ONE LIFE make it matter

World Vision

Peer education and alternative income: an effective mainstreaming strategy for Devadasi (temple prostitutes) women to leave sex trade in Bellary District, Karnataka, India

1. Background

NACO estimated that as of 2004, 5.1 million people in India were living with HIV and AIDS[1]. Karnataka state with a population of 53 million (2001 census) and India's ninth most populous state, had an estimated 500,000[2] adults infected with HIV. It is the state with the sixth highest HIV prevalence, just below Andhra Pradesh, Maharashtra, Manipur, Nagaland, and Tamilnadu. Karnataka's State AIDS Control Society also reported that 1.5% of pregnant women tested positive for HIV at antenatal clinics[3] in 2004.

Among all districts in Karnataka, Bellary has the second highest incidence of AIDS, just below Bangalore:

- In 2005, 1.8% of pregnant women at antenatal clinics in the sentinel surveillance system tested HIV+.
- In 2004, 4,058 people were reported HIV+.

---

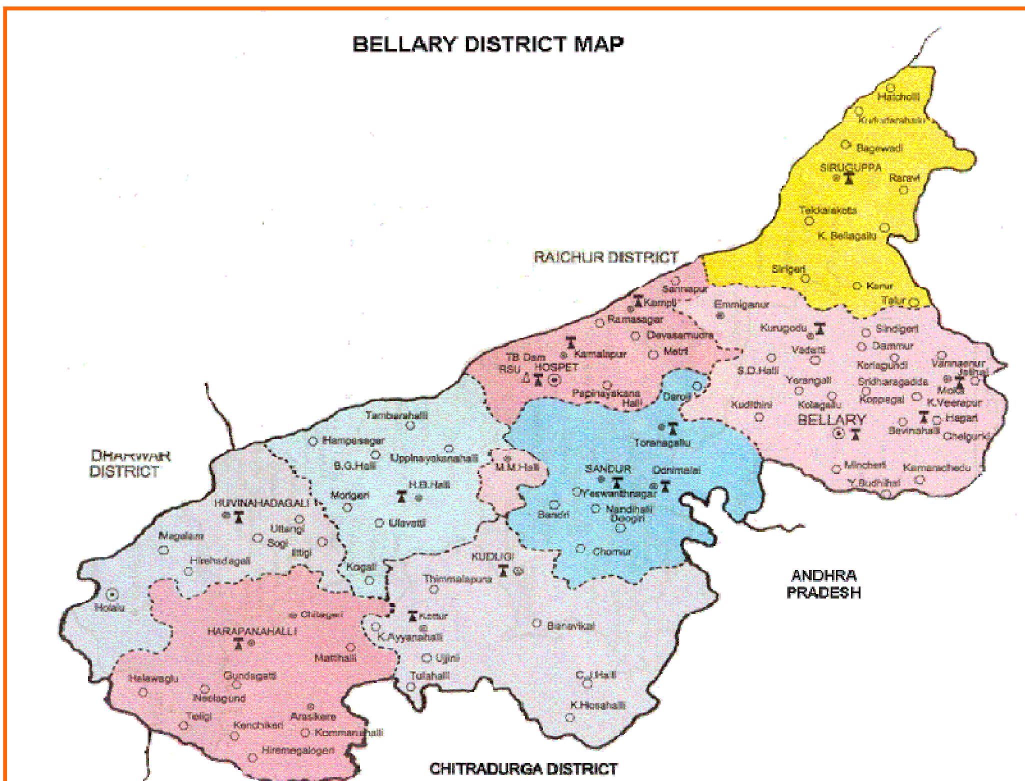
[1] NACO: National AIDS Control Organization Report 2004, www.naco.nic.in
[2] Assuming 1.5 percent infection rate among adults, source: HIV and AIDS situation and response 2004; PFI
[3] KSAPS: Karnataka State AIDS Prevention Society. Situation and response 2004.

- In 2004, the VCTC center reported that among those tested, 25.04% male, 29.36% female and 23.21% children were HIV+.
- Of the 63 children reported as HIV positive, 27.53% were male and 16.27 were female[4].

Bellary: Demographic Profile

Bellary district comprises 7 Taluks: Kudligi, Sandur, Hospet, Bellary, Siruguppa, Hagaribomanhalli and Huvan hadagalli.

Area	-	8,450 Sq Km
Population	-	2,025,242
No of blocks	-	8
No of colonies	-	102
No of towns	-	12
No of inhabited villages	-	591
No of PHCs	-	56
Urban population	-	34.86%
Rural population	-	65.14%
Languages	-	Kannada, Telugu, Hindi and Urdu



[4] VIMS: Vijayanagar Institute of Medical Science, Bellary Report 2004

History of the *devadasi* system

Bellary, a drought-prone district of Karnataka, is a place of legendary significance with ruins of famous stone temples and structures at Hampi, the capital of the famous Vijayanagara kingdom. The kings of those times were lovers of art and culture and many temple dancers enjoyed their patronage. The dancers were young girls who were dedicated to the local deities and served the priests and noblemen. They were named "*devadasis*" – servants of god. Many of them were experts in singing, dancing and acting. But with the decline of the kingdom, the women were left to fend for themselves and they soon turned to prostitution as a means of livelihood. They were oppressed by the higher castes and their lives became miserable.

Today, the *devadasi* system has developed into a religious practice in southern India, wherein parents give their daughter to the goddess Vellamma, or another deity, or to a temple. The marriage occurs before the girl reaches puberty and requires the girl to become a prostitute for upper-caste community members. A *devadasi* cannot belong to any one particular husband (generally the Indian ideas of marriage are that daughters are transferable property gifted to husbands); instead she is a common property to several men. Because they are dedicated to gods, the priests claim first rights on them, ahead of everyone else.

2. Interventions by World Vision India in Bellary District

Bellary Area Development Program (ADP) presently works in 30 villages and slums in Bellary district. Through community development interventions, the ADP targets 6,000 of the poorest families. They include 650 households of *devadasis* and approximately 1,000 orphans and vulnerable children (OVC). The children of *devadasis* are often deprived of basic education. The integrated OVC Project's activities include prevention, treatment, care and support, and advocacy. It prioritizes four taluks where *devadasis* are concentrated.

The project works on building and enhancing the capacities of civil society and communities to address HIV and AIDS, especially HIV prevention and the care of OVC. This project has also formed a network of people living with HIV and AIDS and has registered it as a community based organization called Nithyajeevana.

3. Results

Prevention

Prevention programs of World Vision India are linked to the treatment and care and support, within the framework of the "continuum of care" concept. In Bellary, interventions focus on the most-at-risk population (sex workers, *devadasi* women, truck drivers, and migrants). Prevention activities include raising general HIV and AIDS awareness through mobile medical camps in the pockets of concentration of Bellary's most-at-risk populations.

Treatment, Care and Support

473 HIV+ members[5] of Nithyajeevana currently receive treatment, care and support. More than 700 OVC (including 21 who are HIV+) directly benefit from the project. The project provided education, care and support through the formation of children's clubs.

The project achieved something remarkable by rehabilitating three *devadasis* from their sex work and trained them as peer educators, in addition to being trained as small business owners. The project has also provided training for Nithyajeevana members to prepare nutritious powder using locally available food materials that improves their health status. Some women have opted for this as their livelihood.

Advocacy

Strong linkages have been developed with government, NGOs and other service providers to provide services without discrimination to people living with HIV and AIDS in the district. World AIDS Day, PLWHA Conventions, AIDS awareness rallies, and International Candlelight Memorial are regular events to intensify the awareness of the rural community. Karnataka's State AIDS Prevention Society (state government body) supports Nithyajeevana in implementing Prevention of Parent To Child Transmission Project, with professional support from WV India.

---

[5] As on April 2006

Capacity Building

Capacity building programs were organized for the project team as well as community based organizations in the intervention area. Training programs were focused on enhancing knowledge on HIV and AIDS, and on building local skills to address community needs and those of people living with HIV and AIDS. Some of the knowledge-building training activities addressed basic facts on HIV and AIDS including dimensions of sex and sexuality, treatment knowledge, and information on availability of services for people living with HIV and AIDS. Skills building focused on economic development skills like income generation programs, advocacy skills for networks, counseling skills for peer educators and project staff.

PREVENTION:

Program	Area	Achievement
Creating awareness on HIV and AIDS	Venkatrama nagar	Many from general community under our catchment area reached
	Kudligi	Many from general community and devadasis under our catchment area reached
	Bapuji nagar	Many from general community and devadasis under our catchment area reached
School AIDS education program	St Joseph school, Bellary	Adolescent school students reached
Peer educators house visit and awareness creation	All areas	Over 5000 from the general communities reached

TREATMENT, CARE AND SUPPORT:

Program	Area	Achievement
Support group meeting	Kudligi	471 PLWHA and their family members
	Bellary	
	Hospet	
Medical camp	All areas	471 PLWHA and 700 OVC children
Nutritional supplements	All areas	471 PLWHA and 700 OVC children
Educational supplies	All areas	250 OVC children
Income generation program	All areas	41 PLWHA and the OVC family members
OVC exposure trip	Water theme park	150 OVC children

ADVOCACY:

Program	Area	Achievement
World AIDS Day Rally	Bellary, Sandur and Kudligi taluk	15,000 people participated
World AIDS Day	Bellary	300 PLWHA, 450 OVC and 175 pastors/church leaders participated
International Women's day	Bellary	300 HIV+ women and their family members
PLWHA convention	Bellary	150 PLWHA

CAPACITY BUILDING:

Program	Area	Achievement
Peer educators training program	Bellary	Training in once in a quarter for 25 peer educators and among that 15 are PLWHA
GIPA training	Bellary	20 PLWHA
3 days training on HIV and AIDS for the women PLWHA	Bellary	15 PLWHA
Street play training on HIV and AIDS for the Peer educators	Bellary	20 peer educators
Training on HIV and AIDS for the pastors and church leaders	Bellary	3 training for the 150 pastors and church leaders.
Exposure trip to other agencies and ADP	Guntur, Vijayawada Hubli and Dharawad	25 peer educators and ADP project staff
Tool kit workshop for the project staff	Chennai	1 project staff and Program Manager

The Project has institutional linkages with 17 local groups.

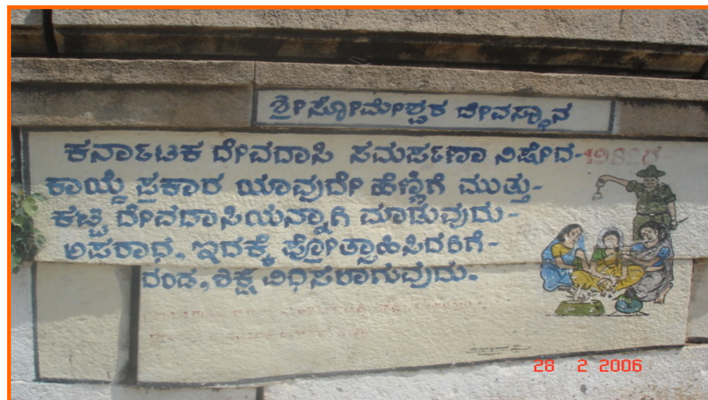
4. Lessons learned and Challenges of the project

Uniqueness of the project: Every intervention is child-focused and relies on community engagement.

Children's Clubs and the Child Protection Committee provide the foundation to implement child-focused programs. All activities with the *devadasi* community are done only through involvement and participation of *devadasis* and their children.

Lessons Learned:

1. **Services provided involved district government authorities** and concerned officials; this helped us to gain more support from local administration.
2. **Greater and meaningful involvement of people living with HIV and AIDS (GIPA)** is crucial to success of any intervention related to HIV and AIDS.
3. Besides health and psychosocial needs, **economic sustainability** of families affected by HIV and AIDS is the basic component of real empowerment. World Vision India pioneered economic development activities among *devadasis*.
4. **Regular monitoring visits** and visits from international experts and stakeholders helped the project to **identify unseen gaps** and bgreater effectiveness.
5. Regular and **concentrated effort of developing community based organizations (CBOs)** and peer educators have helped reach and serve more members of the affected community.



Challenges:

1. The *devadasi* system in India is centuries old. Despite government and many NGOs bringing so many rules and laws to ban this system in protecting lives of young girls, the fact remains that **not much impact** has been made in changing the practice of dedicating girls and women to the gods.
2. High economic **turnover** in commercial sex work doesn't mean sex workers easily leave their trade permanently.
3. Increasing HIV incidence demands increasing treatment, care and support services. But the **supportive treatment facilities are not available** in the district. Recently (Feb 2006) one ARV center started in the district hospital but little or no awareness is created among the public about its availability. Besides this the ***hospital is located in district head quarters, while most of the affected population are residing in villages.***
4. Increased deaths among people living with HIV and AIDS results in an **increasing number of orphans and vulnerable children**. Demise of parents leave children as child laborers in local mills. Enrolling them back in school is often a challenge.
5. **Increasing number of widows living with HIV and AIDS is** a challenge for traditional social safety nets for them and their children. Most of them being housewives were rarely equipped with any skills or education.

J. Allen Benjamin, World Vision India
Vijay Edward, World Vision India
June, 2006