



LIVED EXPERIENCE OF WOMEN AFFECTED BY MATTING OF HAIR IN SOUTHWESTERN INDIA: A HEIDEGGERIAN HERMENEUTIC PHENOMENOLOGICAL STUDY

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ABSTRACT

An interpretive phenomenological study used Heidegger's hermeneutic phenomenological approach to explore the lived experience of women from southwestern India. The thematic accounts of affected women revealed health and human rights marginalization through harmful cultural practices surrounding matting of hair. The study offered comprehensive and foundational evidential understanding about the phenomenon of matting of hair as a neglected harmful cultural practice that compromises women's right to health and well-being. The researcher implied the need for collaborative, evidence-based interventions, and effective domestic as well as global policies and legislation to prevent the health and human rights violations of women through harmful cultural practices.

KEYWORDS: Harmful cultural practices, women's health, human rights marginalization, matting of hair, India.

BACKGROUND

Among the globally known harmful cultural practices such as genital cutting or mutilation, the matting of hair among women in India stands as one of the prominent neglected cultural practices. Widely called *Jata* in India, matting of hair can happen to any female at any age (this study mentions this phenomenon as "*Jata*"). In southwestern India, when the affected woman, her family members, or the social members identify the emergence of matted hair, in most cases, tag it as a manifestation of the divine (Kumbhar & Dhaske, 2009). In due course, the small matted portion of hair grows under the religious-based observance, eventually leading to several mental and physical health implications and other forms of religious-based marginalization. In similar geographical context, it is believed that matted hair is the "invitation from goddess *Yellamma* to join the order of *Jogtins*" (Kamble N D, 1988, p. 162). When "a girl presents matting or knotting of her hair or copper-coloured hair," it is taken as a sign of predestination and a mark of the divinity choosing that girl to become her servant" (Torri, 2009, p. 38). Notably, the growth of matted hair is linked to the divine power capable of changing the femininity (Bradford, 1983). A survey about reasons behind the devadasi dedication, one of the oppressive customs, revealed that the emergence of matted hair is one of the principal reasons for the dedication of young girls as devadasis (Kamble N D, 1988).

Matting of hair is known by various names such as *Jata* (Kumbhar & Dhaske, 2009), *Jade* (Ramberg, 2009), *Jutt* and Rat's Nest (Krysl, 1998), *Jat* (Kamble N D, 1988), and *Jedi* (Bradford, 1983). Some medical practitioners and researchers have described matted hair as Bird's Nest Hair (Dawber & Calnan, 1976), Twisted-Rolled Hair Knots (Itin, Bircher, Lautenschlager, Zuberbühler, & Guggenheim, 1994), Felted



Hair (Bogaty & Dunlap, 1970), Tangling of Hair (Graham, 1953), and the Plaited Pigtail (Bradford, 1983). Medical practitioners have noticed the existence of matting of hair as a health problem and, in some instances, as a co-existing condition with other health problems (Dogra & Kanwar, 2004; Joshi & Singh, 2010; Kanwar & De, 2007; Palwade & Malik, 2008; Pavithran, 1990; Siragusa, Fabrizi, Calvieri, & Schepis, 1996; Suresh Kumar, et al., 2001; Wolf, Martin, Dirk, Josef, & Hans, 2008; Zawar & Mhasakar, 2003).

STUDY DESIGN AND METHODS

The study design was exploratory qualitative aimed at documenting the lived experience of being-a-woman-affected-by-matted hair.

METHOD

This study employed Heideggerian interpretive phenomenological approach. The phenomenological approach with a strong influence on knowledge development (Mackey, 2005) is aimed at capturing the "experiential essence" of participants; however, this approach is not aimed at reclaimed and neutral descriptions (Berrios, 1993, p. 213). Through phenomenological study, the 'taken for granted views' about experiences are reexamined to uncover "new and/or forgotten meanings" (Lavery, 2003, p. 22). Furthermore, phenomenology is concerned with "the question of the relation of mental events to physical events" (Taylor & Heiser, 1971, p. 480). As a research method, phenomenology asks a prominent question such as "what is this experience like?" and maintains focus on the lifeworld or human experience as it is being lived (Lavery, 2003, p. 22). Hermeneutic phenomenology is emphasized in social work research to understand complex human experiences (Wilcke, 2002).

Notably, phenomenology contends that the human behaviour can only be comprehended "from the vantage points of the perceptions of the actors" (Black & Enos, 1981, p. 34). The author found Heideggerian interpretive phenomenology as the most appropriate method considering its emphasis on understanding the lived experience of affected entities from themselves which is consistent with social work ethics and prerogative of human rights of the affected women.

RESEARCH SETTING AND STUDY PARTICIPANTS

The study was conducted in four districts of the southwestern region of Maharashtra state in India: Sangli, Satara, Solapur, and Kolhapur. The setting was selected based on the prevalence of the temple-based devadasi practice, social, cultural, and economic homogeneity, and the vicinity of the major temples associated with *jata* related cultural practices. This study included participants who had previous experience of *jata* or those who are presently going through the experience of *jata*.

The study recruited participants within the age group 18-70 years who could speak in Marathi language. The researcher did not include: those who had any significant cognitive incapacity; those who felt they have religious-based sanctions about not sharing due to *jata*; those who expressed an inability for any reason; pregnant women; and women suffering from severe physical or psychological issues.

The final sample incorporated substantial diversity in terms of demographic area (rural, semi-rural, urban periphery, remote rural, dam displaced village and same caste village). Three participants were from labour castes where two participants belonged to the washer community and one belonged to the gardener community. Five participants were from an agricultural upper caste community. One study participant was from the formerly untouchable community, and one participant was from the nomadic worker caste while the other one was from the nomadic warrior caste. One participant did not share her personal details. Out of 13 interviews, one meeting took place at the home of an individual who referred the study participant. One

interview happened in a shanty of a homeless participant. The remaining 11 interviews took place at the homes of individual participants. Twelve women declined to be interviewed.

DATA COLLECTION AND SAMPLING

During a rigorous pre-research consultation, the researcher received input about the devadasi custom and matted hair and the historical development of the matted hair removal movement. The consultation helped to capture the conceptual diversity within the field-based understanding of multiple aspects such as caste and matted hair, affected women's oppression that further shaped the fore-structure of the researcher. The fore-structure is a core component of the Heideggerian hermeneutic phenomenology. Mackey (2005) puts fore-structure as "...what is understood or known in advance of interpretation" (p. 182). The researcher took oral consent for the audio recording of interviews and read out the consent form with the intent of providing information about the participant's rights.

Purposive sampling was used for the recruitment of 13 study participants. Based on the phenomenological research design, the study used unstructured, in-depth phenomenological face-to-face interviews. The phenomenological interviews are used for understanding the detailed human experience and the participant's views about the phenomenon under inquiry (Roulston, 2010).

The researcher asked open-ended questions to seek the unique perspectives of participants and the meaning of lived experience, description of events, feelings, opinions, and suggestions related to matted hair. To avoid the researcher's influence as seen in close-ended question-based interviews, the questions asked were broad (Baker, Wuest, & Stern, 1992). The primary research question for this study was: "What is/was your lived experience of being-a-matted-hair-affected-woman?" The study was designed to document the lived experience of women who have undergone or presently undergoing the experience of matting of hair.

Interviews ranged from 12 to 34 minutes with an average of 20 minutes. The interview transcripts were translated into English for data analysis. To honour the hermeneutic research ethics, the researcher requested two experts from the field to check the translation of the interview text. The experts suggested adding more notes for words and expressions in the local language. The researcher complied with the principles of informed consent, confidentiality and privacy, social justice, and practitioner research that are prominent ethical considerations in any qualitative research (Shaw, 2003).

THEMATIC DATA ANALYSIS PROCESS

The identity of research participants was kept confidential by assigning a unique number for each transcript with a corresponding pseudonym. The study used conceptual mapping software to develop a better understanding of a wide array of events in the lived experience of affected women. As a first step, the interviews were transcribed, and translated to integrate the "recurring phrases, the researcher's questions, their own emotions, and descriptions of, or comments on, the language used" (Biggerstaff & Thompson, 2008, p. 179). Before coding, the audiotapes were repeatedly listened along with the reading of transcripts to understand the content and essence.

For coding and documenting the emergent themes in a more structured manner, the researcher prepared a tabulated form for the data analysis based on Smith, Flowers, and Larkin (2009). All transcripts were analyzed using the coding approach suggested by Larkin, Watts, and Clifton (2006) through "cumulative coding (when patterns of meaning are generated within a transcript) and integrative coding (when patterns of meaning are generated across a set of transcripts)" (p. 116).

The first order descriptive coding included identification, description, and understanding two related aspects of the respondent's account. Further, the process led to identifying "the key 'objects of concern' in the participant's world, and the 'experiential claims' made by the participant" (Larkin, et al., 2006, p.

111).Aggregating the understanding derived from the primary and secondary codes coupled with research notes led to the broad themes and sub-themes. The study had 7 broad themes within which one theme had 5 sub-themes that outlined the lived experience of matted hair affected women.

THEMES AND SUB-THEMES EMERGED FROM THE INTERVIEWS

Through primary coding, the structure of lived experience was explored and documented whereas, through secondary coding, the researcher recognized the commonality of experience, and integrated it further to establish the overlapping superstructures of lived experiences and outlined the ontological nature of being-there (Dasein) as elaborated by Heidegger.

The seven broader thematic stages identified were: pre-*jata* emergence stage, *jata* emergence stage, post-*jata* emergence stage, *jata* stage, pre-*jata* removal stage, *jata* removal stage, and the post-*jata* removal stage. Furthermore, the *jata* (matted hair) stage had five sub-thematic areas: the religious-based everyday bodies; the embodiment of compromised religiosity; religious- based ritual following; structural vulnerability; and gendered discourse. Each stage is summarized below to present a precise account of the phenomenon of matting of hair using paradigm cases, exemplars, and themes (Benner, 1985, 1994; Crist & Tanner, 2003).

Pre-*jata* Emergence Stage

The spatiotemporal being of *jata*-affected women prior to the emergence of matted hair revealed the gendered identity of a woman in the patriarchal, social, and familial structures. Before the emergence of *jata*, the situation of women was exemplified by their absorption in their cultural world with preoccupied gendered roles. *Jata*-affected women reported the prevalence of *jata* among relatives and shared varying degrees of awareness about *jata*; the compliance with labour demands with multiple burdens of work was strikingly notable among all participants. The broad categories of affected women's gendered roles were reproductive, parental, and caregiver roles apart from the domestic and occupational roles. Before *jata* emergence, one participant was pregnant; three were lactating mothers; one participant was looking after a small child as a widowed single mother; one was doing post-birth nursing of a grandson, and one participant was suffering from stigma due to being incapable to give birth to a child. The improper maternal care, neglected women's health, and the concomitant emergence of matted hair were revealed from *jata*-affected women's experiences. Laxmi shared:

I did not experience how *jata* emerged on me. How did it come? Why did it come? I did not experience much... (In a low pitch) ... (A short pause). I was wandering around like a mad woman and hair was tangled on their own. That tangled hair, when I used to remove that tangled hair, it used to tangle again. I could not realize as to how I sensed that (emergence of *jata*) (in those days) ...

Uma shared a similar experience:

It did not come to my mind that it might be *jata*. It would happen this way (matting of hair), and it is *jata* and all-such things never came to my mind... I used to think that I might have missed combing (my hair) in a hurry... It might have been the usual tangling of hair. Thinking like this, I was removing the tangled hair...

Anjani reported the prevalence of psychological problems prior to the *jata* emergence:

I remember, means, (it was) only the head. Only head.... No focus on work. Head was as if getting cracked.

The inattention towards women's health problems was a pretext for most of the cases reported in this study. The precipitating role of prevalent health issues needs attention not just in terms of its role in predisposing, but in the aggravation as well.

Jata Emergence Stage

The matted hair emergence stage showed the usually seen sequential manifestation of religious-based *jata* discourse through noteworthy events. Savitri realized the emergence of matted hair during her everydayness with self-care:

That way only. Even if I comb or bath, then also, the amassed hair remained as it is (could not be separated). It came down in the form of a ponytail down below. When told that it is of a god, we did not do anything to it.

Sakshi's lack of inclination for *jata* was reflected in her feelings about the emergence of matted hair; although, she ended up as a *jata*-affected woman due to the imposition of religious-based discourse:

Means, it was very small. It started as small, as I have faith on the god right from the beginning, I said let it be whatever, slowly *jata* started growing big. How it happens you know as I did not have children, so the way people ask to the god, I also asked for having kids. Then, I was wondering why this is happening (*jata*), why I need *jata*? Is not it? Although I never wanted, it happened slowly-slowly.

Post-Jata Emergence Stage

The post-*jata* emergence stage was exemplified by experiences that mostly highlight the structural function of the religious-based patriarchy through which the *jata*-affected women and their family members internalised and demonstrated their compliance to the religious-based discourse on matting of hair. Consultation with the religious-based authorities was a primary event that took place where consultations were performed with priests and shamans. Uma's religious-based consultation was triggered by her sister-in-law's beliefs about matting of hair, and it led to a formal check if the emerged matted hair is deific or not:

Means, she might have gotten *jata* in a similar fashion such as me... She also had *jata* like me... May be because of that she felt that it was *jata*. (Shared persuasively) Immediately, mother-in-law inquired about it with the god. Yes... It has happened like this (*jata*). ... Moreover, is this regular tangled hair or *jata*? Then it was told that it is *jata*.

Sonali, frustrated with the repetitive tangling of her hair during the emergence stage, consulted with a woman of the goddess who carried *jata*:

Right in the beginning, it came. It captured me right below (on hair) overnight. Holding from the bottom, it climbed up here in three days...(Shown the area below the top of her head). After six days had passed, I combed it out. It started falling off. After removing some of it, it happened like that (Shown hair). Then, asked about it to the god. Asked for a person who has *jata*. He said that it was of the goddess *Yellamma*. It is not to be removed; if I removed, it will not be good for me. Then, I did not remove.

Sonali came across the re-emergence of matted hair after attempted removal, which substantiated its consideration as the deific *jata* and religious-based consultations were followed.

Jata Stage

In the *jata* stage, the identity of being-a-*jata*-affected-woman gets defined through demonstrations of ontic necessities (Heidegger, 1962) derived from the religious-based discourse of *jata*. The *jata* stage is a highly formalized representative stage in the overall *jata* experience due to the rigorous religious-based everydayness demonstrated by the affected women and their family members. Being-a-*jata*-affected-woman, the regular hair washing gets changed to the religious-based washing of hair as seen in the experiences of affected women.

The hair washing had negative implications for Rati:

Even if cleaned (*jata*), only this much dirt would go (shown using hand indicating a very little filth would be cleaned) Rest of the (filth) would remain there only (in the head). (Emphatically)Then, because of that (the remaining filth in the head), there would be a bad odour.

Matted hair had an impact on the affected women's appearance in many ways and forms. Uma shared a stressful experience related to appearance:

Such thing...amm... did not come to my mind. However, people outside used to say "We have ponytails (hairstyles) and all! You could have the same!" When such thing was said, I used to feel bad whenever I went for functions, etc. (Mild tone) Means, I used to feel that they have a ponytail, I should have same. My mind used to feel that...amm...However, there was no solution.... (Pause) I used to feel that way.

Uma's experience revealed the complex structure of appearance-related stigma associated with the matted hair. While *jata* is portrayed as the embodiment of auspiciousness, *jata*-affected women were exposed to diverse social environments where it was interpreted differently. Ragini, despite surviving on beggary, embodied and maintained the eating-related restrictions due to *jata* as part of her everydayness:

What for the goddess...amm.... First, not to eat from a woman who has given birth. No eating food for 12 days at a family where anyone has died. Moreover, monthly women get MC (menstrual cycle) that we must follow. If that much is followed then there is nothing as such. Not to eat anything like that. Then, only to eat from those private, clean women who are there. That is how it is.

The impact of *jata* on the roaming and social participation shaped *jata*-affected women's everydayness as seen in Ajani's lived experience:

The difference...means....I cannot go outside much... I cannot roam around a lot when I am outside... No eating anything outside...

It is challenging to follow the food-related restrictions when roaming so Anjani had to reduce roaming due to *jata*. The most severe form of marginalization was revealed through the impact of religious-based matted hair on sexual life and marital relationship. Savitri shared:

Moreover, I was made to agree that there should not be a contact with males. This also was made to accept... I am telling you this despite the stigma involved in sharing this... (Slowly).....Not to have contact with males means no question of males in life at all...(Emphatically)...All that was made to agree. Then only she (the goddess) stopped coming to the home in the evening. She used to come at around. No one used to recognize that she (the goddess) and I had some conversation.

Savitri's experience disclosed the nature of coercive religious-based restrictions and marginalization with respect to the married life of *jata*-affected women. Savitri's lived experience indicated how women are compelled to rely on symbols and avenues made available to them by the religious-based patriarchy that maintains their sexuality. In several such cases, the experience of marginalization was mainly done with respectful mention of the symbolic relationship with the goddess through being-a-*jata*-affected-woman and direct comments of religious-based patriarchy are avoided by the affected women. The patterns of health problems due to *jata* were noteworthy in Utkarsha's experience:

Trouble means... I used to get headaches due to the weight (of *jata*). I used to have a recurring headache. The water never used to get drained off the hair. I used to get cold often. That is why I removed it.

The treatment-seeking of *jata*-affected women showed different health beliefs and distinct forms of treatment-seeking behaviour. Laxmi's shared:

Diseases mean.... that wayl never had even a single injection in last 12 years, not even a single tablet. (Emphatically)... Now, sometimes, I get the injection.... (A small pause) ...When there was *jata*, if I take any injection, it used to aggravate my illness. Even if I take *Bhandara*(holy turmeric powder) that would hide (cure) my (health problem) ... Moreover, I used to eat *Margo* leaves. Rest, no medicines, no tablets, nothing as such, did not eat for 12 years. (Emphatically loud)

The interpretive position of Laxmi revealed her religious-based divine body as the core ontological feature that controlled treatment-seeking behaviour. All participants preferred the ethnoreligious medicine practices. The marginalization of space, social and communication, for *jata*-affected women was revealed in Anjani's case. She experienced an inability to share about her decision to undergo cutting matted hair:

After removing, for six months. Whom to tell about it as I did a mistake? Then, there, they said, "Why did you remove? It is not to be removed. It is of a god. Why would you remove?"

Pre-*Jata* Removal Stage

The pre-*jata* removal stage revealed the ontological nature of the journey towards either of the *jata* keeping or the *jata* removal discourse. While some participants viewed the impact of *jata* as negative, Draupadi shared her positive feelings about matted hair in the light of religious-based impositions:

I can tell you anytime. Like for two-two days in a month, twice-twice in weeks' time, at 2 am in the night used to go to the dispensary. Now, 5-6 months, even if I get a cough and cold, I do not go to the dispensary. I use the *Bhandara*(turmeric powder) of the god, drink it, and it is reduced for me. Only that... I have the goddess behind me... goddess is there.... (Slow voice)

Draupadi's positive feelings about *jata* emergence are early stage as her *jata* is barely seven months old. Most of the health problems and suffering found to become intense and explicit when *jata* grows larger in size and becomes thick which takes several months or years. Being-a-*jata*-affected-woman, Draupadi has modified her treatment-seeking behaviour from modern medicine to ethnoreligious medicinal practices. For some women who are still carrying *jata*, the *jata*-related religious-based processes pose different challenges based on their spatiality in the patriarchal system. Anjani has been conducting the revelation rituals alone:

Then those relatives (to go to), they are all same. My maternal home has no one then who will attend. Until sometimes before, the brother was there. He used to look after me. He was 20-25-year-old. He passed away a year before, then, who will give attention now? (A short pause). I have been doing all the inquiry (about *jata*) on my own. If I remove it without doing proper inquiry and if things become worse, what to do then?

When it came to treat *jata*-affected women, the attitude of physicians is primarily exemplified by fear about treating as experienced by Laxmi:

Yes. He said, "First your *jata* has to be removed. It is of god. What if something happens during the surgery?" The woman who has *jata*, that woman will not get an injection or surgery. The goddess will not allow it to be done (the treatment).

It is obvious from Laxmi's health experience that the cultural sensitivity within the health system is insufficient to deal with the harmful cultural practices such as *jata*.

To undergo *jata* removal, the affected women need a conducive familial, social, and institutional environment. Moreover, the level motivation for the removal of matted hair determines the prognosis. The motivation for *jata* removal, as seen in some cases, can be associated with health problems. Ragini shared:

No, means, *jata* gets wet during the rains. Lice may grow. I feel scared. That is why planning to remove. No other reason as such. The neck gets pain then. What if it gets heavy? Hair becomes

heavy after getting wet in rains. For healthy hair, they are separate hair. Now this *jata* has grown, all hair is tangled. This happens.

The spatiality of *jata*-affected women further determined the course of *jata* removal as seen in Uma's experience where her husband appeared supportive:

My husband and I, two of us went there. (We) Showed it to Sir (the activist). Then later, here, Mrs. Rati's *jata* was untangled. Do not remember how information about me was there (with the activists). Later, I was called there. They (the other *jata*-affected woman) informed, "There is a woman. Young girl. Her *jata* is also wished to be removed." Then, I was called. Then, it was untangled there. That day, I was away to a different town. I was out of the station so could not meet on that day. Then, they (activists) were there on Saturday and Sunday, on holidays. On the previous Sunday, her *jata* was untangled, and, on the next Sunday, mine were untangled.

The pre-*jata* removal stage involved several reflective, unreflective, and momentous thought processes among *jata*-affected women, which led to the continuance with *jata* with religious-based beliefs or *jata* removal through a method. For *jata*-affected women that are keeping *jata*, the pre-*jata* removal stage shows an inclination for being a *jata*-affected woman as guided by the religious-based practices of their families and social groups. For *jata*-affected women who underwent *jata* removal through activist-led interventions, there was a motivating *jata*-removal discourse and systematic intervention process that looked after the dynamics of *jata* removal.

Jata Removal Stage

Primarily, the *jata* removal stage goes through the necessary ontic demonstration of religious-based rituals before undergoing *jata* removal. Uma's family was involved in getting permission from the goddess for *jata* removal where it was told that scissor should be used for removal:

Means... it belongs to the god. "Do not use scissors" "Should be untangled using hands" They did not use scissors at all... Sir (the activist) uses a razor blade. However, even the razor blade was not needed (for *jata* removal).

Not all options available for *jata* removal are consistent with the cultural beliefs surrounding the *jata* removal. Before finally removing *jata* through activist-led intervention, Rati went through some distressful experiences regarding *jata*:

I used to feel a lot (for removing *jata*). We did not hear about (the avenues for *jata* removal) it. See, there were people very casually removing it in *Saundatti*. I used to cover and tie it all. I used to tie a cloth and used to cover it all (head)... Moreover, 2-3 times, I was stretched away from the queue (for *jata* removal at *Saundatti*). I used to say, "Mine should not be removed!" (Pause). "No scissor should be used on my (*jata*)."

The culturally insensitive methods used for *jata* removal have been found coercive by the affected women.

Post-Jata Removal Stage

Undergoing *jata* removal is a complex process as the modifications of the body feature and loss of the religious-based symbol can lead to a challenging personal, familial, and social situation for affected women. Sakshi's experience revealed how she viewed the change in her body feature:

Means... like empty. Means, there was heaviness on the head. When it was removed, it was lighter. Moreover, my hair was not so thick since the beginning. Then, when hair was removed, it became less thick. That made it feel so light. This was what happened.

In some cases, even the activist-led *jata* removal could result in a particular feeling of distress rooted in religious-based beliefs as seen in Laxmi's case:

Now, I feel it would have been good if I would not have removed it. All people do that (humiliate due to *jata* removal). God's (*jata*) was a big thing.... More respect was there. Wherever one goes one had that, used to get respect. People used to invite even if the (*jata*) person is far from their home.

Uma's outlook about *jata* was changed after *jata* removal:

Truly speaking, people should untangle it. It is being called as divine and all, but..... Isn't that a distress? (A small pause) Now, my sister-in-law has it. We have been telling her to untangle it by taking permission from the god...

Udita's experience indicated a supportive role from her husband when community members were blaming her for *jata* removal:

It (discrimination) happens. When *jata* was untangled, people started saying, "Why removed? It could be of god and all." My husband never used to find it true about *jata* being attributed to the god. He said, "What happens if it is of a god? What about the god and all that."

The existence of social blaming for matted hair removal is a prominent feature of the experience for women who have undergone *jata* removal.

IMPLICATIONS

The study showed that accessing medical services as a *jata*-affected woman or as a *jata*-removed woman is less likely to compromise affected women's religiosity. However, the social gaze, religious-based symbolism, and social as well as priestly vigilance, makes it difficult for women to imagine treating matted hair medically. Considering the emergence of *jata* in a situation with prevalent physical and psychological, family members are equally accountable for the emergence of *jata* and degradation of women's health. The Maharashtra Prevention and Eradication of Human Sacrifice and other Inhuman, Evil and Aghori Practices and Black Magic Act (2013) stipulated several clauses, which view actions such as preventing a person from seeking medical treatment, and carrying out or encouraging inhumane activities in the quest for some bounty or rewards as a punishable crime. In this case, the researcher suggests legally mandatory public disclosure of information about the practices of temples pertaining to matting of hair and recommends an establishment of the mechanism to ensure proper health screening for matted hair.

Based on the evidential testimonies and patterns of victimization identified, the researcher recommends a constitutional ban on cultural practices associated with matted hair. An adequate provision of livelihood opportunities and food security by enabling an economic environment for women from lower economic strata is recommended to reduce the religious-based beggary through the symbolic use of *jata*. The use of harmful substances for washing *jata*, the improper access and availability of health services as well as basic infrastructure imply that policy-based steps are required to ensure access for rural women. The problems of elder *jata*-affected women show unavailability of health services, homelessness, poverty, and beggary which underscored policy-based support services for elders.

This study qualifies as a foundational evidence-based resource that can guide social work practice on the problem of matting of hair. The cultural competency required for social workers to address the oppressive global cultural practices such as genital mutilation in Africa can benefit from the findings of this study. The comprehensive ethnomethodological, anthropological and ethnoreligious understanding of matting of hair provided in this study can be a useful guide for developing further knowledge on similar issues of rural and indigenous population groups in India. This qualitative study can be a valuable guide for the creation of social work intervention models on matting of hair to reduce the distance between research

and practice (Mahtani, 2004). Furthermore, this study can act as a valuable resource for social work intervention research as it demonstrates the utility of Heideggerian hermeneutic phenomenology.

The researcher recommends inclusion of comprehensive cultural competency and medico-legal understanding about the harmful cultural practices in the medical education in India. An institutional mechanism for the *jata* removal referral should be a legal obligation on the health care providers. Considering the prevalence of *jata* among young mothers and female children, *jata* should be considered an integral part of health education on maternal care. The school-based health monitoring of hair problems related disorders can help in early detection of matting of hair.

LIMITATIONS

The researcher was constrained by the patriarchal and cultural factors as family members declined to allow some women to participate in the study. Almost all interviews required permission from family members. Among religious-based factors, the prevalent superstitions about matted hair influenced and shaped the hermeneutic context of this study. The researcher was unable to recruit enough devadasi participants due to the religious-based constraints expressed by the participants. The researcher was constrained by the unavailability of credible information about *jata*-affected women with temples, government offices, and activists, which hampered the flow of data collection. Due to the high work burden, few participants kept interviews short.

CONCLUSIONS AND RECOMMENDATIONS

This Heideggerian interpretive phenomenological study revealed the ontological nature of multifaceted marginalization of *jata*-affected women. The everydayness of *jata*-affected women showed the reification of an apparent health problem through the imposition of a religious-based discourse surrounding matted hair. Furthermore, the study outlined the role of complex structural forms of politico-religious patriarchy and resultant coercion of women through cultural practices surrounding the matting of hair. The evidential narratives of affected women outlined the phenomenological description of health problems associated with matted hair and underscored the pressing need for urgent redress. Until such patriarchal cultural belief systems are dismantled, along with the harmful cultural practices, women's health will remain at risk.

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