

Psychological study of devadasis children

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ABSTRACT

The present study aimed at investigating the level of mental health and adjustment problems among children of Devadasis. The sample consists of 100, out of which 50 are boys and 50 are girls of government and private secondary schools of Kalaburagi district of Hyderabad Karnataka, the data was collected using purposive sampling technique. The result revealed that there are significant differences in mental health and adjustment problems between boys and girls. It is also found that there are significant differences in mental health and adjustment problems between rural and urban. Further, it is found there is a significant and positive correlation between mental health and adjustment problems of children of Devadasis. The interpretation and summary of the study will be discussed.

Keywords: *Mental health, Adjustment and Children of Devadasis*

Devadasi means ‘Servants of God or Goddesses’ and the practice of Devadasi was prevailed in ancient India. Currently, though it is banned by law, it is prevailed in North Karnataka, South Maharashtra and South-Western Andhra Pradesh. Under Devadasi practice, girls are dedicated, preferably as virgins, into temple service or religious mendicancy. Even a few of men were dedicated under Devadasi practice. Majority of the Devadasis are dedicated to temples of Sri Renuka Yellamma of Saundatti and Chandragutti in Karnataka. The Devadasis were also called as Jogini, Jogamma (females) and Jogappa (Male) in Kannada. As stated by Kamala Hampana (2015), such practice was also prevailed in other countries such as Sumeria, Ancient Egypt, Ancient Babylonia, Syria, Israel, Libya, China, Greece and Japan. In south India a Devaasi is a girl child purely dedicated to worship and service of a temple for the rest of her life, and in Sanskrit word, servant of the god “deva” or “devi”. The converting or dedication takes place in a “pottukattu” ceremony which is similar to marriage occasion. Originally, in addition to taking care of the temple and performing rituals, these women learned and practiced Sadir (Bharatanatyam), Odissi and other classical Indian artistic traditions and enjoyed a high social status as dance and music were essential part of temple worship.

While the traditional devadasis had a high value in their society. Marrying wealthy patron, they spent their time honing their skills instead of becoming a housewife. They had children

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from their husbands who were also taught their skills of music or dance. Often their patrons had another wife who served them as housewife.

During the British rule in the Indian society, the kings who were the patrons of temples and temple arts became powerless. As a result, devadasis were left without their traditional means of support and patronage. During colonial times, reformists worked towards outlawing the devadasi tradition on grounds that it supported prostitution. Colonial views on devadasis are hotly disputed by several groups and organizations in India and by western academics as the inability of the British to distinguish them from the girls who danced in the streets for the reasons other than spiritual devotion to the deity as in socio-economic deprivation and perusal of folk arts.

Mental health

Mental health has a very ancient history and its importance in man's life is recognized from the ancient times. In ancient times, mental abnormality or diseases were considered as the wrath of God or people believed that ghosts, witches and evil-spirits brought such diseases along. Even today In India, in many adivasi communities, which generally live-in villages, cure themselves from such mental disease by religious rites or by superstitions.

Agarwal, (2007) stated “Mental health as state of well-being whereby individual’s recognize their abilities, or able to cope with their normal stress of life, work productivity and fruitfully make a contribution to their communities”.

Adjustment

Adjustment is a state in which the needs of the individual on the one hand and the claims of the environment on the other are fully satisfied. Adjustment takes the form of variation of the environment and variation in the organism through the acquisition of responses appropriate to the situation. The variation in the organism may be biological. The adjustment process is a universal sequence that can be identified in the behavior of organism from the lowest species up to man.

Adjustment, generally means an effective adaptation to the environment, both external and internal, including conformity to group norms, mores, ideals, values and so on (Abraham,1968) According to Mouly (1966) adjustment is the process by means of which an individual seems to maintain physiological and psychological equilibrium and propels himself toward self-enhancement. It represents the quality of an individual’s behavior in relation to his interpersonal relations (Fradson, 1961). A well-adjusted person, according to Cronbach (1954), is one who commits himself to socially desirable goals and uses his energies effectively in working towards them. He has a sense of security and feeling of adequacy which grow out of his feelings of belongingness, being desired and appreciated.

Subadra Panchanadeswaran et.al (2010) made a descriptive study presents the profiles of abused female sex workers (FSWs) in Chennai, India. Of 100 abused FSWs surveyed using a structured questionnaire, severe forms of violence by intimate partners were reported by most (98%) respondents. Of the total sample, 76% experienced violence by clients. Sexual coercion experiences of the FSWs included verbal threats (77%) and physical force (87%) by intimate partners and forced unwanted sexual acts (73%) by clients. While 39% of the women consumed alcohol before meeting a client, 26% reported that their drunkenness was a trigger for violence by clients. The findings suggest that there is an urgent need to integrate services, along with public-health interventions among FSWs to protect them from violence.

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Recognition of multiple identities of women in the contexts of intimate relationships versus sex work is vital in helping women to stay safe from adverse effects on health. Umesh Gadekar (2015) found that social and economic condition of the Devadasis is poor. Still, they are the victims of the old tradition and economic condition. It also focus on the health problems faced by them. And suggested that the government and non-governmental organizations should contribute in the rehabilitation and providing minimum need of the Devadasis and their children's.

Objectives

- To assess the mental health between boys and girls of Devadasis children
- To assess the adjustment between boys and girls of Devadasis children
- To assess the mental health between rural and urban of Devadasis children
- To assess the adjustment between rural and urban of Devadasis children
- To know the correlation between mental health and adjustment problems Devadasis children.

Hypotheses

- There would be significant difference in mental health between boys and girls of Devadasis children.
- There would be significant difference in adjustment between boys and girls of Devadasis children
- There would be significant difference in mental health between rural and urban of Devadasis children
- There would be significant difference in adjustment between rural and urban of Devadasis children
- There would be significant and positive correlation between mental health and adjustment of Devadasis children

Variables

Independent variables

- Gender
- Domicile

Dependent variables

- Mental health
- Adjustment problems

Sample selection

In the present study primary data was collected from Devadasis children residing in Kalaburgi district and the town places of the district. The purposive sampling technique was used for collecting the samples and suitable questionnaires were administered.

Tools

- **Mental Health** inventory is developed by Jagdish and Srivastav. A.K (1988) which consists of 54 items distributed along 6 dimension of mental health, The reliability of the inventory is determined by 'spilt half method' using odd-even procedure is .73 and construct validity is .54.
- **Adjustment scale developed by Gayatri**, it has 42 statements with six dimensions such as; personal and family adjustment, health adjustment, educational adjustment,

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economic adjustment, emotional adjustment, socially adjustment. The validity of the .89 and reliability of the scale was found to be .94.

Statistical tools

- T-test
- Pearson's product moment coefficient of correlation

RESULT AND DISCUSSION

Table 1 Shows the mean, SD and t-value of mental health between boys and girls of Devadasis children

Sub-Dimension	Gender	N	Mean	Std. Deviation	t-value
Positive Self-Evaluation	Boys	50	20.94	6.268	4.263**
	Girls	50	26.06	5.730	
Perception of Reality	Boys	50	27.20	9.536	0.850
	Girls	50	28.52	5.437	
Integration of Personality	Boys	50	22.88	8.183	4.335**
	Girls	50	29.10	5.997	
Autonomy	Boys	50	22.14	8.109	4.569**
	Girls	50	28.58	5.796	
Group Oriented Attitudes	Boys	50	23.16	7.857	4.551**
	Girls	50	29.40	5.682	
Environmental Mastery	Boys	50	23.24	7.026	5.249***
	Girls	50	29.98	5.752	
Mental Health Overall	Boys	50	138.02	26.469	7.540***
	Girls	50	170.00	14.102	

*Significant at **0.01 and ***0.001 level*

A perusal of the above table revealed that mental health of Devadasis children. The mean score of the boys is 138.02 and girls mean score is 170.00, the t-value is 7.540, which is significant at 0.001 level. The result revealed that girls child of the Devadasis exhibited greater level of mental stress and emotional imbalance as compared to their counterparts. The first hypothesis states that there is a significant difference in mental health between boys and girls, has been accepted. The present findings are agree with previous findings of Mock & de Buhr, (2009); Sekar et. al. (2012); Cook et.al. (2005); Sawyer et.al. (2001), who found that children of Devadasis experiences by environment and by means of lack of adjustments, low self-esteem etc. Further, the analysis indicates on sub-dimensions of mental health such as, Positive Self-Evaluation, Integration of Personality, Autonomy, Group Oriented Attitudes and Environmental Mastery was found to be significant difference between boys and girls. Whereas, Perception of Reality was found to be the non-significant difference between boys and girls.

Table 2, Shows the mean, SD and t-value of adjustment problems between boys and girls of Devadasis children

Variable	Gender	N	Mean	Std. Deviation	t-value
Adjustment	Boys	49	24.82	2.977	8.919***
	Girls	50	14.48	7.557	

*Significant at ***0.001 level*

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The table 2 shows that mean, SD and t-value of adjustment problems of Devadasis children. The mean score of boys is 24.82 and SD is 2.977, and the girls mean score is 14.48 and SD are 7.557, the t-value is 8.919, which is significant at 0.001 level of significance. The results indicate that boys exhibited the higher level of adjustment problems as compared to their girls' counterparts. Hence the second hypothesis states that there is a significant difference in adjustment problems between boys and girls has been accepted. The present study findings are supported by previous findings of Good (1959); Kulshrestha (1979) proposed that boys have a greater level of adjustment problems with family, peer groups, and the environment compared to girls counterparts. Further, it is also analyzed of areas of mental health such as Positive Self-evaluation, Integration of Personality, Autonomy, Group oriented attitudes, and Environmental Mastery is found to be the significant difference between boys and girls of Devadasis children. Whereas, Perception of reality of dimension was found to be non-significant between boys and girls of Devadasis children.

Table 3 Shows the mean, SD and t-value of mental health of Devadasis children on domicile

Sub-dimensions	Domicile	N	Mean	Std. Deviation	t-value
Positive Self-evaluation	Rural	59	25.83	5.718	4.741**
	Urban	41	20.15	6.146	
Perception of reality	Rural	59	28.95	5.267	1.702***
	Urban	41	26.29	10.208	
Integration of Personality	Rural	59	28.98	5.661	5.173***
	Urban	41	21.68	8.460	
Autonomy	Rural	59	28.34	5.680	5.200***
	Urban	41	21.07	8.302	
Group oriented attitudes	Rural	59	29.24	5.556	5.342***
	Urban	41	22.02	7.955	
Environmental Mastery	Rural	59	29.53	5.667	5.507***
	Urban	41	22.41	7.228	
Mental Health overall	Rural	59	169.47	13.403	9.785***
	Urban	41	131.76	24.904	

*Significant at **0.01 and ***0.001 level*

The table 3 shows mean SD and t-value of mental health of rural and urban Devadasis children. The result indicates that there is a significant difference in the mental health of Devadasis children. An overall Mean score of rural is 169.47 and SD is 13.403, and the urban mean score is 131.76 and SD are 24.904, the t-value is 9.785, which is significant at 0.001 level. This depicts that rural children have a greater level of mental stress and also exhibited lack of adjustment than their counterparts. Hence the third hypothesis states that there is a significant difference in mental health between rural and urban Devadasis children has been accepted. Similar findings reported by Dat Tan Nguyen et.al. (2013), found that children of rural schools have experienced kind of depression, anxiety, and stress due to lack of support from their parents as compared to their counterparts. Further, it is also analyzed of areas of mental health such as Positive Self-evaluation, Integration of Personality, Autonomy, Group oriented attitudes, and Environmental Mastery is found to be the significant difference between rural and urban Devadasis children. Whereas, Perception of reality of dimension was found to be non-significant between rural and urban Devadasis children.

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Table 4 Shows the mean, SD and t-value of adjustment problems of Devadasis children on domicile

Variable	Domicile	N	Mean	Std. Deviation	
Adjustment	Rural	59	15.75	7.689	7.530***
	Urban	40	25.28	2.650	

Significant at ***0.001 level

Table 4 indicates of domicile of Devadasis children, the mean score of rural is 15.75 and SD is 7.689, urban mean score is 25.28 and SD is 2.650. The t-value is 7.530, which is significant at 0.001 level. This result shows that Devadasis children of urban have exhibited higher level of adjustment problems as compared to their counterparts. Hence the fourth hypothesis states that there is a significant difference in adjustment problems between rural and urban Devadasis children has been accepted.

Table 5 Shows correlation between mental health and adjustment problems of Devadasis children

Variables	Mental Health	Adjustment
Mental Health	1	-.452**
Adjustment	-.452**	1

The table 5, shows that the coefficient of correlation between mental health and adjustment problems of Devadasis children. The correlation $r = -.452$, which is significant at 0.01 level. it indicates that greater level of mental health decreases the lack adjustment among children of Devadasis vice versa. Hence the fifth hypothesis states that there is a significant and positive correlation between mental health and adjustment problems has been rejected.

CONCLUSION

The present study has been carried out in order to understand the prevalence of Devadasis children mental illness and lack of adjustment and then this study found that Devadasis children have greater level of mental stress and adjustment problems with respect to gender and domicile.

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Conflict of Interest

The author declared no conflict of interest.

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