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### **Ritual slavery practices in India - *Devadasi, Jogini and Mathamma***

At the end of 2006, Anti-Slavery International undertook a research project into the practice of *Devadasi*<sup>1</sup> in southern India. The work was undertaken together with local NGO partners, Srvanti in Andhra Pradesh and Karnataka Integrated Development Services (KIDS) in Karnataka.<sup>2</sup>

The research identified different ritual sexual slavery practices in the areas examined: *Devadasi* in Belgaum district, Karnataka; *Jogini* in Mahbubnagar, Andhra Pradesh; and *Mathamma* in Chittoor, Andhra Pradesh. There are complex variations between and within each practice, but it is worth highlighting some of the general characteristics of each.

Traditionally, *Devadasi* lived near or at the temple where pre-pubertal girls and post-menopausal women performed in rituals and ceremonies. During the period when they became sexually active, *Devadasi* left the temple to serve the Goddess by having sexual relations with 'her' men. From this grew the association between *Devadasi* in Belgaum and entry into the sex industry in nearby cities, even though a *Devadasi* cannot charge for her services.

The practice of *Jogini* is less focused on a large temple. When a *Jogini* is 'married', often to a maternal uncle, she may remain the concubine of this man, or he may drop her as and when he chooses. A *Jogini* may be given as a concubine to a man on a semi-permanent basis and then does not have to engage in sex with others. In other cases she becomes common sexual property and is obliged to accept the advances of any man who wants her.

In the *Mathamma* practice, the first occasion on which a *Matha* dances publicly at a festival is usually the night of her initiation, after which she is seen as sexually available. However, unlike *Devadasi* and *Joginis* who do not receive any payments for their

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<sup>1</sup> The use of the term *Devadasi* (without italics) is used here as a generic term to describe the different ritual slavery practices of *Devadasi, Jogini* and *Mathamma*.

<sup>2</sup> For full details of this research see Maggie Black, *Women in Ritual Slavery*, Anti-Slavery International, London, 2007 at: <http://www.antislavery.org/homepage/resources/PDF/PDFritualslavery.htm>

services, *Mathas* can earn money during the festival period, and some become professional dancers.

These Devadasi practices share key common features. These include the dedication of the girl, her subsequent 'marriage' to the deity and her deflowering immediately after the ceremony or at puberty - usually by family members, village elders or a man who has paid for the privilege. Most girls are 'married' between the age of eight and 12, and initiated by the age of 15. After this they are considered available for sexual use by men of the community.

Girls are dedicated and initiated into Devadasi practices without their consent and consequently subject to non-consensual sex with one or many followers of the deity, often on demand. They are subsequently discriminated against by all parts of society because of their status as Devadasi, which they cannot renounce.

This discrimination is seen in the way that Devadasi are stigmatised by the community because they have had sex with men who are not their husbands. This makes it almost impossible for a *Devadasi*, *Jogin* or *Matha* to transcend their status and have a normal marriage and family life.

It is also manifested in the way Devadasi are paid less than others for equal work. Most Devadasi are obliged to work in order to survive and many enter into seasonal contracts working in cities as unskilled labourers in agriculture or construction. They are paid lower rates than other workers because of their status, with 20 rupees a day (50 US cents) being typical.

The health implications of being a Devadasi are clearly illustrated by information collected at Primary Health Care Centres in Andhra Pradesh. This showed that the main health problems that *Jogins* and *Mathas* reported were alcoholism (87 per cent), sexually-transmitted diseases (40 per cent) and menstrual bleeding disorders (35 per cent). Poor reproductive health is almost certainly responsible for a high child mortality rate, with spontaneous abortion being regularly reported. Mental health problems were also common, including nervous disorders and insomnia. Many older women showed signs of having suffered serious psychological or emotional trauma over a long period.

### **The scope of the problem and the legal framework**

It is difficult to collect accurate current figures on Devadasi, but the latest available official statistics indicated that there were up to 23,000 *Devadasi* in Karnataka and up to 17,000 *Jogini* in Andhra Pradesh.<sup>3</sup> These figures are from districts where the practice is well-known to occur, but there may be more victims in other states (e.g. Maharashtra, Orissa, and Tamil Nadu).

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<sup>3</sup> Figures provided respectively by Velugu, a programme of the State Government of Andhra Pradesh, and the Women's Development Corporation of the State Government of Karnataka (via Sravanti and KIDS).

It must be stressed that initiations are in decline. However, these figures indicate that tens of thousands of women have had their lives severely damaged by the practice and there are also reports that the practice persists. During the research, verbal testimony was collected from *Jogins* in Mahbubnagar district who had recently prevented 'marriages' and there are also continuing reports of initiations of *Mathamma* in Chittoor and *Devadasi* in Karnataka. In January 2007, the newspaper *Prajavani* reported police actions to stop secret Devadasi ceremonies in Raichur district and Raibagh, Belgaum.<sup>4</sup>

Additionally, it is difficult to distinguish between cases where girls have been initiated as traditional *Jogins*, *Mathas*, or *Devadasi* in their communities and those where the practice is a precursor to becoming involved in the sex industry. For example, in Belgaum, it is widely believed that trafficking by temple managers, brothel owners, pimps and older *Devadasi* takes place. In such contexts, recruiters may pay the costs of the 'marriage' ceremony. The survey in Belgaum showed that over 40 per cent (232 women) had gone at some stage in their lives to Mumbai, Goa or other major towns to work in the sex industry.

Dedicating girls to a deity was formally prohibited after Independence and both Karnataka and Andhra Pradesh passed Devadasi (Prohibition of Dedication) Acts in 1984 and 1988 respectively to outlaw all Devadasi rituals and ceremonies in their states. Fines between 2,000 and 5,000 rupees (US\$49 -123) and terms of imprisonment (between two and five years) are set for those responsible for dedications. No penalties are mentioned for the exploiters, although the girls and women themselves are regarded as indictable where complicit.

During the early 1990s, legal abolition appeared to have little effect. Consequently, state authorities entrusted the task of Devadasi rehabilitation and prevention to the appropriate women's development organisations: the Karnataka State Women's Development Corporation (KSWDC) and the Andhra Pradesh Mahila Samakhya Society (APMSS). These programmes became the main means of implementing the law. Police action at Saundatti and other sites of worship in the late 1990s were also effective in discouraging Devadasi dedications. However, during the research, no case was identified of action against procurers of girls or performers of dedications under the terms of the Acts.<sup>5</sup>

### **Causes of the problem**

Today all Devadasi belong to scheduled castes and tribes (*Dalit* and *Adivasi* groups). In the Belgaum study, 398 (93 per cent) of those questioned were scheduled caste, as compared to 32 (seven per cent) from scheduled tribes. These groups already face discrimination, poverty and lack of opportunities for jobs and education. Only 24 per cent of *Devadasis* in Belgaum had received any formal education. These issues limit their opportunities in life and underpin these ritual slavery practices.

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<sup>4</sup> Information from KIDS, received in February 2007.

<sup>5</sup> The *Hindu* newspaper (15 February 2006) reported that the State Government had been asked to intervene against those who had dedicated an eight-year-old girl in Rangareddi district, but no further action was reported.

In Karnataka poverty, social pressures, heredity and custom were most often cited as the reason for dedication. In Andhra Pradesh the chief motivation was a belief that a birth defect or illness in the child or family was a sign of the Goddess' displeasure which could be counteracted through dedication. In some cases, a sick child had been taken to the temple and survival left in divine hands - recovery led to dedication. The other main factor for dedication was the lack of a son in the family. This is linked to the difficulties of finding a dowry for a girl and the idea that the family will no longer have to support a daughter if she is made a *Jogin*.

Children of Devadasi are most at risk of being dedicated or becoming victims of trafficking because of their mother's status and the fact that in some traditions the role is handed down through the generations. The absence of a father and their socio-economic status often leaves the family in dire poverty and consequently, daughters normally receive little or no schooling, start work at a very young age and are forced into marriage soon after puberty. Becoming a Devadasi reinforces and adds to existing discrimination based on caste and gender. This in turn leaves the women even more impoverished and marginalised.

### **Combating the practice**

Over the years, self-help groups (*sanghas*) and groups organised by MASS, APMSS, and other actors have worked with Devadasi to implement a variety of programmes to combat ritual slavery practices. These programmes have attempted to address a range of different issues, including providing education and health care services for Devadasi and their children; trying to reduce stigma and exclusion; enlisting Devadasi themselves to stop further dedications of young girls; organising marriages for Devadasi and their daughters; providing housing or other assets; helping Devadasi obtain ration cards for subsidised government food; and trying to break the links between Devadasi, trafficking and commercial sexual exploitation.

Some of this work has been extremely successful, especially when focussed on active rehabilitative and preventive work in the communities. For example, APMSS personnel at the Anti-Slavery International-Sravanti workshop in November 2006 estimated that around 50 per cent of *Jogins* in Mahbubnagar had been reached by their efforts and that the number of new initiations had declined. In other cases difficulties have arisen which affect the implementation of these programmes.

For example, legislation was passed in Karnataka in 1986 to support lawful marriage by Devadasi by offering 3,000 rupees (US\$74) to any such couple. However, this has rarely led to successful marriages. This is because the grant acted in many cases as an incentive for pimps and other unscrupulous individuals to marry women in order to claim the allowance. Once formally married, a Devadasi loses her right to other benefits, such as specific housing grants or pensions, and in this way she becomes worse off than she was before.

In relation to housing, ownership may be an issue if the title deed (*patta*) ends up in the name of the woman's current partner. Where a special housing colony has been constructed this may also be problematic as it may be seen as a 'sex colony' and thereby make the inhabitants a target for harassment, abuse and exploitation.

The research strongly suggests that better education and, in particular, improved health information and services for pregnant women and mothers would help to erode traditional beliefs surrounding Devadasi practices and reduce the number of dedications. However, accessing services and other benefits to which they are entitled was a common problem. For Devadasi to assert these rights they have to declare their status which in turn may expose them to further discrimination and humiliation.

For example, if they visit a health care centre, they may be kept at the end of the line and asked to pay for medicines they cannot afford, even though they should receive them free. Several Devadasi women thought they were only entitled to pensions of 250 rupees when the official amount is 300 rupees, which suggests that either they have not been properly informed about their rights or officials are retaining part of their pensions.

The fact that a man usually does not accept paternity of any Devadasi child may make school registration problematic. Teachers can create difficulties over the child's registration on the basis that they do not have the father's name or make Devadasi children miserable by segregating them or putting them at the back of the class and ignoring them. Furthermore, children may need books and uniforms to attend school that Devadasi cannot afford. Many Devadasi women consequently prefer their children not to go school rather than suffer humiliating treatment from staff and/or bullying from other students.

## **Conclusions**

Devadasi practices are a contemporary form of slavery as defined in the *United Nations Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery*, 1956. Article 1 (d) of the Convention prohibits:

“... any institution or practice whereby a child or a young person under the age of 18 is delivered by either or both of his natural parents or by his guardian to another person, whether for reward or not, with a view to the exploitation of the child or young person”.

The results of the Anti-Slavery International research project imply that while there has been some progress in reducing the number of dedications, this success has permitted some official complacency concerning the risk of new dedications, particularly linked with the commercial sex industry, and of the continuing problems faced by Devadasi dedicated in earlier years. Some reinvigoration of this process is therefore needed to ensure that all relevant actors take steps to make the eradication of these practices a reality.

Self-help groups and those organised by MASS, APMSS and others have been effective in raising awareness amongst Devadasi and providing assistance to them. The capacity of these organisations should be built, including through formal and informal education programmes, so that they are better placed to work pro-actively with elders and community leaders to help prevent further dedications and the trafficking of girls for sexual exploitation. These groups are also best placed to provide vocational training, income-generating schemes, maternal and child health programmes and other services to Devadasi women and their children.

However, the work of these groups without the corresponding sensitisation of officials leaves their potential unfulfilled. Many officials seem to be unaware of the number of women involved and their continuing problems and believe that that the existence of laws and benefits should have solved the problem.

This ignores the broader inequities and problems of discrimination in society - against scheduled castes and scheduled tribes in general and against Devadasi in particular - which often prevents Devadasi from accessing the benefits to which they are entitled and overcoming their economic disadvantages.

There is therefore an urgent need for awareness raising among teachers, health workers, local officials and police to ensure that Devadasi women and their children are not subject to discrimination or denial of services. Greater engagement and commitment from state and local authorities, along with the media and relevant NGOs, to reducing discrimination and changing attitudes towards *Jogini*, *Mathamma* and *Devadasi* women would greatly help in enlisting societal support in ensuring Devadasi women access their rights and entitlements.

Up-to-date research is also needed on the current numbers of Devadasi in different states and how effective existing legislation, policies and programmes have been in countering these practices.