



An Exploratory Study of **Discriminations** based on **Non-Normative Genders and Sexualities**

A Report
2019





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Advanced Centre for Women's Studies (ACWS), Tata Institute of Social Sciences (TISS)

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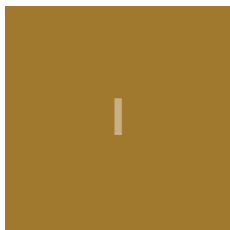
Executive Summary

Study Brief and Summary of Research Findings



An Exploratory Study of **Discriminations** based
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About the Study

INTRODUCTION

Discourse in the mainstream on lesbian, gay, bisexual, transgender, hijra, queer, questioning, intersex, asexual, and other (LGBTHQIA+ or queer) communities—what this report calls non-normative genders and sexualities—has often been around direct violence, understood as episodic, visible, or in epidemic illness contexts. Discrimination by state and non-state actors has not been looked at seriously. The debate has shifted from de-criminalisation to anti-discrimination, following the reading down of Section 377 of the Indian Penal Code (IPC). There is ongoing work on understanding discrimination on the basis of other marginalisations [Ayyar 2013, Thorat and Neuman 2012, Deshpande 2006, Siddique 2011, Deshpande 2011, Ghai 2001, Addlakha 2013]¹. However,

there is not enough work in relation to systems and structural contexts of discrimination faced by persons of non-normative genders and sexualities. In addition to gender, caste, disabilities, and other “recognised” marginalisations, a discourse on discrimination has to include the experiences of non-normative genders and sexualities.

The aim of this study was to undertake research to create an extensive document on discrimination faced by individuals on the basis of non-normative gender or sexuality. In doing so, we looked not just at self-identified queer individuals but also at actions, environments, and institutions where discriminatory practices are based on enforcing norms of gender and sexuality.

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- 1 Thorat, S., & Neuman, K. S. (2012). *Blocked by Caste: Economic Discrimination in Modern India*. Oxford University Press.
- Deshpande, S. (2006). Exclusive inequalities: Merit, caste and discrimination in Indian higher education today. *Economic and Political Weekly*, 2438-2444.
- Siddique, Z. (2011). Evidence on caste based discrimination. *Labour Economics*, 18, S146-S159.
- Deshpande, A. (2011). *The grammar*

of caste: Economic discrimination in contemporary India. Oxford University Press.

Ayyar, V., & Khandare, L. (2013). Mapping color and caste discrimination in Indian society. In *The Melanin Millennium* (pp. 71-95). Springer, Dordrecht.

Ghai, A. (2001). Marginalisation and disability: Experiences from the third world. *Disability and the life course: Global perspectives*, 26.

Addlakha, R. (Ed.). (2013). *Disability studies in India: Global discourses, local realities*. New Delhi: Routledge.

We understood discrimination not just as incidents or moments of certain kinds of conduct or behaviour, but also the perceptions of vulnerability that such conduct could cause, and the structural conditions that implicitly or explicitly institutionalise such conduct. We were equally interested in the presence, nature, and form of discrimination as we are with the diverse strategies used by people to cope with and celebrate, despite discrimination.

An example makes this clear: if a child perceived as “different” on the basis of their gender expression is bullied, this is a relevant incident of discrimination

regardless of whether it is named as such by any of the actors involved. Further, we would be interested in terming it discrimination if a child is fearful of discrimination because of feeling “different” regardless of whether any such incident has occurred. Finally, we would want to explore both what structural conditions in the learning environment exacerbate or mitigate the risk and actual incidence of discriminatory practices, and also what strategies the child uses to cope with them.

At the onset we wanted to understand and document discriminatory practices

<p>AREAS</p> <ol style="list-style-type: none"> 1. Health 2. Education 3. Work 4. Shelter and Housing 5. Law and Law Enforcement 6. Public Spaces/ Accommodations, Infrastructure and Services 7. Identity and Selfhood 8. Political Formations 	<p>SITES</p> <ol style="list-style-type: none"> 1. Family 2. Community 3. Public and Private Institutions 4. Public Space 5. Government 6. Criminal Justice System 7. Judiciary 8. Sites of Conflict (Sustained and Sporadic) 9. Media
<p>AXES</p> <ol style="list-style-type: none"> 1. Caste 2. Class 3. Religion 4. Race 5. Ethnicity 6. Age 7. Ability 8. Region 9. Language 	<p>METHODS</p> <ol style="list-style-type: none"> 1. Secondary Analysis and Review 2. Incident Profiles 3. Ethnography 4. Individual Interviews 5. Life Histories 6. Community workshops 7. Institutional Profiles
<p>TABLE 1: Areas, Sites, Axes, Methods</p>	

across eight areas, each of which includes multiple sites of investigation that we seek to access using a set of methods and across a set of axes.

The teams who produced this report elected to study five of the areas listed above (i.e., health, education, housing, political formations, and public spaces). Two teams addressed the health area from different perspectives (one studied healthcare and biomedicine in institutions and the second recorded community experiences in healthcare).

STRUCTURE OF THE STUDY

Research is the main activity in this project. The outcomes of this study will be critical in crafting strategies on addressing discrimination based on non-normative genders and sexualities.

These preliminary findings were disseminated at a national-level meeting hosted at the Tata Institute of Social Sciences (TISS), Mumbai in June 2018. Subsequently several dissemination meetings and workshops have distributed the different study findings to different audiences. The overall objective of the study is to populate the public domain with analyses and data to further the anti-discrimination agenda by making this information accessible to movements, sectors, and different constituencies for campaigns, education, and action.

PHASE I

The study started with a review of existing literature on discrimination based on non-normative genders and

sexualities through various methods as detailed by each team. Since a lot of information is not in print-form, a significant part of this phase was field visits, focus group discussions, and key informant interviews that attempted to learn the nature of the discourse within different communities. In this process we also identified areas in which there is very little material available and identified individuals and incidents whose stories have not been told.

PHASE II

The second phase began with a national meeting of groups and individuals, including advisors, that were in touch through the study to share some findings and materials from Phase I. The meeting helped the teams identify gaps and find ways of filling them through primary research in the second phase. This phase ended with a national-level dissemination meeting where the findings from both phases were presented.

We hoped to identify the ways to take work in the field forward through these activities towards multiple ends such as influencing policy, engaging in advocacy, and strengthening the work of organising, supporting, and changing social attitudes. Primary data was gathered from places selected by each of the teams and included New Delhi, Gujarat, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu, Telangana, Andhra Pradesh, Uttar Pradesh, and West Bengal.

METHODOLOGY

Each team used multiple methods to ensure clarity of their chosen area.

Since this was an exploratory study with a stress on qualitative data, the teams focussed on collecting narratives using group discussions and in-depth interviews. Other innovative methods were also used and are listed below.

The team studying **Education** focussed on looking at discrimination around non-normative genders and sexualities in higher education and considered two broad approaches to collect data. The first looked at collecting individual narratives in three instances: life-stories of people reflecting on experiences in education; experiences of youth who were currently students in campuses across the country; and experiences of teachers. The second approach used two methodologies to study institutional influences on setting and maintaining norms: geographical mapping of campuses to see how institutions carve exclusionary spaces within them and studying redressal mechanisms in institutions.

The team studying **Housing** chose two important methods. First, they conducted a legal discourse analysis studying laws and Acts that by defining the normative would, in turn, define the non-normative. Secondly, they collected life histories of people who lived in rental housing across Delhi. Using the life histories method helped the team to not just document discrimination but also learn when it was an insufficient framework to talk about what was experienced.

The team studying **Political Formations** used participant observation and other

ethnographic methods such as recording detailed field notes and other modes of recording events, including audio and visual as well as in-depth semi-structured interviews with key participants. Besides this, the team also conducted theatre workshops with participants from the field using methods from Theatre of the Oppressed, especially Forum Theatre. Other tools used were on-site photography and videography and discourse analysis of the political leaders' speeches, online photographs, and memes in circulation, campaign posters etc. Student research and workshops were also used to understand gender and the sexual in student politics.

The team studying **Public Spaces** spoke to individuals explicitly identified as LGBTHQIA+ in order to understand how accessing public spaces affected them. The team shared their own personal experiences with the participants in order to steer conversations. They used multiple informal interactions and discussions to elicit data that not only records instances of discrimination in public but also outlines theories that the community themselves might have to understand what they experienced.

The team studying **Healthcare and Biomedicine** used multiple qualitative methodologies. First, using institutional ethnography the team sought to get insights into medical practice and into the system itself. This also involved looking at: gender and sexuality within medical curricula; how medical students manoeuvred around their institutional learnings as opposed to their actual

practice; and the different degrees of access into healthcare institutions. Second, to further enhance the study, the team developed and used an institutional journal to get medical students to reflect on space, curriculum, and practice. Third, more traditional ethnographic methods including: in-depth interviews with expert practitioners and other healthcare staff; and focus group discussions with medical students, women's studies and public health students, and with queer medical practitioners were also recorded.

The team studying **Healthcare Discrimination** used two basic methodologies. First, they conducted focus group discussions with various LGBTHQIA+ activists and leaders to elicit a broad understanding of the field and how healthcare service is received. Second, they conducted in-depth interviews collecting life history data that provided not just instances or incidents of discrimination, but also contexts in which such experiences occur and the personal physical or psychological consequences of such experience.



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Executive Summary

EDUCATION

FINDINGS

The two broad themes that emerged from the study of discrimination in higher education are: one, the idea of the normative in education and how defining it creates the marginal and the exclusive; and two, the experiences of the non-normative in understanding inclusion and access in higher education.

Making of the heterosexual binary through the schooling of the masculine

The study's different methodologies showed who the system is meant for—for whom is it truly and easily accessible, or who does not have to hide oneself and be on constant guard to be able to really “fit” in. The masculine most clearly emerged as one of the definitives of the normative. Masculine characteristics were ingrained and enforced through rejection, ridiculing, and undermining of what is seen as “non-masculine”. Everything else is termed feminine and bestowed on those not considered “men/boys”. If the “woman/girl” acquires “masculinity” it is not rejected in the same way as the reverse is done to a “man/boy”, unless of course it violates the code of heterosexuality which is another clearly present normative. So the first

major finding is around how education contributes to the making of the masculine. The making of masculinity not only genders the “boys” it simultaneously constructs the feminine in which “girls” are nurtured by the teachers, the family, and other significant adults.

Along with the monitoring of gendered behaviours there is also the closely entangled sexual persona as well. Desire is also camouflaged like other undesired markers of identity. As much as violence is an ever-present part of young boys' lived realities, there is also interaction that takes place through sexual exploration and sexual abuse. Sometimes the exploration is fun and friendly but often it is linked to violence. Heterosexism also gets built into the education system in this process. The dominant discourse becomes that of objectification/sexualising of girls and women, their peers as well as teachers, and sometimes even the feminine boys. The taboo around talking about sexual desire, along with the normalisation of this sexual violence later leads to the making of “toxic” masculinity. Thus it seems that school efficiently does the task of making the masculine man, the

feminine woman, and establishing a heteronormative discourse. The ones who don't fit get marked as deviants and denied access.

“Inclusive” and “Accessible” Education

Instead of detailing the nature of discrimination we are choosing to highlight the systemic exclusions and thereby build a framework for inclusive and accessible education.

Different expectations from education

The respondent interviews highlighted larger issues of education that included: personal aspirations; desire for dignity; quality and funding of local education leading to migration; privatisation of institutions leading to increased fees thereby creating divisions based on class, caste, and access; a steady increase in number of years spent for education leading to the exclusion of many; implementation of trans-inclusive systems in institutions; and financial support for all of the above. These need to be flagged and understood to explain discrimination based on any social marginalisation because all of these set up an essentially discriminatory system. There are persons marginalised because of gender and sexuality who may still manage to “succeed”, or who have already managed to do so. Yet their success has to be seen in this landscape as happening against all odds and may be due to other privileges, but also because of their own determination and effort. Any inclusive system has to think of ways in which it can minimise extra effort and help all people achieve their full potential because

for many of these people living as their true selves is by itself a lot of work!

Meaning of Success and Failure

The competitive nature of examinations, and the limited understanding of merit in education systems, mirrors some of the “masculine” violence reported earlier. Discrimination experiences get whitewashed in the pursuit of merit. The study records that merit appears directly proportional to the amount of time and money that a person can spend in a preparatory class doing nothing other than learning by rote on how to crack the exam. Such a concept of merit does not recognise that individuals do not have equal opportunities and therefore their individual success and failures cannot be measured on the same scale. In the context of queer persons, many of the respondents, students, and teachers, escaped the penalty for their failure in meeting standards of normative social expression by succeeding in the education system. This kind of overcompensation to get noticed for what would be valued also served as a deflection from the difference that may otherwise get noticed. For others, however, success was difficult to achieve possibly also because the penalty of failure was so constant and everyday.

The gendered character of disciplines

A mix of the paradigm of success and the making of the masculine is seen in how different fields of study are characterised within regular academia. Excelling in all disciplines is not equivalent. Some disciplines, especially the STEM (science, technology, engineering, and mathematics), are seen as more tough and people

managing to do well in these are seen as much more capable and intelligent. It is not just incidental that these are also seen as “masculine”. Feminist science studies scholars surmise that as a result of this understanding, not only are the subjectivities in STEM ignored, but moulds STEM education in ways that restricts participation of others in the discipline. Respondents in the interviews spoke of the pressure that they were subjected to by families to choose engineering, the “masculine” area of study. Out of the 8 respondents who had completed engineering education, only one continued to work as an engineer, that too in academia. Similarly, campus mapping illustrated many of the ways in which institutions gendered their spaces and bullying and violence reinforced the “masculine” prerogative.

Heteronormative Campuses

All higher education institutions (HEIs) are heteronormative in their design and ideas. Not only are all people imagined to be either of the two assigned genders, they are also assumed to be heterosexual. In addition, gendered inclusion is policed through dress codes, behaviour patterns, residential, other spatial arrangements, and also policing of interaction between “men” and “women”. For those who are gender non-conforming the everyday existence becomes a challenge in these spaces despite the advances in creating transgender friendly spaces. This study endorses, based on its findings, that there has to be neutrality as far as access to rights go. This means that all rights have to be accessible to everyone and the HEI must ensure that systems enable those

who usually get excluded are facilitated with mechanisms that help their inclusion.

Including all communities

The study also found that status of non-teaching staff in HEIs mimicked the exclusionary practices in other systems. It is essentially the exclusion of the labour of care, sustenance, and maintenance essential to the production of knowledge. It is the traditional hierarchy of intellectual labour over physical labour, of mind over the body. The caste and class backgrounds of teaching and non-teaching staff also mark the ways in which these interactions happen on campus.

Queer Bodies on Campus

The experiences of those who are clearly marked or read as queer bodies on campus were predominantly of loneliness and alienation. Even redressal mechanisms to address discrimination cannot address this dissonance. And then there are the queer bodies that also get marked by the separation and stigma of casteist violence within queer communities that they try to seek with trepidation. There are queer bodies that face misogyny but are also at times attacked with vengeance by cis women who are seen as the rightful target of misogyny itself. And the disabled queer bodies that are aware of their sexuality being rejected by those in their families and communities but who also feel undesired in a very ageist and beauty-conscious narrative of desire that at times exists even within the queer spaces.

A NOTE ON DISCRIMINATION

Gender and sexuality are dynamic, self-determined identities and in that sense

are different from other birth assigned identities. Recognising discrimination around these in individual cases hence becomes a difficult task. Being different from all those around you, especially your own familiars, is in itself a lonely discovery and till people find others like them, loneliness is a companion for most. And when education makes itself opaque to different ways of being, it actually becomes a big obstacle in the process of self-discovery. Not only is the system geared towards rewarding the normative, it also punishes and is violent to those that do not fit.

Recognising systemic discrimination and addressing it is as important as spending time to understand the range of variance that is possible and which already exists. Though this study attempts to do both, it does not profess to have a comprehensive understanding of discrimination, but does have a clearer understanding of what needs to be looked at. The story may begin with access to education but address the ways in which the whole enterprise is cognisant of its inherent normativity.

OUTPUTS

- Blog posts on campus life, <https://theglassclosetsblog.wordpress.com/> (The Glass Closet)
- A poster exhibition on the study of campus architecture
- A book on campus architecture to be published by Yoda Press.
- A book proposal “Queering Education” based on the

discussions in the teachers’ meeting. (forthcoming)

- A detailed essay on the “Schooling into masculinity” (forthcoming)
- An expanded version of this report on discrimination in education (forthcoming)

WAYS FORWARD

The guiding principles that emerged for us to address discrimination based on non-normative gender and sexuality within education at all levels are as here:

- Give access to those hitherto excluded and work towards increasing access for all through systemic changes at all levels, recognition to the myriad ways of being for all people in our campuses and classrooms, and developing the right kinds of mechanisms for addressing redressal at all levels.
- Redefine meanings of success and failure, particularly in the area of gender and sexuality, but also extend that knowledge to pedagogy itself thereby queering education in some ways.
- Granting gender neutrality where it is a question of rights, and recognising power when it is a question of gendered violence. Try and move away from gender segregation that underlines the binary and move towards a more nuanced understanding of both gender and sexuality.
- Recognise that discussions on gender and sexuality are dynamic

and have to change with time. These discussions have to be compulsory in an educational space, which is inhabited by people from different backgrounds, ages, and varied socio-cultural backgrounds and where intimacy is part of many transactions.

- Individuals come with multiple identities and it is foolhardy to

understand singular discriminations alone. Experience of multiple marginalisations is not merely a sum total of each, it is a different way in which discrimination itself works. So to understand any discrimination it is important that all other axes of power that target specific sections of people are also incorporated in the exercise.

HOUSING

FINDINGS

The team present their findings from their study of the law as well as from respondent interviews.

Normativity, Discrimination and the Law

Looking for discrimination and non-normativity within housing and the law is a challenging task. In this section, three key findings are listed from the study of legislation and policies.

First, focusing only on the gender and sexual identity of the tenant, while important, must be preceded by understanding the institutional context of housing policy itself. What forms of discrimination exist and what practices institutions can imagine—let alone offer—in response are not just motivated by specific acts of discrimination but, in fact, by the institution's understanding of housing itself. These are not just discursive differences, however. The intent of the state as defined in legislation and policy then determines what remedies citizens have on offer. However distant the rental housing act may seem from everyday life in rental

housing, it is pivotal in shaping precisely this everyday. Anti-discriminatory language in law cannot just be about an anti-discrimination statute as commonly understood but must ask if the imagination of public institutions can accommodate anti-discrimination in practice rather than just in principle.

The second key finding from legal analysis is to look at how individual and group rights are a key struggle in thinking about anti-discrimination and the law. Case studies show how anti-discrimination protection is not denied in Indian law but rather evaded through being subsumed under a debate on individual and group rights, using the contract as a legal medium between them. Looking at the normative assumptions—many based on notions of gender and sexuality—within the notion of individual and group rights mediated through the contract helps both locate and understand these institutional arrangements. This is essential both to diagnose them correctly as well as re-imagine them.

The final finding is the one that is perhaps more predictable when one

reads rental housing law looking for discrimination. This set of arguments looks at assumptions of who can be a tenant, a subject, and a citizen within rental housing law. The answer gives the most direct and critical evidence of how norms of gender and sexuality shape the possibilities and life worlds of citizens. The family is imaginable within law, and the word appears repeatedly within Indian rental law, but what do not are equally conspicuous: the worker, the individual, and the student. This means that categories of existing rental do not get counted, assessed or acknowledged, either within law or within data. It also means that tenant-landlord relations get framed in policies thinking about the “family” as the default, and then imposing those social expectations on all forms of tenants.

Discrimination and the thickly social

Looking at access to rental housing through life histories both affirmed and challenged the study’s understandings of discrimination. There were three kinds of ways in which discrimination manifested itself.

The first was explicit refusal. Here, a person seeking housing was refused, and refused explicitly on the grounds of their identity. This is the most evident and commonsensical form of discrimination. Yet, none of the respondents who identified as being LGBT faced explicit refusal on the articulated basis of their gender or sexuality. This is not to say that their gender or sexuality could not have been part of the basis of refusal, but to underscore that this refusal

was not explicit in invoking either of these identities. Religion, particularly refusal to Muslim men and women, was the most explicitly voiced identity to the point that a gay Muslim man we interviewed made it clear that he never anticipated facing problems due to his sexual orientation but always due to his religion. Other categories that could be explicitly involved were being single, unmarried, a bachelor, a lawyer, or Kashmiri. Yet in most of these cases, respondents still did not use the word “discrimination” in their own narratives. Rental housing is a thickly social field—it is a set of interactions mediated between renters, brokers and landlords where the “contract” is socially performed, orally enforced, and holds little option for formal mediation of any kind. The first thing the study challenges is that explicit refusal—the simplest form of discrimination—is also the least representative of accessing rental housing in India. Discrimination was a legitimate, legible and useful category only in so far as it offers a relative measure of difference. It is possible, however, that this is a difference within thresholds—a transgender person may have a harder time relative to a cis-gender person, but that still leaves the possibility that both were discriminated against, if measured against an external threshold, but just to a different degree.

One of the key learnings about both studies on discrimination as well as anti-discrimination policy and law is that while focus has, so far, remained largely on identities that one cannot discriminate on the basis of, the real need may perhaps

be to focus on the interactions and processes that lead to access or refusal of desired outcomes (in this case, a house for rent). Within the thickly social, it is the interaction rather than the identity of the actors that anti-discrimination practices must focus on.

Discrimination as Everyday Life

The life histories revealed a range of effects that accessing rental housing and living in it do to non-normative lives. Many respondents made everyday life possible by misrepresenting themselves or their relationships. Other respondents spoke of how one incident of discrimination in a house cast a long shadow wherever they went in their lives, leading, in different cases, for example, to a heightened fear of intrusion, a constant mistrust of strangers, a feeling that one had to be eternally vigilant even within one's home. Many times, discrimination within non-normativity means taking the option off the table for one's self, redefining the terms of refusal towards self-censorship and self-disavowal.

Asociality as a Queer Normative

Discrimination not only shapes the experiences of non-normative people in accessing and living in rental housing, it changes their aspirations and values about what kind of housing and life they want. Non-normative folks spoke of an ideal housing arrangement as one that would allow a retreat, a being left alone, an *asociality*. If asociality is a normative condition then the real cost of non-normativity and discrimination is not just access or refusal, but in fact, a shifting of

personhood. It is the tension between wanting to be left alone and being fearful that no one would hear you fall in a rented home without neighbours who could ask after you, or families that would repeatedly call.

A NOTE ON DISCRIMINATION

Within housing, discrimination is rarely explicit. Access to housing in India, in particular, is a negotiation with thickly social interaction. So formal law and policy cannot penetrate these interactions with current methods of addressing discrimination. Non-normative persons do not experience discrimination through violence, exclusion, or refusal alone. The everyday life structures make these experiences occur. The category of discrimination does not capture the subtle forms of self-disavowal that occur in the everyday, the impacts of living with prejudice around you, the shifts in aspirations, and the notions of good life.

OUTPUTS

Papers

- Sahai, Vikramaditya; Tiwari, Avantika; and Bhan, Gautam (2019) Houses, homes and lives: Reflections on Discrimination and Non-Normative Gender and Sexuality in Urban India.
- Arun-Pina, Chan (2019) Reading Normativity in Legal Documents on Urban Housing in India.

Exhibitions

- Arun-Pina, Chan (2018) Case Book: Annotations of Legal Documents

on Urban Housing in India. Mixed Media and print.

- Upasana (2018) *Queer Homes: Portraits of Queer Lives*. Portraits, Pen and Ink illustrations.

Podcasts

- *Queer homes*: Five podcast episodes on building queer lives in Delhi.

WAYS FORWARD

Looking at rental housing as a key part of the study of discrimination provides several implications for policy, practice, and future research. Listed below are the principles that emerged from the work.

- One, anti-discrimination law or policies that privilege a language of law that locates discrimination in the identity of the person discriminated against risk losing the fact of discrimination in the interactions towards desired outcomes. Within housing, discrimination is rarely explicit on the terms of identity.
- Two, in sectors where processes are not formal, contractual, and legible like housing in India, access to public goods and services are informally negotiated within the space of what is described as thickly social transactions. The formal logics of law and policy cannot penetrate these interactions in the way they currently approach the issue of discrimination.
- Three, non-normative lives are not simply or clearly discriminated against in incidents of violence,

exclusion or refusal alone. It is in the structure of everyday life that the consequences of the many experiences we erroneously club under “discrimination” take place.

- Four, as a conceptual category, “discrimination” is not able to hold or understand what prejudice or the expectations of it does to everyday life. It cannot understand the subtle ways of self-disavowal, of the impacts of living with prejudice around you, the shifts in one’s own aspirations and notions of a good life. Other concepts will have to speak of this, and absorption, which allows both the presence of prejudice but also its (non) resolution in multiple forms, has the possibility of doing this.
- Five, responses to discrimination cannot simply be responses to incidents. They must be structured to address the consequences of relentless absorption within non-normative lives. This implies that the real target of our actions cannot be limited to legal statutes or pronouncements but will have to be based on constructing spaces of solidarity. Freedom from discrimination cannot require loneliness, as the increasing desire for asociality among queer folks indicates. Breaking this cycle is then to engage with the intimate as well as the structural, the spaces of support as well those of protection.

POLITICAL FORMATIONS

The team² sought to understand processes of discrimination and exclusion on the basis of non-normative gender and sexualities in the context of political formations. It is based on the understanding that political processes are animated by, draw upon, and intervene in eroticism. Political processes demand and produce normative expressions of gender and sexuality, and equally draw upon and exclude non-normative expressions, bodies and subjectivities. There are three elements to the study:

- (a) **Ethnography of Student Politics in Delhi:** In the ethnography of student politics in Delhi, we are primarily concerned with the articulation of gender and the sexual, which cannot be understood without a keen understanding of caste, political economy, region etc.;
- (b) **Gender and the Sexual in Student Politics:** To explore above mentioned themes more, this element is a collaborative series of I I researches looking at gender and the sexual in student movements around the country; and
- (c) **Erotics of the Leader:** A visual research section looking at the 'erotics of the leader' (tracing erotic dimensions of the figures of political leaders) with 5 collaborators.

2 Although the team had two members working on the research, only Akhil Kang has contributed to the contents of this report

FINDINGS

Understanding Discrimination as an Idiom

Discrimination could be many things—an experience, an element of structure, an underlying logic, and an idiom to describe a range of experiences of injustice. In the context of studying political formations, where “discrimination” is a crucial element of the language used to do politics itself, to demarcate ethical selves from unethical others, to generate outrage etc. It is most often this last form—discrimination as an idiom—that the team has come across. Part of the challenge of researching discrimination has been to trace the living history of its usage, of its emergence, and its function as a vehicle for political processes and imagination.

The research (primarily in Delhi University and Jawaharlal Nehru University, but also through collaborators in other universities around the country) has involved engagement with a range of ideological formations. Briefly, this includes what in the field is considered the “traditional left parties” (such as SFI and AISA) which themselves have multiple forms depending on where they are, the demography of their membership, their relationship with historical formations that they are part of etc. Then there are Ambedkarite groups, groups that draw themselves on continuity with political battles of a range of historically oppressed communities, Feminist groups, Queer groups, groups that resist arranging

themselves as organisations, groups with a commitment to constitutionalism, those that are irreverent to established political imaginations etc. In other words, there are a range of ideological and organisational forms that featured in the research.

Each of these formations create, employ, and engage a range of languages of politics. For none of them was discrimination the beginning and end of the understanding of injustice, but for each of them, equally, the idiom of discrimination was crucial to politics itself. It was thus a matter of identifying the role of the idiom of discrimination in each ideological formation. Studying the idiom of discrimination thus said much about forms of public speech, slogans, and the deployment of instances etc., and about the ways in which groups choose to articulate their ideas. Furthermore, it gives insight into how political formations choose to place themselves, rhetorically, ideologically, and collectively in relation to each other, in relation to the ways in which they label themselves politically (if they do indeed label themselves), and in relation to historical figures that they ideologically draw on. It must be added that the field itself pushed the team away from placing discrimination as the primary object of research, and brought to centre, instead, the question of the structuring effects of gender and the sexual in politics.

The idiom of discrimination does not, here, denote only a suspended experience or narrative but it often takes a life of its own. A life that refuses to be fenced by bureaucratic

or government committees, fact-finding reports, or academic interventions. That is to say that this idiom of discrimination travels beyond just a particular instance and becomes much more—to include modalities around that instance, social and political structures around that instance, institutional motivations behind that instance etc. At the same time, formations also tend to limit the language of discrimination to literal demands of policy changes.

In a broad sense, it might be said that there is a double bind in the relationship between the idiom of discrimination and the ideological frames that animate political formations: on the one hand is the imperative of using the idiom of discrimination, i.e. it is as though it is (often, though not always) necessary to invoke the idiom in order to make an instance of injustice politically legible. On the other is the desire or need to not be contained within the idiom, to resist the limitations that it implies on political imagination and to populate the political landscape with other idioms.

For instance, in the BAPSA (Birsa Ambedkar Phule Students' Association) story, one of the most concrete forms in which its politics articulates publicly has indeed been the idiom of discrimination, for instance in the context of the uneven ways in which the weightage given to *viva voce* in admission processes affects students from marginalised communities. The “unity of oppressed” politics of BAPSA however, is broader and includes addressing the historical erasures of knowledge through control over epistemology, the mechanisms of

monopoly over power within structures of the university, challenges to the aesthetics of the campus, all centred on an understanding of caste as a category of experience and structure beyond violence and discrimination. Here again, there is a complex relationship with the idiom of discrimination—a strategic invocation that seeks to expand the political question beyond the instance, and a resistance to being reduced to the invocation itself.

The Relationship between Discrimination and other Political Idioms

As mentioned above, looking at how different parties have their own ways of defining their negotiations of politics vis-a-vis different idioms, it becomes important to understand how these negotiations take place. Through field observations and interviews with students, activists, and political actors, although there wasn't a direct definition of what they imagined discrimination to be or how they would go about explaining it, there was a sense of attachment to politics that is bigger than just their immediate context. There is both a burden and desire to connect local political instances with larger narratives of national and international political nuances and debates. For instance, political parties at JNU connecting administrative hurdles with fascist tendencies of regimes of power or constant effigy burnings to signify anniversaries of an event of violent past atrocity.

If these connections with grand narratives were to be broken down, it seems that on one hand, there are many political

articulations, which are trying to get public recognition by carving their own channels. For instance, “institutional murder” becomes one of the primary ways in which many political formations try to voice their relationship with institutions, which are actively pushing their students out of its structure. Thus, institutional murder becomes an idiom of its own, and takes a journey of its own through which many different experiences (including those of discrimination) take shape. On the other hand, even in political formations' connections of the local to the national/global, somehow, all of these political articulations end up being seen through few lenses. For instance, most articulation of sex within structures of hierarchy comes to be seen as harassment. Or any critique of the structure of power or *status quo* comes to be seen as anti-nationalist. Or, in a space like DU, where bodily harm to people resisting, protesting, and campaigning is so real, most political articulations end up being seen as confrontational or violent. Therefore, there seems to be a struggle between expanding the lens to talk about politics to infinite possibilities and yet addressing all politics through a single plane.

Do idioms of harassment, confrontation, violence etc. come to be seen at par with discrimination then? One could argue that there is an almost obvious assumption of use of “discrimination” in student protests, fiery speeches, or *parchas* (leaflets). But a deeper analysis of its reference reveals many questions. Is this referral to discrimination a constant? Is discrimination being understood by these political formations to draw

a bridge or a connection between an experience and a political demand? Or is discrimination a medium through which they address each other's political and electoral failures? Or is this reference to discrimination a call to a higher all-encompassing descriptive category of injustice and inequality?

A curious moment to note here would be how many political formulations, do end up taking off from discrimination and don't return to it even though at the same time making reference to it. Ambedkarite form of politics can never be crudely put down as politics of exploring discrimination. This connection drawn between Ambedkarite politics and discrimination, comes primarily from many accusations of "doing identity politics" falling on parties formed by lower caste individuals. BAPSA, for instance, began its journey by critiquing discriminatory practices of JNU administration against lower caste students as well as negligible to zero representation of SC/ST/Bahujan students in positions of power and decision-making in registered student bodies. This journey, gradually, shaped into identifying and subverting the very way of imagining politics on JNU campus and forcing every political formation to engage with questions of taken for granted upper-caste mobilizing, kinship, and different shades of Dalit assertion. BAPSA, still continues to draw connections with discriminatory practices against marginalised students, but has transformed the meaning of discrimination through Ambedkarite understanding. Would this mean that

"discrimination" has lost its meaning? Or that it has simply taken a different form?

OUTPUTS

- The team primarily presented the ethnography research for the first time at the national dissemination held in Tata Institute of Social Sciences (TISS), Mumbai, titled "Discrimination, Gender & Sexuality: Telling Stories, Making Connections" from June 27 to 29, 2018.
- The team brought together student papers as part of the Gender and Student Politics component. This was a one-day pre-conference before the June dissemination held at TISS, Mumbai. Four sessions covering twelve papers were presented as the final outputs of the year-long mentoring process with student researchers writing about their own universities.
- A regional dissemination titled "Discrimination, Gender, and Sexuality: Telling Stories, Making Connections" was held in New Delhi on 28th July, 2018. The team presented findings from the project as part of the dissemination.
- An exhibition on the analysis of aesthetics and erotics of leaders and leadership was held on 28th July, 2018 as part of the regional dissemination meeting in New Delhi.

WAYS FORWARD

The collaborative papers on Gender and the Sexual in Student Politics will be supported to publication.

PUBLIC SPACES

FINDINGS

The team studying public spaces produced three main outputs based on their research: a photo essay illustrating diminishing public spaces and those that are inclusive where communities can access without fear; documentation of public spaces as spaces of resistance; and a play-script based on some of the stories shared in the research. Some of the concerns raised by the study of public spaces in Bengaluru are shared below.

Mapping Desire and Discrimination in the Parks of Bengaluru

Bengaluru city has a large number of green spaces, gardens and parks within its municipal limits. Since the early 2000s, the Bruhat Bengaluru Mahanagara Palike (BBMP) started a drive to beautify Bangalore's parks by planting manageable "show plants", building large gates and fences, constructing pavements and jogging tracks, adding lights, introducing restrictive park timings, and increasing security and CCTV cameras. In 2005, under its "Adopt a Park" scheme, BBMP invited corporate bodies, educational institutions, clubs, residents' associations, hospitals, hotels, retail showrooms and other such organisations to maintain and develop Bangalore's parks. Since then, parks across the city have turned into highly monitored, exclusionary, enclosed, and restricted spaces. In recent times a nexus of brahminical, upper- and middle-class activists, real estate developers and the state has mobilised the discourse of "public interest", "women's safety" to appropriate parks in a way that their new

designs deliberately exclude the city's poor and marginalised sections. Everyday public utility needs of working-class people such as bathing, washing clothes, relaxing, sleeping are now replaced by the luxury needs of jogging, healthy living, leisure and so on of the upper-classes and castes. In the history of the queer movement in Bengaluru, parks have played a critical role in building communities, networks, and solidarities. Several respondents spoke of parks playing an important role in their personal journey or in the movement.

Accessing Public Spaces for Resistance

Bengaluru has a long history of protests organised by different movements such as women's movement, dalit movement, marxist women's movement, socialist women's movement, labour movements and many more. Political parties have also occupied the streets for protests. While issues like equal wages, dalit rights, violence against women including dowry and domestic violence, women's education, women's autonomy were spoken of, questions of sexuality and gender were never publicly addressed until the late 1990s. By the early 2000s, the sexuality rights movement had started raising its voice and demanding to be heard. Initially, the presence of trans and queer bodies in a public protest was seen with skepticism and caused great discomfort among many. Many protests by the sexual and gender minorities for the demand for rights and as acts of resistance for atrocities against the community were held for years before

the Bangalore Pride was first organised in 2008. However, because of the wide media coverage it receives and its connection to similar Pride marches across the globe, the Bengaluru Pride remains one of the more popular events in the collective memory of the city.

Loss of Spaces

Today, gathering of non-families and resistance protests are seen as “public nuisance” obstructing public flow in the form of traffic or the pedestrians’ movement. The restrictions in the form of regulation from the state not only reduced the space physically but also emotionally in the mind spaces of people. Now protests are only allowed at a few places in the city. For the mainstream public, who are used to seeing these repeated protests at one spot, every other day, the issues mean little. Also, opposing groups use the same spaces to register their group’s point, diluting the impact of the issues somewhat.

Freedom Begum

Bengaluru has gone through drastic changes, and spaces that were built by the working-class trans and queer communities have been snatched away or demolished. The new developments have not only erased and displaced histories, neighbourhoods, and communities but destroyed an entire way of living and our relationship to the city. The kind of urban “development” is also very telling of *how* the city has changed and in *whose favour*, by excluding all working classes and those marginalised by gender, caste, and sexuality.

This erasure of community spaces, neighbourhoods, and histories was not recorded with the same fervour by people who document the city’s colonial heritage. The stories of many trans people’s lives were lost or ignored. In interviews with the trans community in Bengaluru, the team heard about a woman called “the Begum” who owned a large piece of land in the city. There were several stories and rumours about the Begum and the house she lived in with her son, but no records or physical site remained. Speaking to people who lived in the bylanes around the property, the study team uncovered a remarkable history of what the Begum was like, and how she protected and nurtured an entire community of *autowallahs*, *tongawallahs*, hijras, sex workers, mechanics, scrap dealers and many others. Rumours about the burning of her house after her death led to conjecture about how to re-build a community’s narrative around rumours or hearsay. This led to the development of a play, scripted by the members of the team.

The story of *Begum Mahal* is not just the story of Bengaluru’s transformation, but the story of every Indian city that has lost several open, inclusive spaces of expression, conversation, resistance, and freedom.

A NOTE ON DISCRIMINATION

Discrimination in public spaces occurs in multiple contexts. Non-normative bodies and expressions routinely face varied forms of violence such as lynching, beating, sexual assault, general assault, and murder, for merely occupying these spaces. In many cases, the public have

taken it upon themselves to punish, reprimand, and teach a lesson to those who are non-normative all in the name of morality, fundamentalist prejudices, an effort to show the depressed caste and class their “right place”, or even corrective punishments. Apart from visible forms of violence, the queer and trans communities also face humiliation, verbal abuse, insults, and ridicule in public spaces. When queer and trans persons face public harassment, the police or state

agencies refuse to register complaints. They are often turned away as there is no dignity for the non-normative bodies and expressions. On the other hand persons with normative bodies and their expressions somehow gain legitimacy to regulate the non-normative.

OUTPUTS

- Research Report
- Freedom Begum – The Play (based on findings from the study)

BIOMEDICINE AND HEALTHCARE

FINDINGS

The team studying non-normative genders and sexualities in biomedicine and healthcare, outlined several themes emerging from their research.

On meanings of access

The methodological impulse for the study began with the absence of discrimination as an analytic in biomedicine and healthcare, with terminologies of “bias” or stigma instead to denote any sense of injustice, inequality of access, or error. Access has traditionally been understood in terms of distance or unavailability of treatments or practitioners, but we found that in the field and in the vocabularies of practice, it could be coded in many ways, ranging from overt denial of treatment, referral as a mechanism since “other docs or hospitals” are now available, or codes of “marking” within hospital settings for those who came for HIV treatment, for example, or those who looked a certain way and were then treated as “at risk”. Failure of access, then, becomes a way

to understand terms of inclusion, and by extension, forms of discrimination.

The study also demonstrated that expert behaviours that supported these codes of “marking” also stemmed from an absence of perspectival training on gender-sexuality, that ill prepared practitioners to notice and understand the gendering and inequalities of power along other axes that informed clinical situations.

Standard Training vs perspectival training and who is a “Good Doctor”

The study therefore questions the impacts and meanings of standard medical training rather than point to simple omissions, and asks whether this form of training actually enables discrimination. Standard medical training is meant to “arrive at a diagnosis”, as making connections with social determinants of health as “risk factors”, not as social context, and is not seen as discriminatory or ghettoising. Most training is also instructor-centric, with the consolidation of the teacher-doctor as icon-expert,

while the text is a distant but constant point of reference. This iconicity meshed well with forms of hegemonic masculinity, with a symbolic mobilising of the “ascetic knowledgeable singular” figure, both scientific and Brahminical.

Gender-sexuality in medical curriculum

The study attempted to undertake critical curriculum analysis, taking direction from workshops with students of medicine, public health, and women’s studies. During these workshops, questions around the entry of gender-sexuality into curricula provided vignettes from specific texts and clues into pedagogy and context within which analysis could be framed. The team found that mention of non-normative sexuality and gender are absent or rare in textbooks. In these prescribed textbooks there is no distinction made between sex and gender and there are no discussions on sexual orientation or gender identity. The content and language of texts centres reproductive heterosexuality and gender binarism, as discussed in detail below.

Language of medical texts

The language of the medical text can have repercussions on the ways in which practitioners speak to, speak about, and speak with others. The team found that the appearance of gender and sexuality in medical texts generates notions of normativity and delineates that which it marks as “unnatural” in several ways: *centring of demographic language* in medical texts where personal biases of the author and outdated epidemiological data produces a clear demarcation of those who are “at risk” and those located some distance away from risk— married, heterosexual, monogamous people from

privileged caste and class locations.

This has a direct impact on practice as student interns are more likely to ask about sexual history if a “truck driver” or “prostitute” comes into an outreach clinic than if a married, pregnant woman comes in. *Medicalised language* was found to have somewhat replaced pathologising language in medical texts. In expert naming and categorisation of persons, that which gets left out like self-identification and social distress that is not medically legible – does not get entertained as valid. The use of medicalised language gives legitimacy to expert naming of identities in ways that are often out of touch with reality. *Medico-legal language in medical texts* dictates not only what is legal and “normal” but also what is “natural”. Rape, incest, and adultery are classified as natural offences while sodomy and tribadism (or lesbianism) are classified as unnatural offences. It also categorizes “transvestism” as a sexual perversion along with sadism, masochism, and masturbation, putting them in the same classification as necrophilia. *Museumized language* of medical texts spatially and temporally displaces queer bodies and identities. Terms such as transsexualists or transvestitism are neither consistent with currently established standards nor respectful of lived realities of trans* people who have been fighting for the right to self-determination and recognition by the state. The distance between curricular language and clinical experience forces curricular learning to stagnate and the chasm between learning and practice becomes normalised, while the textbook continues to serve as a reference point for what is abnormal

and creating contexts for many micro-discriminations (see report for details).

Earlier histories of gender-sexuality in the clinic and the rise of community

Several participants in the study had been part of the early HIV work that created not only frameworks within which bodies and identities were produced in the clinic, but also the idea of “community” that involved both extended sites of institutionalisation and the sites of collectivisation and political consciousness. There is extensive literature on the specific contexts and histories within which we see the entry of what are broadly referred to as non-normative genders and sexualities into the modern western clinic and healthcare system in the Indian context under the rubric of what has been termed the “HIV/ AIDS epidemic”. Here we see the healthcare system as representative of the biomedical model, and the discourse of public health as the framework within which we see the entry and production of these bodies. We might suggest, also, that these are almost the first vocabularies of gender-sexuality outside the reproductive that exceed, somewhat, the merely demographic within healthcare, although that is where they begin. Radhika Ramasubban (1998, 2007), Nambiar (2012) and others have detailed some of these histories, and talked about the overlaps and conflicts between languages of sexual and health rights. Conversations with members of “community” produced several understandings. One, their reflections on HIV work in the 90s helped mark that period as the one of consolidation of behaviour-identity connections – whether it be “truck

drivers” or other “at-risk” categories. However, these categorisations, and the stereotyping following them, was not merely a simple instance of institutional authoritarianism, but a generation of practices and shared terminologies between institution and community – in other words, a shared language of the meanings of and exhortations to health. With the extension of surveillance/ diligence/ vigilance across drop-in-centres (DICs), peer educators, etc., the institution follows the at-risk identity outside too, in the shape of moral injunctions to “good behaviour” and safety if not complete reformation as a prerequisite to a good life. This proliferation of sites of institutionalisation helped thicken meanings of discrimination and access – the institution not only limits entry, it also sets terms of entry and exit.

And yet, in these very spaces fraught with surveillance and hypervisibility, aspirations flourished. The study participants spoke of the DICs as a space where the “community” flourished, where people who led otherwise closeted lives found an affirmative language of gender expression, who found livelihoods, who found an opportunity to accept risk as a manageable entity that did not entirely define them.

The idea of the “community” is what we were able to thicken here, through an understanding of how both distress and aspiration live alongside each other. We understood, also, that for marginal groups, the relationship with and within community, as well as the presence of the state, were different from the way in which the same played out vis-à-vis more privileged groups.

Languages of collectivisation

Study participants spoke of ways in which they challenged the vocabulary of HIV interventions, moved from developmental to political work, adopted alternative directions and strategies, focussing on rights and care work instead of targets, making systems accountable. Those who identified as queer feminist activists in this work also critiqued the romanticisation of “community”, pointing to how public-health interventions or work around HIV provided a route to collectivisation, but also new forms of discrimination against women within and outside of the “target groups”.

From marking to crafting

The mobilising of both distress and aspiration emerged in and through interviews with practitioners involved with gender affirmative work in the study. Practitioners appeared as both arbiters and allies in this work, in a seeming shift from earlier ways of “marking” particular bodies or identities as risky, to a heady collaborative crafting of bodies and gender in the clinic. In the study findings across public and private healthcare settings, however, the continuing standards of gender binarism, reproductive sexuality as norm, of this crafting being a non-vital exercise, and most importantly, the role of the “genius surgeon” as arbiter, served as a useful commentary on the links between masculinity and medical fields, and an attitude towards gender and difference that determine the nature of bodies crafted in the clinic.

A NOTE ON DISCRIMINATION

Discrimination here is used as an analytic to understand access to healthcare from within. Difficulty of access has traditionally been understood in terms of distance or unavailability of treatments or practitioners. But in the field and in the vocabularies of practice, access and discrimination are coded in many ways: ranging from overt denial of treatment; referral as a mechanism since “other docs or hospitals” are now available; codes of naming within hospital settings that are different from before and yet are more or less universally recognisable (for example, from having red markers that used to be hung on the beds of those who were HIV-positive, to the present context where there are no red markers but the files and other documents of HIV positive patients carry “USP” (universal safety precautions) in bold letters; existence of double gloving or autoclaving of instruments as a practice for particular patients and so on. This is the frame, alongside discrimination as an analytic, that is useful to understand both incidents and contexts and it was not exclusions within the frame, but in its very constitution, that discrimination can be understood.

OUTPUTS

Towards research

- I. An edited volume or special journal issue on Feminist Queer understanding of Healthcare discrimination is proposed with contributions from health activists, feminist queer activists, medical practitioners who have worked on HIV programmes and researchers in social sciences and public health.

2. Two articles, namely – “Gender Affirmative Technologies and the contemporary making of gender in India”, Achuthan (2019), as part of an edited collection on Affective Technologies; and “Appearance of Gender-Sexuality in Medical Curriculum in India: A critical analysis of the language of medical texts”, Singh and Achuthan (2019) have been submitted and prepared respectively.
3. Workshop modules for social science students have been conducted to translate some of the project findings into interdisciplinary learnings and dialogue. This will provide frameworks for inter-sectoral dialogue across queer feminist and healthcare disciplines.

Towards curriculum

4. A workshop was conducted at NIMHANS, Bangalore with the healthcare discrimination team in collaboration with medical practitioners and professors on 10th August 2019. Medical practitioners, students of medicine, and social science researchers attended the workshop that helped practitioners, students, and teachers reflect on existing curriculum, training, and practice. It included presentations on experiences of bringing gender-sexuality into medical practice, developing protocols for gender affirmative procedures, advocating for terminologies developed collaboratively between communities and doctors, advocating for shifts in perspective on mental health, and

advocating for diversity in the pool of medical practitioners.

5. Curricular material on gender-sexuality and health for women’s studies courses in 2 non-English languages has been designed.

Advocacy

6. Advocacy handbooks in 4 non-English languages to take findings back to organisations that work on gender, sexuality and health, queer groups and communities, student groups, and women’s movement spaces.

WAYS FORWARD

In talking about revisiting the normative, or asking the question again of “what is to be done”, training is one of the responses. Is training for standardisation? The study tries to ask if provisional, revised models of history-taking, taking into account not just gender–sexuality but thickening symptoms in particular, are possible. These are different from learning-on-the-job. From the histories of collectivisation and critiques of institutionalisation, as well as emerging vocabularies from within community activism, the study also asks the question of these models needing to be collaboratively built with persons named as clients, with other knowledge communities including academic disciplines and campaigns, including terminology used. Terminology has to be based on self-identification rather than expert naming of persons or behaviours or disease, and needs to be acknowledged as such. Some case history formats have been developed in this regard and are represented in the report.

HEALTHCARE DISCRIMINATION

FINDINGS

The team studying healthcare discrimination experiences of non-normative genders and sexualities communities listed the following themes emerging from their research.

“Experiencing” Discrimination

The study found that while healthcare professionals don’t view their own actions as being discriminatory, the community accessing it speak about their experiences with language and emotions that can be understood as discrimination. Healthcare spaces are designed to be safe, but for the “client” from the community negative emotional reaction renders the space unsafe. Respondents agree that to a large extent healthcare spaces tend to be violent to those who are perceived to be non-normative.

Judging Bodies, Appearance, and Identities

The study found that the obsession of healthcare professionals with establishing “normal” bodies, genders, and sexualities produce with it the privilege to decide who gets to be “normal” and who does not. One important finding from the study was that both gender appearance and performance had a significant negative impact on the healthcare experience. In fact, this stood out in the data regardless of education, occupation or age of the participant.

Conversion Therapies

The study found that many respondents had experience with conversion therapies. Medical spaces reach out

to clients who wish to convert from homosexual to heterosexual or offer treatments to those who do not identify with the gender they were assigned at birth. Almost all such offers of treatment conflate identity and behaviour. The treatments themselves tend to be violent and degrading.

Non-normative Origins

The study found that healthcare professionals continue to have an obsession with proving the aetiology of the non-normative. Rather than understanding the source of the distress making clients access healthcare, professionals spend more time decoding why the client is non-normative and trying to link it to some psychological damage or behavioural pattern that can be corrected.

Power

In recent years, healthcare delivery has transformed the doctor from a god-like figure to a service provider. But most non-normative communities have not experienced that transformation. Respondent narratives indicate that many doctors use their position of power to claim knowledge about the client’s concerns even if they have no experience with non-normative communities. In addition, actual exhibition of power by healthcare professionals such as withholding treatment or pushing the client to accept their advice or diagnosis are still practiced. The study found resemblances with casteist and classist practices when a few healthcare

practitioners deal with gender non-conforming clients. The study also notes that doctors who provide healthcare service without judgment impress community members by doing their job efficiently, even if they do not talk and are asocial to clients.

Families and Access

Parents of non-normative persons tend to make their living situation and health seeking experience worse. In addition, healthcare education as well as practice reinforces the family and marriage as a life achievement, so LGBTQIA+ people find that their lives are considered unimportant or their opinions are dismissed because they don't have parental support. Agency over body, gender, or sexuality is always in the hands of families, especially in female-born gender and sexuality communities. The same standards are followed in the context of gender expression and the "normal" body.

HIV and Access

HIV treatment is still an area of concern for affected non-normative communities. The double stigma of sexuality and HIV are still bound together for sero-positive respondents. Privacy at treatment centres is not valued and stereotypes about people accessing these treatments are common. Respondents crave anonymity, but in these treatment spaces, it is hard to be anonymous when you are non-normative. In this context, respondents say that practitioners of complementary and alternative medicine (CAM) were far less intimidating, and more non-

judgmental than most mainstream healthcare services for HIV treatment.

Violence

The study collected many narratives from respondents for whom the healthcare system has been violent. Respondents shared experiences of healthcare professionals refusing to touch and treat community members, verbally abusing them, isolating them, refusing access to doctors, physically hurting them, and even sexually harassing them while providing medical assistance. In addition to refusal to provide treatments, ridiculing the client's self-expressed gender identity, ignoring the client's own experience and familiarity with their journeys, conflating all illness and even road accidents as being consequence of their identity or immorality are also reported.

Surgeries

The study found that safety was the primary issue in gender affirmative surgery. But there are still not enough medical institutions offering safe surgeries for transmen. However, "corrective" surgical intervention on intersex peoples' bodies is conducted before adolescence or before they develop a gender and sexuality identity of their own. In some cases where surgeries are offered by inexperienced or insensitive surgeons, experiences of violent side-effects, body parts falling off, and other health concerns are also reported.

Privacy and Dignity

The team noted that concerns around privacy and dignity are repeatedly brought up by respondents. Medical

college or teaching hospitals stand as a repeated source for violations with most community members, mostly because the doctors force them to undress and reveal their bodies and/or infections to students randomly called into the room without asking for explicit permission leading to embarrassment and humiliation. The experience is exacerbated when the “case is unique” (when intersex or transgender people visit these institutions).

A NOTE ON DISCRIMINATION

Social perception sees healthcare practitioners as persons with higher public moral standing. But respondent narratives have shown that personal prejudice and traditionalist gender and sexuality frameworks continue to play a part in professional healthcare practice. The result is that healthcare professionals become part of socialisation processes that enforce gender and sexuality norms. And, within such practice, the non-normative person can experience every comment, look, touch, diagnosis, and treatment as discriminatory. Feeling unsafe in healthcare spaces, being judged for their appearance or identity, receiving conversion therapies aimed at making them “normal”, forcing normative expectations on them, prioritising procreative family units, or facing outright violence, persons who have non-normative genders and sexualities experience all forms of discrimination.

OUTPUTS

This study continues to interview participants and hopes to build an archive of experiences that can help with

developing a better understanding of healthcare discrimination.

Dissemination programmes and reports

1. Preliminary report dissemination 28th-29th June 2018 in TISS, Mumbai
2. Preliminary report dissemination 4th November 2018, to medical students, Kolkata
3. Preliminary report submission (this document)
4. Detailed analysis final report (forthcoming)

Continuing Medical Education (CME) Programmes

5. Presentation at CME on “Gender Identities: Medico-Socio-Legal Aspects”, at M. S. Ramaiah Hospital, 18th August 2018, Bengaluru
6. Presentation at CME on “Adolescence: Contemporary issues in the clinic and beyond”, 15-16th March 2019, Department of Child and Adolescent Psychiatry, NIMHANS, Bengaluru

Conference Papers and Workshops

7. “Hegemony of the ‘Normal’: Healthcare Discrimination of LGBTQIA in Southern India”. Presentation at 14th World Congress of Bioethics (WCB) and 7th National Bioethics Conference (NBC), 6th December 2018, St. John’s National Academy of Health Sciences, Bengaluru
8. “Experiencing Medicine as Discrimination: LGBTQIA Narratives of Healthcare

Discrimination”. Presentation at a panel titled “Transforming Gender and Sexuality Teaching in Medicine: An LGBTQIA Perspective” at 14th WCB and 7th NBC, 6th December 2018, St. John’s National Academy of Health Sciences, Bengaluru

9. “Experiences of persons with non-normative genders and sexualities”. Presentation at 5th Public Health Symposium: LGBTI Health, 9-10th March, 2019, Department of Community Medicine and School of Public Health, PGIMER, Chandigarh
10. “Community Experiences of Discrimination in Healthcare”. Presentation at Sexual and Reproductive Rights in India: Social Movements and Legal Battles, 14th-15th April 2019, Centre for Law and Policy Research, Bengaluru
11. Presentation at Workshop for medical students, healthcare practitioners, social science researchers, and others “Building Perspectives on Gender and Sexuality — LGBTQHKIA+ communities and Healthcare” on 10th August, 2019, NIMHANS, Bengaluru (collaboration between ACWS, TISS, Mumbai; Department of Child and Adolescent Psychiatry, NIMHANS, Bengaluru; and Swabhava, Bengaluru).

WAYS FORWARD

Using the study narratives, some ways forward are suggested below.

- The complexity of discrimination experiences highlights the need to

deconstruct how prejudice is taught and/or practiced in healthcare.

- Healthcare practitioners have to understand the impact that their stereotyped understanding and assumptions about gender and sexual behaviours or identities have on non-normative persons.
- Any medical intervention on non-normative bodies, genders, and/or sexualities, has to accompany sharing of knowledge about procedures and possible outcomes, to obtain full and informed consent of the client.
- Family input has to be understood only in context and cannot take precedence over the client’s own priorities.
- Healthcare professionals are obligated to build networks with community groups and other service providers through regular collaboration and build confidence in healthcare delivery systems.
- The language and experiences within the gender and sexuality spectrum evolve quickly and indicate a need for healthcare providers to keep up-to-date.
- LGBTQIA+ support groups cannot be undercut due to the benefits they provide. Traditional families must also be encouraged to access support systems to help understand their loved one’s gender or sexuality.

An Exploratory Study of **Discriminations** based
on **Non-Normative Genders and Sexualities**



Studying the Normative and Discrimination based on Gender and Sexuality in Education

Chayanika Shah and Ditilekha Sharma

**Studying the Normative and Discrimination
based on Gender and Sexuality in Education**





Introduction

Education plays many roles in our lives. When Dr Ambedkar gave the slogan of “Educate, Organise, Agitate”, he referred to the potential of acquiring knowledge beyond the immediate experiential, that every human being has access to and constructs through their lifetime. He believed in the vision of learning to know more, having a world view that expanded beyond the immediate and also participating then in this process of knowledge building to create a different world. By connecting educate to organise and agitate he completely underlined the transformative potential of education.

This potential of transformation at the individual and the collective level that education provides, however, comes with the other agenda of a nation – that of making good citizens educated into a worldview that the powerful and the dominant decision-makers want for all the people. Education thus also becomes necessary and important for everyone, and particularly for those that do not fit in, to be “successful” in the world, to access and achieve one’s aspirations.

The society we grow up in is hierarchical and unequal and the tenets of equality

and non-discrimination are not part of most of our lived realities. Hence they need to be inculcated, learnt, and evolved as part of our thinking process so that we respond differently and more openly to the spaces and people we encounter, especially to those realities that are different from our own.

The target of education is primarily the young. The formal education process is also the space that they inhabit where they get acquainted with the larger society and its processes and interactions outside of the natal or the “home” where they grow up. While this process could and probably should lead to knowing of different ways of being from what they see in their immediate surroundings, most often the education system is used to groom them into accepting prevalent norms around all social codes. Normativity, in the name of collective socialisation, hence gets woven into the process of education. It is this tension of “what can be” and “what is” that makes education a particularly interesting site to study “discrimination” and “non-normativities” of all kinds.



Narrowing the Field

This study was made more specific in its scope by making its main focus, higher education. The public University is a space which is more representative of the diversity in society as compared to a school in present times. It is this diversity and the possibility of exposure to different kinds of people within higher education institutions (HEIs) and the system of higher education itself which lends to help make any study of discrimination more complex and rich. And yet, this aspect of the public University system is rapidly changing right before us.

While the modern University claims to have moved far away from its early antecedents like the centres of education of the European nobility or, as in our context, the gurukuls and other centres made primarily for Brahmin men, it has remained dominated by the able bodied, “sound mind”, dominant caste, upper-class men, and everyone other than these have been consciously brought in through active interventions.

In post-independence India, with the vision of inclusion and justice enshrined within the making of this democracy, efforts were specifically made to provide access to those sections of society

that were earlier excluded from formal spaces of knowledge-making and sharing. The principle of inclusive and State supported education led to the creation of the public University and subsidised education for a few was made possible. Affirmative actions like reservation of seats, specifically for those outcast because of their caste backgrounds, and for inclusion of tribal populations within the mainstream were some such steps. At the same time separate women’s universities and colleges or even protected introduction of women students in co-educational spaces were similar steps to ensure that the University became a space open to all. In reality, however, equality and access are not easy goals to achieve in a hierarchical society such as India.

In 1989, the Mandal commission report brought back the attention of the nation to the continuing caste hierarchies and the systemic and systematic dis-privileging of the marginal populations of Dalit and Bahujan communities. While the report itself highlighted the plight of those from the margins, the strident Brahminical voices, that rose in ferocious anger against the Mandal report, raised a rabid sentiment against the affirmative

action granted through reservation in education and employment. Since then reservation in admission especially to coveted programmes and Institutions has been constantly opposed under the bogey of “merit” and “ability”. Almost as if to camouflage the anti-caste sentiments of the upper-caste Hindus, this is also the time when the larger and louder voice of right-wing Hindutva forces unleashed their attacks on Muslims (and later the Christian populations) the largest religious minority in the country.

Alongside all of this, the 90s also saw a change in the nature of the State itself. The economy was liberalised leading to a shift from the promise of a welfare State to a clearly capitalist and corporate State with immense surveillance and military power. And alongside grew the consistent and strident reassertion of the Brahminical patriarchy through Hindutva motivated right-wing politics gaining political and social power.

One of the ways that Mandal got implemented in policy is by providing entry to more people from marginalised communities through a systematic increase in the number of seats available in any HEI. This increase in seats gave rise to the mushrooming of a huge number of private institutions, which are not subsidised by the State and also led to an increase in the intervention of private or unaided education even in the public University system because of reduction in budgets for higher education. This has changed the very character of public education and created a situation in which complex hierarchies of caste, class,

religion, and gender create multiple rifts amongst the student populations as well.

So while there are more seats and more people from marginalised sections of society can access higher education, it also comes at the cost of an openly discriminatory rhetoric against affirmative action of any kind emphasised as the argument of merit in academic institutions. And yet, the larger numbers of those who have made it against all odds, has helped build strong opposition and resistance to this nominal inclusion. This is evident from the fact that during the period of the study (from June 2016 to June 2018) a number of protests and actions reverberated in campuses across the country demanding that public funded education be accountable to the needs and realities of those that it has included. So in a sense complex conversations on discrimination have been ongoing in these spaces, and we used that in our study.

Since we were concentrating on non-normative gender and sexuality in particular, there was another aspect which indicated that higher education would be more appropriate for our exploration. The University caters to young adults and provides for spaces for exploration of the self. In that sense then, the clash between the disciplining and the explorations also acquires a new dimension as far as gender and sexuality expressions go. By the time people enter the University, as young adults they are in a better space to find the language to speak about their gender and sexuality as well as the nature of the normative, systemic and individual discriminations that they may face.



Methods Used

The first question that we are faced with when trying to understand education is that of access and accessibility. Both of these happen in multiple ways – from how institutions are made and where they are located, to actual rules and regulations that control those admitted, the classroom transactions and the very core content of the materials taught. They work for some magnificently and for some others these same processes could lead to pushing them out—either as active discontinuation or alienation at multiple levels.

Along with this there is also the possibility of freedom and liberation again in both the material and an intellectual sense. This could be through being able to master the normative narrative and the demands of the system. But it could also be due to that leap of imagination which may just happen or be triggered by anything in the process of education. These together could lead to anything—to creation of normative selves even when there is the possibility of being different or the blooming of the non-normative.

In mapping discrimination around non-normative genders and sexualities, hence we paid attention to all of the above—

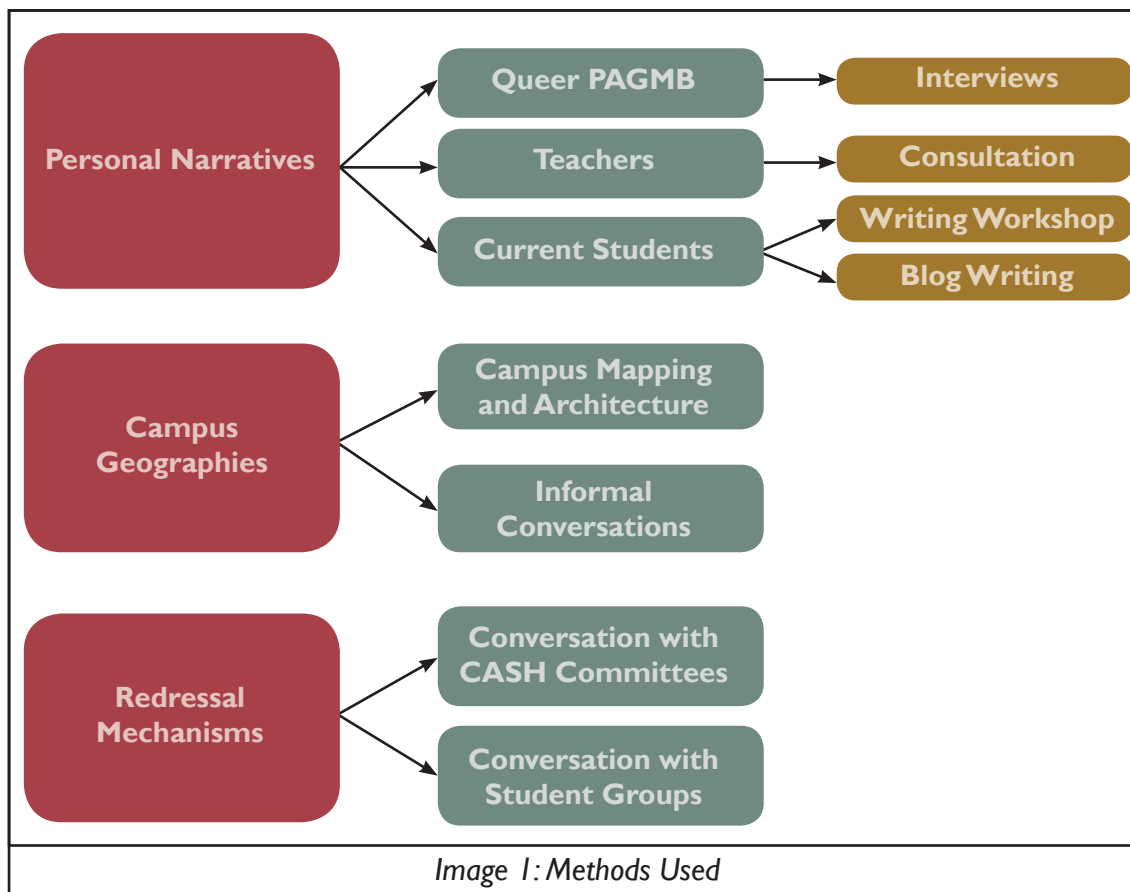
the experience of negative discrimination at all levels of access, accessibility, alienation, as well as the positive of celebration of difference and diversity. In the process we attempt to unravel the layered marginalisations across multiple axes as well as document some of the ways in which not being able to fit in actually contributed to making an impact on the normative itself.

The following two broad approaches have been used in this study.

QUEER NARRATIVES

Queer¹ Narratives which includes narratives of people who are currently in higher educational institutes and people who had been able to access higher education in the past. This includes narratives of queer students as well as

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- I Queer here is being used in the widest sense of the word. It is essentially a challenge to the normative from the perspective of gender and sexuality. At times our respondents used it to describe themselves or their work, but they could also use more specific identity-based terms like hijra, gay, lesbian, trans, etc. For us it is the way to describe the non-normative and this open-endedness also helped us understand the multiple ways in which normative and non-normative are constructed.



teachers who are queering education. The methods of collecting these narratives also vary across different groups of people.

Qualitative Life History Interviews

These were done with persons assigned male at birth to understand their navigation of the education system along with their other experiences of growing up and finding ways to understand their gender identity and sexual orientation. Through this reflexive exercise our respondents reflected back on their life in school and college. In this study, we looked at only the narratives of those assigned male at birth because there exists another study of those assigned female at birth which does some of these explorations.²

2 LABIA – A Queer Feminist LBT Collective (2013) *Breaking the Binary*:

As part of this we have done 22 detailed non-structured interviews collected in the cities of Bombay and Kolkata. We chose Mumbai because we were based here but Kolkata was chosen because we had access to a group there and the larger project did not have a team in the East of the country. The Kolkata respondents were contacted through an organisation working with transwomen there while the Mumbai respondents were contacted through snowball sampling.

We conducted 8 interviews in Kolkata and 14 in Mumbai. A lot of the participants, especially the ones in Mumbai, have migrated across various towns and cities in the country and

Understanding concerns and realities of queer persons assigned gender female at birth across a spectrum of lived gender identities. Mumbai.

some outside the country. So the experiences are of different kinds of educational institutions across different parts of the country. Of the 22 participants, 9 identified as transwomen and around 5 identified as trans* or other than men. The age group ranged from 18 to 42 years. Their highest qualification ranged from the 1st year of undergraduate study to completion of Ph.D.

Narratives of those Identifying Queer and who are Currently Students

To capture the daily experience of being queer on campus, we decided to ask some students who identify as queer to write about their experiences on campus. The idea here was to talk about what they perceived as relevant to them. Initial efforts at getting them to write a journal were later supported with writing workshops with some of them in two locations, Kolkata and Mumbai. These were done with 14 students who were then studying in campuses across Bombay, Bangalore, Kolkata, Bhuvaneshwar, Banaras, and Guwahati. These interactive workshops helped create a space where those attending shared some of their experiences and concerns.

In the discussions and the subsequent writing, what came up was what they considered relevant to their queer presence on campus. This approach gave a larger scope to understand their broad lived experience and not confine it to the limited area of explicit discrimination and injustice. An outcome of the writing workshop is a blog called “The Glass

Closet” which can still be accessed.³ The blog has been active since November 2017 and we have uploaded 66 posts since then.

Teachers’ Narratives

To collect teachers’ experiences of both sides of the classroom (as students and as teachers) we organised an intensive consultation which had 15 teachers from across disciplines and universities. Their diverse disciplines were also important because along with their personal experience we were trying to collate their efforts at queering not only the space of the HEI but also the transactions in the classroom. We initiated discussions on how we understood education itself, how we understood queering in each of our disciplines, as well as our interactions as teachers in the classroom, in the staff room, and with the Institution itself, and found a lot of resonance across disciplines and institutions as well as across time.

LOOKING AT INSTITUTIONS THEMSELVES

Besides looking at the direct experiences of those considered different, we also wanted to study the basic institutions themselves to better understand how normativity is part of the way in which Institutions structure themselves. This is an important part of the study of discrimination of any sorts because studying what is prevalent also points to the structural ways in which this exclusion happens. We used two very

3 <https://theglassclosetsblog.wordpress.com/>

limited and yet unique approaches to study this.

Campus Mapping

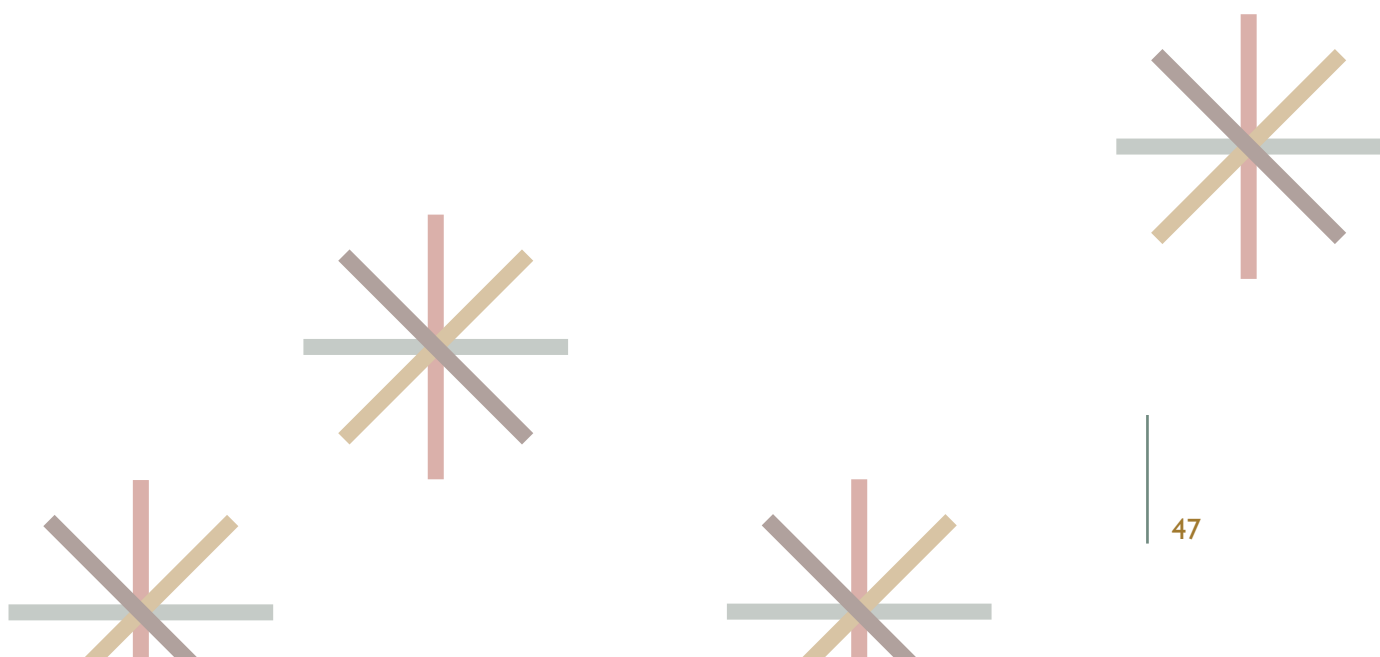
Student housing has been very gender segregated and has been a point of contestation in recent times. A lot of the times segregation on the basis of gender is an in-built part of rules and regulations in the Institution. Besides the policies that may and can change, we decided to study how the imagination of the Institute gets reflected in the ways in which it is planned and designed. The question that we asked of the infrastructure and the built environment was, “How accessible is the campus and its infrastructure?”

Our primary method of analysis was looking at plans and designs and walking through the campuses ourselves. Besides this we spoke to some groups of residents on each campus depending on how accessible they were. We chose somewhat single discipline five campuses across three cities. These were IIT (primarily technology) and TISS (primarily social sciences) in Bombay, IIM (management) and NID (design) in Ahmedabad, and NLSIU (law) in Bengaluru. In trying to see how inclusive

a campus was in its structure, we got some very interesting insights into the ways in which the plan and design of the campuses themselves were exclusive and meant for certain populations.

Redressal Mechanisms

The anti sexual harassment committees are seen as a form of an anti-discrimination mechanism available to all work spaces. Besides this, it is one kind redressal mechanism available to all members of the campus whose mandate also makes them discuss and deal with gender and sexuality issues. We had conversations with some of these committee members as well as student groups involved in advocacy on some of these issues to understand the ways in which gender and sexuality get framed along with other marginalisations of power hierarchies within the Institution as well as those of caste, ability, religions, and so on. These discussions were held in Delhi, Kolkata, Hyderabad, Mumbai, and Pune. The conversations were either one-on-one interviews or free flowing group discussions trying to understand how internal mechanisms work and what are the pitfalls of accepting similar mechanisms for other kinds of targeting.





Experience of doing a Multi-Method Study

Since this study was exploratory, we used a multi-method approach to study different parts of the whole. While each of these parts deserve independent output by themselves, and some are complete while others are in the pipeline, together they gave us some insights which we share here. Since the idea of the whole study is essentially to understand discrimination and normativity, we share here what came to be understood as the nature of the normative in our field and also the broad nature of the exclusion and discrimination in higher education in particular.

We would also like to note that this study period was of great churning as far as HEIs were concerned. The field as it were was constantly being challenged and changing. The #MeToo and the LoSHA, which both began in the academic spaces and also other struggles by students on inclusive education were happening alongside as we carried out these discussions.⁴ Many of

these found reflections in our work as well since the two of us from the team also occupy activist locations within the larger queer, trans and feminist movements. So our outputs also reflect some of our wider engagements

Our starting question was never around discrimination. In any part of the study when we looked at narratives, we tried to ask people to engage with the larger question of their experiences of being queer people in the education system and speak of it as a whole. We did not want to only look at the larger exceptional incidents and events, our attempt was to understand the quotidian. The daily experience of being this queer body on campus is critical because it has not been spoken of and it also gives a better context within which to understand the more identifiable incidents of discrimination. These broader narratives also helped understand non-normativity better because it changed from person to person and also in a person's life as they lived it. Looking for inclusion in the architecture and understanding the CASH (Committee against Sexual Harassment) mechanisms helped us understand the limits of what was possible, while also place gender and sexuality in the larger context of other marginalisations.

4 Me Too (or #MeToo) is a movement against sexual harassment and sexual assault. While the tag "MeToo" was first used in 2006, in October 2017 it spread virally as a hashtag on social media across different countries and successfully demonstrated not only the widespread prevalence of sexual assault and harassment, especially in the workplace, but also the systemic apathy towards redressing it. In India on October 24, 2017, Raya Sarkar published a list of well known academics in India accused of sexual harassment, either publicly or in more private conversations. They put it out on Facebook with the consent of the persons who were harassed.

Later this came to be known as the LoSHA (List of Sexual Harassers in Academia) and sparked much conversation and debate although not enough action.

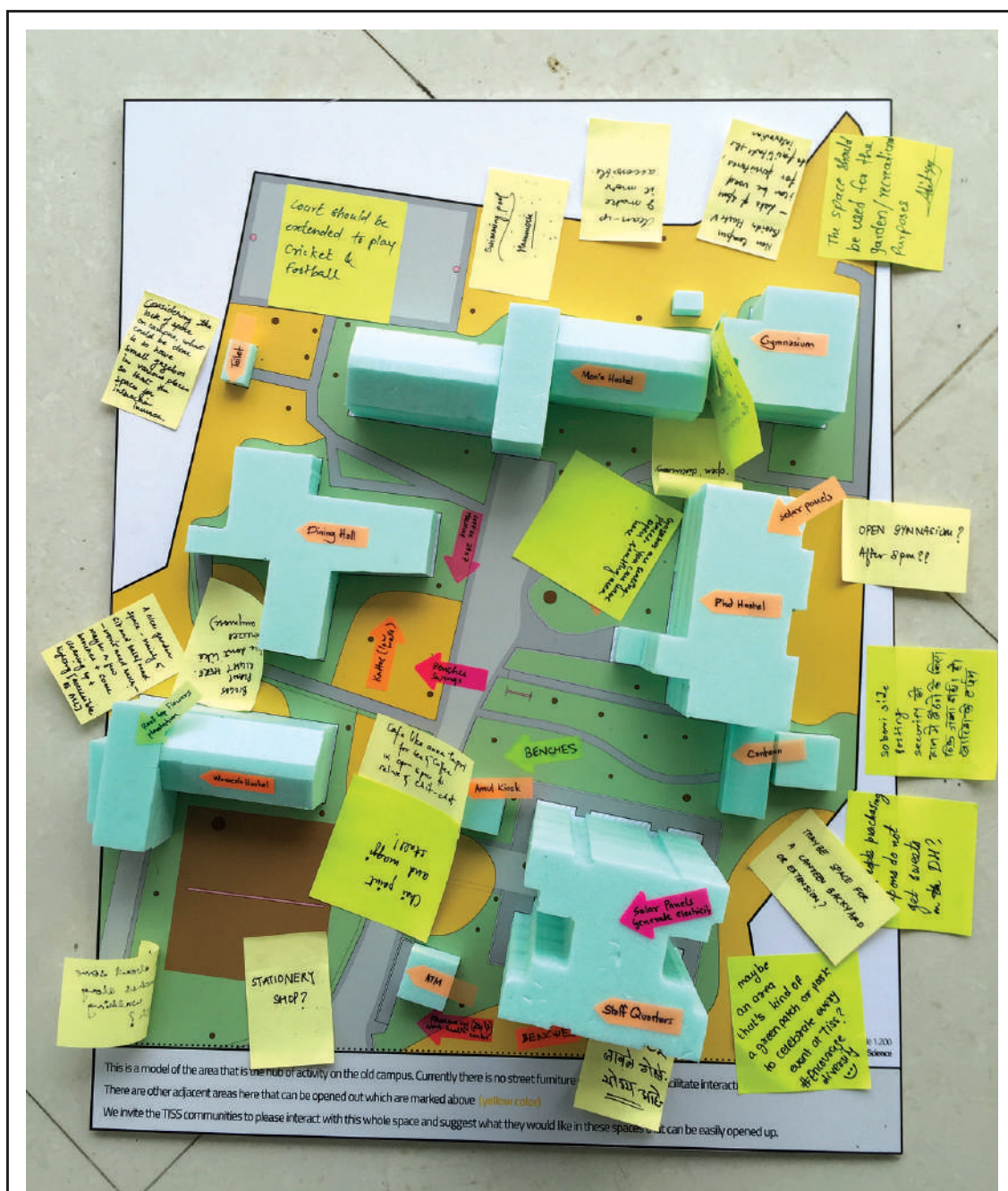


Image 2: At the dissemination meeting in TISS, Mumbai in June 2018, as part of the campus architecture poster exhibition, we placed a model of an area in TISS which has maximum footfall during the day. We asked passers by, students and others, to give suggestions of how the open spaces could be used.



Findings of the Study

In our work while we did get some concrete examples of how discrimination works and is perceived by those facing it, what also emerged, at times quite insistently, however, are the mechanisms and broad processes that uphold, and in a way, maintain the very structures that lead to discrimination. The various outputs that emerge from this work will deal with the details of each of these findings. In this report,

however, we would like to highlight the two broad themes that emerged.

- The idea of the normative, what practices and systems hold it up, and who and what all does it then marginalise and exclude.
- Understanding inclusive and accessible higher education as we look at the system from the lens of those not included in the normative as understood above.

The daily experience of being this queer body on campus is critical because it has not been spoken of and it also gives a better context within which to understand the more identifiable incidents of discrimination.

Looking for inclusion in the architecture and understanding the CASH mechanisms helped us understand the limits of what was possible, while placing gender and sexuality in the larger context of other marginalisations.



I. Making of the Heterosexual Binary Through the Schooling of the Masculine

Various bits of our work showed us who the system is meant for—for whom is it truly and easily accessible, or who does not have to hide oneself and be on constant guard to be able to really “fit” in. The masculine most clearly emerged as one of the definitives of the normative. Most horrifyingly, we found from our work that the masculine characteristics were ingrained and enforced through rejection, ridiculing, and undermining of what is seen as “non-masculine”. While in the imagination of the binary this leads to making of “good boys/men” and “good girls/women”, it is clear that it is the masculine that is revered. Everything else is termed feminine and bestowed on those not considered “men/boys”. If the “woman/girl” acquires “masculinity” it is not rejected in the same way as the reverse is done to a “man/boy”, unless of course it violates the code of heterosexuality which is another clearly present normative.⁵ So our first major finding is around how education contributes to the making of the masculine.

Our reflective narrative interviews with those assigned male clearly indicate how

this begins at school and also how this schooling into masculinity takes place through normalisation of violence and bullying. What was striking for us was how violence was the way of being in schools, particularly for “boys”. And this violence is perpetrated by both teachers and peers. In a way, disciplining through violence that the teachers did became a way for peers too. Not only did they police each other but bullying itself became a way of making bonds and interacting with each other. Bullying is directed at those perceived as “non-masculine” and “soft”, and hence “weak”. To an extent this finding was not new but that this was done by boys as young as seven or eight years and was condoned in school, revealed to us how this making of the masculine was clearly a project of the school as much as it was of the larger society.

Many of our respondents had tried dressing in more feminine clothes as young kids at home, but this kind of expression was totally condemned and disallowed in school. Not only clothes, mannerisms too were very closely scrutinised and monitored. It could be the way people talked, walked, ran, laughed, or even the games that they

5 Shah, C, et al (2015) *No Outlaws in the Gender Galaxy*. (p. 69-88) Zubaan: New Delhi.

chose to play. Violence is the norm even if the degree of violence varied from name-calling to hitting. And there are no redressal mechanisms anywhere, either in the school, the family, or the neighbourhood. In fact, complaining is actively discouraged by teachers and parents as they also agree with this schooling of unacceptable behaviour. So neither the home nor the school were spaces where young people could be who they wanted to be.

Gender coding seems to be worked out very clearly and any “boy” seemingly doing “non-boy”-like things is subjected to bullying to such a degree that most people admitted to self-censorship as a method of coping and surviving. They start “hiding” or “lying” or “over-compensating” and those who cannot drop out from the system itself. Those who survive, do so often at the cost of a lot of harm to the self. Sometimes it is that one compassionate teacher or a few friends who help. Often though coping is done by joining in with the

bullies, making friends with them, and joining in or silently encouraging them in bullying someone who is seen as “less masculine”, thereby saving oneself. Yet others make friends with nerds or sometimes find others like themselves or end up isolating themselves and finding solace in books or fantasies. Some learn very young that they have to over compensate by being good in studies or sports or extra curriculums.

Thus without explicitly talking about it, but at the same time by tacitly encouraging it, masculinity is nurtured. And in its very imagination it is derisive of the “non-masculine”, all lumped together under the label of “feminine”, looked down on, seen as worthy of ridicule and bullying, deemed less worthy, and recognised as an easy target for violence. So the making of masculinity not only genders the “boys” it also simultaneously constructs the feminine in which “girls” are nurtured by the teachers, the family, and other significant adults.

“The school was extremely good in terms of the teaching and other standards but sadly by the time I reached the 4th standard I remember the bullying had started. I was called *bailya* which means a sissy. And essentially I was called this because I was girly, I talked in a certain way, I walked in a certain way, played like a girl. So by the time I hit puberty my negativity had grown on me so much that I found it very difficult to hear my own voice because I thought it was an unhealthy mix of a man and a woman and it was not good also. And I did not like my shadow. I had really issues at looking at my shadow. I did not like to look at myself in the mirror.”

A, a gay man respondent in the qualitative interviews

Along with the monitoring of gendered behaviours there is also the closely entangled sexual persona as well. Desire is also camouflaged like other undesired markers of identity. As much as violence is an ever present part of young boys' lived realities, there is also interaction that takes place through sexual exploration and sexual abuse. Sometimes the exploration is fun and friendly but often it is linked to violence. The same boys who beat up the "non-masculine" boy or call him a *chakka* when they are with peers, also share sexual intimacy with him. One of our participants shared that there was a group of boys who would regularly beat him up and later rub his thighs in a sexual manner and he himself naturalised and justified the beating at that age as a form of intimacy.

Sexual abuse by teachers, close family members, people who are trusted and loved is an ever present reality in children's lives. There is no space to speak about it or recognise it as violence and a lot of these behaviours also possibly get replicated amongst peers. While in adolescence and early teenage when the boys start sexual explorations, the object of their desire and sex are the "non-masculine boys", and as they grow older, for at least some of them, the object of desire shifts towards the girls. And this narrative is also put in place pretty much by the ways in which heterosexism gets built into the education system. This leaves many a "non-heterosexual" desiring person in complete turmoil and confusion at being left as solely the object of sex, while for them their peers being the object

of both, desire and sex, and some times even romance! The dominant discourse becomes that of objectification/sexualising of girls and women, their peers, as well as teachers, and also the feminine boys. The taboo around talking of sexual desire, along with the normalisation of this sexual violence later leads to making the making of "toxic" masculinity.

The dominant paradigm in society is heterosexist and so this is a part of school planning and education. Due to this, boys and girls get segregated from their adolescence. Sometimes they may be separated completely through being educated in boys and girls schools and at other times it maybe in the seating arrangement in co-ed classrooms. Segregation, which is otherwise seen as discriminatory and non-inclusive, in this case is seen as a positive step for the protection of the "girls" and to enable them to access any education at all. This segregation leads to more toxic masculinity and a higher degree of violence for those who do not fit into the normative. It also leads to self loathing amongst those that are perceived as "feminine" when they ought to have been "masculine".

Thus it seems that schools efficiently do the task of making the masculine man, the feminine woman, and thereby establishing a heteronormative discourse wherein the gender–sexuality duo is well established within the binary opposites of heterosexual desire. Making success of this project is part of education as much as removing all defiance and crushing any effort at even small deviances.

Resembling external society, deviance from the norm is allowed only as much as the larger society permits it. A result of this is that those who are *cis* and heterosexual, their gender and sexuality markers get totally framed by this normative. The ones who cannot fit get completely marked as the deviants by the system and even denied **access** to it.

It is because of this that trans persons whose identities cannot be hidden find it extremely difficult to continue with their basic education. Those who do not fit in their assigned gender expression and roles often face tremendous violence from families and neighbourhoods and many of them even leave home and migrate. Narratives of transwomen in our study underlined the ways in which families deprive them of food and money and subject them to such violence that leaving home seems to be the only option. So for most trans people there is a loss of social capital and inability to pursue education even before school but definitely after school.

Some people who do not fully comply with expression and behaviours expected of them, survive school and manage at times to enter higher education. They manage to do this using various survival mechanisms. Some manage by escaping from the city or getting far away from their family into a new city. Some of our narratives are about how moving into a bigger city gives them the freedom to be able to explore themselves. A lot of people talk about finding the internet and making friends over the internet and coming to terms with their sexuality through the

internet. Surviving these campuses and HEIs is another story altogether.

All bodies that do not fit the binary perceptions of how “men” and “women’s” bodies look like, find it very difficult to be present in HEI campuses because even though these are apparently spaces where young adults are free to be, the freedom comes couched in certain well established norms. Many people manage to survive through self censorship in different forms, a learned behaviour built as a way of dealing with the bullying. Some of these people try and erase all markers for which they were bullied and start everything afresh in a new place in the college. To avoid being marked and noticed, the persons try to erase parts of themselves, thereby doing violence on their own being. Others survive by being alienated and finding their own worlds of nerds and fantasy. There are a number of narratives from different people which clearly say that they survived because they were good in their studies or later in their work. Many of these people may not be fully out to peers or to families and live the duality in their everyday.

These people may not be out and open and so may not be able to make complaints as well. Till they realise what they are going through, till they are comfortable with who they are, the dominant discourse also forces them to self-inflict pain. Addressing their issues that are not immediately perceived as discrimination, is also an important task for any educational institution. It demands that the system be made as diverse and open as possible so that

We never had these words like, *yeh gay hai, yeh kya hai*. It was always an attraction which was unnamed. It was always there but not named. *Haan alag naam the. Chakka hai, baki naam hota hai woh sara the*. So it was the same people who would come and sleep with you (at night), in the light of the day would be teasing you. That was again a conflict for me, that how are you not *chakka*, if I'm *chakka*. Because both of us were in bed right.

(R, a gay man respondent in the qualitative interviews)

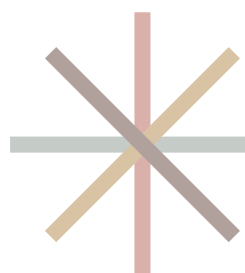
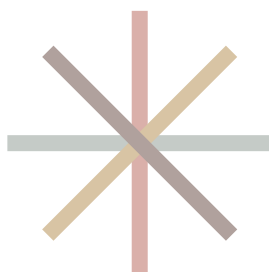
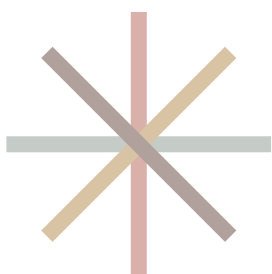
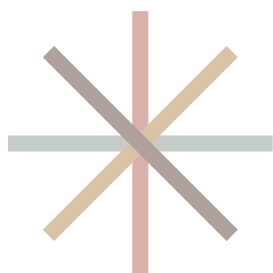
all people feel safe to be who they are without the pressure of being out and open.

So the making of the masculine or the project of moulding everyone into the normative prototypes of gender and sexuality gets a little more subtle and covert when we come to the University

and HEIs. It does not end and in some ways also gets entrenched in the overall structure, thus furthering the normative in subtler and sometimes more coercive ways. Education does not give up on the project of engendering people in the acceptable normatives. The normative becomes part of the whole system in ways that are difficult to call out as well.

After my 12th I decided to take admission in a college. I supported myself through tuitions. Because my parents refused to support me. They used to hit me and tell me to leave the house. They told me to go live with the *hijras* and clap and earn money. I told them that i didnt want to do that. i wanted to live well just like all the other people. So my parents used to beat me. Pull me by the hair and bang me against the wall, kick on my stomach. Father used to hit more. Mother used to say but not hit. Did not give me food to eat. Tortured me mentally and physically a lot.

(P, a trans woman respondent in the qualitative interview)





II. ‘Inclusive’ and ‘Accessible’ Education

Instead of detailing the nature of discrimination, here we are choosing to highlight the systemic exclusions and thereby build a framework for inclusive and accessible education. While this is primarily being done from the lens of the normative as defined in the previous section, we also acknowledge that no axes is a singular axes and so wherever possible we invoke the intersections with other marginalities as well.

I. DIFFERENT EXPECTATIONS FROM EDUCATION

Everyone comes to education itself with aspirations that are usually two fold. One is to improve one’s own access to the world, to get a job, to succeed, and make place for oneself in the larger world—each person’s meaning of what is better being differently defined depending on their other locations within society. The other aspiration especially when one gets to higher education, is also to be part of the knowledge making enterprise, to challenge existing ways of understanding the world, to include hitherto not included knowledges in the world, which could also translate for a few into doing more with one’s life than just be part of the usual.

Trans women’s narratives from our study emphasised the fact that for many of them accessing higher education was a way to access a life of dignity. And yet there were also others who were in a position to explore beyond their immediate individual aspirations and could look beyond it. Both aspirations were present. The need to get the respect of a “well educated” person with a “decent” job to compensate for an individual’s perceived difference and also the urge to create different ways of looking at existing knowledges and creating a larger discourse around queerness itself so that inherently education becomes more inclusive. While both these impulses required access, meanings of accessibility were very different for both.

Physical access to a HEI was dependent on where the person came from. We found migration from small villages to nearby towns and smaller colleges and universities, to larger towns and cities and bigger more established state and central universities, as a definite movement in most of our respondent’s lives. Few people from amongst those that that we spoke to, accessed the more “elite” institutions for undergraduate

“We are from the SC community but in our family I know of many people who have reached good positions. We have reached here because of education. Or it would have not been possible for a person like me to come to a place like Bombay for my Ph.D or go to Europe to study. It would have been impossible if there was no education.”

T, a Ph.D student in Bombay who grew up in Koraput district, Orissa

study but we spoke to many more people who had moved to these for postgraduate study. Part of the reason for this was of course our own locations in a metro city but also because many of these so called “elite” institutes had out and open queer collectives and groups thus making our access to queer voices easier.

The time in which we were doing the study also marked for us the turmoil within the public education system. Questions of access and inclusion were being raised from many quarters and these mingled with the specific demands being made by our respondents. There is a steady privatisation and internationalisation of state universities where more and more universities from other countries are finding space either as collaborators or through exchange

programmes. Entry into most of these programmes means higher fees and different infrastructure. This has meant a division of class and access within the same space of the University. This also means that those from the dominant castes and class choose to not come to regular courses in State Universities. These courses then seem to have lower status and demand and become more accessible to members of those communities that are late entrants into higher education.

For example, for a few decades now, a regular bachelor’s degree in arts, commerce, or science does not really count as enough education to qualify for a decent life. But of late we find the same happening to bachelor’s degrees in professional courses like medicine and engineering as well. This means

I just need a job, whatever I study. I think if I get a job today also I would not want anything else. I want to study, get a job and look after my mummy-papa. And then people who are born in circumstances like mine, I will help them as much as I can. This is all the dream that I have. First dream is to get a job, then everything else.

A, a young transwoman from a village in West Bengal answering why they want to study

that the undergraduate courses then become stepping stones for what is “real education” at the postgraduate level. Those who cannot afford that many years of study naturally lose out and still stay excluded from the “real” domain of education. Added to this is the constant withdrawal of scholarships and freeships or the multiple restrictions on them as time goes along. Thus while the numbers of students in HEIs from different margins may be increasing, the access is far from being equitable.

An open acknowledgement of inclusion of trans students within the university system that got announced in 2015 hence has to be seen in the light of these changes. It is a step towards inclusion but in the larger picture actually just a promise of it. Before getting access itself the terrain has changed in a way that real accessibility and inclusion seem like distant goalposts. Take for example the case of one of our trans woman respondent. She has been thrown out of her parental home with no financial support, is trying to manage to study up to her postgraduate degree by conducting tuitions that are hard to get, constantly faces abuse and violence from her peers, faculty, and in the neighbourhood, and lives with hardly any support other than a few friends she has managed to make through all this. How far though can she hope to go in this changing landscape?

These larger issues of education need to be flagged and understood if we are studying discrimination based on any social marginalisations because these set up an essentially discriminatory

system. There are persons marginalised because of gender and sexuality who may still manage to “succeed”, who have already managed to do so as many of our conversations showed. Yet their success has to be seen in this landscape as happening against all odds and maybe due to their other privileges, but also because of their own determination and effort. Any inclusive system has to think of ways in which it can minimise this extra effort and actually help all people achieve their full potential because for many of these people living as per their true selves is in itself a lot of work!

2. MEANING OF SUCCESS AND FAILURE

The access to higher education begins with a story of success. Succeeding in exams has become a measure of success in education. And this cannot be ignored since this success determines who can get what education. And between the shift from school to a university course of choice is the junior college or high school, 11th and 12th class. This has almost become like a break in education or at least a major disruption. There seems to be a jump in the meaning of education itself as we go from school to class 11 and 12 and then to University/ college/ professional course. Preparing for the coveted professional courses or the top notch colleges is one of the aims of these two years in any one’s life. And to achieve it there is need to get good marks in the competitive examinations that have become uniform and standardised and are critical for entrance into any of the institutions that matter.

This is where most often education takes a back seat, aching the exam is the meaning of what is done in the name of education in these two years. This competition is aggressive and cut-throat. These become additional qualities for the normative. This aggression is in fact valorised. We heard heart-rending stories of the ways in which coaching classes that have mushroomed as spaces to help prepare for these exams, advocated and encouraged a masculinity that was even more violent and aggressive. This is what competition does. It does not allow anyone to dwell on values because the path to success is not important so long as the exam is cracked and the admission got. It further teaches young adults that there are very limited ways in which merit is understood and these exams are the best measure of it. In this framework of merit, discrimination gets whitewashed.

This has led to a public discourse that pitches affirmative action for social marginalisation against a very narrow and limited argument of merit. This merit is directly proportional to the amount of time and money that a person can spend in a preparatory class doing nothing other than learning by rote how to crack the exam. It is far from a measure of merit that looks at the capabilities that an individual possesses while also addressing the social reasons for these not being nurtured for every person equally. A concept of merit that recognises that all individuals do not have equal opportunities and so their success cannot be measured on the same scale. If success is not defined

right, over emphasis on it excludes the possibility of anything else from being recognised as success.

These discussions get an interesting turn when we see it from the standpoint of “queer persons”. Embodying queerness is a complex story of success and failure. While there is a failure at becoming the body that is normative and acceptable, there is also success at challenging the dominant structures in more ways than one. Hence **success and failure**, the ways in which education is usually evaluated and assessed, become interesting concepts to understand the navigation of the queer life in HEIs. In the existing system this negotiation is done by the individual because the system is focussed on making everyone succeed.

Many of our respondents, students and teachers, apparently escaped the penalty for their failure in meeting standards of normative expression by succeeding in the system. This kind of over compensation to get noticed for what would be valued also served as a deflection from the difference that may otherwise get noticed. This is also a strategy to make oneself feel needed and indispensable in some ways and in protecting oneself.

For others, however, success was difficult to achieve possibly also because the penalty of failure was so constant and everyday. Yet others with the capacity to make such choices, defined success for themselves in different ways. So after basic education in a discipline, they chose another field. In doing so, they possibly did not attain “success” as normatively

defined, but found space for being who they were and a greater resonance with their selves. In this very assertion they broke the often normative career and education choices that they were often forced to make. Needless to say most of them did have access to other privileges to be able to do this.

Our queer teacher respondents were concerned about using this understanding of success and failure as a pedagogic tool. Well aware from their own life experiences and also from seeing their students struggle in their learning schedules and routines, they recognised the importance of assessing individual learning curves and rethinking teaching from taking failure as a measure along with success. This meant changing assessments but also teaching and learning methods. It also means finding different means of communication. Unfortunately, these are not discussions that teachers in higher education find spaces to engage in. Each teacher often seems to individually struggle to find answers. The disciplinary boundaries also do not shift easily to make space for all of this.

In the current system the only way in which failure is addressed is through helping to succeed. Looking at failure may help figure the different ways in which success itself could be defined for each individual and may also help redesign courses keeping in mind the needs of the learners rather than a thrust on the established requirements of certain courses. This could help make the whole system differently inclusive and the discipline itself epistemologically richer.

3. THE GENDERED CHARACTER OF DISCIPLINES

A mix of the paradigm of success and the making of the masculine is seen in how different fields of study are characterised within regular academia. Success in education is very curiously connected with the idea of intelligence and there is an inherent hierarchy in how this intelligence is understood. Excelling in all disciplines is not equivalent. Some disciplines, especially the STEM, are seen as more tough and people managing to do well in these are seen as much more capable and intelligent. There is obviously on the one hand a greater emphasis given to logical reasoning, abstraction, and objectivity and on the other these values are seen as essential to the “hard” sciences within STEM like maths, physics, and chemistry. It is not just incidental that these are also seen as “masculine” characteristics.

Feminist science studies scholars have further explored this connection between “masculine” traits as being seen as essential to certain sciences and STEM being culturally seen as “for and by men”. They have asked questions further of what does this thrust on so called “masculine” values do to science. They surmise that as a result of this understanding, not only are the subjectivities in STEM ignored, but it moulds STEM education in ways that restricts participation of others in the discipline.

In the larger enterprise of education, success in these areas, and these values themselves get more appreciated and

rewarded possibly also because these are considered “masculine”. Is science valued because it has “masculine” values or is masculinity given importance because it stands for characteristics that are associated with science? This is not a question that can be answered but both of them add on to each other’s power. At the same time, other disciplines and subjects are once again defined in the negative, not considered critical enough, treated as softer subjects.

The narratives that we heard in our study gave more ways to understand this. Most of our respondents in the qualitative interviews spoke of the pressure that they were subjected to by families to choose the “masculine” areas of study which essentially meant engineering. From the family’s point of view this is done because they are interested in their wards doing “well” in their careers. The extent they went to do this many a times pushed some of our respondents to study engineering. Others who were very certain that they could not do it had to fund and finance their own education. Withdrawal of support was the best method of blackmail that the family tried to make their ward see “sense”.

While this can be explained off as families being pressurised also to make a decent “career” choice, what shows the gendered and “masculine” character of these is the fact that from the eight of our 22 respondents who had completed engineering education, only one continued to work as an engineer, that too in academia and in areas that combined the engineering with other

areas of interest. All seven of the rest had shifted to disciplines very different from what they were trained in. These included film-making, theatre, education, policy, social science, and so on and seemed to be more in consonance with what they felt worked for them individually but also did not fit in as careers for “men”.

The interesting thing as far as education goes is also that these are people very engaged with their work and what they are currently doing, but did not really have much to share or remember about their engineering training. There wasn’t anything in their syllabus that they remembered or that mattered to them as young persons becoming aware of themselves, nor did they remember many teachers who made any kind of lasting impressions on their mind. This is in contrast to the answers that we got from others who had chosen their subjects carefully and as per their likes, as well as the ways in which the “engineers” spoke of what they chose to study or train in, after quitting engineering. In a sense then, engineering education was seen as something that did not connect to what they were facing in their personal lives.

In the teachers’ meeting also there were complex discussions around disciplines. Different disciplines lend themselves to different kinds of interventions. Some subjects from the humanities have direct connection to many of the questions of society and can easily help make direct connections with questions of societal normativity. Others like law, medicine, psychology, and life sciences in fact

9000 full time students. About 15 - 16% of these are women.

"Students" have centre stage in IIT. They are given the maximum land area. There are a total of 16 student hostels and most of them are in this area which also has the gymkhana, the swimming pool and the student activity centre.

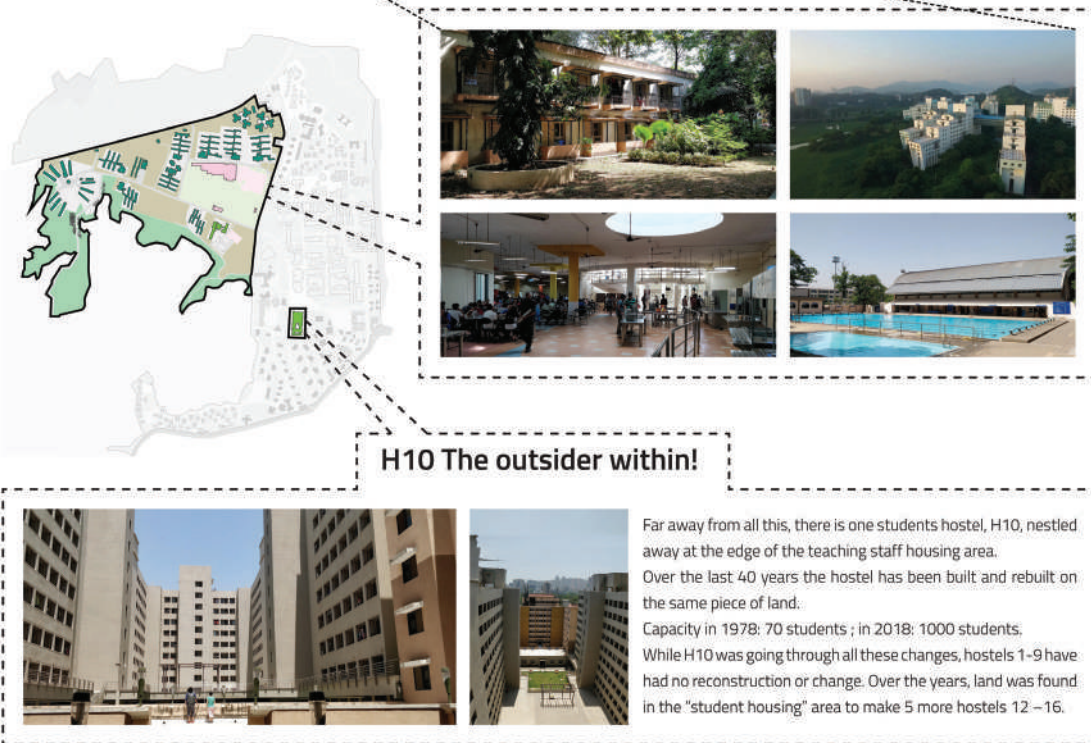


Image 3: IIT Bombay students hostels. Part of the poster exhibition panel

Many of our respondents, students and teachers, apparently escaped the penalty for their failure in meeting standards of normative expression by succeeding in the system. This kind of over compensation to get noticed for what would be valued also served as a deflection from the difference that may otherwise get noticed. This is also a strategy to make oneself feel needed and indispensable in some ways and in that protecting oneself.

become the authoritative voice to often reaffirm the normative as natural and acceptable. These hence directly connect to questions of non-normativity. It is the others like maths, physics, engineering that are about the non-living that seem to not lend themselves to an encultured reading of them. In fact this is the way in which these subjects have been taught forever—without ever underlining their cultural connections.

Our mapping study of the IIT campus as an elite technology institution, showed us further how the discipline was imagined to be a masculine domain. The many students hostels for “men” are in and around the other facilities meant for students and occupy maximum area on campus. The women’s hostel is located far away from this area, and is in fact located in the staff area and has been built and rebuilt in the same little plot to accommodate more women as their number increased steadily over the last four decades. Inadvertently, there is a message to everyone that the IIT student is the male student and all others are interlopers of some kind or should stay in their peripheral locations.

The narratives of our respondents who had been in such campuses (also specifically from this IIT campus) were full of incidents of the rampant bullying, ragging, and objectifying of bodies that were seen as non-masculine. In the official writing and speaking of IIT too, there is this constant bemoaning of the adverse sex ratio and what it means for the students (men of course) to not have a reasonable number of “women” on campus. The violence that those who are

not masculine enough face due to this adverse sex ratio is not even considered as an issue worth discussion. Thus at various levels there is an underlining of who really belongs—once again thereby creating systemic discrimination which gets normalised and common place. And even if we take this as the case of an IIT, this becomes the normative culture of most engineering departments and institutions.

4. HETERONORMATIVE CAMPUSES

Even if all HEIs may not be as masculine, all of them are heteronormative in their design and their idea. Not only are all people imagined to be either of the two assigned genders, they are also assumed to be heterosexual. Entry of women to HEIs has happened in recent times and unlike other inclusions segregation and protection of women here has always been seen as the best method for doing this. The physical and actual segregation has been marked through dress codes, behaviour patterns, residential, and other spatial arrangements. Not only are there single gender hostels but also strict policing of interaction between “men” and “women”.

The *Pinjra Tod* movement asking for relaxing of curfews for women’s hostels and other agitations in different campuses have been as much about opposing restrictions on “women’s” mobility and freedom, as they have been about moral policing to ensure that women do not make friends with men. Women have for long, however, also bought into this narrative of protection.

This was evident in every campus where some students tried to ask for inter-hostel mobility between men's and women's hostels, because the opposition is from the administration and parents and also from some of the residents of these hostels.

It is in rare campuses that this nature of segregation between women and men is seen as discrimination. It has been understood by everyone as the way to be. Very few have challenged the assumption that friendships between women and men would necessarily lead to sex. And even fewer people have probably seen this as also a restriction on young peoples' freedom to choose their friends and sexual partners.

Absurd as it sounds this frame also conversely says that there can be no sex

between anyone else. The enforcement of such spatial arrangements, however, allows many people to survive as interlopers in this completely enforced binary segregation. The two large non-intersecting sets allow for some people to stay within these without being named or called out. Those identifying as *hijra* whose bodies are marked by margins of caste and class as much as gender and sexuality (and yet very differently from the Dalit woman), have been actively denied access to HEI and have just been allowed in. But there are others who have survived through camouflage and often at great individual costs in these institutions on the basis of other privileges.

And we heard a lot of these difficult survivals in our interviews and discussions. Being hidden constantly



Image 4: Sign outside women's hostels in National Law School, Bengaluru

means living with the fear of being outed. This self-imposed violence to stay within the system is just one part of the story. Not being open and visible does not necessarily mean that abuse and violence does not happen. The difference is marked and noted, and the person bullied. The hidden person does not even have the space to speak up and claim redressal. Alienation, doubt, loneliness become constant ways of being.

For those who are gender non-conforming the question every morning is, “How should I present myself? Do I want to challenge others, do I want to fight or ignore? Do I want to be noticed or not?” Not easy answers and not thoughts that allow learners to concentrate on living their life on campus. Again it is the larger systems that normalise a way of presenting oneself through hidden and unspoken dress codes that others get discriminated in ways which may not even reach for redressal. It is this everyday that then becomes the nature of existence and which can only be altered by questioning the overall framework itself.

Of late HEIs have been directed to open up and give entry to transgender students. In the binary separatist mode adopted till now, naturally, inclusion is being suggested through transgender spaces being created—hostel and toilets. Through our study we come to the conclusion that this kind of creating yet another gender marked space is absolutely not a solution because it does not address the basic question of the

normative frame of gender that exists. If the inclusion is not through complete separation then it is in a neutral manner through negation of the gendered power itself—“objective” neutralising inclusion under a false assumption of equality. This could be through rejection of affirmative steps as well as targeted violence and discrimination. The systemic manner of inclusion hence is an interplay of the dual concepts of **gender segregation** and **gender neutrality**.

From this study and its various arms we see a clear picture emerging. We believe that there has to be neutrality as far as access to rights go. This means that all rights have to be accessible to everyone and in fact the HEI must do all in its power to make systems such that those who usually get excluded are facilitated with mechanisms that help their inclusion. This in our understanding is real equitable access—a cornerstone of affirmative action. Similarly, in cases of violence there has to be recognition of targeted violence because of the gendered power that permeates through all systems of the normative brahminical cis hetero-patriarchies that control lives on campus.

And yet, since we are also speaking of an educational institution whose main purpose is to offer an imagination of another way of being and also a space to learn to negotiate these complex social relationships, inclusion means that there be as little space for segregation of any kind. All people should feel as much a part of the system as possible and that requires more and more spaces where gender does not get underlined in ways

that it is today. In the present times, it would mean starting with gender-specific and gender-neutral spaces accessible to all depending on their comfort and ease at least as far as housing and toilets go. It also means making gender-specific areas also more porous so that the separation is not as rigid and there is movement towards an integration.

This would obviously mean pedagogic interventions as much as change in rules, systems and infrastructure. Negotiating power is not something that can be automatically learned. All people need to be schooled in democracy where there is respect for rights of all and at the same time there is protection of the rights of the marginalised. It means learning how to interact across differences. It also means taking responsibility and specifically learning about physical, sexual, and emotional intimacies. All CASH committees that we spoke to underlined these as important aspects of creating gender and sexuality affirming spaces for all. This is what we heard from teachers who were sensitive to their students' needs and demands.

5. INCLUDING ALL COMMUNITIES

One of the things that we realised as we went about our study was the presence of three distinct communities on campus—the students, the teaching faculty, and the non-teaching staff. This third is often forgotten in any study of education. We also made that same mistake as we had no specific inputs and study geared towards this community

in HEIs. And yet, as we studied campus architecture and spoke to different groups on campus, their presence and importance could not go unnoticed. In fact an exclusion of them from the discourse is encoded in multiple levels.

This is discriminatory in itself because in that silence is an inherent ignoring of the contribution of the services that this whole section of people make without which no education could take place. It is the ignoring of the labour of care, sustenance, and maintenance that are essential to the production of knowledge. It is the traditional hierarchy of intellectual labour over physical labour, of mind over the body. An issue that all higher education campuses underline and thus undermine years of work and epistemes of the caste, gender, and labour movements. There can be no inclusive education which is premised on such exclusions.

The caste and class backgrounds from which the teaching and non-teaching staff come from further mark the ways in which these interactions happen on campus. With jobs getting precarious for everyone in HEIs we are also seeing these tensions escalate. More and more of these tasks are being contracted out. So the number of employees itself is constantly decreasing. In the campus at IIM, which is a larger residential campus, we were shocked to see that employees who were lowest in the hierarchy had houses on campus but these opened away from the rest of the campus—a modern way of creating caste based segregation between the *savarna* faculty housing and the Dalit employees.

In such spaces there is again no recognition that students come from different backgrounds. Lack of respect shown to any employee on campus could be a signal to others who may have reached there from similar backgrounds that they were also not respected and not considered worthy of the University. This is essential to also understand that the queer presence on campus is not just a body marked by their gender and sexuality alone. They also come marked by other margins of society and there can be no inclusion that takes into account one margin alone while being derisive of the others that coexist in the same person's life.

6. QUEER BODIES ON CAMPUS

And finally we come to the specific experiences of those that are clearly marked or read as queer bodies on campus. They are thus identified because

they disclosed it themselves, or they did not have a choice of hiding, or were forced to come out for whatever reason. Many of the campuses that we went to had queer collectives on campus. There was also an access to virtual queer spaces for most of our respondents who were currently in campuses as students or as teachers. This meant that they had some access to information and "community" of some sort. And yet the dominant feature was of loneliness and alienation. We speak of all the above systemic changes because we do believe that without these there is no way that this queer person, and/or many others who may be still managing to not get noticed, can ever feel included. Redressal mechanisms to address discrimination cannot address this dissonance, an essential feeling of being askew, of being watched, of being marked, and of being monitored.

You sit in the classroom, in the same first bench for 5 hours straight with your hoodies on, just glad that today nobody else came up to you to talk or interact. You could imagine people sitting in the adjacent seats staring at you, making fun of your life and you not being able to do anything about it. All you want is the classes to get over and you to go back to your recluse and feel safe, no you might not feel safe but just not anymore like the demons are making you outrageous inside out anymore.

You remember how your new friends in college still look at you with questioning eyes and those eyes haunt you enough to put you back to room and skip 5 days of college straight.

*Blog post by Ritwik, an engineering student, writer, blogger, bibliophile, and Transman.
<https://theglassclosetsblog.wordpress.com/2017/11/29/depression-and-anxiety/>*

It could be the teacher's body wondering how to dress or not dress to underline/ hide the queerness. The queer teacher and the queer student trying to negotiate this interaction of noticing but not really emphasising the connect to maintain their teacher–student interaction as any other. It could be the student who came to be known as the queer icon because they were the face of an invisible population, they were made into a hero at one level, but also faced rejection and disgust and a shut-down as a result. They also got suspected of being the sexual predator especially if they were clearly speaking of their non-normative sexual desire.

And then there are the queer bodies that also get marked by the separation and stigma of casteist violence within the queer communities that they try to seek with trepidation. At the same time they might also feel alienated from those with whom they combat the daily violence of caste because heteronormativity is becoming normalised in similar manners across many different communities. There are

queer bodies that face misogyny but are also at times attacked with vengeance by cis women who are seen as the rightful target of misogyny itself. And the disabled queer bodies that are aware of their sexuality being rejected by those in their families and communities but who also feel undesired in a very ageist and beauty conscious narrative of desire that at times exists even within queer spaces.

As is the case with all margins, a margin can have several centres (Sushruth Jadhav, in an interview with S. S. Jodhka⁶). And so, discrimination cannot be seen as singular as well. It has to be seen in the complexity in which it is experienced. At the same time there is no way that individual discrimination can be addressed unless systemic discrimination is understood and rectified.

6 Jodhka, S. Surinder (2012) Caste, Culture and Clinic: Interview with Sushrut Jadhav, Psychiatrist, University College, London. In *Seminar*. Issue No. 633. Titled– *Caste Matters: A Symposium on Inequalities, Identities, and Disintegrating Hierarchies in India*. New Delhi.



Conclusions

Our explorations in this study for meanings of normativity and discrimination, especially from the context of marginalised gender and sexuality in the field of education, led us to a fairly clear picture of the normative and opened up many ways in which structural discrimination could be read as in-built within the enterprise of education.

NORMATIVE

As expected, the enterprise of education is to school young people into society's multiple ways of being adults, and gender is one of the earliest lessons that is taught. Our study clearly indicated that while in schools the process was of making "good girls" and "good boys", (with good not being defined in the same way in both cases), the normative was actually what is read as masculine. One of the stark indicators of this for us was the ways in which the policing of the non masculine in those seen as "boys" that constantly happened by school systems, teachers, and even peers from ages as low as four to five years. There is no parallel targetting of girls in the same age group who also may transgress the norms of gender that are prescribed for them. Their transgressions of acquiring

masculine traits, make them "tomboys" who are not censured in the same way till they reach adolescence, and are at times even indulged.⁷

So actually as far as gender goes, the normative in the field of education is the masculine. Girls who excel "like boys" are seen as smarter, subjects that are seen as "masculine" are considered more important to excel in, careers that are "masculine" are more coveted and so doing well with those skills makes you more successful, the list is endless. And without doubt it is the able bodied, upper-caste masculinity that is most encouraged, because all those who are not, are subjected to similar ridicule and bullying as those explicitly non-masculine in their gender presentation and/or identity. This early indoctrination through violent means is what sets the path for the nature of masculinity in society and is encouraged and normalised through both overt and subtle ways.

7 Nevatia, S., et al. (2012) Bound by Norms and Out of Bounds: Experiences of PAGFB (Persons assigned gender female at birth) within the formal education system. *Contemporary Education Dialogue*, 9(2), 173–196.

The other very strong normative structure that is constantly present in the formal school system, as it is in other spheres of life, is heterosexuality. Through strict enforcement of gendered spaces and segregation of students along the binary assigned genders in ways that suggest protection of the “girls/women” from the dangers of sexual assault in any space where they are present with members of the “other” gender, there is a constant message also of the normativity of heterosexuality. This protection is also of the woman from any sexual behaviour that may go against the norms of societally accepted norms of “heterosexuality within marriage”. This is something that has gone unchallenged for many years and has resulted in a lot of restrictions on women students.

If these are the ways in which the normative is defined, naturally all those who do not fit in, especially within the two spaces allotted for the “men” and “women”, are treated as outliers. Some are not allowed access, while others, who can somehow occupy the space but stand out for their difference, get targeted and discriminated against.

DISCRIMINATION

Gender and sexuality are dynamic, self-determined identities and in that sense are different from other birth assigned identities. Recognising discrimination around these in individual cases hence becomes a difficult task. Being different from all those around you, especially your own familiars, is in itself a lonely discovery and till people find others

like them, loneliness is a companion for most. Being able to understand what is it that one feels and to arrive at an acquaintance with oneself is in itself a journey and an effort very often done by the individual as they are also making sense of the world around them.

And when education, which is one of the most important ways to make sense of the world, makes itself opaque to different ways of being, it actually becomes a big obstacle in the process of self discovery. At the same time a space opened up in some course or the other, a perceptive teacher, an understanding set of friends, an atmosphere that allows for independent thought even if in a small way—all of these become the small chinks, the little footholds in the longer journey of discovery of the self. Unfortunately, as much as these may be available for a few people, most people find, instead, a lot of hurdles in their path. Not only is the system geared towards rewarding the normative, it also punishes and is violent to those that do not fit.

So often people try to fit in to survive. They hide by going into their shell of anxiety or by over-compensating and doing so well in some acceptable thing that other transgressions go unnoticed. The hiding means they do not tell about their own gender and sexuality. But deceptions are never complete and so they land in situations when they are seen, noticed, and abused for their difference, but they cannot speak about it because it also means that they will have to disclose what they have been hiding. Unless systems change and become accepting of all kinds of gender

THE GLASS CLOSET

≡ MENU



The Letter

april 25, 2018

Written by **Praks!**

To You,

We are no longer best friends. We are no longer friends. In fact, we are no longer in talking terms. Yet I write to you today. Writing is a better option. It is not because I cannot

*Image 5: A screen shot of the blog The Glass Closet
<https://theglassclosetsblog.wordpress.com>*

and sexuality expressions and identities, understanding this discrimination and redressing it is going to be extremely difficult.

So it seems that recognising systemic discrimination and addressing it is as important as spending time to understand the range of variance that is possible and which already exists. Currently we are at a very early stage in both these processes. Through this study we have attempted to do both and while we do not have a comprehensive understanding of discrimination, we do have a clearer understanding of what all needs to be looked at. The story may begin with whether all people can access education but goes on to address the ways in which we make the whole enterprise cognisant of its inherent normativity—in its disciplines, in its pedagogy, in its design of space and buildings, in its rules and regulations, and in the ways in which it understands gender and sexuality itself.

We conclude with the **guiding principles** that emerged for us as important markers to address discrimination based on non-normative gender and sexuality within education at all levels.

- Give access to those hitherto excluded and work towards increasing accessibility for all through systemic changes at all levels, recognition to the myriad ways of being for all people in our campuses and classrooms, and developing the right kinds

of mechanisms for addressing redressal at all levels.

- Redefine the meanings of success and failure, particularly in the area of gender and sexuality, but also extend that knowledge to pedagogy itself thereby queering education in some ways.
- Granting gender neutrality where it is a question of rights and recognising power when it is a question of gendered violence. Try and move away from gender segregation that underlines the binary and move towards a more nuanced understanding of both gender and sexuality.
- Recognise that discussions on gender and sexuality are dynamic and ways of doing them have to change with time. These discussions have to be compulsory in a space such as an educational space which is inhabited by people from different backgrounds, ages, and varied socio-cultural backgrounds and where intimacy is part of many transactions.
- Individuals come with multiple identities and it is foolhardy to understand singular discriminations alone. Experience of multiple marginalisations is not merely a sum total of each, it is a different way in which discrimination itself works. So to understand any discrimination it is important that all other axes of power that target specific sections of people are also incorporated in the exercise.

Outputs

- A blog “The Glass Closet”: <https://theglassclosetsblog.wordpress.com/>
- A poster exhibition on the study of campus architecture
- A book proposal “Queering Education” based on discussions in the teachers’ meeting (forthcoming)
- A book on campus architecture to be published by Yoda Press
- A more detailed essay on “Schooling into masculinity” (forthcoming)
- An expanded version of this report on discrimination in education (forthcoming)



Image 6: The poster exhibition on campus architecture used in the dissemination meetings and in architecture colleges like KRVIA, Mumbai

Other team members

Writing Workshop Facilitator	:	Shals Mahajan
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An Exploratory Study of **Discriminations** based
on **Non-Normative Genders and Sexualities**



Housing, Discrimination and Non-Normative Gender and Sexuality

Gautam Bhan, Vikramaditya Sahai, and Avantika Tiwari

Housing, Discrimination **and** **Non-Normative** Gender and Sexuality





Introduction

What does it mean to think about discrimination as well as non-normative gender and sexuality from the lens of housing?

Our team drew on three bodies of work through the project:

- The study of laws and policies on rental housing from the lens of gender and sexuality.
- Life histories of rental housing in Delhi and understanding how gender and sexuality shape access to housing as well as everyday life within housing.
- Understanding the building of queer homes as spaces of inclusion and safety in response to discrimination.

In this final report, we present an overview of methods, detail the outputs

produced, and draw a set of implications and findings for understandings and practices of discrimination. We do so as follows. Section 1 details our understanding of methods across the three work streams. Section 2 presents findings from the analysis of rental laws, acts, and key case law in India and comparative legal frameworks in South Africa, France, and the United States. Sections 3 to 5 present findings from life histories of acquiring and then living in rental housing in Delhi. Section 6 summarises our key findings for future work on discrimination within housing on the basis of non-normative gender and sexuality. Section 7 directs readers of this report to the detailed, free-standing outputs from which this report draws its findings and conclusions.

...Anti-discriminatory language in law cannot just be about an anti-discrimination statute as commonly understood but must ask if the imagination of public institutions can accommodate anti-discrimination in practice rather than just in principle.



I. A Note on our Methods

Before we speak of our learnings on discrimination itself, a note on two main methodological approaches taken by the team. One of the key questions that faced us was the definition of our two key terms: “discrimination” and “non-normative gender and sexuality”. The challenge with research like this is that these terms are both the outcomes of our research (we seek to understand them through our work) as well as entry points to begin the research (what and who are we looking for). Put very simply: how do we understand non-normative gender and sexuality? Is it people of a certain sexual orientation? Does the definition of “normative” then follow prevailing social norms? What are those norms? Do LGBT people in India become more or less “non-normative” before and after the repeal of Section 377? Are all LGBT people non-normative in the same way—is a queer dalit person non-normative just as a queer brahmin person? Is non-normativity held in identity of persons? Or is it about actions, events, behaviours, and spaces? Are we looking for individuals or practices? A similar set of questions arises when we think about discrimination. Do we know what discrimination looks, feels, sounds,

reads and smells like? Can we then go find it in our research? If not, then what do we look for when we assess legal documents? What questions do we ask in interviews?

In the detailed outputs in each work stream, we define the choices we made and approaches we took within these questions. In this overview final report, we mark only that we insisted in not closing understandings of non-normativity or discrimination at the beginning of our study. This meant that we could not interview people about their experiences of discrimination while living on rent. Instead, we shifted to life histories of finding and living on rent, leaving it to our analysis to later analyse what should, did, and could count as discrimination. The question thus wasn’t “*Did you face discrimination when you lived in this house*”; it became “*tell us about everyday life when you lived in this house.*” The field had to broaden, and then if the word “discrimination” was or was not used by those we spoke to told us something in itself about the social life of this category. It also meant that we interviewed both people who described themselves as “non-normative” and those that didn’t; who identified as LGBTQ and those that

didn't. In legal discourse analysis, it meant reading acts and laws not just for their punitive and enforcement outcomes but reading them as artefacts whose own language had a legal and social effect. We read laws between the lines to see how they constructed ideas of the normative and the non-normative, not simply on whether they "allowed" or "prohibited" discrimination. We believe this methodological shift is critical in assessing these questions and it is one of the core findings of our work aside from our conclusions.

Our first work stream read a set of laws and cases on rental housing. The full set included the Model Draft Tenancy Act (2015), The Delhi Rent Act (1995), The Karnataka Rent Act (1999), Cape Town Tenancy Act, France Tenancy Law and Housing Policy, Fair Housing Act and the Policy of Neutrality in the California Tenancy Law, as well as the Zoroastrian Co-operative Housing Society Case (ZCHS), Supreme Court Judgement from 2005 that is one of the most cited cases in defending the rights of housing societies to rent or not rent to people on the basis of group identity. As outlined in the method note above, our intention was not to read these as self-evident statements of law but as spaces where understandings of "normativity" and "discrimination" are directly and indirectly constructed, including through understandings of home, family, tenant, privacy, as well as the intentions and imaginations of the state. Section 2 presents an overview of these findings.

In the second work stream discussed in this report, we conducted over sixty life

histories across neighbourhoods, age, gender, caste, religion, and sexualities in Delhi. We use the term life history to indicate that these were not directed interviews about rental alone, but long accounts of the experience of seeking rental housing through one's life. This method, we argue, allows us to understand not just *incidents* of what could be called "discrimination" but instead fold in the latter to hold a much more complex and layered set of meanings that line all of everyday life. As argued above, this was one of our key entry points and understandings of discrimination. It cannot be, as it often is in the study of law, for example, just an incident, event, utterance, action, or behaviour. It is not just something that someone did at a point of time to another person. Especially in lives deemed "non-normative," it is often inseparable from everyday life.

Life histories helped us speak of moments that often the respondent also didn't think of, at first, as "discrimination." It also helped us distinguish when discrimination was invoked as a category and used by a respondent, and when it was insufficient to talk about what was happening, felt, and experienced. These distinctions have offered us a lot in our own contribution to the project's main aim of understanding, and not just documenting, discrimination. Sections 3, 4, and 5 present an overview of our core findings from the life histories that are germane to the rest of the project's collective thinking on discrimination beyond each of our individual fields of inquiry.



2. Normativity, Discrimination, and the Law

Looking for discrimination and non-normativity within housing and the law is a challenging task. In this section, we describe three key findings from our study of legislation and policies. These are argued in detail in the full report listed in Section 7.

First, we argue that focusing only on the gender and sexual identity of the tenant, while important, must first be preceded by understanding the institutional context of housing policy itself. What forms of discrimination exist and what practices institutions can imagine—let alone offer—in response are not just motivated by specific acts of discrimination but, in fact, by the institution’s understanding of housing itself. This is particularly important for public institutions and the state. An understanding of rental housing, for example, that sees the role of the state as simply facilitating access in terms of affordability cannot accommodate meaningful concern about everyday life within rental housing. Let us detail this by comparing the language of rental housing policy in India with that in France.

As our team member, Chan Arun-Pina, shows in their analysis, the Delhi Rent Act, like Karnataka and model draft

tenancy Acts, presents itself: “an act to *establish* a framework for the *regulation* of rent and to *balance* the rights and responsibilities of landlords and tenants and to *provide* fast adjudication process for resolution of disputes...” Contrast this with Cape Town’s policy that lists one of the roles of government “to *provide* for the facilitation of *sound relations between tenants and landlords* and for this purpose to lay down general requirements relating to leases...”, and craft “rules in relation to the control, management, administration, *use and enjoyment* of the rental housing property” [emphasis added]. As Chan argues, the words of the law indicate the intention and field of possibility of the state’s approach. The shift from the Delhi and Karnataka Rent Acts to Cape Town shows a shift from a framing “of *conflict and disputes*, therefore to be *managed*, in the former; to one of *possibilities and offering*, therefore to be *created* in the latter.” As we shall see later in this note, when interviews and rental life histories confronted discrimination in and as everyday life, interviewees often were surprised when we asked them if they thought any remedy could come from the state. Universally, they had little expectation

that public policy could play any role in mediating their experiences of discrimination within rental housing. Our work argues that this stems from the very structure of how the state imagines its role within housing, as shown through its legislative intent and policy framing.

These are not just discursive differences, however. The intent of the state as defined in legislation and policy then determines what remedies citizens have on offer. In France, a desire to create what Chan calls “possibilities and offerings” means a further delineation of a supplementary document of Tenant’s Rights Brochure Questionnaire within the Tenancy Law and Housing Policy. This document provides “a list of allowable questions a potential tenant can be asked during their house-hunt, as well as during their stay, therefore protecting the tenants’ right to privacy.” We can imagine clearly what impact such a document would have had in the lives of those we interviewed for this project. Yet our intent is not to simply transplant this as a “best practice” from France to India. Instead, it is to

use our research to argue that the absence of these practices stems from the difference in how policy and laws imagine housing and the role of the state. However distant the Rental Housing Act may seem from our everyday life in rental housing, we argue that it is pivotal in shaping precisely this everyday. We argue further that anti-discriminatory language in law, therefore, cannot just be about an anti-discrimination statute as commonly understood but must ask if the imagination of public institutions can accommodate anti-discrimination in practice rather than just in principle. In the exhibition style output—*Case Book*—that Chan made from this work, Figure 1 below marks this dilemma.

The second key finding from our legal analysis is to look at how individual and group rights are a key struggle in thinking about anti-discrimination and the law. Chan argues that the Zoroastrian Co-operative Housing Society (ZCHS) Supreme Court case, one of the most cited within housing discrimination case law in India, exemplifies how anti-discrimination protection is not denied

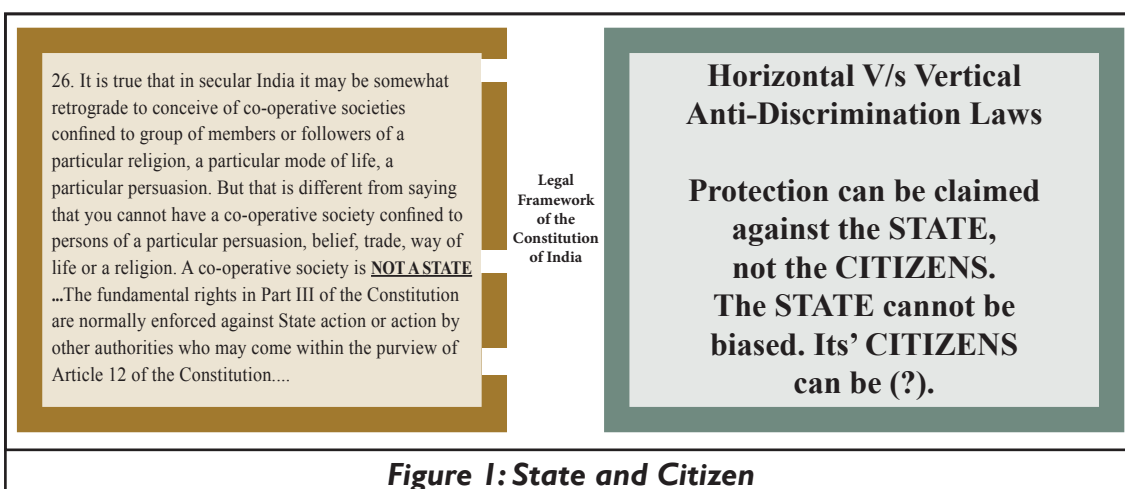


Figure 1: State and Citizen

in Indian law but rather evaded through being subsumed under a debate on individual and group rights, using the contract as a legal medium between them. This is in line with a long history of argument about feminist engagements with the law in India, and we add to this history of argument showing its contemporary manifestation within rental housing. Zoroastrian Co-operative Housing Society (ZCHS) registered itself pre-independence under Bombay Co-operative Societies Act, 1925 when members of Parsi community, a minority religious group, asked the State to allocate them land for residential use under the right to protection of cultural heritage. Post-independence, it came under the purview of Gujarat Co-operative Societies Act, 1961. When the land was allocated, society allotted plots to members of the Society. The case was filed by a son of one of the members of the Society (who became a member himself upon the death of his father and had the property of his father transferred to him) against the Society for disallowing him to sell or develop his plot to anyone outside of the Parsi community or for non-residential purposes. He was also further denied permission to develop his plot into a multi-occupant apartment building open to non-Parsi people. While he argued this denied him his fundamental right to alienation, the Society argued this failed their fundamental right to form an association the primary purpose of which was to protect their otherwise marginalised and vulnerable culture.

One of the main arguments contended by the Senior Counsel representing the Society was that the respondent cannot argue he is denied his right to alienation because “He exercises his *right of association* when he becomes a member of a society by *entering into a contract* with others” and “*submerging* his rights in the *common right* to be enjoyed by all.” This is well argued legal terrain. Yet Chan brings our lens of gender and sexuality to this legal argument and argues that it must be read from a different root. They draw a parallel to the notion of an individual giving up their rights when choosing (or simply being) part of a collective by comparing it to the understanding of marriage as a contract. They argue that this thinking is not different from the way in which Indian courts have refused to recognize both rights and violence within a marital relationship. They reach back to English Common Law and the Hindu Marriage Act, showing parallels in legal reason which considers *marriage* as a sacred relationship and a private premises, where state has no role to play beyond acknowledgment of the contract. Feminist debates followed since and continue towards reworking the legal framework of rape within marriage, an on-going struggle rooted in the same conception of a union, where “...a husband *cannot* be guilty of a rape committed by himself upon his lawful wife, for by their *mutual consent* and *contract* the wife hath *given up herself* in this kind to her husband which she *cannot retract*.” [emphasis added]. In the Exhibition, this provocative juxtaposition was shown as Figure 2.

21. Under the **Indian Contract Act**, a person...has the freedom to enter into a contract. The bye-laws of a co-operative society setting out the terms of membership to it, is a contract entered into by a person when he seeks to become a member of that society. Even the formation of the society is based on a contract. This freedom to contract available to a citizen cannot be curtailed or curbed relying on the fundamental rights enshrined in Part III of the Constitution of India against State action. A right to enforce a fundamental right against State action, cannot be extended to challenge a right to enter into a contract giving up an absolute right in oneself in the interests of an association to be formed or in the interests of the members in general of that association. ...The restriction imposed, is generally for retaining the identity of the society and to carry forward the object for which the society was originally formed. It is, therefore, a fallacy to consider, in the context of co-operative societies, that the surrendering of an absolute right by a citizen who becomes a member of that society, could be challenged by the said member by taking up the position that the restriction he had placed on himself by entering into the compact, is in violation of his fundamental right of freedom of movement, trade or right to settle in any part of the country. He exercises his right of association when he becomes a member of a society by entering into a contract with others regulating his conduct vis-a-vis the society, the members constituting it, and submerging his rights in the common right to be enjoyed by all and he is really exercising his right of association guaranteed by Article 19(1)(c) of the Constitution of India in that process. His rights merge in the rights of the society and are controlled by the Act and the bye-laws of the society .

Form of
Voluntary
Association
&
Freedom of
Contract

**‘in lieu of advantages derived
by that person by
ACCEPTING a
membership in the
Society...he had placed
on himself
[RESTRICTION] by
entering into the
compact...and
SUBMERGING his rights
in the common right to
be enjoyed by all and he
is really exercising his
right of association.’**

36. The restriction, if any, is a self-imposed restriction. ... Moreover, it is not as if it is an absolute restraint on alienation. Respondent No.2 has the right to transfer the property to a person who is qualified to be a member of the Society as per its bye-laws. At best, it is a partial restraint on alienation. Such partial restraints are valid if imposed in a family settlement, partition or compromise of disputed claims... So, when a person accepts membership in a cooperative society by submitting himself to its bye-laws and secures an allotment of a plot of land or a building in terms of the bye-laws and places on himself a qualified restriction in his right to transfer the property by stipulating that the same would be transferred back to the society or with the prior consent of the society to a person qualified to be a member of the society, it cannot be held to be an absolute restraint on alienation offending Section 10 of the Transfer of Property Act. He has placed that restriction on himself in the interests of the collective body, the society. He has voluntarily submerged his rights in that of the society.

Co-operative
Societies Act
discriminatory
privileged
Membership

Legal
Uniformity
&
Social
Hierarchy

ENGLISH COMMON LAW

**‘...a husband cannot be guilty
of a rape committed by himself
upon his lawful wife, for by
their mutual consent and contract
the wife hath given up herself in
this kind to her husband which
she cannot retract.’**

Figure 2: By Contract

Once again, we argue for an approach in law to anti-discrimination that does not focus on the presence of an anti-discrimination statute but instead looks at the institutional arrangements

within law that protect and promote discriminatory practices. Looking at the normative assumptions—many based on notions of gender and sexuality—within the notion of individual and group

rights mediated through the contract helps us both locate and understand these institutional arrangements. This is essential both to diagnose them correctly as well as re-imagine them.

The final argument we wish to mark in this report is the one that is perhaps more predictable when one reads rental housing law looking for discrimination. This set of arguments looks at assumptions of who can be a tenant, a subject, and a citizen within rental housing law. The answer gives the most direct and critical evidence of how norms of gender and sexuality shape the possibilities and life worlds of citizens. As Figure 3 from Chan's work asks: who can be a tenant? The family is imaginable within law, and the word

appears repeatedly within Indian rental law, but what words do not are equally conspicuous: the worker, the individual, the student. This means that categories of existing rental do not get counted, assessed, or acknowledged, either within law or within data. It also means that tenant-landlord relations get framed in policies thinking about the "family" as the default, and then imposing those social expectations on all forms of tenants. As Chan asks, can we think about what privacy rights "tenants" have if the law imagines tenants as families only, rather than individuals?

All of these arguments are detailed in the separate report on the legal analysis. Details are in Section 7 of this note.

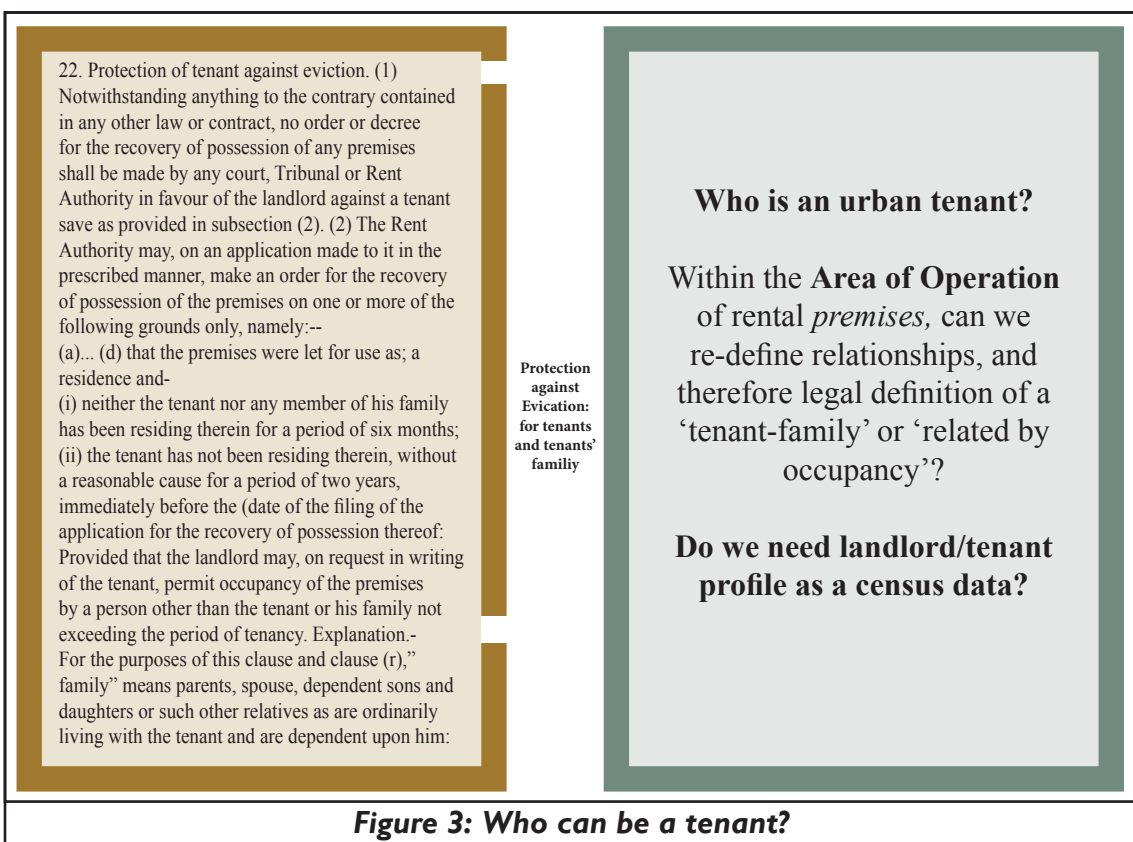


Figure 3: Who can be a tenant?



3. Discrimination and the Thickly Social

We now turn to describing details of the arguments emerging from our life history interviews. Sections 3 to 5 will focus on three main arguments. Looking at access to rental housing both affirmed and challenged our understandings of discrimination going in. We found three kinds of ways in which discrimination manifested itself. The first was explicit

So what categories could be the basis of explicit refusal? Religion, particularly refusal to Muslim men and women, was the most explicitly voiced identity to the point that a gay Muslim man we interviewed made it clear that he never anticipated facing problems due to his sexual orientation but always due to his religion. It was the latter that he had to

...Focusing only on the gender and sexual identity of the tenant, while important, must first be preceded by understanding the institutional context of housing policy itself.

refusal. Here, a person seeking housing was refused, and refused explicitly on the grounds of their identity. This is the most evident and commonsensical form of discrimination. Yet, we found that, for our respondents, none who identified as being LGBT faced explicit refusal on the articulated basis of their gender or sexuality. This is not to say that their gender or sexuality could not have been part of the basis of refusal, but to underscore that this refusal was not explicit in invoking either of these identities.

cloak to access housing, not the former. Other categories that could be explicitly involved were being single, unmarried, a bachelor, a lawyer, or Kashmiri. Yet in most of these cases, respondents still did not use the word “discrimination” in their own narratives. They simply described housing that they could not access. In many ways they expected many of the refusals that came their way. Finding a house, they argued, was about navigating refusals until someone said yes. This is one of our first realisations about discrimination: it is not a category that people use to describe structural inequality that they have, often,

normalised simply as “the way things are.” This is also partly, as we will argue later, because there is no absolute refusal even on the basis of identity. Even all the folks that belonged to the categories we stated above eventually got homes, and many got them in neighbourhoods they had initially thought were impossible. The oddity about rental housing markets is both the truth of its strict spatial segregation as well as the limits of that narrative of segregation. As rational actors, our respondents were right to think that they would not get a house most of the time and also right to think that, as long as they kept meeting landlords, they would get a house

faces the world over: discrimination rarely announces itself as such, and without such articulation, proving an intent to discriminate becomes that much more difficult.

This problem is exacerbated in the structure of our rental housing market that is the basis of our second insight. Only 2% of rental housing in urban India is through registered, written contracts. This implies that rental housing is what we have called a thickly social field—it is a set of interactions mediated between renters, brokers, and landlords where the “contract” is socially performed, orally enforced, and holds little option

The first thing our study challenges is that explicit refusal—the simplest form of discrimination—is also the least representative of accessing rental housing in India.

eventually. This made it both impossible to feel confident in a search but also impossible to decide that it was not worth it.

These are an important insights when it comes to thinking about laws on anti-discrimination. First, to reflect on the idea of explicit refusal based on identity. Any anti-discrimination law would prohibit discrimination on the basis of known identity categories. Yet, other than on being Muslim, our life histories did not suggest that the explicit refusal such legislation imagines would play out the way the law would require it to be mobilised as evidence. This is a problem that anti-discrimination legislation

for formal mediation of any kind. Access to rental housing is not determined by an economic determination of willingness and ability to pay measured through objective criteria. Access to a house is navigated through a physical meeting between renters, brokers, and landlords that is itself a performance, a site of complex meanings and discursive exchanges. It is in this thicket of interactions—the thickly social—that we must anchor some meaning to discrimination and, equally, to the idea of anti-discriminatory practices, laws, and safeguards. The first thing our study challenges is that explicit refusal—the simplest form of discrimination—is also

The family is imaginable within law, and the word appears repeatedly within Indian rental law, but what words do not are equally conspicuous: the worker, the individual, the student...

the least representative of accessing rental housing in India.

So where is the category of “discrimination” actually used?

Interestingly, discrimination is invoked as a word and framework most often when it is either comparative or within an interface with institutions. Respondents were likely to find and call something “discriminatory” when they could compare two kinds of behavior directly against each other. LGBT respondents spoke about their vulnerability versus a heterosexual family; women spoke about relative inequities vis-à-vis men; transgender folks spoke of the difference between them and cisgender renters. The category is equally powerful in other forms of public life: in dealing with banks, trying to get a housing loan, dealing with service companies. Here, again, discrimination understood as differential treatment is a useful category and one that respondents use. Discrimination is therefore a legitimate, legible and useful category only in so far as it offers a relative measure of difference. It is possible, however, that this is a difference within thresholds—a transgender person may have a harder time relative to a cisgender person, but that still leaves the possibility that both were discriminated against if measured against an external threshold but just to a different degree.

Further, even this pattern of unequal and differentiable treatment cannot be understood only in a single interaction with a particular landlord. It has to be rooted in patterns of more structural and everyday patterns of behavior and experience. Many respondents talked about discrimination as the difference in how they had been treated relative to their siblings, for example, through their childhood that shaped all of their behavior, including their approach to rental, their structural position in the rental market, and their own perceptions of their desires for forms of life and housing.

The real issue, however, is that what dominated the experience of most of our renters, was not these more legible understandings of explicit refusal or clearly differentiated but comparable behavior. Mostly, rental proceeded through the thickly social transactions that just as often led to refusal as to getting a house. These are instances when the refusal (when it occurs) is neither explicit, nor structured. Furthermore, similar interactions with similar landlords could lead to success in one instance and failure in the next. In other words, a framing of discrimination where people of a particular identity consistently struggled with one type of landlord who could then be called discriminatory does not actually play out in our life histories.

In fact, rather than being narrowly read for their identities, our respondents were often not sure how they were being read or seen, and often tried to perform an interaction between the landlord and themselves that would meet tests that they themselves weren't clear of. Respondents would often say that landlords would never say "no," but still, in the interaction, make it clear that they would not give the house. Yet this thickly social interaction, till the very end, held the possibility of working out, of bringing access to the house.

documented instances when a landlord that while speaking in generic yet deeply negative terms about a community (Jats, Northeasterners, Muslims) would also continue to rent to precisely people from these communities. This has led us to step away from a notion of discrimination based on explicit refusal or articulated prejudice, and instead ask a different question. Using the conceptual category of *absorption*, we ask: what determines whether or not a particular person of identity x, y, or z can get a house? What can be absorbed in

...Our first realisation about discrimination: it is not a category that people use to describe structural inequality that they have, often, normalised simply as "the way things are".

Clear identity markers did not lead, in other words, to explicit refusal that could easily be called and understood as discrimination. In the space of the thickly social, discrimination is a tacit category, one that can't be pinned down. Respondents described trying to emphasize different aspects of identity or appearance at different times, trying to emphasize or hide different parts of their CVs, histories, or locations, constantly trying to guess what would get them access to the house.

This complicates any clear understanding of what discrimination looks like when it occurs. Indeed, in many of these thickly social interactions, the respondents got the house despite deeply conflicting interactions. In many cases, we

a transaction with a landlord, and what causes refusal? Absorption challenges a clear line between behaviour that is discriminatory versus one that is not because it shows us that access can come with prejudice just as often as prejudice leads to refusal of access. One of the key learnings about both studies on discrimination as well as anti-discrimination policy and law is that while our focus has, so far, remained largely on identities that one cannot discriminate on the basis of, the real need may perhaps be to focus on the interactions and processes that lead to access or refusal of desired outcomes (in this case, a house for rent). Within the thickly social, it is the interaction rather than the identity of the actors that anti-discrimination practices must focus on.



4. Discrimination as Everyday Life

...A respondent spoke about how she and her girlfriend told the landlords they were cousins even before the landlord asked. In recounting the story to us, she wondered why she did that, musing out loud that the expectation of the question was, in fact, often as bad enough as being asked.

We suggested earlier that discrimination in lives considered non-normative must be understood not as isolated incidents that happen to some people, but in fact as the structure of their everyday life. Here, we wield absorption in its second conceptual valence: what can we absorb and what does it do to us? This again takes us beyond just the incident in thinking about discrimination and, within rental, beyond the fact of getting or not getting a house.

Our life histories reveal a range of effects that accessing rental housing and living in it do to non-normative lives. Many respondents made everyday life possible by misrepresenting themselves or their relationships. Sometimes this was intentional—one of our respondents spoke about how she and her girlfriend told the landlords they were cousins even before the landlord asked. In recounting the story to us, she wondered why she did that, musing out loud that the expectation of the question

was, in fact, often as bad enough as being asked. Other times it was smaller things—an assumption that one didn't correct, a question answered evasively neither truthfully nor untruthfully. Yet what this subtle or explicit evasion does to our respondents is not an easy question to answer. It made their everyday life in rental housing a lie—the risk of being found out aside, what it does to live with parallel narratives about oneself remains an unmeasured toll of non-normativity.

Other respondents spoke of how one incident of discrimination in a house cast a long shadow wherever they went in their lives, leading, in different cases, for example, to a heightened fear of intrusion, a constant mistrust of strangers, a feeling that one had to be eternally vigilant even within one's home. You don't, one of our respondents said, even fully know why you are so suspicious, or guarded, but you just are. Often this shadow is not

even of an incident that has happened to someone personally—the stories circulate. An evicted queer person in another city, a cousin told off by the landlord, a friend that never found a house, a newspaper report of violence. The closest way to describe the effect is a sense of heightened awareness of one's self and surroundings at all times. Can such a sense of being eternally on guard, eternally aware, eternally performing, be considered “discrimination”? It certainly is the everyday of non-normative lives.

Structurally, the full outcomes of this fear of not being able to absorb has a logical end—to simply not even let it happen. Many respondents spoke to us of houses, neighbourhoods, options, and indeed lives that they simply didn't even consider. It was not that they were refused—they just never even asked, fearing refusal, or, in indeed, fearing access that they would then have to navigate. Many times, discrimination within non-normativity, means taking the option off the table for one's self, redefining the terms of refusal towards self-censorship and self-disavowal. It means limiting the choice set we allow ourselves.

This sense of eternally being on guard, of constantly finding the right framing of one's story, of anticipating the next question eventually becomes unsustainable. Absorption, as we saw it in the cases above, takes one kind of toll. Yet it also has thresholds. These are also the mainstay of our narratives: moments when all the negotiations, the liquidity, the ability to absorb stops where there is exhaustion, violence, harassment, and fear. These are very much what we expected to find when we went in to hear stories of non-normative lives. They are present without doubt, structurally and fundamentally. Moments of panic everytime the bell rings; brokers and landlords making disparaging, sexist, homophobic remarks; neighbours that police and harass; and landlords that felt a complete sense of impunity in violating the privacy of tenants that did not have the sanction of heterosexual marriage to make their desire for privacy legitimate. In the world of everyday life once one did get the house, therefore, the everyday was lined with all that one could absorb, and the violence that one couldn't. Within this absorption lies the full spectrum of what lies under the simpler category of “discrimination.”

The closest way to describe the effect is a sense of heightened awareness of one's self and surroundings at all times. Can such a sense of being eternally on guard, eternally aware, eternally performing, be considered “discrimination”? It certainly is the everyday of non-normative lives.



5. Asociality as a Queer Normative

...Wonder what it means for a set of lives to want asociality as an ideal form of life. Does it mean that the cost of non-normativity, its real meaning, lies in this—in an expectation of the world that can be manifested only in wanting to be cut off, to retreat to one's own interior? Is the cost of being free of discrimination being lonely? Being socially isolated? Indeed, narratives of loneliness haunted our life histories...

The final articulation that we wish to contribute to the project's understanding of discrimination is that it not only shapes the experiences of non-normative people in accessing and living in rental housing, it changes their aspirations and values about what kind of housing and life they want. When we asked our respondents what a good landlord would be, the answer wasn't that this would be someone accepting, queer friendly, open-minded, or professional. The ideal landlord/neighbor was, in fact, someone who didn't exist. Someone never seen, someone never present. Time and time again, non-normative folks spoke of an ideal housing arrangement as one that would allow a retreat, a being left alone, an asociality.

Our intent here is not to say that the desire for non-interference is not valid. It

is to wonder what it means for a set of lives to want asociality as an ideal form of life. Does it mean that the cost of non-normativity, its real meaning, lies in this—in an expectation of the world that can be manifested only in wanting to be cut off, to retreat to one's own interior? Is the cost of being free of discrimination being lonely? Being socially isolated? Indeed, narratives of loneliness haunted our life histories, threading through them tacitly and explicitly. If asociality is a normative condition, then the real cost of non-normativity and discrimination is not just access or refusal, but in fact a shifting of personhood. It is the tension between wanting to be left alone and being fearful that no one would hear you fall in a rented home without neighbours who could ask after you, or families that would repeatedly call.



6. Reflections on Moving Forward

Looking at rental housing as a key part of the study of discrimination has left us with several implications for policy, practice and future research. These are detailed in individual reports. Here, in this framing document across our approaches, we mark only the principles that emerged from the work.

One, anti-discrimination law or policies that privilege a language of law that locates discrimination in the identity of the person discriminated against risk losing the fact of discrimination in the interactions towards desired outcomes. Within housing, discrimination is rarely explicit on the terms of identity.

Two, in sectors where processes are not formal, contractual, and legible like housing in India, access to public goods and services are informally negotiated within the space of what we have described as thickly social transactions. The formal logics of law and policy cannot penetrate these interactions in the way they currently approach the issue of discrimination.

Three, non-normative lives are not simply or clearly discriminated against in incidents of violence, exclusion, or refusal alone. It is in the structure of everyday life that the consequences of

the many experiences we erroneously club under “discrimination” take place.

Four, as a conceptual category, “discrimination” is not able to hold or understand what prejudice or the expectations of it does to everyday life. It cannot understand the subtle ways of self-disavowal, of the impacts of living with prejudice around you, the shifts in one’s own aspirations and notions of a good life. Other concepts will have to speak of this, and absorption, which allows both the presence of prejudice but also its (non) resolution in multiple forms, has the possibility of doing this.

Five, responses to discrimination cannot simply be responses to incidents. They must be structured to address the consequences of relentless absorption within non-normative lives. This implies that the real target of our actions cannot be limited to legal statutes or pronouncements but will have to be based on constructing spaces of solidarity. Freedom from discrimination cannot require loneliness, as the increasing desire for asociality among queer folks indicates. Breaking this cycle is then to engage with the intimate as well as the structural, the spaces of support as well those of protection.



7. List of Outputs

Many times, discrimination within non-normativity, means taking the option off the table for one's self, redefining the terms of refusal towards self-censorship and self-disavowal. It means limiting the choice set we allow ourselves.

Written Papers

- a. Sahai, V., Tiwari, A. & Bhan, G. (2019) Houses, homes and lives: Reflections on Discrimination and Non-Normative Gender and Sexuality in Urban India.
- b. Arun-Pina, C. (2019) Reading Normativity in Legal Documents on Urban Housing in India.

Exhibitions

- c. Arun-Pina, C. (2018) Case Book: Annotations of Legal Documents on Urban Housing in India. Mixed Media and print.
- d. Upasana (2018) Queer Homes: Portraits of Queer Lives. Portraits, Pen and Ink illustrations.

Podcasts

- e. Queer homes: Five episodes of podcasts on building queer lives in Delhi.

An Exploratory Study of **Discriminations** based
on **Non-Normative Genders and Sexualities**



Gender and Sexuality in Political Student Organisations and Modes of Protest

Akhil Kang

Gender and Sexuality in Political Student Organisations and Modes of Protest

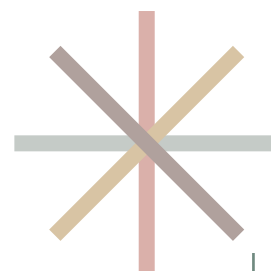
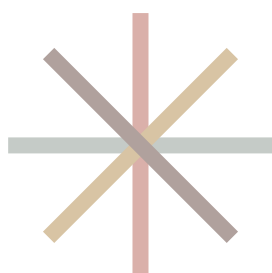
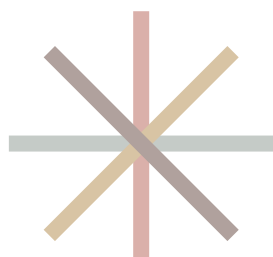




Introduction

The beginning of this Discrimination project (in 2016) was marked by a series of political eruptions all over the country. The simultaneous rise of student-led movements across several university campuses and those movements emerging as important sites of dissent and protest provided the Political Formations team of the project a rich resource to understand gender and sexuality in student movements. What started as attending and observing student elections in Jawaharlal Nehru University (JNU) and Delhi University (DU) soon turned into a deeper investigation into broader questions of how different forms of representations understand caste, gender, and sexuality together. In order to understand these elements playing out in the protest spaces, student-led rallies, and speeches, it is important to note how gender and sexuality was specifically being addressed in these spaces. Additionally, it is equally relevant to understand the interplay of politics and gender and sexuality in

the every-day. That is, one is looking for not just tokenistic representation(s) of women and queers in the decision-making positions but also for how people occupying these spaces come to understand their own personal stakes in the broader feminist understanding of gender and caste roles. Over the period of two years (2016 - 18), I spoke with and interviewed several student movement leaders, (then) current party members, ex-party members, and other students who were regularly attending party events and protests in New Delhi. The following analysis includes thinking through issues of gender and sexuality with these individuals as well as personal reflections on what it meant, ethnographically, to be reading and studying these places. The students (many of whom have now left the university) were very generous with their reflections, doubts and hopes about protest spaces and broader politics of the country.





Gender, Caste, and Campaigning

One of the most significant sites to understand gender and sexuality in student movements and parties was the time when the party members campaigned and mobilised new, incoming students at the start of the term. Several interviewees noted how the few days when new students are getting used to the university spaces and the city, the student party plays a crucial role in facilitating that process of establishing familiarity. Many women interviewees expressed how they had to be clear about setting boundaries around socialising with other students during this time of persuading new students to join their respective parties. Their friendly approach towards students would often be mistaken as flirtatious and create awkward situations wherein students would pursue these women leaders and students throughout the college academic year. While many women students spoke about how clear they were in setting boundaries between their party members and students, others spoke about how campaigning became spaces where they could also explore intimacies with people through casual flirtations. However, it is important to note that the dynamics within which openly queer students and women operated is much

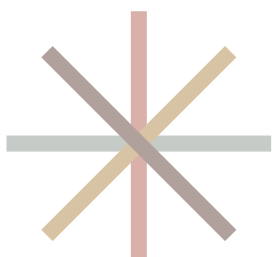
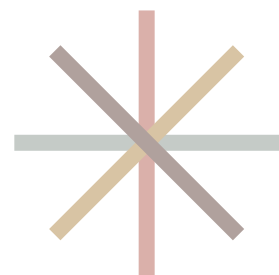
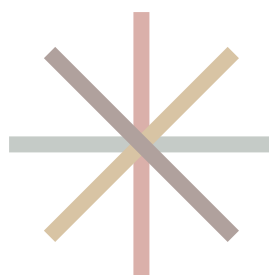
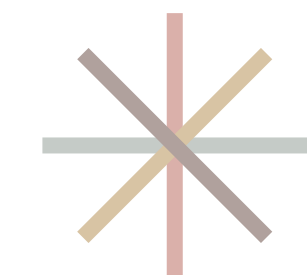
different than men using these spaces to express their desires. For instance, many students who study in North-campus DU noted that campaigning months/ weeks leading up to the main election became insufferable for them because they would face constant harassment in the name of voting. For instance, several women spoke of how “these jat man” (indicating a specific kind of caste group which affiliates itself with either ABVP or NSUI in DU electoral politics) would repeatedly ask for their phone numbers in the pretext of sending them information of upcoming party events. Could this socialising and techniques of mobilising also tell us about interplay of caste and class? Several men who were campaigning in DU campuses indicated to me that being a student in Delhi was the first time they were not living in small towns or villages. And that volunteering for these campaigns was the only way they could approach girls because otherwise their Hindi-speaking background and non-urban aesthetic wouldn’t give them access to particular cliques in their classrooms. These instances inform us of complicated ways in which gender occupies public spaces and plays itself out in campaigning settings. The negotiation over entitlement over public spaces and

campaigning moments, evidently, differs across caste, class, and gender lines.

What seemed like almost a grand, strategic ritual in JNU around campaigning on the day of admission—these moments were quite telling of the fact that acts such as helping each other out fill several admission related forms, running with students from one building to the next all over the campus (the JNU campus is widely spread over 1,019.38 acres, as the university statistics indicate) would establish a certain solidarity among experienced students and the new ones. One student also indicated how clear caste boundaries were established the moment students would enter campuses. For instance, a person with a surname of ‘Sharma’ would immediately be attended by another student with the same surname. Or when a person came from a particular location from a non-urban context, it was automatically understood what kind of caste socialising they would be familiar with. Therefore, a person from that region and also belonging to a particular caste would be expected to put that new person’s parents at ease. Thus, playing with anxieties around the new university as well as a new urban city would attach

itself to comforts of talking to strangers of the same surname, caste status.

Another important factor through which gender became obvious during campaigning was the division of labour in terms of dissemination of party’s information about events and motto. For instance, younger men inductees and volunteers would be given the task of pasting posters across campuses, as opposed to women who were expected to not do this “hard” labour. Many parties, women interviewees noted, would purposefully place women in the forefront when it came to convincing new students to join the party. One could note that there was also an obvious play of masculinity in terms of what counted as a “good” candidate. Well known faces in the media, particularly men, would often use their positions to gain currency among young/new students. Some, in fact, in my interviewees, acknowledged that because they were aware of the power imbalance, they would on purpose not approach new students during campaigning. Nevertheless, if not them, other party members, candidly admitted to using their name as a leverage to increase their member share.





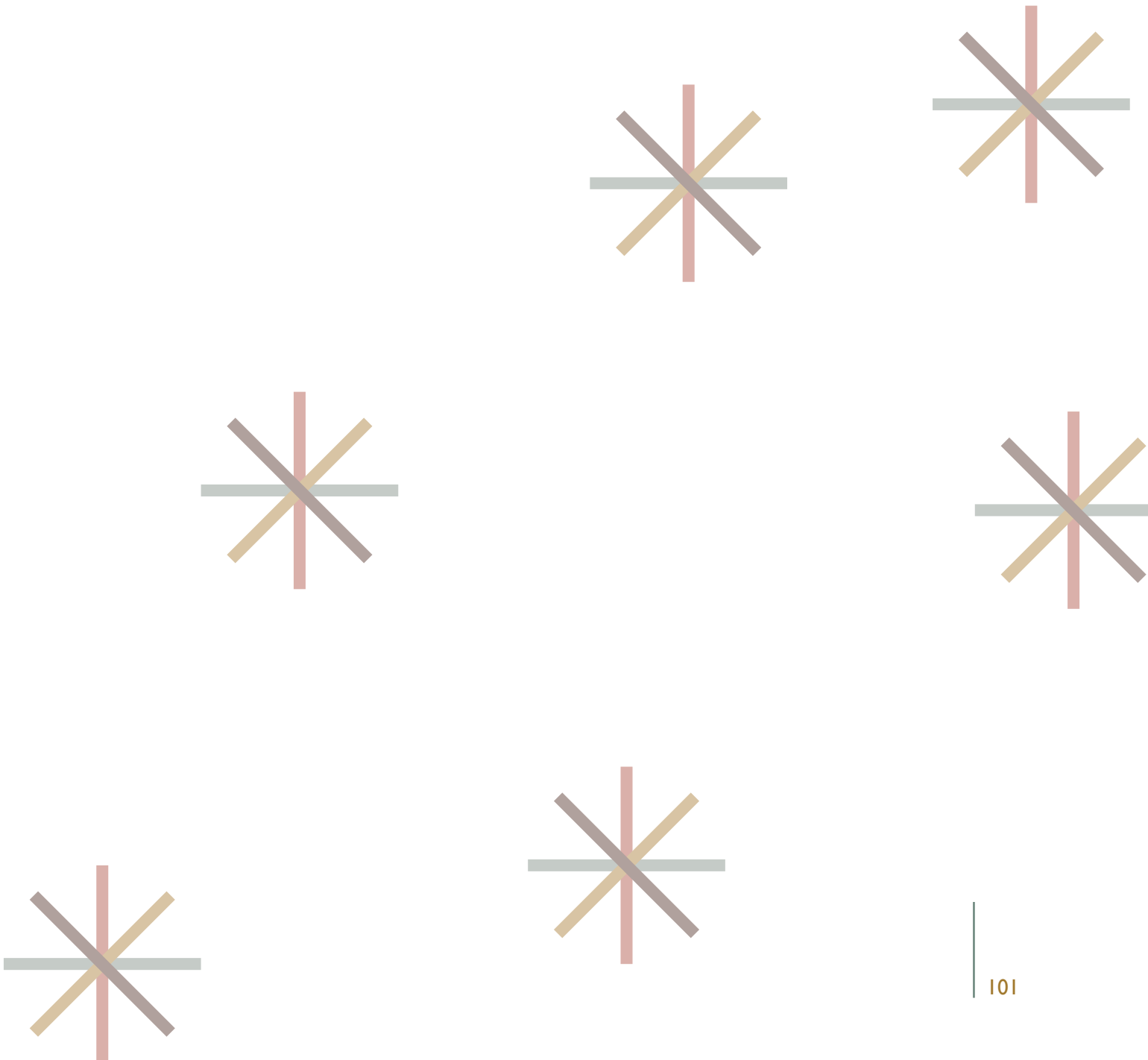
Gender and Masculinity in Protest Spaces

The display of caste and power was quite dominant, more so in DU than in JNU. Before talking about display of money and masculinity through cars in DU, I want to highlight how JNU, as a space, though quite different than North campus colleges in DU, had a different kind of logic vis-à-vis class and caste. Many student interviewees and former party members noted an almost obsessive surveillance over each other's choice of clothing and the pressure to "look" progressive. Often, this meant that students would consciously choose not to wear "Fabindia, Anokhi" brand of clothing because those clothes would indicate their class status. So much so that once, while interviewing a student party member in a restaurant, when she saw another student from her campus coming into the market, hid inside the toilet till they left because she didn't want to be seen hanging out in a place which that student couldn't afford to get in (but she clearly could!). This notion of particularly performing a stereotyped notion of aesthetic would be complicated further along lines of caste location because many dalit, lower-caste students indicated that the meaning of appearing a certain way gave them the mobility which caste rigidity couldn't.

In DU, the bigger the entourage around a potential candidate, the better would be his chances to (at-least appear or hope to) win the election seat. These performances of masculinity were often deeply tied with land politics, and the amount of resources that would go into fielding these candidates into the DU election race. Many candidates would see this opportunity not just to stand for local college elections but also establish their caste-class power and hope to gain mobility within their own party. Both JNU and DU include several examples of students entering mainstream politics. However, through the obvious display of muscle power, investing in resources to get volunteers from districts surrounding New Delhi by individual party members (and not the party per se) indicated how the stakes in DU politics operated differently. This is not to say that stakes were higher in one institutional space as opposed to the other, but I am interested in how the interplay between gender and politics is visualised through these tactics. It is to be noted here, that these are not broad generalisations across all registered parties in JNU and DU, but instances of caste and gender through specific contextual instances of local university politics.

Many women interviewees also note that they are hyper aware of the clothes they choose to wear in protest spaces. Several of them told me about specific instances when men approached them and commented on their choice of clothing. One interviewee spoke of how once, a man, came up to her after her speech and said that he comes to her party's protests only to look at her. She observed how she tried not to be

too bothered about such comments but a woman coming upto a man to say the exact same thing would carry very different implications. For instance, women's relationship with security in a city like New Delhi, in light of such comments, also means that they have to take higher precaution after the protest spaces are dispersed as well as before them.





Queers in Politics

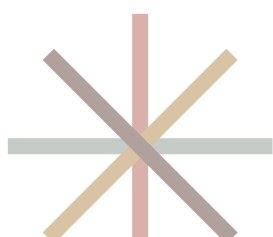
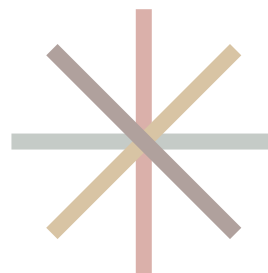
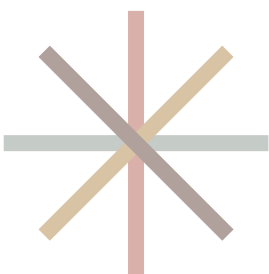
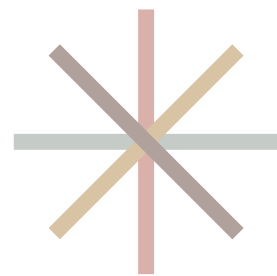
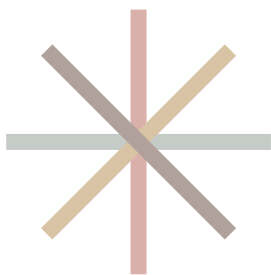
The two-year period (2016–18) witnessed some significant changes in terms of the queer representation. An important change that one could notice in these student political settings was that “gender” was being engaged with beyond merely allocating seats for cis-gendered women in the party committees. In JNU, gender came to be seen as a “deprivation point” (a point allocation system implemented in JNU to benefit students from marginalised backgrounds and under-represented social locations) which parties actively campaigned for. In DU, presence of *Pinjra Tod*, in particular, created new(er) methods of women’s engagement with the university. The presence of women students was not just about number of seats allotted to women in various colleges but about safety, increased surveillance and mobility within and outside the campuses. There were many instances of “first woman candidate” across left- and right-wing student parties and they equally stressed on how important “the woman question” was for them. The meaning of this “woman question” of course differed across party lines. Instances of distribution of pepper spray with Modi’s picture highlighted how ABVP tried to reach out to women

voters. The simultaneous distribution of lip balms and other “safe” products (as opposed to sanitary pads, for instance) also spoke volumes of how parties often operated within the logic of misogynist protectionist tendencies to “help” women.

The presence of openly queer, LGBTQIA+ individuals was quite crucial in understanding how parties were responding to questions of sexuality. In JNU, a few queer interviewees mentioned the involvement of specific homosexual-identifying individuals with the left parties since late 1990s and how the parties’ involvement with issues of sexuality wasn’t necessarily proportional to number of openly gay individuals associating with political parties. However, one could see that, particularly in the JNU 2016 presidential elections, that parties were trying to actively talk to openly queer individuals on campus and asking how they, as a party, could help them. The terms of that engagement, no doubt, differed. Many interviewees noted the condescension with which few parties assumed their experiences and went about “including” them in their talks of deprivation point as if they were just another entity that needed to be added in order to gain

more votes. Some also noted how many still saw issues of sexuality as an elite one and that parties needed to deal with much “larger, more important” issues. By the end of the project, however, many parties included openly LGBTQIA+ individuals who spoke of their sexualities vis-à-vis broader questions of caste, class, disability etc. The engagement of student politics with sexuality still remains an ongoing one. The aim of this short reflective piece was to highlight how terms of engagement with gender

and sexuality are constantly shifting across student political parties and yet, in few cases, seem to be frozen in heteronormative understanding of sex (as opposed to gender) binaries. The presence of queer/LGBTQIA+ identifying students is changing these structures of engagement but it is important to note that these identities are not operating in isolation and are being understood in broader structures of power and systemic oppression and violence.



An Exploratory Study of **Discriminations** based
on **Non-Normative Genders and Sexualities**



Non-Normativity and Discrimination in Public Spaces

Rumi Harish, Sunil Mohan, and Radhika Raj

Non-Normativity **and** Discrimination in Public Spaces





Introduction

Public space is one of the most contested sites for non-normative bodies and expressions. Non-normative bodies and expressions routinely face varied forms of violence such as lynching, beating, sexual assault, general assault, and even murder for merely occupying these spaces. These forms of violence occur due to the prejudices and stigmas that people have about these bodies. In many cases, the public take it upon themselves to punish, reprimand, and teach a lesson to these non-normative bodies. This happens for a variety of reasons—in the name of morality, fundamentalist prejudices, religious discriminatory prejudices, to show the depressed caste and class their “right place”, or to provide corrective punishments of gender expressions etc. Apart from visible forms of violence, the queer and trans community also face humiliation, verbal abuse, insults, and ridicule in public spaces that are often not visible but are endured. Our experience has shown that when queer and trans persons face public harassment, the police and state agencies refuse to register complaints. They are often turned away and there is no dignity provided for non-normative bodies and expressions. On the other hand

normative bodies and their expressions gain legitimacy to regulate non-normative expressions, even if it means breaking the law.

The non-normative body, and its expressions, is accepted only to an extent that its presence can go unnoticed in public spaces. On the other hand, the normative body can be carefree and anonymous if it chooses to be. However, because of who we are, the way we are, and the work we do, we get noticed at the first instance we step out of our homes—our dress, voice, gait, behaviour, walk, mannerisms—every single move we make gets noticed and can attract all forms of responses including humiliation, ridicule, and violence. Sometimes just the act of sizing up by the public gaze can be very humiliating. It is not just what the public does to the non-normative bodies and expressions but also how normativity starts regulating the non-normative. Non-normative existences are bogged down with the pressure of “becoming” normative. Starting from uncomfortable gazes and leading to questions like: “Are you man or woman?”, “Why are you here?”, “No entry into this place”, and many more. All these try to force the

non-normative bodies and expressions into the tight frame of normativity.

The existence of non-normative bodies and expressions in public spaces is also almost always seen in the context of crime. For example, in Bangalore after 2008, the hijras' cultural act of begging in the streets, which is also their means of livelihood, was seen as "extortion" by the police. Around this time, Bangalore was witnessing the rise of new elite forces that collaborated with the government to pursue a vision of turning Bangalore into a "world-class city". In July 2008, the Yeddyurappa-led BJP government along with an elite task force initiated an objective to "revive and rebuild Bengaluru". In this wave of reviving Bangalore, several "clean-up" drives were undertaken. On October 20, 2008, Bangalore's Deputy Commissioner of Police (South) said (derogatorily referring to the hijra community) that the police had started a "drive against the city's eunuch menace".¹ On the same day, the police randomly picked up five hijras begging at a traffic signal near the Girinagar police station and physically and sexually abused them in custody. Following the arrests, the police called for an intervention and arrested the first team of activists who arrived at the station as a part of a crisis team. Report co-author Rumi was a part of this team. The arrested activists were beaten and abused. Sunil and others who were protesting outside the police station

were lathi charged.² Until 2008, the police were commonly arresting hijras under The Karnataka Prohibition of Beggary Act, 1975. However, after the drive, hijras were arrested for extortion. Unlike begging, "extortion" is a non-bailable criminal offense under the Indian Penal Code (IPC) section 383. Similar "Bangalore Clean Up" drives have been renewed at short intervals. In December 2010, the police started a campaign against "aggressive begging" by hijras. In May 2011, a similar campaign was initiated with a three-day deadline to curb the "eunuch menace" at various traffic signals.

Studying public spaces in the context of non-normative bodies and expressions for us has also meant documenting the varied experiences of different identities of the non-normative genders and sexualities, what kind of responses each of these identities get, what kind of apprehensions do we always carry within ourselves, and so on. How do we understand "public" spaces not just as opposed to the private but also in terms of what is and how we are public? It has also meant documenting, discussing, analysing, debating, theorising, and learning from each other of the possible recourse of how we as non-normative genders and sexualities can address the visible and invisible acts of violations of rights. How do we address and combat acts of discrimination? How do we fight both visible acts of violence and the more subtle forms of discriminations in a public space? As a community we have

1 <http://www.dnaindia.com/bangalore/report-arrest-of-five-eunuchs-leads-to-clash-1199691>

2 <http://samarmagazine.org/archive/articles/271WWW>

wanted to build campaigns for the public to understand and accept non-normative expressions. But we all know that these campaigns have to be multi-pronged and inclusive of all forms of non-normativity. It is not easy to bring together all the issues under one campaign at the same time, even if we do, there will be abuses and violations on non-normative bodies and expressions as the hetero-patriarchal, brahminical, upper-class normativity is deeply rooted in people for centuries.

Sometimes people from our community have also thought that the answer lies in creating new stringent laws to protect us. For example, in the present context, the judgment decriminalising Section 377 of the IPC in September 2018 by the Supreme Court has had wide impact for the public to begin accepting homosexuality, or the judgment on the National Legal Services Authority (NALSA) in April 2014 by the Supreme Court recognising the legitimacy of trans individuals and their identities. There are also many suggestions for a law that protects against discrimination faced by the queer and trans community. Of course if there is a law only to protect the discriminatory acts against queer and trans community then all these phrases: “discrimination” along with “queer” and “trans community” have to be *defined* legally, which can become very limited. Most times we have felt the burden of the responsibility to change public perception, as if our only need was to be part of the very social fabric that discriminates against us.

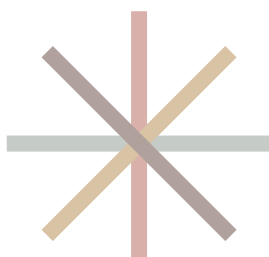
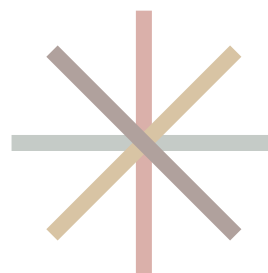
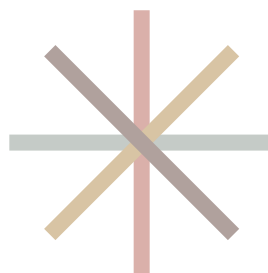
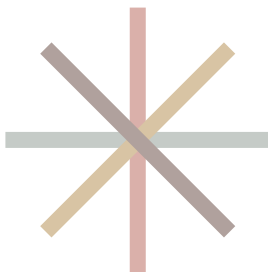
We are not arguing that the queer and trans community has had no access to public spaces. We are arguing that the few public spaces we access without fear, have not existed naturally but have been built, nurtured and cultivated under great risk, with great compromise and creativity. In these public spaces we have also found love, friendships, and solidarities. We have expressed our genders freely, sexualised, and eroticised these spaces for our desires. We have also actively used public spaces to protest against a range of rights violations. However, our interactions with the community shows that these spaces are increasingly coming under threat and are being destroyed in the guise of development, beautification, gentrification, safety, and transformation. At the same time, the access to public spaces is not the same for all non-normative genders and sexualities from different locations, identities, and expressions. The experience of “being” in public is not the same for those who are male-assigned at birth, those who are female-assigned at birth, persons with intersex variations, and other sexual and gender minority communities. As one of our friends, a person with intersex variation, shared with us long ago that “they” (their preferred pronoun) would keep a distance of more than three metres with any person in public so that they will not be identified and they would therefore always avoid going to crowded places due to the fear of being recognised as “strange”.

The hijra communities as part of their traditional role of *mangti* (begging and

giving blessings) are out in public for their survival and their experience of handling public harassment, gaze, ridicule, and rights violations is different compared to the female-assigned sexual and gender minority community. With the trans and queer community that is assigned female at birth, the moral and social conditioning by the family would always restrict mobility and they are forced to be “decent” and “proper” in public which is a direct result of patriarchal control. To quote our own example, once when Rumi and Sunil were travelling in an auto-rickshaw, the

driver asked, “Why are you dressed in this way? Are you man or woman?” Sunil, who identified as gender non-conforming at that time, was dressed in his usual pair of shirt and pants. When he received no answer, the driver probed further, fought, humiliated Sunil, called him an “immoral woman”, and asked him to get out of the rickshaw. Even if people are not non-normative the public spaces have restrictions for different genders in different manners. For example, the way cis men are able to express their sexuality in public is not the same with other people.

We are not arguing that the queer and trans community has had no access to public spaces. We are arguing that the few public spaces we access without fear, have not existed naturally but have been built, nurtured and cultivated under great risk, with great compromise and creativity. In these public spaces we have also found love, friendships, and solidarities. We have expressed our genders freely, sexualised, and eroticised these spaces for our desires. We have also actively used public spaces to protest against a range of rights violations.





Methodology

Our research practices are strongly influenced by our politics and activism. When we use the term “community” we are specifically referring to the non-normative genders and sexual identities that we have worked with over the last two decades. We have also been a part of this community. This includes identities such as hijras, *kothis*, *panthi-satla-kothis*, *satla-kothis*, *mangalmukhis*, *akwa-kothis*, *nirvan kothis*, DDs, bisexual men, bisexual women, lesbians, gays, women-identified partners of female-to-male transpersons, transmen, trans-masculine individuals, people identified as gender non-binary, genderqueers, queer women, persons with intersex variations, and many more. We understand that non-normativity can be expressed in different ways without avowedly identifying oneself as queer, but we chose to work with people who clearly identified themselves as a part of the queer community, because publicly asserting your non-normative identity is not only difficult but potentially dangerous. Since we have largely worked with working-class sexual and gender identities, this research has also focused specifically on their experiences, politics, and struggles. Many of the people we interacted with are our friends, friends

of friends, or fellow-activists. We have been a part of some of the struggles and incidents we write about in this report. Hence, this report is as much about us as it is about the people we have written about.

In an effort to do away with the “researcher” and “researched” binary, we have tried to keep our interactions informal and open-ended. Instead of a focused, pre-decided questionnaire, we offered our experiences and stories as conversation starters. Most of these discussions were led and steered by the person we were speaking to, and often turned into long debates and arguments. Since we have been a part of the community for several years now, we have played both roles—of the researcher and the researched. We have realised that the research processes and methods itself have been discriminatory to the very community they have tried to study. A marginalised community is only expected to give testimonies of pain, sorrow, rights violations, violence, discrimination, and only on rare occasions, stories of triumph. The researchers or academicians take on the role of theorising, defining, constructing discourses, and labelling.

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Our backgrounds have shown us that the theorising that happens from within the community never gets heard in mainstream discourses. Hence, our report very consciously does not refer to any theoretical texts and instead takes from books written by the community and relies wholly on our interactions in the field. The effort of this report is to convey and communicate the community's analysis, debates, and arguments. We also decided to produce a range of outputs that would reach a varied audience. We are using our findings to produce tools and creative products that can be taken back to our sites of research, and used by the community for redressal within their immediate surroundings.

This narrative report focuses on three main aspects of our study.

1. To look at diminishing, inclusive public spaces that the community can/ could access without fear. Our research has mainly focused on parks in Bangalore. This part of the research was also presented in an exhibition using the form of a photo essay.
2. To look at public spaces as spaces of resistance. This section documents the history of community protests in public spaces and how these spaces of protests have come under threat.
3. The final section of this report summarises the play that was one of our most cherished outputs of the research.



Mapping Desire and Discrimination in the Parks of Bengaluru

Bengaluru (erstwhile Bangalore) has been known as India's "Garden City" thanks to the large number of green spaces, gardens, and parks within its municipal limits. However, in the past two decades, the parks in Bangalore have gone through drastic overhauls—especially since the IT boom when Bangalore started aspiring for a "world-class" urban aesthetic. Since the early 2000s, the Bruhat Bengaluru Mahanagara Palike (BBMP) started a drive to beautify Bangalore's parks by planting manageable "show plants", building large gates and fences, constructing pavements and jogging tracks, adding lights, introducing restrictive park timings, and increasing security and CCTV cameras. In 2005, under its "Adopt a Park" scheme, BBMP invited corporate bodies, educational institutions, clubs, residents' associations, hospitals, hotels, retail showrooms, and other such organisations to maintain and develop Bangalore's parks. Since then, parks across the city have turned into highly surveilled, exclusionary, enclosed, and restricted spaces. In recent times a nexus of brahminical, upper and middle-class activists, real-estate developers and the state has mobilised the discourse of "public interest", "women's safety" to appropriate parks in a way that their new designs deliberately exclude the

city's poor and marginalised sections. Everyday public utility needs of working-class people such as bathing, washing clothes, relaxing, and sleeping are now replaced by upper-class, upper-caste luxury needs of jogging, healthy living, leisure etc. The "development" of these public spaces is very telling of how the city has changed and in whose favour. A person's access to these spaces depends on how well they adhere to dominant norms of social morality. Any deviation from these social norms may invite varying degrees of exclusion, banishment, surveillance, and violence. Along with new designs and developments, restrictive timings and increased private security were also introduced in Bangalore's parks. Most parks developed by the BBMP only remain open under heavy surveillance from 6 am to 10 am in the mornings and 4 pm to 8 pm in the evenings. During an interaction, a BBMP official mentioned that parks are closed in the nights to avoid illegal activities, and are closed in the afternoon to discourage "unemployed Road Romeos" and couples from engaging in "indecent behaviour".

In the history of the queer movement in Bangalore, parks have played a critical role in building communities, networks,

and solidarities. Almost everybody we spoke to in Bangalore, mentioned how one park or the other has played an important role in their journey or in the movement.

We heard similar stories of love, discovery of self, finding partners, having sex, and even of starting social movements. But these acts of love and dissent have lately come under surveillance from the state and the police. They have been cited as legitimate reasons for increasing technological and police monitoring, fencing, and locking up of parks and restricting entry to a select few. For instance, on 8th February, 2018, a week before Valentine's Day, the following headline appeared in a Bangalore-based broadsheet:

“Forget V-Day red roses, it's red flag for love at Lal Bagh, Cubbon Park”.³

3 <http://www.deccanherald.com/content/658508/forget-v-day-red-roses.html>

The article said that for the first time, the horticulture department in charge of these parks had sought help from the police to prevent what they called “V-Day nuisance”. It planned to prevent entry to lovers by closing all but one gate of Lal Bagh and also increase the number of police personnel at Cubbon Park. We ask whose interests are being safeguarded by these institutions and police? At the centre of these exclusionary practices is an upper-caste, upper-class morality that leads to exclusion of non-normative and marginalised bodies, monitoring of gender expression, and the moral policing of sexuality.

During our fieldwork, our friend who is a trans-activist took to us on a journey through some of the public places she frequented and had fond memories. One of the places is a sports ground which has a prominent history. In 2012,

I came to be part of the ‘community’ in 1984, when I was 16 years old. At that point, I didn’t know who I was and I wasn’t aware of the changes taking place inside me. I would often go to a park to study, read something. Many people would come there to jog to one of the parks I went to. I used to think it’s a really nice and good place because many elderly people and adults would come there and I thought it was being used only for jogging. But, sometimes I would go there in the evening also. And I realised that there is something else happening that is appealing to me in a different way. That space became my base, first place where I could express my inner feelings and emotions of femininity - which shaped slowly my desires and identity. I slowly found friends like me. I used to experience a sense of freedom over there. That space became a preface to my story.



The Malleshwaram ground was once an active protest space. In 2012, it was "developed" by the local MLA. It is now a gated, fenced and surveilled football and basketball playground, accessible to only a few elite residents of neighbourhood who can afford to pay for sports coaching.



Parks in Bangalore, like this one in Indiranagar, are increasingly fenced and gated, with strict timing and checks on who can enter and who cannot.

the park was “developed” by the local right-wing MLA (Member of Legislative Assembly) into a sports ground through a Public-Private participation venture with a corporate company. On the afternoon we visited it the entrance gate was locked. A notice board on the gate said “The premises is to be used only for sporting activities” and “The sporting activities that are permitted in the premises are Football and Basketball”. Standing at the gate, our friend from the community in great detail described how until 2010, the ground was both a cruising space (for picking up sexual partners) and a political space used by the community for rallies and protests.

“We all met here, hung out here, did our *dhanda* (sex work) here. Look at this place, I can’t recognise it,” she said while cursing. “See... this is the part where we used to sit and talk and this corner of the ground was the *dhanda* spot. This was an interesting place because protests, *dhanda*, and cruising used to all happen here. It was community space. Men used to also play cricket. It was always crowded. Once this place was developed, it destroyed my business”.

The space was also important to us because we (co-authors Rumi and Sunil) performed our first play there as a part of the LesBiT group—LesBiT, founded in 2005, is a community collective for working class, non-English speaking lesbian and bisexual cisgender women and trans men and trans masculine community. The play, titled “Typical Indian Woman”, questioned the idea

of the ideal, moralistic Indian woman through satire.

“When they closed the park they only told us it was for some minor repairs. Then one day, these tall fences were built,” said our friend.

Today, a ten feet metal railing with large towering gates surrounds the stadium. Two security guards man it at all hours and the premises are surveilled 24x7 with CCTV cameras. The park is neatly divided into two sections—a football field and a basketball ground. We approached the MLA’s office to understand the reason for the development. The MLA’s assistant told us:

“Till 2012, this ground was maintained entirely by the BBMP. It was an open and unsafe ground with no proper infrastructure, no order. Twenty five to 30 teams would come and play cricket in the same ground! Now we have fencing, a sitting area and a ground.”

The MLA, a doctor by profession, had chosen “health care” as one of his key agendas for the municipal election. The construction of the sports grounds and state-sponsored gymnasiums was an extension of this agenda. The prominent ground was not the only space fenced for this reason. Several smaller open spaces frequented by the local public turned into sports complexes with access limited. Encouraged by the MLA, the ground now hosts a basketball tournament for nearby clubs and colleges. A few walkers are allowed in the evening and gully-cricket teams are encouraged to play elsewhere. When

we spoke about the rallies held at the park, the assistant said that he had no memory of any such protests.

“Rallies and protests happen in a nearby park, not here. We have also restricted all types of events,” he replied.

Despite the assistant’s multiple claims, we found that the Hindu right-wing outfit RSS (Rashtriya Swayamsevak Sangh), has been using the park for their rallies.

Our friend continued,

“This isn’t a place where we can meet anymore. If few of us meet—you know how we stand around and talk—the police and the security come and chase us away. Even back then they would chase us away, but if we saw them coming, we would just jump over the compound and escape. Now with this tall fence, we have lost this space.”



Etiquette to follow while walking or jogging, seen in a public park



Protests: Accessing Public Spaces for Resistance

Bangalore has a long history of protests organised by different movements such as the women's movement, dalit movement, communist women's movement, socialist women's movement, labour movements, and many more. Political parties also occupy the streets for protests. While issues like equal wages, dalit rights, violence against women (including for dowry and domestic violence), women's education, and women's autonomy were spoken of questions of sexuality and gender were never publicly addressed until the late 1990s. In the early 90s, the women's movement mainly focused on violence against women within the household. With "the personal is political" as the rallying point, the movement tried to drag the violence women faced behind closed doors out on to the streets of Bangalore. However, the role of sexuality, sexual desire, and sexual choice was absent in their discourse and resistance. Any response to sexuality or transgender issues in a public meeting was met with a question, "Is this a political issue?", "Is this an issue worth discussing in public as a political issue? Isn't this too personal?" Some people openly asked if sexuality is an issue that needs attention when we still have to

deal with other issues such as poverty, corruption, and so on. For many of us, who were just beginning to form organisations and work for the rights of sexual and gender minorities, these snide remarks were deeply hurtful and frustrating. Many of these remarks came from our fellow activists. For them sex was seen only in terms of marriage or sex work. Although in progressive circles free consensual sexual intercourse was common and accepted they were still within the ambit of heterosexuality. The constant question "Is sexuality an issue of rights?" only proved to us that heteronormative patriarchy was deeply entrenched in people all around us, including in our own activist circles.

The first time people took to the streets in support of homosexuality was for the 1996 film, "Fire". Directed by Deepa Mehta, starring Shabana Azmi and Nandita Das, Fire was the first mainstream film to portray a lesbian relationship. Right-wing groups around India attacked theatres, rioted, and burnt posters at the film's release. They argued that Fire was an "immoral and pornographic" film "against Indian tradition and culture". In response, a number of progressive groups organised protests in support of the film, yet the

question of choice in sexuality was not directly spoken of. The focus was largely on the right to Freedom of Speech and Expression. We remember only two posters that our friends carried—“Indian and Lesbian” and “My Body My Rights”—that directly addressed sexuality as choice.

By the early 2000s, the sexuality rights movement had started raising its voice demanding to be heard. Initially, the presence of trans and queer bodies in a public protest was seen with skepticism and caused great discomfort among many. A trans activist said,

“I remember we tried to join a protest against acid attacks on women and we were told, ‘If hijras come for the protests they will take away all the attention and the media will only focus on them’. This hurt us a lot, especially since many hijras had been victims of acid attacks too but violence against them was never recognised.”

We continued to push and create spaces for conversations not just within our circles, but also among other movements. In Bangalore, many transgender community leaders such as Famila, Kajol, and Revathi started attending and mobilising the community to support different protests and strikes, on different issues.

“They would personally walk up to sex workers and hijras when they were working and tell them, come with us for the protest, this is important” a senior activist said.

Thanks to their mobilisation, in the year 2000, hijras joined the Narmada Solidarity Forum (NSF) to protest against the Supreme Court verdict of the Sardar Sarovar Project⁴ that adversely affected the communities living across the banks of the river. They also joined the women’s movement protests including the “Women in Black” initiative, a form of silent protest, organised by Vimochana, a feminist group in Bengaluru, against violence on women.

In 2002, gruesome communal violence erupted in Gujarat resulting in heinous crimes against Muslim communities in the state.⁵ The pogrom sparked a number of widespread protests across the country. In Bangalore, protests were organised for several weeks under various citizens’ initiatives. Many movements came together and protested in front of the Corporation Office, a central area in the heart of Bangalore. During this time, members of Vividha, the first autonomous sexual and gender minorities group in Bangalore, participated in large numbers, sat through hunger strikes, and made themselves and their voices heard. This effort by Revathi, Famila, and Kajol of mobilising the sexual and gender minority communities made a huge difference as it brought the community in contact with other social justice movements and created a platform for a dialogue on the issues of sexuality and gender.

4 <http://www.narmada.org/sardar-sarovar/sc.ruling/bangalore.protest.html>

5 <https://indianexpress.com/article/what-is/what-is-godhra-case-gujarat-riots-sabarmati-express-narendra-modi-4881537/>

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Protests by the sexual and gender minorities for the demand for rights and as acts of resistance for atrocities against the community were held many years before the Bangalore Pride was first organised in 2008. However, because

of the wide media coverage it receives and its connection to similar Pride marches across the globe, the Bangalore Pride remains one of the more popular marches in the collective memory of the city.



Pictures of Pride March in Bengaluru from different news outlets



Loss of Spaces

Since the 1970s, Cubbon Park has been a central location for many political protests and rallies, especially the area of the park that directly faced the Vidhana Soudha (the Karnataka state legislature building). However in 1998, after a public interest litigation (PIL) was filed in the High Court by a citizen activist, the Police Commissioner banned all rallies in the park. One of the supporters of the ban was quoted saying,

“Most of the political leaders used to tell them [protestors] to stay in the park and asked them to use tree branches as timber for cooking. Due to lack of toilet facility, the park was used as an open toilet.”

After the ban, the movements moved their protests on the peripheries of the park, mainly near the Mahatma Gandhi statue and elsewhere.

In 1999, the then Chief Minister S. M. Krishna of the Congress party invited elite, upper-caste individuals to intervene in urban governance, with the aim of turning Bangalore into a “world-class city” and formed the Bangalore Agenda Task Force (BATF). Though the BATF’s role was merely

advisory, it permanently influenced the functioning of some of the city’s key administrative units and wings including public transport, public infrastructure, the police, development of public parks etc. Janagraaha, a sub-initiate of BATF, was set up as a “non-profit organisation that aims to strengthen democracy in India by working for citizen participation in urban local government.” A division Bench adjourned hearing on the PIL filed by Janagraaha, seeking to codify rules and regulations on holding rallies in Bangalore. Apart from BATF, several forces came together to strategically reduce spaces for dissent.

Mallige Srimane, from Mahila Munnade says that,

“It wasn’t just one thing that was changing how and where we protested. We could see the city change everyday without our consent.”

A number of places with long histories of dissent were lost because of new development projects, especially the ongoing construction of the metro stations and flyovers. For instance, Chikka Lalbagh was one of the most common starting points for rallies. In

the 1930s, Chikka Lalbagh was used by mill workers and trade unions to protest given its proximity to the old textile mills. In recent times, several Bangalore-based movements, including the Bangalore Pride, have begun at Chikka Lalbagh. In 2008, around 700 sex-workers and human rights activists marched from Chikka Lalbagh to protest against the amendments to ITPA (Immoral Trafficking Prevention Act) that further criminalised sex work. By the end of 2009, at least three-fourths of Chikka Lalbagh was closed by Bangalore Metro Rail Corporation for the underground construction of the metro. One-fourth of the park will be permanently occupied by the metro's entrance and protest outside or around will no longer be allowed.⁶

Powerful middle-class civil society organisations such as Janagraaha that saw rallies as an unnecessary nuisance that caused traffic jams, filed PILs to introduce a range of restrictions and checks for organising rallies. The suggestions included, "Rallies should be held during non-peak hours" and "Applicants should state in the licence that they shall clean the venue immediately after the event is over, failing which they will be penalised." Around this time the police started saying to us, "Why don't you go to Freedom Park to protest?"

In 2002, the BATF along with the BBMP decided to convert the old Central Jail premises on Seshadri Road, Bangalore,

into an open public park, with a special space designated for protests. The space was demanded by the police who wanted to ensure that agitators were prevented from using the public parks and disrupting traffic on roads.⁷ This Central Jail space, now ironically titled "Freedom Park" was to also have place for exhibitions. Tenders were invited in 2004 through a nationwide competition among designers and architects. Five acres of this park would be set aside for arranging rallies and protests. In November 2008, Freedom Park opened its gates to the public. One of the senior Bangalore activists shared that protesting at Freedom Park immediately felt futile because it is a closed, walled space and there is no interaction with the public or the state.

"We are told that if we want to protest then we can only use that space. It is almost like the police have said, 'Do whatever you want here, scream all you want, we'll continue to do what we want. When you are tired you'll leave'."

During our interaction, Mallige Srimane said spaces like Freedom Park are symbolic of how the state is strategically working towards making all forms of resistance invisible and irrelevant.

"You must have heard about 'End of Protest' by Micah White. He is one of the people behind Occupy

6 <http://www.dnaindia.com/bangalore/report-chikka-lalbagh-loses-83-trees-to-the-metro-project-1289319>

7 It was not possible to allot 15 acres of land as demanded by the city police, said officials, but demand for more land by the police would be discussed with the Chief Minister.

Wall Street. He says that in any movement or any protest there cannot be a spectator. If you are directly involved then you are on the side of the protestor; if you are not directly involved, then you at least have empathy towards the state or the resistance. A movement cannot afford to have any spectators,” she added. “Now there is a deliberate push from the state to make all these protests tokenistic. They will happily give us permission to do a protest in Freedom Park. They will arrange shelter and they will arrange water for us. They will guide you—‘If you want to hold a protest write a letter to Bangalore Water Supply and Sewerage Board (BWSSB), they will provide you free water. We will inform the person who brings the tent house, you can pay them’.”

More recently, there have been several attempts to put a stop to protests even in Freedom Park. In 2013, the BBMP made an attempt to rent out the space for parking, and for public and private events. In the tabloid, Bangalore Mirror, Executive Engineer (West) L. Venkatesh was quoted as saying,

“We will not charge money for protests. But we will rent out the auditorium, open-air theatre and other portions of the park for private and public events. The park is being frequented by anti-socials, and to check them we have planned to rent out the premises. Hence, we have written to the police.”

In 2018, there was an additional proposal to develop Freedom Park as a tourist destination, which was met with resistance.⁸

Today, protests are often seen as “public nuisance” obstructing public flow in the form of traffic or pedestrians’ movement. Protesting is seen as a menace, waste of time, obstructing other people’s mobility, issues that are not important compared to the most important operational activities of IT companies, multinational companies, etc. Strangely the people who were part of different resistances came to represent “working-class issues” and issues of the lower strata of the social fabric. Local struggles, struggles for raise in pay scales by *Anganawadi* (rural child-care centres) workers, teachers, corporation workers, garment workers, sex workers, against eviction of slums, struggles of dalits, women, sexual and gender minorities, *Adivasis*, environmental issues, and every struggle of people who are part of the working class ended up becoming issues of minority, marginalised sections, which the majority had no time to even hear. When we resist in a public space, it is to reach the public. The best way to curb the discussion or awareness of these issues is to restrict and regulate public resistance. The restrictions in the form of regulations from the state not only reduced the physical space but also emotionally in the mind spaces of people.

Now protests are only allowed at a few places such as Town Hall and Freedom

8 <https://bangaloremirror.indiatimes.com/bangalore/cover-story/was-the-iconic-freedom-park-created-to-host-all-kinds-of-jamborees/articleshow/21242297.cms>

Protests are only allowed at a few places such as Town Hall and Freedom Park. For the mainstream public, who are used to seeing these repeated protests at one spot every other day, the issues mean little. The same spaces are used by opposing groups to register their point. The protests are now regularly dismissed as yet another event. The impact of such protests on the public is significantly reduced. It also allows protestors limited creativity—protests are streamlined and asked to follow the same standard formats.

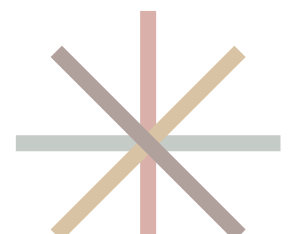
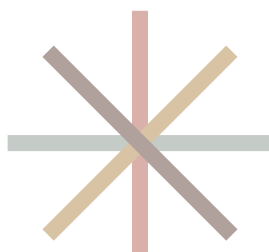
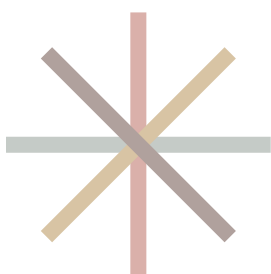
Park. For the mainstream public, who are now used to seeing these repeated protests at one spot, every other day, the issues have no significance. The same spaces are used by opposing groups to register their point. The protests are now regularly dismissed as yet another event. The impact of such protests on the public is significantly reduced. It also allows protestors limited creativity—protests are streamlined and asked to follow the same standard formats.

“You gather there, protest all you want. It won’t ever reach the ones sitting in the Vidhana Soudha. People will think something is happening there, but nobody will

know what is happening. What’s the point of that?”

In one instance the Communist Party of India [Marxist] (CPI[M]) had come for a protest on wage issues and our gender and sexual minorities group was protesting a case of violence against community members. In the same venue, there was also a celebration of a revered Swamiji’s (religious teacher) birthday. There was a red carpet laid out for him. We were all standing around the red carpet and protesting. But it actually looked like we were part of the audience waiting for the Swamiji with protest posters!

In any movement or any protest there cannot be a spectator. If you are directly involved then you are on the side of the protestor, if you are not directly involved, then you at least have empathy towards the state or the resistance. A movement cannot afford to have any spectators.





Freedom Begum

RESEARCH CONCERNS ABOUT BANGALORE

In the past two decades, Bangalore has gone through drastic changes, especially since the IT boom, when the city's development authorities started dreaming of turning Bangalore into a "world-class" city. The places that we, the trans and queer community, knew, and frequented have gone through rapid transformations. Many spaces that were built by the working-class trans and queer communities have been snatched away or demolished. Sunil and Rumi have been a part of a number of struggles that tried to safeguard these spaces. The new developments have not only erased and displaced our histories, neighbourhoods, and communities but destroyed an entire way of living and our relationship to the city. The kind of "development" is also very telling of how the city has changed and in whose favour. At the centre of the restructuring and gentrification is a heteronormative, upper-class, upper-caste, morality that excludes the working classes and those marginalised by gender, caste, and sexuality. A person's access to these spaces depends on how well they adhere to dominant norms of social morality. Any deviation from these social norms

may invite varying degrees of exclusion, banishment, surveillance, and violence.

Between 2016 and 2018, the authors of this report worked on research focused specifically on discrimination faced by the trans and queer community in public spaces. Many of our friends from the community narrated stories of how Bangalore as a city had changed—how the parks, cinema halls, localities, restaurants that they frequented were either demolished, or "developed", or gated, and were no longer accessible to them.

Our analysis of the interviews showed that the city's rapid development was erasing and invisibilising an entire community's neighbourhoods, histories, and lives. However, while there was detailed documentation of the city's glorious past and heritage, there was very little written about the trans lives and their history and place in the city. We only heard oral narratives from the community that could not be backed by evidence. This was our biggest challenge: How do we write the story of places that no longer exist? How do we write about places that were erased without a trace or documentation? When we write the history of a city, whose history



Koramangala / Koramangala Gym: Parks are also only reserved for certain activities such as “gymming”. Sleeping, eating, protesting in public parks is now strictly prohibited

are we writing? And what do erased histories and silenced stories tell us about our cities?

THE PROJECT

When we started our interviews with the trans community in Bangalore, we were led to a woman called “the Begum” who owned a large piece of land in Central Bangalore. A multi-storey heritage bungalow called “Begum Mahal” stood at the centre of the property, and around it lived a working class community that depended on the Begum and her son. The stories and rumours we heard about the Begum and the Mahal made us very curious, but when we went to the actual spot there was no trace of the life that was described to us. As we probed those who lived in the by-lanes around the property, we uncovered a treasure trove of people’s memories of what the Begum was like, and how she protected and nurtured an entire community of *autowallahs*, *tongawallahs*, hijras, sex workers, mechanics, scrap dealers, and many others. Radhika went in search of more narratives that would help us understand these lives, but though we heard several anecdotes, we found little evidence to back them.

People did not immediately respond or give us information about the Begum or the Mahal. Researching the story of Begum Mahal turned into an endless series of unanswered questions. We were often discouraged from pursuing it, people questioned the need for it and we were turned away, sent on wild goose chases, and constantly warned that what we were hearing was all *rumour*. Many

hesitated, and hid a lot of information especially about the burning of the Mahal and the involvement of real estate giants and their hand in the destruction of the property. At the same time, we could feel that many from the labour classes who made the space their own were devastated by the burning of the Mahal and its erasure. We started wondering: Can we build a narrative based on “rumour”? Will such a narrative have any legitimacy? And how do we tell this story if all we have is a series of mismatched anecdotes from a lost world?

It was then that Sunil suggested the idea of turning these narratives into a play and the team contacted theatre activist Mangai to discuss the idea. In most of the work that Rumi and Sunil have engaged with, one of the creative outputs has always been a play production, and this research also took the same path.

Rumi worked on the script and the reconstruction of all the narratives of life around the Begum Mahal were retained in the languages that they were provided (English, Dakhani Urdu, Kannada, Malayalam, and Tamil). We presented the interviews as we heard them from various sources starting from trans community people, to labourers, scrap dealers, tea sellers, auto drivers of the area, people who have settled in small pockets of huts in and around, people from nearby *gurudwaras*, temples, churches, and *dargahs*. The rich narrative script reflected different perceptions about the Begum, her son, and the Mahal. It also traces our journey in search of the Begum. For example, for many people Begum was a sex worker

herself, a pimp, or a brothel owner, and for others she just provided a space for sexual leisure. What we understood from these narratives was that she believed in providing an open space for all kinds of sexual pleasure which otherwise non-normative sexualities or workers, or street vendors or the labour class people could not otherwise have afforded.

The story of Begum Mahal is not just the story of Bangalore's transformation, but the story of every Indian city that has lost several open, inclusive spaces of expression, conversation, resistance, and freedom. As we read out the script at conferences and among friends from the trans and queer community, several people shared similar stories of spaces that once existed and were eventually demolished, destructed and with it went an entire way of life.

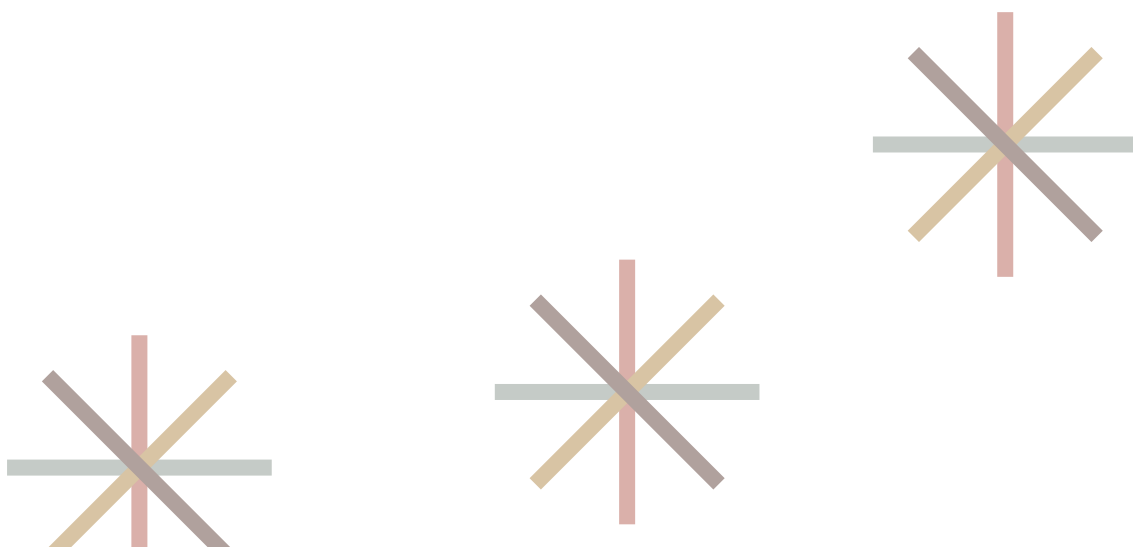
We have performed the play at several venues to encouraging responses.

FREEDOM BEGUM AS THEATRE PRODUCTION

Once the script was ready and we were in the play production stage with Mangai as the Director, and a mixed cast of community (queer and trans) and theatre professionals, many people from the larger community started sharing more stories and memories

about the last years of the Begum's life and about her son. The grey areas in the stories about the Begum's son being homosexual or bisexual or transgender or genderqueer needed to be understood, so it is explored further and included in the play. The climax brings together the multi-coloured multi-cultural life experiences of people in those bylanes along with the burning of the Mahal.

With the support of India Foundation for Arts (IFA) under the project 560, partnering with Citi India, we had around 15 training and rehearsal sessions in Bangalore from April 2019 to July 2019. The play comprised a cast of 11 people and 5 supporting crew along with the Director. Initially we held auditions, and then started exploring each scene and the experience of community in inclusive spaces, the closing of spaces, the dismantling of lives, displacement of roots, trust, and so on. Each scene is colourful and retains the cultures of street life and market space. The dance forms used in the play are *Karaga* (an ancient dance form from the depressed castes in celebration of *Mariyamma*, a local mother deity) and the *Dervish* dance of the *Sufis*. The team was trained in the *Karaga* dance, by Rosi a trans woman from Tamil Nadu, and trained by Shabari Rao a well known dancer in *Dervish* and other dances.





Outputs

We used our findings to produce tools and creative outputs that can be taken back to our sites of research.

Our three outputs are:

- Freedom Begum: A multi-lingual play production
- Presentations in different fora and conversations based on our extensive interactions.
- A photo essay (see images in report) exhibition on the various prohibitions in public parks in Bangalore.



An Exploratory Study of **Discriminations** based
on **Non-Normative Genders and Sexualities**



Questions on Gender–Sexuality and Discrimination: Perspectives from and on Biomedicine and Healthcare

Asha Achuthan and Akanksha Singh

Questions on Gender–Sexuality and Discrimination: Perspectives from and on Biomedicine and Healthcare

Parts of this chapter have been written and submitted in the form of two articles:

- (a) Achuthan, A. (2019). “Gender Affirmative Technologies and the contemporary making of gender in India”. Manuscript Submitted (as part of an edited collection on *Affective Technologies*); and
- (b) Singh, A. & Achuthan, A. (2019). “Appearance of Gender–Sexuality in Medical Curriculum in India: A critical analysis of the language of medical texts”. Manuscript Prepared.

Suggested citation for this chapter: Achuthan, A. & Singh, A. (2019). “Questions on Gender–Sexuality and Discrimination: Perspectives from and on Biomedicine and Healthcare”, *An Exploratory Study of Discrimination based on Genders and Sexualities*, New Delhi, Ford.





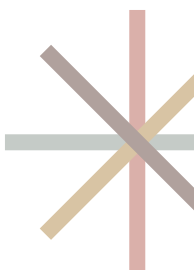
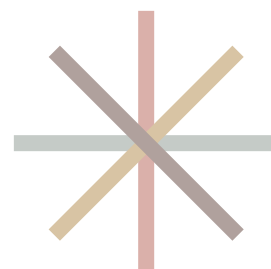
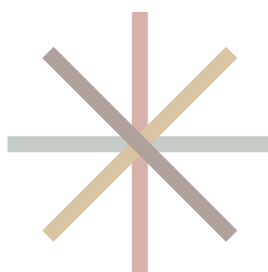
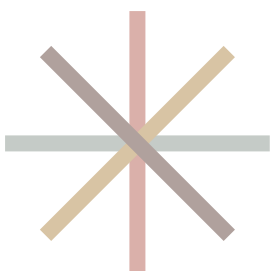
Introduction

This chapter offers a set of reflections on the work with medical practitioners and students, public health researchers, members of LBT collectives, HIV health workers, women's health movement activists, women's studies students, and others that formed part of this study. We focus on the emerging meanings of discrimination, access, and training, among others, and describe our methodologies and outputs, as well as research and advocacy efforts moving forward.

The objectives were to trace the appearance and journey of gender-sexuality as a metaphor in medical text and practice, to explore terms of legibility and entry of marginal lives and experiences into mainstream healthcare spaces, and to understand links across institutions that consolidate these terms. The effort was to look back, in some sense, at the biomedical

assemblage, partly through a critical set of questions addressed to practitioners, partly through perspectives developed by health movement activists and others in interfacing with the system. The key areas of focus were the following—curriculum and pedagogy of modern biomedicine primarily in undergraduate spaces, practice and protocols of health institutions, histories of HIV work in institutions and organisations, queer feminist¹ organising and perspectives on health, and work within health movements.

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- 1 We use the term 'queer feminist' as a self-identification used by participants in the study. It is also a term that functions today as a catch-all that some are uncomfortable with, functioning as it does as a preferred term, in place of other terms like 'lesbian' that are today considered narrow and identity-focused alone. This is only the edge of a much larger debate that we will not go into here.





Contexts and Historical Background

We begin by delineating contexts. There has been much work in the critical social sciences looking at the pathologisation-medicalisation nexus through which lives, distress and disease are understood, and understood in gendered fashion. Taking cognizance of some of this work, the team has looked primarily at the medical institution as the context and location of discrimination, focusing on clinical protocol and practice, curricula, texts, teaching, and research. We have also attempted to access the intersections and critical conversations between movements on healthcare access and those around gender-sexuality. The focus has been to map the biomedical institutions that are accessed/encountered by those at a distance somewhat from the centre of Rubin's charmed circle [Rubin 1984], the manifestations of discrimination—episodic and everyday—that occur in the realm of the institution, and to understand the terms of inclusion of gender-sexuality within it.

To mark four broad contexts to this work helps locate, historically, the present-day version of the modern medical institution and the health industry in Indian contexts. From the moment in the last years of the 18th

century that Foucault marks as the birth of the modern clinic, when “illness and medicine came to be spatialized upon the individual body” (Rose, 2007, p. 9), when an “alliance was forged between words and things” (Foucault, 1973, p. xiii), to a time in the middle 20th, of a medical assemblage (Rose, 2007, p. 27) that introduced a very different way of managing health than only through the clinic, that included management of predisposition and risk, to a moment in the beginning of the 21st, of what Rose calls “biological control”, or control of *what will be termed* biological, disease, beginning and end of life, we have seen several “styles of thought” as marked by Ludwik Fleck—“a particular way of thinking, seeing, and practicing... that involves formulating statements that are only possible and intelligible within that way of thinking” (Rose, 2007, p. 12). We have also seen an extension of medical authority through a spatial extension of the number and field of actors responding to illness, particularly in the context of technologised and corporate medical institutions and health systems. This extension of medical authority is to much beyond the clinic, and to many more ways of living than periods of illness. What we have named earlier as pathologisation—a connection drawn

between body-organ-identity-behaviour, is no longer the only mechanism at work here. Medicalisation, therefore, becomes about health and ways of being, resulting in a shift of responsibility and culpability onto the individual accessing health care, *accompanied by an appearance of participation, consent, and power for the patient/client*. Accompanied by withdrawal of state support from health, and the explosion of speculative medicine and its natural emergence as a corporate entity, it is in this space that we could locate discrimination as a phenomenon more difficult to name today.

Here we might examine the relationship between medicalisation and pathologisation. With renewed technologies of causality that re-centre the body as medically legible, as also with the co-presence and co-option of discourses of resistance, and the continued presence of the market, evidence-based biomedicine continues with newer super specialities, and newer experts. In this scenario, pathologisation may have been challenged; medicalisation has however been consolidated. The critiques of pathologisation of non-normative gender and sexuality in healthcare and the mental health disciplines, have been visible within movement spaces (Chandran, 2015 & Ranade 2015, 2018), and have had delayed and partial impacts on healthcare. While empathetic and informed, if privileged, practitioners have always existed, active efforts like Health Professionals for Queer Individuals, an urban-centric group formed with the mission of sensitising

experts in March 2018, while the SC judgement on Section 377 was being awaited, or the Indian Psychiatric Association putting out statements against pathologisation in 2018, while revised undergraduate medical syllabi released *after the judgement* continued to locate “lesbianism” in the forensic medicine text and under “unnatural sexual offences”², are examples of the arbitrariness and ambivalence at work here. We might, however, look at the partial normalisation of the queer subject in clinical spaces from a different vantage point as well. If we juxtapose the exercises of active privatisation of healthcare from the early 90s, and read alongside these the exercises of medicalisation that involve the “client” and distribute medical authority, via diagnostic technologies or protocols, we see a “queer person” who may no longer be marked as ill on account of their identity or behaviour. Their distress, however, is theirs; it matters less whether psychic or bodily, *as long as it is not seen as social*. This distress is legible if it can be codified, medically, legally. A particular kind of “queer subject” is being produced here, who can be read via the medical assemblage (Rose, 2007, p. 27), one, moreover, always moving, in a fort-da, along the spectrum from the pathologised to the medically legible, with these end points defined. Needless to say, this is “good

2 An Attitudes, Ethics and Communication course was added to this revision, the first since 1997, to make the curriculum more patient-centric, and has been the primary promotional in all news emerging around the revision. We might see the regulatory impulses here.

science” at work; while older forms of pathologisation—”bad science”—continue and flourish.

The third context is of an interface between contexts of vulnerability and advanced technologised medicine with newer emerging identities being made legible and legitimate subjects of intervention. Kaushik Sunder Rajan has talked about the simultaneity of the consuming subject of Western societies like the US alongside the experimental subject of “Third World” contexts³ with relation to genomic medicine—as seen in the case of clinical trials in the “Third” and the nature of speculative medicine in the “First”, for example (Sunder Rajan, 2005). Chaudhuri, Das and Chakrabarti talk about the “third world” as a discursive formation, and problematise the empirical notion of a “third world” (2000)). This formulation is useful to speak of the metonymic presence of power, as also its particularity. We suggest that the simultaneity of consumption and experimentation, while visible in the empirical “Third World” today, across class, for example, is also visible in experimentation as consumption, in the performative aspect of the experimental here, of course in contexts of vulnerability.⁴

3 Participation in clinical trials in exchange for treatment, for example, or the database built on patient records in the empirical “Third World” being used for genomic research in the First.

4 Butler speaks of “vulnerability [as] not a subjective disposition, but a relation to a field of objects, forces, and passions that impinge upon or affect us in some way.” (Butler 2016, p 16-7)

For trans* lives in Indian and other “Third World” contexts, for example, the question of being an experimental vs. a consuming subject is a more particular as well as vital question than one simply of the way in which global biopolitics is organised. When seeking a service in a gender clinic, for instance, where codification is the source of legibility and therefore access, but where needs and aspirations from the medical space are varied enough to challenge easy protocolisation, where natal family support is unavailable, where in fact distance from family constitutes safety, the promise of “advanced” experimental techno-medicine brings a whole new dimension, with transparency or predictability appearing nearly impossible, or an unfair demand. The particular questions of visibility-legibility-bias, and the implications for consent, become more fraught in these contexts.

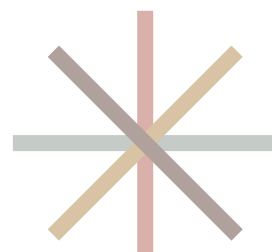
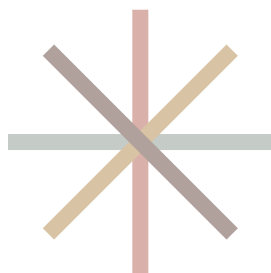
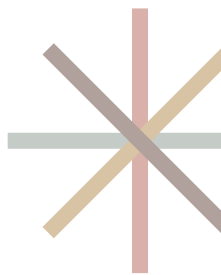
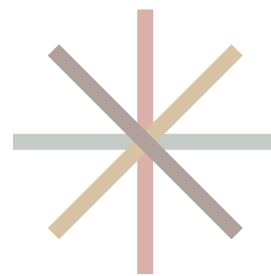
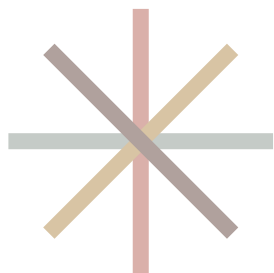
The last context comes from the atomised character of contemporary medical practice and knowledge, its active links with the idea of the bounded, niche queer subject in neo-liberal discourse, and forms of politics that, while making visible critical questions on gender and sexuality, and pushing the medical institution and the health industry to eliminate homonegativity or transphobia, may deny or background the implications/ effects/ meanings of this for other moments in individual lives. Feminists have sometimes referred to this sphere of experience as the everyday that is usually rendered outside the sphere of the political, the public, or the historical, and worked

towards acknowledging the politics of everydayness (Smith, 1987); discussions on the episodic or critical and the everyday contexts of queer lives follow logically.

By way of an example for our purposes, activists have asked the question of what attention medical practitioners completely into the discourse of SRS are paying to the question of osteoporosis among transmen.⁵ We may ask other questions—what degrees of autonomy, information, choice of care options, are possible for trans* individuals who cannot use regular referral systems

5 Rumi Harish, queer feminist activist and co-researcher in the larger study, in conversation.

precisely because that is the kind of visibility they cannot afford? What are the degrees of safety experienced by lesbian cis-women in a regular gynaecology OPD where they either have to pass through the heterosexual matrix or be outed for their “symptoms” of menstrual irregularity to get a hearing? As we have suggested above, these are questions more likely to proliferate than be boxable if the famed 2-sex model and its corollaries is given up on. However, these are also questions that regularly fall through the cracks in contemporary medical practice, and need to be brought in as also facets of discrimination before an attentiveness to them can be sought.





Methodology, Methods, and Sites

The study has used qualitative methodologies. The attempt was to shift from business-as-usual objective research to situated research that is the cornerstone of feminist methodologies. The disciplinary frameworks for the study have been feminist science studies, feminist perspectives on health, deconstructive ethnography, and critical feminist anthropology.

Our field areas were primarily Kolkata, Mumbai, Bangalore, and Ahmedabad. Our rationales for sampling included the need to explore links between gender-sexuality movements and gender-sexuality as a trope in health movements, bring connections with queer feminist and institutional perspectives on marginal lives and experiences, to understand the nature of academic discourse on gender-sexuality across natural and social sciences, and to look at gender and health courses across disciplines. Our participants therefore included medical practitioners across fields, in-depth interviews with other medical staff including laboratory technicians, public health researchers, teachers and students in medicine, public health and women's studies students, practitioners at different locations within HIV work including peer educators

and peer counsellors, some women's movement activists, feminist queer activists, as also those active in women's health movements. We conducted over 51 individual interviews, supplemented with focussed group discussions and consultations across our field sites. Focus group discussions were held with sex workers' groups, LBT activists, medical students from government medical colleges, and early career medical practitioners identifying as queer. Three city-based consultations were conducted at different times during the study, in Kolkata, Bangalore, and Bombay, involving practitioners and organisations, that attempted to trace histories of talk around gender and sexuality within healthcare and the contexts of these. One workshop was conducted with 8 students of public health and women's studies from social science universities. Since these actors are very unevenly distributed in terms of power in the system, we also used multiple methods; a "studying up" approach with the expert practitioners (Nader 1972, Priyadarshini 2017), and aspects of studying side-by-side, as also studying down with other participants in the study. We attempted to be reflexive through this process, making our own

locations—of expert training of different kinds, of being presently social science—particularly women’s studies—rather than medical practitioners, of being in less vulnerable class locations than several of our participants, part of the conversations and recognising the impact on the researcher-researched relation. We also recognised attachments and dissonances with participants, and have attempted to be cognizant of these in our analyses.

USING INSTITUTIONAL ETHNOGRAPHY

We began by attempting to use institutional ethnography to understand protocols, practices and sites of authority formation within the institution. These focussed, for example,

on the kinds of “work” medical students perform vis-à-vis medical curricula and the relations they build with multiple texts, the politics of the space they performed their work within, and therefore the directions of clinical practice within the institution. Speaking to practitioners within the system definitely gave more insight into the workings of the system, but this method went only so far for us, particularly in the context of this being a cross-sectional study. To get practitioners to reflect on their own practice, as also to get the expert to look at the politics of space in the clinic and the ward, also presented a significant challenge. We therefore used more traditional ethnographic methods in order to bring voices that are looking critically at the

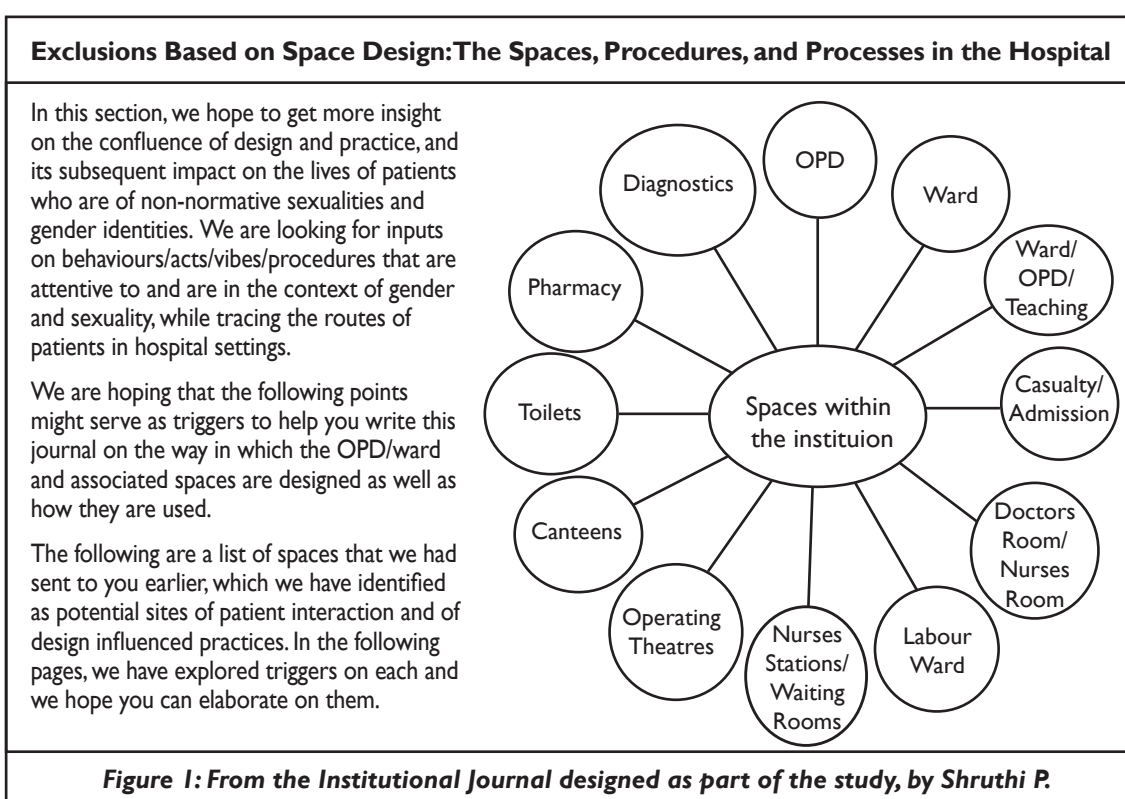


Figure 1: From the Institutional Journal designed as part of the study, by Shruthi P.

system—their critical and reflective work helped us find entry points and perspectives that, put together with the earlier expert voices, opened up the questions of institutionalisation in relation to discrimination.

It was as part of the experience of this failure that we developed an institutional journal, which we subsequently used in workshops with medical students and practitioners to get them to reflect on the politics of the clinic as a space, on practices and curriculum. It has, therefore, translated into an output that we have used to design CMEs and workshops, that we hope to develop further.

INTERVIEWS

Traditional ethnographic methods like interviews, semi-structured and in-depth, were employed as methods, in addition to observation, and secondary data collection. We conducted semi-structured interviews with medical practitioners across fields, in-depth interviews with other medical staff including laboratory technicians, public health researchers, teachers and students in medicine, public health and women's studies students, practitioners at different locations within HIV work including peer educators and peer counsellors, some women's movement activists, feminist queer activists, as also those active in women's health movements.

FOCUS GROUP DISCUSSIONS

Focus group discussions were held with 14 medical students from government

medical colleges and early career medical practitioners and one workshop with 8 students of public health and women's studies from social science universities.

1. Focus group discussion with medical students

These discussions were primarily focused on getting medical students to reflect on curriculum and pedagogic methods, and were a rich resource in this regard, in addition to the partial content analysis of curricula that we also did. In fact, this method and the reflections it supported opened up an alternative entry point into looking at curricula than a textual analysis did. The undergraduate students also attempted to reflect on the space of the teaching hospital—wards, OPD clinics, labour rooms, ART centres. Some of these reflections juxtaposed with their thoughts on the curriculum helped us analyze the contexts within which curricula are framed.

2. Focus group discussions with women's studies and public health students

These discussions, in the first year of the study, opened up conversations about the entry of gender-sexuality and of discourse on health policy, frameworks and perspectives as also both health movements and movements on gender and sexuality in social science curriculum across disciplines. The importance of interdisciplinary dialogue and courses was foregrounded in these discussions.

3. *Focus group discussions with Queer medical practitioners*

A focus group discussion with early career medical practitioners identifying as queer, towards the end of the study, provided us further insights into the micro-discriminatory contexts present in medical text and practice, into hierarchies and the masculinised character of certain specialities within biomedicine, and the impact of heteronormative frameworks on the life of queer-identified students and practitioners. The discussions also focused on the various social contexts, institutional rules and politics of space within the teaching hospital and spaces in and around it and the impact these have on the lives of those of its occupants who live non-normative lives.

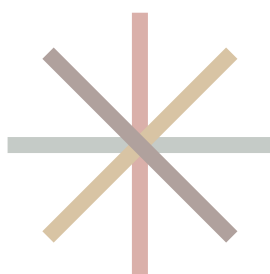
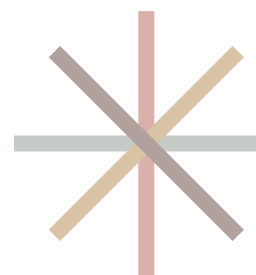
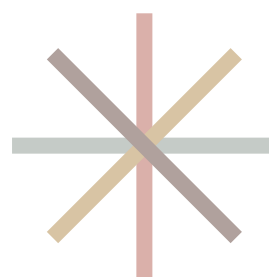
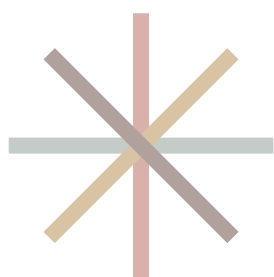
4. *Focus group discussions with members of a queer feminist collective*

This was planned early on in the study, as we were framing our approaches and

entry points, and helped provide insights into questions of lesbian invisibility, but also into how collectives have historically framed the idea of crisis, medical crisis, mental health crises, and developed networks and collectivised around access. How traditional relationships with expert practitioners have changed were also some of the gains from these conversations.

CONCEPTS AND TERMS IN PLAY DURING THE STUDY

- Bias, prejudice, discrimination
- Legibility
- Access and terms of inclusion
- Consent
- Institutionalisation and community
- Medicalisation and Pathologisation
- Standard and Perspective





Emerging Themes

A NOTE ON DISCRIMINATION

On meanings of access

The work in the field began with a question on terminology. Does bias as a recognisable term within biomedicine and science, capture the various manifestations of discrimination that are seen in the realm of the institution and around/outside it, or does it focus on weeding out the element of the subjective, the situated, the perspectival, that might provide multiple descriptions of the same phenomena? With reference to feminist literature that responds to this question, the disciplinary and methodological impulse was to use discrimination as an analytic, to attempt to understand access through discrimination, and from within the healthcare apparatus. Difficulty of access has traditionally been understood in terms of distance or unavailability of treatments or practitioners; we found, in the field and in the vocabularies of practice, that it could be coded in many ways, ranging from overt denial of treatment, referral as a mechanism since “other docs or hospitals” are now available, or codes of naming within hospital settings that are different from before, yet are more

or less universally recognisable and therefore a route to stigmatisation. There is a shift, for example, from having red markers that used to be hung on the beds of those who were HIV positive, to the present context where files and other documents of HIV positive patients carry the label “USP” (Universal Safety Protocol, taught in the curriculum) in bold letters; the meaning of USP, however, may not be lost on other patients or relatives who visit. The existence of double gloving as a practice for particular patients, or the autoclaving of instruments when an “effeminate” man [read as gay, read as “at risk”, read as “already ill/infected”] comes to the dental clinic, were some of these practice codes that we found medical students and some practitioners or researchers refer to in the course of discussions around the study. These codes are not confined to the expert domain and are not therefore protective of patient/client privacy and confidentiality.

Meanings of access are also not static but evolve spatiotemporally. These expert behaviours we were able to connect to the absence of perspectival training on gender-sexuality, that ill prepared practitioners to notice

and understand the gendering and inequalities of power along other axes that informed clinical situations; inequalities that were implicitly accepted and promoted practice behaviours. There are accounts, for instance, of a “patient [who] gives a bad history” that sometimes emerge when the person in the OPD is speaking too softly or not enough, as one example. The absence of perspectival training, in this example, manifested in the failure to be able to dialogue with the client who may experience dysphoria around the gendered character of their voice at the time of coming into the clinic. In the case of commercial sex workers coming into outreach clinics, one of our medical student participants had this to say: “she doesn’t have to say it, everybody knows”. These are not hostile behaviours by the expert but they do stereotype certain livelihoods, and consolidate the idea of certain personalities or identities being responsible for their own troubles.

This is the frame that is useful for us to understand both incidents and contexts. We understood, then, that it was not exclusions within the frame, but in its very constitution, that we might understand discrimination.

On standard training and who is a good doctor

The obvious question that emerged from the field, then, was what effect does the absence of perspectival training have? Does it enable discrimination? What are the impacts and effects of standard clinical training per se? Training

is understood within biomedicine, in the service of “arriving at a diagnosis”, as being geared towards making connections with social determinants of health as risk factors, not social context, and is not seen as discriminatory or ghettoising. The idea of training as a standardised protocol, or of well bounded syllabi in the undergraduate medical syllabi, however, seems more and more difficult to “find” in the public hospital-teaching college, where our participant experts gave us either different views and details of training, or spoke of it as *irrelevant to learning*. The end result is an instructor-centric form of learning, with the consolidation of the teacher/doctor as icon/expert. This iconicity, we found, also meshed well with forms of hegemonic masculinity, with a symbolic mobilising of the “ascetic knowledgeable singular” figure with obvious links to the Brahminical, while continuing to be located in the scientific. While there were psychiatrists among our participants who used the shifts in DSM protocols to tell colleagues and parents, “No, we cannot ‘treat’ homosexuality or gender identity ‘disorder’ anymore”; we also had other psychiatrists saying “...‘disorder’ or ‘dysphoria’ this is only terminology ‘they’ come for treatment”. In surgical practice, the use of and excitement around experimental techniques in what is now a “niche” super speciality, popularly termed SRS in medical communities, is actually being posed as a counter to the need for training. Accountability then seems to come in the way of risk-taking, which is the preferred, and sometimes only,

proposed way forward. These were variations of the “access” question that the study provided.

GENDER-SEXUALITY IN MEDICAL CURRICULUM

Despite the relatively lower status of the text book in the practitioner’s world, a key aspect of undergraduate medical training continues to be curriculum. Our attempt was to undertake critical curriculum analysis, and the direction from which we approached this was provided by workshops with students of medicine, public health, and women’s studies. During these workshops, questions around the entry of gender-sexuality into curricula gave us vignettes from specific texts as also clues into pedagogy and context within which we could frame our analysis. This analysis of undergraduate medical curriculum helped us locate the entry and institutionalisation of gender and sexuality in medical training and practice. We considered content of textbooks prescribed to and referred by undergraduate medical students, the organisation and positioning of content in these textbooks as well as

the positioning of disciplines, questions asked in examinations and responses of our participants for this analysis.

Design and delivery of undergraduate medical curriculum

In order to understand the ways in which gender-sexuality are addressed in the language of medical texts and in practice, it is pertinent to unpack the structure of undergraduate medical curriculum. Dr. Tirthankar Guha Thakurta in his article “The homophobic doctor” proposes that design and delivery of curricula is key in making some doctors “professional homophobes”⁶ (Thakurta, 2014)

6 Thakurta emphasises that years of reading and referencing textbooks that are prescribed to students of medicine create biases and presumptions about non-normative identities in the minds of doctors that are difficult to unlearn even as newer knowledge is available and development in the field of gender and sexuality continues. He writes, “So he engages his attention to the more important topics that will make him a good student and a better doctor. If at all he comes across the newer developments in the fields of sexuality, the older and earlier

MBBS 1st year (First professional)	Anatomy	Physiology	Biochemistry	
MBBS 2nd year (Second professional)	Forensic Medicine and Toxicology	Microbiology	Pharmacology	Pathology
MBBS 3rd year (Final professional)	Community Medicine	ENT	Ophthalmology	
MBBS 4th year (Final professional)	Medicine (and allied subjects)	Surgery (and allied subjects)	Gynecology and obstetrics	Pediatrics
Table 1: Courses in undergraduate medical curriculum followed across India				

His analysis, informed by his own experience within biomedicine as a practitioner and teacher, has been referred to here. A brief outline of courses as they appear in undergraduate medical curriculum are presented in Table I.

During the first professional or first year of study, students encounter Anatomy, Physiology, and Biochemistry. While any mention of non-normative sexuality and gender are absent in textbooks prescribed for Physiology, a chapter on “The Reproductive System” is present in the syllabi⁷ as a unit and in all textbooks prescribed for reference. In these prescribed textbooks there is no distinction made between sex and gender and no discussions on sexual orientation or gender identity. The first professional effectively lays the foundation for a binary understanding of gender and establishes heterosexuality as the norm. In the second professional where Pathology, Microbiology, Pharmacology, and Forensic medicine are taught, these notions are strengthened. As part of pathology only organic pathology and that which can be viewed under a microscope—the observable,

knowledge often hinder[s] unlearning!” [Thakurta, 2014]

- 7 “The reproductive system” or “female reproductive system” and “male reproductive system” as units appear in Physiology and Anatomy syllabi across state boards such as The West Bengal University of Health Sciences, Maharashtra University of Health Sciences (MUHS) and in the recently introduced Medical Council of India’s “Competency based undergraduate curriculum for the India Medical Graduate 2018”.

the objective—is introduced. It is in textbooks prescribed for Forensic medicine and toxicology that gender-sexuality can be found. Within forensic medicine, medical code of conduct, laws which influence medical practice and medical jurisprudence are introduced as sacrosanct; a critical approach to that which is legal or not upholding law as a signpost for “normal” or “natural” are not to be found either in textbooks or in classrooms. Sections of the Indian Penal Code like Section 377 (mentioned as an unnatural offence in the chapter on sexual offences) and section 376 (mentioned as a natural offence) with marital rape stated as an exception⁸ are described in rich detail in these texts through usage of outdated terminologies of pathologisation and with opinions as well as biases of the author passing off as codified knowledge. The third year has courses on Ophthalmology, ENT (Ear-Nose-and-Throat), and Community Medicine. Public health and Epidemiology are introduced to students through Community Medicine where the relation of socio-cultural aspects to disease and prevention of disease are also discussed. Concepts and terminology from public health and epidemiology such as “high risk” populations, MSM (men who have sex with men) and “homosexuals” are used arbitrarily and interchangeably.

The fourth year, which along with the third year is referred to as the final professional, includes courses on General Medicine, Surgery, Pediatric,

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- 8 Narayan, K.S. & Murthy, O.P. (2014) *The Essentials of Forensic Medicine and Toxicology* (23rd ed.)

and Gynaecology and Obstetrics. Other sub- and super-specialty disciplines such as psychiatry and orthopedics are not taught as separate courses but as part of general medicine and surgery respectively. The content and language of these texts reinforce an understanding that centres reproductive heterosexuality and gender binarism. The following section will explore this.

Language of medical texts

If we are to see the language of medical texts not as a transparent medium of instruction but as carrying layered meanings, we find that it has repercussions on the ways in which practitioners speak to, speak about and speak with others. An aspect of language in the clinic also has to do with the lacunae between what is being

said by the patient or client, which the practitioner is unable to understand and hence, placed in categories available and accessible to the practitioner. We found that the appearance and positioning of gender and sexuality in medical texts generates notions of normativity and delineates that which it marks as “unnatural”, pathological, deviant while claiming scientific objectivity and validity, even as it masks authorial and societal biases, outdated methods, disrespectful terminologies and patriarchal notions as value neutral knowledge. Unpacking the language of medical texts, then, gives us insight into the ways in which curricular learning serves as a reference point for stigmatising language and discriminatory practices of practitioners.

“We are not officially taught how to address queer individuals, which pronouns are to be used, how to address in a gender neutral language. We have never learnt the skill of using a language without gender. We are not even aware if any gender non-conforming individual, or a hijra person or a transgender person comes for treatment, whether to admit them as men or women. This only totally depends on the discretion of the house surgeon who will be on duty. We have no concept of gender neutral washroom. The regional and vernacular of LGBTIQs are not taught. If someone identifies as a *Kothi*, I am not even aware what does it mean. Leaving aside the wide range of vernaculars used across the world, we are not even acquainted with the local vernaculars. We are always taught to write the history in the language used by the patients but the language is itself not taught to us.”

- Consultation with medical practitioners, Kolkata, 2016

To broadly flesh out the interpretations we were able to make of curricular language—

The **centering of demographic language** in contexts where gender and sexuality appear in some medical texts conflates identities and populations with behaviours, stereotypes certain occupations and consolidates dichotomies of “good”, married, monogamous, heterosexual cis-women, for example, as opposed to those who are located outside Rubin’s charmed circle as “high risk” (Rubin 2002)⁹ epidemiological categories in textbooks prescribed for Community Medicine. Mainstream public health discourse in India works on philosophies of prioritisation, with gender getting translated in normative ways. As a professor of public health, participant in the study, said,

“Existing institutions like health service or health policies are clearly working in a binary. Reproductive and child health as a purpose of health care and health policy at large always looks at human beings as heterosexual. This becomes a very confined way to look at it where multiple identities are not accepted...gender may not come in the first place; if at all it comes

9 Rubin introduced the idea of the “Charmed circle” of sexuality where sexual practices that are accepted and privileged by society are located inside the circle and all other practices located at the outer limits. This sex hierarchy, Rubin argues, “grants virtues to dominant groups, and relegates vice to the underprivileged.” (Rubin, 2002, p. 152-154).

it gets translated as women and child health or ‘deprived women’ of a peculiar kind. It doesn’t move beyond that to transgender unless and until it has something to do with sexuality, HIV-AIDS.”

This, and the preoccupation with identifying “high risk groups” and populations in order to move towards targeted interventions at policy levels, results in gender being understood in limited ways within Public Health and epidemiology, with even critical categories getting institutionalised into medical texts and practice *after a lag*. Terminologies such as MSM and homosexual are used interchangeably and only in the context of HIV; alongside the overrepresentation of homosexual men, bisexual people, and female sex workers in “high risk” categories, this strengthens stereotypes of non-heterosexual people being hyper-sexual and conflates behaviours with identities. Even current textbooks prescribed for community medicine across medical universities in India¹⁰ attempt to identify sexually transmitted diseases as linked to a demographic. For instance, sex workers (“prostitutes”) and their clients (“prostituants”) in third-world countries are said to be a major “factor” in the spread of sexually transmitted diseases (STDs) (Park, 2015, p. 337). “Broken homes” are also identified as a contributing factor, with death or separation of parents being cited as reasons for “unhappy” children who

10 Park, K. (2015). *Park’s Textbook of Preventive and Social Medicine* (23rd ed) Jabalpur, India, Banarasi Das and Bhanot Publishers, p. 330-337.

Social factors

Numerous social and behavioural factors are involved in the spread of STDs. These include : (a) *Prostitution* : This is a major factor in the spread of STDs. The prostitute acts as a reservoir of infection. In Asia, most STDs are contracted from prostitutes, whereas in many developed countries, the professional prostitute has largely been replaced by the "good-time girl". The male component of prostitution – the prostituant is equally important. Prostitution supplies a demand; if there were no prostitutants, there would be no prostitutes. (b) *Broken homes* : Social studies indicate the promiscuous women are usually drawn from broken homes, e.g., homes which are broken either due to death of one or both parents or their separation. The atmosphere in such homes is unhappy, and children reared in such an atmosphere are likely to go astray in search of other avenues of happiness. (c) *Sexual disharmony* : Married people with strained relations, divorced and separated persons are often victims of STDs. (d) *Easy money* : In most of the developing world, prostitution is simply a reflection of poverty. It provides an occupation for earning easy money. It is fostered by lack of female employment and the prospect of a financial return impossible to achieve by other means (6). (e) *Emotional immaturity* : This has been often stressed as a social factor in acquiring STDs. (f) *Urbanization and industrialization* : These are conducive to the type of lifestyle that contributes to high levels of infection, since long working hours, relative isolation from the family and geographical and social mobility foster casual sexual relationships. (g) *Social disruption* : Caused by disasters, wars and civil unrest have always caused an increase in the spread of STDs. (h) *International travel* : Travellers can import as well as export infection and their important role in the transmission of STD is exemplified by the rapid spread throughout the world of resistant strains of *N. gonorrhoea* and AIDS (2). (i) *Changing behavioural patterns* : In modern society, the value traditionally set on chastity is in conflict with the more recent ideas of independence, freedom from supervision, and equal rights for both sexes. There has been a relaxation of moral and cultural values in present-day society. The tendency to break away from traditional ways of life is particularly marked among young people. (j) *Social stigma* :

Figure 1: From Park's Textbook of Preventive and Social Medicine-
Social Factors involved in the spread of STDs

could contract STDs in their search for happiness through “other avenues”. (See Figure 1)

In a pattern which can be found in other texts, personal biases of the author and outdated epidemiological data come together to produce a clear demarcation of those who are “at risk”—sex workers, non-heterosexual people, people who are unmarried or divorced, alcoholics, migrants, children of separated parents, as opposed to those who are located some distance away from risk—married, heterosexual, monogamous people from a certain caste and class location. We find that this has a fairly direct impact on learning; student interns who were part of the study say they are more likely to ask questions of sexual history if a “truck driver” or “prostitute” comes into an outreach clinic than if a married, pregnant woman comes in.

We also ask questions here of diversity in the classroom. If we are to leave aside assumptions of homogeneity and acknowledge the presence of diverse students and practitioners, then we must look attentively at the experiences of students and practitioners from marginalised locations as they navigate textbook and classroom teaching and other aspects of the medical institution. *Encountering oneself as a demographic* for people of non-normative genders and sexualities in this text creates spaces for alienation and micro-discriminations with the ideal of the masculine, male, Brahminical expert being left unquestioned. As one of our participants, an early career medical practitioner, shared their experience of severe harassment and discrimination by their peers said,

“Ragging continues even after being banned but for me the ragging was of a different kind and for the so-

“...a patient with Hepatitis B, I will ask the occupation history—if he is a truck driver then truck drivers are known to have a lot of alcohol consumption. So I ask about alcohol history, sexual history, marital history. If I get a yes, yes, yes it becomes type A personality—risky for such behaviors.”

“If a woman, housewife, has come with multi drug resistant TB, I might not necessarily ask her about alcoholism.”

“Of course you won’t, you will know she will not be the one drinking alcohol”

“You make a lot of assumptions”

“Of course you do”

- Medical undergraduate trainees in the study

called males it was of a different kind...from my accent ... I am very effeminate [so] when I delivered [a] speech...they realised I was effeminate and they would make fun of it... I was not the poster boy of masculinity”.

While pathologisation of particular identities has come up for harsh critique in both feminist work and queer theory and research, there is also a shift from simple pathologisation to **medicalisation of experience** in medical texts. This is a framework—of gender binarism and implicit “good” heterosexuality—where the body and the person has to be medically legible in order to be understood—in both medical texts and the papers that constitute the life of medical practice—OPD tickets, admission forms, history sheets. That which gets left out in textbooks and forms and tickets—self-identification, social distress that is not medically legible—does not get entertained as valid. Knowledge in the expert domain holds even as experience on the other side of the table questions it and sometimes renders it obsolete. Legible categories and medical terminologies such as homosexual, then, are used for ways of life, giving legitimacy to expert naming of identities in ways that are often out of touch with self-identification and self-determination, for instance, by trans* patients/clients (Singh & Achuthan, 2019). And yet these are the placeholders within which experience must be named.

Another aspect is that of **medico-legal language**. As discussed above,

textbooks on Forensic Medicine and Toxicology prescribed to undergraduate medical students introduce them to medical codes of conduct, and laws which influence medical practice and jurisprudence. In the absence of teaching of legal histories, debates, or changes in relevant laws, and through the use of language that upholds law as unquestionable and sacrosanct, and deploys mechanisms of distancing and blackboxing, this language in texts dictates not only what is legal and “normal” but also what is “natural”, apart from indicating a natural affinity between these expert systems. In the chapter on Sexual Offences [See figure 2] there is a classification of sexual offences as natural, unnatural, sexual perversions and sex linked offences¹¹. Rape, incest and adultery are classified as natural offences while sodomy, tribadism (or lesbianism) are classified as unnatural offences along with bestiality and *buccal coitus*. This not only continues to conflate identities with sexual acts or behaviours but also deems non-heterosexual identities as unnatural. It also categorizes, for example, “transvestism” as a sexual perversion along with sadism, masochism, and masturbation, putting them in the same classification as, for example, necrophilia. In describing “tribadism or female homosexuality or lesbianism”, the text states that,

11 This classification is present in various textbooks prescribed for the course on Forensic Medicine whoever quotes and figures in this section have been taken from *The Essentials of Forensic Medicine and Toxicology*, 23rd edition, 2014 by Dr. K. S. Narayan Reddy & Dr. O. P. Murthy

“Lesbians are masculine in personality type, possibly because of endocrine disturbances” and “the practice is usually indulged in by women who are mental degenerates or those who suffer from nymphomania.” (See figure 3)

This gross misrepresentation, stereotyping and medicalisation of an identity, sits easily alongside a description of,

“Lesbians who are morbidly jealous of one another, when rejected may commit homicide, suicide or both” (Reddy & Murthy, 2014, p. 430).

In a context where lesbian double suicides and other kinds of violence against lesbian women have been documented by LBT activists and

researchers¹² sometimes articulated as the “ultimate defiance of heteronormativity” (Wieringa 2012), this attitude in the curriculum only consolidates stereotyping, victim-blaming, denies the structural character of such violence. The text is laden not only with homophobic and patriarchal biases masked as knowledge but is full of inconsistencies and inaccurate information. The absence of referencing and citation of sources and the juxtaposition of legal parlance with the author’s own artistic imagination makes it impossible for the audience of the text to separate fact from fiction. Lesbianism,

12 *Sappho for Equality* documents lesbian double suicides and other forms of violence in the study “Vio Map: Documenting and Mapping Violence and Rights Violation Taking place in Lives of Sexually Marginalised Women to Chart out effective advocacy strategies”.

<div> <div>SEXUAL OFFENCES</div> <div> <p>Classification: (I) Natural offences: (1) Rape. (2) Incest. (3) Adultery. (II) Unnatural offences: (1) Sodomy. (2) Tribadism. (3) Bestiality. (4) Buccal coitus. (III) Sexual perversions: (1) Sadism. (2) Masochism. (3) Necrophilia.(4) Fetichism. (5) Transvestism. (6) Exhibitionism. (7) Masturbation. (8) Frotteurism. (9) Undinism, etc. (IV) Sex-linked offences: (1) Stalking. (2) Voyeurism. (3) Sexual harassment. (4) Trafficking. (5) Indecent assault.</p> </div> </div>	<div> <p>TRIBADISM: Female homosexuality is known as tribadism or lesbianism. According to Greek mythology, women of Isle of Lesbos practised this perversion.</p> <p>Sexual gratification of a woman is obtained by another woman by simple lip kissing, generalised body contact, deep kissing, manual manipulation of breasts and genitalia, genital apposition, friction of external genital organs, sucking of breasts or external genitalia, etc. In some cases enlarged clitoris is used as organ of passion or some artificial penis or phallus may be used. The external genitals may show scratch marks, abrasions or teeth marks. Many lesbians are masculine in type, possibly because of endocrine disturbances and are indifferent towards individuals of the opposite sex. The practice is usually indulged in by women who are mental degenerates or those who suffer from nymphomania (excessive sexual desire). It is the result of interactions of biological, psychological, developmental and sociologic factors. It may lead to interference with young girls. Lesbians who are morbidly jealous of one another, when rejected may commit homicide, suicide or both.</p> <p>Tribadism is not an offence in India.</p> </div>
<div> <p>Figure 2: Classification of Sexual offences in the text</p> </div>	<div> <p>Figure 3: Description of Tribadism in the text</p> </div>

the text states, is not an offence in India; however, male homosexuality is described as an offence with “any degree of penetration or any attempt of penetration into the anal margin” being punishable.¹³ The same section also describes Hijras as “a class of male prostitutes called Eunuchs [who] act as passive agents in sodomy”.

The text in describing rape makes disrespectful and patriarchal judgements

- 13 This recalls, of course, contexts of lesbian invisibility both in these sciences and within the larger movements that challenged Section 377 of the Indian Penal Code (IPC), which in its wording only addresses anal penetration.

about how different women may resist sexual violence to different degrees (See Figure 4). In making the claim that “a women who is used to look after herself” would be less terrified of rape than “a women who has lived a sheltered life”, the text urges future medical practitioners to consider the “type of woman” along with her social status and physical development.

The use of dated terminologies and obsolete knowledge is rampant in medical texts. This impulse of **museumization** spatially and temporally displaces queer bodies and identities from the present. Terms such as

MEDICO LEGAL QUESTIONS

(1) RAPE AND RESISTANCE: In ordinary conditions, it is not possible for a man to have sexual intercourse with a healthy adult female in full possession of her senses against her will. The woman may not be able to offer marked resistance from terror or from an overpowering feeling of helplessness, or when her movements may have been obstructed by her clothing. The social status, physical development, and type of woman should also be considered, for a woman used to look after herself is less likely to be terrified than a woman who has led a sheltered life. When a woman is overpowered by two or more men she cannot resist much, and marks of violence may not be marked.

Figure 4: The text on Rape and Resistance

“transsexualists” or “transvestitism” are neither consistent with currently established standards nor respectful of lived realities of trans* and gender non-conforming people who have been fighting for the right to self-determination and recognition by the State. Forensic medicine and toxicology textbooks describe, for example, lesbian women as residents of an island called “lesbos”, placing them outside the land of the living. Even after ICD and DSM classificatory systems in the psy-disciplines have moved away from pathologisation of identities, these textbooks continue to talk of non-normative gender within the contexts of criminalisation and pathologisation. This lag between origin of critical respectful terminology and its appearance in medical texts contributes to the ways in which museumization happens (Singh & Achuthan, 2019).

To conclude, we found that curricula were hardly the subject of any but the most casual referencing in medical undergraduate training. And yet, curriculum remains the custodian of the standard, with marked bodies continuing to be placed in contexts of predisposition and risk, with even that understood in hetero-patriarchal ways, spoken of in disrespectful and museumized languages and terminologies, located in frameworks of criminalisation, while claiming objective status. It is in this discrepancy between curricular language and clinical experience that curricular learning can be left to stagnate, substituted for by the genius of the-surgeon-on-

the-job who can “identify” the “case outside of the norm” and train the unit interns/students accordingly, while not necessarily providing a replicable model of diagnosis for the same. It is here, also, that the chasm between curricular learning and practice become normalised, while the text book continues as reference point for what is abnormal, and the source of the many micro-discriminations to be found in the vocabulary and practice of practitioners (Achuthan, 2019).

Gendering of medical disciplines has been spoken of in existing literature, as also hierarchies of sub-disciplines; we learnt, through our work with practitioners, about gendering of disciplinary clusters in medicine too as a way of understanding the gendered composition of these clusters, and the impact on curriculum. A Community Medicine practitioner in our study spoke of the felt need to incorporate perspectives on gender in the curriculum, and her efforts to float courses on sexuality and ethics in one specific instance. In reflecting on her own location, she also spoke of her journey into the discipline as partly driven by the desire to work more closely with women, and of her learnings around gender and sexuality as largely coming from her association with women’s movements. This sense of allyship and accountability may be interpreted, perhaps, as a form of social learning that other practitioner participants also spoke of; it also, however, points towards the gender burden—understood in

heteronormative forms, of course—on those disciplines and practitioners where cis-women are somewhat more represented. Another version of “women’s work”, perhaps? Gender understood as women is now being brought into curriculum, after a lag and after a number of years of questioning by the women’s movement; we have also explored hierarchies amongst disciplines consequent on their gendering later in this chapter while discussing the tropes of masculinity that occupy surgical fields and their attitudes toward gender.

GENDER-SEXUALITY IN THE CLINIC: RE-READING EARLY HISTORIES

Why, we may ask, is medical curriculum so full of these bloopers? Why are they so easy to find? Why is there so little investment in preparing better texts? Should we look a little before, and a little after, the undergraduate training space, in order to understand this better, in order to understand the constitution and gendering of the expert domain? Should we look at the histories of objectivity and neutrality in modern knowledge systems with respect to which a set of observational, clinical sciences such as the ones we are looking at are positioned?

The previous section on curriculum has attempted to indicate some of the ways in which variation is marked as

deviance, and it is outside of the scope of this study to explore the histories that make this possible. Feminist scholarship has presented, extensively, critiques of objectivity and neutrality that are cornerstones of orthodox science (Haraway 1988, Langton 1993, Harding 1995). It is useful to look very briefly at the terms on which the deviant body gets brought back into the clinic, however. There is extensive literature on the specific contexts and histories within which we see the entry of what are broadly referred to as non-normative genders and sexualities into the modern western clinic and healthcare system in the Indian context under the rubric of what has been termed the “HIV/AIDS epidemic”. Here we see the healthcare system as representative of the biomedical model, and the discourse of public health as the framework within which we see the entry and production of these bodies. We might suggest, also, that these are almost the first vocabularies of gender-sexuality *outside the reproductive* that exceed, somewhat, the merely demographic within healthcare, although that is where they begin. Radhika Ramasubban (1998, 2007), Nambiar (2012) and others have detailed some of these histories, and talked about the overlaps and conflicts between languages of sexual and health rights, with activism around Section 377 of the IPC that

“Back then, the word homosexuality could not be uttered, there was this whole thing going on around section 377.”

– LBT activist from Kolkata in the study, and former peer counsellor/ educator

“Truck drivers are known to have a lot of alcohol consumption. So I ask about alcohol history, sexual history, marital history. If I get a yes, yes, yes, it becomes type A personality—risky for such behaviors. Otherwise type B. Books also mention this. It is a very clinical way, a subjective way of going for a diagnosis. We are taught that only because it gets us closer to a diagnosis.”

- Medical undergraduate trainee in the study

until September 2018 criminalised consensual same-sex practice/love, with notions of culture and tradition. This period was significant for the study as it marks the shift from, or rather a parallel introduction of, languages of risk and vulnerability alongside earlier languages of stigma and legal vigilance (Ramasubban, 1998). This involved establishment of behavioural categories for intervention in healthcare—a learning from earlier global HIV work where identity categories and brutal surveillance around them resulted in people going underground rather than coming for treatment. LBT activists and former peer educators in our study spoke of their first engagements with these categories. Our conversations with these members of “community” produced several understandings. One, their reflections on HIV work in the 90s helped mark that period as the one of consolidation of behaviour-identity

connection—all truck drivers, always, and only, and in a new demarcation from “normal”, “safe”, “healthy” sexual practice that also locates the risk away from heteronormative, dominant caste-class locations (Achuthan, 2019).

We see, then, that these categorisations, and the stereotyping following them, was not merely a simple instance of institutional authoritarianism, but a generation of practices and shared terminologies between institution and community—in other words, a shared language of the meanings of and exhortations to health. This is what we propose as a starting point both to re-examine meanings of access and terms of inclusion, as also to understand the grounds for “community” formation, care, and collectivisation.

ON COMMUNITY

With the extension of surveillance/diligence/vigilance across drop-in-

“If a household working female comes, we won't ask her [about alcohol history] because she will take offence, honestly. They do take offence or they will laugh.”

- Medical undergraduate trainee in the study

Such stereotyping is active not only within hospital settings but in DICs too. Community participants in the study spoke, for instance, of how the only diagnostic meanings attributed to “anal rupture” when a client attended the weekly clinics at DICs in the late 90s were of habitual or violent anal sex—a stereotyping that then translated into inadequate, neglectful and stigmatising treatment procedures—the client would not be examined clinically, adequate histories would not be taken, and the moral point about punishment for “bad behaviour” would be reinforced. This is a classical example of both atomisation at work in these settings and of bodies being rendered intelligible only within these identity categories.

centres (DICs), peer educators, etc., the institution follows the at-risk identity outside too, in the shape of moral injunctions to “good behaviour” (see box on page 156) and safety if not complete reformation as a prerequisite to a good life (Achuthan, 2019), and how far is a measure of good patienthood or citizenship.

And yet, this demand for good behaviour, and its failure, point in several directions. A former peer educator in the study spoke of HIV-positive people who had been identified and brought in for testing, who have disappeared into the void after the drying up of HIV funds, subsequent collapse of NGOs and positive networks, and asks what the point of confidentiality was, when the service was absent.

“... am saying, the 10 people under me, 5 of them are missing, there is a possibility that they have died. 6 of them were going through ART. So where is the service? How will

the service be provided? I have to go to the ICTC center for taking the ART, I have to go [to a public referral hospital] for taking ART, how will I get there?”

And the doctors at DICs? They were offered training, although not in perspectives on gender-sexuality, and, as a peer educator said,

“... they (the doctors) found it lucrative ... they were given travelling allowance, they could stay in luxury ... not everyone went though ... there was no rule that everyone had to go ... if we were working in 7 areas, and there were 7 doctors in that specific area ... we would request them to go for the training ... it was difficult to follow up...the coordinators and the supervisors would come and invite them and they would say yes ... but then most of them did not turn up ... Many doctors would come [to the clinic] the first day and stop

coming ... after they came to know that their patients were men who were having sex with other men.

Then again new doctors had to be approached, and the situation had to be explained. Initially, there was a huge crisis of doctors at the drop in centers. In my area, there was also the crisis of counselors. There were mainly female counselors during that time. There was a dearth of male counselors ... girls mainly pursued Psychology at that time ... fresh graduates mainly came to these places for work. And, when they began interacting with the patients, the patients would talk in detail about their partners, and the violence they inflicted on them, the kind of sexual acts they got involved in ... and it was uncomfortable for the doctors ... actually there were many homophobic people around ... and the supervisors who visited from one drop in center to the other, they at times, interacted with the doctors, asked them to clinically examine patients as it was their work ... but the doctors did not even use the instruments. And when the visits took place, the medical officers boiled the instruments, dropped them, and again boiled these for 2 to 5 hours just to make it look like these are regularly being used ...”

But then again,

“Once the patient became positive, she became God. The peer

educator would take great care, would tell the patient to go to the doctor, to go for tests, and would accompany him. The patient would say that she did not want to go on some particular day ... the educator would go according to the patient’s timing. Also, she would say she did not want to go out during the day time. The educator would wait at [a railway platform], the patient would not even turn up ... when they did not go to the doctor, did not take proper treatment, and involved in rampant sex without protection, I would directly reach the cruising points. I would see her but still asked the others ‘Did you see her? Did you see him?’ I could totally see her standing at a distance, but I kept on asking where she is ... and I kept on taking her name ... Then I would take her to a side and tell her ... ‘Today I came here and had tea with you, tomorrow if you don’t come, and if I don’t see you in front of [a hospital in that area]’ ... They had to be threatened. We had to show them fear to get work done. This had also been the case ... if I came to know that someone was positive and left for dancing at ‘Lagan’. She was sick and her health was the priority at that time, I would directly call at the person’s house where she had put up, and ask for her. She would panic and ask why did I call? I would straightaway say that if she did not take the next train back here, I would tell the troupe leader that she was

positive and she had gone there to spread the disease and If I did this, she would be beaten and thrown out of there.”

We may read these narratives as evidence of the callousness of the expert, of homonegative stances, of extreme corruption, insensitivity, and gatekeeping in target approaches. What we also see, however, is the emergence of a fairly homogenised category of “community” from a diverse set of practices and experiences of distress, with the stated objective of bringing people out of invisibility (Achuthan, 2019). Here, the flat terrain of community, while still referred to as such, is punctuated now with newer nodes of authority—the supervisor, peer educator, counsellor, community-based organisation heads, to be followed in the second phase of NGOisation (Nambiar, 2012) by active gatekeeping. These figures represent and are committed to community, they excel at bringing community to the system, they facilitate access, and in doing so, also become more powerful arbiters than the expert or the system. Is this a problem? Perhaps not, for, in the partial relocation and redistribution of power, accountability is relocated too, “community voice” is brought in, and the entire discourse is about “who” speaks rather than what is spoken (Achuthan, 2019). The “what” has already been discredited through critiques of universalism and positivist medical knowledge; nothing further is, however, deemed necessary in the expert domain, with the question of power being addressed through

representation and not models of knowledge at work here, and the ways in which these are overdetermined. In addition, the seemingly unprepared, insensitive and unrespected expert, casting about in the field for signposts, and mostly failing, keeps us from seeing that the idea of risk, the behaviours leading to it, and the services required to keep these in check, have not been dislodged, rather they have been consolidated. What we see, then, is also an extension of expert authority much beyond the physical space of the hospital or the trained physician via these newer sites of authority and facilitation of entry of the institution. As a former peer educator tellingly reports in the study,

“If I talk about the supervisors who were part of activism, they were quite active, they knew how to approach people, how to build rapport, to manipulate people ... I mean how to bring people through counseling ... they worked as individuals. And, they had the skill to gather people in the field, ranging from 50 to 500 ... The work of the peer educators was from 6 am to 10 pm in the field. They ... did not have to come to the drop in centers, but if they did, they got patients to the doctors.”

Nambiar (2012), Ramasubban (1998, 2007) and others have written about outreach and the nature of collectivisation that follows some of this structuring of HIV work. Our concern here is also with the organisation of HIV work within community with a call to focus on targets and not structural

barriers to access, accompanied by an erasure of languages of desire and focus on behaviour¹⁴ during this time. A researcher participant in our study referred, for instance, to the women of the *Kalavanthulu* community, who are performers belonging to Dalit castes, who enter into a variety of “quasipatrilineal and patriarchal kinships with dominant caste men”, who are “not a stable category”, or, we might say, community, but who are, in HIV discourse as well as movement histories, identified and marked as sex workers—thus both homogenising and erasing multiple and diverse locations into terms recognisable and nodal within HIV discourse.

“From time to time, the identity of Kalavanthulu women has changed. For instance, in the medieval era, they were referred as Devadasi in the Hindu texts or epigraphic sources, whereas, these women were called, Saini or Bhogum. Bhogum in generic sense means enjoyment or entertainment and possession. It also means a kept woman, mistress, a concubine or a prostitute in the common parlance (Vijaisri 2004:1, Jordan 2003, Lalitha and Reddy 2007). Subsequently they preferred to

call themselves as Kalavanthulu in the colonial era while they were depicted as ‘prostitutes’ in the colonial literature or reform movements and Surya Ballija in the post-independent era or in official records, “high-risk group” in the advent of AIDS industry and ‘traditional sex workers’ by the sex worker organizations.” (Jena, 2018, p. 1, fn. 1)

And yet, in these very spaces fraught with surveillance and hypervisibility, aspirations flourished. Our study participants speak of the DICs as a space where the “community” flourished, where people who led otherwise closeted lives found an affirmative language of gender expression, who found livelihoods, who found an opportunity to accept risk as a manageable entity that did not entirely define them.

A peer educator in the study observed,

“And previously they were not even visible ... It was a safe space for them. They could also meet other Kothis.¹⁵ One would start wearing kajal after seeing a Kothi do it. Then, she would start putting lip color. They would remove their kajal and lipstick while leaving the centers. But gradually, this became comfortable. They would wear kajal even when on the street, or roam around with less inhibition.

14 Behaviour here, in the space of the clinic as well as in community outreach, works as a much wider trope than the meaning attributed in demographics or public health. It is morally inflected, related to deviance in addition to and inclusive of particular non-normative sexual practice; it is, in fact, a term exclusively attached to the non-normative.

15 A term used in HIV and other discourse to indicate those who were primarily receivers in the sexual act, who were further invisibilised in healthcare, as also among community members.

Then they would cross dress. It was their desire. They wanted to have sex. So they would. They would also take up sex work, get money. Most Kothis loved dancing. And I have seen that many were actually influenced by this, and they went to ‘Lagan’¹⁶ (Achuthan, 2019).

ON INCREASED SITES OF INSTITUTIONALISATION

This brings us to a point about institutionalisation that we have been exploring—when is an experience accommodated within dominant knowledge practice systems, and how does it link to institutionalisation? We found, in speaking both with experts working with HIV for several years and with activists in the field, that one of the ways in which the institution follows bodies outside the clinic is through a proliferation of sites of institutionalisation in the form of DICs, peer counsellors and educators, and in more recent times, transgender development boards, among others. This, in relation to our understandings of medicalisation in the contextualising of the study, helped us thicken meanings of discrimination and access—the institution not only limits entry, it also sets terms of entry, and exit.

LANGUAGES OF COLLECTIVISATION

The idea of the “community” is what we were able to thicken here, through an understanding of how both distress

and aspiration live alongside each other. We understood, also, that for marginal groups, the relationship with and within community, as well as the presence of the state, were different from the way in which the same played out vis-à-vis more privileged groups, for, “whether the state is contested, negotiated or strategically manipulated, it remains significant in the lives of marginal groups, and perhaps more so than for mainstream, or non-marginal groups. non-welfare” (Williams et al, 2011, p. 22). This is where we also learnt that, in different locations, “community”, tied as it is to the institution, could also become the space for articulating a different future, alternative priorities, and different political strategies. Study participants from Maharashtra and West Bengal, as well as feminist queer activist participants from both spaces, spoke of ways in which they challenged the vocabulary of HIV interventions—the need to focus on daughters of sex worker women needing access to formal education rather than understand children in terms of mother-to-child transmission, for example, or of focussing on domestic violence, or the patriarchy embedded in doctor-client dynamics, as a way of talking about access. A participant spoke in scathing terms of the “gender history of HIV programmes”, saying,

“We have never had HIV prevention program for women per se, it was only women in sex work.”

This participant challenged further the HIV and public health strategies on “awareness building in general

16 Term used to refer to dancing at weddings that kothis were traditionally part of.

populations”, recalling arguments from that time,

“I said there is nothing called general population. Women need tailor-made awareness packages in a country like ours, where there is minimal access to information, there is hardly any decision making in regard to sexual and reproductive health.”

It was, in effect, a way of saying that public health intervention or work around HIV provided a route to collectivisation, but also new forms of discrimination against women within and outside of the “target groups” in the programme. Speaking of the various central and state AIDS-control bodies, they reiterated the consolidation of reproductive sexuality within targetted interventions throughout—

“The only thing that got organised along with HIV is Reproductive Child Healthcare, within which the PTCT [parent-to-child-transmission] programme was launched. So, women in the health intervention programme were only included *if by definition they have multiple sexual partners.*”

They spoke of the manner in which funds got directed away from many kinds of work—to counter in-trafficking of young girls into sex work, for instance. In a stunning criticism of the idea of “community” as an organic, flat space, a queer feminist activist participant spoke of the manner in which either those powerful within brothel-based sex

work or those who asked questions got drafted into peer educator roles—

“In-built systems of mutual support ... were destroyed. You are picking up some of the women, who were the ones who would be speaking against the pimp, madam. The leader would pick up the issue, but then she is chosen for peer educator. You are lifted *from political work to developmental work.* You have a special uniform, salary, designation, different get up. Now I don’t know you. And away from the community. I no longer know you, I am envious and angry.”

For these queer feminists active in women’s movements, the attentiveness to the struggles of those rendered more vulnerable on account of caste or religious minority identities helped further disaggregate the idea of community, whether it was the experience of dalit children of sex workers in parts of Kolkata who dropped out within a week of being enrolled in school, or of pregnant women of minority communities being more easily put out of livelihoods.

In response to some of these dominant agendas, feminist sex worker groups spoke in the study, of adopting alternative directions and strategies—of making the municipal hospital system accountable and accessible. They spoke of care and on dying with dignity for those who had been affected by HIV. They spoke, further, of the struggles within women’s movements and dominant feminist perspectives—

“We would scream the elders down. Only S [name changed] was silent on these issues. M and B were main proponents—women burnt alive for dowry, families are dying of hunger, how can you begin to talk about sexual rights? We were like, how can you not begin to talk about sexual rights? So ...”¹⁷

ON CRAFTING AND GENDER IN THE CLINIC, AGAIN ...

Some of the surgeon practitioners in our study in public healthcare, speak of the starting points of their training, of “non-life-threatening” or “non-essential” surgeries related to gender that begin to come up in the early 90s in Bombay. It is useful to recall that there has been, prior to this, a history of HIV work in all these hospitals which are referral hospitals, but gender affirmative work particularly for hijra persons, is only being spoken of as beginning in this period. The narrative is of a sought-for intervention being agreed to in the context of “unhygienic, life-threatening procedures” being conducted otherwise outside the medical setup—what these practitioners term self-mutilation¹⁸. Some of this

intervention is being mediated by NGOs working on socially relevant issues. Terminologies used to describe clients are a mix of common parlance and medical terminology, and both in the narratives and in the protocol reporting across practitioners, it was clear that these are procedures agreed upon as highly individualised, risky, prone to criticism in case of failures (“a thankless job”), and not a major part of the practice. Transpersons seeking gender affirmative therapies, addressed as patients in all public healthcare settings and clients in all private, are involved in consent and planning procedures in terms of admitting to having been warned that these are merely external changes that can be introduced, that this is what is available,¹⁹ that these are irreversible,²⁰ and that these are inessential. In a context where most of the transpersons coming to the service are assigned gender male at birth, those assigned gender female at birth (PAGFB) are told that “becoming a real man”—in terms of a functioning penis—is an uncertain future, and in terms of reproductive function—not an option. Thus failure is presented as risk, continuing the susceptibility paradigm (your life choices or illnesses are responsible for these failures), separating from the enhancement paradigm as a way of discrediting, reducing priority for, or pushing down the list of vital/ life-

medical spaces.

- 17 Poushali Basak has (2018, M. Phil Thesis) written on the contestations between the political and developmental in the context of the organisation and collectivisation of women in sex work in West Bengal and Maharashtra.
- 18 Nirvan, or nirvana, is the term that has been popularly associated with gender affirming bodily practice in hijra communities. It has, alternatively, been celebrated as the “indigenous”, and derided as “self-mutilation”, unhygienic, unsupervised, life threatening, etc. in

- 19 “We tell them that this is the package”, *Endocrinologist in private healthcare in the study.*
- 20 “It is irreversible, like jumping off a cliff. Important for them to understand”, *Private Surgeon in the study.*

threatening surgeries (Achuthan, 2019).²¹ The language in which this is presented may vary across practitioners in public or private healthcare settings, but at base remains the same.

The apparently rigid protocols around psychiatric certification fall away in many private healthcare settings, with the benefit of a network of practitioners within which the client is circulated.²² Also, the protocols—one or two certifications—often vary, with convenience seeming to be the determining factor (we might ask whose, or more robustly, what the simplest measure of convenience is, here). Psychiatrists in public healthcare settings, however, who have been involved in the work since the 90s continue to speak the language of pathology,²³ and continue to say that they are disinterested in convincing or assuring natal family, except to say that the “condition” is documented.²⁴

21 “This is cosmetic”, *Surgeon in public healthcare, in the study.*

22 “It basically starts with evaluation by 2 psychologists, who refer to a psychiatrist who certifies them as having gender dysphoria. With the certificate they come to me”, *Private Surgeon in the study.*

23 “Disorder, dysphoria, they come for treatment”, *Psychiatrist in public healthcare in the study.*

24 “We say this is the situation, according to us and according to what we know. He is suffering from gender identity disorder, this is a well-known disorder, there are many people who have this kind of thing. In the past we have had experience operating so many of them and they are living a happy life. That we explain to the relatives”, *Psychiatrist in public healthcare in the study.*

Between the seeming apathy of public healthcare and the business interests of the private setting, what is the meaning or result of protocol, then? Arbitrariness or adhocism, to varying extents, seems to be a common element of the practice. There are some points of convergence, however, with policy and law as well. Whether it be feminisation/masculinisation procedures, “top” or “bottom” surgeries, the appearance of binarism must be preserved, and administered. That may be done through terms of entry, with demands to “live in the other gender” for extended periods, with the naive assumption that the person self-identifying has not done so before first coming to the clinic, or initial resistance to the “irreversible” step—“why don’t you take steps with appearance”²⁵. It may be done through advocacy towards enhancement—photographs of chiselled transformations towards hypermasculinity or femininity on websites and waiting rooms of private clinics, as we observed in the study. It is done through pathology, or medicalisation of distress, as the terms on which gender affirmative procedures will be offered. It may be done through discussions of surgical procedure that take on board client questions on how the body and its parts will look, behave, feel, post-procedure, with the highs experienced by both the surgeon and the client being shared in a moment of seeming solidarity (Achuthan, 2019). This desire for binarism is not simple patriarchy or heteronormativity at work; it is also the excited call to multiple technologies of enhancement within and

25 Public hospital surgeon in the study.

outside the clinic, to a myriad regulatory structures and strategies, to community and individual, and most significantly, perhaps, to the expert redrafted as the ally, all over again. Separating these from standard old-school discriminatory “marking” practice, then, is the ways in which bodies are seen as a new constituency that provides the testing ground for this group of practitioners to hone their skills, to “craft” what was until so recently the impossible.

It might be useful to take a closer look at the contexts and histories of this access to feminine expression. Lesbian and trans*masculine invisibility in HIV studies and intervention projects is a documented debate, both in LBT organisations and academic literature. This invisibility and erasure, also experienced as resistance, is active in organisational memory today too, as an LBT activist who has played a significant role since the late 90s in queer feminist movements in the study posed—

“We never went there ... It was like LGBT movement is equal to HIV. This was the situation. In such a situation, right from day one, what we had done was that we would speak in the language of rights. I mean it was a chosen path, but at that time, it was very difficult.”

This difficulty, of course, also referred to conflicts over language and categories, knowledge about widespread misappropriation of funds, and organisational power struggles. A

trans*woman study participant reflected on the experience of the 90s—

“You know what? Many people say transgender, hijra... I say, look behind [to an earlier time] ... Who knew the word transgender? Everyone used to say ‘Hijra’. Even today they say ‘Hijre Didimoni’ [Hijra woman teacher, as a way to refer to the participant who teaches at a government school]. Yes, after looking at my episode there was a concept that perhaps one is a ‘Hijra’ from birth. The female cook at the mid-day meal scheme of our school said ‘You must be in pain. God has given you a birth like this.’ ...”

Apart from the recognition of wounded identity that these attitudes foreground, there are several other points here. One is, in addition to the erasure of lesbian and trans*masculine experience, the conflation of trans*woman and hijra identities. While the hijra figure is instantly recognisable in most cultures in the subcontinent,²⁶ and is described

26 Mario da Penha talks, after the NALSA judgement, about the “history of defining and demarcating people who are neither male nor female in India. In the immediate pre-colonial period, hijras and *jogappas*, who both serve as ritual functionaries to the subcontinent’s gods and saints, were among a range of initiation-based groups, which accepted people of heterogeneous origins who had abandoned the security of their ethnic communities and families. Historical sources from the eighteenth century tend not to dwell on ethnic origins or corporeal difference in their mentions of hijras. The term “hijra” itself—Arabic for “to leave one’s tribe behind”—suggests

in Orientalist and other anthropological literature as sacralised through myth (Nanda, 1990, Doniger, 1982), the figure is also stigmatised, condemned to “a birth like this”. In this form, the hijra figure also becomes the only recognisable trope of trans*experience in normative societies, and it is perhaps in a piggybacking on this trope that trans*women’s lives are allowed into both HIV and gender-transgressive discourse in clinical spaces (Achuthan, 2019).

apathy towards individual histories, and to castes and pasts foregone. Colonialism brought two persistent forms of categorisation that continue to shape new legislation for transgender people: a focus on the authenticity of ethnic origins, and on corporeal difference. In 1836, RD Luard, the enterprising sub-collector of Solapur, recorded that six hijras under his jurisdiction came from four separate ethnic groups. (That all six remembered and divulged these details is a noteworthy reminder of the durability of ethnic identity.) By 1892, HB Abbott, another colonial official, recorded that 356 hijras in Rajputana were born in 38 distinct Hindu, Muslim and animist ethnic communities. This sort of documentation, usually for the Imperial Census, was ambivalent about the suitability of classifying hijras as a caste, or an ethnic group unto themselves. Even as original *jati* began to be counted as a part of hijra identity due to the mechanisms of the colonial census, physical difference became increasingly important as a marker. The colonial term “eunuch” was used as an umbrella to cover all kinds of gender variance, just as “transgender,” which gained currency in the 1980s, is today. These colonial exercises were primarily for studying—and sometimes controlling—minority populations, not empowering them.” (da Penha, 2014)

And “SRS” becomes the sole name for that entry. As a participant noted, reporting with irony on a typical conversation—

“‘Oh! You have had SRS? Yes, I am a little sophisticated.’ ‘Oh! You haven’t had SRS. Wah! Wah!’”

While we focus on respectful terminologies in feminist queer work²⁷, SRS is the respectable protocol and symbol of “sophistication” that offers, now, the possibility of exit from a difficult life—

“Our funding agencies have said to speak about HIV and AIDS and that they won’t be able to talk and help with any other issues. When these people come to us ... we understand that [name of their community-based organisation facilitating medical and legal procedures for gender affirmation] is such a place where we can come outside this and talk. At the middle of the night when we feel that the whole world is dead and only I am alive, very few NGOs are there to listen to that person at the middle of the night. It’s 2:30 at night and my phone rings, a transgender person who wants to die speaks to me about the reality of their

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- 27 The tension between feminist and queer movement positions, from a time when dominant feminist positions were further qualified as being heteronormative, are today visible in an acknowledgement of non-feminist perspectives in several queer positions. The need to qualify queer with feminist, therefore, to indicate those who choose this qualifier.

life and I listen. And at that time I feel that till date, government has not taken any initiative to see to it that such people do not walk this path and can look at life positively. In the midst of so much negativity that person can feel that at the end of the day, we have a glimpse of light. I have tried to create that space in my own way. Till now, the government has not done any work ... At the government sector hospital, they always have an approach ... when a transgender person goes there and speaks about their suffering and deprivation... somewhere ... the heterosexual normative has penetrated ... So we try and explain that what you are thinking is actually not correct. This judgmental way out... I have always seen this ... with my own life... In all the government sector hospitals where I have tried to go and tell my story... I have been discouraged and have been told that if you want to be like yourself, you will become alone and isolated ... Society must have a norm which is for your own good, then what is your problem in accepting it? I have found that the infrastructure ... has still not been created in most of the places. There, a person can go and talk about their HIV or STD infection but nowhere has it been told that a transgender person who cannot look at the self in front of a mirror ... every moment that person feels that the way that person wants to look at the self personally as well as

from a social perspective, no one is helping me in this ...”

ON MASCULINITY AND MEDICAL FIELDS

This brings us to the idea of particularly surgery as a field and the positioning of the surgeon who does gender affirmative procedures, for instance. “They want to function like a full man” is one refrain, used both to pose the irony of wanting out from the natural [with the irony of what the surgeon himself is doing being lost], as also to stand-in for failures of surgical procedures and accountability in this regard, and yet again, to posit a hierarchy between “what is vital” i.e. life-threatening and therefore demanding of medical attention, and “what is lifestyle”. This idea of the “vital” also relates with the idea of medical interference being justified only with unhealthy bodies or organs, or “unnatural” bodies or organs, and came up again and again in conversations with experts.

The question “What is vital” is also collapsed with the difference between easy and difficult for the surgeon. So “why don’t you take steps with appearance”, or go in for breast implants, or similar “easy” things, is produced within known/older surgical techniques with higher success rates, while other procedures are clubbed as aspirational, unnecessary, irreversible [each of these slightly different but put together in rationale building]. The choice of “unnecessary” procedures by the client, then, is more easily put at the door of the client, in terms of accountability.



Ways Forward—From the Standard to the Perspectival

In our conversations with on the one hand expert practitioners who also frequently occupied dominant positions in the charmed circle, and on the other those who were either on the other side in the clinic or who were offered a place within knowledge communities provided they did not live their difference, as also with activists and allies whose job it had become to ask the questions, we learnt some questions of our own. Is it that the instructor-centric risky learning we heard about works in the split and distance between training and practice? Do ideas of merit and genius conflate here? Is accountability in these circumstances more of an appeal than a demand, and is it almost only the burden and the labour of those who occupy the expert domain less as educators and more as members of “community”, as our conversations with medical persons queer identified seemed to show? Can this labour be resituated—in research, in training and in practice—as a side-by-side rather than a resistance model that lives at the most as a subculture in clinical spaces? Can this labour go into diversifying medical classrooms and communities, where the scope for modelling and mentoring are also possible? Can, in other words,

the occupation of the normative by dominant groups be revised, and can the normative itself be revised—in history-taking, case presentation, treatment spaces? Can, in other words, people come out of the land of *Lesbos* into the land of the living? Can we acknowledge, and re-cognise, the clinic as a political space?

What is to be lost if this is not done? Costs to those “on the other side” are well documented already; this study has shown us some of the more insidious ways in which the costs function. What of costs to medical communities? Apart from the isolation of a few who do the “gender work” in these spaces, and the continuation of bias, the learning that is bound to accrue from asking the “other question”, the value in building a critical mass of members who will challenge existing models—are lost. Most importantly, the chance of learning about variation in the deviance model, is irrevocably lost.

What might be gained if the normative is revisited? Critical lessons from HIV work have shown us that cis-women in marriages, cis-lesbian women in families, upper-caste clients of cis-women in sex work, all become visible once target

groups and categories are not the only lens through which we look. Our conversations in the study showed us the possibility of thickening the contexts of the “symptom” by starting from experience, with a chance to develop collaborative terminologies in the clinic, and to keep them provisional rather than freeze them. We saw the chance to bring into epistemic presence, on a “regular” and not rare basis, experiences that have been invisibilised, without calling them rare or new. We saw the chance to recognise what Longino calls ontological heterogeneity—recognising variation in nature—if knowledge communities are consciously diversified.

In talking about revisiting the normative, therefore, or asking the question again of “what is to be done”, we ask questions of training, for one. Is training for standardisation? Since that has already been under question, with respect to critiques of universalisation and yet the question of accountability remains, we have been trying to ask if provisional,

revised models of history-taking, taking into account not just gender-sexuality but thickening symptoms in particular, are possible. We would pose these as different from learning-on-the-job. From the histories of collectivisation and critiques of institutionalisation, as well as the vocabularies emerging from within community activism, we also ask the question of these models needing to be collaboratively built with persons named as clients, with other knowledge communities including academic disciplines and campaigns, including terminology used. Terminology, we suggest, is about self-identification rather than expert naming of persons or behaviours or disease, and needs to be acknowledged as such. Our case history formats have been developed in this regard, and we have, through both the outputs of our limited institutional ethnographies and our analysis of interviews, built formats for perspectival training and practice (see Figure 5 for sample format from module).

<i>History Taking – Practice, Possibility, Generalities, Reflecting on Practice</i>		
Standardised training	The counter-narrative? Critical voices, oppositional voices	New, provisional parameters/reflecting on the standard describing distress collaboratively
'Dress decently' - The respectable doctor code	'People who dress well get treated better. Not people like us.'	What does my appearance say about me? The construction of the expert; the construction of the patient; we reflect on the need for distancing that drives this doctor code?
Brief perusal of OPD ticket - calling out the name [it's a heavy day today, already 250 have registered]	"There'll be 50 people in the queue. We have to first go and get a registration slip. And by the time we get the registration done, the doctor has already left."	What walks in with the patient/ person? What do I as practitioner come in with? Who sits with me in the "doctor's" chair? What are my contexts?
Come to the morning OPD, I will be there	My work is at night...how can I wake up that early and reach the clinic?	To ask the question Ericka Hart asked - who is this for? Who is the clinic for?
<i>Bolun</i> /tell me/what is the matter/ where does it hurt?	'I can tell the outreach worker in the drop-in centre, but how can I tell the doctor in the hospital about what my problem is?' "The doctor used his stethoscope and told me he couldn't hear my heart beat! Then I had to tell him that I had silicone implants and he had to place his stethoscope in between my breasts to hear my heartbeat."	How do I identify as practitioner - a name, to begin with? Or do I say that 'it is not me we are talking about?' What do I see when I look at the person who comes in to the clinic? What do I miss? What do I 'mark'?
What kind of pain is it? Aching/throbbing/constant/ colicky... <i>we have to classify this in order to arrive at a diagnosis</i>	I'm not sure...	Learning language from the person who comes in; building terminologies together

Figure 5: Section from Perspective Training Module



Outputs

Towards Research

1. An edited volume or special journal issue on Feminist Queer understanding of Healthcare discrimination will be published with contributions from health activists, feminist queer activists, medical practitioners who have worked on HIV programmes and researchers in social sciences and public health.
2. Two articles, namely—"Gender Affirmative Technologies and the contemporary making of gender in India", Achuthan 2019, as part of an edited collection on Affective Technologies; and "Appearance of Gender-Sexuality in Medical Curriculum in India: A critical analysis of the language of medical texts", Singh and Achuthan 2019, will be published.
3. Workshop modules for social science students have been designed to translate some of the project findings into interdisciplinary learnings and dialogue. This will provide frameworks for inter-sectoral dialogue across queer feminist and healthcare disciplines.
4. A workshop was conducted at NIMHANS, Bangalore with the healthcare discrimination team in collaboration with medical practitioners and professors on 10th August 2019. Medical practitioners, students of medicine and social science researchers attended the workshop which helped practitioners, students and teachers reflect on existing curriculum, training and practice. It included presentations on experiences of bringing gender-sexuality into medical practice, developing protocols for gender affirmative procedures, advocating for terminologies developed collaboratively between communities and doctors, advocating for shifts in perspective on mental health and advocating for diversity in the pool of medical practitioners.
5. Curricular material on gender-sexuality and health for women's studies courses in 2 non-English languages has been designed.

Advocacy

6. Advocacy handbooks in 4 non-English languages to take findings back to organisations that work on gender, sexuality and health, queer groups and communities, student groups, and women's movement spaces.

Towards curriculum

4. A workshop was conducted at NIMHANS, Bangalore with the



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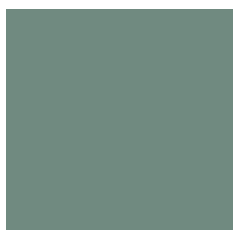
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Healthcare Discrimination Experienced by Non-Normative Genders and Sexualities in Southern India

Vinay Chandran & Anurag P Nair

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Non-Normative Genders and Sexualities
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Introduction

Persecution of religious minorities, continued atrocities on lower caste populations, and violence against women have become more visible with the rise of religious right-wing fundamentalism (Basu, 2018) and have now become commonplace as well. Still, the stories of discrimination experienced by people from gender and sexuality minorities are not as visible or recorded with the same seriousness, except by communities directly affected by these (Narain & Eldridge 2009, Narain & Chandran 2015) or groups working with human rights violations (PUCL 2001, HRW 2002, PUCL 2003).

The study that houses the following research was set up to speak about discrimination of people from gender and sexuality communities—whether they identify as such or are perceived that way (hence the study adopts the broader term of “non-normative” genders and sexualities). It is an exploratory study and the findings should help formulate further research as well as support social campaigns through the following steps:

- Provide clarity on what is “discrimination”, how it is experienced by people with non-

normative genders and sexualities, what experiences are typically classified as such, and also what experiences are perceived as discrimination but are not visible;

- Record best practices addressing community healthcare needs; and
- Provide direction to urgent and long-term redressal to those with such experiences.

The following report is a preliminary analysis of the research that examined discrimination in the area of health (see chapter I for details on two teams addressing the area of health). Specifically, it looks at healthcare experiences of non-normative genders and sexualities in Southern India. The research documented a variety of experiences such as rejection of access to healthcare services, abuse at the hands of healthcare providers, violent and invasive therapies or treatments, and many more. Even the stories from interviewees who spoke of having no negative healthcare experience were documented in order to gain insight into what constitutes best practices in healthcare and the examples of discrimination that may border on being unrecognisable. A detailed report

with a case-by-case analysis will be one of the main outputs. Using the analysis of community experiences to help influence medical teaching and practice is another planned output.

CONTEXT AND RATIONALE FOR THE PROJECT AND THE STUDY

For lesbian, gay, bisexual, transgender, hijra, queer, questioning, intersex, asexual and other communities (LGBTHQIA+ or LGBTQIA+) in India, the last three decades have produced an evolution in social acceptance, better visibility, and a foot in the door for civil rights with the reading down of Section 377 of the Indian Penal Code in September 2018 (Devi 1977, ABVA 1991, Joseph 1996, Fernandez 1999, Divan 2019). Historically, the community's efforts for social change evolved through the following:

- Queer women's visibility in the feminist movement;
- Addition of new and serious literature on genders and sexualities,
- Coming together of cis-male support and culture groups,
- Urgency around prevention of HIV and AIDS, which promoted the growth of community-based organisations,
- Visibility of transgender persons in all of these contexts, and
- Legal advances of the last two decades (Divan 2019).

Healthcare for non-normative gender and sexuality communities received attention only in one important context: sexual health (mainly around HIV and AIDS). Significantly, this also meant that non-government organisations (NGOs) started some of the early conversations around gender and sexuality due to their focus on "high-risk" vulnerable groups. (Khan 2001). This focus included men who have sex with men (MSM) and male-to-female (MTF) transgender women and also sex workers (men, women and transgender). Right up until the mid 2000s, conversations around the importance of mental health, access to regular non-judgmental health check-ups, and the lack of experienced doctors for gender affirmative surgeries were not prioritised.

A few of the notable exceptions in this were the People's Union for Civil Liberties in Karnataka (PUCL-K), which suggested recommendations for improving healthcare practice, based on interactions with LGBTHQIA+ communities, both in 2001 and 2003. Others like Fernandez (2003) studied the experiences of lesbian women in mental health services and listed the kind of violence they faced. Narrain and Chandran (2005) first presented a study on attitudes among mental health professionals and other healthcare practitioners. While that study was inspired by narratives of personal discrimination experienced by community members in medical spaces, the narratives were not the primary focus. Ranade (2015) explored medical responses to same-sex sexuality noting

how many mental health practitioners still considered homosexuality a deviant behaviour. Narrain and Chandran (2016) further explored the idea of healthcare discrimination by compiling multiple examples of such medical opinion.

At the same time, civil society debates on widening the scope of anti-discrimination legislation gained ground. In addition, other incidents of violence against multiple minorities owing to the rise of the Hindu right-wing, the lack of engagement with the concerns of persons with disabilities despite government support, many individuals and campaign groups attempted to pool together efforts to counter discrimination and address it both socially and legally.

In that context, the legal victory at the Delhi High Court in 2009 helped empower LGBTQIA+ people to publically engage with discrimination. The belief was that with discrimination in the law out of the way, addressing other kinds of discrimination experiences within the communities would be a natural next step. The subsequent challenge to the Delhi High Court judgment in the Supreme Court saw a number of groups, including healthcare professionals, petition the Court and align themselves with the LGBTQIA+ movement. Two concerns

stood out in the Supreme Court judgment that rejected the Delhi High Court ruling and reinstated Section 377:

- (a) That the LGBTQIA+ community was 'minuscule' and thereby their appeal to challenge the law was unwarranted, and
- (b) That there was not enough evidence that the number of people affected (or prosecuted) by the law or that such cases were too few to count.

These specific arguments catalysed the conceptualisation and execution of the current study. The belief was that the trope of "discrimination" was needed to help bolster the arguments in favour of removing or reading down Section 377 of IPC. But such a study on discrimination could not be limited to recording experiences in law alone, since these already existed owing to the efforts of human rights organisations. If evidence were needed that discrimination was widespread against the community in multiple social sectors, then these would be collected. And if, through this collection of experiences in different social institutions, the larger debate on discrimination could be illuminated then such an effort would be worthwhile. It is in this context that healthcare discrimination was considered to be an important area for this project.



Method

Two teams within the project chose to study healthcare. One team proposed to focus on the medical institution, pedagogy, and curriculum. The second team proposed to document actual LGBTHQIA+ experiences in healthcare.

The researchers of this report have provided mental health support services for LGBTHQIA+ communities in Bangalore for over twenty years. Their interest in the health conditions of these communities also stems from the hundreds of difficult stories shared in peer counselling sessions or support group meetings that they were part of. The stories were of bad experiences within clinics and hospitals, or with doctors providing treatment for sexually transmitted infections (STIs), psychologists and psychiatrists offering conversion therapies, gynaecologists and urologists, surgeons and endocrinologists, and many more. Already medical perspectives on sexual orientation and gender identity had been compiled and analysed earlier. It was felt that the next stage of the work should involve a detailed recording of the narratives of discrimination themselves.

CHOICE OF METHOD

This study was facilitated by focus group discussions and semi-structured in-depth interviews. The focus group discussions with key members within these communities—especially community-based healthcare providers—helped to identify some of the concerns that were then discussed during in-depth interviews. Two objectives emerged while considering the stories of healthcare discrimination experienced by LGBTHQIA+:

- Collect the full description of the healthcare experience; and
- Understand the context in which such discrimination was experienced.

Together, both these objectives helped identify the method that would be most relevant i.e., oral narratives of life histories. However, this would not be a study filled with mere incidents of discrimination but would include stories about childhood, education, work, relationships, and so on where healthcare experiences could be located and expanded from. Efforts were made to get as clear a picture of the participant's life and all healthcare

experiences, regardless of how minor they considered it.

The detailed enquiry, through semi-structured questions, into their lives meant that most participants had to spend at least one hour with the researchers and the gradual questioning about their lives would help them reveal more than in a survey. It also helped in understanding how discrimination per se affected the participant's lives in other areas. Sometimes, participants opened up about experiences with the law, in educational spaces, in workplaces, and so on. This helped us to clarify the participant's own understanding of discrimination.

The researchers' experience in counselling helped to ensure that the participant felt at ease in sharing any intimate details of their lives. The researchers' status as belonging to the LGBTHQIA+community meant that participants would hopefully feel that their stories were treated with the dignity and confidentiality needed. At the end of the interviews, participants who needed any kind of support services were referred to local organisations or groups in the location, to help them.

SAMPLING, LOCATION AND LANGUAGE

Initially a small sample size within one or two cities was thought to suffice. But the researchers' experience counselling, training, and activism within South India provided contact with multiple sources and helped gain a larger sample in multiple locations. The initial estimate

then, was to get at least 30 interviews from each State and UT for a total of at least 150. The hope was that the large sample would either give a complete picture or that experiences of multiple identities across the LGBTHQIA+ spectrum could be recorded. But due to our presence in the state, there has been a skewed sampling with Karnataka providing the largest number of participants. The final number of participants is 185 (see Table 1).

State	Number of participants
Karnataka	76
Kerala	30
Tamil Nadu & Pondicherry (UT)	41
Andhra Pradesh	23
Telangana	15
Total	185
Table 1: Number of Participants	

All the interviews were conducted in the language that the participants were comfortable speaking. Both the researchers were comfortable and fluent in English, Hindi, Malayalam, Tamil and Kannada. The lead researcher could comprehend Telugu, but where necessary, we took the help of a translator familiar to the participant and with whom the participant was comfortable. Likewise the project information sheet and informed consent forms were translated

into regional languages and/or read out to each participant.

RECRUITMENT AND COMPENSATION

For several months at the beginning of the project a brief poster about the study and its purpose was circulated in various forums, both online and offline through LGBTHQIA+ support groups and to CBOs and NGOs that worked with these communities. Several local support group members volunteered to participate and were interviewed early on. Follow-up calls, email invites and other modes of communication had to be made to community based organisations (CBOs), NGOs and support groups in other cities, towns, and states. While the information about the study went to as many groups and networks in Southern India, the existing visible networks were mostly those that work with “MSM” and transgender women for the prevention of HIV. This meant that contacts in many of the districts were mostly from these communities and forms the larger portion of our data. It also meant that our contacts for lesbians, bisexual women, transgender men and gender non-conforming individuals were only from tier-1 or tier-2 cities, although some of them speak of having migrated from tier-3 cities or from villages.

Since the study wished to engage participants for at least an hour, this would mean a loss of income for many of the participants especially those in tier-2 and tier-3 cities. Towards this, a compensation of 300 rupees was paid to

some participants in the study. In some locations, when the research used the office space or hired a place from a CBO or an NGO, a small donation was also made to compensate for the use.

All participation was voluntary and the consent sheet was counter-signed by researcher and participant. The participants could withdraw at any time of the study. And where it was clear to the researchers that the participant was uncomfortable answering questions, the interview was stopped and compensation paid regardless of how long the interview took or if any question was answered. This meant that some narratives may be incomplete.

STRUCTURE

Each interview began with an introduction of the study and explanation of the purpose. Initial questions focussed on the background details of the participant. A chronological history was elicited by enquiring about each phase of the participant’s life while also asking about any healthcare experiences during that phase. Specific questions related to surgeries, body changes, hormones, medical tests, and other categories were also asked. Only if participants were particularly non-committal were leading questions asked about specific instances of healthcare discrimination. Interviews also elicited details of how other factors like caste, income/class, religion etc. impacted healthcare experience. Interviews closed with the suggestion of returning if more questions arose during transcription

and analysis. The participants were then compensated.

ANALYSIS

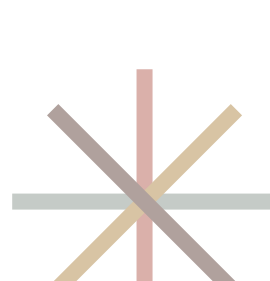
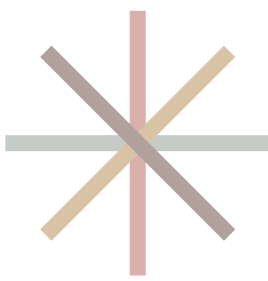
Although study interviews were conducted right up to end December 2018, further interviews are still being conducted and transcriptions and analysis still being done. Notes from the interviews are also being used for locating specific trigger incidents or significant issues that arose at the time. This report will provide some preliminary analysis of healthcare discrimination experiences. While the interviews were kept open-ended to ensure unbiased data there is clearly potential that the narrations can be influenced by the project purpose and the researchers position within the community. One way that this was handled was by addressing certain parts of the interview multiple times to see if the narration details changed. Several of the experiences narrated relied on the participant's memories in hospitals or clinics. The use of these memories as data is invaluable owing to their associations with the feelings of having had a "good" or "bad" experience. The recording of participant feelings was an excellent indicator on whether they considered their healthcare experience as being discriminatory.

This is not a quantitative study, the reason behind accessing data from multiple locations for so many individuals was to look for some basic patterns in different locations that may then be

investigated further. The point of the analysis is not to provide statistical data on how many experience discrimination, but on the nature and context of discrimination experienced by those within the LGBTQIA+ spectrum.

LIMITATIONS

The study does not propose to be a representative sample of the many gender and sexuality communities in India. The skewed sampling with the larger selection of MSM and transgender women's experiences indicates what direction further research should take, and the limitations of the current one. Asexual community members are still being recruited at the time of writing this report. Accessing individuals from within networks of organisations working with HIV also means that the study links to a certain experience of discrimination already recorded by the HIV prevention and treatment campaigns. While this does not reduce the value of the stories that are being told, it would be necessary to look outside these collectives to see what the experience would be for those who are not represented within such movements, which includes the concerns of female born individuals or cis women. The hope is that the presentation of this study will enable more female-born individuals, cis women, gender non-conforming individuals, asexuals, intersex individuals, and many others to recognise the importance of recording their discrimination experiences.





Demographic Profiles

Participants were asked questions that would be pertinent in helping formulate a social profile: their age, composition of their natal family, location and their current home (to understand migration status), education status and whether they studied in government or private schools/colleges, if they accessed government or private healthcare, their occupation, and relationship status. Some participants were open about their HIV status and discussed their experiences with respect to HIV medicine. A few participants, who, despite agreeing to the interview in the beginning, dropped out of the interview or did not answer any/or all of the questions, so the data is incomplete for them.

MIGRATION

Researchers visited 3 cities classified as tier-1; 9 classified as tier-2; and 4 classified as tier-3 (“tier” categories are being used only for convenience of illustration and are not indicative of urban/rural divides). Most of the participants in tier-1 were migrants, while there were fewer in tier-2 and fewer still in tier-3. There were around 60 migrants, both from villages to tier-2 or tier-3 cities as well as from all these places to tier-1 cities in our study.

NATAL FAMILY

A majority of participants who identified as transgender women did not live with their natal families. Of these, transgender women who did live with their natal family contributed to family finances, had regular contact, or were their family’s sole breadwinner. Similarly, female-born or assigned-female participants had little or no contact with natal families. Most male-born and assigned-male participants were either living with or had contact with their families.

AGE

Participants ranged from 18 to 65 years. Hopefully, this provides a helpful representation of LGBTHQIA+ people from across different generations and illustrates the similarity of their discrimination experiences.

EDUCATION

Most of our participants had some education, with many having graduated. But an equal number had either left before completing 10th or stopped immediately after. Only 2 participants had no education whatsoever. Poverty was listed as an important reason for the lack of education, especially when

dropping out early. Education by itself did not seem to show a significant impact on access to healthcare nor in the experiences faced, although poverty did determine whether they prioritised government or private healthcare. Gender expression or non-conformity was an important factor for the discrimination experienced within the education sector and this discrimination was often given as a reason for dropping out of school or early college.

OCCUPATION

Owing to the linkages with CBOs, many of the interviewees worked within such organisations as peer support or as outreach workers or other similar position providing HIV awareness for “MSM” and “transgender” communities. These have been combined together as “social worker” in our profile, owing to the fact that many of them actually perceive their work as that, and also communicate the same with their family members. There were a couple of transgender women who were unemployed as well, with at least one participant having lost her job due to her recent transition, and unable to find mainstream work. Seven of the jogappas who participated in the study spoke of doing “joga” regularly as a way to earn a living. This meant that they conducted religious worship (*pooja*) of the Goddess Yellamma, helped people make decisions (marriage, mediating trouble, good occasions, or help interpret why the Goddess was angry at them) etc. They earned money in this manner and sometimes received food rations. Often, they converted a room or corner of their

house into a temple and people visited on a daily basis or attended *poojas* and left money after worship.

RELATIONSHIP

A few of our male-born participants were in heterosexual marriages with women and several had children from these marriages. Almost none of these participants were open about their sexuality, or in some cases, gender identity, to their families. For those who were in heterosexual marriages, and for transgender women who were married to or in relationship with male partners and “presented as women”, we found that their “normative” appearance and relationships gave them an advantage of being perceived as worthy of healthcare access. More importantly, those who provided the service did not see these individuals as being “non-normative”.

HIV STATUS

Nine participants identified as living with HIV. Their experience at the anti-retroviral therapy (ART) centres (in government hospitals) was uniformly bad regardless of location, education, or any other status. Additionally, accessing government facilities was by and large considered ill advised for reasons such as:

- (a) not enough doctors,
- (b) doctors’ timings,
- (c) long waiting periods or queues, and
- (d) poor quality of care.

Expectedly, the disregard for government facilities reflected patterns found in the National Health and Family Survey (NHFS-4).

	Particulars	Numbers (n=185)
Age Range	18-23 24-30 31-35 36-40 41-49 50 and above Not disclosed/Unknown	37 64 33 18 12 8 13
Education	Up to 7th Up to 10th Up to 12th Diploma Graduate Post Graduate No Education Not disclosed/Unknown	27 21 18 12 49 18 2 38
Occupation	Unemployed Sex work (non-traditional) Traditional (hijra) occupation Social Worker Religious Service to Yellamma Student IT Industry Other/Not disclosed/Unknown	12 3 25 30 7 14 9 85
Self-stated Identity (Gender and/or Sexuality)	Bisexual man Double Decker (DD) man Gay man Gender non-conforming/non-binary Hijra Intersex born Jogappa Kothi Lesbian woman MSM Pansexual woman Queer woman Transman Transwoman Undecided / Questioning Not disclosed/Unknown	4 1 27 1 47 3 8 49 3 5 2 1 8 21 1 4
Relationship Status	Single Married With Partner Other/Not disclosed/Unknown	87 35 20 43
HIV Status	Sero positive	9
Table 2: Demographic Profile		



Emerging Themes

The Healthcare sector is still—despite its current avatar as a service industry where “clients” replaced “patients”—riddled with hierarchies that encourage serious inequalities. The social perception of any doctor (allopathic, ayurvedic, or others) as being a more valuable human, and therefore someone with high morals is a strong belief system. This in turn generates the perception that the doctor’s interests are in the betterment of patient health, that they are incapable of violating anyone, and therefore do not discriminate. But conversations with community members and earlier work (see Narrain and Chandran, 2015 and Ranade, 2009) on the attitudes of healthcare professionals shows that personal prejudice and traditionalist gender and sexuality frameworks continue to play a great part in professional practice. The result is that healthcare professionals become part of the many socialisation processes that enforce gender and sexuality norms. And, within such practice, the non-normative person can experience every comment, look, touch, diagnosis, and even treatment as discriminatory. Here are some of the themes emerging from

the preliminary analysis of the narratives illustrating this.

“EXPERIENCING” DISCRIMINATION

I don’t like it when the doctors ask me “Have you ‘moved’ with many men?” Why do they think all of us are like that?

Kothi participant

Usually there is only a doctor and a nurse in the ultrasound room, but that day there were three house surgeons watching. It was very intrusive. Then students were coming and asking, “What is this case?” All of this while I’m lying there. I was feeling very humiliated.

Transman participant

I was at the government medical hospital for a kidney stone procedure. The doctor made me remove my clothes and started pointing different parts while teaching his students. I felt so weird and embarrassed. I stopped going to government hospitals after that.

Kothi participant

Whether or not healthcare service providers see themselves as being biased

or view their actions as benign, non-normative people experience many of the situations in healthcare spaces as discrimination. This is shared with us in language that indicates feelings of hurt, shame, guilt, frustration, humiliation, embarrassment, anger, confusion, helplessness, shock, pain, or just the feeling of being judged for their bodies or identities. If healthcare spaces are designed to be safe for the “client” then any of these emotional reactions renders the space unsafe. Community members seem to agree that to a large extent healthcare spaces tend to be violent to those who are perceived to be non-normative. Neither privacy nor safety is prioritised for these communities by most services and being disrespected or dismissed and also being abused can be disempowering and prevent further health-seeking.

JUDGING BODIES, APPEARANCES, AND IDENTITIES

I went to the doctor for regular treatment, but she first asked me, “Why do you talk like a woman?”

Kothi participant

Every time I go to a gynaecologist, I get asked, “So, are you married? Do you have a boyfriend?”

Pansexual woman participant

The doctor looked at the results and said, “See, this is the problem, it’s called Androgen Insensitivity Syndrome. Now, if you want, we can make you female. Or male, if you prefer.”

Intersex-born participant

Every doctor I’ve gone to has been obsessed with my weight. I am happy with my body but the doctors insist on telling me how to lose weight.

Lesbian participant

After finding out that I’m gay, the doctor will just say “Ah, okay” and then he won’t touch me, he’ll not examine me, he’ll just prescribe tablets.

Gay participant

The doctor told me, “All of you are like that? Do you do it in the back (anal sex)? Doesn’t it cause you problems? Doesn’t it pain?”

Kothi participant

My two friends and I were walking to the discount pharmacy shop to get some medicines. The guy in the shop saw us talking to each other as we approached the shop. Our actions and gestures were very feminine. When I showed him the list of medicines I wanted, he very rudely said that nothing on the list was there and asked me to leave. He didn’t even bother checking.

Gay participant

The doctor asked me, “Why did you go to this man’s house?” So I told him that I went expecting a physical encounter (sex) but I wasn’t expecting to be molested. I never expected the encounter to happen without my consent. And then he said “Yeah, but that’s a risky behaviour you had undertaken, right?”

Gay participant

Healthcare discrimination experiences have to be unpacked within the social contexts that they take place. We believe that even in the healthcare sector the social sanction of homophobia and transphobia, misogynist patriarchal systems, deep-rooted beliefs about heterosexism and traditional gender binaries, all extract a heavy price from people, and communities, perceived to be non-normative. An unhealthy obsession of healthcare professionals with establishing “normal” bodies, genders, and sexualities, produces with it the privilege to decide who gets to be “normal” and who does not. In addition, such classification also encourages the belief that the service provider is not being discriminatory but simply offering support to someone who wants to be/ought to be “normal”. In such a scenario, anyone who enters a healthcare space as a non-normative body or gender automatically experiences an othering, beginning at the entrance. Further, non-normative sexualities within healthcare spaces are, again automatically, perceived as deviant or as inviting trouble. So it is no surprise that one important finding from the study was that *gender appearance and/or performance had a significant negative impact on the healthcare experience*. In fact, this stood out in the data regardless of education, occupation or age of the participant. Also, when clients are open about their sexuality, it will be used against them.

CONVERSION THERAPIES

I was drugged as part of her treatment—I 2 drugs every day. She convinced my parents to give me

electroconvulsive therapy to cure my feminine behaviour. This went on for 5 months.”

Transwoman participant

I was asked to stand around perfume shops and smell women’s perfumes and think of women. I was told to masturbate to fantasies about women. I was also told to pay special attention to women on the street as I walked ... Then I was told I was cured and I could get married.

Gay participant

(The psychiatrist) spoke to my parents and said, “We can make her more womanly, we just have to start hormone treatment”.

Transman participant

I was taken to a psychologist who used hypnosis to try to change me and make me womanly.

Transman participant

(This doctor) told my family that his tablets would make me masculine. I used to take three tablets every day.

Transwoman participant

(The doctor) said that it would have been okay if the patient were just gay, instead of bisexual.

LGBTHQIA+ Activist

Conversion therapies are still practised by many healthcare professionals around Southern India. Medical spaces reach out to clients who wish to convert from homosexual to heterosexual or offer treatments to those who do not identify with the gender they were assigned at

birth. Almost all such offers of treatment conflate identity and behaviour. If we consider gender and/or sexuality to be immutable identities then the offers of treatment that involve electro-convulsive therapy or orgasmic reconditioning to change behaviour is a contradiction that many professionals still fail to recognise. Secondly, prescribing hormones to make transgender identified individuals more masculine or feminine to match their birth-assigned gender has very little scientific value, and is a flagged unethical practice. The same holds for paediatric endocrinologists who, in collusion with surgeons and client families, intervene on infants or pre-pubertal intersex bodies.

In addition, many therapies for male homosexuals require them to fantasise about women both in private and in public spaces while walking down the street. They are encouraged to objectify or sexualise women's bodies to initiate heterosexual attraction. Such therapies reinforce existing sexist tropes about how heterosexuality can be achieved and maintained. They have proven to also lead to depression and high suicidality.

ORIGINS

(The doctor) said to me, "This is nothing big, it's just like cigarettes and boozing. If you want, you can let go of it easily."

Transwoman participant

(The doctor) told me, "You are living with dissociative identity disorder and one of your female

personalities is controlling your thoughts."

*Non-binary queer
intersex-born participant*

The doctor was treating me for warts. When I came out to him, he said, "Oh, you are gay? That's why you got this!" I kept quiet.

Gay participant

I went to him because I had a fever. But he said, "People like you will get all this..."

Hijra participant

In healthcare, along with the obsession of defining the "normal" is another about the aetiology of the non-normative. Rather than understanding the source of the distress making the client access healthcare, the professionals spend more time decoding why the client is non-normative and trying to link it to some psychological damage or behavioural pattern that can be corrected. The corollary to this understanding is that *cause* is also treated as *consequence*. This means that many healthcare professionals will suggest that existing psychological and behavioural problems causes gender and sexuality differences. At the same time, they also suggest that being different will lead to psychological or physiological illness. It's laid out as a trap from which non-normative people cannot escape.

Personal disgust at non-procreative sexual behaviour and moral outrage at non-normative identities is definitely not a benign position, nor does it aid in providing optimal healthcare, to say the least. Can you objectively provide

complete treatment to someone whose behaviour personally disgusts you? Can you provide affirmative medical assistance to someone you consider immoral? These are questions that are well worth asking healthcare providers.

POWER

The psychologist told me, “If you had come to me when you were fourteen or fifteen, I could have changed you, I have the *shakti* (power) to help you change.”

Gay participant

The doctor told us, “You have all the organs of a girl, so you don’t have any problem. You’re that (a girl) only. You do as I say.”

Transman participant

The doctor said that I should give up *homo-sex*, “We will help you get rid of it. You must think of girls only. If that doesn’t work, we’ll do shock treatment.”

Kothi participant

The doctor refused to treat the queer client we referred for STI and said, “He will go back and do it (anal sex) again.”

LGBTHQIA+ Activist

The counsellor told me, “Why do you want all this trouble? Just live like a man and be normal.”

Hijra participant

The doctor used the stethoscope and told me he couldn’t hear my heartbeat. I had to tell him I had silicone implants and that he had to place his stethoscope in between

my breasts. He said, “You shouldn’t put these, these are dangerous.” Another time, I had a stomach-ache and went to have an ultrasound scan done. I didn’t reveal my identity at any point. The doctor stared into the machine and was wondering aloud where my ovaries and uterus were. He didn’t ask me anything. He gave a report saying everything normal, including uterus!

Hijra participant

The doctor looked at us angrily, he said, “You people do this (anal sex). Don’t you have any shame? You shouldn’t do all this.” My guru said to me quietly, “Don’t answer back, he won’t give treatment otherwise.”

Hijra participant

As mentioned earlier, healthcare delivery has evolved into a service in India.

This has also transformed the doctor from a god-like figure to a service provider. But most non-normative communities have not experienced that transformation. The study narratives indicate that many doctors use their position of power to claim knowledge about the client’s concerns even if they have no experience with non-normative communities. Many times, these community members are not considered mature enough to have opinions about their own bodies or genders or sexualities and “infantilisation” of the client is a common occurrence. In addition, actual exhibition of power by healthcare professionals such as withholding treatment or pushing the client to accept their advice or diagnosis, leads clients to more self-doubt, lower

self-esteem, increased dependency, and fear of losing out on the opportunity to be “normal”. If these power hierarchies are added to existing social divisions like caste, religion, and class, the imbalance tilts the scale against any beneficial engagement with the healthcare sector.

The doctor there wouldn’t even touch me by hand. He would only touch me using the syringe.

Hijra participant

There was a lady doctor in the government hospital. When she found out I have sex with men she said, “You people have nothing better to do?” The lab technician over there refused to touch me to take blood for a test.

Hijra participant

The doctor wouldn’t even come close to the bed to ask me what happened. I was having chest pains as a result of the accident. He didn’t examine me, but stood far away from the bed and said, “Yes, yes, this is normal.”

Hijra participant

Unsurprisingly, there are resemblances to casteist and classist practices when healthcare practitioners deal with gender non-conforming clients. Repeatedly, many transgender women told the study that the doctors or other mainstream healthcare practitioners regularly refuse physical contact. Some of these transgender women belong to lower castes and could well see this as caste-based discrimination, but their appearance of being non-normative

genders becomes the first indicator of how they will be treated.

I had my first anal sex experience when I was 15. I was bleeding profusely so I was taken to the doctor. The doctor wanted to examine me, but I was scared to show because I thought everyone would find out that I had anal sex. But the doctor seemed to know what happened. He said nothing and gave me medication anyway. He was a good doctor.

Hijra participant

We took a kothi, who was wearing *saatla* (sari) at the time, to the hospital. He had been raped by 6 men and left naked to die. The hospital provided treatment but did not interact with him.

LGBTHQIA+ activist

It is useful to point out the contrasting instances of doctors who provide healthcare service without conversation. Although their personal opinions are unknown, these doctors seem to impress community members by doing their job efficiently, even if they are asocial about it.

FAMILIES AND ACCESS

My parents have spent more than a lakh rupees on different *poojas* in different temples to try and cure me after I came out as gay to them.

Gay participant

When my parents found out about me, they called a *hakim* and paid him to help me become manlier.

Hijra participant

My parents begged our pastor to pray for me so that I can change.

Transwoman participant

Families are typically the first source of violence for LGBTHQIA+ people. Whether dealing with their children's sexuality or with gender non-conforming behaviour, most parents make the situation worse emotionally and psychologically. Bullying and harassment oftentimes begins at home. Parents use religion routinely to provide some way of handling crises, further highlighting the otherness that these children already feel. Also, many LGBTHQIA+ children spend formative years praying to become "normal", so such religious interventions further feeds their confusion about their bodies or identities. The forms of religious therapy offered differed only in content, the end objective was similar to conversion therapy.

The doctor was only concerned with what my parents thought. Even when I was asking her a question about side effects, she turned to my mother and asked her what she thought about my transition.

Transman participant

I was 33 years old and the doctor kept asking me, "Are your parents okay with this?" Why should I bring my parents into this conversation? Am I not an adult?

Transman participant

The doctor told me, "You have a very feminine name for your appearance ... (points at my chest) You have such wonderful breasts. What would people not give

for that size! Why do you want to undergo all this? You need to undergo counselling ... You're so sweet. Don't you want to have a baby? You have such a pretty face. How difficult it must be for your parents. As it is women are so less, we are losing people like you to the male side. That is so sad. So interesting to talk to you. I have spoken to homos, but never spoke to somebody like you..."

Transman participant

Healthcare education as well as practice reinforces the heterosexual procreative family as a life achievement, so LGBTHQIA+ people find that their lives are easily considered unimportant or their opinions are dismissed because they don't have parental support. Many of them speak of being asked about marriage, husbands or wives, and children in medical settings and no questions about their actual desires. The only change in this has come from developments in the HIV and AIDS prevention healthcare sector. In some instances, removal of reproductive organs causes surgeons to be distressed on behalf of dysphoric clients. Agency over body, gender, or sexuality is always given to families, especially for female-born non-normative people. Ultimately, the expectation is that the patriarchal family structure has to be appeased and the healthcare professional adopts the role of the appeaser. The same family standards are followed in the context of gender expression and the "normal" body. People with gender dysphoria live with distress for most of their lives,

so a careless professional's explicit rejection of the dysphoria can trigger unnecessary trauma.

HIV AND ACCESS

I don't go to the ART centre because I don't want my family to know about my status.

Kothi participant

Both the government and the private hospital refused to do my hernia operation because of my HIV status. I went into depression and tried to kill myself two times.

Kothi participant

The testing and counselling centres don't always believe that a person is from the community, especially if the client is very masculine.

The people at the centre think that only feminine men are from the community.

Kothi participant

I told the doctor that my partner is HIV positive. His response was to say, "You're playing with fire!"

Gender non-binary participant

The doctor at the ART centre said, "You shouldn't do all this (be homosexual). If you do this, you'll get AIDS. You look like you can get AIDS." She told other people in the centre, "See, they are all like this. This is what they do. They have too many partners. They have sex for money too." She'd put on her gloves but still wouldn't touch us.

Kothi participant

HIV treatment, despite the advances in awareness within southern India, is still an area of concern for non-normative communities. The double stigma of sexuality and HIV are still bound together. Much has been written about the nature of this stigma in HIV prevention and ART treatment programmes across the world. In our narratives, we see a similar thread across southern Indian HIV prevention and ART treatment centres. Privacy is not valued and stereotypes about the people accessing these treatments are still common. Routinely, clients can be seen in long queues with faces covered by their kerchiefs or their saris waiting to receive their monthly supply of medicines. Into this mix are thrown those who present as non-normative to increasing hostility from both service providers and others standing in the queues. It is hard to be anonymous when you are non-normative. In addition, healthcare service providers are also adding to perpetuating the stigma through their own beliefs and actions.

It is useful to note here the significant role that complementary and alternative medicine (CAM) plays in the HIV prevention and treatment sector. The study found that participants knew of many centres practising ayurveda or homoeopathy that offered cures and treatments for HIV. While the participants recounted the treatments as failures, it does not dissuade them from accessing these. Many claim that the spaces that offered such treatments were far less intimidating and more

non-judgmental than most mainstream healthcare services.

VIOLENCE

The nurse rubbed my forehead with cotton very roughly without taking the glass pieces out ... I told her to stop but she just kept at it and said, "You people deserve this." Because of her I have scars.

Hijra participant

When my *gurubai* and I had an accident, we were rushed to the hospital. The doctors refused to see the fractures we had and said, "Nothing has happened, go away."

Hijra participant

He had to give me injection in my hips, and he started touching me all over. I asked him why he was doing that. He said, "What others are doing to you, I'm doing the same."

Hijra participant

Everyone in the hospital looks at us strangely. The doctors will make us wait for a long time and see us only after everyone else, even if the other patients came after us.

Hijra participant

The nurses at the government hospital are very rude to us community people and to HIV-positive community members.

Kothi participant

Some of the most disturbing narratives come from clients for whom the healthcare system has been violent in multiple ways. From refusing to touch community members to verbally

abusing them and even physically hurting them or sexually harassing them while providing medical assistance are experiences related by many, particularly hijra community members. The result of such humiliating experiences have often been a refusal to visit the service provider, whether a professional or an institute, ever again. How does one analyse violence in the healthcare space? In today's social context, doctors are concerned about being at the receiving end of violence (Reddy 2019) from angry relatives of patients who died in their care. Multiple strikes across the country have been carried out towards this cause. Lashing out at doctors for political lapses are also found newsworthy. But violence against persons for their perceived or actual gender or sexuality takes many forms ranging from the unrecognisable to the negligent and violent. These don't get front page or breaking news coverage. In addition to these, refusal to provide treatments, challenging the client's gender identity, ignoring the client's own experiences, and familiarity with their journeys, conflating all illness or accidents as being consequence of an immoral identity, are some other disturbing experiences that community members have spoken of within healthcare services.

SURGERIES

The compounder did the surgery a little after 10 a.m., I don't know where the place is because the auto driver took us through many small lanes. Half an hour after the surgery, we were told to leave immediately. I had to hold my urine

bag and we travelled back home the same day.

Hijra participant

They were painting the walls in the operation theatre of the hospital, so they did my operation on the enclosed balcony.

Hijra participant

I know friends who have had horrible experiences. I met another transman who went to a hospital for top surgery and five days after surgery his nipples fell off when he was having a bath. The doctors had told him that he can shower normally and now he has no nipples. He isn't financially stable to go for another surgery. I know many guys for whom the doctors don't do enough lipo and it looks like they have man-boobs. The whole purpose for the surgery is for a flat chest and you come back with small boobs.

Transman participant

The doctor said to the transman, "I will not perform hysterectomy for someone who has not enjoyed motherhood."

LGBTHQIA+ activist

The doctor is confused about why I want to get a vasectomy done? If I am okay with it, why do they have a problem?

Gender non-binary participant

In the context of gender affirmative therapies, the primary issue appears to be safety. Most surgeries, hormone treatments, or medical interventions

on transgender peoples' bodies were unsafe till recently. Several hospitals across south India have now become experienced at providing surgical intervention for transwomen. There are still not enough spaces where there is experience working with transmen. But surgical intervention on intersex peoples' bodies is conducted even before adolescence or before they develop a gender and sexuality identity of their own. Such surgeries are a stark contrast to the refusal by a few doctors to intervene in adult transgender or non-binary bodies, especially for removal of reproductive organs. In these situations, the family's (defined by practitioners as parents, future wives or husbands, or future children) opinion seems to matter to the professional.

In some cases where gender affirmative surgeries are offered by inexperienced or insensitive surgeons, experiences of violent side effects, body parts falling off, and long-term illnesses are also captured within the narratives. Community members who accessed experienced medical personnel found better results, but most times these services were located in urban areas or access was limited or beyond financial reach.

Further, while conversations around gender-neutral spaces within medical spaces are still beginning, transgender men and women have spoken of how they are routinely forced to be part of gendered-wards or toilets assigned to them on the basis of their biology and not their identity. Overall this led to most of our interviewees feeling very unsafe in any public medical spaces.

PRIVACY AND DIGNITY

The doctors call their students to come observe us without even asking if we're okay with it. There is no privacy anywhere and no sensitivity.

LGBTHQIA+ activist

I had a circumcision operation when I was young. I felt really embarrassed standing naked in the ward in front of so many people, doctors, nurses, and ayahs. Even today I don't like going to that hospital and if I see those doctors or nurses, I don't look at their faces, I look at the floor and walk away.

Kothi participant

If we are good looking, then the doctors have a different feeling, they are interested in you. They won't ask you if you want to have sex, they'll just touch you. If we are too dark or too thin or something else they won't even look at us. They'll sit away from us and just say take this tablet or that. That's how they treat us.

Hijra participant

We took a client with anal STI to the hospital. He was in a lot of pain, so we took him to the STI specialist. That doctor examined him and called for the surgeon. Along with the surgeon, two other people showed up, including a woman student. Now the doctor has to see the case right? He told the surgeon to go and pull down the pants and put his fingers in and check what is there. The surgeon

had his gloves on, so he checked with his fingers. Then the doctor called the woman and showed her too. The client was feeling so embarrassed, even to remove his pants he was looking here and there. And when the woman was there, he felt even more shamed. He couldn't say anything. He's a patient, they're doctors, he can't do anything.

LGBTHQIA+ activist

The concerns around privacy and dignity are repeatedly brought up in a few narratives. The experience of medical colleges, where healthcare professionals also have to teach medical students, stands as a sore point with most community members. They say doctors force them to undress and reveal their bodies and/or infections to students randomly called into the room without asking for explicit permission and thereby embarrassing or humiliating the community members. The experience is exacerbated when the case is considered "unique" (intersex or transgender bodies).

Documentation about healthcare spaces being unsafe for women has existed for many decades. The presence of people from some non-normative genders and sexualities in the same spaces seem to attract the same sort of attention. Protecting the dignity of the client vis-à-vis privacy and treatment requires an ethical approach to practicing medicine that is fully informed by community expectations of safety.



Conclusion and Ways Forward

The examples listed in this report illustrate the experiences of discrimination that non-normative people face in healthcare spaces and at the hands of healthcare professionals. The complexity of such experiences highlights the need to deconstruct how prejudice is taught and/or practiced in medicine.

The affirmative experiences related by participants in this study were found

There are many more examples that could further nuance the discrimination experiences of these communities and these will be elaborated in subsequent publications. But they all point to the importance of healthcare practitioners understanding these communities' health concerns without stereotyping them and presuming their gender or sexual behaviours and identities.

The affirmative experiences related by participants had two specific causes. The first was that the healthcare professional in these instances was already familiar with the community or had received some amount of training about them. The second was that the healthcare professional, even if unfamiliar with the community, simply performed their duties without judgment or conversation, an asocial response.

to have two specific causes. The first was that the healthcare professional in these instances was already familiar with the community or had received some amount of training about them. The second, as already elaborated earlier, was that the healthcare professional, even if unfamiliar with the community, simply performed their duties without judgment or conversation, an asocial response.

In a scenario where healthcare service providers want to promote client agency, medical intervention on non-normative bodies, or genders, and/or sexualities, has to be prepared with complete sharing of knowledge about procedures, and possible consequences, in order to obtain full and informed consent of the client.

Family input has to be understood in context and cannot take precedence over the client's own life-journey and identity. LGBTHQIA+ support groups cannot be undercut due to the benefits they provide communities in the form of safe spaces, support systems, and "alternate" families. At the same time, all families must be encouraged to access support to help understand their loved one's gender and/or sexuality journey.

Family input has to be understood in context and cannot take precedence over the client's own life-journey and identity. Healthcare professionals are obligated to build networks with community groups and other service providers and through regular collaboration, build confidence in healthcare delivery systems. The gender and sexuality spectrum is becoming more visible and public quickly and more experiences are being shared that indicate a need for healthcare service providers to be up-to-date with information.

LGBTHQIA+ support groups cannot be undercut due to the benefits they provide to these communities in the form of safe spaces, support systems, and "alternate" families. At the same time, all families must be encouraged to access

support to help understand their loved one's gender and/or sexuality journey.

Belief about what can be medicalised is changing rapidly. What was once pathologised, owing to problematic historic origins, are now being studied and declassified. International standards for studying wellness and illness have encouraged development of new criteria for measuring health, rather than going with traditional norms.

When LGBTHQIA+ people challenge these notions of the "normal" through their own lived experiences, it is hoped that the healthcare professional will not take on the role of a patriarchal enforcer of the norm and instead focuses on enabling health-seeking without judgment.

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Outcomes

This study continues to interview participants and hopes to build an archive of experiences that can help with developing a better understanding of healthcare discrimination. The current findings have already been disseminated through conferences, seminars, workshops, and CME programmes (see list).

An exclusive workshop was held for medical practitioners, students, and researchers to share the experiences collected and bring about changes in the way practitioners saw their own involvement in healthcare service delivery and also help senior medical faculty to adopt changes to the way healthcare is taught. Advocacy with healthcare institutions and curriculum boards across south India are also being conducted.

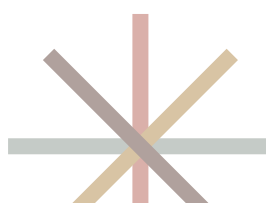
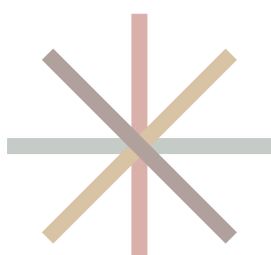
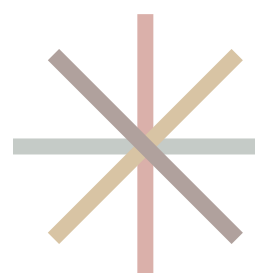
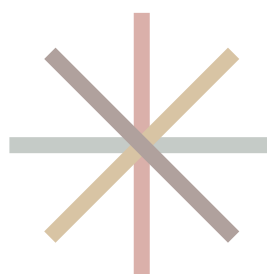
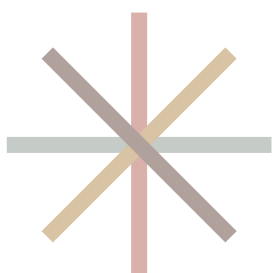
The following are the outputs delivered or committed from this research:

Dissemination programmes and reports

1. Preliminary report dissemination 28th-29th June 2018 in TISS, Mumbai.
 2. Preliminary report dissemination 4th November 2018, to medical students, Kolkata.
 3. Healthcare Discrimination Experienced by Non-Normative Genders and Sexualities in Southern India: A Preliminary Report (current document)
 4. Healthcare Discrimination Experienced by Non-Normative Genders and Sexualities in Southern India: A Study (Forthcoming)
- ### **Continuing Medical Education Programmes**
5. Presentation at CME on Gender Identities: Medico-Socio-Legal Aspects, at M. S. Ramaiah Hospital, 18th August 2018, Bengaluru
 6. Presentation at CME on Adolescence: Contemporary issues in the clinic and beyond, 15-16th March 2019, Department of Child and Adolescent Psychiatry, NIMHANS, Bengaluru

***Papers at Medical conferences
and workshops***

7. “Hegemony of the ‘Normal’: Healthcare Discrimination of LGBTQIA in Southern India”. Presentation at 14th WCB and 7th NBC, 6th December 2018, St. John’s National Academy of Health Sciences, Bengaluru
8. “Experiencing Medicine as Discrimination: LGBTQIA Narratives of Healthcare Discrimination”. Presentation at a panel titled “Transforming Gender and Sexuality Teaching in Medicine: An LGBTQIA Perspective” at 14th WCB and 7th NBC, 6th December 2018, St. John’s National Academy of Health Sciences, Bengaluru
9. “Experiences of persons with non-normative genders and sexualities”. Presentation at 5th Public Health Symposium: LGBTI Health, 9-10th March, 2019, Department of Community Medicine and School of Public Health, PGIMER, Chandigarh
10. “Community Experiences of Discrimination in Healthcare”. Presentation at Sexual and Reproductive Rights in India: Social Movements and Legal Battles, 14th-15th April 2019, Centre for Law and Policy Research, Bengaluru
11. Presentation at Workshop for medical students, healthcare practitioners, social science researchers, and others “Building Perspectives on Gender and Sexuality — LGBTQIA+ communities and Healthcare” on 10th August, 2019, NIMHANS, Bengaluru (collaboration between ACWS-TISS, Mumbai, Department of Child and Adolescent Psychiatry, NIMHANS, Bengaluru and Swabhava, Bengaluru).





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APPENDICES



An Exploratory Study of **Discriminations** based on **Non-Normative Genders and Sexualities**





Participant Information Sheet

TITLE OF PROJECT:AN EXPLORATORY STUDY OF DISCRIMINATIONS BASED ON NON-NORMATIVE GENDERS AND SEXUALITIES

This Participant Information Sheet (referred to as PIS) gives you important information about the research study. It describes the important details about the study including why it is being conducted, the need for your participation, the possible risks and benefits of participating in the study, the safety of participants and other concerns you may have.

Please take the time to review this information carefully. You are requested to ask for an explanation of any word you do not understand. After you have read the PIS, you are free to talk to the researchers about the study and ask them any questions you may have. You will be given a copy of the PIS and a signed informed consent document for your future reference.

Your participation in the study is completely voluntary. You have the right to leave the research at any time without giving reasons and without losing any benefits the study offers even if you do not participate in the study.

1. Who are we, the researchers?

The core team for this research is of activists, lawyers, and academics, each with extensive experience in working both with discrimination as well as in the area of non-normative gender and sexuality, among others. Many of us have been and are part of LGBT, queer and feminist communities and movements. We are all interested in understanding discrimination based on any direct or indirect expression of gender identity or sexuality identity that is not accepted within society because it is not the norm. This brought us together for this research which is being done through a project based in TISS.

2. What is the study about?

This study aims to collect stories of experiences of 'discrimination' faced by people because of the fact that there are set norms around gender and sexuality in society. These could be people who identify as transgender, queer, lesbian, gay, bisexual, hijra, or any other specific identities not recognised in the two gendered heterosexual world we live in. This could also be people who may not themselves identify like this but may be perceived as any of these and hence

discriminated against. It could also be people who – regardless of how they identify or how they are perceived – exhibit behavior that is seen as against the norm.

While trying to understand what happens to certain individuals, we also want to look at the ways in which different kinds of institutions actively or passively allow such discrimination through the practices that they establish on the basis of norms of gender and sexuality. These institutions include families, medical institutions, political groups, educational institutions, workplaces, public places including public services, housing, and many more.

Through our research we are trying to understand how individuals perceive and understand discrimination and also find ways to cope with it. We are interested in not just actual incidents but also the ways in which fear of being different is created and kept alive through established norms and practices within institutions. For example, if a child perceived as “different” on the basis of their gender expression is bullied, we see this as a relevant incident of discrimination regardless of whether it is named as such by anyone involved. In our understanding, even if there is no bullying, the fear of the possibility of being bullied is also part of discrimination in the environment of the child and needs to be documented.

Finally through the process of this research we hope to evolve a more nuanced understanding of discrimination around gender and sexuality, and also see its intersection with other

marginalisations like caste, class, ability, ethnicity, race, religion, region, age, etc.

3. *Why are we focusing on this?*

Some research has been conducted on discrimination experienced by other marginalised groups like women, differently-abled people and those belonging to different castes. But there is very little work in relation to discrimination faced by people who have non-normative genders and/or sexualities even though there is evidence that this discrimination and prejudice against these communities and groups exists even in the most respected institutions in India.

For example the Supreme Court ruled, on 11 December 2013, that Section 377 of the Indian Penal Code (which criminalises 'unnatural' sex) should not be removed because people who have non-normative genders and sexualities were a ‘miniscule minority’ and did not experience discrimination from the police or any one else. We know that this is not true because we have seen so many such individuals across the country experience harassment from the police, aggression from families, or blackmail from those trying to exploit fear of the law.

We hope that this compilation will help understand this discrimination along with that due to other axes of marginalisation. We also hope to create a data base that will help build mechanisms to address discrimination through State policy as well as in the processes of social change.

4. *How relevant/important is the information being collected to the participant or to the community?*

Since the study aims to create a data base of personal and/or public experiences of discrimination, we acknowledge that this information is extremely important and relevant to both, the participants in the study and the society at large. By sharing such stories from around the country we hope to initiate a serious conversation around discrimination. The expectation is that this research will lead to more such work and will eventually result in nation-wide campaigns against all forms of discrimination. We hope that in the long run the findings of this study could also give shape to anti-discrimination policies for different marginalised communities in India. All these results can have an impact on the lives of participants in this study and the community at large.

5. *Who will be part of this research study?*

This process of collecting data is being done using different methods suitable for the site that is being studied. So some of us may talk to individuals or groups of people who—either personally or publicly — are considered non-normative in their gender identity or sexuality identity. Others may speak to groups that may primarily work with other marginalisations to see how gender and sexuality intersect with these. Yet others may use other methods of mapping which may look at existing data from a different perspective. We expect a diverse set of people participating in this research. It is

important to note that participating in this study does not mean that we make any assumptions about your gender or sexual identity, or that we are only looking to include LGBT identified people.

6. *How long will we need your help for the research study?*

There will be variation in the length of involvement and we can make it clear to you during the consent process which general time frame is applicable to your involvement. Involvement can be as simple as a single interview over a few hours, or attending one focus group discussion. It can also be a series of interactions and more detailed interviews over multiple sittings for some participants depending on the need of the study and the willingness of the participant.

7. *What are the possible risks and inconveniences that you may face by being in the research study?*

Participating in this research study means sharing personal and/or public experiences of discrimination that some of you may have gone through in your life because of your gender identity or sexuality. Talking about these experiences may trigger bad memories leading to sadness, depression, confusion, guilt, embarrassment or similar feelings. You may be concerned that sharing these experiences might get other people to look at you differently or treat you differently. You may be worried that sharing these stories might put you at risk from the police, your employers or other authority figures. We wish to assure you that maintaining confidentiality will be

central to our methodology. We also will make sure that we are able to reach out with support from organisations, support groups, and counsellors, if needed.

8. What are the possible benefits of being in the research study?

There are no financial or other material benefits for being in the research study. However, the process of sharing some of your individual or collective struggles may actually help you gain some confidence. Additionally, we are hoping that the findings of this study will bring attention to discrimination amongst communities marginalized based on gender and/or sexuality and this will in turn support a nation-wide campaign and thereby help develop anti-discrimination policies in the country. All these results can have a positive impact on the lives of participants in this study and the society at large.

9. How will privacy and confidentiality be maintained?

The following procedures will be used to protect the confidentiality of the study participants. Firstly, no identifying markers of participants are being collected. This includes any identifying markers of their location, institution or neighborhood that could indirectly lead to identification. Any records, audio interviews, written transcriptions, focus group minutes or reports and any codes developed by the interviewers to identify the data will all be kept on password protected computers and is accessible only to the interviewers and the principal investigator. All print outs or physical

records will be kept secure under lock and key inaccessible to anyone apart from the researchers themselves. Focus groups or participant interviews will not be recorded, photographed or videographed without explicit permission. Focus group participants are also expected to sign a consent form wherein they promise to be responsible for the confidentiality of the group discussions that occur.

While using the material collected from the study we shall make sure that your information is anonymised in the way that you would want it. We shall not use this material for any purpose other than the study outcomes itself. In case we use it for anything else, we shall take permission from you again for this.

10. Will you have to bear any Expenses or Costs by participating in the research study?

You do not have to bear any expenses or cost for participating in this study.

11. Whom do you call if you have questions or problems regarding rights as a participant?

Please contact any of the following individuals if you have any problems or questions regarding the study.

Name of Principal Institution: Tata Institute of Social Sciences, Mumbai

Principal Investigator: Dr Asha Achuthan.



Consent Forms (I)

(Regional translations also available)

INFORMED CONSENT FORM FOR PARTICIPATION IN A RESEARCH STUDY INTERVIEW

I _____ have read the participant information sheet for “An Exploratory Study of Discrimination Based on Non-Normative Genders and Sexualities”.

The information contained in the participant information sheet regarding the nature and purpose of the study, my safety, the study’s potential risks and benefits, expected duration and other relevant details, including my role as a study participant have been explained to me in the language that I understand. I have had the opportunity to ask queries, which have been clarified to my satisfaction.

I understand that my participation is completely voluntary and that I have the right to withdraw from the study at any time without giving any reasons for the same.

I understand that the information collected from and pertaining to me during the research study will be kept

confidential. I have also understood that since I will be sharing important information during the interviews and may share relevant documents or records, representatives of ethics committees or others may reach me to confirm the information. I hereby give my consent willingly to participate in this research study. However, I understand that the representatives of those referred to conduct the verification are also bound by the confidentiality clauses presented herein. By signing this document, I give permission to these individuals for having access to my records.

I hereby give my consent willingly to participate in this research study.

For limited or non-readers: I have witnessed the consent procedure of the study participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Participant Name	Participant Signature/Thumbprint	Date
Name of Person Administering Consent	Signature & Date	Witness Name, Signature & Date



Consent Forms (2)

(Regional translations also available)

INFORMED CONSENT FORM FOR PARTICIPATION IN A FOCUS GROUP DISCUSSION

I _____
have read the participant information sheet for “An Exploratory Study of Discrimination Based on Non-Normative Genders and Sexualities”.

The information contained in the participant information sheet regarding the nature and purpose of the study, my safety, the study’s potential risks and benefits, expected duration and other relevant details, including my role as a study participant in the Focus Group discussion have been explained to me in the language that I understand. I have had the opportunity to ask queries, which have been clarified to my satisfaction.

I understand that my participation in this Focus Group Discussion is completely voluntary and that I have the right to withdraw from the study at any time without giving any reasons for the same.

I understand that the information collected from and pertaining to me will be kept confidential. The process how the study will maintain confidentiality and protect my identity has been explained to me. I also understand that during the Focus Group discussions, I might hear information from other participants that might be of a confidential nature. While the researchers will ensure that such information is kept private and secure, I understand that I am also responsible for keeping what is said within the discussions completely confidential.

I hereby give my consent willingly to participate in this study’s Focus Group Discussion.

For limited or non-readers: I have witnessed the consent procedure of the Focus Group participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Participant Name	Participant Signature/Thumbprint	Date
Name of Person Administering Consent	Signature & Date	Witness Name, Signature & Date

Mainstream discourse on “**non-normative**” **genders and sexualities**—for e.g., lesbian, gay, bisexual, transgender, hijra, queer, questioning, intersex, asexual, and others (LGBTHQIA+)—is often around direct violence or in epidemic illness contexts. **Discrimination** of these populations by state and non-state actors has not been looked at seriously.

Following the reading down of Section 377 of the Indian Penal Code (IPC), the debate has shifted from **de-criminalisation to anti-discrimination**. However, there is still not enough work in relation to **systems and structural contexts of discrimination** faced by persons of non-normative genders and sexualities. In addition to “recognised” marginalisations such as gender, caste, and disabilities a discourse on discrimination has to include these populations.

The aim of this study was to undertake research to create an extensive document on discrimination faced by people from non-normative genders or sexualities. In doing so, the study looked not just at self-identified individuals but also at actions, environments, and institutions where discriminatory practices are based on enforcing gender and sexuality norms. The teams studied experiences of discrimination in five areas: **Education, Housing, Political Formations, Public Spaces, and Health**.

The study viewed discrimination not just as incidents or moments of certain kinds of conduct or behaviour, but also as perceptions of vulnerability that such conduct could cause, and the structural conditions that implicitly or explicitly institutionalise such conduct.

The study paid equal attention to the presence, nature, and form of discrimination as with the diverse strategies used by people of non-normative genders and sexualities to cope with and celebrate their lives, despite discrimination.

For more information, contact:

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