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ABSTRACT

Decades of research have documented how sex workers worldwide, particularly female sex workers (FSWs), shoulder a disproportionate burden of the HIV epidemic. In India, although a substantial progress has been made in controlling the epidemic, its prevalence among FSWs and the Devadasis (also called traditional sex workers) in northern Karnataka is still significantly high. On the other hand, much of the HIV prevention research has focused on their mapping and size estimation, typologies, bio-behavioural surveillance, condom use and other prevention technologies. In this article, drawing on critical theoretical perspectives, secondary historical sources and in-depth interviews, we unravel wider social, cultural and political economic complexities surrounding the lives of Devadasis, and specifically illuminate the moral pragmatics that shed light on their entry into sex trade and vulnerability to HIV. Findings from this research are extremely important since while much is known about Devadasis in social sciences and humanities, relatively little is known about the complexities of their lives within public health discourses related to HIV. Our work has direct implications for ongoing HIV prevention and health promotion efforts in the region and beyond.

Introduction

Decades of research have documented how sex workers worldwide, particularly female sex workers (FSWs), shoulder a disproportionate burden of the HIV epidemic. Data reported between 2007 and 2011 show that the overall HIV prevalence (with some variation) among FSWs in all regions is 11.8% and that their vulnerability to HIV is 13.5 times more than other women, even in countries with high HIV prevalence rates (World Health Organization, 2012). Currently, there are approximately one million women in

India infected with HIV, constituting about 40% of all those living with the virus (National AIDS Control Organization [NACO], 2015). Studies outline a number of factors, including structural, that put FSWs at a considerable high risk and shape HIV acquisition and transmission risks (Shannon et al., 2015). In the case of India, for example, studies have highlighted the highly stigmatised nature of sex work combined with the lack of education, physical and sexual violence, economic insecurities and residential instability (or lack of housing) among FSWs as the leading contextual factors driving their HIV burden (Deering et al., 2013; Evans, Jana, & Lambert, 2010; Jana, Basu, Rotheram-Borus, & Newman, 2004; Reed, Gupta, Biradavolu, Devireddy, & Blankenship, 2011). In particular, evidence indicates that women who get coerced into sex work as minors or early in their lives are at a comparative higher risk as their ability to negotiate safe sex gets significantly reduced with increased vulnerability to HIV (Silverman et al., 2014).

The 'plight' of girls and young women who become 'dedicated' to Hindu temples (and thus are known as Devadasi) in South India has been the subject of heated political disputes, reformations and various moralistic interventions, including rehabilitation programmes, since the late 1800s (Vijaisri, 2005). In recent years, in a time of India's HIV epidemic, public health researchers have further revitalised the attention placed on Devadasis – who are also often referred to as 'traditional sex workers' (O'Neil et al., 2004) – because of their high susceptibility to HIV infection (Blanchard et al., 2005). In the wake of the Bill & Melinda Gates Foundation-funded India AIDS initiative known as Avahan, for example, some public health specialists have begun to implement social interventions that seek to increase the number and retention of adolescent girls in secondary schools in regions of northern Karnataka in South India where Devadasi dedications are widely practiced and where HIV prevalence is still significantly high (Bill & Melinda Gates Foundation, 2008). These interventions, which ultimately aim to prevent the entry of adolescent girls into sex work by confronting gender inequalities in education, are part of a continuum of efforts in the region to address the broader 'structural drivers' of the HIV epidemic (see Beattie et al., 2010; Blanchard et al., 2013; Gurnani et al., 2011).

This paper emerges from a larger quantitative and qualitative study that we undertook among young Devadasis and FSWs living in northern Karnataka. Our goal, among others, was to understand the influences that mediated their pathways toward practicing sex work so as to inform the ongoing interventions to prevent HIV and sexually transmitted infections (STI) in the region. In this paper, we draw on the qualitative findings and present an analysis of narratives pertaining to the dedication of Devadasi sex workers, which, we argue, sheds light on the complexities of their lives and on processes and factors that lead to their induction into the modern-day Devadasi system which is banned as a form of prostitution in India. This research is extremely important since while much is known about Devadasis in social sciences and humanities, relatively little is known about the complexities of their lives or traditional sex work in general within public health discourses related to HIV (with notable exceptions: O'Neil et al., 2004; Orchard, 2007). Dominant public health approaches in HIV, despite being well intended, still remain largely focused on mapping and size estimation, bio-behavioural surveillance, condom use and other intervention technologies (Lorway & Khan, 2014). As some scholars have pointed out (Blanchard et al., 2005; Hunter, 2010; O'Neil et al., 2004), there is a need to focus on the specific social, cultural and historical contexts of sex work and HIV vulnerability. We hope that the findings from this paper will directly contribute to such

research and to the ongoing HIV prevention efforts in northern Karnataka, India and other resource-poor settings in the world.

Devadasi dedication narratives, analysed in this paper, may at first appear as a rather unusual and even exotic example of how women enter into sex work. However, we argue that it holds broader implications for how sex workers are conceptualised in HIV prevention discourse, implications that urge a re-consideration of largely biomedical and behavioural models that target women selling sex – as discrete communities whose vulnerabilities to HIV infection can be understood in the individualistic terms of 'risk behaviour'.

Drawing on dedication narratives, we particularly highlight how various forms of structural violence mediate the process of young Devadasis' entry into sex trade as these varied forms also articulate with a highly influential local moral terrain of responsibility and relationality – inducing a sense of 'self-purpose' and agency in their lives. We demonstrate that ritualised induction ceremonies – the becoming of a Devadasi – are more than mere enduring and timeless cultural traditions blindly adhered to by communities; rather these are firmly rooted in the exigencies of poverty (Orchard, 2007), and the 'daily moralities' (Thompson et al., 2013) of honouring one's family – the social expectations that tether the devotional practices of Devadasis to familial obligation and responsibility. Before we share our theoretical frameworks, research methods and findings, we begin with a brief background on Devadasis.

Background on Devadasis

The system of Devadasi or 'sacred prostitution' (Vijaisri, 2005) is a multifaceted and complex institution in South India that dates back centuries to the pre-colonial era. While the practice has undergone multiple reformations, recent scholarly debates have explored this tradition from a gender, sexuality and culturalist perspective, and in the context of the HIV epidemic in the country (O'Neil et al., 2004; Orchard, 2007; Soneji, 2012). Devadasis are considered at a higher risk for HIV as compared to other FSWs (Ramesh et al., 2008), primarily because of the ritual and structural spaces within which they are located (O'Neil et al., 2004). What makes them different is the apparent social and religious sanction bestowed (upon them) by society to engage in sexual relationship (s). While in the past, their 'duties' required their involvement in temple rituals (Soneji, 2012; Vijaisri, 2005), in recent times, the focus is more on cash earned through sex work, but with social sanctions. Although prohibited by law, Devadasi cultural practices continue to prevail, reinforced by the economic needs of families already marginalised by the Indian caste system (O'Neil et al., 2004).

Theoretical framework

Structural violence, moral pragmatics and female citizenship

In this paper, we draw on a range of intersecting critical theoretical frameworks that enable us to take a more complex view of Devadasis' dedication narratives. We begin with the concept of structural violence. Coined by Johan Galtung in the 1960s, and popularised by Paul Farmer in the context of public health, this concept focuses on the wider social

and structural forces which make some individuals, groups and societies more vulnerable to a disease or suffering while others are shielded from it (Farmer, 1996, 2004). For example, in his study, 'Women, Poverty and AIDS', Farmer states, 'structural violence means that some women are, from the outset, at high risk of HIV infection' being rendered vulnerable to AIDS through social processes – such as racism, gender inequality, poverty, political violence – often far beyond their control (Farmer, 1996, p. 23).

The concept of structural violence has much echoed with scholars, such as Mark Hunter, who, while dealing with the materiality of everyday sexual exchanges in South Africa as a core driver of the HIV epidemic, warns against 'the abstraction of sexual relations from social relations and historically rooted dynamics and practices' (Hunter, 2002, pp. 115–116; Hunter, 2010). On the other hand, Hunter also foregrounds the role of agency that women exercise while making their choices in transactional sex 'in ways that can both challenge and reproduce patriarchal structures' (Hunter, 2002, p. 101). Building on this nuanced understanding of structural violence, we further introduce the term 'moral pragmatics' which, we argue, enables us to take a more holistic view of the complex and sometimes contradictory processes at work, and how structural violence, while at the centre of much of suffering and vulnerability, also plays a productive role in the lives of Devadasis. We demonstrate this by beginning to delineate the production of both gender inequality and the exercise of female agency in the context of economic hardship as they take shape within broader historical contexts and local moral economic worlds (Das & Addlakha, 2001; Reddy, 2005).

By the term 'moral pragmatics', we refer to the ways in which local strategies for confronting poverty and achieving economic mobility become inexorably intertwined with (and are reinforced by) local systems of morality. While economic necessity is certainly a priority to these women, through induction ceremonies they also come to recognise the significance of other kinds of 'necessities' – such as the ones around reaffirming matrilineal kinship bonds and a sense of cultural continuity, and gaining a sense of social legitimacy and belonging within society. Considering the Devadasi system through the lens of moral pragmatics draws attention to the way in which Hindu religious practices and ideologies serve as important moral resources that can be utilised for practical ends, including, for example, how marriage to the goddess enables these marginalised women to occupy some position of legitimacy in society.

The concept of moral pragmatics also helps us to understand how the family and kin groups act as highly influential sites in local reiterations of female duty. Accordingly, we argue that the dedication of young women in the Devadasi system reflects a form of female citizenship that reinforces their sense of obligation to their family and community, while upholding wider social mores surrounding appropriate femininity (such as getting married). At the same time, dedication also gives Devadasis certain exclusive 'freedoms' or 'rights' (such as opting out of regular marriage and practicing sex work).

Our theoretical perspective is informed, in part, by the French philosopher, Michel Foucault, who regards state power in modern liberal democratic societies as operating beyond the boundaries of a concentrated centre of authoritative rule. For Foucault (1978), state power operates through the circulation of discourses – that is, through authoritative regimes of knowledge practices that diffuse into the recesses of everyday life and pattern the relations between men and women, parents and children, individuals with the self and so on. In the context of postcolonial India, where nationalist discourses

(dominated by elite and middle-class ideologies) may be locally constituted as anti-modernities or against 'the West' (Gupta, 1998), relationships between Devadasi daughters and their families and communities are significantly shaped by religious ideologies or notions of cultural difference that reiterate the position of women in society. Here, Veena Das' notion of 'domestic citizenship' (Das & Addlakha, 2001) helps us see the Devadasi system as one of a multitude of contemporary 'dispersed sites' in India where state power (and dominant discourses) are instantiated in the domain of the family. The dedication ceremonies we analyse, therefore, cannot be regarded simply as part of a 'backward tradition' that evades the reach of state power; instead, these practices are very much entangled in postcolonial state formations in the way they remake female subjects of tradition and oppose ideas of Western modernity, thereby placing these practices in productive tension with broader nationalist discourses of female decency. In this context, we provide below a brief history of Devadasi reform and the mainstream nationalist discourse on women in India as, together, they remain constitutive of the processes and force of structural violence, deeply impacting the lives of Devadasis women (Farmer, 2004; Hunter, 2002, 2010).

History of Devadasi reform and the constitution of female purity

In one of her landmark postcolonial feminist interventions, Ann McClintock effectively argues that 'all nationalisms are gendered, all are invented, and all are dangerous' in the way they have historically perpetuated relations of power and control, especially along class and gender lines (McClintock, 1993, p. 61). This characterisation is certainly apparent in the history of women in Indian nationalist discourse, which further impacted policies affecting the lives of Devadasi women. In their struggle against the dominance of colonialism as an 'absolute externality' (Guha, 1998), Indian nationalist elites began with ideologies of home, and especially conjugality, where home was seen as 'the principal site for expressing the spiritual quality of the national culture' – and where women were cast as taking 'the responsibility of protecting and nurturing this quality' (Chatterjee, 1990, p. 243). In other words, regardless of the changes in the external conditions of women's lives, they 'must not lose their essentially spiritual (i.e. feminine) virtues; they must not … become essentially westernized' (Chatterjee, 1990, p. 243). Chatterjee holds that this indeed was the cardinal principle by which Indian nationalism resolved 'the women's question' (of self-emancipation). Thus, while formal education and cultural refinement were encouraged and became a requirement for the 'new *bhadramahila*' (respectable woman), this was tied to the dominant discourse of women's prized place at home, whose virtues of 'chastity, self-sacrifice, submission' and those of 'orderliness, thrift, cleanliness … hygiene and the ability to run the household' were highly celebrated (Chatterjee, 1990, p. 247).[1]

Interestingly, in the nationalist discourse on womanhood, while the 'new woman' was contrasted with the colonial 'Mem-sahibs' (an expression reserved for English or western women in colonial India), she was also sharply defined as distinct from the indigenous 'common woman' (from lower working classes), who was seen as 'coarse, vulgar, loud … sexually promiscuous … ' (Chatterjee, 1990, p. 244). Sangari and Vaid argue that this 'recasting' of women in the mainstream nationalist discourse, maintaining hierarchies and patriarchies, although far removed from the everyday lived experiences of ordinary

women, nevertheless impacted them hugely – as they were increasingly pushed into the domestic sphere (Sangari & Vaid, 1990). This is particularly exemplified in the case of Devadasi reformations that actively worked to legally ban (and thus criminalise and stigmatise or delegitimise) the system and to rehabilitate these women into the patriarchal fold, as shown below.

Performing mainly religious duties, and with 'sacred prostitution' forming only a small segment of their lives, Devadasis enjoyed a significant socio-religious status until the late 1800s (Orchard, 2007; Vijaisri, 2005). Indeed, being attached with religious institutions and practices controlled by wealthy donors often provided these women with immense social and cultural capital, as well as material wealth (Evans, 1998; Marglin, 1985; Vijaisri, 2005). However, 'sacred prostitution' did not fit well with 'the transformed self-image of the new "national" community' and womanhood; thus, in 1881, with support from Christian missionaries and Hindu social reform associations, the official launch of 'the anti-nautch campaign' (also called the campaign against 'dancing girls') began in Madras (now Chennai) (Vijaisri, 2005). This movement then spread to Mysore (modern-day Karnataka), where the Maharaja was eventually pressured to legally ban the practice in 1909, as well as to other provinces, and at the national level – as framed within 'The Devadasi Prevention of Dedication Act', passed by the Indian government in 1947 (O'Neil et al., 2004; Vijaisri, 2005). The 1982 Karnataka Devadasi (Prohibition) Bill is the most recent legislation designed to ban the Devadasi system in the state (O'Neil et al., 2004).

Central to the nationalist discourses on Devadasi reform were concerns to wean, rehabilitate and domesticate these women, who were described as 'agents of immorality and vice' (Vijaisri, 2005, p. 409) and a 'stigma on the temples' and the 'Hindu public' (Vijaisri, 2005, p. 399). Mahatma Gandhi, among others, was the most vociferous critic, who, while supportive of the legal ban and rehabilitation efforts, cautioned against integrating these women into the bosom of society 'until they had been perfectly rehabilitated and reformed' (Vijaisri, 2005, p. 397). As scholars have shown, however, besides the legal ban, little was done by way of rehabilitating these women, who were mostly left on their own but with the added stigma of being outlawed for engaging in 'immorality and vice' by their own national government (O'Neil et al., 2004). This elite-based nationalist politics and the legal ban, we argue, must be seen as constitutive of the larger processes and force of structural violence that heavily disenfranchised these women, further putting them at risk.

Methodology

The findings presented in this paper are part of a broader mixed methods study which took place in three districts of northern Karnataka state (Bagalkot, Belgaum and Bijapur), that were selected because of the pervasiveness of the Devadasi tradition there. It was estimated that, in 2010, a little over 20,000 women were practicing sex work in the three districts studied, and 38.3% of them were Devadasis (Ramesh et al., 2011). We also selected this region because our team has an extensive history of working with FSWs through the implementation of various public health programmes in this area.

Our overall research goal was to better understand the HIV risks related to critical transition events associated with entry into sex work in this region, particularly among young sex workers, which included both non-traditional sex workers as well as Devadasi, and to improve HIV-related preventive, clinical and reproductive health support services. In

keeping with the tenets of our theoretical framework, we employed a mixed methods design that involved both qualitative and quantitative data collection. The qualitative interviews followed the quantitative data collection with preliminary quantitative analysis informing its development. The results from the quantitative phase of the study are published elsewhere (Becker et al., 2012) and this manuscript focuses on the data from the qualitative phase.

A team of five outreach workers (associated with the local community-based organisation, CBO) and with established connections in the community, conducted the in-depth interviews. These interviewers who had participated in the quantitative phase received an additional five days training in research ethics and methods to conduct the qualitative phase of research. The training involved an introduction to qualitative methods, ethics of interviewing and practical exercises such as mock interviews.

The participants in the quantitative survey were offered by the community researchers the option of in-depth conversation about their entry into the Devadasi system. Those who were available and interested in sharing their stories were invited to participate in the qualitative interviews. Among those who consented, purposive sampling was used to get a representative sample of the diversity displayed in the larger random sample of the quantitative stage. Informed consent was obtained separately for participation in the qualitative phase. The interviews were conducted at home, at the CBO office, or at the clinic, based on participant's convenience and comfort.

All interviews were conducted in Kannada (local language) and were recorded with the explicit consent from the participants. The interviewers transcribed their own interviews and an independent consultant translator then translated the Kannada transcripts to English. The interviews were analysed in a multi-step process by the researchers in an effort to better understand the data and to follow up on similarities and differences. An independent researcher familiar with the research setting started the analysis process by coding and grouping interview data in broad themes. The transcripts and preliminary themes were further analysed, revised and refined by two other researchers in order to ensure consistency, saturation and cross verification of emerging themes, as well as to ensure rigour and quality. This multi-step process enriched our analytical process by bringing in multiple interpretations and allowing for linkages to theory. Ethics approval was obtained from the Institutional Ethics Review Boards of University of Manitoba, Winnipeg, Canada and St John's Medical College, Bengaluru, India. The findings presented in this paper have been anonymised, using pseudonyms.

Findings

Participants

A total of 60 women (equal number of Devadasi and other sex workers), evenly distributed between the three participating districts, were interviewed in the qualitative phase. Our findings in this paper is based only on the Devadasi participants ($n = 30$) with an age range of 18–35 years and a mean of 24 years. With low literacy levels (20% lower than the state and national averages), more than half of Devadasis (57%) had received no formal schooling, less than a quarter (23%) reported having finished elementary schooling (grades 1–7) and the remaining (20%) had completed secondary education (grades 8–10).

Almost all Devadasis described sex work as their main source of income and all reported having visited a clinic for sexually transmissible infections in the year preceding the study with an average of nine visits – less than half (46.7%) had gone between 1 and 5 times; 13.3% had gone between 6 and 10 times and 40% had gone more than 10 times. Twenty per cent had not visited a health promotion CBO in the month preceding the interview. However, 63.3% had gone once or twice and 16.7% had gone three times or more. In sum, the Devadasis interviewed were relatively well exposed to HIV prevention programmes offered in their respective districts.

We now turn to narrative analysis that focuses on dedication rituals, familial responsibilities, poverty and moral pragmatics of Devadasis that reveals the complexities in their lives that ought to be accounted for in any intervention planning in the region.

Dedication rituals

> First they prepare sweet dishes in the house … Then they invite the priest from the goddess *Yellamma* temple … elderly Devadasi women who are called *Jogatis*; five of them are also invited. They bring a green sari, green bangles, flowers, *tali* [pendant worn by married women] … five beads, vermilion … Then they perform the ritual like a wedding. But they don't perform it in public like a wedding, in front of all people; but perform it secretively in the house. (Usha, 21 years old)

With the help of priests and community elders (the *Jogatis*), these rituals were performed in front of the goddess *Yellamma* to whom these women were dedicated, thus marking their entry into a life of perpetual marriage to the deity, and a life of duties, including those devoted to the matrilineal family. Cultural anthropologists have long drawn attention to the significance of rituals in human relationships, especially in the shaping of local subjectivities, collective identities and in *instiling* a sense of responsibility among individuals. Usha (in the above quote) recollects (in her interview) how those orchestrating her dedication ritual attempted to instil a sense of responsibility in her, through cultural imperatives that call for piety and self-sacrifice and the higher moral calling of community service. It should be noted that not all dedication rituals followed the same sequence of events, and Devadasis often held a range of feelings toward these ceremonies. Nevertheless, a consistent depiction runs across their accounts; that is, relational subjectivities emerge as these young women submit themselves to local authoritative religious ideologies. In effect, the ceremonial beads that bind these girls to the goddess, *Yellamma*, also symbolically bind them to a life of duties through expected observances. This point is demonstrated in a similar narrative by another participant:

> The five *jogatis* held the sacred basket [*padligi*] on my head. Then they tied the beads … We have to worship the pot of the goddess every Tuesday and Friday … And if we get to hear the news that someone has died then we cannot eat until the person is buried. We have to follow all these. (Shanti, 24 years old)

Such narratives appear to suggest, at one level, that female agency is greatly restricted through becoming a Devadasi. At the same time, however, these narratives also suggest that giving oneself over to the goddess grants a type of social status that permits other forms of social liberties, including the freedom to practice sex work, and in a way, making them potentially vulnerable to HIV.

It is like a license … you can do whatever you want and no one will ask you anything. People will say she is a Devadasi and she is doing it. But if a woman is doing [sex work], and even if her husband has left her, people will say she has left her husband and started doing this [sex work] – she will get a bad name. For the sake of livelihood, the family dedicates a woman as a Devadasi. This means no one will say anything to her. She will have some standing in the society. (Usha, background previously mentioned)

By assuming the relational social identity as a Devadasi, some interview participants insisted that they were able to claim forms of legitimacy, which were not accorded to other women outside the Devadasi system. Thus, while becoming deeply invested in the religiosity of this social identity, these women also recognised the strategic benefit of becoming a Devadasi, which allowed them to earn a livelihood through sex work without altogether losing respectability as a woman. This directly speaks to their moral pragmatics in the face of structural violence that must be recognised in public health discourses related to HIV.

First night ceremony

That is done similarly like a wedding … They invite the person who is a maternal uncle to me … He is made to sit on the bed and they do like they do in a wedding. (Lakshmi 33 years old)

Once dedication rituals are performed, daughters are generally expected to stay in the house. Following sexual maturation, elder Devadasis identify a suitable client who makes a sizeable payment to participate in the sexual debut ritual called the 'first night ceremony'. Interview participants generally described these rituals as marriage-like ceremonies, during which it was not uncommon for 'the client' to be the maternal uncle of the young woman (as common in the matrilineal societies of South India) who undergoes the sexual initiation. From then onwards, some participants explained, commercial sex work formally begins. The first client generally gives a large sum of cash or gifts of jewellery and he may also provide ongoing support to the family of the Devadasis, over an extended period of time, as illustrated below:

Elderly women, who are Devadasis, know influential people. They will tell them like this, 'there is this girl; buy her a *tali* [gold pendant] or give ten thousand rupees.' Then they will either give gold or money … . (Usha, background previously mentioned).

Those [clients] who are rich, they give 20,000 or even 30,000 rupees. Those who do not have money, give 5000 or 10,000 and they give a sari. After everything is given, they allow us to consummate the relationship. 11,000 rupees was [given for me] and I was given gold ear rings … He used to give the ration [food] for the house. He was with me for five years. (Hema, 18 years old)

In the era of HIV and AIDS, ongoing exposure to HIV prevention programmes in the region has given rise to an awareness of how young inductees become vulnerable to HIV infection during the first night ceremonies, making condoms a vital part of the ritual. Research participants reported that older Devadasis, who organised the first night ceremonies, insisted on condom use. However, they were mostly unable to negotiate condom use with the client for the fear that they might lose the large sum of cash promised for the ceremony. For example, one of the participants stated:

A Marwari *sethji* [businessman] was … the first client to initiate me into this business … My madam [owner of brothel] demanded 10,000/- rupees, telling that a new and fresh girl

[without any sexual experience earlier] would be introduced for that event … No, he did not use condoms … He was asked to use condoms. He threatened me, if I revealed his refusal to my madam. Afraid of losing the valuable amount of 10,000/- rupees, which was agreed, I accepted to go ahead without condoms. (Fatimah, 18 years old)

Indeed this narrative draws attention to the HIV/STI vulnerability of these young women – a vulnerability that does not arise from a lack of HIV prevention knowledge or negligence on their part; rather, it points to the limits of behaviour-centred HIV prevention and communication approaches in the face of extreme poverty and a sense of commitment to the family. We demonstrate this point further in the following section.

Poverty, family obligations and moral pragmatics

I have come into this business mainly because of poverty at home. There is no other earning [family] member. I was instructed to opt for this business; inevitably, I have entered into this business … to get rid of poverty. (Anjali, 25 years old)

Almost everyone who participated in the study mentioned poverty, crisis and familial obligations as the precipitating conditions for becoming a Devadasi. As one participant noted, 'rich people do not come into this work', and another added, 'We are doing it for the sake of our family and to meet the needs of our lives'. Some of the participants described their entry into the Devadasi system as the product of being forced by life circumstances. Interestingly, some of these circumstances included sickness in the family and the high cost attached to healthcare expenses, as shown below:

My mother was not well and [we] had to ask for money from other people often, so I came to this business … . Because of my mother I came to this business. I wanted to take care of my mother and I wanted to save her but I was not able to save her. My mother was suffering from cold [and fever] … . … . We took her to a hospital [nearby]. Here they used to conduct check-ups every month … she would not go for check-ups, but we used to force her to go … And, each time we went to a clinic, we used to spend around 1500 to 2000 [rupees] … . (Amrita, 18 years old)

To understand the structural context underlying this circumstance, it is important to note that although India has had a universal public health care system since the late 1940s, public investments in health care have been extremely low, compared to India's GDP, making the public system largely dysfunctional and leaving room for a booming private sector (Balarajan, Selvaraj, & Subramanian, 2011; Reddy et al., 2011). Indeed, health care costs have been shown to be among the leading causes of household debt in India (Balarajan et al., 2011; Reddy et al., 2011). On the other hand, according to India's Socio-economic and Caste Census 2011, there exists a widespread poverty and deprivation in the country, especially in the rural areas that constitute 73% of the total population (Government of India, 2015). Thus, while this structural context is not peculiar to Devadasis, it does articulate a particular terrain of 'daily moralities' (Thompson et al., 2013), *refracting* through a set of religious and familial obligations in the Devadasi cultural system.

When I was too young, they did this ritual ['*Muthu katodu*'] that I was not even aware of … maybe at the age of one or two they did this … My mother's half body is paralyzed. That's why they performed this function [*Muthu katodu*] when I was very young, to take care of

my mother … Other than me, no one will take care of her, even my brothers; so they made me like this. (Bandha, 20 years old)

'If there is … a daughter and if she is married off, then she will not look after [the family], but if we tie her beads and keep her in the house then she will look after the family'; like that they feel and persuade her. 'See if you get married who is there for us? Who will look after me? … ' they say. But once beads are tied nothing can be done. (Usha, background previously mentioned)

Such narratives demonstrate the almost sacrosanct meanings these rituals hold in the lives of young Devadasis. That is, once the beads were tied and the dedication rituals were completed – often performed at a young age – these women insisted they could not break these ties to the family. While some narrative spoke of family pressure and 'being made' a Devadasi by others, many of the narratives were expressed in more conflictual terms.

I am the only daughter to my mother, except me there is no one else. … As there was no one to look after her they made me a Devadasi. … I was stuck. … I am running the family. … I came into sex work with the intention of taking care of my mother. (Kamala, 32 years old)

I did not know anything about this. When I was young they made me a Devadasi. After when I grew up in my home, all said I can't do other work, so after then I was made to join this work only … My grandmother made me become Devadasi. … Then by seeing the trouble in the family, I thought let me do this work. Then I joined as a sex worker. (Seema, 18 years old)

These accounts display a complex interplay between agency and structure, where female agency appears as complicit to structural forces and family demands ('they made me a Devadasi' and 'I was stuck') while at the same time also as resistant in the way participants confront poverty, taking charge over their family's destiny ('I am running the family' and 'then seeing the trouble … I joined as a sex worker'). In other words, perspectives on structural violence, which highlight the narrow horizon of possibilities for these women to earn a living, must also account for how these women are able to reclaim a sense of control through sex work by being able to economically support their relatives. That is, the tying of the beads, which helps to ensure cultural continuity and re-affirms social relations within the Devadasi community, enables these women to assume an agentive role in pursuing a better economic future for their families, while permitting them to reside within the boundaries of appropriate femininity.

Another noticeable thematic thread that ran across the narratives related to the awareness that participants possessed with respect to gender differences and the economic support of the family.

They don't say or believe in our community that men are the shining lights of the family; but women are shining lights … sons don't take care of family members. Women will take care of the family … men are stone hearted … whereas women take good care in all ways. (Usha, background previously mentioned)

Despite espousing an awareness of men's unlikely contribution to household earnings, participants generally did not (directly) blame men or their parents for their entrance into sex work. Instead, they described their entry as part of assuming their responsibility as dutiful daughters and 'shining lights', taking care of the maternal family and maintaining the Devadasi tradition.

Sex work and economic gain

> Now if you go for [agricultural] work in the fields then they give 50–60 rupees and that is not enough to lead life. … It is not enough for us to lead life. Outside if you take two three clients you will get more money. (Lakshmi, background previously mentioned)

According to interview participants, forms of labour available to women in the agricultural and manufacturing sectors offered extremely low wages that proved inadequate in meeting their daily needs. Thus, many participants expressed that they felt good about their earnings from sex work, as they were able to support their family.

> I saw my friends doing sex work. If I do so much work in the agricultural field, they give me only this much wage. My friend goes [for doing sex work] and earns so much money. I felt the urge to earn money like them and felt like going to sex work … After she got me in here, I felt this is good because in one day how much you earn, for this much money, you have to work for a week in the hot sun. This is a good work, I felt. (Lakshmi, background previously mentioned)

> In our house, no one [breadwinner] is there; I alone am the one who earns. I don't have any brothers … . So I am the only person earning. … I was going for work … to Mudhol factory. … [earning] 100 rupees. Earlier they were 60 rupees, and as time passed they started paying 100 rupees. That's all. … I got fed up of working hard. They had already tied beads to me when I was small. … after I grew up [attained menarche], I started going for sex work. … After father died, I went. … He drank himself to death. … Only I earn. My mother, me, my sister, and my sister's daughter are all there in the house. (Sushma, 18 years old)

Despite the travails endured by participants, sex work offers a significant route for economic mobility given the sizeable earnings women can accrue for exchange of sexual services. This holds implications for how we might view the Devadasi system as it is practiced today: it cannot be viewed merely as an enduring cultural tradition that can be viewed in isolation from modern Indian social mores, including larger nationalist virtues of womanhood. It is, in fact, a very 'modern' moral system in the sense that it entwines with local responses to the widening of gender inequities wrought by contemporary modes of production, inequities which are reflected in meagre wages for women's work. In that sense, the Devadasi cultural system shapes virtuous femininities, as these women come to realise their female agency, both in relational and spiritual terms, under the contemporary conditions of structural violence and poverty.

Discussion and conclusion

In the past two decades, the dominant epidemiological discourse related to HIV interventions in India has remained largely focused on identifying and targeting 'high-risk groups' whose 'risk behaviour' and 'lifestyle' are seen as a major threat to their own health and to that of the 'general population'. In the case of the FSWs in particular, much of the research has focused on their mapping and size estimation, typologies, biological and behavioural surveillance, HIV transmission dynamics, condom use and other prevention technologies – that is, enumeration, surveillance and regimes of interventions that, we argue, must further be tethered to the larger social and structural drivers of HIV, and especially to questions of history, poverty, inequality and gender injustice. This however has not been the case, or has largely been ignored, with a few exceptions.

In keeping with our broad-based approach, in this paper, we focused on a set of narratives pertaining to the dedication of Devadasis sex workers that were generated during an HIV prevention research project in northern Karnataka. Our aim was to explore the wider social, cultural and political economic processes and factors that lead to the induction of adolescent girls into the modern-day Devadasi system. Drawing on a critical theoretical perspective, we have argued that the initiation of Devadasis into the sex trade and their HIV vulnerability cannot be understood or addressed in isolation from their web of social relations. Instead, it is vital to locate them in wider social and structural forces – including moral pragmatics and daily moralities – through which social inequalities and subjectivities are shaped and reproduced. Indeed, the roots of social suffering and structural violence inflicted on Devadasis, as clearly revealed in the findings, go much deeper than generally acknowledged in public health and policy, as they also simultaneously articulate with the highly influential local moral terrain of responsibility and relationality.

We have argued that in many ways the lives of modern-day Devadasis have been impacted by a national-patriarchal ordering regime, which largely took shape during the colonial period, and under which they have been systematically excluded from the social, economic and political order (such as through varied legislations and reforms), and thus increasingly silenced and marginalised – all in the name of 'nation building' and purifying the 'Hindu public'. At least until the late 1800s, these women enjoyed significant socio-religious status as well as material wealth, and sex work or 'sacred prostitution' seemed to form only a small part of their lives, their main duties mainly being religious and cultural. While the national elites, through varied legislations and reforms and moralistic interventions, sought to actively delegitimise the system, they provided little by way of sustainable economic alternatives (O'Neil et al., 2004); instead the attempt was to largely 'rehabilitate' and 'recast' these women by pushing them into the domestic sphere – in keeping with their politics of preserving home against the colonial empire. Thus we argue that the postcolonial Indian state and nationalism have been historically complicit in maintaining hierarchies and patriarchies and in generating powerlessness, marginality and vulnerability in the lives of Devadasi women.

Although the status of women in the South Indian states are better than that of their counterparts in the north, northern Karnataka has among the poorest health and human development indicators among the South Indian states, with education and employment differentials along gender lines being the highest. Besides, most research participants pointed to the lack of viable alternatives to sex work, alternatives that could fulfil their daily needs and familial demands. Local forms of labour provided extremely low wages. Thus, in the context of utmost poverty, despite their awareness of health risks and stigma attached with sex work, most Devadasi women felt good about their profession. This points to the need for greater appreciation of their life contexts, in which they navigate limited possibilities that enable them to belong in their communities and survive the economic circumstances created by structural violence. These narratives also point to the need for improved labour regulations around wages in the country as well as gender equity in education and employment and access to health care. Unfortunately, more than 90% of the work force in India is in the unorganised sector, with little control over work hours, wages, job and social security. As revealed in the narratives, women shoulder the burden of such lack of regulation.

We also argue that rituals and family have almost sacrosanct meanings in the lives of young Devadasis. That is, once beads are tied and dedication rituals are performed, these Devadasis are unable to break from them and the family – dedication rituals tie them to a life of perpetual duties to deities as well as to maternal family, and almost always became a basis for escalating family pressure to enter into the sex trade. Importantly, despite pressures from family and kin groups to enter into the sex trade, few Devadasi women blamed them directly. Instead, they saw it as their own decision and responsibility. We argue that the lack of attributing blame to family by Devadasis can be better understood in terms of their moral pragmatics and daily moralities of being 'dutiful daughters' – values that remain simultaneously tied, however tangentially and latently, to the hegemonic national-patriarchal order. Family and kinship relations and rules of belonging for Devadasi women here thus very much animate state power and dominant discourses.

We hope that the findings from this research will further contribute to the ongoing effort to address social and structural drivers of HIV vulnerability among Devadasi women in northern Karnataka. Given the scale of HIV prevalence among these women, public health discourses must adopt a historically informed critical analysis that continues to address the wider social and structural forces through which social inequalities are reproduced (Farmer, 2004; Hunter, 2002; Khan, 2014). Moreover, there is an urgent need to mitigate gender disparity in the realm of education, employment and wage regulation. Attention must also be paid to greater collectivisation efforts among these women, where they are seen as protagonists in the making of their own histories and in the design and implementation of programmes, including those focused on newer generation of HIV prevention technologies.

Note

1. Chatterjee mostly draws on references from Bengal, but similar social, cultural and educational reforms were happening in other parts of the country, including South India.

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