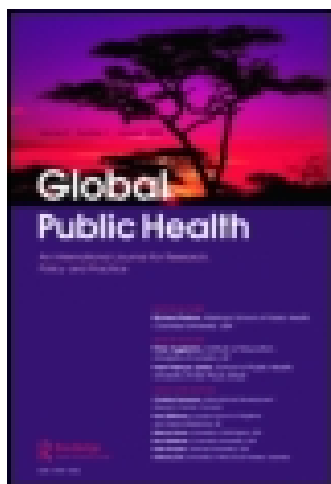


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Intimate relationships of Devadasi sex workers in South India: An exploration of risks of HIV/STI transmission

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Intimate relationships of *Devadasi* sex workers in South India: An exploration of risks of HIV/STI transmission

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Global literature on female sex workers suggests that being in an intimate relationship is associated with barriers to practising safe sex behaviours. Condom use within intimate relationships is often seen as a sign of infidelity and fosters mistrust which could affect longevity, trust and intimacy within partnerships. Using qualitative data from *Devadasi* sex workers and their intimate male partners in Bagalkot District, Karnataka, India, we examined both partners' perspectives to understand the quality and dynamics of these relationships and the factors that influence condom use in intimate relationships. Our thematic analysis of individual interviews conducted in May 2011 with 20 couples suggests that many *Devadasi* sex workers and their intimate partners define their relationships as 'like marriage' which reduced their motivation to use condoms. Evidence from this study suggests that active participation in sex workers' collectives (*sanghas*) can increase condom use, education and family planning services, among other things, and could be helpful for both *Devadasis* and their intimate partners to better understand and accept safer sexual practices. Our work has direct implications for designing couple-based health interventions for traditional *Devadasi* sex workers and their intimate partners in India.

Keywords: *Devadasi*; intimate partner; couple-based research; HIV prevention; India

It [sex] is just a 5-minute job with a client, but I never allow sex [with a client] without a condom. Also, I may have 100 clients, but it is not to get sexual pleasure. True love is only with my lover; it is emotional and from the bottom of my heart. I trust my lover until I die, and I want to spend my whole life with him. I cannot show suspicion of my lover by insisting that he use condoms. (Ranuka, 29 years, 3 children; relationship for 9 years)

Introduction

Global literature about female sex workers suggests that being in an intimate relationship is associated with many barriers to practising safer sex behaviour. Numerous studies

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globally and within India have reported lower condom use with intimate heterosexual partners as compared to their commercial partners (Deering et al., 2011a; Ghimire, Smith, van Teijlingen, Dahal, & Luitel, 2011). Condom use within intimate relationships may be perceived as a sign of infidelity and fosters mistrust which could affect the longevity, trust and intimacy within partnerships (Murray et al., 2007; Wojcicki & Malala, 2001). It is therefore very important to incorporate the perspectives of both partners in the design of couple-based health interventions for female sex workers and their intimate partners.

A growing body of evidence suggests that couple-based interventions may be more effective than individual-based interventions in promoting safer sex behaviours within intimate relationships (El-Bassel et al., 2002; Syvertsen et al., 2012). It provides couples with an opportunity to learn and practise new communication and negotiation skills together (Syvertsen et al., 2013). A randomised trial conducted to assess the effectiveness of a relationship-based HIV and sexually transmitted infection (STI) prevention programme for heterosexual couples, compared to programmes targeting women alone, demonstrated that couple interventions were more effective in reducing the proportion of unprotected sexual acts (El-Bassel et al., 2003). A HIV prevention programme in sub-Saharan Africa also reported significant positive effects of a 'couple-based approach' (Medley et al., 2013).

Women who engage in sex work in southern India continue to be at high risk for HIV infection through heterosexual transmission (Arora, Cyriac, & Jha, 2004). The HIV prevalence among female sex workers in Karnataka state, southern India, is among the highest in India and has been estimated to range from 13% to 35% in 2004 and 2005 (Ramesh et al., 2008). Recently conducted biological and behavioural surveillance estimated an HIV prevalence rate of 22% among currently practising female sex workers in northern Karnataka districts (KHPT, 2013). Northern Karnataka has large numbers of rural home-based and traditional *Devadasi* sex workers, popularly known as 'temple dancers' – a tradition which involves the dedication of young girls to a God through a marriage ceremony (O'Neil et al., 2004). According to Blanchard and colleagues (2005), there are approximately 4000 female sex workers in rural parts of the sub-districts included in the present study, of whom some 85% are *Devadasis*.

Most of the HIV prevention efforts in India and globally have typically focused on increasing condom use within commercial sex activities, since they are believed to make considerable contributions to HIV transmission in many settings (Lowndes et al., 2002, 2008). Because of the focus on the realm of commercial sex, while dramatic increases in reported condom use with commercial clients of female sex workers have been observed post-intervention in many settings, the increases in condom use have not usually taken place within the intimate relationships of female sex workers (Hogle, Green, Nantulya, Stoneburner, & Stover, 2002; Reza-Paul et al., 2008).

A recent study in three districts of Karnataka found that 82% of female sex workers reported condom use with paying clients, but only 10% reported condom use with intimate partners (Deering et al., 2011b). A study of clients of female sex workers in brothels in Pune (Maharashtra), which has a large number of migrant sex workers from northern Karnataka (Banandur et al., 2012), found a number of long-term relationships ('rakhel') between sex workers and male partners. Approximately half of the non-rakhel males reported 'always using condoms', compared to only 10% of men in rakhel relationships (Bhattacharya, 2004). In the quantitative survey that formed part of this project, there were clear differences between the *Devadasis* and other female sex workers in their reports of condom use in their most recent sexual encounter with their intimate partner. Whereas approximately half of the non-*Devadasi* sex workers reported condom

use the last time they had sex with their intimate partners, only about one-third of the *Devadasis* reported recent condom use with their intimate partners (Deering, *in press*).

Within this context, we have undertaken qualitative research with *Devadasi* female sex workers and their intimate partners to explore some of the factors that shape and influence HIV/STI risk within intimate partnership. Understanding the initiation and the evolving dynamics of couple relationships among *Devadasi* couples has helped to characterise the risks of HIV/STI transmission within these partnerships. Our findings may help in the development of more effective HIV/STI prevention programmes in the context of ongoing HIV prevention programmes in South India, by informing how services can be tailored to the needs of *Devadasi* sex workers and their intimate partners.

The Devadasis of India

Devadasis are women who, as young girls, are dedicated by a ritual ‘marriage’ to serve Hindu deities and can, therefore, not marry an ordinary mortal (Orchard, 2007a, 2007b; Tarachand, 1991). The *Devadasi* tradition in India dates back to ancient times when *Devadasis* were honoured, respected dancers and artists. They performed various temple duties, including fulfilling the sexual desires of temple priests (Dasgupta, 2000). Over the past two centuries, *Devadasis*’ special relationships with the temples have been lost and the once socially accepted and culturally sanctioned *Devadasi* tradition has evolved into sex work (Blanchard et al., 2007). Although dedicating girls to *Devadasi* status is prohibited by law in India, it continues in some rural areas, particularly in northern Karnataka (Orchard, 2004). The practice is particularly common among certain scheduled castes (Tarachand, 1991) and factors like economic need, number of female siblings already dedicated, and family concern about certain dangers associated with selling sex, influence whether a girl begins sex work (Orchard, 2007b). *Devadasis* are considered to be wives of God and are therefore accorded an auspicious social status in India, because in the traditional belief system, they ‘can never become widows’.

Devadasis generally begin their sexually active lives through a ‘first night ceremony’ or ‘*hennu madodu*’ (O’Neil et al., 2004). This first relationship is often negotiated by the girl’s family, and the male partner provides material gifts (money, gold, jewellery and clothing) to the family for the initiation of the hoped for relationship (O’Neil et al., 2004; Orchard, 2007ab). Unlike other sex work relationships in which male ‘clients’ have no contact with the female sex worker’s family, a *Devadasi*’ intimate partner is welcomed by her family. Generally, *Devadasis* maintain long-term relationships for more years than is common among non-*Devadasi* sex workers (Mishra et al., 2012). Previously reported quantitative findings of this project indicate that more than 75% of intimate partners are married and they play an integral role as bridge populations, facilitating the transmission of HIV/STI to female partners outside the context of sex work (Deering, *in press*).

Methods

This pilot study was conducted with *Devadasi* sex workers and their intimate partners in Bagalkot District, in northern Karnataka state, in order to evaluate the feasibility of couple-based HIV prevention interventions. Bagalkot District is distinctive because of the relatively large numbers of *Devadasi* women practising sex work in the rural areas (Blanchard et al., 2007). The study was implemented by the Karnataka Health Promotion Trust (KHPT) and the University of Manitoba, in collaboration with Chaitanya AIDS Tadegattuwa Mahila Sangha,¹ a sex worker community-based organisation (CBO) in

Bagalkot. Sex worker CBOs offer an opportunity for sex workers to work together to fight against discrimination, gain power and claim their rights (KHPT, 2008). Ethical approval for the study was obtained from the Institutional Review Boards of the St. John's Medical College, Bangalore, India and the University of Manitoba, Winnipeg, Canada.

The study included both quantitative and qualitative data-gathering methods. This paper reports findings from the qualitative component, which took place in May 2011 during in-depth interviews with 20 *Devadasis* engaged in sex work and (separately) with their intimate partners ($n = 20$). Informants for the qualitative interviews were selected from among the quantitative survey respondents. Purposive sampling (Johnson, 1990) was used in 19 villages and towns in three 'talukas' (sub-districts) in north-western Bagalkot (Mudhol, Bilgi and Jamkhandi) in order to maximise the geographic distribution of study participants to achieve a 'maximum variation sample'. Inclusion criteria for female participants were: practising sex work, self-identifying as female and having (at least) one current intimate male sex partner. Participants defined 'intimate sex partner' as a (male) partner considered to be a 'lover', 'long-term partner' or 'husband' and in a non-commercial relationship with the sex worker.

All interviews were conducted in Kannada, the local language. Female sex workers were interviewed and asked to discuss the study with their intimate partner and invite him to participate. All study participants were interviewed individually to provide privacy, particularly given the sensitive nature of the topics discussed, and to avoid social desirability bias. All interviews were conducted at locations where participants were comfortable and relaxed. Signed informed consent was obtained from respondents before interviews were initiated, and permission was obtained for audio recording the interviews. In this paper, pseudonyms are used in place of participants' names in order to protect their privacy.

Qualitative interviews were recorded on digital audiotapes in Kannada and transcribed verbatim, and then translated into English by an independent consultant. All the transcribed interviews and the translated documents were reviewed by the first author for accuracy and completeness. Transcripts were then imported into NVivo9 software (QSR, 2011), a programme designed to assist in qualitative data management and data analysis. Once the translated documents were reviewed, the following coding strategy was developed (Charmaz, 2006): (1) initial coding through line by line analysis, (2) focused coding to group the initial codes in terms of similar content, (3) thematic development of codes (i.e., relationship initiation, development and dynamics in relationship, support system and safe sex practices) and (4) constant comparison was made between and across themes and each couples' responses, to gain a more nuanced understanding of how characteristics of the intimate partnerships influenced the risk of HIV/STI.

Results

All 20 female study participants identify as *Devadasi* sex workers. Of these women, 14 were in the 18–25 age group and the mean age was 25 (range 18–35). Sixteen women started sex work at the age of 14–16 years. The majority of participants (17/20) reported sex work as their main source of income. Most women had entertained more than five clients in the past week and almost all reported condom use with paying clients. Over half the women had one or more children fathered by their intimate partner, and others reported planning to have a child with the intimate partner. The mean age of the male

intimate partners was 30 (range 20–50) and 13 intimate partners could read and write as compared to only six *Devadasis*. Fifteen intimate partners were currently married to other women and they were engaged in a variety of occupations, including agriculture, mechanics, driving and construction work.

Relationship initiation

For most of the *Devadasis* interviewed, the intimate partner relationships began after the woman entered sex work. In all these cases, the men at first were regular clients who gradually became intimate partners. In half the couples, both the *Devadasi* and her partner were from the same village. A few of the couples reported knowing each other since childhood and that the relationship began during the girl's teenage years. They had studied and played together and had gone together for agriculture or construction work.

Around seven women said their relationship began with the 'first night ceremony', as part of *Devadasi* practice and continued for several years:

I was dedicated as Devadasi, when I was a two-year child ... after menarche, my mother arranged a ceremony called 'hennumaadodu' or 'saragu hidisodu' [first sex ceremony with a man] and asked me to sleep with a man. ... I did not obey her and I did not allow him to have sex. ... He again visited our house several times and finally, he had a sex with me. ... But after this incident, he showed lots of love and concern ... and I had a baby from him. It is almost 8 years now and we are living like husband and wife. (Madhuri, 22 years; relationship for 8 years)

The male partner described the relationship:

I approached her mother and expressed my interest in 'hennu madodu' ... her mother asked me to take care of all expenses and I gave them 15000 rupees and bought 'tali' [gold pendant worn by married women], bed sheet, jawar and few eatable things for her family. ... our relationship began like this. ... continued after this as well. (Mallikarjun, 28 years; relationship for 6 years, married, agriculturist)

Almost every female participant mentioned her first sex ceremony and it was frequently mentioned that men involved in the first sex ceremony are typically interested in continuing the relationship because they feel that they have invested resources into it. Male participants mentioned that taking part in the first sex ceremony cost them a lot of money. Both *Devadasis* and their intimate partners mentioned that not all first sex ceremonies will result in an intimate relationship.

Developing long-term relationships

According to some informants it could take at least three months, and occasionally as long as a year, for long-term relationships to develop. Women's criteria for considering a man an intimate partner can be summarised as her perceiving him as: paying attention to her joys and sorrows, being faithful to the relationship, meeting her family's financial requirements, having concern for her children, having awareness of her needs, having respect for her emotions and showing his masculinity:

He got married but he doesn't leave me and go. He stays with his wife and with me as well. He doesn't look at any other women except me and his wife. I trust him. His wife and I both have children and he treats both the children equally. He respects my relationship even

though he belongs to a different caste. I don't feel like leaving him and I feel bad if he doesn't meet me for a day. (Girija, 26 years; relationship for 9 years)

Men noted that in the early stages, developing a relationship was quite expensive, and they had to spend substantial amounts of money to convince the woman of their sincerity. Men also spoke of their expectations of their female partners, including loyalty, respect for his masculinity, being treated like a husband and dressing like a married woman.

Dynamics in interpersonal relationships

The relationships between the *Devadasi* women and their intimate partners are quite complex. They compare their relationships to those of married couples in terms of power dynamics and decision-making. Among the women, only seven said their partner was aware that they were practising sex work. However, 15 male partners said they were aware of their female partner's engagement in sex work but avoided discussion of the topic. Men regard their female partners as *Devadasis* rather than female sex workers and expect the women to play a role similar to that of a wife:

He does not allow me to do business and he will leave me if he came to know that I am practising dhandra [sex work]. He asks me to live as his wife. (Aruna, 23 years; relationship for 6 years)

I know she is *Devadasi* but I don't like her to practise sex work. But she practises sex work without my knowledge and I don't want to argue with her about it. (Sangamesh, 25 years; relationship for 4 years, married, petty shop owner)

The majority of men and women spoke about disagreements and fights in the relationship. Male partners mentioned women's continued sex work as the primary reason for conflict. A few men mentioned beating their partners. *Devadasis* mentioned money, suspicions of unfaithfulness, lack of interest in family matters and male partners' alcohol use as important reasons for disagreements.

Devadasi women make the majority of the decisions in most situations, including their intimate relationships. Some women said a *Devadasi* woman is like an elder son of the family and is entitled to make all family decisions. Fifteen of the male partners reported that their female partner makes most of the decisions, although they may be consulted. Only three women said their partner makes decisions for them and in all three cases, the decisions were mainly related to the female partner's health care. One woman said her parents make the important decisions, and two women reported that they make decisions jointly with their partners.

Types of support provided and received

Economic support

The relationships are sustained by the support intimate partners provide to the women. A major form of support is economic: all female participants reported receiving financial support from their intimate partners and mainly received financial assistance (ranging from 500 to 20,000 rupees per year) for accessing health care for themselves and their family members. Also, three women received financial aid to build a house, seven women were helped to perform religious rituals and attending *Jatras* (fairs). Some economic needs were also met in the form of gifts, food or monthly ration, including clothes, mobile phones, cosmetic, gold jewellery and *tali* (also referred to as *mangala sutra*). Only

10 male participants received clothes as gifts from their female partner and the remaining 10 male partners said they had never received any gifts from their female partner.

Fifteen female participants said they had provided economic support to their intimate partners during difficult situations. Additionally, 17 male partners said they had received financial assistance from their female partner. Financial assistance from the female partner was mainly to buy a vehicle, to expand their business and to meet the hospital expenses of the male partner or his family members. Three male partners said they have never taken any financial assistance from their female partner and do not wish to take any assistance in the future.

Social support

Having intimate partnerships is considered essential for *Devadasi* women's social status. A few women also mentioned the protection given by their intimate partners, concerning abuse from *goondas* (rowdies) and police:

I am a Devadasi, and I cannot marry a man. But my partner has fulfilled the need for me to have a husband. I am wearing tali, which he presented to me. I attend marriages, jatras [religious fairs] and other festivals with him. He also takes me to shopping and to the movies. He does exactly what a husband can do for a married woman ... so I consider him to be my husband. (Rathi, 30 years; relationship for 11 years)

Intimate partners do not usually play an active role in facilitating the woman's sex work, but they often protect the woman from harassment by *goondas* and police. A male informant described an incident in which he had protected his intimate partner from an unruly client:

It was a week ago. ... I came home after playing the banjo and a client was harassing my partner. ... I don't know how much money she had asked for or what happened, but the client suddenly put his hand on her chest and tried to pull her sari. ... Then I beat him like anything and he never came back again. (Akbar, 35 years; relationship for 10 years, married, mechanic)

All female respondents said that having an intimate partner has given them social status and increased their sense of security. A few men also mentioned that, in addition to a marriage relationship, having a *Devadasi* woman as an intimate partner increases their social status within their peer group.

Emotional support

All female informants said they had received emotional support from their intimate partner and considered emotional support to be the most important type of support expected from an intimate partner:

I have spent my life with him [intimate partner] and he has been listening to my problems. He supported me in difficult situations and he consoled me, when I was depressed. This is enough for me. (Suma, 22 years; relationship for 4 years)

The above examples indicate that economic, social and emotional support within intimate relationships is an important factor for continuing the relationship and it has greater impact on safe sex practices in an intimate relationship of *Devadasi* sex workers and their intimate partners.

Safe sex practices

As practising sex workers, *Devadasis* have learned to protect themselves from STIs from clients, mainly through condom use. However, more than half of the women were not using condoms with their intimate partners. The main reasons offered for this were the desire to have another child, intimacy and trust within long-term relationships and the unwillingness of long-term male partners to use condoms:

Why should I use a condom with him? He is like my husband and if I ask him to use a condom, then he will be like a client who pays money. He has been with me for seven years and he is here permanently. He listens to my problems and he is my life. ... I cannot ask him to use condoms. (Shela, 30 years; relationship for 7 years)

The long-term male partners expressed similar attitudes and patterns concerning the question of condom use. Some said that they had used condoms when they started their relationship, but had stopped using condoms when the relationship became well established:

No. I haven't used it at all ... I felt disgusted, when I saw a condom. ... Because, I don't have the habit of going outside [to sex workers] ... I don't do such habits. ... Also, we are like husband and wife and it [condom] is not necessary in our relationship. (Jayanth, 35 years; relationship for 10 years, married, driver)

Originally, these relationships may have formed for money and sexual pleasure. However, over time and with the growth of love, affection and concern for each other, they may begin to think of their relationship as equivalent to that of husband and wife. For this reason, *Devadasi* women may hide their sex work practice from their intimate partner and men may not accept their partner's practice of sex work. In this situation, both partners may be hesitant to discuss safer sex and the use of condoms:

I know the importance of using condom and it is for our safety. But whenever I request him to use a condom, he asks many questions which I am unable to answer. He says, have you seen me going out any time? I have contact only with you and my wife. He tells me if you are interested in using condoms, then you must have gone [had sex with someone else]. (Sushila, 30 years; relationship for 11 years)

Six women said they were using condoms with their long-term partners. Some of the *Devadasis* were involved in sex workers collectives (*sanghas*), and the awareness programmes had evidently convinced them of the importance of consistent condom use. Four intimate partners who took part in an activity organised by a local sex worker collective, which included partner counselling and discussions about issues related to gender, violence and human rights, indicated that the programme had helped them to better understand their relationship, and the importance of condom use:

I have been using condoms after I joined the 'sangha' [community-based organisation]. I have been part of many meetings and awareness programmes. My partner also attended the meeting and he too knows the importance of using condoms. (Sapna, 28 years; relationship for 9 years)

Some of these women expressed suspicion regarding their intimate partner's other possible sexual contacts. Also, condoms were mentioned by two women who wished to

avoid any further pregnancies. Overall, the amount of trust invested to build a relationship, as well as the importance of economic, social and emotional support, strengthens the relationship between *Devadasi* women and their intimate partners and reduces the likelihood of condom use. At the same time, women and intimate partner involvement in the sex worker collective programmes had improved their willingness and ability to adopt the use of condoms in their intimate relationship.

Discussion

Our study suggests that *Devadasis* and most of their intimate partners define their relationships differently from commercial sex encounters. In most cases, participants consider themselves as husband and wife, and resist behaviours that could undermine that relationship. This is a powerful motive for avoiding condom use, as most people in India (as in many other countries) consider condoms as signifying casual, commercial sexual relationships. Also, many *Devadasis* and other sex workers express the belief that suggesting condom use to a person implies infidelity and mistrust (Balaiah, Naik, Ghule, & Tapase, 2005; d’Cruz-Grote, 1996; Shah, Solanki, & Mehta, 2011; Varma, Callahan, Reich, & Cottler, 2010).

A majority of the male partners interviewed in this study were aware that the female partner was practising sex work, but generally did not approve of it and avoided any discussion of it. Both *Devadasis* and their intimate partners considered the continuation of sex work as a threat to their relationship. In a few cases, the involvement of *Devadasi* sex workers and their intimate partners in a local sex worker collective resulted in an acceptance of the continued practice of sex work on the part of intimate partners, improvement of the ability of *Devadasis* to negotiate the use of condoms and the adoption of safer sex behaviours with her intimate partner. This suggests that local sex worker collectives can successfully change norms to make sex work more acceptable – as a legitimate occupation for women involved in sex work. This raises implications around the possibility of expanding opportunities for men to be involved in interventions that normally target female sex workers.

Consistent with other findings reported in the literature, *Devadasi* women form a culturally distinct community of sex workers in the region. Attachments form between *Devadasi* women and their intimate male partners in part because of the hospitality and respect that a man receives from the *Devadasi* woman and her family. Despite the lack of formal legal status, these relationships may be given importance and expectations which are similar to those of marriage. Expectations of emotional and economic support within these relationships as well as the expectations of male partners for *Devadasi* women to conform to gender roles were clearly expressed in the interviews.

Condoms and condom use have extremely ambiguous (and often very negative) connotations within the context of relationships in India and elsewhere (d’Cruz-Grote, 1996; Shah et al., 2011). Condom use is seen as particularly connected with commercial sex work or other ‘illegitimate’ sexual activities. For many people, condoms are considered to be ‘dirty’ and symbols of socially unacceptable behaviours (Sarkar, 2008). Condom use is very uncommon among married couples in India, even in places where it is the only contraceptive readily available (Balaiah et al., 2005; Varma et al., 2010). Women may resist the use of condoms with the intimate partners in order to clearly distinguish it from commercial sex work. The fact that their long-term partners are ‘not really husbands’ adds tension to the sustainability of these relationships, providing motivation to avoid condom use. Similarly, the perception of these relationships as being

'like marriage' (and significantly different from commercial sex) appears to be a strong motivating factor for avoiding condom use. Simply instructing partners to start using condoms without considering the perceptions and emotions surrounding this behaviour could fundamentally alter the meaning of these relationships by casting suspicions or creating barriers between partners (Syvertsen et al., 2013). Interventions in this context should capitalise on the emotional connection between partners and frame safer sex behaviour as a way to protect, care for and respect each other's well-being. Couple-based interventions should address the issues of intimacy and trust within relationships from the perspectives of both partners. Programmes should integrate reproductive and STI prevention services with non-prescriptive counselling services, taking into account the emotional complexities, fertility desires and STI prevention concerns of couples in order to help them balance concerns when making decisions related to their sexual and reproductive lives.

This study found evidence that the active participation of *Devadasis* and their intimate partners in the sex workers' collectives (*sanghas*) can contribute to an increased sense of agency and can inspire critical thinking about gender norms, violence, relationships and condom use. Building on prior community-based work of the *sanghas* and the findings of this study, open community public forums could be organised with local *Devadasi* community leaders to begin to collectively explore and identify complexities and implications around sexual decision-making and risk reduction in relation to fertility desires and HIV/STI prevention.

Limitations and way forward

Female participants in the study were *Devadasi* sex workers and therefore the results cannot be generalised to Karnataka's female sex worker community as a whole. As communications technology, politics and circumstances change, the experiences and perceptions of *Devadasis* and their male partners may also change. So, our results apply to the particular moment in time in which people were interviewed. This study did not explore other important factors which may influence the health of *Devadasis* sex workers and their intimate partners, such as violence within these relationships or the other partners of intimate partners. More extensive, in-depth studies are needed to understand more about the complexities of relationships between *Devadasis* and their intimate partners under varying circumstances, in different kinds of communities.

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Note

1. Translated as 'Chaitanya AIDS Prevention Women's Association'.

References

- Arora, P., Cyriac, A., & Jha, P. (2004). India's HIV-1 epidemic. *Canadian Medical Association Journal*, *171*, 1337–1338. doi:10.1503/cmaj.045032
- Balaiah, D., Naik, D. D., Ghule, M., & Tapase, P. (2005). Determinants of spacing contraceptive use among couples in Mumbai: A male perspective. *Journal of Biosocial Science*, *37*, 689–704. doi:10.1017/S0021932005007145
- Banandur, P., Ramanaik, S., Manhart, L. E., Buzdugan, R., Mahapatra, B., Isac, S., ... Blanchard, J. F. (2012). Understanding out-migration among female sex workers in South India. *Sexually Transmitted Diseases*, *39*, 776–783. doi:10.1097/OLQ.0b013e3182641d90
- Bhattacharya, S. (2004). Brothels and brothel clients in Pune City. In R. K. Varma, P. J. Pelto, S. L. Schensul, & A. Joshi (Eds.), *Sexuality in the time of AIDS: Contemporary perspectives from communities in India* (pp. 177–194). New Delhi: Sage.
- Blanchard, J. F., Halli, S., Ramesh, B. M., Bhattacharjee, P., Washington, R. G., O'Neil, J., & Moses, S. (2007). Variability in the sexual structure in a rural Indian setting: Implications for HIV prevention strategies. *Sexually Transmitted Infections*, *83*(Suppl 1), i30–i36. doi:10.1136/sti.2006.023572
- Blanchard, J. F., O'Neil, J., Ramesh, B. M., Bhattacharjee, P., Orchard, T., & Moses, S. (2005). Understanding the social and cultural contexts of female sex workers in Karnataka, India: Implications for prevention of HIV infection. *Journal of Infectious Diseases*, *191*(Suppl 1), S139–S146. doi:10.1086/425273
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage.
- d'Cruz-Grote, D. (1996). Prevention of HIV infection in developing countries. *Lancet*, *348*, 1071–1074. doi:10.1016/S0140-6736(95)11031-3
- Dasgupta, N. (2000). The female slaves of God. In C. M. Agarwal (Ed.), *Nari: Facets of Indian womanhood* (pp. 150–163). New Delhi: Indian Publishers' Distributors.
- Deering, K. N. (in press). *Fertility intentions, power relations and unexplored routes of HIV risk through intimate and other non-paying partnerships of female sex workers in South India*. Manuscript submitted for publication.
- Deering, K. N., Bhattacharjee, P., Bradley, J., Moses, S. S., Shannon, K., Shaw, S. Y., ... Alary, M. (2011a). Condom use within non-commercial partnerships of female sex workers in southern India. *BMC Public Health*, *11*(Suppl 6), S11. doi:10.1186/1471-2458-11-S6-S11
- Deering, K. N., Boily, M. C., Lowndes, C. M., Shoveller, J., Tyndall, M. W., Vickerman, P., ... Alary, M. (2011b). A dose-response relationship between exposure to a large-scale HIV preventive intervention and consistent condom use with different sexual partners of female sex workers in southern India. *BMC Public Health*, *11*(Suppl 6), S8. doi:10.1186/1471-2458-11-s6-s8
- El-Bassel, N., Witte, S., Bilbert, L., Sormanti, M., Moreno, C., Pereira, L., ... Steinglass, P. (2002). HIV prevention for intimate couples: A relationship-based model. *Families, Systems, & Health*, *19*, 379–395. doi:10.1037/h0089467
- El-Bassel, N., Witte, S. S., Gilbert, L., Wu, E., Chang, M., Hill, J., & Steinglass, P. (2003). The efficacy of a relationship-based HIV/STD prevention program for heterosexual couples. *American Journal of Public Health*, *93*, 963–969. doi:10.2105/AJPH.93.6.963
- Ghimire, L., Smith, W. C., van Teijlingen, E. R., Dahal, R., & Luitel, N. P. (2011). Reasons for non-use of condoms and self-efficacy among female sex workers: A qualitative study in Nepal. *BMC Womens Health*, *11*(1), 42. doi:10.1186/1472-6874-11-42
- Hogle, J. A., Green, E., Nantulya, V., Stoneburner, R., & Stover, J. (Eds.). (2002). *What happened in Uganda? Declining HIV prevalence, behavior change, and the national response. (Project Lessons Learned Case Study)*. Washington, DC: USAID. Retrieved from <http://www.unicef.org/lifeskills/files/WhatHappenedInUganda.pdf>
- Johnson, J. C. (1990). *Selecting ethnographic informants*. Newbury Park, CA: Sage.
- KHPT. (2008). *Community mobilization of female sex workers: Module 2, a strategic approach to empower female sex workers in Karnataka*. Bangalore: Author. Retrieved from http://www.khpt.org/Community_Mobilization.pdf
- KHPT. (2013). *Integrated behavioral and biological assessment; Repeat surveys to assess changes in behaviors and prevalence of HIV/STIs in populations at risk of HIV*. Karnataka State Summary Report. Bangalore: Author.

- Lowndes, C. M., Alary, M., Belleau, M., Bosu, W. K., Kintin, D. F., Nnorom, J. A., ... Wilson, D. (2008). *West Africa HIV/AIDS epidemiology and response synthesis*. Characterisation of the HIV epidemic and response in West Africa: Implications for prevention. (*World Bank Global HIV/AIDS Program Report*). Washington, DC: World Bank. Retrieved from World Bank website: <http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1132695455908/WestAfrica-SynthesisNov26.pdf>
- Lowndes, C. M., Alary, M., Meda, H., Gnintoungbe, C. A., Mukenge-Tshibaka, L., Adjovi, C., ... Anagonou, S. (2002). Role of core and bridging groups in the transmission dynamics of HIV and STIs in Cotonou, Benin, West Africa. *Sexually Transmitted Infections*, 78(Suppl 1), i69–i77. doi:10.1136/sti.78.suppl_1.i69
- Medley, A., Baggaley, R., Bachanas, P., Cohen, M., Shaffer, N., & Lo, Y. R. (2013). Maximizing the impact of HIV prevention efforts: Interventions for couples. *AIDS Care*, 25, 1569–1580. doi:10.1080/09540121.2013.793269
- Mishra, S., Ramanaik, S., Blanchard, J. F., Halli, S., Moses, S., Raghavendra, T., ... Becker, M. (2012). Characterizing sexual histories of women before formal sex-work in south India from a cross-sectional survey: Implications for HIV/STI prevention. *BMC Public Health*, 12, 829. doi:10.1186/1471-2458-12-829
- Murray, L., Moreno, L., Rosario, S., Ellen, J., Sweat, M., & Kerrigan, D. (2007). The role of relationship intimacy in consistent condom use among female sex workers and their regular paying partners in the Dominican Republic. *AIDS Behavior*, 11, 463–470. doi:10.1007/s10461-006-9184-5
- O'Neil, J., Orchard, T., Swarankar, R. C., Blanchard, J. F., Gurav, K., & Moses, S. (2004). Dhandha, dharma and disease: Traditional sex work and HIV/AIDS in rural India. *Social Science & Medicine*, 59, 851–860. doi:10.1016/j.socscimed.2003.11.032
- Orchard, T. R. (2004). *A painful power: Coming of age, sexuality and relationships, social reform, and HIV/AIDS among Devadasi sex workers in rural Karnataka, India* (Unpublished doctoral dissertation). Department of Anthropology, University of Manitoba.
- Orchard, T. R. (2007a). Girl, woman, lover, mother: Towards a new understanding of child prostitution among young Devadasis in rural Karnataka, India. *Social Science & Medicine*, 64, 2379–2390. doi:10.1016/j.socscimed.2007.02.031
- Orchard, T. R. (2007b). In this life: The impact of gender and tradition on sexuality and relationships for Devadasi sex workers in rural India. *Sexuality & Culture*, 11(1), 3–27. doi:10.1007/BF02853933
- QSR. (2011). *NVivo qualitative data analysis software (version 9)*. QSR International Pty Ltd.
- Ramesh, B. M., Moses, S., Washington, R., Isac, S., Mohapatra, B., Mahagaonkar, S. B., ... Blanchard, J. F. (2008). Determinants of HIV prevalence among female sex workers in four south Indian states: Analysis of cross-sectional surveys in twenty-three districts. *AIDS*, 22(Suppl 5), S35–S44. doi:10.1097/01.aids.0000343762.54831.5c
- Reza-Paul, S., Beattie, T., Syed, H. U., Venukumar, K. T., Venugopal, M. S., Fathima, M. P., ... Moses, S. (2008). Declines in risk behaviour and sexually transmitted infection prevalence following a community-led HIV preventive intervention among female sex workers in Mysore, India. *AIDS*, 22(Suppl 5), S91–S100. doi:10.1097/01.aids.0000343767.08197.18
- Sarkar, N. (2008). Barriers to condom use. *The European Journal of Contraception and Reproductive Health Care*, 13(2), 114–122. doi:10.1080/13625180802011302
- Shah, C., Solanki, V., & Mehta, H. B. (2011). Attitudes of adolescent girls towards contraceptive methods. *Australasian Medical Journal*, 4(1), 43–48. doi:10.4066/AMJ.2011.499
- Syvrtsen, J. L., Robertson, A. M., Abramovitz, D., Rangel, M. G., Martinez, G., Patterson, T. L., ... Strathdee, S. A. (2012). Study protocol for the recruitment of female sex workers and their non-commercial partners into couple-based HIV research. *BMC Public Health*, 12, 136. doi:10.1186/1471-2458-12-136
- Syvrtsen, J. L., Robertson, A. M., Palinkas, L. A., Rangel, M. G., Martinez, G., & Strathdee, S. A. (2013). 'Where sex ends and emotions begin': Love and HIV risk among female sex workers and their intimate, non-commercial partners along the Mexico-US border. *Culture, Health & Sexuality*, 15, 540–554. doi:10.1080/13691058.2013.773381
- Tarachand, K. C. (1991). *Devadasi custom. Rural social structure and flesh markets*. New Delhi: Reliance Publishing House.

- Varma, S. C. P., Callahan, C., Reich, W., & Cottler, L. B. (2010). Perceptions of HIV risk among monogamous wives of alcoholic men in south India: A qualitative study. *Journal of Women's Health, 19*, 816–821. doi:10.1089/jwh.2008.0884
- Wojcicki, J. M., & Malala, J. (2001). Condom use, power and HIV/AIDS risk: Sex-workers bargain for survival in Hillbrow/Joubert Park/Berea, Johannesburg. *Social Science & Medicine, 53*(1), 99–121. doi:10.1016/S0277-9536(00)00315-4