was a very young woman selling sex. This example elucidates not only the different motivations behind sex work (i.e. economic and religious), but also how general rules for acceptable female behaviour are applied to *Devadasis*.

Other participants described their lonely and painful entrees into *dhandha*, including Mohini, who was sold into prostitution several times without knowing it. After being promised a job at a hospital in Mumbai and ending up in a brothel, she was confused and initially refused clients. For this she was beaten, denied food, and ordered to sleep with men, which she did with great reluctance. Two of her sisters (or friends) were in the same brothel, but they did not offer Mohini any food, money, or assistance of

¹¹³ Along with smoking, visiting sex workers, chewing tobacco, gambling, and drinking tea.

any kind. After a year and a half, and two "owners" later, she took a bus to northern Karnataka, where she knew no one but a connection provided to her by her first owner. It was then that she became part of a larger *Devadasi* community, began to save money to send to her mother, and found the socio-emotional support of an older woman, whom Mohini refers to as "akka" ("older sister"). Several *Devadasis* were in the room at the time of the interview, and they said "She became wise after joining this woman (older sister)" and, for her part, the *akka* told us that "I took care of her as my own sister. I scolded or beat whenever she was wrong". As with the previous example, this woman was subjected to rules intended to guide her general behaviour and impart knowledge about how to conduct *dhandha*, data that are important to recognize for the propriety and professionalism it reflects in the women's working and personal lives.

A final point in this discussion of how sex is introduced in the women's lives comes from part of an interview where I was asking older *Devadasis* if they would discuss safe sex with their daughters (who will be married, not dedicated). They all said they are not feel comfortable with the topic, hinting that it was only appropriate in the context of other *Devadasis*. The women then added that while they can talk about these things to a limited degree with their daughters, they certainly cannot with their sons-in-law. I then asked about their sons and safe sex, to which one woman responded by saying that the woman he goes to (i.e. a sex worker) may tell him about condoms. Together these comments reveal that at least one of the women assumes her son will visit and get sexual information from a prostitute, perhaps not surprising given the context in which she has raised her son. Also demonstrated here is that despite their fear of AIDS, the

forces of appropriate cultural and gender behaviour override their ability to discuss safe sex with their children.

Some of the most instructive lessons about *Devadasis'* sexuality, especially those pertaining to shame and inappropriate sexual behaviour, emerged while designing a baseline survey that was to be distributed among the women and girls. The survey consisted of around 100 questions about issues like condom use, frequency of intercourse, sex worker and client typology, income and expenditures, and incidences of violence at work. The inquiries into the kinds of sex performed (anal, oral, group, vaginal, forced) were particularly problematic for the women, which was evident from their hurt and angry statements about these topics at our piloting workshop. At stake was the women's sense of propriety about discussing these taboo subjects and admitting to performing them. This was especially troubling for oral, anal, and group sex, which are considered unnatural and possibly dangerous to health on account of being unorthodox. The persistent difficulties encountered during subsequent drafts of these survey questions provided evidence of the women's strong position on these topics, which are not given enough consideration in sex work and HIV prevention literature. It is too often assumed that because of their business prostitutes have no problems talking about sex, a simplistic perception that reinforces traditional notions of sex in this context as emotionally void and the women selling it as detached purveyors of flesh.

On many occasions during my fieldwork this notion was contested and replaced with more varied experiences of sex and the rules that prescribe appropriate and inappropriate behaviour. For instance, following a group interview with *Devadasi* women who we had known for over a year I was puzzled by their reluctance to talk about bodily

changes for boys and girls during maturation. My fellow researcher told me that they consider it shameful to see, let alone talk about, male genitals. Furthermore, the women thought that I would see them as shameful if they did discuss such things openly, another reason for their refusal. To make sense of this what sex means for *Devadasis* has to be better understood. The women view basic sex as peno-vaginal penetration, they do not get undressed (unless paid extra), they do not usually fondle the men's genitals (unless they need to convince him to wear a condom), and the encounter lasts on average 10-15 minutes. Thus, with the bulk of their saree¹¹⁴ covering their body, the short duration of the client's visit, and the potential darkness of their room, the women may not have to see much of their client's genitals.

Another example comes from the end of my last trip to Karnataka, when my translator Meena, a few older participants, and I were confronted by a drunk *Devadasi* from the community we were visiting. Apparently, this woman said "hey you, foreigner come here", but since I was called foreigner so often and was sick of responding to it I ignored the call. I did not realize who it came from, but soon did when the intoxicated woman stomped up to me and continued to talk loudly in my face, basically accusing me of disrespecting her and not acknowledging her ability to speak English. Meena was very scared and the *Devadasi* women with us backed off and urged me to come with them. No one was telling me what she was saying and no one would translate what I wanted to say to her, "sorry for not responding to you, I mean no disrespect." So, a bit angry myself I trailed behind the other women to one of their homes, while the intoxicated woman patrolled the entrance/exit of the community, still yelling.

¹¹⁴ Which consist of six meters of material.

The following excerpt captures the reactions of the *Devadasis* and Meena to this incident and how instructive inappropriate sexual behaviour can be:

The distraught voices and faces of the women, along with their protective treatment of me, indicated that they were upset about the drunk woman. When the thin one was talking her face changed as she got madder and she looked like an angry skeleton, it was strange to see her look so altered. They said that she is always like this, the minute she has a bit of extra money she spends it on drinks, and she's the only one like that in their community. She talks in such foul language to everyone and her brother beats her for behaving so disgracefully. The women also begged us not to tell anyone (e.g. police, BIRDS) about this incident because so much will be made out of it. Of course I had no intention of saying anything because, really, it wasn't a big deal. But Meena was so upset, saying that if it wasn't for me she would get her husband and go to the woman's house and "hit her nicely." I was shocked and totally opposed to her reaction. She told me that such a woman has no right to talk to her like that, she didn't do anything to her, and it was so shameful to speak like that in front of men. The woman was using vulgar language common to low caste or slum dwellers, and it was similar to how a man speaks or abuses a woman he wants to sleep with. "They too have come to earn ('galasak'- word for *Devadasi* earnings) in our area or what, so I'll be the first client for the three of them...I will enjoy with them." As with what others have written, Meena's reaction confirms the complete unfamiliarity with things beyond people's individual experiences. They just cannot believe that people would treat them badly or behave in such a disrespectful manner. I understand this a little better now...(October 2002:3).

With respect to sexual satisfaction, a number of older *Devadasi* women indicated that sex with *giraki*, non-regular customers, was not enjoyable and it was only about money. However, with their *khams* sex was usually described as being good, "love and sweet like jaggery" one woman commented. Younger women generally did not comment on this topic because they typically do not have steady lovers, but one young girl admitted to paying men for sex because she liked it so much. Another young *Devadasi* from a different community also admitted to getting a lot of pleasure from sex, but added that her excitement has waned a bit from the time she began *dhandha* a couple of years ago.

The final topic in this discussion of sexuality pertains not to physical sensations, but to two of the most powerful signifiers of the women and girls' mature, sexual status: the *mangalasutra* and toe rings. The *mangalasutra* or marriage necklace is sometimes referred to as a "*tali*", which is actually that part of the necklace with gold pieces attached to it. This necklace is worn among women throughout South India and indicates their married status¹¹⁵, and it protects like an amulet (Reynolds 1980:44-46, see also Gough 1954; Yalman 1963). Toe rings are also part of what denotes a married women, and they too are only worn in the South for this reason (they may be worn for fashion elsewhere, including North America where they have recently become very popular). These items of adornment also symbolize the role of female sexuality and reproductive power within marriage, thus as wives of deities, they are essential aspects of *Devadasis*' dress too. Their auspiciousness as wives of Gods who can never become widows made *Devadasis* of particular importance in bridal preparations in the past, and to a limited extent today. In particular, they used to help fashion a bride's *mangalasutra*, which was then thought to be imbued with their special powers, particularly those that would bestow upon the new brides an ability to ensure the long lives of their husbands.

The central role of these pieces of jewelry in the women's ritual and marital status is much remarked upon in classical *Devadasi* literature, but little is known about the significance of these items among the women and girls today. A variety of individuals are listed as having given the women their *mangalastras* and toe rings, beginning with the mothers, followed by their first clients, themselves, parents, *pujari*, elders, and lovers. Those who answered 'themselves' were from one particular community, where the women earned larger sums of money compared to those in other places. Not all

¹¹⁵ Along with green bangles, a nose ring, toe rings, and a bindi.

participants received the items when they were dedicated, some got them at the first client ceremony or later, when they had saved enough money. When I asked their reason for wearing the *mangalasutra*, a wide array of answers were given: for fashion; because it looks beautiful; to look like a married woman (and be respected); the *pujari* instructed not to remove it; *Devadasis* have to wear it; if it is removed the first client could die; it is only to be removed if someone dies¹¹⁶; and two women said they take it off at night so it does not break. Few informants commented specifically about their toe rings, which seemed to be acquired after dedication and, like the necklace, worn consistently after puberty and the first client ceremony.

While *mangalasutras* are customarily worn by *Devadasis* today, it is actually the *muttu*, the red and white beaded necklace given to them at the time of their dedication (i.e. as young children or youth) that most participants referred to as the "real" marriage necklace. It was also described as the "symbol of *Devadasis*" and as being closely tied with the Goddess Yellamma. A few older and younger women said they prayed to the Goddess with the *muttu* in order that she might hear them, and grant their wishes. Two other informants told us that if they removed the necklace Yellamma will cause problems or "*kadata*", like disease or ill-fortune (See Bradford 1983:309). Unlike the *mangalasutra*, which was received at various times, all of the women and girls said that the *muttu* is always tied at the time of their dedication. Those responsible for tying it include the *pujari*, elders, aunties (also *Devadasis*), the first client, and a *jogamma* (older *Devadasi* who begs for alms).

¹¹⁶ This informant added that if it is worn at a funeral dark patches on the skin will appear, which are associated with excess body heat and ill fortune.

Interestingly, despite its importance to most women and girls, a few *Devadasis* do not wear the *muttu*. Two said the thread that the beads were strung on was torn, one told us she just keeps it at home, and another young woman said she just had a bath and so she did not have it on. A couple of women also indicated that they do not wear the *muttu* because they fear that the police will identify them as *Devadasis*, and possibly harass or arrest them. Another young woman began by saying she does not have the necklace on because she does not want to and because there is no rule about doing so. However, a few moments later she told us that because she did not want to become a *Devadasi* she has made up her mind never to wear the *muttu*.

These data demonstrate the importance of the *muttu*, the *mangalasutra*, and to a lesser extent the toe rings for the women's conceptions of themselves as *Devadasis* and as married, but to whom do they consider themselves betrothed? Several women indicated that the *pujari* is like their husband, mainly because he ties the *muttu* and sometimes has first sexual access to them. Two *Devadasis* cited their first client as being like their husband, often linking this with the men's purchase and presentation of these items to them. Yellamma was listed as the husband by a couple of women, one of whom believes this because "she has faith in her" (the Goddess). When I asked another young woman who said that "the God" is her husband which God she meant, Goddesses Laxmi, Saraswati, and Yellamma were mentioned and she added that she has faith in all of them. In all of the *Devadasis'* answers, *pujaris*, deities, and first clients are described as being *like* a husband, something that is not necessarily equivalent with "a husband", which is not unusual in their situations because of the transience of each of these figures (with varying degrees) in the lives.

A few women disagreed with what others said and considered themselves without a husband of any kind. One even joked that money is her husband! Another younger woman said "We prostitutes don't marry so no one is the husband for us". Several of these informants discussed the *mangalasutra* in terms of its role in fashion and looking beautiful, but they all made a distinction between this necklace and the *muttu*, which is important to and for Yellamma. Husband or not, many women do have men in their lives who mean a great deal to them, and it is to this subject that the chapter now turns.

Pimps, Keeps, and the Lovers in Between: Socio-Sexual Relationships for Sex Workers in 'First' and 'Third' World Contexts

Despite the diversity of sex work conditions globally, between women in the same country, and within individual careers, several assumptions are commonly made about the men in prostitutes' lives, and they tend to be applied universally. Such men are often seen as exploitative, lazy pimps living off of their women's earnings, as being duped into believing the women's professions of love, or as guys slumming it for fleeting moments of risky pleasure. These typologies may characterize some of the pimps, lovers, traffickers, drug dealers, friends, husbands, and agents in sex workers' lives, but the ways such individuals figure within the women's work and personal situations is often more complex than is customarily presented. Building on data presented above, examining the diversity of sex workers' relationships is essential to challenging stereotypical notions of sex and prostitution, especially for women in the 'third' world. Delving into these social and sexual relationships also helps unravel the dynamics of power, violence, socio-emotional need, and love, and how they work in relation to fundamental issues like condom negotiation, HIV/STD disclosure, and migration. Thus, for desire, disease,

danger, and everything else that falls into the relationship web, exploring this subject is of considerable significance to not only expanding the global sex work discourse, but also to developing effective HIV/AIDS prevention programs.

Claire Sterk's provoking study on drug use and sex work in New York and Atlanta includes a section on lovers/pimps¹¹⁷, which she divides into two different groups: entrepreneur lovers and boyfriend pimps. The first type often lure women by pretending to be in love with them, buying expensive gifts, and treating them special (Sterk 2000:75-77), acts that last only for a while until they have enough emotional influence over the women to force them into working for them. The impact of male attention and the supremacy women can feel over their peers as a result of this kind of relationship is powerful, compelling some to work more to maintain their status and remain in the relationship. As *Pretty Girl* explains,

At first I'd just cry and stuff. He wouldn't even look at me and he'd be getting onto her right in front of me...I finally figured it out. I could get back at her if I'd make a lot of money...I turned tricks like crazy and he'd sometimes stay with me as a bonus. We'd make love. It was like the old days...He fired that bitch. I'm his Ace (Sterk 2000:77).

In contrast, the boyfriend pimps have much greater emotional attachments to their women, and it was in these relationships that many sex workers combined sex with love (Sterk 2000:83). However, these men could also be very manipulative and tended to be more concerned with the women's earnings and, in the case of drug-addicted sex workers, keeping the women hooked to ensure their loyalty.

During her research with sex workers, staff, and clients in a legalized Nevada brothel, Alexa Albert documented a wide range of socio-sexual relationships. A number

¹¹⁷ Many of the women and men Sterk interviewed dislike the term "pimp" because of its negative and narrow connotations as a flamboyant man with luxury goods who survives on women's work. "Old man" is the preferred term.

of the sex workers had regulars, many of whom were incredibly devoted to the women and did everything from buying them new bedroom suites, paying for their plastic surgery, and one even sent his "girlfriend's" mom a Mother's Day card (Albert 2001:123-128). While these men can be essential to the women's economic and often emotional well-being, strings often form during such intense and fantasized relationships, and the regulars can sometimes become annoying, jealous, and needy. For this reason, sugar daddies were often sought after instead. With these men most women were able to secure their economic needs in a short-term relationship, which ended when the women grew bored or found a more suitable suitor. Yet these situations were not always ideal, nor were they always directed by material matters, as several of Albert's informants relayed stories of giving these men money and of being devastated when their sugar daddies left them.

Hart's (1998) pioneering work in Spain with male clients also reveals complex relationships between sex workers and their regulars. As with the researchers above, her findings were incongruent with the dominant sex work canon, which revolves around notions of male exploitation and lust, versus the deep affection she often heard from by her male and female informants. Venturo's statement below attests to this:

I've been coming to the barrio ever since Antonia started working here. Just after my wife died, I was walking through the barrio and suddenly Antonia stepped in front of me with her arms open and kissed me (Antonia smiled at the recollection). She was like an angel. After that I never went with another woman (Hart 1998:131).

The way that many of the sex workers Hart spent time with demanded loyalty from their regulars also seems to contradict most research in this area. However, when she analyzed the dynamics of gendered economic inequity at work in these relationships things, this

may not necessarily be the case. While this strategy made the women appear sexually powerful it also exposed their economic weaknesses. In that, demanding loyalty from their regulars was as much, or more, about needing a steady income than being the sexually dominant partner within the relationship. Thus, their sexual/romantic capital was necessary to keep their regulars, on whom many women's survival was dependent. Hart's rich data is a good example some of the detailed socio-economic and sexual factors that structure client-sex worker relationships.

Cusick's 1998 paper on non-condom use by prostitute women presents another important dimension of relationships in this context. She argues that the traditional notion that condom use is the primary tool distinguishing public from private sex ignores the importance of the context of a relationship in its use, commercial or permanent. For, as Cusick says, if we were unable to distinguish between kinds of sex according to the contexts in which they occur then we would have no basis for demarcating rape from love-making (1998:134). The condom, then, may be *a feature of these demarcations* and is more likely to be an artefact of *the different meanings of sex than an object which by itself confers meaning* (Ibid.:134, emphasis added). Data showing that sex workers do not use condoms in situations where they want/need to earn more money, when they are with lovers, or if they identify the clients as 'clean' have been reported since the advent of the HIV epidemic (Gysels *et al.* 2002:183; Sobo 1995: 83; Wawer *et al.* 1996: 459; Wojcicki and Malala 2001:111; Worth 1989). However, because the overwhelming response to these situations has been to focus on condom promotion, the impact of the nature of client-sex worker relationships on sexual decision-making remains under-researched (for

exceptions see Brewis and Linstead 2000; Elias *et al.* 1998: Chapter 3; Leonard 1990; Meretrix 2001; Sycamore 2001; Van Wesenbreck 2001:271-4).

Several researchers working with prostitutes in South Africa have examined the dynamics of such relationships and how they affect the women's survival strategies and sexual health. Campbell (1998) demonstrates how women construct alternative identities to counter the stigma of sex work, many of which revolve around alternative notions of respectability and denial. The women's denial is often linked with their desire to maintain relationships with boyfriends, who also participate in this distancing process (Campbell 1998:695; Campbell 2000:489). While the men are aware of their girlfriend's profession, they deny it in certain circumstances and do not provide sufficient economic support to the women, who have no choice but to keep selling sex, often in situations which pose significant risks to their health and safety.

Wojcicki and Malala (2001:110-112) also discuss how many sex workers take great care to preserve their permanent relationships in spite of the dangers doing so engenders. The women use the factors of reputation and stereotyping, namely of their lovers as 'clean', to justify what they know is risky sex. As one informant said "Yes, but then, I've got these two clients, you see. Can you believe one of them is a priest...So for them I did not use condoms" (Wojcicki and Malala 2001:111). Equally important, however, is how women manipulate (or assert control over?) their clients, by stealing money, secretly inserting female condoms while accepting money for condom-less sex, or charging regulars more for unsafe sex (*Ibid.*: 109,112).

A number of studies about the dynamics of prostitute's relationship have been conducted in various South Asian countries, like the Philippines, Thailand, and

Indonesia. Ratliff's research with Filipino sex workers examines how they form counter identities by presenting and imagining their clients as 'boyfriends', and deflect scorn relating to their profession by labeling other women as 'prostitutes' (1999:81-82). He discusses the lengths the women go to as they pursue clients they want for "boyfriends" (foreign, wealthy, single), including having condom-less sex, multiple partners, and focusing all their emotional energies on particular men (Ratliff 1999:87). His observations demonstrate the complex value of these relationships and how their importance can significantly outweigh the sex workers' willingness to ensure their own safety. The role of "love" (they use the English term), which is used to both lure men and to consciously construct their sexual interactions as non-commercial, is also relevant to the women's strategies of alternative identity formulation (*Ibid.*: 89).

Research from different parts of Thailand provides useful data on topics like the conditions of sex work entry (Wawer *et al.* 1996) and how prostitution functions within changing rural economies, familial organization, and peer culture (Muecke 1992). Eleanor Maticka-Tyndale and colleagues illustrate the importance of peers, alcohol, and travel to the men's purchasing patterns and related STD/HIV transmission. As they show, together these factors engender situations of varying degrees of disease risk, depending largely upon the distance between sexual interactions and established locales, with condom use being less likely the more the sex work context diverged from those in brothels (Maticka-Tyndale *et al.* 1997:199). In his detailed paper about sex work in Jakarta, Indonesia, Sedyanaingsih-Mamahit (1999) discusses how the different client preferences, HIV/STD knowledge, and habits among the women impacted their willingness and ability to engage in protective behaviour. Regulars were cared for by

most of his informants, some of whom mutilated themselves when they were angry about being abandoned by them, either for another woman or because of marriage.

The general Indian literature on sex worker-client relationships, including those pertaining to *Devadasis*, deals predominantly with historical contexts (Burton 1962; Lal Mishra 1998; Oldenburg 1990). There are numerous accounts of the influence certain concubines had over rulers, and the impressive wealth, social prestige, and political power amassed by these women (Oldenburg 1990). As Lal Mishra (1998:8) makes clear, however, the life of a favoured courtesan was not always a bed of roses, as the example of the forced *sati* of 19 concubines upon the death of their patron Jagat Singh of Jaipur illustrates.

The *Kama Sutra* contains several sub-sections on clients, which are divided into two categories: those who are only for purposes of extracting money and those who are resorted to for the sake of love and fame (Burton 1962:206-207). A wide array of qualities and strategies are described, including what to look for and avoid in customers, how to behave with a regular, how to detect a waning lover), how to get rid of an unwanted lover, and how to win a lover back. The emerging contemporary research on this issue focuses on client typologies and sexual practices (Bhattacharya and Senapati 1994; Bryan *et al.* 2001; Nag 1996: 64-67; Savana and Sridhar 1994). Some scholars provide brief descriptions of relationships among *Devadasis*, but they are typically viewed as less significant than in the past when they had single, and often wealthy patrons.

Of the handful of sources that seriously explore the issue of sex worker relationships, *Guilty with out Trial* (Sleightholme and Sinha 1996) and *Unzipped* (Jhaveri

and Datta 2002) are particularly useful¹¹⁸. As the first authors demonstrate, while the kinds of relationships women form with clients vary considerably they often involve considerable emotional attachment from both sides and last for significant periods of time, from 6-20 years (Sleightholme and Singha 1996:113,115). Young sex workers in Calcutta do not desire regulars because they seek to earn as much money as possible while in their prime. Whereas older women depend upon their *babus* for emotional and limited financial support, which often overrides the abuse and violence experienced in these unions (*Ibid.*: 118-119). Importantly, the authors also report that a surprisingly high number of *babus* actively take part in the lives of the children they father with sex workers, supporting them with money and in a number of cases sending the children to be raised by other relatives (*Ibid.*:116).

The complex role of love in maintaining relationships, along with its links to economic survival, is a recurrent theme in the book *Unzipped. Women and Men in Prostitution Speak Out*. An interviewee from that collection, Bhaskar, captures this beautifully:

I do actually love them. Why else do I attend to them for three hours, sometimes extending to six? What else is it but love? But I've never protested that, "You've fallen in love or not?" Never. Because if I protest, my customer will not remain a customer- he'll become something else. I've seen other customers use love as an excuse to walk away without paying for sex- I don't want this to happen. Because they are my golden geese, laying golden eggs- I don't want the golden egg to turn into brass (Jhaveri and Datta 2002:62).

The following penetrating excerpt by Shabana expands on this web of complicated emotional and monetary needs:

At times one falls in love with the customer. It's scary...falling in love. Every *dhandewali* (woman in prostitution) has it in her mind, "I will settle down with him only, will live with him, I'll see how he treats me." The customers, they talk

¹¹⁸ As is Joardar's (1983) extensive glossary of terms used to refer to lovers and clients of varying types.

big: "We'll take you away, have a registered marriage, we'll do this, we'll do that." Really, what is a registered marriage? When lakhs of men leave their wives after marriage, then what about us? They can leave women like us in a minute, in the blink of an eye. They keep us for two-three years, then after a small fight, they'll leave us saying things like, "You are a *dhandewali*, I got you from there," that's what they'll say. Many of them say, "I'll marry you, you are nice, you look good, then why are you in this *dhande*?" I ask them to put a small sum of 10,000 Rupees in my name. Then they say, "Haan (yes), let's see, I'll give it later. I'll do..." When it comes to money, it's always "I'll see, I'll do." (Jhaveri and Datta *Ibid.*: 10).

A final example of data on Indian sex workers' relationships with clients comes from a non-academic but potentially useful source, the Internet site worldsexguide.com. Among other things, this site hosts information from customers from around the world, who provide reports on their interactions with prostitutes, both on the sex tourism circuit and their local sex work scenes. The information on India covers the years 1995-1998 and is limited to the large metropolitan cities of Calcutta, Bombay, New Delhi, Madras, and Baina Beach in Goa. Despite their lewd and sexist tenor, the details about sex worker types, costs, organization of the trade, condom use, HIV, sexual acts performed¹¹⁹, and safety issues do provide an 'on the ground' account of the structure of the urban sex trade as experienced by foreign and local clients alike. Such reports may become increasingly valuable as India begins to rival other south Asian destinations as an inexpensive source for sex tourism. As the following closing entry from a man originally from Calcutta indicates:

I would advise the sex tourist to try out Sonagachi, but I hope I am not driving up the prices for myself for my next visit. Remember, be smart in your negotiations and don't drive up the prices for all the locals else you will end up creating trouble. I am just being generous and sharing with the western world the bounties of the south Asian subcontinent (Sunday, 26 Apr. 1998, 15:13:50).

¹¹⁹ Including the top-up fee demanded for sex with virgins.

affairs of the heart, their pleasures and pressures: data from Devadasi women and girls

Although I tried to ensure that the issue of relationships with clients, especially their regulars, was raised in as many interviews as possible, these discussions were somewhat limited by my informants' level of comfort with the topic and my inability to talk with them in their own language. That being said, the data gathered speaks to the significance of and complications involved in many of the women's involvement with long-term lovers. As with the section dealing with sexuality, presenting this diversity is critical to dismantling hegemonic views of sex workers as emotionally distant from, and seemingly incapable of forging, meaningful socio-sexual relationships. This final portion of the chapter begins with a description of basic terminology, an overview of love affairs, and is followed by a more detailed discussion of the women's experiences with their regulars. Since younger *Devadasis* are less likely to have long-term lovers, most of the information presented below pertains to older women.

During the first research trip to India the term we used in interviews to refer to the womens' boyfriends or regular clients was "*geneya*", the mention of which always brought gales of laughter from the *Devadasis*. Knowing the inappropriateness of discussing sexual matters and not knowing *Kannada*, I thought this reaction was due to their discomfort with the topic and perhaps the whole research process. It was not until I began taking some *Kannada* lessons and discussed this issue with my guide that I realized why this term elicited such laughter. *Geneya* means "man on the side" and refers to relationships with illicit undertones like prohibited love or extra-marital affairs. *Devadasis* may have found this term funny or improper for several reasons, the first being that the casual or frowned upon nature connoted by the term was not an accurate

reflection of the importance of the men with whom they have relationships. Second, acknowledging this kind of relationship could make too obvious what the women already know and might not always be comfortable with, that they are partners with other women's men. Third, the women and girls may have been surprised with my naivete and gall to discuss such matters, which are usually only shared between *Devadasis* and among select family members.

"*Khiam*", which means "permanent", is the preferred term the women use to describe the men they have long-term relationships with. *Devadasis* who are from or have worked in the border region of northern Karnataka and southern Maharashtra also employ the *Marati* (language of Maharashtra state) word "*malak*", which means "owner". Women from this area may also use "*dagad*", which literally means "stone" (Jhaveri and Datta 2002:18). There were also instances when *Devadasis* used the English word "lover"¹²⁰, usually during a group interview when they did not fully understand or were reluctant to discuss this issue. In such cases one or two of the peer-educators would say the word "lover", smile, and encourage the women that it was safe to talk.

A few sex workers denied having a *geneya* and told me that they had a "husband", using either the English or *Kannada* word. For one of these women, who denied doing *dhandha* and insisted she only did peer-education work¹²¹ to help out other women in her community, having a "husband" versus a *geneya* or *khiam* was key to upholding the more respectable identity she wanted to construct for herself. The other *Devadasi* made several

¹²⁰ Terms used by women doing *dhandha* in Kokatta translate as "give money" and "eat money" (Evans 1995; cited in Sleightholme and Sinha 1996: 121). Joardar, also working with sex workers in Kolkatta, provides a wide array of terms for regulars, including "*kaja*" (worker, from "*kaj*"= sexual intercourse), "*khata*" or "notebook", "*nagor*" or "fancy man", and Ramsita, meaning "lover" or "lady lover" (1984:173-175).

¹²¹ Which, incidentally, is untrue. This woman has sold sex and is not married.

terminological slippages during our interview, initially saying she had a husband, then a husband and a *geneya*, and then a *geneya*. Interestingly, before settling on the final answer and telling me a bit more about her lover, this woman's friend, the same one who denied doing prostitution, said she cannot have a husband because she is a "sex worker" (she used the English term). Thus, the kind of relationship a woman has or is said to have plays a major role in defining her social status, and for some *Devadasis* this status is evaluated against the more respectable- yet likely unattainable- measuring stick of marriage.

Love affairs emerged as interesting reference points during interviews as informants used them to describe changes that have occurred within both the *Devadasi* institution and their personal lives. When discussing the current generation of *Devadasis*, several older women told us that by having multiple partners younger girls are straying from the prescribed norms of the past, when they had one or two patrons during their lifetime. Love affairs and inappropriate sexual behaviour were viewed as bringing shame to the tradition because it tainted the women's previously more respectable status within society. This shame was compounded by the fact that being a *Devadasi* is becoming a last resort for some girls who get pregnant or whose scandalous behaviour becomes known to the community at large. In such instances, the girl is described as "spoiled" ("*kedasathana*"¹²²), a symbol, of sorts, of the general decay of the tradition, a process that the older women described as being hastened by the influence of television, movies, education, and the general corruption they associate with modernity.

Other *Devadasis* offered different interpretations of love affairs. Two (one older and one younger) told women us that these relationships were formed secretly, before

¹²² Which was defined as meaning "sexual enjoyment" or "sexual contact".

they were dedicated. The older woman said her love affair is what brought her back from Mumbai, where she was forcibly sent to do *dhandha*. The fact that his girlfriend was a *Devadasi* did not appear to disturb the boy, and the two maintained their relationship for some time. The younger informant relayed how she and her young love arranged to have him be her first client, unbeknown to anyone else. Not only did their plan work, but this man is the father of two of her children and has lived with her full-time for more than 6 years.

Affairs of the heart also occur among the women's children, which can lead to considerable difficulties. One such case involving a *Devadasi*'s daughter, was described by my translator as hopeless because despite the boy's undying love for her "society would never allow it because she is a daughter of a prostitute." The other example also involves a woman's daughter, who eloped with a Muslim boy. Initially, the girl's mother was furious and combined her deep concern with the 'politics of embarrassment' to try and deter the union. She shouted the following in front of the boy's family's house:

... She does not know who her father is, as many clients come to me. I don't know who her father is...I am a prostitute and my mother was a prostitute, suppose somebody should scold that her mother and grandmother both are prostitutes. I will not leave them. I will burn their house...(Feb. 13-21, 2001:21).

However, after considerable consultation and much effort, the two families now get along extremely well, the girl has converted to the Muslim faith and given birth to two children.

Of the 52 *Devadasis* interviewed, 63.4% currently maintain relationships with *khians*, 28.8% do not have any permanent client, and 7.6% replied that they have lost their regular (to death, abandonment, or marriage). For those with *khians*, 66.6% are the fathers of the women's children, 78.7% contribute economically to their households, and their partners' profession is a secret to 3 of the men. The duration of these unions varies

widely, from 2-30 years, with a mean of 8.15 years. Equally diverse is amount of time the women spend with their *khiams*, which ranges from virtually full-time and nightly visits to a few times a week or a month, depending on her, his, or both partners' schedules.

Discerning what these relationships mean to the women is tricky because this is a sensitive issue, and while the women grew used to my questions their responses may be products of peer-pressure or a desire to placate a nosy foreigner. Similarly, although most *Devadasis* said they "love" their *khiams*, love is not a universal phenomenon with a singular meaning. As Seal's (2000:61) study of sexuality and reproductive health for slum-dwelling women in Kolkatta demonstrates, "love" to her informants referred to cooking, cleaning, and any number of duties they performed for their husbands. Following Abu-Lughod (1990), resisting the romanticization of love is crucial to locating culturally representative understandings of the emotional and sexual value the *Devadasis* themselves place on their relationships. However, as I continue to unpack this complex aspect of the women's lives according to the issues they raised, such as criteria for selection, loyalty, family planning, and break-ups, it will become clear that their *khiams* are indeed very important to them.

A woman in her 30s described some of the important aspects involved in choosing a regular client, "...off and on men come and you study their character, to see if they will pay well and if they are willing to do it." If the particular man selected agrees to be her *khiam* things unfold from there, if he says no then the woman will have to focus her attention on another client. The man's character (or being "good") was stressed in this description, as it is in virtually any discussion about suitable marriage or business partners in South India. Importantly, a number of *Devadasis* were very careful to pick

certain men, not to have long-term relationships with, but to father their children. Their criteria echo those of the *Devadasis* seeking *khiams*, and for both groups of women the men should be "*cholo*" (good), or fat and with "charm in his face", referring mainly to what is considered a healthy and attractive appearance.

As with discussions of love affairs, the topic of loyalty between women and their long-term lovers led to comparisons of the *Devadasi* custom past and present. Most women, older and younger, told us that in earlier times women were loyal to one client who supported them economically. While viewing the multiple partner pattern of today as somewhat degenerate, all of the women said that being loyal to one man was impossible because they do not provide them with enough money to live on without resorting to *dhandha*. Yet, many *khiams* demand their women to be loyal only to them, and sometimes beat them if they find out they have been with other men. This caused some women to look for other regulars, confront their men, or practice sex work as secretly as is possible in a small community.

Some women also spoke about client loyalty, saying that they cannot expect it because "they are not our husbands", and because most of the men are married and may see other women as well. However, this is not always the case and they recalled a situation when a *Devadasi's* jealousy of hearing about her regular participating in a special event with his wife led to a messy and hurtful confrontation between the lovers. Other examples reveal another side of client loyalty. When the regular of one informant's mother died she (the woman's mother) performed the funeral ceremony. The brother of the deceased man tried to take the body back to his family, which is the traditional custom, but the woman would not allow it. Given the dire importance of the funeral rites

to the spiritual well-being of the family, especially the sons, whose virtual purpose in life is to perform this ceremony, this situation is an indication of the *Devadasi's* devotion, courage, and remarkable power. Another woman's *khiam* constructed a house for her and she often sends food with the man's children home to his wife! A picture hanging on her wall features the families of the *Devadasi* and her partner at the ceremony marking the completion of her home, an intimate portrait of the closeness of their relationship.

Motherhood is perhaps the defining attribute of Indian feminine identity, but aside from the issues of the heredity and adoption, it is rarely explored in *Devadasi* research. During fieldwork the saying "the road well traveled bears little fruit" was mentioned on several occasions after I described the nature of my project, and most individuals presume that the women do not have children.¹²³ Yet, virtually all of the women and some younger girls are mothers, and contrary to popular ideas that meaningful client relationships are non-existent among *Devadasis* (and other sex workers), many of these children were planned with their *khiams*. Although regulars were supportive of the pregnancies of several women, many were unable to be helpful father figures because of other family obligations or they had changes of heart regarding a relationship, which became more complicated with the birth of a child. For this reason, the women's children use their mother's name, which can cause considerable stigma when they attend school.

Out of the 25 women and girls that provided information on family planning, 6 informants said that they would like to do so and 4 already have. Among the *Devadasis* who responded negatively (n=12), 6 said they did not want any more children because of the following reasons: their fear of HIV, they were without a regular, they did not want to

¹²³ This is common in sex work literature generally, a depiction that aids in conceptually separating prostitutes from 'normal' women.

risk the pain of losing another child, and they want to focus on educating their children. The remaining six told us they did not want children at all because they fear contracting AIDS, do not have a *khiam*, and one wanted to be better established before having kids. During a group meeting, one young girl was singled out and the others described how she and her regular were both tested for HIV before she became pregnant. It was only after they were both negative did they proceed with having a baby, which seemed to be used as a kind of "good example". When I asked what they would have done if one or both of the tests came back positive, she said the relationship would definitely continue and they would use condoms consistently.

As with the majority of people who find themselves at the end of a long-term or meaningful relationship, for *Devadasis* the dissolution of a union with *khiam*s can cause considerable pain and hardship. When this occurs, informants told us that some women resort to self-mutilation by trying to remove the name of their lovers that have been tattooed on their skin¹²⁴. Others may begin to drink heavily, and some *Devadasis* have attempted suicide. One woman set herself on fire when she found out her regular was getting married, she died after two months of extensive treatment. Another women whose long-term partner had lived with her for a few years suffered the same fate after he returned to his other family. While lamenting the loss of partners, the need to establish socio-emotional and sometimes economical ties with another client compels some women to actively seek new regulars, which is what one woman did following the death of her *khiam* of over 20 years

¹²⁴ A significant number of *Devadasis* have tattoos, and most have the names of their lovers, children, friends, family, and/or deities inscribed on their arms and hands. Older women bear the marks of previous styles, and some have their faces and extensive body areas done in dark blue tattoos.

Many older women especially want and need regulars, but most young *Devadasi* do not. The main reason they give for not wanting a *khiam* is that they want to make as much money as they can during their prime, which is not easy with a permanent client because they often demand loyalty and curb their independence. However, it is not only a desire for leisure and money that makes younger women not want long-term clients, the pressing issues of economics and trust also factor into their position. A number of girls said that they want to earn a significant sum of money because they have to support their family, a difficult responsibility that involves pressure and sometimes forced sexual labour. Negative experiences with men by women in their family or community likely also influences the girls, some of whom described men as untrustworthy and of questionable character (i.e. not "good"). One young woman commented that since they could never be certain that men would stick around and support them, what is the point of having them?

Discussion

Using global sex work literature and fieldwork data from rural Karnataka, this chapter examined the nature and significance of sexuality and client relationships among *Devadasi* women and girls. It opened with a discussion of female status, sexuality, and the body in the Indian cultural context, which is necessary to understand how these issues are relative or contradictory to *Devadasi* experiences. The duality of women as powerful yet polluting is a constant refrain in historical and contemporary writings on female sexuality and the body. This dualism is often associated with menstruation, which is defined through a constellation of meanings linked with blood (heat, life, sexual power),

bodily waste (dirty, dangerous, polluting), and female status (weak, corrupting, dependent). On account of their defiling and dangerously sexual nature, women are relegated to the dark side of the purity-pollution matrix, the proper regulation of which depends upon the many bodily and spatial restrictions women are subjected to (Dumont 1970). In this light, women may have power, but it is derived from their destructive potential (Niranjana 2001:104).

This dominant perspective has been challenged by researchers who demonstrate that, in reality, beliefs and practices surrounding women's sexual and reproductive capacities produce cultural understandings of female power that are much more varied than the traditional binary model. According to Thompson (1985), the sexual inequity within the purity-pollution system works according to the distance women stray from the patriarchal ideals. That is, women's sexuality is considered impure when it becomes estranged from men during events like childbirth and menstruation, and it is positive when it serves male interests, as in the case of fasts and rituals wives perform to ensure their husbands' longevity (Thompson 1985: 705-706). Her research shows how women's *individual* sources of power and *divergence from male needs* that engender anxiety about female sexuality, versus the heterodox argument that women are feared and labeled powerful because they are innately deviant and dangerous.

Lynn Foulston's (2002) recent work on local Goddess worship in South and Central India, introduces another compelling argument regarding the inadequacy of standard interpretations of 'little' or local deities as fierce and impure and 'big' or Sanscrit deities as benevolent and pure. She contends that the "higher" Goddesses use the impure power of the local ones for their own ends, to win a battle or confront other Gods, and as

a result it is impurity, *not purity*, that emerges as the source of power (Foulston 2002:101-102). Like Thompson (1985), she contends that the root of Goddess or female power is their ability to transform, which is achieved by drawing upon the protective and sometimes defensive feminine force of *shakti*.

Both Thompson and Foulston cite the work by anthropologist Frederique Apffel Marglin (1985 a, b) as central to their formulation of alternative theoretical positions on female sexuality and purity-pollution. Marglin's research is particularly relevant because it is based on extensive studies with *Devadasis* living in Puri, a temple town located in the central Indian state of Orissa. She dismantles the traditional idea of purity and pollution by examining female sexuality in relation to the broader terms of auspiciousness and inauspiciousness, which are non-hierarchical, not mirror images of purity and pollution, and in greater circulation in daily life than purity-pollution. Eminent researchers like Dumont (1970), Dumont and Peacock (1959), and Srinivas (1952,1976) assigned a definitive and static role to purity and pollution, and the position of women vis-à-vis these concepts. Although innately impure, they could be powerful when they worked to ensure prosperity and benevolence in the home.

Marglin's work reveals something much different. Instead of concentrating on the negative traits of women as underpinning the dominant Hindu view of sex as necessary but dangerous, she argues that female sexuality sustains life and is antihierarchical in the way that it depends on not power over others, but the power of life (1985b:46). Women's reproductive and economic contributions in the home allow them to achieve this power, they feed their husband (regarded as the God) and family members, as well as providing children to carry on lineage and provide parental salvation. In a similar way, *Devadasis*

achieve this power through their association with feeding their 'husband' or deity (and King) and participating in erotic activity (through dance and intercourse), which is believed to produce the rain needed to nourish the land and ensure life. She goes on to argue that because of the dire importance placed on fertility, danger does not reside in female sexuality, but in the ambivalent potency of celibacy (*Ibid.*:56). Thus, Marglin's research represents the possibility of more diverse kinds of female power sexually, ritually, and domestically, all which are central to changing dogmatic theoretical and popular presentations of Indian women, including sex workers, as trapped in and by their mainly polluting and dangerous bodies.

This shift in representations of female power and sexuality is important to interpreting the data on sexuality among Indian women and *Devadasis*. Although "Indian women" are typically depicted as having forced and unsatisfying sexual lives because of their subservient position within society (Mohanty 1991:56), my two middle/lower class female informants relayed experiences that belie this construction. They both spoke of having active roles during sex with their husbands and view this intimacy as important to maintaining their relationship. While their sexual experiences contradict typical portrayals of Indian women, their ideas about the taboo nature of sexuality were consistent with traditional mores. For instance, the woman who researches sexuality and sex work admitted that despite the difficulties she has had and seen when women are not informed about sexual matters, she will not instruct her daughter on these issues.

The *Devadasis* participating in the project also have sexual experiences that counter typical portrayals of sex workers, and in some cases reflect the positions of the majority of Indian women. Traditional definitions of sex among prostitutes as devoid of

any significance or pleasure (Barry 1979; McKinnon 1987) extend to academic and popular assumptions about *Devadasis*, whose sexuality has not been given significant consideration beyond its linkages with legal and political implications of the institution. However, the women and girls we interviewed revealed experiences that were indeed meaningful, especially if they were with their *khiams* or long-term clients. Importantly, the fact that they have satisfying sexual experiences does not mean that they are nymphomaniacs or deviant in their sex lives, as many accounts assume. On the contrary, their rules for defining appropriate sexual behaviour are remarkably similar to those of other Indian women. As with the two middle/lower class informants cited above, *Devadasi* girls learn very little about sexuality growing up, they feel shameful when discussing the topic, and as the experience of our survey illustrated, open inquiries about their sexual activities incites embarrassment and indignation.

The data presented about the women and girls' relationships with permanent clients also diverged greatly from most sources, which presume such unions represent nothing more than fleeting moments of male lust. Most *Devadasis* who had *khiams* cited a number of reasons these men were important to them, including emotional dependence, family planning, economic support, and meaningful sex. Several *Devadasis* had or have extremely close relations with their lovers, the woman who performed the funeral rites for her deceased partner and the one whose house opening was attended by her long-term client's 'other' family being cases in point. The severe reactions several women had to the break-up of these unions, like self-mutilation and suicide, are other clear illustrations of the significance of these relationships.

This chapter has raised several significant findings that counter dominant portrayals of sexuality and relationships among *Devadasis*, many of which are supported in global sex work literature (Campbell 1998, 2000; Gysels *et al.* 2002; Hammar 1993; Kempadoo and Doezema 1998; Ratliff 1999; Wojcicki and Malala 2001). The women and girls we interviewed experience an array of sexual encounters, some meaningless and only valued in relation to money, but many have relationships that are bound by bonds of love, socio-economic need, meaningful sex, and children. Also, instead of being licentious and careless about the topic of sex, as one might think sex workers would be, *Devadasis'* notions of sexual mores and appropriate sexual conduct are parallel to those held by most women in India. Clearly, the dominant binary constructions of these women and girls (and sex workers generally) as either nun or prostitute do not accurately represent the experiences of *Devadasis* living and working in Karnataka today.

These findings are important because they support the theoretical move currently taking place in research on female sexuality in India. As the data from the two middle/lower class Indian informants illustrated, instead of being sexually constrained or unfulfilled on account of their supposedly polluting and oppressive experiences of sex, they both had active and often satisfying sex lives. Their experiences contradict traditional notions of sex among Indian women, and so do data from the *Devadasi* women and girls. That the experiences of one of the most marginalized and degraded groups of women only serves to highlight the inadequacy of the traditional constructions of female sexuality. Thus, not only does the orthodox purity-pollution model guiding most interpretations of Indian female sexuality need to be revamped, the divide between

priestess/prostitute in *Devadasi* literature and popular opinion also needs to be reconsidered.

These findings also have relevance for HIV programming and prevention because they uncover some of the complexities surrounding *Devadasi* sexuality and client relationships for sex worker, two issues that are often over-simplified. For instance, the taboo nature of sex among these women and girls means that surveys and discussions about this topic need to be presented in ways that respect their cultural values. Not doing so could result in inaccurate and non-representative data if the participants choose to bypass the questions, fill them in at random, or lie about their experiences to avoid discussing them. Similarly, designing peer-education programs regarding condom use, reproductive health, and sex with clients must be done in tandem with the participants, or else they might not follow through with the instruction and activities when they return to their communities. Where possible, involving the women's *khiams* should be supported as they have frequent condom-less sex with them, and because they typically have one or two other sexual partners.

CHAPTER 7- THE POLITICS OF PROSTITUTION: SOCIAL REFORM, HIV/AIDS, AND *DEVADASIS*

“Being nude by tying neem leaves is uncivilized...Clean hair and lead a healthy life...Stop the Devadasi tradition. Uplife humanity. Offer the true devotion” (taken from a poster recently produced for by the *Devadasi* Rehabilitation Program).

...there is perhaps a tendency to romanticize resistance, to read all forms of resistance as signs of the ineffectiveness of systems of power and of the resilience and creativity of the human spirit in its refusal to be dominated. By reading resistance this way, we collapse distinctions between forms of resistance and foreclose certain questions about the workings of power (Abu-Lughod 1990:42).

Introduction

Social reform movements and HIV/AIDS prevention programs constitute two of the most powerful forces impacting the organization of sex work and the representation of *Devadasi* women and girls within legislative, public health, and popular discourse. Supporters of both camps rely heavily on the tropes of victims and vectors, which often assume explanatory and etiologic qualities in their respective campaigns to “rehabilitate” the women and “curb” the spread of HIV. Much has been written about social reforms of the *Devadasi* system during the colonial period, and how they were linked with the larger political issues of the ‘woman’ question, ‘backwards’ cultural traditions, constructions of disease, and international debates on trafficking in women and girls (Arnold 1993; Kannabrian 1995; Nair 1994; Raj 1993; Srinivasan 1983, 1985; Whitehead 1995, 1998). However, because the system was officially abolished in 1947 comparatively little is known about the impact of reforms on *Devadasis* today, which continue to operate in Karnataka in the wake of the Prohibition Act passed in 1982. Similar gaps

exist within the current literature on HIV and sex work in India. While it is growing in response to the spread of the epidemic, the allegiance to traditional disease prevention models of “education” and “punishment” (Chan and Reidpath 2003:41) is widespread. What results is a persistent focus on the women as individual carriers, to the exclusion of detailed examinations of the interplay between sexual behaviour and the wider socio-economic, religious, and political factors that structure the women’s disease risk and limit their ability to practice safe sex.

This chapter examines the nature and impact of contemporary social reforms and HIV prevention programs on the *Devadasi* women and girls who participated in this project. It also describes the women’s responses to these developments, focusing primarily on their efforts to mobilize themselves politically through the formation of sex worker Collectives or *sanghas*, whose main goals are HIV education, prevention, and empowerment. As with the previous chapters, my goal here is to move beyond stereotypical portrayals of *Devadasis* as either ‘victims’ of backwards cultural practices or ‘vectors’ of dangerous diseases, both of which remain pervasive in academic literature and popular media. Destabilizing these essentialist constructions is essential to better understanding the ‘grey area’ between the poles of victim and vector, and how the women and girls’ experiences contest these representations, which often stand in for the contradictions and complexities of ‘real’ women’s and girl’s lives (Mohanty 2003:247). Finding out how these divides are played out is also important in relation to broader debates about “Third world sex workers”, who are often assumed to be ‘victimized’, versus ‘voluntary’ Western sex workers (Doezema 2001:18).

Examining how *Devadasis* are responding to the twin forces of reform and HIV also exposes some of the ways that prostitution has been politicized as part of the *modus operandi* of these two campaigns. While each is defined by its own particular objective, the operationalization of both reform and HIV prevention share a historical lineage of sorts, reform with historical movements to abolish the system and extend colonial regulations, and HIV with earlier laws against sexually-transmitted diseases, which were often directed at prostitutes and other poor women, who were constructed as the source of infection. While speaking specifically about HIV, Paul Farmer's statement about how the disease *tracks along steep gradients of power* (1999:91, emphasis in original) can also be applied to contemporary social reform movements and how they too stem from, and pave the way for, other forms of structural violence against *Devadasis* (i.e. medicalization and moralization of tradition, economic dependency). As I hope to illustrate below, far from protecting the women and girls from sickness or providing long-term socio-economic alternatives to sex work, present-day reform and HIV prevention efforts often end up creating new kinds of inequalities that can exacerbate their already challenging lives. Identifying some of the socio-economic, cultural, political, and sexual components at play sheds light on some of the complexities involved in this process. In addition, looking at how *Devadasi* women and girls maneuver between these two powerful forces will help uncover some of the strategies they have adopted to maximize their position in extremely demanding circumstances.

Chapter 7 opens with a review of the legislation and social reforms pertaining to prostitution and the *Devadasi* system, followed by a discussion of the current reform scene in Karnataka. Using data from interviews with state-level *Devadasi* Rehabilitation

Project Officers and other NGOs involved with reform, I present some of the main ideological influences and methods adopted by those within these groups, along with some of the problems encountered by these organizations in their efforts to 'rehabilitate' the women and abolish the *Devadasi* system. The second section examines HIV/AIDS prevention programs relating to sex workers, beginning with an overview of the global response and then moving to the Indian context. The response by the women to HIV prevention projects, namely the establishment of Collectives is then discussed, beginning with the most-well developed group to date (in Calcutta) and then moving to those in rural Karnataka and the neighbouring region of southern Maharashtra. The chapter concludes with a discussion of the major issues raised, focusing on how the experiences of *Devadasi* women and girls compare with both previous work on social reform among this group of sex workers, and HIV prevention among prostitutes globally.

Sex and Surveillance: Prostitution Legislation and Social Reform

Although the legislative framework that defines and regulates sex work varies globally, most women involved in the commercial sex industry are subjected to sexually discriminatory laws that target them to the exclusion of others involved in the prostitution network, like clients, police, agents, and brothel owners. The first part of this section contextualizes this situation in India, beginning with a description of the legislations that have impacted sex work generally. I then move to a description of the reforms and laws that have been enacted over time that pertain specifically to *Devadasis*. The last subsection presents data from fieldwork interviews with employees of the Karnataka *Devadasi* Rehabilitation Project, NGOs involved in the reform movement, and the

women themselves, focusing on how they incorporate the state-supported programs into their daily lives (or not) and how these campaigns affect their perceptions of the *Devadasi* system. The Figure below provides a chronological guide to the first two parts of this discussion.

Figure 2 – Chronology of Legislation and Important Historical Events Pertaining to Prostitution in India

1857- Indian Mutiny or First War of Independence
1861- Indian Penal Code
1868- Contagious Diseases Acts
1888- Repeal of CDA
1890- Anti-Nautch and anti-dedication movement began
1892- Madras Hindu Social Reform Association
1902- International meeting on trafficking and white slave trade
1910- Second international meeting
1923- Prostitution Act (amended in 1926 and 1927)
1927- Meeting of *Devadasis* and support of Anti-Nautch movement
1929- Madras Hindu Religious Endowment Act
1930- Travancore (modern-day Kerala) Act against the system
1934- Bombay *Devadasi* Protection Act (revised in 1984)
1947- Madras Act- banning the *Devadasi* system
1948- The Universal Declaration of Human Rights
1950- The UN Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others
1956- Suppression of Immoral Traffic in Women and Girls Act (SITA)
1958- SITA enforced (amended in 1978)
1979- The Convention of the Elimination of All Forms of Discrimination Against Women
1982- Karnataka Bill banning the *Devadasi* system
1986- SITA replaced by the Immoral Traffic in Persons and Prevention Act (PITA)
1987- Andhra Pradesh Act against *Devadasi* System
1989- AIDS Prevention Bill
1992- Programme of action of the UN Commission on Human Rights on the Sale of Children, Child Prostitution and Child Pornography
1994- The Cairo Declaration and Programme of Action of the World Conference on Population and Development
1998- Government of Maharashtra attempts to amend their state Protection of Commercial Sex Worker's Act of 1994
2002- SAARC¹²⁵ Convention on Preventing and Combating Trafficking in Women and Children for Prostitution

¹²⁵ Which stands for the South Asian Association for Regional Cooperation, and includes the countries of India, Nepal, Bangladesh, Pakistan, Bhutan, Sri Lanka, and the Maldives.

Of the three dominant legislative approaches to sex work- legalization, prohibition, and toleration- India has moved from the former in the 19th century to the latter in the present-day. It was during the era of British rule that the first legislations pertaining to prostitution were passed, the Contagious Diseases Act(s) of 1868. The political and economic conditions surrounding the creation and implementation of these acts are important to tease out because they draw attention to how the presentation and regulation of prostitution were intimately bound up with issues of Empire, sexuality (primarily female), and imperialism. Second, these defining forces also paved the way for, and became imbued in, subsequent laws and the treatment of prostitutes in post-Colonial India. Sleightholme and Sinha (1996) summarize some of the complex socio-moral, sexual, and legal factors at play in sex work legislation and presentation of prostitutes, saying:

The dual perception of sex-workers as fulfilling a useful role in society on the one hand and being a corruptive influence on the other results in a dilemma that is reflected in the confused legal approach to sex work. The law has to cater to a public demand for both condemnation and toleration. What has been consistent is that then, as now, regulations and prohibitions have been concerned to a greater extent with maintaining a hypocritical public morality than with the protection or welfare of the sex-workers themselves (53-54).

Before reviewing the important connections between Empire, disease, and sex as encapsulated in the CD Acts and later legislations, mention must be made of the 1857 Mutiny. Known to the British as 'the Sepoy', 'Bengal', or 'Indian Mutiny', to Indians as 'the National Uprising' or 'the First War of Independence' (Keay 2000:437), the events of 1857-1858 marked a watershed in the history of British-Indian relations. Following earlier uprisings like those among Indian troops in Vellore, Tamil Nadu in 1806 over caste-sensitive issues like the regulatory uniforms featuring a cap-badge of leather (a

traditionally polluting and repugnant material to Hindus), the mutiny within the East India Company's Bengal army emerged out of the historically charged and often violent process of colonialism. The spark that ignited the already volatile situation was the introduction of a new rifle, along with the substance used to ram the cartridges down the barrel and the procedure for doing so. The cartridges were lubricated with pigs' and cows' fat, and had to be bitten open with the teeth prior to being inserted into the guns. Leak captures the problems this posed for the regiment, "To cow-reverencing Hindus as to pig-paranoid Muslims the new ammunition could not have been more disgusting had it been smeared with excrement; nor, had it been dipped in hemlock, could it have been more deadly to their religious prospects" (2000:438). Although interesting, the stage by stage development of the uprising (see Leak 2000: 436-447 for details), are less relevant to this discussion than the legislative, religious, and health outcomes.

After the rebellion subsided in June of 1858, the British Crown assumed direct rule of India. The violation of religious beliefs and practices that fueled the uprising led or forced (for the sake of the success of the colonial project) Queen Victoria to introduce a policy of government noninterference in matters of religion (Jordan 1987:260; Leak 2000:446). Hinduism was not the only faith being contested during 1857-8, however, and the local populations' resistance to widespread Christian conversion movements was also behind the uprising. Recognizing this, the British toned down their missionary activities, along with the more abrasive reform tactics adopted and partially enforced by those belonging to Utilitarian and Benthamite sects (Leak 2000: 445). Another decisive result of the Mutiny was that it exposed a crisis of military health within the British troops. In 1859 a Royal Commission into the Sanitary State of the Army in India was appointed

and, the reform of army health thus acquired a political importance and urgency unseen before (Arnold 1993:67).

Of particular concern were venereal diseases (VD), especially syphilis, which affected 35.9% of British soldiers in 1859, a considerable rise from 17.7% four years earlier (Arnold 1997:21). The introduction of the short-term service system in 1870 resulted in an increase of young, unmarried soldiers¹²⁶ and the incidence of VD, which more than doubled from 205 per 1,000 in 1875 to 522 in 1895 (Arnold 1993:84). Despite the fact that Europeans introduced syphilis into India, the Colonial complex of contagion operated along racial and gender lines, identifying Indian prostitutes as the vectors of infection, versus the young, single, virile men they serviced. In addition to race and gender, sexual beliefs and economics also played important roles in official prostitution policies. Since masturbation was through to be physically weakening and mentally damaging, and supporting the wives and children of soldiers was too great an economic and administrative burden, sex work emerged as 'healthy' and cheap means to satisfy soldiers and keep certain colonial costs down (*Ibid.*:85).

However, the provisions for prostitution differed between British and Indian troops, another outcome of the rebellion of 1857-1858, and much greater attention was paid to the welfare of White soldiers (Raj 1993:33). To attend to both their sexual pleasure and health, the government started to reopen the Lock hospitals that had closed down in 1835¹²⁷ (*Ibid.*:33). Several local and central governments introduced Cantonment Acts to systematically deal with prostitution, which were overwhelmingly designed with the well-being of foreign troops in mind. For their part, the sex workers were subjected to

¹²⁶ By 1880 41% of soldiers were under 25, and 34% were between 25 and 29 (Arnold 1993:83-84).

¹²⁷ This took place throughout the country: in Trichinopoly, Canonore, and Secundarabad in 1859, and in Willington in 1860 (Raj 1993:33).

harassment under an expanding network of medical and legal surveillance, along with police corruption and brutality. Their earnings were stolen by police posing as hospital staff, they were forcefully dragged to mandatory medical examinations, and police demanded personal information for their records (*Ibid.*:33). In the Cantonment Act of 1864 in Madras, for instance, every woman wishing to obtain permission to reside in the cantonment area had to apply in person to the Superintendent of Policy who had to note down her name and that of her parents, her age, place of birth, occupation, domicile and marital status, and whether or not she was previously a prostitute, and where she planned on working (i.e. a brothel, residence, or lodge) (*Ibid.*:35).

In spite of these legislations, disease rates among troops and prostitutes continued to rise, and in 1868 the Government of India were forced to adopt the Contagious Diseases Act to combat the threat of VD. The Act sanctioned the establishment of brothels and allowed prostitution in a regularized form, quite similar to previous legislation. The provisions of the Act were left up to local governments, which had to orchestrate an array of administrative offices to undertake the detailed registrations and regulations required for sex workers, brothel-keepers, police, and medical staff. Under the CDA there were no safeguards for the prostitute's safety or respectful treatment at the hands of whichever state employee(s) they were confronted with in the pursuit of their trade. For instance, because it was presumed that sex workers lacked any shame or modesty, in 1873 E.G. Balfour, Inspector-General of Hospitals in Madras, concluded that there was no need for nurses at any of the Lock Hospitals (*Ibid.*:46). The Act also contained no standard definition with regard to age, and as a result kidnapping and the trafficking of young girls (often from rural areas), who were in greater demand in the

brothels located in Presidency capitals, increased substantially during this period (*Ibid.*:44).

The CDA were an abysmal failure for a number of reasons: the sex workers' resistance to the barrage of demeaning legislative and medical rules; non-cooperation of the public and the troops; unorganized and corrupt administration; and ineffective medical treatment for syphilis¹²⁸. Not only did the Acts not curb the spread of VD¹²⁹, they led to the establishment of new forms of clandestine prostitution, which continued largely unabated and placed greater numbers of women and girls at risk for health problems and unchecked violence from police and government officials. Instead of re-vamping the laws so that they would better protect the sex workers in their state-sanctioned profession, in 1888 the government responded to the fiasco of the CDA by repealing them and introducing a series of Cantonment Regulations (1889, 1897). However, these regulations were not effective in slowing infection and state governments began to alter their policies to suppress sex work instead of regulating it (*Ibid.*: 69). In Madras the government used sections 52 and 71 of the City Police Act (1888) to extend the powers of police to remove brothels and make sex work a judicially enforceable offence (Joardar 1983:72). Not surprisingly, this approach was also unsuccessful because prostitution was already so embedded into the social and economic fabric of many urban centers. Actually, sex work expanded during this period, as brothels were constructed near high schools, colleges, temple sites, and along the burgeoning railway lines (Raj 1993:69-72).

¹²⁸ Which had to wait until the 1950s, with the widespread use of penicillin (Quetel 1990:250).

¹²⁹ Which was at 20.5% among British troops in 1875 and peaked at 52.2% in 1895; the equivalent of more than half of the army being hospitalized each year and the loss of over a million military man-days (Arnold 1997:21).

Indian sex worker legislation was also affected by the debates surrounding trafficking in women and the "White slave trade", which emerged as issues of global importance during the first decades of the 20th century. Although the focus was on young, White women and girls being coerced by foreign or immigrant men into sexual slavery which, in turn, was linked with threats to family well being and national honour (Doezema 2000:45), Indian prostitutes figured in the dialogue. Like previous reform campaigns, they were construed as unwitting young women who were subject to 'barbaric' cultural traditions like the *Devadasi* system¹³⁰, child marriage, *sati*, and *purdah*. Following the International Conferences for the Suppression of White Slave Traffic (first held in 1902), governments in various Indian areas began introducing legislation to ban the traffic in women and girls for the purposes of prostitution. In 1923 the Prostitution Act was introduced, which made it illegal for a male, but not a female, to manage a brothel (Forbes 1996:184). A year later Sections 372 and 373 of the Indian Penal Code were changed and it was ruled that no girl below the age of 16 was to be used for immoral purposes (Raj 1993:79). Following the United Nation's adoption of the international Convention for the Suppression of the Traffic in Persons and of Exploitation of the Prostitution of Others in 1950, the first Suppression of Immoral Traffic in Women and Girls Act (SITA) was signed in India in 1956.

Under SITA the practice of individual prostitution, independently or voluntarily, is not an offense. However, Sections 7(i) and 8(b) stipulate that prostitution, including seduction and soliciting, within 200 meters of public places like temples, bus stands, and hotels is illegal (APAC 1998:22). In addition, a magistrate has the power to order a

¹³⁰ Another reason the *Devadasis* were mentioned in these debates was that their non-regulated status reflected poorly on Britain's ability to control the Indian populous.

working woman to be moved from one place to another, thereby placing her at considerable disadvantage to the regulatory powers that be. Owing to the failure of this law to affect the traffic in women and girls and the level of prostitution in general, it was amended in 1986 and re-named the Immoral Traffic in Persons and Prevention Act (popularly known by the acronym PITA). The spirit and objectives of the earlier legislation are maintained in PITA, and a number of technical changes were introduced (Kotiswaran 1996:4; Sleightholme and Sinha 1996:55). For example, the definition of prostitution was changed from when a girl or woman “offers her body for promiscuous intercourse for hire” to “the sexual exploitation or abuse of persons for commercial purposes” (Ibid.:55). The Act also distinguishes between major (above 18 years), minor (16-18 years), and child (below 16 years) within the context of sex work (APAC 1998:23).

The main points pertaining to sex workers, clients, *babus*, brothel-keepers, landlords, traffickers, pimps, and rescued girls are outlined below (all these data are summarized from Slightholme and Singha 1996: 56-57).

Sex Workers: Prostitution in or within 200 meters of a public place and soliciting or seduction in public, or in sight or sound of a public place for the purpose of prostitution are illegal under Sections 7 and 8. Public place is defined as any place intended for use by, or accessible to, the public and includes any public conveyance. Working privately and independently as a prostitute is not an offence. However a sex worker can be removed from any place at the request of a magistrate, and a brothel containing two or more sex workers can be closed down.

Clients: The client commits an offence if he carries on prostitution with a sex worker in or within 200 meters of a public place. Under the Indian Penal Code, if the sex worker is below 16 years of age the client can be charged with rape.

Babus: Live-in *babus* or lovers are committing an offence by living off the earnings of prostitution. If any *babu* who is proved to be living with a sex worker is arrested under these charges, he is assumed to be living off her earnings unless he can prove otherwise.

Brothel-keepers: A brothel is defined as any place “used for sexual exploitation or abuse, for the gain of another person or for the mutual gain of two or more prostitutes”. Land-lords, brothel-keepers, and those who abet brothel-keeping can be punished under Section 3 of the Act. Detaining a person for prostitution is also an offence. A magistrate can order the closure of a brothel that is within 200 meters of a public place. Hotels that are being used as brothels can have their licenses suspended or cancelled if any of the sex workers are minors.

Land-lords: Knowingly renting out property which is being used for prostitution is an offence under Section 7.

Traffickers: Procuring, inducing, taking or detaining a person for prostitution are offences under Section 5. If the person is a minor or a child, or if the person was procured against her will, the sentence is more severe.

Pimps: Pimping and toutting is an offence under Section 4. It is assumed, unless proved otherwise, that a pimp is living wholly or partially on the earnings of a sex worker.

Rescued Girls: The government is bound to provide rehabilitation in a protective institution, or under the supervision of a person appointed by the magistrate, for women and girls rescued from prostitution.

In addition to PITA, the Juvenile Justice Act and Indian Penal Code (IPC)¹³¹ can be used to prosecute those involved in prostitution. The IPC tends to be used more often because it is easier to prove, whereas those that fall under PITA are often more specific and require stricter formalities on behalf of the police (*Ibid.*: 57). The IPC sections commonly used include: Committing public nuisance (Sect. 290) or performing an obscene act in public (Sect. 294); Procuring and kidnapping women and girls (Sect. 361, 363, 366, 366a, 366b); Rape of a minor or sex with a woman who believes the man is her husband (Sect. 375); and Importing a woman under 21 from another country for sexual purposes (Sect. 366h) (*Ibid.*:57).

The social attitude embedded in the above legislations is that sex work is a ‘necessary evil’, and it is no surprise that the enforcement of these laws is marked by

¹³¹ Which has provisions against trafficking and slavery of women and children.

equally ambivalent, sexist, and often corrupt, practices. Sociologist Jean D'Cuhna's study of the implementation of SITA prostitution laws in Bombay from 1980-1987 bears this out clearly. During this period 596 brothel-keepers were arrested compared to 9, 240 sex workers, and between 1980-1984 only 304 procurers and not one landlord or pimp was arrested (D'Cuhna 1991; cited in Sleightholme and Sinha 1996:58). In addition, when the arrest records under the Bombay Police Act dealing with 'indecent' behaviour were reviewed, she found that only 1, 395 pimps were held versus 53, 866 sex workers (*Ibid.*:58). The policies of PITA are consistent with those of SITA, and despite the fact that the newer set of laws were intended to decriminalize sex workers and target the traffickers, pimps, and brothel-keepers, in practice the opposite has happened. The reasons for this are tied up with the broader economic, sexual, and political forces at play in the organization, promotion, and surveillance of the commercial sex industry. They include: mass arrests help maintain arrest quotas for police; the police stand to gain financially and sexually as raids often involve monetary extortion and sexual favours; central players in the trade get around laws by exploiting loopholes, bribes, and through force; sex workers' statements are inaccurately recorded so prosecutions are ineffective; racketeers produce false age certificates so they will not be charged with trafficking; and women are intimidated into saying they are of age and working independently (*Ibid.*:59).

Aside from PITA and the other international conventions India has signed, local groups of Indian feminists, scholars, NGOs, students, and government representatives have joined forces to design a number of proposals for prostitution law reform. In 1992, the Department of Women and Child Welfare commissioned the National Law School of India University (NLS), (in Bangalore, Karnataka) to draft legislative proposals on the

subject of sex work (Kotiswaran 1996:10). The NLS drafted the proposals with the participation of several task forces that were established at other academic institutions in Calcutta, Bombay, Bangalore, Lucknow, and Chennai. Prior to submitting the documents to the government, NLS sponsored a consultative meeting in January 1994, which became the Conference on Women and the Law (*Ibid.*: 10). Importantly, no sex worker organizations were invited to the conference, which is highly problematic because of the way this decision reproduces the approach of previous feminist/educated women's groups to "speaking for" marginalized women, who are thus cast as ignorant, powerless, and incapable of articulating their experiences. Moreover, excluding the women at stake negates the possibility of any 'real' empowerment, which was one of the underlying objectives of the meeting.

Despite these flaws, a brief review of the four Bills introduced is useful to fill in some of the local, albeit unrepresentative, initiatives to improve current sex worker legislation (see Kotiswaran 1996:10-15). The first proposal is The Prevention of Immoral Traffic and the Rehabilitation of Prostituted Persons, which seeks to somehow balance decriminalization with toleration through preventing women from being forced into prostitution and trying to also reduce exploitation like forced rehabilitation, mandatory HIV testing, and trafficking. The Second proposal is an amendment to PITA to achieve partial decriminalization, which would see more stringent punishment for brothel-keepers, pimps, traffickers, and landlords and the decriminalization of all activities that prostitute women perform. Number Three, the Prohibition of Immoral Traffic and Empowerment of Sexual Workers Bill, reconceptualizes sex work as a legitimate form of work and supports legal intervention in the nature of labour laws. The last document is

the Sex Worker (Legislation for Empowerment) Bill. This proposal recommends the complete repeal of PITA, which should be replaced by a legislative framework that operates under the Indian Penal Code, 1860.

While the government of India did not respond immediately to these proposals, in 1996 the National Commission for Women (NCW) took interest and commissioned studies in the states of Karnataka and Andhra Pradesh (*Ibid.*: 14). In the same year, the National Human Rights Commission held a meeting about how to end child prostitution, including the enforcement of prostitution laws, the punishment of traffickers and brothel-keepers, and the creation of a central body that would coordinate the activities of the agencies involved. In 1997 the NCW called on the member nations of SAARC to enact special legislation to tackle the growing phenomenon of trafficking in women and children across the countries' borders, which was completed and signed by all members in 2002 (Banerjee n.d. :5). During that same year the NCW and the Joint Women's Programme (an NGO working in the area of women's rights) organized a consultative workshop in New Delhi with many of the participants from the 1994 Conference on Women and the Law. It is worth noting that the report stemming from this conference represented, for the first time in the 1990s, the attempt of a governmental organization to deal with the issue of sex work. One of the most important conceptual shifts of the report is the realization that society and government must stop blaming and trying to "rescue" individual women, and any effective strategy to combat aspects of the sex trade must instead adopt a human rights perspective and target the pimps, clients, traffickers, politicians and police (Kotiswaran 1996:15).

As encouraging as these initial steps by the government and concerned NGOs are, forced rehabilitation and rescues, along with rape and extortion by police and others continue largely unabated in most sex work locales. The attempt in 1998 by the government of Maharashtra to amend their state CSW Act (1994) is another example of how little sex work laws have changed (Amin 2004:21). The amendment included clauses requiring compulsory medical checks for STDs and branding with indelible ink those sex workers suffering from STDs and HIV/AIDS (Dube 2000:29). Thus, as with previous legislations, the rules reinforce rather than help combat socio-sexual, economic, legal, and political inequality for Indian prostitutes. As the subsequent section illustrates, the history of reform pertaining to *Devadasis* follows a remarkably similar pattern of systemic disadvantage.

"... 'a hygienic mistake', 'a social injustice', 'a moral monstrosity', and a 'religious crime'..."¹³²: representation and reform of Devadasis during the colonial period

During the mid 19th-20th centuries, the *Devadasi* system was used for and influenced by several competing socio-moral and political developments. On the one hand, they were viewed by nationalist reform movements as 'poster girls' for 'backward' traditions that needed to be abolished in order for the nation's women to move closer to the light of civilization. Yet, on the other hand, those in support of the system viewed it as a defining element of Indian culture, which was interpreted as representing part of the country's "golden past". While there are a number of ways to approach this complex period, I

¹³² This is taken from the infamous *Devadasi* reformer and M.P. Muthulakshmi Reddy's speech in 1947, prior to the abolishment of the system in the Madras parliament (cited in Raghuramaiah 1991:140).

begin with the legislative plane, specifically how the government responded to these women who did not 'fit' within the provisions of the CD Acts.

The Contagious Diseases Act of 1868 did not apply to *Devadasis*, because of the British Crown's policy of non-interference in matters of religion following the Uprising of 1857-1858. Although many women and girls had VD, because temple administrators (*dharma kartas*) and their wealthy patrons opposed any comparison between *Devadasis* and common prostitutes, who were construed as reservoirs of infection, the *dharma kartas* declared that *Devadasis* were free from venereal disease and so were not responsible for its spread among worshippers or office bearers of temples (Raj 1993:50). Since the government may have not been sanctioned to regulate the activities of *Devadasis* under the CDA, they took another approach by legislating other aspects of the system that fell under the rubric of larger social movements, primarily education and adoption of female children.

Traditionally among the only educated women in India, parents and school officials in the late 1870s began objecting to the inclusion of *Devadasi* children in general schools, for the fear that the "qualities of the mother would infect the other children through the daughters of devadasis" (*Ibid*:121-122). There were no official rules drawn up to enforce the educational restrictions for *Devadasi* girls (boys were not deemed problematic), and the matter was left to local school administrators to sort out. That approach having been ineffective in placing greater restrictions on the women, government officials then moved to the issue of adopting girls for prostitution. Sections 372 and 373 of the IPC, which deal with this issue and dedicating girls to idols, were to be applied to *Devadasis*, but the women found loopholes to evade the law by taking girls

to neighbouring states or other European provinces to conduct dedications (*Ibid.*: 122-123).

The government's failure to regulate prostitution under the *Devadasi* system led to the adoption of another tactic, incorporating the '*Devadasi* problem' with more widespread social reform or social purity movements of the mid-late 1800s. The 'woman question' loomed large throughout the colonies (and internationally) during this period, with emancipation and education high on the agenda (Epp 1997:175; Forbes 1996: 12-13). Embedded in this movement was the belief that the moral strength of a community depended on the sexuality morality of its women and, owing to other inter-related ideas like Social Darwinism and Christian science, this idea was extended beyond the educated upper caste Indian woman to the masses (Kannabiran 1995 WS-63; Whitehead 1998:91-92). Despite the particular conditions impacting the tradition *Devadasis*, along with other 'special' topics like child marriage, *sati*, and widow remarriage, were held up by reformers (Indian and foreign) as emblematic of the degraded social condition of Indian women generally. Global debates about prostitution occurring at the time, brought about in large part by European feminists' rejection of the CDA, also influenced the representation of *Devadasis* as a particularly compelling example of the evils of male lust, which is how prostitution was construed at the time, versus the 'fallen woman' image of the pre-Victorian era (Doezema 2000:26). Being removed from, yet somehow also representative of, the majority not only blurred the boundaries between various categories of 'Indian women' (Mohanty 1991), it distorted the social position of *Devadasis* to the point that they were equated with the general populous of commercial sex workers (Kannabiran 1995:63, 66; Srinivasan 1983:74).

Nowhere was this collapsing of categories more clear than in the case of anti-*nautch* campaigns that began in the 1890s, in which *Devadasis* assumed a central role. The origin of the term *nautch* is the Hindi word *nach*, which refers to a culturally important program of dance and song performed by women throughout India (mainly a more common class of northern ‘dancing girls’) that was at one time integral to social celebrations (Shankar 1990:140; Srinivasan 1983:74). However, under the British *nautch* became a catchall phrase for ‘dancing girls’, *Devadasis*, and sex work in general. Once considered among the highest forms of entertainment and markers of social status to Colonials and locals alike, with the rise of Social Purity campaigns and the recognition of the dangers prostitutes posed for national health, *nautch* girls were construed as morally disruptive and threatening to a ‘civilized’ body politic. This is evident in the chief objectives of the movement: “the total abstinence from intoxicating drinks, purity of private life, (and) the abolition of the devadasi system” (Ramakrishna 1983:134; cited in Kannabiran 1995:WS-63). Organizations like the Madras Hindu Social Reform Association (est. 1893) were formed to put a stop to the tradition and their supporters, made up of missionaries, doctors, journalists, and social workers, banded together to collect signatures and organize marches to the homes of the elites who continued to hold *nautch* parties (Raj 1993:124; Shankar 1990:140; Srinivasan 1985:1873).

At the outset, the governments did not respond to this public outcry against the *Devadasi* system, instead, they continued supporting the performances. Despite ‘insider information’ from the Reform Association that *nautch* girls were really prostitutes¹³³, officials like the Viceroy of India and Governor of Madras deflected this criticism by indicating that the dancers did not behaved immorally and by making references between

¹³³ Information which most officials and their guests were likely already intimately familiar with.

these performances and “the customs of the country” (Shankar 1990:142). However, during the late 1880s-1910 the anti-*nautch* movement received considerable support from various religious, social, and voluntary organizations, which forced the government to finally take action. In 1911 the Indian government issued a dispatch asking for opinions on the efficacy of Sections 372 and 373 of the IPC (which deal with the age of dedication) in abolishing the *Devadasi* system (Kannabiran 1995:WS-64; Srinivasan 1985:1873). This move follows the devastating decision rendered by religious pandits and educationists, who were commissioned by the Prince of Mysore to determine whether or not the system had any religious sanction. After the panel’s unanimously negative conclusion, the Prince issued an order in 1910 that no *Devadasi* was to be permitted to render any service in the temples in his state (Raj 1993:125).

Later, in 1924¹³⁴, a Bill was introduced to amend the IPC Sections relating to dedication age and the nature of service under the system, which would not be illegal if it could be proved that the girl was not engaged in prostitution (*Ibid.*:127). Although not passed, this Bill illustrates the multiplicity of images and political uses of the *Devadasi* figure- as prostitute and icon of ‘Mother India’- which perpetuated inaccurate and confusing information about the system; much of which continues to wind its way through popular and academic consciousness.

Buttressed by the first legislative stirrings of independence, the Government of India Act (1919), the 1900s-1920s was a particularly decisive period politically within as it marked the time when nationalism came of age (Sinha 1998:36,38). While the Colonial government remained hesitant about ‘intervening’ in the matter of *Devadasis*, a plethora

¹³⁴ The same year that the League of Nations expressed concerns that India abolish the *Devadasi* system, which was to be achieved primarily through bans placed on the adoption of girl children for the purposes of prostitution (Raj 1993:127).

of Indian women's and social reform groups that were formed during this time took the lead in trying to abolish the system (Forbes 1996: 72-73). Established by educated and upper caste men and women who supported Victorian ideologies, many of these organizations viewed *Devadasis* as not only degraded women who were a throwback to a lost 'golden age', but as impediments to national progress. The popular national slogan of the time: 'India cannot be free until its women are free and women cannot be free until India is free' (Sinha 1998:1) was an equally strong ideological force behind reform efforts. The most outspoken and politically effective proponent of this position was Muthulaskhmi Reddy, a physician, the first Indian woman legislator and leader of a legislative body (the All-Indian Women's Congress, AIWC, 1927-1936), and editor of the first national women's organization (Kannabiran 1995: WS-65; Sinha 1998: 40; Whitehead 1998:97).

After her post-doctoral training in London in 1925, when she also became card-carrying member of the British Social Hygiene Council, Reddy returned to India determined to fight the medical dangers posed to national health by venereal diseases, unhygienic practices of Indian mothers, and the *Devadasi* system (Whitehead 1998.: 98). Following her election to the Madras Legislative Council in the anti-Brahmin Justice Party, she introduced the Madras Hindu Religious Endowments Act (1929), which enfranchised *inams* (usufruct rights to land in return for temple service) and revenue rights of *Devadasis*. While this Act was introduced to allow the 'bond-slave' to own property without extortion of service, as Srinivasan (1985:1874) says, it ended up benefiting the men of the community, who could now inherit assets formerly set aside for the sole benefit of women. The threads of eugenics and 'Scientific' often ran through her

speeches, and the following section from an address to Council during the debates regarding *Devadasi* land grants illustrates how she ties these ideas about the polluting sexuality individual *Devadasis* with the decay of the body politic and racial purity:

It is beyond my comprehension how in a country which can boast of innumerable saints...irresponsibility in vice has been ignored and even encouraged (through the devadasi system) to the detriment of the health of the individual and of the future race...Modern science has proven that continence is conducive to the health and well-being of the individual, family, and the future race, and that sexual immorality harms both the individual and the community. Venereal disease is responsible for fifty percent of child blindness and deafness, much insanity, and other diseases such as paralysis, liver and kidney disease and heart disease...and it is a racial poison capable of being transmitted to one's children, the second, or even the third generation (Reddy 146-147; cited in Whitehead 1998:98).

The reaction by many *Devadasis* to these reforms was negative and, not surprisingly, most were categorically against these legislative and social changes. Through such bodies as the Madras *Devadasi* Association, the women participated in the debates and lobbied hard to defeat it through organizing protest meetings and sending memorials to governments. One of their main objections was to the equation of themselves with commercial sex workers (Jordan 1987:264; Raj 1993:129; Whitehead 1998:103). Interestingly, in their defense they adopted the 'cultural grammar' of the "divided *Devadasi*" discourse, focusing almost exclusively on their ritual and religious duties. They also raised the issue of their freedom of worship, which they argued would be eroded by the enfranchisement of their temple-based property and service (Whitehead 1998:103). However, Reddy also received the support of some from the community, including members of the *Devadasi* Women's Association and the *Devadasi* Community Men's Association. As Raj (1993:128) contends, the support for the Act had more to do with the ability to own land than with 'freeing' their women from sexual service (which undoubtedly continued).

The Madras Hindu Religious Endowments Act of 1929 was an essential first step toward dismantling the *Devadasi* system, but its silence on dedication and prostitution itself meant that it did not really succeed in curtailing the practice. Little progress was made for a number of years, in light of the Child Marriages Restraint Act and the Age of Consent Bill, which consumed reform efforts for the first quarter of the 20th century (*Ibid.*: 131). Queries into the status of the *Devadasi* system during the late 1930s from the Association for Moral and Social Hygiene in London, got the legislative ball rolling once again and in 1938 the Madras *Devadasi* (Prevention of Dedication Bill) was introduced (*Ibid.*: 132). The outbreak of World War II and persistent colonial concerns about intervening in religious matters stalled the Bill, which was finally passed in 1947¹³⁵. In her speech to the assembly in support of the law, Muthulaswami Reddy once again relied on the moral and medical panic associated with *Devadasis*, and prostitution generally, to further her political goals of helping foster a modern and 'scientific' India. She argued:

...Then, are we, whose ancestors had practiced the highest ideals of sexual purity which human nature is capable of and had attained the utmost height of spirituality, to be left behind and pointed out as a morally backward race?...Now I appeal to you in the name of humanity, in the name of justice and on behalf of the thousands of our young innocent girls who are sacrificed on the alter of immorality and vice, that Madras may take the lead in enacting a permanent measure to put a stop to this evil as even it has taken the first step in the granting of political rights to its women, a status unequalled in the history of any other nation in the world (Nightbirds 1991: 145).

Compare this dramatic appeal to Raj's (1993) decidedly darker summation of the Bill's impact:

But the Act contributed to misery in the life of devadasis. They were expelled from the temples immediately after the Act was passed. The poor women now wandered around like freed slaves in temple towns. Many vacated the temples and migrated to urban areas to become clandestine prostitutes. A considerable number

¹³⁵ Under this Act it is illegal to: dedicate girls or women to idols or anything subjected to worship; for women to perform a dance in a temple, religious institution, any procession carrying a Hindu deity, or on any festive or ceremonial occasion connected with worship (Raj 1993:132).

became beggars operating in front of the very temples they once served. This happened because government, while enacting the Act, did not take any ameliorative or rehabilitative measures to help the expelled women. No one came forward to help them, not even paramours, nor temple priests (133).

In addition to the 1929 and 1947 Acts introduced in Madras, the Bombay Presidency passed its own Act against the system in 1934, which is significant because most northern districts of what is now Karnataka fell under the Bombay territory at that time. The Bombay Devadasi Protection Act was passed by the British government, who sidestepped the 'non-interference' issue by basing the law on amendments of the Indian Penal Code, which was not considered a direct interference in religious issues (Chawla 2002:27). Very similar to the later 1947 Act, it made *Devadasi* dedication a crime and included a plan for government enfranchisement of the women's temple lands, and the legalization of marriages of former *Devadasis* to men (Charkraborty 2000: 66; Datar 1992: 85; Jordan 1987: 265). Since the 1934 and 1947 Acts, which were both applied in Karnataka, proved ineffective in preventing new dedications they were replaced by the Karnataka Devadasis (Prevention of Dedication) Act, adopted in 1982 and made law in 1984 (Chawla 200:27; Jordan 1987:272). More will be said about the provisions of the 1982 Act came about in the sub- section below, which deals with context of present-day social reform programs aimed at *Devadasis*.

*'what is the use of getting a cow if you can't make any money from it?'*¹³⁶: the reproduction of inequality within contemporary social reform of *Devadasis*

As with earlier initiatives, current legislation and reform activities have been spear-headed by various women's groups NGOs, and voluntary organizations, which often

¹³⁶ This quote from a *Devadasi* woman we interviewed captures the opinion of most women about current state reforms, that they are inadequate in providing a sustainable economic alternative to sex work.

have to work against apathetic governments. The driving force behind contemporary efforts to ban the *Devadasi* system is the Joint Women's Program (JWP), a voluntary organization based in Bangalore that was primarily concerned with the topics of rape, dowry, and discrimination against women. In 1981, amidst controversy over a rape case that was linked to the *Devadasi* issue and government denial that the system existed¹³⁷, the JWP took up the cause of *Devadasis* to get a better sense of the organization of the system (Banhi 1981/2:1; Epp 1997:226). During that same year a study team was dispatched to northern Karnataka, mainly the Belgaum district, where they found ample evidence of a flourishing practice, which was interpreted as "exploitation of women of the weakest section of our society" (Banhi 1981/82:1). They then launched an impressive media campaign to publicize the issue and pressure the state government to pass a Bill against the system. Despite the many national and local press releases, magazine pieces, public meetings, and another research trip organized by the JWP, the state government did not act until late 1982 in adopting the Bill.

The Karnataka Devadasis (Prohibition of Dedication) Bill, the first to be presented in the *Kannada* language, nullifies the dedication of any woman (of any age) to a deity, either before or after the passage of the Act (Jordan 1987:272). As with previous legislation, it legalized the marriage of any woman previously dedicated and declared the children of such unions to be legitimate. It makes performing, permitting, participating in, or abetting dedication a crime punishable by up to three years imprisonment and a fine of up to Rs 2000/- (*Ibid.*:273). Parents or guardians found guilty of dedicating a girl in their care may receive a harsher penalty, of up to five years in jail and a fine of Rs 5000/-. The

¹³⁷ The then Chief Minister Gundaro Rao said that 'no such practice is existing now. Perhaps in earlier times, but it doesn't exist today (Epp 1997:226)

bill empowered the state government to make rules for the enforcement of the Act, and unlike earlier laws it also included provisions for the women's care, protection, and rehabilitation. Another new clause in this law is that while other laws could only be prosecuted if someone filed a complaint, this 1982 Act made dedication a crime against the state (*Ibid.*: 273).

Interestingly, the government envisioned the reform activities as being offset by the revenue generated by the fines issued to guilty parties involved in dedicating girls into the system (Banhi 1981/2: 48; Jordan 1987.:273; Shankar 1990:158). However, corrupt police, religious officials, and certain unsavoury organizations formed to 'help' the women, all of who benefit from monetary extortion and sometimes forced sex from the women and girls involved, ensure the exact opposite occurs. The Bill has instead spawned a new economic and sexual black market, which prevents the much needed revenue from being directed into training and rehabilitation activities, which are, in turn, sorely lacking as they offer no long-term sustainable alternatives to sex work.

There are four main objectives underlying government schemes for rehabilitation: financial assistance and incentive for men to marry *Devadasis*; rehabilitation through self-employment; scholarships and hostels for the women's children, especially girls; and assistance to the institutions who will engage in the "moral education" of *Devadasis* (Datar 1992:88). Jogan Shankar (1990:158-159) provides a more specific list of the programs that are supposed to be undertaken by the Karnataka Social Welfare Department. They include:

- 1) Establishment of exclusive 'State-Home for the victims of devadasi cult.
- 2) Establishment of special Residential School for children of devadasis as they are more prone to be the victims of this cult.

- 3) Moral education, vocational training like tailoring, embroidery, and knitting are taught by trained teachers to devadasis in State-Homes.
- 4) Devadasis of marriageable age are encouraged to get married and settle in life. For this, an incentive of Rs 3000/- is sanctioned by Karnataka State Government.
- 5) They are also provided subsidized loans through nationalized banks to start self-employment or business under the assistance of Social Welfare Department.
- 6) Top priority is given to devadasis in case of various benefits provided through developmental programmes for weaker sections of the society such as Janata Housing Scheme, Bhaga Jyoti, Grahakalyan, Old-age pensions and TRYSEM (Training of Rural Youth for Self-Employment)
- 7) A special cell is created with an office whose duty is the rehabilitation of devadasis. He is also entrusted with publicity of various rehabilitative programmes for devadasis and curbing the spread of this evil practice.
- 8) Voluntary organizations which are interested in rehabilitation of devadasis and their children are liberally supported with Government funds.

The implementation of these programs has been incomplete and teasing out the guiding moral and social principles, as embodied in the reform discourse (i.e. evil practice, cult, victims) and their approaches to rehabilitation (i.e. short-term loans and training, focus on individual women) help expose some of the problematics of *Devadasi* reform. One of the best examples of current reform tactics is the voluntary organization called Vimochana, located in the northern Belgaum town of Athani. It was established in 1985 by B.L. Patil, a lawyer who became a staunch advocate for *Devadasi* reform after learning about the practice from Jogan Shankar, author of *Devadasi Cult: A Sociological Analysis* (1990). From Patil's point of view, the system is a "euphemism for prostitution [and is]...deep-rooted under the façade of dogma, superstition and religious cult" (Hejjegalu 2001:5). He believes that the best way to fight "this social evil is through the children of Devadasis by education, health care, vocational training, employment, marriage, etc.; to ensure their rehabilitation and integration into the mainstream of society" (*Ibid.*:6). To this end, the group has adopted 1024 children from 960 towns throughout Athani and established the Kannada Medium Residential School (1990) and

Residential High School (1992) for *Devadasi* children, the first of its kind in India (*Ibid.*:6). Vimochana has also arranged the marriages of 180 girls, and they provide free care (education, medical, food) for all children attending their schools. While the focus is on the women's children, this group has introduced income-generating activities geared toward adult *Devadasis* like a dairy unit, garment unit, ropemaking unit, wool spinning, and a Handloom Development Centre (*Ibid.*: 7).

Although well-intentioned, the lack of funds and moralizing attitude that pervades the activities of Vimochana leads to situations of greater economic dependence upon hand-outs, which do not foster a sense of empowerment among the women. For instance, trainees in the garment unit get a daily stipend of Rs 20/- (0.65 Cdn), of which they may save Rs 5/- after bus fare, tea, and tobacco are purchased. Those who are part of the handloom programs do not fare much better, despite the fact that they receive a small loan, a loom, and a house. One *Devadasi* who participated in this scheme sums it up well, saying "But we are not doing too well here, there is no regular power supply, water and raw materials. Most houses have caved in with the rains" (*Ibid.*:10). In addition, Vimochana's reliance on the monetary support of groups like the Christian Children's Fund¹³⁸ (CCF) makes them vulnerable to the forces of international donor profiles and annual program preferences. This is painfully clear in Patil's response to an interviewer's question about the potential cessation of CCF funding: "If they stop I'll go insane" (*Ibid.*:11). In another interview Patil says,

"It was very difficult to convince the women of their plight. Here strong deep roots in religion and faith in the Goddess along with poverty and illiteracy made

¹³⁸ Under which a donor can sponsor Rs 500/- per month or deposit Rs 25,000/- in a fixed deposit and the interest accrued there will be used by the institution to maintain a child chosen by the donor until the child become self-supportive and has completed the education or vocational training (*Ibid.*: 8).

people bow to legend. Every girl child was a potential bread winner if she could be dedicated and sold into prostitution” (Menon 1997:2).

Although his statement identifies the religious, economic, and gender-related push-pull factors behind the *Devadasi* system, by sponsoring short-lived, demoralizing, and often useless petty programs the organization may be exacerbating the women’s economic dependence upon sex work, which is turned to in the face of inadequate support under Vimochana.

The ‘blame the victim’ idea and piecemeal economic approach of this particular organization do not stand out from the broader discourse and activities of *Devadasi* reform in Karnataka today. On the contrary, they represent the dominant viewpoint of government representatives, the public, and most academics. This was clear during the two interviews we conducted with project officers of the *Devadasi* Rehabilitation Project (DRP) in 2001 and 2002. The DRP works through the Karnataka State Women’s Development Corporation (KSWDC), which was established in 1991 by a former Chief Minister of the state to deal specifically with the issue of rehabilitating *Devadasis*. KSWDC’s main office is located in Bangalore and there are two smaller district offices in Belgaum and Bagalkote¹³⁹. This geographic region was selected as the main coordinating center because of the large numbers of *Devadasis* in northern Karnataka and southern Maharashtra. With respect to the ever-elusive number count, the first officer we interviewed said that according to the two surveys the organization conducted in 1991-1992 and 1999-2000 the numbers doubled, from 4000 in the former to 8000 in the latter. When discussing some of the possible reasons for this significant discrepancy, he cited the women’s initial fear and ignorance about KSWDC’s work as the major factor. The

¹³⁹ In the town of Jamkhandi, where we spoke with the officers on both occasions.

inflated numbers may also be a product of non-*Devadasi* families dedicating daughters for material gain and other sex workers co-opting the '*Devadasi* identity' to reap the economic 'benefits' of DRP programs, which was mentioned by one of the officers and many *Devadasi* women we spoke with.

The main objectives of the DRP are to stop *Devadasi* initiations, which are believed to lead to the "misuse of women because of the tradition", and abolish the system all together. The second man summed it up by saying, "the system has to off from the minds of the people". The program is active in 11 talukas in the Bagalkote and Bijapur districts: Jamkhandi, Mudhol, Belagi, Badami, Bagalkote town, Bijapur city, Basavana Bagewadi, Indi, Humergund, and Muddebihal. The central activities of the DRP are health and "awareness camps". The health camps, which are intended to monitor and check the women's health status, are conducted at the primary health clinics in each district with the assistance of a physician from one of the nearby towns. The response to my questions about HIV were a bit disconcerting, as one man said that another goal of these camps is to educate them about their risks, but they do not distribute condoms. He also informed us that blood samples have been taken and tested for HIV, but because they are tabulated elsewhere he was unable to infer about the rate of infection among the women. However, the second officer we spoke with said they do nothing in relation to HIV/AIDS. Moments after saying this he told us that their team "found" five cases of HIV and that they "don't know what to do with them". The positive women have not been informed because of the severe stigma associated with the disease, which he explained by saying "Here it is very sensitive...[the people may not] even be allowed in the houses".

When I asked for more details about the “awareness camps”, one officer said that they are designed to inform the women that “the tradition is ‘bad’ and that they should lead a ‘normal’ life”. When I asked for clarification on what “bad” referred to, three “superstitions” were mentioned: dedication, matted hair (*jati*), and begging in the name of the Goddess. The women view *jati* as an embodiment of the Goddess and an especially powerful call to service in the *Devadasi* system, but reformers have constructed it as a fungus or infection that is the result of poor hygiene and improper grooming. When I inquired how the officer knew the *jati* were not connected with the deity he said that if it was when the women came forward to have their hair cut (another DRP activity, which is sometimes carried out by force) then there would be some kind of “effect” (i.e. something bad would happen). Epp (1997:89-99) describes a similar response from a reformer woman, Ruth, who she traveled with during her research with *Devadasis* in the same region in 1990. Whereas the women valued their matted hair for its connection with the Goddess and a means of livelihood through the collection of alms¹⁴⁰, Ruth contested the validity of their beliefs by giving examples of women who did not die when their hair was cut, thus reinforcing the medico-moral ideology within reformist discourse.

Additional examples of the neo-Social Purity beliefs that define the DRP emerged during discussions about the procedures *Devadasis* have to undergo prior to being accepted for a loan, which is the organization’s chief means for helping achieve rehabilitation. The women told us that when they apply for a loan a program staff member takes them to a local hospital for a check up, which involves a urine and some

¹⁴⁰ While *jati* in a young girl is a reason for dedication, it is usually older women who can no longer survive by *dhandha* who develop the *jati* and rely on them as a way to make money. Many such women wear special bags tied around their hair to contain and protect the *jati*, which is a living symbol of the Goddess and a highly valued asset.

kind of "blood test". We learned this following our interviews with the DRP officers, and presumably these tests are to determine if the women will be healthy enough to be able to work and pay off their loans. However, given the sketchy answers regard HIV testing, these procedures may be part of a larger network of underground government surveillance or a tool with which to weed out the 'diseased' (i.e. HIV or STDs) applicants. In conjunction with the physical examination, the women have to make a "self-declaration", which was described like a notary in front of the law. Placing their hand upon a sacred Hindu text, they must swear that they will quit doing *dhandha* once they participate in the loan scheme under the DRP. It is only once they pass the medical exam and produce their declaration, which has to be on bond paper, that they can be considered for a loan.

Five kinds of loans are offered by the DRP, the first being a housing loan, which is only available to *Devadasis* who have a plot of land in their name and can prove this claim with the appropriate legal certificates. The second loan program pertains to small industry and training, which involves the sum of Rs 10,000/- (\$300 Cdn), of which Rs 4,000/- has to be repaid within a year. Cattle loans are the third type, and these usually entail a 60% subsidy on Rs 12,000/-. A fourth kind of loan deals with vegetables, which operate along the same lines as the small industry and training one (60% subsidy on Rs 10,000/-). The last loan type relates to sweater knitting, which includes 9 months of training and the donation of sewing machines. Only *Devadasis* between the ages of 18-40 are eligible for any of these schemes, which may be a strategy to deter dedications among younger women who could be dedicated in order to take advantage of state support (Datar 1992:88). The number of *Devadasis* per village and how many loans are available

in each category also has a bearing on the distribution of support, and in 2000-2001 a total of 300 housing loans were approved.

When we asked the officers how they know the women who have taken loans have indeed stopped sex work, the two men discussed a secret network of surveillance that extends beyond loans to include dedications and any 'wayward' activity on behalf of *Devadasis*. Project and field officers do weekly inspections in the communities to ensure the women are using the loans properly. The KSWDC also hires "animators", one per 20 *Devadasis*, who are paid Rs 300/- per month to report on news of any new dedications. Plain clothes employees also attend festivals where they know *Devadasis* will be in attendance to gather information about dedications. "Whatever we are telling, sometimes we hide also" and "spying also we are doing" is how one officer described these tactics. If they "catch" those involved in a dedication, this same man said although "we have an Act 1981, approved to *Devadasis*..." that allows them to arrest the girl they provide counseling instead. His description of "counseling" was a bit confusing, however, as he said it includes making the girl sign some "bond that [she] will get married", convincing the village leaders and parents that this the 'right' thing to do, and getting the signatures of the parents in front of the police, again on bond paper.

A consistent refrain we heard from *Devadasi* women during interviews about DRP or other government programs was that they were not useful and did not provide enough of a return to allow them to stop doing *dhandha*. Common replies include: "they are there and others have used them, but I don't used them because I can't return the money from the loan"; "no, because if we take a loan we can't return the money and the interest grows, we don't make anything from it"; and "what's the use of getting a cow if

you can't make any money from it?". One woman relayed an unfortunate experience she had after she worked for the group for three years, trying to help *Devadasis* in her community obtain loans. Not only has she not been paid for any of her efforts, but the women in her village have not even been visited by a DRP representative. During another interview, we learned that a group of women who had been struggling for the past 11 years to get DRP loans were swindled by men who promised them support through the state organization. After taking their names, signatures, thumb prints (for those who cannot sign their names), and money (Rs 50/- to Rs 2000/-), these men were never seen again and there was no government assistance. Similar experiences are described by Menon (1997) in her article about *Devadasis* involved with the DRP. She found that the houses given to them are almost all defective, and they cannot take the constant shuttle of the heavy looms provided under the sewing program. Women interviewed by Menon also admitted that because of the dismal economic return through the loan programs they continue doing prostitution. Like many of the *Devadasis* we talked with, those featured in this article fear the loss of their income, property, and status as a result of their participation social reform programs.

Since they were clearly aware of the insufficiency of the loan schemes, during interviews we asked the women what they thought about rehabilitation generally. Some said that it has raised awareness about the *Devadasi* tradition and helped them become more educated, which was explained as a collective realization that they do not "need" to initiate young girls into the system. Many of these same women have adopted the language of reform, which was evident when they talked about *jati* as a disease and the result of improper care of the hair. However, those who continue to view the hair as a

strong link with the deity resent the medicalizing approach taken by the DRP. When describing her feelings about this issue, one older woman shook her head, looked up to the ceiling, and raised her arms, illustrating with her body both her resistance to reform and enduring bond with the Goddess above. Whether or not they adopt reform rhetoric, virtually all *Devadasis* who receive loans use them as a supplementary income to sex work, which is impossible to quit given the major economic burdens most women assume within their household (e.g. financing weddings, medical care, basic amenities). There are still others who are totally unaware of any reform activities being offered by the government.

Clearly, rehabilitation efforts are not distributed uniformly, instead they are part of the state's strategy for exercising power over *Devadasi* women and the larger process of social reform, which has major national and international political implications: to be recognized as civilized and modern. Just as the official policies of regulation and surveillance follow the uneven course charted by chronic under-funding and an individualistic medico-moral discourse, the women's experiences point to a similarly variegated pattern of use and internalization of the DRP project/message(s). It ranges from utilization of loans and adoption of reform language and being resistant to the activities because of their degrading opinion of the women and their tradition, to disapproval of DRP tactics because they were excluded from loan schemes or found them impossible to live on. Our interviews reveal that the women's ideas about and participation in state programs is dependent upon their particular familial and economic situation, level of education, and *sangha* involvement, not their abiding faith in being 'rescued' from the oppressive *Devadasi* system. Another factor to consider is how in the

wake of public campaigns launched by the DRP and other NGOs working on both reform and HIV prevention, the women have been 'taught' to conform to mainstream values regarding their plight and tradition. Thus, what emerges from the data is that their use of the loans/reform discourse may not indicate a mere (or complete) shedding of a formerly rewarding way of life that is now regarded as dangerous and degraded. It may be part of a less complicated but vital strategy that holds things reform as just one of several means, including and especially *dhandha*, that the women use to survive.

Towards the Bull's Eye?: Targeted Intervention, Collectivization, and Other Alternatives to Effective HIV/AIDS Prevention

Given the complementary role HIV/AIDS plays in the current organization and perception (self and societal) of *Devadasis*, the ideas above cannot be viewed in isolation from the women's participation in HIV prevention activities. The present sub-section demonstrates that much like the rehabilitation agenda, many approaches to HIV education and 'empowerment' draw upon ideologically narrow constructions of the women and disease prevention, which may ultimately place them at greater risk for infection and continued socio-economic marginalization. I focus on the alternatives that have been developed to contest these dominant and often ineffective public health models, namely the formation of sex-worker influenced organizations aimed at HIV education, condom use, and community mobilization (Collectives or *sanghas*). The *Devadasis*' experiences in these groups, which are at once empowering and restrictive in the way that *sanghas* sometimes reproduce some of the gender, sexual, and economic inequalities within Indian society, are instructive for exposing some of the complexities of combating HIV/AIDS and designing appropriate preventions with sex workers. To

contextualize how these efforts fit within the broader response to the epidemic, I begin with an overview of the national strategies adopted to combat the disease. This is followed by a brief review of the targeted intervention approach commonly taken when working with prostitutes, and an examination of the Collectivization process among *Devadasis* in northern Karnataka.

In 2002, India, along with Russia, China, Nigeria, and Ethiopia was classified by the U.S. National Intelligence Council as representing the 'second wave' of the HIV/AIDS epidemic (Amin 2004:3). There are currently over 4.5 million people living with HIV in the country, which could rise to between 9 and 25 million by the year 2010, making India home to the most number of cases of any country in the world (NACO 2003). Reflecting global trends, the disease is affecting more and more women, who make up just under 40% of the total number of cases nationally (*Ibid.* 2003). The epidemic is also becoming more pronounced in rural areas. Evidence that HIV/AIDS is moving from "high risk" populations, like sex workers, truck drivers, sexually-transmitted disease clinic attendees, and injection drug users (IDU), into the more general public is clear from surveillance data from women attending antenatal clinics (ANC). The rates of HIV among women visiting ANCs in Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland, and Tamil Nadu is over 1%, and these data are central to determining a state's "high prevalence" status (Amin 2004:5; NACO 2003). Although HIV/AIDS impacts the general public, sex workers remain disproportionately affected by the disease, and their rates of infection rose from less than 1% in the city of Bombay in 1986 to a staggering 50% in 1993 (Bhave *et al.* 1995:S27; Nag 1996:52). Despite many HIV prevention programs with these women and girls, they remain at elevated levels of

risk, and the mean HIV prevalence among women in Bombay in 2002 was estimated to be 55% (NACO 2003).

Karnataka is one of the “high risk” states, with an HIV prevalence among ANC attendees of 1.7% as of 2002, (Blanchard *et al.* 2004:6), the highest in the country (Population Foundation 2003). Ten districts in the state have been identified as having especially high HIV prevalence among ANC, STD clinic, and IDU, the majority of them are located in the northern parts of Karnataka (NACO 2003). There are a number of geographic, socio-economic, and religious factors contributing to this state’s vulnerability to the epidemic. It is bordered by the other “high risk” states of Andhra Pradesh, Goa, Maharashtra, and Tamil Nadu, with which it shares major transport routes and large numbers of migrant populations. Thanks to Karnataka’s booming industrial, information technology, and biotechnology growth in recent years, the capital city of Banaglore is now the fastest growing city in South Asia, making it a prime candidate for disease spread. Another important factor contributing to the rising infection rates is the organization of the commercial sex industry, which is markedly different than that of Kamathipura and Sonagachi in the cities of Bombay and Calcutta, respectively. In contrast to the centralized and historical urban locales, the sex trade in Karnataka is more dispersed (home-based, small brothels, independent) and characterized by large numbers of *Devadasis*, who typically work out of their rural homes, lodges, or small brothels. There are thousands of CSWs also working in rural and urban areas who may be local or migrant women from the neighbouring states of Andhra Pradesh, Maharashtra, or Tamil Nadu, all of which have thriving sex trades and high rates of HIV.

Mirroring the global response to the advent of HIV/AIDS, the Indian government initially denied the possibility of a widespread epidemic. A number of factors impacted this position, one being that the first HIV case in 1986 was detected in a sex worker (Arnold 1997:25; Asthana 1998:181; Jain 2002:18; Nag 1995:51; Ramasubban 1998:2865), a marginal population already associated with contagion and disease. Other 'cultural facts' used to justify India's protection from the disease include: traditional norms of monogamy, universal marriage, non-existence of homosexuality, mother Goddess worship, and societal proscriptions against discussions and displays of sexuality (Dube 2000:45; Ramasubban 1998:2865). The strong associations between AIDS and the decadent and sexually 'free' lifestyle generally associated with "the West" fostered a sense of moral and medical superiority, which was linked in many Indians' minds to nationalism. As Arnold (1997:25) says,

The legacies of colonialism and big power bullying die hard, and in seeking to maintain its independent status in medical as in other matters, India was loath to let its health care priorities be dictated by the West and by what was seen to be Western media and medical hysteria about what an essentially "Western disease".

Hence, the government's initial focus on foreigners¹⁴¹ and certain "high risk" groups, especially sex workers. Like in other countries, AIDS was commonly identified with Africa, and from 1987 all African students who applied to study in India had to be screened for HIV (*Ibid.*:25). In the mid-1980s – early 1990s prostitutes were routinely rounded up by police, kept under detention after serving their sentences (Asthana 1998:179; Nath 2000:103), and many were tested by force. A head of one NGO working with sex workers since this traumatic period said that following the test results, many

¹⁴¹ The ties between an 'Other' source of infection for HIV persist, and as recently as 2002 the issue of AIDS-free certificates for foreigners was debated, and subsequently overturned (*Times of India*, April 23, 2002).

seropositive women disappeared and a number committed suicide because they felt like the “devil is in the body” (Seshu 2002). The infamous ‘rescue’ of 1990, when approximately 1000 sex workers were taken against their will from Bombay back to their home states in the South (Nataraj 1990; Sleightholme and Sinha 1996:124), is another example of the government’s discriminatory and violent treatment of sex workers in the time of AIDS.

The National AIDS Committee was established in 1986 and a year later the National AIDS Control Programme was launched, which was mainly concerned with surveillance, blood and blood product screening, and health education (Fredriksson-Bass and Kanabus 2004:2; NACO 2003). In the face of international and national pressure about repressive HIV/AIDS responses, and a reluctant recognition that the disease was affecting mainstream society the government set up its National AIDS Control Organization (NACO) in 1992. NACO carries out India’s National AIDS Programme, and it is currently at the end of Phase II (1999-2004). During this period a significant shift has occurred in how the government of India deals with the epidemic, and it has gone from focusing on “high risk” groups to a much more expanded program for youth, voluntary counseling and testing (VCT), care and support, improved STD treatment, IEC (information, education, and communication), and condom promotion (NACO 2001, 2003).

In addition to these activities, the stated policy goal of NACO is an “effective containment of the infection levels of HIV/AIDS in the general population in order to achieve zero-level of new infections by 2007” (NACO 2003). The current HIV/AIDS discourse reflects a strategic, integrated effort at all levels, but a closer look at their

means of achieving this objective illustrates the lingering presence of individualistic, behavioural, and somewhat moralistic underpinnings. For instance, NACO advocates:

- (i) making the people aware of its implications and provide them with the necessary tools for protecting themselves;
- (ii) controlling STDs among vulnerable sections together with promotion of condom use as a preventive measure;
- (iii) ensuring availability of safe blood and blood products; and
- (iv) reinforcing the traditional Indian moral values among youth and other impressionable groups of population (4. STRATEGY section of Policy page).

Instead of addressing the larger socio-economic, gender, and political factors that structure people's disease risk, the education and prevention techniques so integral to classic public health models seems to be more at play here. While the latter approach is undoubtedly cheaper, a major consideration when analyzing disease prevention in 'developing countries', it puts an incredible burden on individuals, who are often not in control of the forces that affect access to medical care, education, or safe sex.

Perhaps more alarming is the HIV Prevention Bill (1999) that was tabled by the states of Karnataka and Maharashtra. This Bill makes it an offense to knowingly transmit the virus to others, as is the case in a number of countries around the world. However, it could also legally allow doctors to refuse to treat and perform medical procedures on people with HIV/AIDS, permit the state to seek information on a person's HIV status, declare certain areas as "HIV high risk areas", and mandatory testing and isolation of any person 'reasonable suspected to be infected with HIV' may also be allowed (Chan and Reidpath 2003:43; Thomas 1999). If passed, such a Bill will only legitimize existing discriminatory practices among the health care sector and state bodies. It is not much of a stretch to image how harmful this legislation could be for women and girls in the sex

trade, many of whom already experience sexual and economic exploitation through the courts, police, and corrupt social welfare organizations.

A final piece of this overview of the state's approach to sex workers and HIV prevention relates to the 'targeted intervention' approach, and the reliance on behavioural change and condom use. Given their connections with disease origin and spread, sex workers have long been used as "logical sentinel" subjects in research to monitor the "arrival" and spread of an array of sexually-transmitted diseases (de Zaluendo 1991:227; Pheterson 1996: 32-33; Quetel 2000). From a structural perspective, this practice is consistent with the overall nature of India's public health system, which was established to combat curative-oriented diseases and population control, not STDs¹⁴² and long-term disease management (Jobert 1985). However, the behaviour modification approach has come under considerable criticism globally for its demonization of sex workers as reservoirs of infection and dismissal of the structural and contextual factors which influence sexual choices and motivations (Gupta and Weiss 1995:14-15; Overs 2002:10; M. Sinha 1999:20). Condom use is essential to decreasing infection, but their 'easy advocacy' with regard to commercial sex simplistically and dangerously assumes that women are the 'risk managers' of all their encounters (Worth 1989:304). On the contrary, their use depends on a range of factors that are not always under the women's control, including higher payment for condom-less sex¹⁴³, cost, availability, client refusal, forced sex, and demarcating 'work' sex from more meaningful forms of intimacy (Cusick 1998: 134; Sobo 1995; Wojcicki and Malala 2001:108-113). In the Indian context,

¹⁴² Even though sexually-transmitted diseases are the third most common disease after malaria and tuberculosis (Tripathi 2000).

¹⁴³ One recent study in Calcutta determined that sex workers who insist on condom use experience a loss of 44% in their average earnings (Rao *et al.* 2001).

condoms are also associated with oppressive national reproductive health campaigns of the past, sex outside of marriage (which is strongly condemned but widely practiced), and the morally and sexually threatening 'free' lifestyle of the "West" (Chopra 1998:6).

bottom's up: collectivization as an alternative to state-run, top-down HIV interventions

Prostitute-run collectives have existed since the 1970s, when they were part of the women's "democratic struggle" against police harassment, state abuse, and for the decriminalization of sex work (Bell 1994:104, 105; Kempadoo 1998:19). As part of the 'second wave' of feminism, these groups found both support and controversy in the wider domain of women's political protests over issues like reproductive rights, childcare, wage parity with men, gender and racial discrimination, and sexual freedom. While groups like COYOTE (Call off Your Old Tired Ethics) out of San Francisco and CORP (Canadian Organization for Prostitute's Rights) in Toronto, Canada were able to mobilize various sex worker communities and politicize the issue of sex work globally, their achievements applied mainly to women in the 'First' world.

However, with the advent of HIV/AIDS and renewed draconian state measures adopted to quell the public's fear of prostitutes, sex worker organizations began to emerge in less developed nations (Alexander 1998:14). The changing nature and growth of the sex industry, due in large part to the global restructuring of capitalist production and investment over the past 20 years¹⁴⁴, has also had a major impact on the formation of

¹⁴⁴ Such developments as Free Trade, the moving of capital from industrial centers to countries with cheap labour, and the increasingly prominent role played by transnational institutions like the World Bank and the International Monetary Fund have ushered in many changes that lead to increases in the sex trade: rural-urban migration, job competition, desire for luxury goods, and a feminization of poverty (Kempadoo 1998:15).

these groups. Despite their initial relegation to the back seats during many international HIV and sex worker conferences, more sex workers throughout central and Latin America, Asia, Africa, and Eastern Europe have been working together for the recognition of their need for HIV protection, better regulation, and other human rights at the local and global levels.

The development of sex worker collectives is part of the 'paradigm shift' away from biomedical and individual behaviourally oriented interventions, towards ones that are more community-oriented and culturally relevant (Campbell 2003:46; Overs 2002:9). Along with a growing recognition of the need to involve local community groups in strategic health service design and delivery, the peer-education method/model has emerged as central to the success of such groups. The basic premise is that an intervention is more likely to work if women are provided with education and skills by fellow sex workers, and this is thought to be especially effective for 'hard to reach' groups that often have the fewest socio-economic and political defenses against the epidemic (Campbell 2003:83). Operationalizing this approach is not a simple task, however, because many women fear the visibility of such involvement, some become jealous of local leaders, corruption among Peer-educators and those enlisted to support the process (i.e. NGOs, state representatives) can occur, and competition for clients may reduce certain efforts like enforced condom use (Campbell 2002: 83; Jenkins and Rahman 2002:97; Williams *et al.* 2003:2105).

Indian sex workers have been coming together in small groups to assert themselves and fight for safer working conditions since the 1970s, mainly in large urban centers in the northern part of the country. In 1972 a group of sex workers and women

formerly involved in the trade formed a registered organization called Nari Kalyan Samiti in Calcutta (Sleightholme and Sinha 1996:138). The women mobilized out of their shared frustration with the violence and morally degrading abuses directed towards them by a local political figure, who almost killed one of the group's leaders. (*Ibid.*:139). Although they were successful in getting the man arrested, the members' differing political views led to the dissolution of the organization. In 1980, again in Calcutta, several women joined forces and set up the Mahila Sangha (Women's Organization) and focused their efforts on exposing and prosecuting a local criminal who extorted money from them (Nath 2000:105; Sleightholme and Sinha 1996:141). Several years later in 1992, the Abahelit Mahila Samiti was established by leaders of the group formed in 1972, who now work to secure educational access for the children of sex workers and better legal protection and social support for women selling sex (*Ibid.*:139).

Based in Sonagachi, Calcutta's oldest and largest red-light area, SHIP (STD/HIV Intervention Programme) is the most well-known sex worker project within India. Launched in 1992 by the All-India Institute of Hygiene & Public Health, community-based organizations, and local NGOs, the main objectives of SHIP¹⁴⁵ were to provide health care services, HIV/STD education and awareness, and condom promotion (Jana *et al.* 1999:58). Working against the traditional medical and state intervention models of 'rescuing' or 'rehabilitating' the women, SHIP focuses instead on promoting peer-education as the principle means of developing an enabling environment, helping the women achieve a sense of empowerment, and establishing programs that will be sustainable (Jana 1999:58, Jana *et al.* 1999: 1). Their "three Rs" approach: Respect, Reliance, and Recognition, has worked remarkably well, and rates of STDs and HIV

¹⁴⁵ Which also received financial support from NACO and the WHO (Jana 1995:125; Nag 2002:4029).

among the women have dropped significantly and condom use rose from 27% in 1992 to 86% in 2001 (Fredriksson-Bass and Kanabus 2004: 7; Jana 1999b: 62). Their commitment to involving clients, police, and other local players in the sex trade in the intervention is another important component of their success, especially because the initiative was seen as a partner of sorts in helping the women remain healthy and working longer, versus an obstacle or competitor to the established sex trade system.

A particularly important outcome of this project is the collective that was established by sex workers in 1995, the Durbar Mahila Samanvya Committee (Women's Coordination Committee) (Pal *et al.* 1998:202). Building on their experiences in SHIP, the organizers of the DMSC have moved from their role as peer-educators to becoming vociferous advocates for legislation for the recognition of their work as a profession (Nath 2000:105). Among their victories is the formal recognition by the state government of the self-regulatory boards that DMSC's members had set up together with officials from the Department of Social Welfare and the Women's Commission (*Ibid.*: 105). These boards outline a mutually agreed upon code of conduct for all stakeholders in the red-light areas of the state, and with the assistance of their members they will help ensure that the code of conduct is adhered to (Jana *et al.*: 2002:78; Nath 2000:105). From 2000-2002 the DMSC has also recovered 47 trafficked women (35 of whom were minors), repatriated four minors from Bangladesh, and helped 12 Indian girls return home (Jana *et al.* 2002:77). These achievements have been hard fought and the collective continues to face structural challenges, particularly from NGOs, whose work may be threatened by the women's independent and increasingly strong participation, activities which contradict

the traditional assumptions of such women as passive, non-agential, and powerless (*Ibid.*: 78).

Another organization that works with prostitutes and has provided them with the training and support to establish collectives is SANGRAM ("armed struggle"), located in the red-light area of Gokulnagar in southern Maharashtra town of Sangli. Like SHIP, this group aims to help women protect themselves from HIV through an empowerment strategy using peer-education. Additional programs were eventually introduced that helped broaden the women's socio-economic base with which they could achieve self-respect and collective mobilization. From one settlement in a small town, SANGRAM's peer-educators have developed their own collectives under the umbrella group called VAMP, which was formed in 1996 and is now active in six districts in Maharashtra and the border areas of northern Karnataka (Point of View 1995:6). One hundred and twenty peer-educators deliver over 350,000 condoms per month to the approximately 5,000 women. Along with condom distribution, VAMP members also represent the women through arbitrating community disputes, lobbying with the police, helping women access government schemes, and developing leadership potential (*Ibid.*:28). In one instance, VAMP negotiated a settlement when a brothel-keeper accused a woman of stealing Rs 2000/- from a client and took away her jewelry as punishment. Instead of blowing up into violent episode, the collective's intervention the woman got her jewelry back, but paid Rs 1000/- to the client (half the 'stolen' amount) (*Ibid.*:29).

Despite the achievements of SANGRAM and VAMP, which are internationally recognized for their successful interventions with prostitutes, police brutality is an ever-present issue. Shortly after our January 2002 interview with the parent organization's

director, Meena Seshu, a rash of violence directed at the collectives threatened the women's activities, and their lives. After a weekly meeting in early February of that same year, a local political leader told the VAMP secretary that they could no longer hold such gatherings. He threatened her saying that if they continued "we will make you get out and will not keep you alive" (Human Rights Watch 2002:2). The inspector of police hurled similarly ignorant comments, saying that the women are "bloody *veshyas* (prostitutes) and not normal citizens" and that he would "strip all the sex workers in the public square and beat them black and blue...or charge them all under the Immoral Traffic Act" (*Ibid.*:2-3). In the following days and week, boys and young men stoned the VAMP home where their meetings were held, which escalated to a point when one of about 70 men nearly broke the door down and threatened the life of the secretary and her daughter (*Ibid.*:2).

Seshu's perspective on the situation goes to the heart of the ideological, sexual, and political quagmire that surrounds prostitution and stigmatizes sex workers:

"The problem is they never thought that women in prostitution would collective—that's the one thing that really surprised everyone. People are threatened by women in prostitution coming together; women will tell their stories, and things come out" (*Ibid.*:2).

Similarly astute comments from VAMP's secretary expose the powerful role of authority figures in putting the women at risk and ensuring their marginality. She said of the events, "...Ten years of work was undone in one day...these politicians and police are now responsible for us being unsafe, forcing everyone to have sex with no condoms" (*Ibid.*:3). Seshu and VAMP staff have received letters of support from the state Chief Minister, the National Human Rights Commission, NACO, and Human Rights Watch, all of whom are committed to helping the women's prevention efforts and right to a safe

and dignified working environment. VAMP has since resumed their weekly meetings, but, as of the summer 2002 they continue to call for protection for the women to travel safely to and from meetings.

The NGO that our research team worked with is the Belgaum Integrated Rural Development Society (BIRDS). This organization is based in a small agricultural community in Belgaum District in Northern Karnataka and was founded in 1986 by R.M. Patil, a prominent farmer/politician from the district, who undertook a series of initiatives to promote cooperative economic and health activities among poor farmers in the region (O'Neil *et al.* 2004:855). The organization's efforts in the area of HIV/AIDS began in 1996-1997, when BIRDS was selected as the head of an NGO collective model for sex workers and it is one of the only organizations working with sex workers in Karnataka. HIV/AIDS prevention is one of their prime objectives, and they have established the peer-education system to train and educate the women. Peers are selected by and from the women, in collaboration with BIRDS representatives. The representatives help with technical coordination and the development of appropriate training strategies to educate the women about HIV/AIDS, condoms, collectivization, legal advice, and other health issues. Newly appointed peers are paid a monthly salary of Rs 300/-, and Rs 1200/- goes to those with greater experience and who also act as coordinators. Coordinators visit the locales outside the *talukas*, while the peers are restricted to the areas within that administrative boundary. Condoms are distributed to the peers and coordinators for free from BIRDS, who receives them from district hospitals.

The Karnataka HIV/AIDS Counselors Association (KHACA) is an important part of BIRDS because along with being counselors, they are also fieldworkers who helped

immensely in making initial contact with the women to establish the collectives. Two founding members of KHACA described how they first approached the sex workers as potential clients, informing them of HIV and the need to use condoms once alone with the women. One man carried condoms in his briefcase, and after he found the women to be uncooperative he started to look for community leaders who would be peer-educators and who could spread the information more readily. This difficult technique produced many problems for the men, suspicion and mistrust initially from the sex workers and widespread social disapproval from their family members. They persevered though, bringing more men and a few women into their fold through the training programs offered through BIRDS. Their association was registered in 1999 and there is currently one male and female AIDS counselor in each of the 26 district hospitals in Karnataka, the first state in the country to do so.

With respect to the *sanghas*, Belgaum was the first one established in 1997. It is based in the city of Gokak and at the time had 135 members and represented all of the women in northern Karnataka. However, the group in Bijapur district soon separated, followed by the town of Mudhol (Bagalkote district). These fissions were not due to interpersonal problems, but natural outcomes of geographic and logistic practicality. The first *sangha* began with 35 peer-educators, but it has dropped to 17 because of the expansion of other individual collectives. In each collective there are 11 board members¹⁴⁶ who are elected annually and membership is Rs 11/- per year. They each hold weekly meetings to discuss happenings in the field, women's concerns, and to receive condoms. All of the *sanghas* have two bank accounts, one held jointly by the elected President and Secretary and serves as the source of the peers' wages, and the other

¹⁴⁶ Comprised of the President, Vice-President, Secretary, Vice-Secretary, Cashier, and 6 elected members.

is a self-help group account that BIRDS initiated, which consists of weekly donations from the women. Sometimes these weekly sums are collected at the end of the money and serve as a loan for a woman in particular need. To date, 15 collectives are registered and three are in the process.

Table 5 - Baseline Data on Karnataka Sanghas

Name of District	Name of the Collective	Total Members (FSWs)	Number of District Staff	Average # of Clients Who Visit The District Hospital	Total # of Condoms Distributed Per Month
<i>Bidar</i>	Sristhi Women's AIDS Prevention Group	65	5	30	8-10, 000

Udipi	Chetana Women's AIDS Prevention Group	18	5	-	6, 500
Belgaum	Shakti Women's AIDS Prevention Group (Gk)	110	16	15	60, 000
Mandya	Mandya District Women's AIDS Prevention Group	95	9	20-25	18-30, 000
Mysore	Vimochana Women's AIDS Prevention Group	25	11	35-50	30, 000
Chilradurga	BIRDS Unit	4	4	4-5	6-8, 000
Karwar	No Collective	-	2	10-15	3, 000
Tumkur	Sanjeevini Women's AIDS Awareness Group	200	7	15-25	8-12, 000
Hasana	Hasana Women's AIDS Prevention Group	26	9	34	15, 500
Shimoga	No collective at present* Tungabhadra Women's AIDS Prevention Group	25	5	25-30	35-60, 000
Bellary	Vimukti Women's AIDS Prevent Grp.	45	9	30-35	6-7, 000

<i>Gulburga</i>	Dharbar Women's AIDS Prevention Group	60	10	20-25	20, 000
<i>Bijapur</i>	Women's AIDS Awareness Group	200	14	-	48, 000
<i>Balgalkot</i>	Citanya Women's AIDS Prevention Group (Mudhol)	365	28	15-20	96, 000
<i>Davanogere</i>	-	-	-	-	1-2, 000
<i>Gagad</i>	-	35	-	-	5, 000

In the initial stages the AIDS counselors encountered many problems, the main ones being: (1) lack of coordination from within the sex worker communities and indifference to the process; (2) fear of visibility; (3) lack of support from *gharwalis*, who thought that *sangha* involvement and condom enforcement would lead to a decline in customers; (4) fear of police harassment; and (5) migrant sex work populations. Despite these difficulties and their initial suspicion of the AIDS counselors, many women referred to these men as Gods, because they brought them awareness about HIV and because they showed concern for them. Significant numbers of sex workers, including a majority of *Devadasis*, support the *sanghas*, but currently only 10% of the total sex worker population in the state are members. The counselors indicated several reasons for this, including the stigma associated with sex work, lack of education and poverty, and basic "negligence" or simply not wanting to join. If a relative was already a member was another reason given by several workshop participants for not signing up. Few women

who join drop out of collectives, but for those who do it is usually because of personal problems, not conflicts arising from their connections with the *sanghas*.

Another important issue pertains to the age of the women in the collectives and their involvement with the groups. Girls under 18 are not allowed to be *sangha* members, it is illegal. However, there are many young girls, most of whom get into sex work via the *Devadasi* system. Northern Karnataka was singled out by the women as the region with a particularly high number of young girls doing *dhandha*. To make up for the lapse in collective involvement among younger girls, the participants told us that older women often appeal to the girls' families to educate them about the problems they will face in the future if they dedicate them into the *Devadasi* system. We also heard that some older *Devadasis* act as resources for young girls, supplying them with condoms and plying them with advice about STDs and other health concerns.

Despite the dedicated work undertaken by BIRDS organizers, AIDS counselors, and peer-educators, a number of issues appear to be impeding the NGOs ability to go beyond their central activity doing condom distribution. The topics raised below are based on a minimal amount of data, but they point to some structural factors which contribute to the reproduction of certain socio-sexual and health inequalities among sex workers. The points discussed were gleaned from notes and observations taken during a district *sangha* meeting, which were discussed and translated with my translator Meena.

Attending these meetings was an invaluable field activity because, like the BIRDS workshops, they shed much light on the daily issues affecting the women and they constitute building blocks in the collectivization process. The topics covered range widely, for instance: establishing a state-level organization; coming late to meetings;

being truthful about TA (travel allowance) while doing peer education work; status of micro-credit loans collected through their donations; Annual Women's and International AIDS Day celebrations; increasing members; and how to fill out health slips.

The meeting I attended on April 6, 2002 featured some particularly alarming and important issues, especially about using *nirodhs* (condoms). This topic was actually slated for the next district meeting, but there was some preliminary discussion about the loss of profit involved in their use. Some clients still do not want to wear *nirodhs* because they will not be sexually satisfied, and this is causing the *Devadasis* to lose clients and money. This is not unexpected, but the fact that women have been involved condom distribution for over five years in this area speaks to the persistent difficulties they experience when trying to enforce their use with clients, which is likely linked to the women's economic need and male control of their sexual interactions. This is troubling because during interviews the women and girls all said that they always used condoms with non-regulars (even doubling up on occasion), that they did not have problems getting clients to wear them, and if they ever encountered problems they would just "send them off." Clearly, after five years of 'intensive' condom distribution and education this is not the case, an, unfortunately, common experience among sex workers in various settings (Campbell 2002:102-104; Williams *et al.* 2003).

From time spent attending collective meetings, BIRDS' workshops, and general field observations, four interrelated factors appear to be at play in preventing the *sanghas* from moving beyond condom distribution toward broader and more self-sustaining programs. First, BIRDS is a male-run and dominated organization. The *sanghas* operate largely through networks of women but their funding, training, supplies, and direction all

stem from the parent NGO, which was founded by men committed to a more socialist agenda in relation to agriculture and health care. This is in stark contrast to the female-directed and feminist/human rights ideologies guiding the DMSC in Calcutta or VAMP in Nippani, the latter of which has insisted on no male involvement following incidents of unwanted sexual advances and disruptive affairs between women and male staff members. The second factor pertains to the nature of BIRDS' experience with women in prostitution. Groups of sex workers in Calcutta have been in existence since the early 1970s and 1990s in Sangli, whereas BIRDS has been in the field of sex work and HIV prevention for just seven years. This point is not intended to belittle the hard and influential work undertaken by the NGO, but to draw attention instead to the fact that it takes time for organizations become better equipped to deal with the population(s) in question. This may be especially true when a group's focus is extended (i.e. from agriculture to sex work and AIDS) without sufficient attention (or resources) to how the structure and methods of the NGO also need to change to ensure adequate coverage.

Following directly from this last point is the third issue, the lack of broader programs that could reach several of the other populations the women deal with at work and in their personal lives (i.e. clients and *khians*), which could help reduce the weight or responsibility for, and stigma or, HIV from the shoulders of the women. Things like literacy and leadership training, housing programs that actually work (versus those under the DRP), and the development of alternative employment opportunities could also reduce the women's socio-economic dependency upon sex work. This is a tall order, however, when BIRDS has to work under the constraints of a mainly foreign-funded program that provides funds for, expects to see high rates of, condom use and

distribution, not more general social welfare programs (Orchard 2002:20). Also relevant to BIRDS' reliance on initiatives that do not always take into consideration larger contextual issues is the dominant perspective within Indian society in general about women's individual responsibility to 'raise themselves up'. Quotations from newspaper stories dealing with women's status and development capture these opinions well:

"Atrocities on women are on the rise in society and *women should wake up to know their responsibilities in the male dominated society*" (*Deccan Herald*- January 22, 2002, emphasis added).

"Women should overcome their weaknesses and come forward to help the society by undertaking useful activities" (*Deccan Herald*- December 3, 2001).

" 'women should become the cultural ambassadors of the society.' Ms Satish¹⁴⁷ said the modern day society is under constant friction and is edging towards obscenity. 'Only an empowered woman can achieve the tall objectives expected of her. Hence, *men should never become a hindrance to the progress of women*', she added" (*Deccan Herald*- January 8, 2002).

These points of view do not take consideration the larger socio-economic, gender, sexual, and political constraints that impact women's ability to become strong agents of change and development.

The final factor relates to the ideological and programmatic influences that have impacted BIRDS. As the name implies, The Belgaum Integrated Rural Development Society, the NGO borrows heavily from the program structures implemented under national Integrated Rural Development Programs introduced in the late 1970s-1980s (Mendelsohn and Vicziany 1998:161). While it differed from other anti-poverty schemes in that it envisioned tangible assets for its beneficiaries (i.e. cows, sewing machines) with which they could make a better living, implementing the IRDP has been "little short of a nightmare" because of the government's assumptions that thousands of habitually poor,

¹⁴⁷ The then Minister of State for Kannada language and Culture.

usually illiterate people could become mini-entrepreneurs (*Ibid.*:162). Although BIRDS is trying to establish a more effective strategy for development and empowerment among the women than offering cows or sewing machines, it has not yet been able to operationalize its organizational structure and programs to help this become a reality.

The Power of Silence: How HIV/AIDS Discourses Impact *Devadasis*' Responses to the Disease

Despite being contextualized within the framework of a large, multidisciplinary HIV/AIDS prevention project, this dissertation contains relatively little data on the *Devadasis*' actual experiences with the disease. There are two main reasons for this, the first being that over the course of the research my dissertation interests narrowed to focus on the nature of the younger women and girls' lives. The second factor pertains to the *Devadasis*' reluctance to speak directly about AIDS. Their silence seems to be linked with the HIV/AIDS discourse within India, which has constructed sex workers as the dominant "risk group", and several more general strategies for survival in a world that depends on their disease status, perceived and real. This section is an attempt to flesh out these two complex and intervening issues, to demonstrate their impact on how the *Devadasi* women and girls' deal with the complicated phenomenon and threat of HIV/AIDS, mainly in relation to the topics of denial, perceptions of risk, and medicalization.

As outlined in the previous discussions of social reform and HIV prevention, sex workers, both in India and abroad, have long been singled out as a primary source of disease infection. Some of the socio-economic, gender, and political mechanisms behind this construction include transformations in economic structures following (and during)

colonialism, increased rates of migration, feminization of poverty, police corruption, and customary associations between women generally, and sex workers specifically, and STDs (Arnold 1997:30; Campbell 2003: Ch.4; De Zaluondo 1991:224; Farmer 1999: Ch.3 ; Jana and Singh 1995:125; Keilmann 1997:383; Raj 1993; Schoepf 1998:103-105; Whitehead 1995). Within the HIV/AIDS discourse the culturally potent and politically complex *Devadasi* system, as an embodiment of Indian traditions and a symbol of “backwardness”, persists, and those who participate in this custom are often presented as as a kind of ‘natural’ “risk group”. Take the following two excerpts from contemporary works on the relationship between HIV and *Devadasis*:

...the increased HIV infection in Saundatti and Athani talukas of Belgaum district is mainly due to the prevailing traditional *Devadasi* system, which is different from the prostitution prevalent in some talukas (Ramesh and Satihal 2001:3).

Nowhere in the entire world can one find a very special form of spreading prostitution and the curse of AIDS which exists only in India. And like so often the very worldly business of selling girls’ bodies to the flesh-trade, as it is rudely called, is camouflaged under a traditional religious cover (S.P. Sinha 1999:73).

Despite the fact that both *Devadasis* and HIV appear to be very dangerous within these academic and popular domains, this does not mean that the threat posed by doing *dhandha* and/or HIV/AIDS will be the women and girls’ preeminent concerns. As many studies with Indian sex workers have demonstrated, most poor women who sell sex are concerned about similar things other poor women are: food, clothes, shelter, educating their children, and getting through their immediate socio-economic and familial challenges (Evans and Lambert 1997:1801; Nath 2000:107; M. Sinha 1999:71). The *Devadasis* who participated in this study also did not dwell on HIV, but instead often adopted other approaches to deal with this frightening yet, in some ways and at some times, conceptually marginalized aspect of their lives.

One of the dominant responses to HIV from the *Devadasi* communities with which we worked was denial. One older woman who was HIV positive refused to discuss the disease or to believe she was infected, although the other *Devadasis* knew her status. Prior to conducting an interview with her, the other women told us not to mention HIV or AIDS because she would become angry and upset. During our discussion she indicated that she was ill because someone put some poison in her food, and despite spending thousands of Rupees on treatments she was getting worse. None of the other women present said anything to provoke her, on the contrary, they explained our questions patiently and often passed along her answers to us because the sick woman spoke very quietly. In a different location we met a woman whose positive HIV status was widely known, by the community and her family members, but she herself was not informed. The *Devadasi* women told us that no one would tell the woman because she would either die from fright, commit suicide, or the stigma associated with the disease would prevent her youngest daughter from finding a suitable husband.

Another issue that impacts how the *Devadasi* women and girls' respond to HIV is that of risk. While we did not delve into this topic in great detail, their positions were generally marked by ambivalence. In certain communities, the participants viewed themselves as being at greatest risk, due to ripped condoms and unprotected sex with their *khians*. However, in different areas the *Devadasis* said that members of the general public had the most to be worried about because they did not have as much HIV knowledge as the women did. Related to this is the fact that virtually all of the women informed us that they would be able to tell if a client was infected, on account of their training with BIRDS and personal experiences. If this is indeed the case, then why are the

majority of women concerned about their infection risk? The answer to this question is perhaps less important than how it highlights the complex and competing position the women and girls take with regard to some of their feelings about and experiences with the disease.

Medicalization is another approach taken by *Devadasis* when they are confronted with HIV. While trying to conduct a follow-up interview with a particularly enthusiastic and articulate young girl in one town during the second research trip, we learned that she had contracted HIV and returned to her natal village. The older women informed us that the girl's mother did not want anyone at home to learn of her daughter's status, and so it was kept silent. In fact, the girls' previous stomach ailments were cited, to both the girl and others who inquired, as the cause of her current illness. Several reasons were given for the mother's medicalizing motives, including wanting to protect her social status at home and possibly trying to conceal the profession of her daughter, whose income was providing the basis of the family economy. Another more basic form of medicalization is how women refused to say the words "HIV" or "AIDS", choosing to refer to a positive women from their community as being "sick" or "getting thin". This may be linked with the widespread avoidance of the topic of death and the belief that uttering that which is harmful will hasten its appearance.

Importantly, as with the examples above that involve the issue of disclosure, the practice of not informing the infected person was not disapproved of by the *Devadasi* women. In this context, their denial, perspectives on disease risk, and medicalization cannot be seen as isolated actions taken by women 'who should know better' or who are 'selfish', as they might be interpreted within the individualistic, behaviour-modification

models of HIV prevention. Instead, their responses seem to be combined with more positive motivations of protection, care, and safety, which have significant implications at the individual (death, marriage of family members), community (being branded as the cause of HIV or hotbeds of infection, loss of income from clients), and societal (increased reform or police activities, greater stigma and discrimination against *Devadasis* generally) levels. The women's pragmatic yet also complex approach to the disease reveals a desire to try and make familiar and supported that which is feared and often used to vilify them, a strategy that speaks to their deep concerns for community members and their resourcefulness in the incredibly challenging socio-economic, political, and sexual environments in which they live.

Discussion

Chapter Seven has examined the nature and some of the impacts of social reform, historical and contemporary, and HIV prevention programs on sex workers generally and *Devadasi* women and girls specifically. A central objective was to demonstrate, firstly, the largely moral-medical and consistently individualistic discourse operating within both approaches to "dealing with" *Devadasis*. My second aim was to illustrate how state and NGOs' reliance on these tactics, far from helping the women and girls to any great extent, may in fact lead to a production new forms of socio-economic, health, gender, political and sexual inequalities. Alternatives to these top-down tactics were also discussed towards the end of the chapter, namely in relation to the formation of sex worker collectives organized by peers within the women's communities to fight the spread of HIV and other pressing socio-economic and sexual issues. The review of the

groups' origins, activities, and problems encountered threw light on some of the structural constraints that continue to impede the women's empowerment and broader program participation, namely police brutality, gender, experience in the arena of sex work and HV, foreign funding demands, and ideological influences in the development field and women's issues in general.

Two fundamental ideas that have defined *Devadasis* within reform movements, then and now, is that prostitution is a necessary evil and that the women and girls who participate in this system are victims, of barbaric traditions, patriarchy, and/or their marginalized and presumably powerless status as 'Third World' sex workers (Doezema 1998, 2000; Whitehead 1995, 1998). However, as the first part of Chapter 6 illustrated, several shifts have occurred within these general ideological parameters with respect to the state or nation's socio-economic, military, religious, and political *modus operandi* for representing and regulating these women. In the mid-19th century India, International Social Purity campaigns and rising rates of VD among British troops dovetailed to produce an image of prostitutes as degraded, dangerous, and a moral threat to national health and security (Arnold 1993:67; Raj 1993:33). *Devadasis* occupied a complicated position within the legislative and social discourses at the time because while they fell outside the jurisdiction of the CD Acts on account of their religious associations, because their declining socio-economic and religious status often forced them into selling sex, they were also lumped together into the more generalized category of prostitutes and/or 'nautch girls' (Kannabiran 1995:WS-63; Shankar 1990:140; Srinivasan 1983:74). Since the Cantonment Acts passed after the dissolution of the CD Acts in 1888 did not quell VD or abolish the *Devadasi* system, state governments shifted tactics by extending

current laws and enacting new ones specifically pertaining to the tradition. Sections of the Indian Penal Code (especially those dealing with age of dedication) were revised and the Madras Hindu Religious Endowments Act of 1929 and *Devadasi* prohibition Acts in the Bombay (1934) and Madras (1947) presidencies were used to combat the “*Devadasi* problem”, which was viewed through the eugenics and Social Darwinism lens as an impediment to cultural progress, moral hygiene, and political independence (Raj 1993:131; Reddy 1947; cited in Raghuramaiah 1991:145; Whitehead 1998:103).

Many present-day social reform efforts work through similar tropes as those of the past, ‘rescue’ and ‘rehabilitation’, but the newer issues of child prostitution and HIV/AIDS have added fuel to what is termed a “burning issue”, and often exacerbate the women’s already disadvantaged socio-economic, religious, and sexual status. The ineffectiveness of the Madras and Bombay Acts in prohibiting the *Devadasi* system, along with a renewed focus on ‘women’s issues’ and development during the mid-late 1970s in India, and internationally, (Boserup 1970) ushered in a new period of reform. Following a study on the system in northern Karnataka undertaken by the Joint Women’s Program (JWP) in 1981 that confirmed the existence of a thriving tradition (which many thought or hoped had died with the 1947 law), a new bill was passed in 1982 and five years later in Andhra Pradesh (Jordan 1987:273). Besides legislation, Karnataka established the *Devadasi* Rehabilitation Program in 1991¹⁴⁸, which focuses on marrying the women, self-employment through small loans and housing schemes, educating the girl children of *Devadasis*, and imparting “moral education” to banish the superstitions associated with the system (Datar 1992:88; Shankar 1990:158-159). However, as the data

¹⁴⁸ The same year that the NGO ECPAT (End Child Prostitution in Asian Tourism) was formed, and which marked a watershed moment for the ‘discovery’ and global marketing of the issue of child prostitution (Montgomery 2001:29).

revealed, the state's alternatives to sex work are typically little more than classic 'blame the victim' strategies, whose medico-moral discourse and short-term loans often lead to greater economic dependency and a deep sense of betrayal among the women regarding the displacement of their traditional beliefs and practices.

These unfortunate outcomes mirror some of the national and state level approaches to *Devadasis* since the advent of HIV/AIDS, which put a renewed focus on these women as 'vectors' of disease who threatened the individual and body politic. Part II of the present chapter illustrated the changes that have taken place in the government's approach to HIV prevention among sex workers, from repressive 'law and order' responses (i.e. forced and violent testing, involuntary removal from places of work) towards more integrated targeted interventions. However, because of the embeddedness of corruption and demonization of sex workers within Indian society, as evidenced by police arrest records (D'Cuhna 1991:58), raids on Collectives (Avert 2003) and recent legislation¹⁴⁹, the socio-economic and sexual exploitation of prostitutes continues largely unabated. Also, while officially adopting more holistic approaches to disease prevention with female prostitutes, recent NACO strategies for prevention like reinforcing traditional Indian moral values smack of the individualistic, social hygiene discourses of the past.

In response to these top-down state-run programs, many NGOs have assisted sex workers, including *Devadasis*, in establishing their own collective organizations, through which they educate one another about HIV, distribute condoms, obtain legal advice, and develop a sense of community mobilization. The oft-cited example of SHIP in Calcutta was discussed, along with smaller scale versions in southern Maharashtra and northern

¹⁴⁹ Such as the AIDS Prevention Bill (1989, 1999) and the proposed amendment to Maharashtra's Commercial Sex Work Act, which would require compulsory medical checks for women and branding those who suffer with STDs with indelible ink (Amin 2004: 21;Dube 2000:29).

Karnataka who adopt programs that are designed to empower the women, versus rescuing and rehabilitating them. In the face of such efforts, however, are structural factors like gender, police brutality, ideological models, and predominantly individualistic models of development, all of which hamper the NGOs' ability to achieve 'real' empowerment and sometimes may even replicate some of the existing socio-economic, gender, sexual, and health inequalities that already work to marginalize *Devadasi* women and girls. As stated above, this analysis was not intended to detract from any of these groups' work with *Devadasis*, it was instead undertaken with an eye to exposing the anatomy of grassroots collectives and how their experiences, positive and negative, may be instructive to the design of future collectives or programs dealing with female sex workers, especially those in the context of 'developing' nations.

Some of the women and girls' responses to HIV were discussed in the final section of this chapter. The *Devadasis*' knowledge of the disease, as reviewed in Chapter Four, is a reflection of personal skill and involvement with the BIRDS HIV/AIDS training programs. However, this is only one dimension of their experience with the disease, which threatens their livelihood, social status, personal relationships, and familial stability. A closer look at how they deal with and think about HIV exposed a complicated set of reactions to the disease, which are often linked with an equally complex web of emotional and economic motivations, such as protection, income, and individual and community identity. This aspect of the women and girls' lives is a testament to the powerful interplay between HIV knowledge and how the participants choose to display, disclose, or construct it; i.e. through the tropes of denial, notions of risk, and medicalization.

CHAPTER 8- CONCLUSION

...prostitutes are necessarily and complexly related both to patriarchy and to women as a class, an acknowledgement that complicates our view of them as subversive agents as much as it does the view of them as invariant "victims" that it sought to displace (Rajan 1996:129).

This dissertation examined the issues of coming of age, sexuality and relationships, HIV/AIDS, and social reform among *Devadasi* sex workers living in three rural communities in Northern Karnataka. My aim has been to describe these issues and demonstrate, through the women and girls' experiences and perspectives, the complexities of these aspects of their lives. This work contributes new data to five main areas of research: (1) the organization of rural sex work in India; (2) 'participatory' HIV/AIDS research; (3) the contemporary *Devadasi* system; (4) 'child prostitution'; and (5) sexuality and the nature of socio-sexual relationships among sex workers, especially those in 'developing' countries. The relevance of my results vis-à-vis these bodies of work will be discussed following an overview of the main findings from each chapter.

The study opened with a description of the WAF and ICHAP research projects which guided my project, along with the research 'problem', an introduction to the *Devadasi* system, the women and girls' involvement with the BIRDS organization in establishing Collectives, a brief epidemiological overview of HIV in Karnataka, and a Chapter outline. The second chapter provided the geographic setting of the research and the methodologies employed during the project. Karnataka is characterized by significant intra-state disparities, and Northern districts like Bagalkote, where the research took place, lag behind the more prosperous, industrialized Southern regions with respect to literacy rates, health care, and economic and social burden per household, and child

marriage (NCAER 2001:93, 96, 99, 104; Vyasulu and Vani 1997:2974). Formerly part of Bijapur (and before that the Bombay Presidency), the new district of Bagalkote was formed in 1997 and is home to the small-medium rural centers of Mudhol, Jamkhandi, and Rabkavi, all of which have traditionally been home to large numbers of *Devadasis*. The main industry in the region is the production of sugarcane and various wool products and textiles, especially handloom *sarees*.

A combination of qualitative methods were used in this research, mainly participant-observation, interviews (group and individual), and mapping. During the first field trip, we relied on the BIRDS' AIDS counselors to introduce us to women and girls in the different communities, which was essential to establishing rapport and informing the participants of the research objectives and projected outcomes (i.e. gathering their ideas about the socio-economic supports they require and implementing programs to that effect). Between five and ten *Devadasis* usually gathered during interviews, which focused on more general base-line information at the beginning and on the specific issues of coming of age, sexuality and relationships, and HIV/AIDS during the second and third research trips. In addition to these discussions, we also conducted interviews with AIDS counselors working for BIRDS, physicians at state-level hospitals, NGO employees, and two officers working for the *Devadasi* Rehabilitation Project of the Karnataka State Women's Development Corporation.

Particularly instructive in guiding the course and nature of this investigation were the problems encountered towards the end of my second research trip. A tangle of issues, namely BIRDS-ICHAP political wranglings about my position and the subject(s) of my inquiries (menstruation, the body, maturation), and my ignorance about the dynamics of

the power structures within BIRDS and among the women, came to a head and effectively halted the project for two months. The *Devadasis* objected to the way I was doing research for four main reasons: it was not clear how menstruation was linked with HIV/AIDS (which they understood to be the research focus), they felt that I asked these things because I thought their experiences were somehow “abnormal”, I should not have come to their homes for interviews, and I should not have visited daily. Equally relevant to the problems encountered were the tensions that existed between the larger WAF and ICHAP project objectives and what we were able to achieve in a challenging field situation. The demands for ample data to be delivered and synthesized quickly often placed pressure on myself and the other team members to cover as much ground as possible, sometimes to the detriment of the nature of the women and girls’ involvement and feelings of being respected.

As a basic literature review on Indian sex work and the *Devadasi* system, Chapter Three stands out from others in this dissertation that have a more integrated discussion of the relevant literature in the introduction and discussion sections. I presented the historical and contemporary sources on these topics in this manner because it provides a detailed comparison of the various historical, political, socio-economic, and religious factors that have impacted the two kinds of sex work. Second, much of the literature dealing with *Devadasis* is dated, poorly researched, and written from male perspectives, and as such it tends to reinforce a number of stereotypical images and inaccurate data about the current organization of the system, along with the lives of the women and girls today. Third, the body of work on *Devadasis* is quite complex and often confusing, and this chapter attempts to clarify some key aspects of the system, namely the various types

of sex work traditions that fall under the larger "*Devadasi*" rubric and the development of the system over time.

Classical Hindu texts contain many references to prostitution, a long embedded institution within Indian society. Many women were training in singing, dancing, acting, music, and they were among the only group of women to receive an education, which was often state funded (Henriques 1962:144). They were hired to entertain, but sex workers also formed an integral part of the economic and political systems of the time, handing over significant amounts of their earnings through State taxes and acting as spies or infiltrators of enemy armies (Joardar 1983: 29; Henriques 1962:141-145). Prostitutes continued to fulfill important duties during the time of the Muslim invasion (1000 A.D.) and the early Colonial days (18th-early 19th century. However, international Social Purity campaigns and associations between prostitutes and venereal disease (VD) among British troops in the mid 1800s transformed their representation and social position, from exotic to politically threatening (Arnold 1997; Ballhatchet 1980; Whitehead 1998). In the face of the ineffective Contagious Diseases Acts introduced in the late 1860s to curb VD and regulate prostitution and greater Colonial power, the issue of prostitution became less of a political concern and more of a social welfare case; with the women being construed as needing 'rescue' and 'rehabilitation' (Banerjee 1953).

Following international debates regarding the trafficking in women, the SITA (Suppression of Immoral Traffic in Women Act) was passed in 1956, which led to several government studies on sex work, but it was not until the mid-1970s and the appearance of HIV/AIDS in the late 1980s that widespread interest in prostitution took hold. While many initial studies during this period mirror earlier rather stigmatizing

portrayals of sex workers, there is more of an effort to understand the broader socio-economic, political, sexual, gender, and cultural factors impacting the sex workers' lives and the organization of the sex trade throughout the country (Athana 1998; Bharat 2001; Evans and Lambert 1997; Jhaveri and Datta 2002; Nag 1994; Oldenberg 1990; Sinha 1999; Sleightholme and Sinha 1996; Verma 1999).

The second part of the Third chapter examined the literature dealing specifically with *Devadasis*, beginning with a brief discussion of the cultural, sexual, and political factors that contribute to their marginal, yet also often pivotal, place within Indian society. These factors include: the general ambivalence attributed to mature female sexuality in general, which is heightened in the case of *Devadasis* on account of their particularly potent sexuality and sacredness, as wives of the God; the "invention" of a certain kind of *Devadasi* tradition that relegated these women to a lost but "golden age"; and the influence of Victorian sexual mores and political occupation during the Colonial era, which combined to produce an image of them as victims of backward customs and diseased vectors that threatened to infect the Indian body politic.

These mediating forces are important to identify because of their immense impact on the construction of *Devadasis* over time, in particular the "divided *Devadasi*" (i.e. num or prostitute), which occupies center stage in most contemporary studies on the women and the system. While this duality makes sense given the *mélange* of issues that have intervened in the making of, and changes in, the system over hundreds of years, I argue for a more complex understanding of the multiplicity of the women and girls' roles, duties, and experiences. The *Devadasis* I met were mothers, daughters, friends, lovers, sex workers, and peer-educators, and that they were *all or some of these things at the*

same time is critical because it demonstrates the heterogeneity of their socio-sexual lives, along with the inherent hollowness of models¹⁵⁰ that are predicated upon simplistic Madonna/whore divides.

The last half of the *Devadasi* section of Chapter Three shed light on the often confusing literature on the system itself. It opened with a basic description of the tradition, which was followed by the origins of the system, types of traditional sex work that fall into the general ‘*Devadasi*’ category, the motivating factors behind the institution, and an overview of the system. Another objective of this part of the dissertation was to illustrate the variegated historicity of the tradition, versus the “rise and fall” ideas common in most studies. This was demonstrated in the discussion of how the system was, and in many ways still is, intimately bound with the broader forces of politics, sexuality, religion, royal patronage, and economy.

Chapter Four provided described the anatomy of sex work in rural Karnataka, focusing specifically the conditions for home-based *Devadasis*, along with data that contested many of the so-called “traditional” features of the system. These features include: hereditary eligibility of girl children into the system, childhood dedication, and the system as a response to the lack of male children. The chapter began with a description of the women and girls’ age (14-40, mean age of 23), where they were born and raised (natal villages, rural), caste (*Madar*, *Holeyar*), and family deity (often local Goddesses), after which their family composition was presented. Contrary to most studies that assume the tradition is passed down through several generations of the female line, only 22% of the girls and 10% of older women have a grandmother who was also a *Devadasi*. Of the 14 informants who provided complete information on their siblings, all

¹⁵⁰ Of *Devadasis*, but also of sex workers in general.

had brothers, half of whom were older than the participants, which contests another 'traditional' tenet. Data in the following sub-section on sex work entry also challenged common assumptions, this time about the rule of childhood dedications (Sadisavan 1993:46; Shankar 1990:100; Tarachand 1991:17), as 32% of informants (older and younger) were given to the Goddess after they attained menarche.

The next cluster of issues discussed included sex work typology, geography, and migration, followed by mapping. These data were contextualized by using excerpts from my fieldnotes of several different sex work locales/conditions, such a slum in a rural center, a small brothel in a medium sized city, and a *dhabha* along one of the state's main highways. The various players who are involved in the social networks of rural sex work, namely *gharwallis* (madams), agents, *goondas* (hired thugs), police, locale owners, and clients, along with earnings were the next topics covered. A number of issues connected with HIV/AIDS were then featured. Despite the women's basic knowledge of disease transmission, the socio-sexual dynamics of the sex trade (condom use, male control over sexual encounters) and the moral meanings attached to HIV/AIDS (result of sinful character/living, excessive sexuality, spreading death) make it something the women and girls fear and often deny; thereby placing them at increased risk for infection. Results from discussions with mainly older women about STDs and health care were then given. They spoke of their preference for allopathic treatments (faster than older methods), private versus public hospitals, and their increased awareness of certain ailments that they associate with symptoms of HIV (e.g. fever, cough, colds). The final part of Chapter Four contains eight life-histories (four *Devadasi* and four CSW), which provided powerful

accounts of the many challenges these women and girls have faced, both prior to and during entry into *dhandha*.

Chapter Five concentrated on the particular impetus behind this dissertation, an examination of the process of coming of age for young *Devadasis*. This ‘problem’ emerged as important early on in my fieldwork, as these girls are at significant risk for contracting HIV/STDs because of their immature physiology, they have more daily clients than older women, they experience forced and often unprotected sex with older men, and their lack of involvement in *sangha* activities like condom distribution and peer-education training. Equally relevant were how their experiences diverged from typical portrayals of ‘child prostitution’, which focus overwhelmingly on the powerlessness of young sex workers and their exploitation at the hands of family members and/or trafficking rings (Montgomery 2001, 1998). What I observed was much different because along with the dangers of the trade, the girls described a number of positive attributes of selling sex: they provide essential socio-economic support for their families, about which they often feel proud of, *dhandha* is incorporated into their models of mature female identity, and they enjoy leisure activities and peer interactions that are uncommon for other rural girls their age. These data are essential to contesting traditional conceptions of ‘child prostitution’ and, as with my discussion of the multiplicity of *Devadasi* women and girls’ roles and experiences, they also help expand conceptions about culturally diverse models of prostitution in general.

Chapter Six examined the issues of sexuality and relationships which, despite their centrality to everyday life and the profession at hand, remain under-problematized in most sex work literature, especially that which deals with women in ‘developing’

countries. It began with an overview of Hindu beliefs regarding women, sexuality, and the body, which illustrated the complicated mythological, corporeal, and caste roots of and implications for the now familiar duality- “through woman is being, and through woman is downfall” (Reynolds 1978). This was followed by a discussion of how these beliefs are played out in the lives of non-sex working Indian women, which is important to contextualize the experiences of *Devadasis*. The two informants I spoke with provided information that, not surprisingly, reflected many standard Hindu ideas about these issues, but they also talked about female sexual desire and “cooperation” in ways that challenge conventional notions about Indian women as sexually constrained on account of their gender and supposedly universal oppression (Mohanty 1991).

The experiences of the *Devadasi* women and girls we spoke with also challenged traditional ideas regarding sex workers’ sexuality, including emotional detachment and a carefree or shameless attitude about sex. On the contrary and very much like their non-sex working counterparts, they receive minimal information about sex because of its taboo status, they are expected to uphold certain standards of propriety and respectability, and many women enjoy sex with their *khiams*. When discussing permanent relationships, older *Devadasis*¹⁵¹ described a range of criteria, types (i.e. love affairs, *khiams*), and meanings that are attributed to such unions. Most women and girls interviewed (63%) have regulars, who are the fathers of the majority of women’s children (66%), contribute to the family economy (78%), and have been a part of the participants’ lives for between 2 and 30 years. The importance of these relationships was evident by the lengths the men go to support them and the nature of that support; like one *khiam* who built his *Devadasi*

¹⁵¹ Versus the younger ones, who are in their prime and typically do not want or need a regular boyfriend/lover.

partner a house and invited his 'other' family to the ground breaking ceremony, and another who got tested for HIV before having unprotected sex and starting a family with his girlfriend. Descriptions of the painful and even fatal aftermath of break-ups also spoke to the intensity of these relationships, additional data that illustrates how similar the emotional and sexual worlds of sex workers are to 'other' women.

The final chapter explored the impact of social reform campaigns and HIV/AIDS on *Devadasis*, both of which have had profound influences on the representation of the women and their social status within Indian society. It opened with a historical overview of the legislations pertaining to prostitution generally since the time of the British, through to the Prevention of Immoral Traffic in Persons and Prevention Act of 1986. I then discussed the specific development of reform efforts aimed at *Devadasis* and the various state-level anti-Dedication laws that 'officially' brought an end to the *Devadasi* system. The next sub-section examined some of the more contemporary state and NGO-directed reforms aimed at *Devadasis*, most of which revolve around rehabilitation and ineffective loan schemes that are guided by medico-moral discourses reminiscent of the previous century (i.e. *jati* as a disease, swearing to stop sex work on a sacred text before being eligible for a loan). Most women did not view such programs as particularly helpful in getting them out of the sex trade or as providing some of the necessary means with which they could be less dependent upon doing *dhandha* (including dedicating their daughters). Since they could not live on these hand outs alone, most incorporated this form of support with their *dhandha* income (and possibly peer-educator salary), illustrating their ability to maximize their economic potential in difficult situations.

In the second half of Chapter Seven, I examined the government and non-government organizations' response to sex workers since the advent of HIV/AIDS, focusing specifically on the *Devadasis*' involvement with BIRDS and the collectivization movement. Like other Indian NGOss involved with sex workers (e.g. SANGRAM), BIRDS endeavours to support the women by providing HIV/AIDS training, condom distribution, employment as peer-educators, legal advice, and giving them the basic respect they deserve and need to have the courage to deal with problematic clients and stigmatizing health care staff. Despite the dedication of BIRDS' staff and important changes the formation of collectives have made to the women's sense of dignity and communal politicization, a number of factors appear to be prohibiting the organization from going beyond condom distribution to developing a 'real' sense of empowerment. They are: (1) it is largely a male-run organization; (2) the NGO's transition from health care to working with sex workers is relatively new; and (3) they have not been able to implement broader-based socio-economic and training programs.

This complex situation echoes what Parpart (2002:53,54), and Abu-Lughod (1990) before her, caution about the somewhat romantic assumption that giving a voice to poor women will help solve gendered power inequalities. However, it also speaks to the very real difficulties NGOs in 'developing' countries face when trying to introduce sustainable programs for marginalized populations, especially when they are so dependent upon foreign funding and mandates and when they lack the socio-economic and political infrastructure to make their goals for empowerment a reality. When set against the backdrop of neoliberal economic policy and globalized capitalist development, the bind that BIRDS is in mirrors that of many international institutions and

groups working in the field of HIV/AIDS prevention whose goals are also crippled by what Parker (1996) calls the “structures of oppression” (i.e. social cleavage and inequality, differences between ‘first’ and ‘third’ world economies, political power, representation and funding/research opportunities). That BIRDS’ difficulty in achieving a more grassroots kind of empowerment for the *Devadasi* women and girls is linked with wider structural conditions is important because it takes the blame away from both the women and the NGO itself. It also provides an example of how organizational constraints, which are at once locally specific and a product of larger global factors, can hasten the spread of HIV by hampering the development of broader-based programs that would be more effective than condom distribution in fighting the disease.

These findings support, and in a number of significant ways challenge, current understandings of prostitution, including the *Devadasi* system, ‘participatory’ research, ‘child prostitution’ and sexuality in the Indian and global sex work discourse. First, this dissertation reports on a facet of the Indian sex trade that has received little attention, the organization and make-up of rural prostitution. Most projects on sex work have been conducted in large cities and well-defined red-light areas (Jana *et al.* 1999; Joardar 1983; Evans and Lambert 1997; Nag 1996; Sleightholme and Sinha 1996) because of research logistics, the women are somewhat ‘easier to reach’ than their rural counterparts, and because most cases of HIV among sex workers are reported in the urban areas, which places a certain amount of urgency in terms of health care and political status (tourism, international status, ‘modern’ nation-state) on dealing with both the disease and the women in the metropolitan context. However, this neglect of the rural sex work scene has resulted in inaccurate and incomplete understandings of this system

of prostitution and the socio-economic, gender, religious, and political factors affecting it. Also, because most Indians live in rural areas and a staggering amount of these individuals participate in rural-urban migration, this aspect of the sex trade is vital to understanding larger HIV/AIDS transmission patterns and the conditions that structure both clients' and sex workers' disease risk and socio-economic vulnerability.

Second, it is one of only a handful of research projects on contemporary *Devadasis* and the only one that examines the specific issues of coming of age, sexuality and relationships, and the impact of social reform and HIV/AIDS on the women and the tradition. These data are central to dismantling certain stereotypical conceptions of the women, the system, and their connections with HIV/AIDS (i.e. victims, absence of socio-religious meaning, vectors of disease), which perpetuate structural violence against the women and girls in the form of social stigma, abuse by police and *goondas*, and exploitation under certain government reform and HIV-related programs. Discerning how *Devadasis* have responded to the basic process of culture change reveals how the system has had to reinvent itself over time, along with the different survival strategies created by the women as they adapt to changing and often increasingly difficult economic conditions. One of the particularly important themes to emerge is how academic and popular representations of *Devadasis* have, in the past and today, been used as vehicles of expression about female sexuality, icons of Indian "culture", as tools of medicalization for political purposes, and mechanisms of government surveillance. This complicated scenario exemplifies what Gayatri Spivak (1993) describes as the margin being at the service of the center.

Third, the women and girls' perspectives about and responses to this project bring into sharp focus some of the problems involved with doing 'participatory' research, which is designed to enhance participation and empowerment among marginalized groups (Chambers 1997). They highlighted the discrepancies between what this term means in the West (i.e. individual consent, voluntary participation, anonymity) and the inapplicability of many of these things in the Indian cultural context, where there is no formal ethics protocol for research, individuality is not a dominant social value, adhering to one's elders and men (for women and youth) is prescribed behaviour, and poor women's personal perspectives are rarely sought. The problems we encountered during the course of the project provide an example of what "not to do" when trying to meld theory and praxis in ways that address fundamental impediments to participation and empowerment (Parpart 2002:53). Equally important is the observation that the issues at play in creating the problems encountered in the field were not merely about what is not available or 'up to par' in the Indian context. They were also a product of some of the larger structural tensions inherent in a project that revolved around a rapid ethnographic assessment, which put considerable stress on both the research team and participants. Although this aspect of my project brought about some of the most instructive lessons about the realities of working within the context of a large interdisciplinary project, which now dominate the approach to HIV prevention work globally, it is curious that this more sticky side of doing 'participatory research' is not often discussed (for an exception see Campbell 2003). Given its potential effectiveness, widespread utilization, and currently under-problematized status, however, it is an area that demands greater theoretical attention and practical development.

The fourth important outcome of this research is that it introduced an alternative model of 'child prostitution', a subject commonly framed through 'Western' conceptions of childhood and violence (Korbin 2003: 434-435) and solely negative dimensions of the sex trade, with little consideration of its relation to the larger forces of political-economy (Montgomery 1998, 2001; Sacks 1997). Contrary to these standard portrayals, the experiences of the young *Devadasis* we spoke with revealed a far more complicated situation, with *dhandha* being understood as difficult and not always desirable, but also as critical to the well-being of their families, important in their ability to pursue leisure activities with peers, and central in their route to adulthood. These data mirror findings from Thailand that identify the role of cultural, economic, religious, gender and familial factors in making child prostitution all or any of the following: a filial duty, a rite of passage, a desired economic alternative, and a form of sexual exploitation (Baker 2000; Hwang and Bedford 2003; Montgomery 1998, 2001; Peracca, Knodel, and Saengtienchai 1998; Sacks 1997). Along with exposing some of the specific conditions that structure these young sex workers' disease risk, my model also illustrates the similarities between certain dimensions of coming of age for *Devadasis* and non-sex working girls (e.g. raised to be hard-working and sexually modest, early sexual debut, receive very little information about the body and sexuality). This information may be helpful when designing HIV and reproductive health programs for not only young sex workers in rural settings, but also Indian girls living in small towns and villages, who constitute a large and extremely vulnerable population (Gupta 2003; Jejeebhoy 1998; Pelto 2000; Ramakrishna 2001).

The girls' experiences of menarche and the ceremonies relating to entry into sex work are also relevant to the larger issue of HIV/AIDS. Their lack of information about bodily changes and sex, along with early sexual experience with older men (most of whom are married, have multiple sexual contacts, and drink alcohol prior to their visits), put them at significant risk for disease transmission, violent and possibly dangerous sexual encounters, and ineffective treatment for STDs or reproductive health problems they may encounter, especially during their first few years of doing *dhandha*. The nature and implications, economic and disease-related, of first client ceremonies are also impacting young *Devadasis*' health status and transmission risk. Although illegal since 1982 in Karnataka, *Devadasi* ceremonies of dedication and initiation continue to operate in an underground fashion, supported by police, community members, clients, and certain temple administrators. The more covert ceremonies cost families more money and the first client ones are often performed several times, to garner more income and to satisfy client demand for virgins, which appears to be rising since the advent of HIV and the related belief that 'pure' sex can either cure or prevent STDs/HIV. However, sex during the first client ceremony and the practice of performing multiple first client ceremonies increases the girls' vulnerability to bodily trauma and disease transmission. Adolescent girls and women are disproportionately affected by HIV/AIDS on account of their social, cultural, biological, and economic vulnerability, and these findings help expose some of the fundamental factors behind their increased disease risk. These data are also extremely timely, given the theme for the upcoming International AIDS Day (2005): Women, Girls, HIV and AIDS.

Fifth, the women and girls' experiences relating to sexuality and relationships contain fascinating ethnographic information which is, as yet, not commonly reported on in studies with sex workers in 'developing' contexts, and they also reveal the depth and meaning of these fundamental aspects of life. Like the data on coming of age and socialization into *dhandha*, while many of the *Devadasis*' experiences differ greatly from those of non-sex working Indian women several parallels exist between the nature, construction, and emotional relevance of these issues for both sets of women. This finding is critical to challenging the presentation of prostitutes within the current sex work canon, as it demonstrates the multiplicity of roles *Devadasi* women and girls occupy and, in turn, the inapplicability of the classic Madonna/whore divide that has long dominated the popular and academic discourse on prostitutes. The importance of the realization that these women and girls are daughters, lovers, mothers, sisters, and sometimes all at once is echoed in the following statement by Chandra Mohanty, when describing one of her "new queries for the twentieth century". She writes: "The point I am making here is that women are workers, mothers, or consumers in the global economy, *but we are also all those things simultaneously*" (Mohanty 2003:248, emphasis added).

The last two areas of study this dissertation contributes to are social reform and HIV/AIDS prevention. Since the majority of research on social reform is historical, my discussion of the objectives, methods, and overtly medico-moral discourse, which often mirrors earlier campaigns adopted during the Colonial era (Arnold 1997; Raj 1993), operating within current state programs designed for *Devadasis* is unique. Also different is the analysis of the women's opinions about and innovative uses of these programs,

which are very rarely considered in academic, popular, and governmental studies. The *Devadasis*' involvement with BIRDS and a more collective approach to HIV/AIDS, versus the top-down, behavioural, individual-oriented targeted national interventions, also revealed important data about the local and wider structural factors that prohibit the implementation of empowering, long-term alternatives to prostitution. The women and girls' personal experiences with HIV/AIDS spoke to a different aspect of the women's involvement with the disease, i.e. aside from their BIRDS-related activities and educational training. Their ideas about the disease and those who were positive demonstrate how, in the absence of supportive health and social services and the widespread stigma and fear associated with *Devadasis* and disease, the women are forced to combine emotional, personal, and economic as they construct and express their diverse, reflexive, protecting, and pragmatic responses to HIV/AIDS.

Tracking some of the gradients of power along which structural inequalities travel (Farmer 1999) has been an underlying aim of this research. In doing so I have tried to be conscious of any predilection to romanticize the *Devadasi* women and girls' resistance (Abu-Lughod 1990) and to interpret their survival strategies as testimonies of their resilience and strength, to the exclusion of the darker factors that make-up their challenging lives. These women and girls have revealed themselves to be and experience so many things, painful and powerful, often many of them at once. I hope that this account does their difficult, dangerous, and demonstrably complex worlds justice, and that in some way it can contribute to their on-going struggles with collectivization, HIV/AIDS prevention, finding sustainable alternatives to prostitution, and protecting

themselves from disease and the many forms of structural violence they deal with on a daily basis.

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