A People Stronger

The collectivization of MSM and TG groups in India

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AMALTAS :: HUMSAFAR

Is jahaan ko rashk-e-jannat hum karengey ek din
Jinka ye imaan nahieen aison ko jannat chahiye

We will make this world the envy of paradise one day
As for the doubters, they will have to endure heaven.

Firaq Gorakhpuri

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BSS	Behavioural Sentinel Surveillance
CBO	Community Based Organization
DFID	Department for International Development
HIV	Human Immunodeficiency Virus
IBBA	Integrated Biological and Behavioural Assessment
INFOSEM	Integrated Network for Sexual Minorities
IPC	Indian Penal Code
KII	Key Informant Interview
LGBT	Lesbian, Gay, Bisexual and Transgender
MSM	Men who have sex with men/ males who have sex with males
MSW	Male Sex Worker
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NGO	Non Government Organization
NFI	Naz Foundation International
STI	Sexually Transmitted Infection
SWAM	Social Welfare Association for Marginalized Men
TG	Transgender
TI	Targeted Intervention
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
WHO	World Health Organization

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A foreword

I am delighted to write a foreword to this document. Over the past months, I have spent many hours and days getting to know some of the nicest people I have met. A people made stronger by an extraordinary journey.

In November 2009, UNDP called for proposals to undertake a documentation of the collectivization and mobilization of sexual minority groups in India. While we were very excited by the call, we were well aware that the task itself was daunting. Nevertheless Amaltas, an organization with expertise in qualitative research, methodology and documentation put in a proposal in partnership with the Humsafar Trust, an organization that not only is of the communities addressed, but has had an important role to play in the collectivization and mobilization efforts in India. Discussions with the UNDP made it clear that the remit was to cover the MSM and TG communities. It was to address the processes that *these* sub-populations had undertaken in their journey of collectivization and mobilization rather than the full range of the lesbians, gays, bisexuals and transgenders (LGBT) that make up the "rainbow people".

There is little writing on this area, very little of it published, and documents had to be sought in libraries of NGO and CBO working in this space. Many of the documents that we were able to access discussed other aspects of LGBT life, yielding few direct insights into the area of collectivisation or mobilisation. It was plain that much of the history of the past 40 years has been experienced but not written up – it exists primarily as an oral history of the various actors on the vast stage of the social movements in India.

We realised that if we were to capture this history in any complete manner, we would have to speak to people about it. We would have to capture the priceless nuggets of remembrances, daily occurrences and events that those of the communities experienced, as they grew the movement with the sum of their labours.

So the methodology that we adopted was heavy in consultation. We spoke to those of the community through open space technology workshops designed to draw out what those who participated thought most important. An attempt was made to get representation of NGO from the entire country through two workshops of about 30 persons each held in January and February 2010. The invaluable inputs that we received were supplemented with key informant interviews with a wide range of

actors and covered a broad discussion of the movement and the role of their organisation in it. Over 35 interviews were held in January through March 2010.

This was done using the good offices of the Humsafar Trust and under the aegis of INFOSEM. We were received warmly wherever we went, and people spoke freely and frankly with us – and with only one or two exceptions, on record. This document would not have been possible without the people who gave so generously of their time and goodwill. We have tried to be faithful to their inputs and to reflect the journey as they described it. We have spent a lot of time reading, speaking, learning, discussing, consulting, understanding, reading again and writing this document. It is a document that demanded to be written – beyond the terms of reference from UNDP and beyond too, the remit of the typical requirements of documentation.

One of the main difficulties we faced was the terminology to use to describe the spectrum of identities that mark the space. We came across terms such as gay and kothi and kinnar and hijra and a myriad of others. Many of them have their roots in an ancient history, yet others were a modern day description of identity and orientation. Yet what we are trying to describe was the collectivization of all who described themselves in these ways. We explored the options that we felt at various times to be the best possible to capture the spectrum, while keeping the sense of 'one' that these communities were clearly aspiring to be. In the end, we have fallen on the terms used by the government to describe the communities, and which have in some ways aggregated the other terms and assimilated them – MSM or men who have sex with men and TG or transgender.

We have benefitted greatly from a review of the document by eight peer reviewers who went through it to correct, suggest and add to its richness.

In closing, let me say what a wonderful passage it has been. It has been fun – easier than it had any right to be - but we were a great team, my colleagues Pallav Patankar from the Humsafar Trust and Sangita Dasgupta and Minati Sinha from Amaltas. I know that my teammates join me in thanking those who gave of their time to us. We have grown also in this incredible journey and become more than the persons we were.

Suneeta Singh

07 December 2010
Delhi

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Summary

The discourse on sexuality – and alternate sexualities – in India's public space has grown in volume, and in recent times, those who practice same sex relations have become more visible. Among these are groups of people who roughly fit into two terms, which are commonly in use – men who have sex with men (MSM) and transgender (TG). They continue to experience discrimination – in the family, in the eyes of the law and in society at large – for not conforming to conventional heterosexual behaviour and/or norms of gender identity. But they are also vulnerable in a dangerous way since the advent of HIV and AIDS. The facts regarding HIV and AIDS cannot be wished away: in 2008, an estimated 2.27 million people between the ages of 15-49 years were living with HIV in India.

The United Nations Development Programme supports the current National AIDS Control Programme in reaching those vulnerable to HIV. It is to this end that UNDP commissioned this study which traces and analyses the growth of community collectivization among sexual minority groups in India, specifically the MSM and TG. The study reflects the multiple narratives of these communities by combining literature and data analysis with the knowledge of peer-based organizations and delves into information received through in-depth key informant interviews and consultations with members of numerous organizations.

The basics of gender and sex The study goes back to basic concepts – such as gender roles sexual identities. These concepts become concrete within the powerful Indian the family, which idealizes heterosexual basis of marriage. Ideas of what it means to be masculine or feminine grow out of this rigid convention. Same sex relationships are shame taboo. Not surprisingly, the majority of those practising same sex behaviour keep their sexual behaviours and identities secret from their families. But data on sexual debut and premarital sex among Indian males shows that early sexual experience does involve same sex relations. This is one of the first of many disconnects the study reveals.

The study then goes through an exercise of *naming* the same sex behaviours that MSM and TG assume – it elicits typology and terminology out of debates on sexual behaviour, orientation and identity. In this process, it finds that sexual behaviour is governed by social rules that are specific to each culture. Personal acceptance of gender and orientation is as crucial as the public assumption of behaviour and identity. It finds that sexual orientation can be seen as ranging along a continuum

from exclusively heterosexual to exclusively homosexual, which set against the degree of social organisation that the sub-population exhibits, yields important insights into the structure of this space.

Typology and terminology We go on to consider who MSM and TG are. There are no easy or clear answers. The term MSM is widely used in programmatic and policy setting circles. But some say this cannot describe a person's orientation or identity, since it refers only to behaviour. Many terms are used to describe the permutations and combinations of same sex sexual behaviour, orientation and identity, and all describe the person behind the label, inadequately. There is also debate about who exactly can be classified as TG in India of which the hijra are arguably, the largest group. Many local Indian terms are drawn from hijra vocabulary.

Drawing conclusions about orientation can be tricky in a culture where it is acceptable for members of the same sex to display affection in public. When such a 'homosocial' culture has large migrant populations, there is 'situational homosexuality'. Moreover, because of the ambiguity that forms part of the social folklore around notions of same-sex attraction these are often treated as non-serious, even by those who are so attracted. And therefore, even when people indulge in same-sex sexual activity, it is often defined as a game or play or sport. It then becomes quite difficult to link homosexual behaviour with either orientation or identity.

A great effort is underway to define these shifting constructs and phraseology. The study journeys through this situation of flux with the help of an identity/behaviour model to address labels arising from identity, sexual behaviour and sometimes because of profession.

Historical underpinnings Historical evidence in India clearly indicates a familiarity with same sex relations. There are the more striking examples – the Kamasutra and the explicit imagery of same sex eroticism on temple carvings. But there are also less known examples, such as the reference to a third gender, the 'Tritiya Prakriti' in the Ramayana and the Mahabharata. The Vedic period is of importance as it marked the beginnings of the proscription arising from an ascendancy of the masculine role in society. Such familiarity continued through the medieval period – with same sex love being celebrated by poets, and eunuchs often playing an important role in the court. There was disapproval too, of course; but all in all, within the larger mainstream traditions in India, homosexuality was traditionally treated with tolerance.

Things changed in the colonial period. Legal approaches tried to exterminate homosexual behaviour through the sanction of law. For example, Section 377 of the Indian Penal Code enacted in 1860 prescribed imprisonment for voluntary carnal intercourse 'against the order of nature' and was interpreted to prevent homosexual associations. Acts such as The Criminal Tribes Act of 1871 officially 'criminalized' eunuchs as they had come to be termed.

Free India sought to redress discriminations. With independence, the constitution obliges non-discrimination based on caste, creed, language and gender and the assumption of human rights. But sexual minorities have had to mobilize for their rights to become a reality.

This is the historical background against which the changes of the seventies and eighties have to be viewed. But in a shorter horizon, there are momentous events – modern discourses on identity and rights – that have paralleled the efforts of this people.

Parallel events Growing urbanization and industrialization led to cracks in the impregnable façade of the Indian joint family and heralded the search for alternate social structures. From the fifties, noteworthy movements in India have asserted identities and campaigned for rights. And the learnings from these debates on caste, language and women, helped sexual minorities explore the means of expressing their sexuality and then their sexual identities. In the eighties, early days for the movement in India, there was a quest of evidence of homosexuality. The new discourses on sexuality explored a variety of experiences so that clear-cut categories of 'homosexual' and 'heterosexual' were discarded. Sexual behaviours that did not conform to conventional 'penetrative heterosexuality' were addressed – and the term 'alternate sexualities' began to be used. Expressing an identity based on sexual orientation did more than assert the right to certain sexual behaviour. Its claim rested on a *collective* sense of identity based on sexual preference and orientation. It was the nascent assembly that would coalesce at the much later date into a sense of community.

How did these changes of perception come about? In the aftermath of the Second World War, evidence of social change in the West included gay organizations that began to mobilize to create a movement. The aims were greater visibility, recognition, and legal rights for homosexuals, and activism ranged from fighting police harassment to the subsequent Pride Parades. With the emergence of AIDS in the early eighties, the activism of the gay liberation movement ebbed. By the beginning of the millennium, gays, lesbians and TG were recognized minorities in the West.

Reaching India The Indian diaspora in the West reacted to these events in their own voice. It found a resonance in India where publications – such as the first gay and lesbian magazine, *Bombay Dost*, and the report *Less than Gay - A Citizen's Report on the Status of Homosexuality* – appeared. Activism such as protests against police harassment and a challenge to the law through a demand to repeal Section 377 of the Indian Penal Code began. Early modern expressions of homosexuality in India can be found in Ismat Chugtai's story *Lihaf* of 1941 and in Shakuntala Devi's pioneering *The World of Homosexuals,* published in 1978.

Nonetheless, this shift in the way homosexuality was perceived did not move easily to India. Here was another disconnect: although India has always been aware of her sexual minorities, tolerant even, issues of alternative sexualities have rarely been articulated. So it was, while modern day India grappled with other complex social changes that the sexual minority movement arrived in the eighties. The early days of the movement mainly involved ways and means to develop some sort of ideological discourse; and, most important, simple collectivization in the form of safe places or support groups. These support groups, organized around the concept of a club, were set up so people practicing same sex love could meet in a safe space.

The situation among the TG was different. The TG took a while to recover from the body blow delivered by the Criminal Tribes Act. The criminalization of hijra and social apathy toward them made the community grow more inward. There were almost no support groups for the TG in the eighties and nineties.

Then, with the advent of HIV, the needs of the sexual minorities took on a newer and sharper edge. It was evident that a viable framework of support had to be constructed with the involvement of the groups themselves. The ebbing activism of gay liberation was replaced by health-based activism of a much greater magnitude for the prevention of HIV and AIDS amongst the gay community. An important outcome of the shift was recognition by public health authorities that little could be done to prevent HIV and AIDS among the communities unless their issues and rights were concurrently addressed. Interestingly, this shift of focus from claims of rights to claims of health had the contrarian impact of reinforcing rights within the policy frameworks of governments.The surge of funding for HIV prevention and care resulted also in a remarkable growth in the number of community based organizations since the nineties.

Routes to collectivization How did such organizations respond to the needs of the sexual minority community? Some organizations addressed in the first instance, the imperatives of high risk sexual behaviour, others of civil/human rights. But their goals were the same. The former took sexual health issues as the basis, shaped its

agenda around addressing risky behaviours, and used such intervention as an entry point to wider issues. The latter engaged with civil/human rights issues, seeking to empower these sub-populations to take control of their own sexual health problems. Both processes form an important part of community collectivization and mobilization and have led to gains.

Thus collectivization of the MSM now took place largely through community based organizations which had become the new form and locus of activism – doing everything from offering counselling and safe spaces to promoting safe and healthy sexual behaviour. Increasingly therefore, it became clear over the first decade of the new millennium that a move had to be made toward a larger platform. This is how networks of community based organizations came about – with the specific aims of capacity building with a focus on human rights, HIV and AIDS and fund raising; and the overall aim of uniting the resources and efforts of the various member groups.

In the case of the TG, the route was different, and so was the destination. Hijra have traditionally had a strong, tightly knit community which functioned in some ways like a family. But despite the strength that the hijras could derive from the traditional community setup and their age-old cultural sanction, the hijra became cut off from the mainstream for various reasons. The most important of these was their being 'criminalized' through legal acts during the colonial period. Constant surveillance, the threat of criminal action, prejudice and social intolerance, lack of educational and employment opportunities all combined to trap TG in a vicious cycle of isolation, poverty, degradation, exploitation, and violence.

In response to their demands for their rights, there have been some state responses – as in the case of Tamil Nadu where the Aravani Welfare Board has been set up, and some civil rights successfully gained through, for example, rations cards and voter ID cards. A similar TG welfare board has now been replicated in the state of Karnataka. The major step forward has been the fact of being recognized as neither male nor female, but as TG. So the need was not collectivization in the same sense as in the case of MSM who do not have a community. What the TG need is mainstreaming into the larger community. Again, community based organizations have also addressed the various needs of TG including that of a healthier community.

The HIV challenge By 1986, HIV had 'officially' arrived in India. The HIV epidemic in India is now just under 25 years old and is counted among the country's most serious public health problems. The National AIDS Control Programme has as its main focus, the prevention of new infections. If prevention is the focus, the logical

question is: what determines the spread of the virus? The transmission mode seems to result in the epidemic being clustered among certain groups who are vulnerable – for example because of their sexual behaviours or their exposure to unsafe blood. In fact, HIV prevalence among these high risk groups is 6-8 times higher than among the general population.

NACP had identified MSM as among these high risk groups, and funds became available to implement interventions. Community based organizations mushroomed. Terms such as gay, kothi and hijra emerged into the common consciousness. Also, MSM, previously a label for sexual behaviour, began to be used as an identity. Much of the community organization in the post-HIV period involved service delivery for the prevention of HIV and AIDS. This also meant official acceptance of the existence of MSM in Indian society.

Government reports that the coverage of the MSM sub-population with prevention services is now quite high. However, MSM groups routinely dispute the official estimates of the denominators that have been made at the start of the present phase of the NACP. The current phase of NACP faces a tremendous challenge in meeting its goals. The numbers of the vulnerable are large: the number of MSM at sex sites for the whole country is officially estimated at 2,352,133 and that of male sex workers 235,213. There are no separate official estimates of numbers for TG. But estimating numbers is not enough. The findings of various behavioural surveillance surveys indicate that MSM and TG groups are highly vulnerable to infection through the practice of unprotected anal sex. Reducing the risk on the ground requires a wider net that will address vulnerability from the ramifications of male-to-male sexual behaviour.

This is a reality, but it is not the only reality. Many self-identified MSM also have sex with women and the chain of infection thus adds more links. Again, the official target of prevention intervention among MSM is the receptive partner; but the findings indicate that roles are not always clearly defined or predetermined. The MSM category itself is a heterogeneous one and includes those who engage in male-to-male sex but may not consider themselves homosexual, bisexual or MSM. Thus the behaviour of male-to-male sex does not involve a separate and isolated sub-population which can be easily identified and targeted. Given this complex reality, there has been a mismatch between needs and programmatic interventions. Bringing needs and responses together is, clearly, the way forward. And the MSM and TG groups themselves have to be closely involved – given that community action is the foundation on which a movement is built.

A nascent mobilization There are some constraints to community action, however. In the case of the hijra, there is a strong existing community; but action must work toward two ends – mainstreaming into the larger society, as well as supporting reforms that seek to create greater internal cohesion within the community. The MSM case is different – for the purpose of intervention, it is easier to treat the group as a network rather than as a community. Coming together on a common platform has been difficult, and so it has been hard to chalk out a common agenda.

Multiple divisions dominate both MSM and TG groups. Such muddled relationships among the MSM is made worse by group rivalries and identity politics, especially in view of HIV and AIDS funding. This flow of funds has presented many opportunities – official recognition, and a growth in organizations that combine the objectives of taking forward the discourse on same sex sexuality, while providing safe spaces, promoting and advocating for rights, and providing health services. But funding has also altered the nature of collectivization by linking it with the availability of funds. Equally, there has been discomfort with MSM as 'the new identity'. A term denoting a behaviour has become an umbrella term to accommodate various groups such as kothi, gay, panthi, giriya and parik.

Regardless of terminology, the history of the sexual minority movement has been witness to various ways in which MSM and TG groups have been excluded from the mainstream – from the difficult process of 'coming out' to social and legal discrimination to harassment and violence. But examples of inclusion are growing. Many positive role models from the MSM and TG groups have not only inspired others like them, but also taken the discourse on homosexuality beyond sex. The state, the courts and the media have also contributed to the process, as have events such as Pride marches, and film festivals, and the other queer cultural and sports activities.

The way forward, then, consists of a range of policy and advocacy issues – from social protection to changing the legal environment. The Delhi High Court judgement on Section 377 of the Indian Penal Code was only a beginning; the ruling has now to be examined by the Supreme Court, and perhaps require Parliamentary consideration. At the same time, people have to question the conventional norms of the social structure. Welfare issues remain to be addressed – such as the need for change in the life of the TG, both within and outside their community. And inevitably, we return to the seriousness of their vulnerability to HIV.

In the ultimate analysis, the critical need for a response to HIV must not obscure important issues of the MSM and TG such as acceptance within the constitutional framework of their existence as citizens of the country, equal in dignity and in

rights, having the same sovereignty as other citizens and of the same realization of their social identities. On the road they are travelling to social acceptance and better health, there is more than one challenge. But there is evidence that collectivization has made a difference in reducing discrimination and increasing acceptance within the mainstream, while guaranteeing services and a chance for a healthier life. But for such success to be expanded, further mobilization around a common agenda is required. Common purpose is the way to social acknowledgement and entitlement.

92.7 Big FM Delhi station 8 Apr 2010 :: Radio interview with Lakshmi Narain Tripathi, DAI Welfare Society, Mumbai

Jockey: 'Lakshmi, we have called you today to ask how you felt when you were recently asked to leave a party you had been invited to at the Bombay Gymkhana Club.'

Lakshmi: 'It was very strange. My host and I were asked to leave the party and wait in an anteroom. The Secretary of the Club came in and told my host that I have to leave immediately, otherwise his club membership would be withdrawn.'

The Times of India 8 April 2010 :: Interview with Prof. S. R. Siras, Aligarh Muslim University

'I spent two decades here. I love my University. I have always loved it and will continue to do so no matter what. But I wonder if they have stopped loving me because I am gay…'

Srinivas Ramchandra Siras, Chairman of Aligarh Muslim University's modern Indian language department, was suspended for allegedly having consensual gay sex. He was later reinstated, although he continued to receive threats and crank calls. On 7 April 2010, he was found dead in his house under mysterious circumstances.

The Humsafar Trust website 5 April 2010 :: 'We can love but cannot claim our love…'

Jai showed up at the Humsafar Trust in 2001, desperately needing reassurance that it was okay to be gay. He met Ravi and they fell in love. Jai tested HIV positive in 2004, and about three weeks ago Jai was admitted to hospital. Things grew worse, and Jai passed away on a Sunday morning. Ravi's world came crashing down. At this point, Jai's family turned up and took charge, and Ravi became nothing. Ravi was devastated, he was mumbling words, trying to say that Jai belonged to him and he was not even allowed to light his funeral pyre.

The truth is that the Ravis in this world can love but they cannot claim their love. Jai belonged to Ravi and it was Ravi's right to say the final goodbye to his love….

Lakshmi, Srinivas and Jai whose stories demand that we acknowledge their rights to live and love as they choose. Three of the many who look ahead and think: Maybe someday we will make it happen.

Chapter 1.

A document of and for the communities

'The inclusiveness that Indian society traditionally displayed, literally in every aspect of life, is manifest in recognising a role in society for everyone...'
– From the 2009 Delhi High Court judgement on IPC Section 377

It is as if there has been an unspoken agreement all round – that it's time for *everyone* to come out of the closet. In recent times, there have been many signals that sexuality has found its way to the heart of public space in India. Articles in the print media, in magazines and newspapers; dissemination and debate on the internet, that new anonymous and democratic space; petitions and court cases to amend legal provisions; government programmes that recognise the needs that various sexualities give rise to; rallies to say 'we are here', even to say 'we are proud to be who we are'. The eclectic mix says that something has happened, something impossible to ignore. It is no longer possible to pretend that there is only one possible way to live and love. There are men and women in India who have sexual behaviours and identities that need acknowledgement. Their human rights must be secured and their specific needs addressed. One of these needs is well-being, and the prevention and care of HIV and AIDS.

UNDP support The HIV epidemic in India, first recognised in 1986, is now just under 25 years old and is counted among the most serious public health problems in the country. In 2008, an estimated 2.27 million people between the ages of 15-49 years in India were living with HIV. The primary drivers of the HIV epidemic in India are unprotected paid sex, unprotected anal sex and injecting drug use. Given that condom use is not optimal or consistent, men who buy sex comprise the single most powerful driving force in India's HIV epidemic. As more than 90 percent of women acquire HIV infection from their husbands or their intimate sexual partners, they are at increased risk for HIV. And not because of their own sexual behaviour, but because they are partners of men who are in one of these high risk groups. The wider implication of this situation is that in almost 6 percent of cases in 2008, the route of transmission of infection was from mother to child.

Programmes and strategies have been designed to address the epidemic. Even as these are refined and implemented, complex questions continue to demand better answers based on more information and analysis. Who are the most vulnerable and why? What are the ways to reach these vulnerable people? How is this outreach to be organized? And most of all, what do they want?

The current phase of the NACP of India, the NACP III, aims to reach most of those vulnerable to HIV. And the UNDP supports this attempt. But UNDP support is by no means limited to health concerns – rather the support is driven by a two-fold mandate, that of HIV *and* human rights. The notion of human rights is conceived in such a way that gender interests are intrinsic to it. In its role as the lead UN agency charged with the responsibility of commensurate attention to issues of the MSM and TG communities within HIV and AIDS programmes, it emphasizes awareness raising, prevention interventions, medical treatment, reducing stigma, fighting discrimination, and promoting the greater involvement of persons living with HIV and AIDS.

Men who have sex with men (MSM) and transgenders (TG) make up a sub-population within the Indian social structure. These terms circumscribe a spectrum of sexual behaviours and identities that men practise beyond the heterosexual, and are used simply as an abbreviation, as it were, for the rainbow of such behaviours and identities. Bound by their own customs and mores, each sub-group that fall within these terms have been struggling to find their place in society. But attention to these groups continues to be inadequate. The history of the MSM and TG groups has been an evolving one – with the more recent community movements rooted in a history dating back to the days before the human rights dialogue and HIV. Tracing this history would provide policy makers and stakeholders with valuable analyses on which they can build an equitable and just response to the needs of persons 'born males' who are of a different sexual and gender persuasion. It is with this objective that UNDP commissioned a study on the growth of community collectivization and mobilization among certain sexual minority groups in India. The study was assigned to a consortium consisting of Amaltas and the Humsafar Trust.

The architecture of the landscape It is impossible for identities, groups, or networks to be created without the first step of visibility in the public eye. We have found that visibility has grown, often in an exhilarating way, for a people who have been denied a voice or a place in society. Perhaps the most challenging task for the study team was to discern an architecture of this social space. To know this architecture meant knowing who to speak to and what information to seek; and to comprehend the sheer range of behaviours, groups and sub-groups. It required the authors to know how to identify and classify and link the layers of vocabularies. And not least of all, it

demanded that the authors kept the human nature of the enterprise in sight – the faint but suggestive data on exclusion, loneliness, loyalties, rivalries, and fears.

The consortium had the skills for the combination of tasks: Amaltas brought skills in analysis and documentation; and the Humsafar Trust, by virtue of being a peer-based organization firmly anchored in MSM space, brought the knowledge and experience of the community. It had played a catalytic role in the establishment of the Integrated Network for Sexual Minorities (INFOSEM), and could tap into the collective wisdom of the organizations that make up INFOSEM. Thus the document – in a very real and fundamental sense – came out of the communities. A Panel also constituted from the community and those closely associated with them subsequently reviewed the Report to ensure that it was indeed reflective of the architecture of the landscape.

Defining parameters In the course of the work, several concerns had to be taken into account. The terms of reference the study team received from UNDP called for a focus on those 'born male' but who exhibit a spectrum of orientations, behaviour and identities of another gender. To achieve such a focus, it was necessary to leave certain groups – such as bisexuals and lesbians – out of in-depth discussion, although they are taken cognisance of in the study's framework.

It was not always possible to find consensus on terminology. In the absence of an agreement from the community, the study made the decision to use 'MSM' – or 'men who have sex with men' – as an umbrella term to describe all those born male who had behaviour, orientation or identity related to same sex attraction, love and sexual behaviour. Equally, the term 'TG' was used for pragmatic reasons to represent all those who identify with and exhibit a gender self identification at variance from the gender allocated to them by birth, namely male. It is important to state our awareness of the debate on these terms and explain our compulsion in using them.

The groups also presented challenges in their bewildering variety. The challenge of 'naming' groups brought this out; but so did the fact that some terms and identities are age-old while others are recent constructs. In addition, there were the rural-urban differences, the regional variations, and the real as well as perceived differences of class and link with the 'Western movement'. It sometimes seemed that we were redefining basic concepts such as 'community' and 'network' as we conducted the study. But despite these difficulties, it was apparent to the team that many of these groups are well on their way to creating networks which, in the long run, may take the shape of community. One way to describe these communities is to borrow Benedict Anderson's phrase 'imagined community'– the members did not

necessarily know each other, within their groups or across groups, but all of them had something in common with each other.

The ways and means of the study Over a period of 5 months, the Amaltas-Humsafar team explored the world of these groups to document and analyze their gradual collectivization and mobilization across India. The focus was on examining key events and processes among MSM and groups; but the study team also took note of other concurrent social, economic and political events that may have influenced the growth of collectivisation and network building in the Indian context.

Several approaches were used to this end. Qualitative approaches were used to tease out key events and processes that may have shaped the movement. The team undertook documentary reviews, organized consultations with peer communities, and conducted interviews with key actors in this history. Data available on population size estimates, behaviours, and health problems relevant to the communities were analyzed. Finally, the various strands of information and analysis were fused into a narrative. Throughout, the confidentiality of information and the privacy of individuals who do not wish to be named have been maintained.

The Report is based on a range of activities. A detailed Literature Review of published and unpublished material yielded important background information on which to base an understanding of history such as the origin, growth and development of the communities; key changes in the socio-political and legal situation of sexual minorities; constraints in the mobilization and collectivization of MSM and TG groups; and exclusion from mainstream Indian society and the devices they utilize for social inclusion. Two consultations were held with MSM and TG groups under the aegis of INFOSEM. The consultations held in Mumbai had representation from organizations in the west and south of India and in Kolkata, representation from the north and east of the country. A timeline was put together on the basis of the Humjinsi Report, the consultations, KII, and with specific inputs from Ashok Row Kavi, L. Ramakrishnan and Vivek Anand.[1]

The tracks that emerged from the consultations were probed further through Key Informant Interviews. These have led to deeper insight into the motivations for community action and the efforts of MSM and TG groups toward collectivization and mobilization. It has also given the Report depth as we received multiple voices putting forth multiple points of view – perhaps the most accurate representation of the situation.

Inputs were also sought from other stakeholders, academicians, and relevant bilateral and multilateral agencies such as Family Health International (FHI),

USAID, Bill and Melinda Gates Foundation and UNAIDS. Finally, a Review Panel with representation from peer organizations, academicians, other stakeholders and policy makers was convened to take note of a draft report and provide guidance for its finalization.

Putting the study to use Using these activities, the study team explored the many terms, types, stories – the many layered lives – of sexual minorities in India. The study findings led to some conclusions in the form of answers, and sometimes, in the form of new questions. But all along, it was clear to the Amaltas-Humsafar team that there was a movement which had coalesced a yearning for support, and was now ready to go further. This sense of movement is not always apparent to society at large, or even those living the movement – as was discovered from participants of the Consultations. But if the study can be used as a springboard to take this movement forward by the groups themselves, it will have fulfilled its most important objective.

Chapter 2.

Gender, sexual identity and societal organization

'Where do I go... my biological family will not accept me... So I have to stay in the (Hijra) community... own up to its rituals and traditions and follow them...'
– Gauri Sawant

The pre-eminence of the family in societal organization The family is central to an individual's life. It provides security, welfare and support. But what is the family? A conventional social construction of a family is that of a man, a woman and their children. Given this firm basis in heterosexual relations, the family as a social construct has, over the centuries, validated and strengthened the claims of the dominant heterosexual groups in society. The pre-eminent position of the family is evident in the societal organization of India. So powerful is the family in Indian culture that personal identity is based on the family rather than the self, and an individual's personal identity may be more or less subsumed in family and community identities.

The Indian family structure has a strong sense of continuity, teaching values that are handed down from generation to generation since Puranic times. The foundation of this traditional structure has been clearly identified as the patrilineal joint family, spreading out into and including wider kinship groupings. The joint family provides its members with a strong support system, reinforcing the emotional bond among them. The family consists of everyone in the clan – men related through the male line, along with their wives and children.

Within this family structure, the role of each member of the family is clearly defined, particularly on the basis of gender. A man, for example, is typically defined as vigorous and dominant, and this stereotyped notion of masculinity has become a social norm for male behaviour.

The changing and unchanging Indian family However, in the late twentieth century, the powerful Indian joint family experienced complex changes that made way for the rise of the nuclear family. This process of evolution was driven by a range of factors. Modernization in the post-independence period meant growing urbanization. People

moved in significant numbers to urban areas in search of better education and employment, and this move in turn distanced them from the social forces of family, specifically the extended family. The emergence of a state society thus contributed to the decline of joint family structures.

But these changes were by no means all encompassing. Some features of the Indian family remained the same, regardless of the size of the unit. Role enactment is one such feature. The sex ratio in urban areas is only 900 females for every 1000 males – lower by far than the ratio in rural areas, which is 946:1000.[2]While female feticide contributes to low ratios in rural areas, an even lower ratio in urban areas suggests that more men than women migrate to urban areas, indicating that male members of the family continue to play their traditional role as the breadwinner of the family.

Another unchanging feature is the preference for sons. Data from the National Family Health Survey of 2006 shows that in a multi-response question, 89.9 percent of women indicated their preference for 2 sons, while only 61.4 percent reported that they would like to have 2 daughters. Sex ratios of all last births, and last births of sterilized women, clearly show that couples typically stop having children once they have the desired number of sons. Also, with the declining trend in total fertility rate from 3.4 in 1992 to 2.7 in 2006, the pressure to bear at least one son has grown acute.

Marriage and sexual debut Marriage is seen as a social, cultural and religious necessity in India, a central issue in people's lives, and a mainstay of family and community life. Marital status signifies adulthood, social responsibility and the achievement of 'personhood'. So important is this rite of passage in the Indian way of life that most adults of marriageable age are married. The legal marriageable age in India is 18 years for girls and 21 years for boys. Despite this, half of all girls (47.4 percent) and a third of all boys (32.5 percent) were married before the legally permissible age in 2006, illustrating the importance placed on marriage as a milestone. In contrast, 54.2 percent of girls below 18 years were married in 1992, indicating a gradual rise in the age at marriage.[3]

In surveys carried out among Indian youth, the median age at which sex was first experienced was 19 years in both 2006 and 2001.[4] The median age varied between rural residence (19 years) and urban residence (20 years), and was lower among female respondents (18 years) compared to their male counterparts (20 years). With the age of first experience of sex among females being so close to the age of marriage, it may be concluded that most sexual initiations take place within marriage. However, this is not the case with males.

Aditya Bondyopadhayay points out that studies conducted by many community-based organisations among MSM have shown a much earlier age of sexual debut, especially for those males who have the feminine gendered identity. Anecdotal data as well as qualitative interviews with many community members have revealed that the possible reason for this phenomenon is the fact that the strict control over feminine sexuality meant that for many younger males, women are not available for sex. At the same time, males who exhibit feminine behaviour are accepted as an alternate to the female. Interestingly, the attitude of most men, even in the sexual context, towards such feminine males, tends towards the same level of exploitation that patriarchal privileged males reserve for women.

Interestingly, data collected by the National Institute of Health and Family Welfare indicates that a quarter to a third of young people in India engages in premarital sex – the figures are 17 percent among schoolchildren and 33 percent among young workers in the typical North Indian population.[5] Of these, 3-4 percent had multiple partners. Such data confirms the complicated ways in which 'traditional' norms and conventions and tentative moves toward change co-exist in Indian society, especially in the case of sexual debut.

Several changes in society are more apparent in urban situations, in terms of sexual information, opportunity, and experience for both boys and girls. Coeducational settings and the increasing use of cell phones have led to greater freedom of interaction. Changes such as the availability of contraception have also, it might be argued, led to increased sexual experiment without the prospect of pregnancy or the inevitability of marriage. Most of all, public space has seen a proliferation of all kinds of sexual content, mainly because of the increased reach of the media and access to the Internet. Television, films, music, magazines and the Internet contribute to information on and awareness of sex. The Internet, in particular, has opened the door to pornographic material to virtually everyone.

Constructs of gender Gender and sexual identities (see Box 2.1) take shape within psychological and historical processes, which in turn are contextualised by culture and language. Thus the behaviour and experience of gender are affected by socio-cultural realities – such as the individualisation of sexual behaviour, gender

> **Box 2.1. Frequently used terms: some working definitions**
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> **Gender:** One's personal, social and/or legal status as a male or a female.
> **Gender Identity**: The internal sense (psychological sense) of being male or female.
> **Gender Role:** The public expressions of one's gender identity.
> **Gender variant:** Displaying gender traits more typical of the opposite biological sex, within a given gender. 'Feminine' behaviour or appearance in men is gender-variant as is 'masculine' behaviour or appearance in women. Gender-variant behaviour is culture-specific.
> **Gender expression or gender statement:** The public expression/statement of one's gender identity. Gender expression/statement is external or socially perceived. It refers to all external characteristics and behaviours that are socially defined as either 'masculine' or 'feminine', such as dress, mannerisms, speech patterns and social interactions.
> **Sexual Orientation:** One's erotic, romantic, and affectional attraction to people of the same sex, to the opposite sex or to both sexes.
> **Sexual Identity:** An inner sense of oneself as a sexual being, including how one identifies in terms of gender identity and sexual orientation.
> **Transgenders:** Persons who identify themselves with the opposite gender. There is some confusion around, and significant overlap between, Indian identities such as hijra and kothi being classified as TG persons.
> **Heterosexuality:** Erotic, romantic and affectional attraction to people of the opposite sex.
> **Bisexuality:** Erotic, romantic and affectional attraction to people of both sexes.
> **Homosexuality:** Erotic, romantic and affectional attraction to people of the same sex.
> **Homophobia:** Aversion to and discrimination against any form of sexuality or sexual orientation that does not conform to the heterosexual mainstream.
> **Genderphobia:** Irrational fear or hatred of those perceived to break or blur stereotypical gender roles.
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> Source: *Looking into the Next Millennium*, 2000.

segregation and social policing, joint and extended families as providers of welfare and social control, the negation of the self before the family/community, and a 'shame' based culture where family and community respect and honour are paramount. This is compounded by an understanding of sex in only its reproductive dimension.

The superior status of men is reinforced by gender segregation – within social spaces and for the purposes of labour. Both spheres are dominated by men. The fact that a male child is perceived as family capital comes with strictly defined gender roles in

social duties and obligations as well as social liberties. Families are at the centre of a concentric and expanding circle of relationships, in which is the locus of the powerful but intangible force called honour. The family exerts power on the individual to ensure that they are not shamed within this larger social network of relationships. This mix often translates into severe punishment for the male who transgresses his role, devaluing his status. The notion of masculinity in India is firmly rooted in the family as the societal unit of organization. Masculine roles include, typically, those of the protector, the procreator, the provider, and, in sexual terms, the 'penetrator'.

Masculinity is often equated merely with male sexual identity and therefore perceived as a privilege and a source of power that all men possess in relation to women.[6] All in all, masculine characteristics symbolize power, control and authority. In contrast, the concept of power has traditionally been seen as alien to the domain of women. Thus masculinity versus femininity is not just a matter of difference; there is also a powerful system of hierarchy built into the dichotomy. The construct of male/masculinity is distinguished by the quality of dominance, and backed by social institutions such as property rights, family structure, legal and political structures, and man-woman relations.[7]

Sexual identity is constructed in close consonance with the constructs of gender prevailing in society. Hence sexual identity is generally defined within the socially dominant framework of heterosexual relations: the assertive abstracts of masculinity and the passive structure of the feminine. Deep-seated religious convictions about continuation of the bloodline and the performance of the last rites of an individual after his death by the son, reinforces the pressure on an individual to get married and produce a son. Marriage, and usually the prevalent form of the arranged marriage, thus constitutes an important part of duty to the family. Inbuilt hierarchical structures operate in combination with the powerful pressure to be dutiful. In an interesting aside, the Durex Sex Survey 2005 indicates that Indians have 3 sexual partners in comparison to the global average of 9 sexual partners.[8]

Considerable stigma is attached to same sex behaviour. Nevertheless, data indicates that early sexual experience can, in fact, involve same sex relations, which unless it is played out in the paradigms of the heterosexual binary of feminine male to masculine male, is often enacted in the context of a game, a non-serious activity of the non-adult, which changes once the individual starts taking onus of its adult roles and duties, gets married, produces children, and adopts his position of power within social structures. Identity in terms of same sex preference is difficult to construct and sustain, at any rate openly. Not surprisingly, the vast majority of those exhibiting same sex behaviour keep their sexual behaviours/identities secret from

In a society in which sexual – and indeed all human experiences – are perceived in heterosexual terms, compulsory heterosexuality is the norm. So is marriage. Remaining unmarried is often seen as an aberration or a sickness, bringing shame and dishonour on the family, and disrupting social order. A study conducted in Lucknow in 1998 among low-income MSM found that a significant number find themselves compelled to ignore, deny or hide their sexual preferences so as to fulfil their duty by getting married, and performing the marital obligations of heterosexual relations and procreation.[9] The findings among 400 respondents show:

> Married: 40.5%
> Unmarried: 59.5%
> Of those Unmarried, those intending to get married: 96.6%

It should be noted, however, that several sexual behaviour studies have shown that homosexual men can also be involved in sexual relationships with women, irrespective of their marital status.[10] This could partly be to explore or 'confirm' sexual orientation. Again, these shifts in attitude and expectations coexist with social sanctions, against premarital sex or multiple partners, for example. Early sexual experience in India, including the age of sexual debut, remains subject to overt societal disapproval and censorship.

On balance, it appears that change on the ground may, to some extent, be loosening the continuing rigidities of the traditional Indian structure. Several examples bear this out. Of 1500 men who replied to a questionnaire in the English men's magazine *Debonair*, 29.5 percent reported sex with another man before the age of 20 years.[11] Similarly, in a study of sexual behaviour among 1600 college students in Chennai,[12] approximately 20 percent of male students reported having had sex at least once; of these, 35 percent had their first experience with another male. This is despite the fact that MSM in India are, in various ways, victims of homophobia, heterosexism, homocentrism and compulsory heterosexuality. The questions that arise from such findings interrogate the nature of sexual identity development in India, and the ways in which the notions of masculinity and femininity are socially constructed as prescriptive norms.

Owning sexual identity Identities are multidimensional, contextual and dynamic entities. Sexual identity is a construct used to refer to the ways in which individuals, living in a particular cultural, socio-political, and historical context, experience and make sense of labels to live out their own combination of sexual orientation, sexual behaviour and a public sexual identity.

In the case of sexual minorities, the first level of identification is auto-identification; this process involves acknowledgement to the self of specific sexual preferences or a general sexual orientation. One way of looking at this process is that of an 'internal' phase of 'coming out'. Auto-identification is in the nature of a preliminary and private acknowledgement of sexual preference - the reconciliation between desire and sexual activity, and placing it in a social geography within one's mind, and may or may not involve the use of actual labels such as gay or lesbian. In contrast, allo-identification involves making others aware of one's sexual identity. This coming out process is of an 'external' nature (see Box 2.2), a declaration about the self made by the individual to society at large. In consequence, other people identify the individual on the basis of the label accompanying allo-identification, or they ascribe a label based on their observations of the individual's behaviour. In general, labelling a person a homosexual is a complex matter – medically, legally and in terms of social perception. But for the individual, acknowledgement through a label could mean moving away from isolation and coming closer to a sense of belonging.

A sense of belonging Part of the motivation for allo-identification, and either labeling oneself or being labeled, is the need to find a community of individuals who share the same identity. Hence labels are most useful when they succeed in bringing together an assortment of individuals who need numerical as well as moral support.

In contrast, labels are counter-productive when they foster negative stereotypes that either exacerbate discrimination from those outside the group, or engender divisiveness and parochialism within the group. In addition, labels may lead to problems stemming from the use of labels within the sexual minority umbrella in ways which give rise to misperception and/or phobia. Individuals who allo-identify with a label possess a unifying set of concerns that validate their existence as a community. They share the common problem of homophobia, and the struggle for cultural acceptance in a heterosexually constructed society.

Box 2.2: The three phases of 'coming out'

At some point in their lives, many people who are attracted to members of their own sex go through a process of 'coming out'. Such a process could involve as many as three phases.

Phase 1 - Knowing oneself: Knowing oneself implies awareness of same sex attraction, understanding the meaning of the word 'homosexuality', confirming one's sense of personal integrity, and in consequence, legitimizing one's sexual identity.* This can be a difficult phase because awareness of one's sexual preference does not necessarily mean self-acceptance.

Phase 2- Coming out to others, especially friends: The decision to come out, even to friends, can be stressful since it demands coming out in public. This is an irreversible process that could affect the social existence of the individual who does not have the power to resist negative reactions. What spurs the individual on, however, is the search for 'people like us' – 'people who you can associate with and relate to.' In fact, for some, this is perceived as the point of origin of the term collectivization.**

Phase 3 - Living openly as a lesbian, gay, bisexual and transgender person: Coming out in a larger social sphere of life could be considered the final object of the series of coming out events. Openly participating in a support system or movement, or forming a group, implies that a common sense of identity, belonging and visibility go together.

*Joseph, 2005.
** KII, Malobika.

Chapter 3.

Behaviour, orientation and identity

'For me a sense of identity is important. We are same sex desiring people and we have made a conscious decision to fight parental pressure and pressure from society... We need each other for fighting such pressures'
– Vivek Anand

Understanding the tangled history of the MSM and TG movement in India involves a journey into the inner and outer worlds of the protagonists – a journey that describes self allocated gender and sexuality. Dimly patterned, the typology of the MSM and TG groups emerges gradually out of debates as well as disagreements. Much of the discussion, it turns out, lies in arguments regarding behaviour, orientation and identity. In some ways terminology being an evolving language is challenging. In other ways, it is simplistic description of the behaviour that persons assume over a period of time.

Human sexual behaviour or human sexual activity refers to the manner in which humans experience and express their sexuality. These terms encompass a wide range of activities – such as strategies to find or attract partners (mating and display behaviour), interactions between individuals, physical or emotional intimacy, and sexual contact. The term sexual activity can refer to acts involving two or more people, as in sexual intercourse, oral sex or mutual masturbation; and to the one person activity of masturbation.

Sexual orientation is a social construct used to describe a pattern of emotional, romantic, and/or sexual attraction to men, women, both genders, either gender, or another gender. One might argue that these orientations exist along a continuum that ranges, in its most simplistic description, from exclusive heterosexual to exclusive homosexual, while including various forms of bisexuality along the continuum. Such a continuum between heterosexual and homosexual does not suit everyone; some people identify as being asexual that is, report a lack of sexual attraction. Also, this linear scale that evolved in the industrialized West does not always capture the more subtle details of sexual orientation and sexual identity, and many experts criticise it as oversimplified.

Sexual identity describes how persons identify their own sexuality. It is used to describe a person's perception of his or her own sex, rather than sexual orientation.

Inner and outer worlds While identity refers to an individual's conception of the self, behaviour refers to the sexual acts performed by the individual, and orientation refers to 'fantasies, attachments and longings'. Individuals may or may not express their sexual orientation in their behaviours.

It needs to be noted, however, that sexual behaviour does not exist or operate in a vacuum. Human sexual behaviour, like other human activities, is governed by social rules that are culture-specific. Hence this behaviour can vary widely. The social rules are referred to as sexual morality– what can and cannot be done according to society's rules; and sexual norms– what is and is not accepted. For example, in most cultures, attitudes toward premarital sex and the use of contraceptives correlate to religious beliefs. Similarly, some sexual activities are considered illegal in certain jurisdictions, including those conducted between or among consenting and competent adults. Examples include sodomy and adult-adult incest.

When an individual engages in a social behaviour which goes against the dominant cultural practice, then, he must either challenge the prevailing social order to accept such behaviour as his or her orientation, and possibly develop it as an identity, or in a more negative scenario, accept the social more and reconcile to subverting his or her own personal sexual inclinations. Thus individuals who have a homosexual orientation that does not align with their sexual identity may or may not express their orientation in their public posture or behaviour. Those who do not express their orientation are sometimes referred to as 'closeted' – unlike others who have accepted their social orientation and identified themselves under one of the labels of homosexuality.

Sexual orientation, ranging along a continuum from exclusively heterosexual to exclusively homosexual, was discussed by various respondents as being of four categories:

- Heterosexual: Individual whose sexual or romantic behaviour is directed at a member of the other sex. Popularly known as straight or normal.
- Homosexual: Individual with a primary sexual and romantic orientation toward persons of the same sex. A male homosexual is often referred to as gay, whereas a female homosexual is referred to as lesbian.
- Bisexual: One who has sexual or romantic attractions to members of both the same sex and the other sex.

- Pansexual: A person who participates in sexual activities of many kinds. They are 'gender-blind' in that gender and sex are insignificant or irrelevant in determining whether they will be sexually attracted to others.

Social nomenclature surrounding same sex behaviours There are two major schools of thought on the 'social nomenclature' surrounding same sex behaviours, and there is merit in both schools of thought. One is the 'essentialist' school while the second is the 'social construction' process. The essentialist school holds that people with same sex attraction have always existed in human society, genetically/biologically determined like the left-handed. Such persons were categorized as 'homosexuals' when the clinical psychologist Karoly Maria Kertbeny invented the term in 1869 in Austria for medical reasons. At about the same time, Magnus Hirshfeld in Germany, and Edward Carpenter and Havelock Ellis in England, postulated that homosexuality was socially constructed rather than organic. They experimented with a range of social constructions from 'intermediate sex' to exotica such as 'uranian'. The social construction school takes the stand of cultural anthropology – that human societies create the circumstances that lead to homosexuality. The two schools were head to head in a nature versus nurture argument.

In more recent times a third paradigm of social nomenclature surrounding same sex behaviours has come into being. This derives its essential logic from the theories of universality of human rights, which has increasingly become important in social discourse. While both the essentialist as well as the social construction models are external to the individual's experience, the new paradigm essentially bases itself on Individual Agency, that is the right of self-determination of the individual where irrespective of the actual or perceived sexual behaviour of the individual, the individual has the sole right to self ascribed any identity label that he or she is comfortable with.

Typology and terminology A term in common usage in this field in India is MSM. While some argue that MSM is inadequate in its description of a person's orientation or identity because it refers simply to a behaviour, the term is widely used in programmatic and policy setting circles.

In the continuum of sexual behaviour, MSM can be placed anywhere between extreme heterosexuality and homosexuality. Those placing themselves closer to the homosexual pole are individuals who have been able to strike a convergence and effect a reconciliation among the points of sexual behaviour, orientation and identity. Those who tend toward the heterosexual pole accept their sexual behaviour as being limited to just that. And those who fall on the continuum conform either to behaviours of bisexuality as an identity, or have accepted homosexuality as a sexual

orientation but not as their identity. The sub-groups classified under the MSM umbrella can thus be broadly divided into two categories: the self-identified homosexuals and the behaviourally homosexual men.

Tom Philip offers some insight into the factors determining the variety of behaviour among MSM: 'MSM is a matter of age preference, availability, and sense of exploration… Generally it is the economically dominant partner who takes the lead and takes the role of penetrator. However he can switch over to the role of a receiver depending on his choice.'

In another KII, Aditya Bondyopadhayay underlines the difficulty of correlating the term MSM with sexual identity: 'When it comes to male-to-male sex, there is a huge section of people who don't identify themselves according to their sexuality or according to sexual identity… they don't identify themselves as homo or gay or whatever… But they do go out and have a lot of sex with other men.'

A variety of terms is in use to describe the permutations and combinations of same sex sexual behaviour, orientation and identity that a person owns. A description of some of these terms, representing the various shades of being, follows. In the end, however, they remain incomplete.

Kothi, a term adopted from TG vocabulary, is derived from the Kannada word for monkey, 'kothi'. The word is still used by the vadari castes of performers and animal trainers who make trained monkeys perform. The word kothi is indicative of performing – and it refers to painted effeminate boys dancing for the entertainment of men. Needless to say its original purport was stigmatising. The Telugu word for TG on the other hand, is kojja, denoting a ritually castrated man who may be penetrated by other men. However, the primary identity of a kothi is that of a painted and effeminate man who performs for other men. It is not known whether this construction is based on an emasculated male role or whether it necessarily denotes a man who is penetrated by other men.[13]

The word gay was originally used to refer to feelings of being happy and carefree, or to refer to something as bright and showy. The word later became a term used in reference to homosexuality, a usage that could possibly be dated prior to the 19th century. In modern English, gay has come to be used as an adjective, and occasionally as a noun, that refers to the people, practices and culture associated with homosexuality. The use of gay to mean homosexual was originally an expression of the word's sexualized connotation of 'carefree and uninhibited' – implying a willingness to disregard conventional or respectable sexual mores.

Apart from kothi and gay, all other labels in the MSM umbrella are behaviour-oriented and have few connotations of identity. It should be noted though that some who describe themselves as gay and kothi have accepted their sexual orientation but have not assumed these terms as their identity. Thus we find situations in which a kothi continues to perform his tradition-bound 'male' role within the family, while taking on the feminine role and gender outside the family to engage in same sex relations. This is similar to the situation of some gay men who get married and lead a dual life. These situations occur when individuals are unable to challenge the social order, or disassociate themselves from the responsibility of continuing the conventions such an order dictates.

A man who gets penetrated is referred as dhurani. In Hindi, the verb 'dhurna' means 'to fuck in the anus'. As a noun, the word is used for those in the receptive role during anal intercourse. A section of dhurani exhibit an extreme outward feminine demeanour; they are known as bila. These enjoy using cosmetics and prefer to have their hair styled, nails polished and eyebrows plucked. In addition, their bodily movements, such as the way they swing their hips and move their arms and legs, typify their feminine demeanour, which is usually an amplification of the stereotype of the feminine.[14]

Panthi is a kothi label for any manly male and has been taken from the TG language ulti/farsi. The word is used by the kothi to mean 'that special boyfriend who penetrates'. Panthi also denotes a disciple of the ritual castrated hijra. The word panthi may be used with a religio-cultural meaning; for example, the disciples of the saint Kabir are called Kabir-Panthi.[15] But finally, a panthi is, by definition, a man who penetrates – whether the person being penetrated is male or female. Panthi may also be married to women. They do not make up a cohesive group or identify themselves as a community. Aditya Bondyopadhayay says that "In the mindset of these individuals, there is no conflict with the social norm, and therefore they do not have to engage in any struggle". In some parts of India, a panthi may be called a parikor giriya. Behaviourally, says Rajarshi Chakraborty, parik/giriya are bisexual or have sexual preference for both sexes; but they do not take bisexuality as an identity.[16] In most cases, they do not face problems of stigma and discrimination since they are in an 'undecided mode', and tend to keep their same sex relationship a secret, whether from their wives or the wider community.

The term double-decker/duplirefers to persons who penetrate as well as get penetrated; they may also have sex with women. Sometimes they identify themselves as kothi because they are penetrated by men.[17] But since double-deckers get penetrated as well as penetrate others, they are classified as a separate category. With the increasing relevance of the internet as the medium of sexual networking

where English is the medium of exchange, the term 'versatile' is increasingly gaining currency to describe a double-decker/dupli.

The transgender umbrella Difficulties of classification and definition are particularly sharp in the context of sexual minorities in India. The terms MSM and TG are used to refer to those who practice same sex behaviour, identify themselves in varying degrees with the opposite gender, and transgress the gender norms of society. In the continuum of sexuality, the TG, best known in mainstream society as hijra or aravani, fall into the extreme pole of homosexuality – where sexual behaviour, orientation and identity converge. Because it is an umbrella term, TG does not always describe the particularities of specific identity and experiences. For example, the identity of a post-operative female-to-male transsexual would be quite different from a drag king who performs on weekends; but both could be classified under the term.

In India, there is no consensus on who should be included under the term TG. The umbrella term TG can be used to describe a wide range of identities and experiences, including female-to-male and male-to-female sexually reassigned persons, cross-dressers, drag queens and drag kings. However, eunuchs[18], hijra*, kinnar, jogta kothi, aravani, transwomen and transmen are included under this umbrella. There is some confusion and significant overlap among these Indian identities; kothi, for instance, is also a term used by MSM.

The term 'hijra' is commonly used in India to denote those born as males with normal male genitalia, but who in the course of time come to think of themselves as women or a 'third' gender. In short, there is evidence that there has been 'self allocation' of gender identity. Only a minor percentage of hijra are intersexual; and a proportion of hijra voluntarily get rid of their male external genitals. Some say that notion of gender may develop and progress in some kothi, leading to their eventual joining a hijra community and undertaking demasculinization. In North India, some males mimic hijra by wearing female clothes and begging, to make easy money. Hijra call such fake hijra baharupi or bairupi. Recognizing the existence of different expressions of self among hijra, the Indian TG magazine *Transpal Sentinel* has identified three sub-groups of hijra:

- Nirvan Hijra: Those who have undergone demasculinization (Nirvan), or the removal of the testes and penis, and who wear female clothes.
- Akwa: Those who wear female clothes, but have not yet undergone demasculinization. Some of them are under the tutelage of gurus to learn female mannerisms. This is roughly equivalent to the practice in Western countries of giving those who wish to have sex reassignment surgery a period

of one to one and a half years during which they are tutored to behave and dress like women.

- ▪ Zenana: Those who do not undergo demasculinization though they think of themselves as women, because they do not wish to interfere with nature.

Within the terminology prevailing in hijra communities, kothi is the term used to denote those hijra who consider themselves female. Those hijra who are yet to be demasculinized may be in male clothes and are likely to be confused with feminine MSM. In some states they are called khada kothi.

Gauri Sawant says that the TG community in India is largely divided into two groups: the hijra, who follow Islam; and the jogta/jogappa/jogti, who follow Hinduism, however, the segregation may not be very strict. The jogta are male children dedicated to a goddess and later ritually cross-dressed for religious purposes. Jogta are entrusted with the duty of decorating the female deity. Sawant explains that dressing and decorating the goddess may involve touching the breasts and other private parts of the deity, and a man may get sexually aroused. But if he is dressed as a woman, the only possible relationship between the deity and the jogta is that of mother and the daughter. She also mentions that the jogta are not castrated and can have female partners.[19] Historically Jogtas were used by the men of the powerful priestly castes as sexual partners, and therefore have often been described as temple prostitutes.

Aravani is the equivalent term for hijra in South India. Locally they define themselves as 'women trapped in men's body'.

A transwoman is a male-to-female transsexual or transgender person. The person may or may not have undergone sex reassignment surgery.

A transman is a female-to-male transsexual or transgender person. Very few transmen attempt sex reassignment surgery.

Drag queens are men who dress and act like women, often for the purpose of entertaining or performing. They often use exaggerated makeup and cosmetic accessories such as false eyelashes for comic, dramatic or satirical affect. Drag is a part of Western gay culture.

Drag kings are female performance artists who dress in masculine clothes and personify male gender stereotypes as part of their performance. Drag kings comprise a phenomenon of lesbian culture in the West and are most often seen at lesbian bars or festivals.

A cross-dresser is someone who wears the clothes of the opposite sex. The term is sometimes used instead of transvestite to indicate that there is little or no sexual component involved.

The older religio-cultural matrix of the hijra is rapidly being demystified. As more current terminology has developed, hijra may be called satlewaali (cross-dressers) who interchange with the new construct of khada kothi. These new terms describe the counterparts of the penetrating males in a binary paradigm. The names themselves remain ritualistic.[20]

Addressing labels Gender and sexual orientations, gender roles and transgender issues are in a state of flux. A great effort is under way to define changing constructs and update phraseology on the basis of available vocabularies. The 'social construction' of homosexuality or 'samalingika' is clearly a modern, urban construction, describing as it does somebody outside the man-woman-nuclear-family structure. There is a high level of situational homosexuality that appears unavoidable in homosocial ambiences. With large migrant populations and drudge labour employing only men, there is more sustained same sex interaction in most Indian cities and towns. The subterranean male sex work that this triggers is difficult to gauge except by self-identified homosexuals whose learned behaviour allows them to 'see' this in action. Thus definitions within the MSM sector are changing rapidly in response to the turbulence within Indian society.

> **Box 3.1: Varying perspectives on the term MSM**
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> MSM is usually an acronym for men who have sex with men. However, the term *men* can be problematic within the context of different cultural definitions of man, manliness and manhood. Organizations such as the NFI have decided to use MSM to mean 'males who have sex with males'. The rationale is that MSM is a behavioural term and does not reflect a sexual identity. Within the use of the term MSM and male-male sexual behaviours, are many frameworks of MSM – from self-identified males with gender or sexual orientation, to those who anally penetrate other males as a masculine behaviour, to those who are situationally involved in male-to-male sex. Within the framework of male-to-male sex, there is a range of masculinities, along with diverse sexual and gender identities, communities, networks and collectivities; as well as behaviours without any sense of affiliation to an identity or community. This statement addresses the concerns of all these diversities within the framework of 'males who have sex with males'.
>
> Source: NFI, 2003
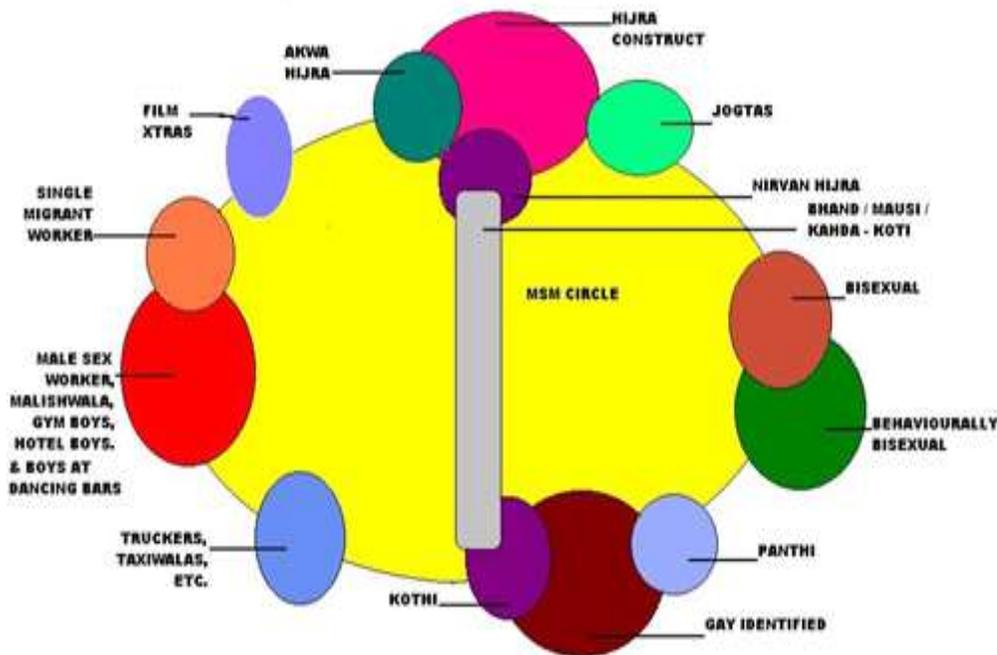
The phrase itself – MSM – has given rise to debate (see Box 3.1) despite the fact that it is widely used. The point is that the term connotes behaviour; it cannot or does not become an identity. In fact, some have argued that the 'M' in MSM should stand for 'males' (biological fact) rather than 'men' (gendered social concept) - a change contested by some hijra and kothi who do not see themselves as male at all. It is at such a point – when it is necessary to be clear about what one is dealing with – that

self-identified gay, lesbian, bisexual and transgender people need to come into the picture. For example, Vijay Nair postulates the new term Men loving Men, in an attempt to take same sex sexual behaviour beyond the component of sex.[21]

Given the variety of labels and meanings, the Humsafar Trust developed an identity/behaviour model that tries to address all possible labels (a model that is popularly, and in classic irreverence that characterizes gay subcultures, known as 'the 14 balls of Ashok Row Kavi'). These labels arise from identity, sexual behaviour, and sometimes from profession. In the Humsafar MSM circle (see Figure 3.1) the MSM sub-groups on top are classified around gender; while the sub-groups at the bottom are classified around sexual behaviours. To the left are MSM sub-groups that are vulnerable because of their workplace situations, while the ones to the right are bisexual categories of bridge populations. The large bubble on the top is the general umbrella category of transgender.

Figure 3.1: Addressing labels through identity, profession and sexual behaviour

Source: *Humsafar Trust*, Mumbai, India

The sub-groups to the left are sub-populations who may be part of the circle because of their occupations/professions. Male film extras may be as sexually vulnerable as their female counterparts. They may have to agree to 'survival sex' – sex in exchange for work – as their work is intermittent and irregular. Similarly, beer-parlour boys, gym-boys, room boys and truck cleaner boys may also be picked up for paid sex. Most Indian cities have 'maalishwallahs' (masseurs) who also offer sex, usually masturbation, for a little more than the cost of a regular massage. Many health club masseurs and instructors may also offer sex in exchange for money.

The groups who are supposed to be bisexual may be divided into self-identified bisexual men and behaviourally bisexual men. The second category is particularly amorphous since it applies to a homosocial and homoaffectionalist culture such as that in India (see Box 3.2). The men in this category may include migrant labour, jail and remand home inmates, and personnel in male quarters. The relevant point in such situations is not only the nature of a homosocial and homoaffectionalist culture, but also the nature of migrant patterns and the movement of men across state and national boundaries. Together this may account for same sex sexual behaviours among migrant labour in dormitory situations as well as truckers and construction teams.

> **Box 3.2: What are homosocial and homoaffectionalist cultures?**
>
> In South Asian countries such as India, gender segregation of social spaces is a strong form of social policing of gender relationships. Primary relations are established within the same gender – they are 'homosocial'. The term 'homoaffectionalism' implies the social acceptance of public displays of male-to-male or female-to-female affection, since the culture is homosocial in the first place. Thus it is common for two males to be seen holding hands in public or sharing beds, even wrapping themselves around each other in sleep. The boundary between homoaffectionalism and homosexual behaviours can be somewhat blurred, particularly in shared spaces and 'under the blanket'.
>
> Source: Hardman, 1993; Khan, 1996, cited in NFI, 2003.

Also a political identity Although homosexuality and male-to-male sex seems to have its roots in an old history, a political identity based on an individual's sexual attraction began to emerge only in the latter half of the last century in India. All liberation and civil rights movements in India are based on identities; and in that respect, this movement too was no different. We have already seen that the term MSM has run into trouble in the case of hijra/kothi since they do not identify as males at all. Thus, while the term continues to be in use, it could be considered dissonant with the efforts and aspirations of the civil and human rights movement of sexual minorities.

Various surveys such as the Behavioural Sentinel Surveillance (BSS), the HIV Sentinel Surveillance and the Gates Foundation funded Integrated Behavioural and Biological Assessment (IBBA) have helped build a record of the prevalence of MSM activity in the country. MSM behaviour has ranged from 1.8 percent of the male population studied in Maharashtra[22] to 11 percent of the population surveyed in Kerala.[23] In the initial stages, as in the BSS 2001, the methodology was inadequate; but in recent times it has been more systematic and scientific. On the whole, most Indian surveys have faced procedural problems, ranging from inappropriate questioning that does not adequately define same sex relations, to not mentioning same sex relations at all. The lack of good surveys has to be viewed against the pressing needs on the ground. For example, the needs of homosexual populations who do not relate to an identity but require access to a health service have to be addressed.

Nevertheless, the goals of social organizations and nongovernmental organizations (NGO) engaged with communities showing high risk sexual behaviour, and those engaging the civil/human rights of sexual minorities, are the same. The former takes sexual health issues as the basis, and shapes its agenda around modifying risky behaviours, using such intervention as an entry point to wider issues. The latter engages first with civil/human rights issues, seeking to empower these sub-populations to take control of their own sexual health problems. Both processes form an important part of community collectivization and community mobilization. In fact, any attempt at understanding the evolution of alternate sexual identities, and their mobilization, has to necessarily involve drawing links – or identifying disconnects – with the larger context of events, discourses and movements in modern India. Establishing this larger context involves, as a first step, tracing the historical underpinnings of homosexual identity.

Chapter 4.

The historical underpinnings of homosexual identity

'We are not speaking of just one world… there are so many types of sexual minorities…and so many differences among them…'
– Rajarshi Chakraborty

We have seen that MSM in Indian society are expected to function within the dominant heterosexual discourse (see Chapter 2). But historical evidence in India indicates a familiarity with same sex relations. The most striking examples come from literary texts, manuals and the visual arts and crafts. The Kamasutra, a classic written in the 4th century by Sage Vatsyayana, devotes a whole chapter to homosexual sex saying 'it is to be engaged in and enjoyed for its own sake as one of the (sexual) arts.' Besides providing a detailed description of oral sex between men, the Kamasutra categorizes men who desire other men as belonging to the 'third nature' and refers to long-term unions between men.

Equally eloquent is the range of temple carvings in India that display explicit imagery of same sex eroticism. The 10th century carvings in the Khajuraho temple, for instance, include erotic images of women in embrace as well as images of men displaying their genitals to each other.

These references to homosexuality – or homosexual practices – need to be seen alongside the varying degrees of societal disapproval ranging from silence to condemnation. This is especially true of Indian society once the patriarchal system established itself, and formulated then enforced codes of conduct such as that laid out in the Manusmriti. More concerned about caste-based segregation than homosexual relationships, it prescribes penalties and punitive sanctions on those men who engage in such relationships outside caste hierarchies and segregations. In the medieval period too, despite the presence, and sometimes the power of the eunuchs in the royal court, the tolerance of homosexuality among the nobility did not extend to the masses. But all in all, it would be accurate to say that within the

larger mainstream traditions in India, homosexuality has been treated with secrecy, but not with malice.[24]

Pleasure and progenitive principles The Rig Veda dated 1500 BC, refers to a pre-patriarchal period which propagated a system of thought focused on female sexuality. In this pre-Vedic period, pleasure was the preponderant principle on which sexuality was based; the progenitive principle was secondary. The Rig Veda tends to celebrate individual deities. When it does celebrate pairs, they tend to be same sex – twins, sisters, 'co-mothers' or friends – rather than conjugal couples. The pattern of deifying male-female couples that became so prominent in later Puranic literature is scarcely visible here.[25]

Tritiya prakriti With the rise of Vedic Brahmanism, patriarchal social systems developed. Progenitive sexuality – sexuality for procreation – became important. Gradually, the pleasure principle was excised from female sexuality, which became subordinate to the purpose of procreation. As patriarchal ideology was consolidated over a span of time roughly between the 5th century BC and the 3rd century AD, women's sexuality was controlled and codified through legal, medical and some mythical texts. Also during this period, the Manusmriti – which left an enduring mark on the structure of Indian society – outlawed several sexual practices identified as counter to procreative heterosexuality. These practices included non-vaginal sex, either anal or oral; sex with animals; and sexual fantasy that made use of goddess imagery. Figures of male homosexuality were also condemned as odious.[26] Manu made mention of homosexuality only as a practice to be regulated, even punished. But there is a range of historical evidence from the Vedic period to indicate that homosexual practices were also recorded with a far more tolerant intention.

Evidence of homosexuality may be found, for instance, in the form of divine worship in which homosexuality becomes the 'third gender/sex' or 'tritiya prakriti'. This term describes inborn nature combining both male and female properties. The 'tritiya prakriti' include gay or homosexual men, lesbian or homosexual woman, bisexuals and transgenders who identify as the opposite sex, as well as intersexed persons who share physical traits of both sexes. There are several names for homosexual men in Sanskrit – 'napunsaka', for example, or 'kliba' or 'shandha'. All these terms refer to a wide range of men who are 'impotent to women' for various reasons. Lesbians are called 'svarini' or 'nastriya' in Sanskrit and were, similarly, viewed as 'impotent with men'. It is important to note that there were no terms to differentiate between homosexual and eunuch in the Vedic period. We have seen that terminologies such as 'napunsaka' and 'kliba' refer to all men impotent with women. Thus they could be MSM or TG. But there is an absence of distinction in this period.

The Kamasutra, an important treatise dating back to the 4th century AD, is an important signpost in any exercise to trace the historical underpinnings of sexuality in India. The Kamasutra mentions that two men friends who wish each other well and have complete trust in each other may mutually unite. The word used is 'parigraha' – which some scholars translate as 'marry' and others as 'embrace'. Classifying people into men (who desire women), women (who desire men), and those who prefer the same sex, the Kamasutra notes that individuals may engage in different types of sexual activity at different times.

Although there is no separate term to describe the TG in ancient India, there is reference to their existence. As early as 750-500 BC, we find mention of TG in the Balmiki Ramayana. An interesting story here involves the basis of the general belief that TG possess occult powers that make their blessings efficacious for newborns and newlyweds. In the story, when Ram is sent away on exile, his loyal followers begin to trail behind him. Ram asks 'all men and women' to go back to their homes. However, those who are neither men nor women, the transvestites, continue to follow him. Pleased with their devotion, Ram blesses them with special powers.

The Mahabharata also refers to TG. During the great battle fought between the Pandavas and Kauravas in Kurukshetra, a yagna performed to ensure the victory of the Pandavas demanded the sacrifice of an ideal man to Goddess Kali. There were three men among the Pandavas who fitted the description of such an ideal man: Krishna, Arjuna and Aravan, the son of Arjuna. Since Krishna and Arjuna made up the backbone of the Pandava army, Aravan was to be sacrificed. But the mighty warrior Aravan had a last wish – to marry and enjoy sexual bliss. Now who would want his daughter to get married only to see her widowed the next day? Krishna came to the rescue. Metamorphosing into the beautiful Mohini, he married Aravan and became his widow the next day – becoming the first ancestor of transvestites. To this day, TG consider Aravan their soul mate and progenitor, and worship him every year at the Koovagam festival.

Eunuchs are also part of the Yellamma cult of South India. It is not clear if this cult has its roots in the devadasi tradition of dedicating individuals to the dei`ty or the temple itself. The followers of Yellamma, mostly poor and illiterate, take a vow to dedicate themselves, their spouses, or their children in the service of Goddess Yellamma when they are unable to face the hardships of life. An elaborate ceremony is held to initiate the jogti (female) and jogappa (male) volunteers. The ritual of temple women (or devadasi) was well established in the Deccan by the 10th century A.D. It is possible that the Yellamma cult may have also been initiated during the same period. It is probable that modern day jogti/jogta/jogappa are drawn from this root.

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Ghilman and khwaja Same sex love in some form or the other continued to be evident in the medieval period. Same sex love, specifically the 'love of boys', was practiced in the courts, and poets wrote in celebration of such love. Urbanization increased the interactions among men in meeting places such as bazaars, taverns and brothels. The practice of slavery grew. The treatment meted out to slaves depended on the master's temperament and whims; but one class of slaves, the ghilman, were always very well looked after. These were handsome young slaves, some of them purchased from other countries, who were kept close to the royalty in various capacities – as pages, service boys, intimate companions, bodyguards and special troops.

A large number of royal slaves were attached to the court. Many, if not most, of the slaves were eunuchs. A Muslim court was unthinkable without the harem, and a harem inconceivable without eunuchs. Eunuchs guarded the gates of the palace, checked and regulated the entry and exit of everyone, male or female. The cadre of the eunuchs were subject to hierarchical relationships with specific names indicating their position. Senior eunuchs were known as Nazir and Khwaja Saraj. Each had a number of junior eunuchs attached to him. As significant as this evidence of social organization among the eunuch slaves was evidence of political power. Some of the greatest nobles in Indian history were eunuchs. Imaduddin Rayhan, the Chief Minister under Sultan Balban, and Kafur Hazardinari, the Army Commander and Vice-Regent of Allauddin Khilji, were eunuchs. Under the Mughals, many important eunuchs rose to the position of mansabdar and governor of a subah.[27]

Since the Muslim period, the Urdu word 'hijra' has been the most frequently used term to describe the eunuchs. Another widely used word for eunuch is 'khusra' from the Punjabi language (North-West India, North-East Pakistan). The social group itself was probably introduced to India in the 12th century, when Muslim rule began in the north of the subcontinent. In Urdu, eunuchs were related to the word 'hich' which designated something without a proper place, in this case in the scheme of two sexes. Some have suggested that 'hich-gah' – meaning nowhere – is the basis of the modern word 'hijra'.[28]

Against the order of nature With the colonial period came a marked change. The past's more subtle or tolerant ways of perceiving same sex love were now reduced to a judgemental emphasis on the sexual aspect of same sex relations. British colonialism had a direct influence on Indian sexuality in that it led to the virtual obliteration of images of sexual expression in general, and homosexual expression in particular.[29] Indian nationalists imbibed the Victorian morals of the colonial overlords, and the order of heterosexual monogamy, and disowned anything in

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indigenous traditions that seemed to flout these ideals. Part of this change in the belief and value system consisted of an imported and virulent homophobia. Interestingly, during this period, vernacular literature denoted characters with deep and intimate same sex relationships, but these were not fully developed into descriptions of sexual preference or intercourse.

The colonial response to the issue of homosexuality was an attempt to exterminate the behaviour with the help of legal sanctions. A number of laws were enacted to curb such sexual practices. The Indian Penal Code (IPC), of which Section 377 forms apart, was drafted in 1860 by Lord Macaulay. According to this law, voluntary carnal intercourse 'against the order of nature' could be punished by imprisonment. Although no separate mention was made of homosexuality, the law was interpreted to prevent homosexual associations.[30] The Law reads: '…whosoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal shall be punished with imprisonment of either description for a term which may extend to 10 years and shall also be liable to fine…'.

Interestingly, while section 377 of the IPC was being enacted, it posed certain legal challenges. In every other section of the Indian penal code except this one, there was a victim and a perpetrator and the law acted on behalf of the victim to extract retribution from the perpetrator by prescribed punishments. This was in consonance with the prevailing criminal jurisprudence of the time. However the conundrum in this case was, that if section 377 were to be applied in the case where the sexual relationship was by mutual consent between the parties, who would the victim be? It was then that Macaulay came up with the innovative solution that in such a situation, the victim would be nature itself and therefore the terminology 'unnatural sex' and 'crimes against the order of nature'.

The Criminal Tribes Act of 1871 was created to bring groups like the thugs within the purview of official control by giving the authorities stronger means to tackle the menace of professional criminals. The Bill laid stress on various ethnological theories of caste-linked professions, upbringing and background. This Act authorized the government to declare by notification any tribe or class of persons which 'is addicted to the systematic commission of non-boilable offences' a criminal tribe. The law therefore deemed persons criminal merely on the basis of membership of a particular community. Once a tribe was declared a 'criminal' tribe, the government was empowered with vast powers to ensure registration of all members of that tribe, forcibly settle them or remove them from a particular place, as well as detain and transfer members of the tribe.

In an amendment in 1897 to the Criminal Tribes Act, 1871, the law was re-titled 'An Act for the Registration of Criminal Tribes and Eunuchs'. Under the provisions of this statute, a eunuch was 'deemed to include all members of the male sex who admit themselves, or on medical inspection clearly appear, to be impotent'. In effect, being a eunuch was in itself a criminal enterprise, with surveillance being the everyday reality. The surveillance mechanism criminalized the quotidian reality of a eunuch's existence by making its manifest sign, cross-dressing, a criminal offence. The ways in which eunuchs earned their livelihood, singing and dancing, were also criminalized. Thus every aspect of the eunuch's existence was subject to surveillance as well as the threat of criminal action, and the police became an overt and overwhelming presence in the lives of eunuchs.[31]Various other tribes, such as the Gujjar, the Banjara, and the Lodha, were also classified under this Act.

Equality, liberty and freedom The concepts of equality, liberty and freedom of expression took on a new meaning in the country along with independence from colonial rule. The fundamental rights enshrined in the new constitution obliged non-discrimination based on caste, creed, language and sex (in the strict anatomical sense of being a man or a woman). Moreover, India endorsed the Universal Declaration of Human Rights, of which Articles 1, 2, 3, 5, 6, 7 and 16 address, respectively, the rights to equality; freedom from discrimination; life, liberty, and personal security; freedom from torture and degrading treatment; recognition as a person before the law; equality before the law; and the rights to marry and have a family.

But some, specifically lesbian, gay, bisexual and transgender (LGBT) persons, are in many places and circumstances denied their claim to the full set of human rights. This puts LGBT individuals at risk for discrimination, abuse, poor health and death – the ultimate human rights violation.[32] This is true in the case of several countries such as India, where Section 377 of the still operative IPC continued to reflect the puritanical value system of the colonial period. Other legal provisions in the Indian system also perpetuate discrimination against sexual minorities (see Box 4.1)

This brief overview of the historical underpinnings of homosexuality – from the time of the Rig Veda down through the colonial period to present times – serves as the background against which to view the changes of the seventies and eighties, and the decades thereafter. It also enables a revealing comparison that helps us understand the implications of the mode in which sexuality is constructed.

Constructions around sexual behaviour We have taken note of the 'modes' in which sexuality is constructed. What exactly does this mean in the Indian context? Numerous examples of sacred lore and historical documents in India, from the Puranas, the Ramayana and the Mahabharata to the Ithihasa, the Buddhist chronicles and the Jain texts, make mention of people of different sexual orientations, and in the form of clear-cut identities. But little or no mention is made of what kind of sexual behaviours are involved in ascribing each of these identities.

This finding gains significance when Indian sacred lore is compared with equivalent narratives from the Judeo-Christian or Koranic traditions. Sacred texts from these other traditions reveal clear-cut

Box 4.1 A discriminatory legal system: some Indian examples

- Section 46 of the Army Act notes that 'Any person subject to this act who is guilty of disgraceful conduct of a cruel, indecent or unnatural kind… can be removed from service.' There are similar provisions in the Navy Act that subjects all employees of the Indian Navy to the disciplinary requirements under a similar enactment.
- The legal provisions relating to obscenity (IPC Sections 292 and 294), the concept of moral turpitude as a ground for dismissal from service, and provisions in the various state Police Acts can also be used to target same sex behaviours and identities. Thus the only way homosexuality figures in Indian law is as a conduct to be prohibited.
- There is no recognition of the rights of sexuality minorities in law. For example, same sex couples are deprived of the right to common property and inheritance, next of kin privileges in the event of illness or death of their partner, and custody maintenance and adoption rights. Given the fact that all cases of same sex union in India that have appeared in the media are those of women from smaller towns, their economic and social vulnerability makes the legal and social acceptance of their relationship vital.
- Homosexual relationships are not recognized when it comes to defining the family for the purposes of insurance claims, compensation under the Workman's Compensation Act, gratuity benefits and for the purposes of nomination.
- Public nuisance laws, such as those relating to loitering, soliciting and indecency have also been recruited to regulate gay people. Even when gay people have not suffered the full punishment permitted under these laws, their existence has imposed the stigma of criminality upon same sex eroticism.

Source: Various

social constructions around sexual behaviours. The contrast with other traditions clarifies the way in which constructions remained embedded in behaviours in the Indian contexts. As a result, sexual behaviour did not come up for detailed discussion. For instance, the chapter on 'auparistika' (oral sex) in the Kamasutra casually mentions a sexual encounter among a masseur, a hijra and another male without any judgemental or derogatory comments about their behaviour.

But science demands more secular definitions. Secularising the word 'homosexual' was a problem since same sex behaviours were now superimposed upon identities in Western science. Indeed, this mode of construction of sexuality posed a conundrum for modern epidemiology. When Kertbeny coined the word 'homosexual' to denote sexual and erotic relations with the same sex, he postulated that homosexuality was derived from a persona within, who could be located through certain sexual behaviours.

In sum, we have seen how the evidence of same sex relations – or at any rate, male-to-male sex – is very much a part of the history of Indian culture. However, a political identity based on sexual attraction began to emerge only in the latter half of the 20th century. Given a relatively tolerant background in the past, what could be the reasons for this time lag?

We have already taken note of the dominant heterosexual basis of the powerful Indian family, whether joint or nuclear; we have also noted how the Victorian approach to sex, sexual diversity, and regulating both, was imbibed by Indian society at cultural and legal levels. Possibly the other major salient factor has been the emphasis on sexual behaviours rather than sexual identity in the Indian context.

Without the construction, acknowledgement and greater understanding of sexual identities, there can be no starting point of a movement for alternate identities. This is exactly the point that self-identified gay, lesbian, bisexual or transgender persons make. These are not persons who are a basket of sexual behaviours. They are each dealing with a clear identity. *Living* it so to speak.

Chapter 5.

The context of parallel events

'What makes a living community? Living communities have an older generation teaching the younger generation... and all the inherited traditions of the particular community are passed that way. We (have to) try to build (such a) community... an entire system...'
– Ashok Row Kavi

An emerging discourse on identity and rights We have seen that the joint family in India gradually developed cracks in the twentieth century, increasingly giving way to the nuclear family (see Chapter 2). With urbanization came greater mobility, and long-held ties of the traditional community loosened. The world that emerged out of these changes became preoccupied by two significant discourses – one on identity and the other on rights.

The discourse on identity is a distinctly modern phenomenon. Some scholars feel that this emphasis on identity – whether based on the central principle of ethnicity, religion, language, gender, sexual preferences, or caste – is a compelling remedy for anonymity in what is otherwise an impersonal world. The concern with identity is seen as a symptom of the need for a 'pattern of belonging, a search for comfort, an approach to community'[33].

In other words, identity is about *belonging*. At its most basic level, it gives one a sense of personal location, and provides the stable core to one's complex involvement with others. But identity is almost never this basic in the modern experience. In the modern world, each of us lives with a variety of potentially contradictory identities inside us. Identities may include man or woman, upper caste or dalit, rich or poor, straight or gay, able bodied or disabled: the list could be infinite, as well as our possible belongings. Which of the identities serves as the focus depends on several factors.

What are the distinguishing features of the identity discourse in the Indian context? Before India became a nation in the modern sense, it was a collection of different communities and cultures, while a 'pan-Indian' identity remains somewhat notional and ephemeral in the oblique consciousness of the collective without having a

significant direct bearing on their everyday experience. The building of such a national identity began, arguably, sometime in the early 19th century during British rule, and as a social reform movement intended to change traditional Indian society. Subsequently, the common bond of being ruled led to a rising new nationalist Indian identity. Thus the early stages of modern national Indian identity had reformist as well as nationalist roots.

Post-independent India continues to be multicultural – communities and collective identities have remained powerful enough to claim recognition. The claims of these multiple identities and a pan-Indian one have to be reconciled. In response, India views itself, in some sense, as an association of individuals, and 'a community of communities', recognising both individuals and communities as bearers of rights. Thus the state is seen as an 'active contributor to identity politics through the creation and maintenance of state structures which define and then recognize people in terms of certain identities'.[34]

Not surprisingly, identity politics of various hues flourish in India – including those based on language, religion, caste, ethnicity and tribal identity. But it would be misleading to assume that each of these identity markers operates independently, without the overlapping influence of the other markers. For example, a homogenous linguistic group may be divided by caste affiliations that may be sub-divided by religious orientations; or all may be subsumed under a broader ethnic claim.

The other prevailing modern discourse, the one on human rights, also arose in the post-World War II period. Human rights constitute a relatively new agenda, still under construction. There is an emphasis on identity, for self-determination and self-assertion, which became an integral part of the notion of universality of certain rights, wherein it was acknowledged that no individual can be denied these entitlements which derive from their humanity itself and are therefore not dependent on social sanction or acceptance. The notion of human rights expands the role of the state – in civil and political rights on the one hand, and poverty alleviation and social services on the other. Respect for human rights has become an index of the legitimacy of regimes; it has become, as Boutros Boutros Ghali puts it, 'the common language of humanity'.[35] Indeed, 'the promotion of human rights' has been adopted as a major goal of the United Nations.

The contemporary package of human rights is concerned with individual satisfaction, social stability and economic efficiency. It is largely individualist in focus, encouraging citizens and workers to show initiative and mobility. Patterns of racism, sexism and homophobia are seen as economically inefficient since they exclude groups of people from participating fully in the society and the economy. The

implicit message is that human rights are linked with modernization; and recognizing variation is modern.

From the fifties, various movements in India have expressed the assertion of identity and the quest for rights. Major movements, including those based on caste, language and gender, have intersected at different points in time with each other as well as with worker and peasant movements. They have equally and have had their effects on the trajectory of collectivization and mobilization among the MSM and TG communities.

The organising principle of caste Caste-based discrimination and oppression has had historical continuity in Indian society. This holds true for the post-independence period as well. There are laws to remove untouchability and keep caste-based discrimination in check. There is the policy of reservations designed by Bhimrao Ambedkar, and the host of legal and administrative strategies that have been built on this policy for positive affirmation. Still, not only does prejudice continue to be expressed; there are also regular instances of caste-based atrocities.

The backward caste movement can be traced back to the fifties with the growing desire among non-brahmin castes to be categorized as backward. As a result, the Backward Class Commission in 1953 recommended affirmative action for backward castes. This was reiterated by the Mandal Commission in 1980. A somewhat different manifestation of caste identity is apparent in the dalit movement's attempts to gain political momentum.

What is of particular interest is the use of caste as political capital in post-independence India. The recommendations of the Mandal Commission reflect the fact that caste is viewed as an important political resource. Group identities based on caste have gained in strength over the years, with the growth of the backward caste movement and the dalit movement. The political consciousness emerging from this identity has been institutionalised by caste-based political parties that claim to uphold the interests of specific identities. In fact, a range of political parties and formations have followed the caste pattern, either openly or tacitly, to extract mileage in electoral politics. The net effect of these mobilizations along caste identities has been the empowerment of newly emerging groups.

Language identities Identity claims based on language as a collective bond drew strength from pre-independence politics, in particular from the promise to reorganize states on a linguistic basis. In 1949, the 'JVP' (Jawaharlal Nehru, Vallabh bhai Patel and Pattabhi Sitaramayya) Committee made a concession to 'insistent and overwhelming' public sentiment in favour of the formation of Andhra

Pradesh from the Telugu speaking region of what was then Madras. This concession, says political scientist Michael Brecher, was the 'opening wedge for the bitter struggle over states reorganization which was to dominate Indian politics from 1953 to 1956'.[36] Ironically, the claim of separate states for linguistic collective units did not end in 1956; it continues to challenge Indian leadership.

Linguistic divisions have been complicated by the lack of a uniform language policy for the country. In each state, the dominant regional language is often used as the medium of instruction and social communication; the resulting allegiance to the language gets expressed even outside the state of origin. It has been argued that linguistic states provide autonomy to the constituent collective units within a heterogeneous society. But critics have also argued that linguistic states have reinforced regionalism, and provided a platform for a phenomenal number of identity claims in a country that has 1,652 mother tongues and only 22 recognised languages around which states have been reorganized. Thus, goes the argument, recognition for linguistic groups has led to a climate in which claims such as 'Maharashtra for the Marathis' or 'Gujarat for the Gujaratis' can be made. As a result, linguistic mistrust has been reinforced, the economic and political good has been defined in linguistic terms, and national unity and national spirit have been affected.[37]

The women's movement The rich and vibrant women's movement in India can be traced back to the social reform movements of the 19th century, when campaigns to improve the condition of women's lives were taken up, initially by men. By the end of the century, women had begun to organize themselves around causes such as education and work conditions. Women's organizations were set up in the early part of the 20th century, and many of the women active in these organizations later became involved in the freedom movement. Independence brought women in India the dream of a just and democratic society. The sixties and seventies witnessed numerous protests in which women took part: campaigns against rising prices, movements for land rights, peasant movements. Everywhere, in the different agitations sweeping the country, women participated in large numbers. And everywhere, their participation resulted in transforming the movements from within.

One of the first issues taken up by women's groups was violence against women, specifically in the form of rape and dowry deaths. For the women, this was the beginning of a learning process. Most protests were directed at the state. Because women were able to mobilize support, the state responded in what seemed a positive way. The laws on rape and dowry were made more stringent. These early campaigns also taught women's groups that targeting the state was not enough; victims too

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needed support. Raising awareness was added as an activity so that violence against women could be prevented, rather than dealt with only after it happened. Legal aid and counselling centres were set up, and attempts made to establish women's shelters.

In more recent years, one of the biggest challenges women have had to face is the growing influence of the religious right in India. Right-wing groups have built much of their support on women's needs and involvement. They have offered to help women with domestic problems or with entering the public space – though in a limited way. But all the while, these groups have ensured that the overall ideology within which they operate remains firmly patriarchal. For activists too, this has posed major problems. They cannot assume solidarity among women across class, religious, caste and ethnic lines. In sum, these groups have had to recognize that much remains to be achieved with regard to women's rights.

An identity discourse among sexual minorities Unlike other identity movements, an identity movement based on sexuality and sexual orientation has emerged only recently. But the learnings from the rights and identity debates, whether on caste, language or women, helped homosexual sub-groups to explore the expression of their identity. The debate on an identity based on sexuality involved breaking down two assumptions: first, that the construction of sexuality is often 'ahistorical'; and second, that the only relevant sexuality is 'penetrative heterosexuality'. This led, at one level, to a quest for evidence of homosexuality in a historic perspective. And at another level, it initiated the discussion around 'alternate sexualities'.

Discarding the Eurocentric classification of sexuality into clear-cut categories of homosexual and heterosexual, the new discourses on sexuality explored a variety of experiences and desires. Thus the term 'alternate sexualities' came into vogue. By using the adjective 'alternate' to describe 'sexualities' – in the plural – the term draws attention to the need to describe sexual behaviours other than penetrative heterosexuality, and the meanings of these behaviours. Sexual practices constitute a private matter. But expressing an identity based on sexual orientation is not just asserting the right to certain sexual behaviour. It is a claim that rests on a *collective* sense of identity based on sexual preference and orientation.

Bitra George takes up this notion of collectivization in the Indian context: 'Collectivization actually started quite late with the gay movement in the West coming into India. I think if we track the last 15-20 years history of bisexual movements or the gay movement in India, it started with rights based issues for the sexual minorities but then (went) beyond just looking at human rights to also look at sexual rights and sexual health…'[38]As we have seen in previous chapters,

homosexuality as behaviour has existed in our culture for centuries. However, the framework to understand and interpret these experiences developed later and have been borrowed from the West. Hence it becomes important to examine the international picture in the background.

The unfolding international picture The last half of the 19th century was a period of immense social change. It saw one final surge of formal colonial expansion. The West took control over major parts of Africa, Asia and Oceania. The same expansionary times also saw the growth of some forms of insularity – expressed, for example, as homophobia. In fact, it would not be an exaggeration to say that homophobia assumed a peculiar 'normalcy' in Western thinking. A kind of 'social contract' had emerged in the West. It had four elements. First, there was a legal and social *condemnation* of homosexuality. Along with this condemnation existed a kind of *blindness* (the refusal of the larger society to see homosexuals in their midst); *taboo* (avoiding mention of homosexuality as normal); and *secrecy* (the need for homosexuals to live 'in the closet'). This social contract seemed closed to change; occasional persecution of homosexuals kept the conditions of the contract going.

The four elements of the social contract, map to an acceptance of four arguments regarding homosexuality. The first is the argument that homosexuality was a modern perversion with no basis in history. The second argument is that homosexuality was unnatural because it was non-procreative. The third argument is that there is no evidence of homosexuality in the animal kingdom and therefore homosexuality was a perversion of the human mind, which needed to be controlled through proscriptive means. And the final fourth argument is that homosexuality was unacceptable to religion and to culture.

Despite this, homosexuality was tolerated in artistic circles and among the elites. There were visible gay men among ballet dancers, for instance, or among hairdressers and fashion designers. But the closeted gays and lesbians were unorganized.

Then came World War II, a time of change in North America for the minorities and/or the marginalized, such as women, people of colour, Native Americans and people with alternate sexualities. Gay organizations were established in the years immediately after the War in Europe and North America – first in Amsterdam, then in Copenhagen and Los Angeles. The organizations were segregated so that they were either for gay men or lesbians. Most members and many leaders were, however, still in the closet. The groups were called 'homophile' organizations to indicate that members were not necessarily homosexual, simply concerned with sexual orientation issues. The early organizations in the West commonly urged

homosexuals to develop a moral, dignified lifestyle so they would be accepted – as if they were responsible for their own persecution. But changes in perception grew.

New studies on sexual experience such as the important Kinsey Reports (1948 and 1953) challenged the social contract by showing that sexual variations are common. They also challenged the assumption that 'homosexual' and 'heterosexual' make up two completely separate categories. There were increasing moves toward mobilization and collectivization of sexual minorities so that a movement could be built. The movement aspired to increased visibility, recognition and legal rights for homosexual people – including the rights to marriage and civil unions, adoption and parenting, employment, military service, and equal access to health care. At about the same time in 1957, the Wolfenden report in the UK recommended that homosexual behaviour between consenting adults in private should no longer be a criminal offence. The report stated that homosexuality cannot legitimately be regarded as a disease, because in many cases it is the only symptom and is compatible with full mental health in other respects. The report added, "The law's function is to preserve public order and decency, to protect the citizen from what is offensive or injurious, and to provide sufficient safeguards against exploitation and corruption of others ... It is not, in our view, the function of the law to intervene in the private life of citizens, or to seek to enforce any particular pattern of behaviour".

To this end, there were instances of public activism. Gays and lesbians picketed the White House in 1965. Annual demonstrations took place outside Independence Hall in Philadelphia. But these efforts to be seen as a legitimate minority failed. In the fifties and sixties, even respectable gays were unable to gain recognition or mainstream media coverage in the West. At most, they were able to force the repeal of the criminal laws by using the privacy clause in a campaign run without visible homosexual participation.

But the modern gay/lesbian liberation movement did finally take off in 1968/69 – with the May 1968 events in Paris, the Binnenhof protest in Holland and the Stone Wall riot in New York. Arguably, the most influential of these was the Stone Wall riot of June 1969, in which drag queens and gay bar patrons fought the police in what was otherwise a routine case of police harassment in gay space. Stone Wall, the bar where the gays fought back, became a symbol. The event was honoured a year later with the first of the modern 'Pride' parades, employing the basic strategy of asserting visibility. The Pride Parades gradually expanded to all the major cities in the West and then to major cities in other parts of the world.[39] In India, the first Pride March took place in Kolkata in 1999. The emerging organizations in the West also adopted symbols such as the rainbow flag and the pink triangle, which became popular international symbols of the gay and lesbian movement.

Influenced by other social movements based on identity and rights, such as the American civil rights movement, the sexual minority movement in the West was activism oriented. The course of the movement was mobilization leading to collectivization. But this activism of the gay liberation movement faded away with the emergence of AIDS in the early eighties. Some gay activists set up health service organizations or became engaged with government health agencies. Gay-run, publicly-funded HIV education and prevention organizations were established throughout the West.

All this was possible because by the beginning of the millennium, gays, lesbians and TG were recognized minorities in the West. The issue of their gaining legal equality got increasing support from media commentators, judges, legislators and the clergy. The Pride Parades were no longer confrontational. More and more they began to be called festivals. Hence it would be fair to say that there has been considerable progress in the West over the last few years in protecting the rights of sexual minorities (see Box 5.1).

Box 5.1 Recent developments in the West

- The classification of homosexuality as pathological or abnormal has been rejected.
- Anti-homosexual criminal laws have gone.
- Anti-discrimination laws with their lists of prohibited grounds of discrimination – race, sex – have been extended to cover sexual minorities.
- Spousal benefits connected with employment have been extended to same sex partners.
- The social approval involved in the legal regime of marriage has been extended to same sex couples, first as registered partnerships or civil unions, and now, in a few jurisdictions, as marriage.

Source: *Flying the Rainbow Flag in Asia*, 2004

Along with such progress grew a new interdisciplinary field – gay and lesbian studies – and sexuality began to be studied within the context of community and political life.

And gradually, the concept of a homosexual as a genetically determined person began to change into *a social category that could be analyzed*.[40] This shift in the way homosexuality was being perceived did not move easily to India, however. Homosexuality, especially in the form of a self-conscious identity, was often criticised as a 'Western import'.

Reaching Indian shores To begin with, public discussion on sexuality has been rare in Indian culture. Then, despite historical evidence of homosexual behaviour, there is only one kind of officially acceptable male desire in Indian society: heterosexual desire within marriage. Social structures in India define and defend this 'heteronormative' ideal. Thus social structures and norms enshrine rigid notions about what it means to be a 'man' or a 'woman'; how the two should relate; and what

sort of family unit should result from such a relationship (see Chapter 2). Manly men should marry feminine women, and have children who bear the caste, class, religion, and property of their father. Heteronormativity is internalized so that only those unions and social formations that fall within its belief systems are recognised; the others are branded 'abnormal'.

At the same time, many folk songs and vernacular literatures acknowledge the prevalence of the homosexual orientation through their playful use of 'double meanings'. In fact, a study of Indian culture, even religious scripture, makes it clear that the homosexual orientation has been prevalent throughout India's written history (see Chapter 4).

As a result, a peculiar disconnect occurs. On the one hand, India has always been aware of the presence of sexual minorities in her midst, including in culturally sanctioned forms, such as the hijra. On the other hand, such has been the power of the heteronormative ideal that issues relating to alternative sexualities have rarely been articulated. This disconnect could well be the reason for the delay in the development of a modern framework to understand and interpret homosexual experiences and/or orientations – 'gay and lesbian identities', for example.

The news – and effect – of the international sexual minority movement or the sexual liberation of the West found an answering call from India almost 20 years later, in the late eighties. It began among the Indian diaspora that had keenly been observing the events of Paris, Binnenhof and New York. The diaspora reacted to those events by starting various publications and newsletters in the United States, Canada and England.

> **Box 5.2 A magazine for LGBT community action**
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> *Bombay Dost* was launched in June 1990 by well known journalist Ashok Row Kavi and two of his friends, a graphic designer and a film maker. *Bombay Dost* achieved several firsts. It expressed concern about HIV and AIDS in its first editorial – though the magazine was launched before HIV and AIDS was thought of as an epidemic in India. It included a counselling column and a dating service, but also cultural and humorous articles. In sum, it was the first magazine in India to announce its LGBT charter and act on this charter through a variety of means.
>
> In its earlier avatar the magazine sold at Rs.20 a copy; but because of limited distribution, it retailed up to Rs.200 at times. Financial problems forced the magazine to close in 2002, but it was launched again 7 years later with support from the UNDP. The new tag line of the magazine is *Bolder than ever* – and keeping to this promise, the magazine was re-launched in a mainstream, upmarket retail outlet called Oxford Bookstore by Hindi film actor Celina Jaitley.

In 1985, *Anamika*, the first South Asian lesbian newsletter, was brought out in New York City by two women from India who had gone to the United States to study. Copies were circulated in India. A year later, in 1986, another newsletter, *Trikone*, was brought out by two gay men in San Francisco. In 1987, *Khush* began publication in Canada. In 1988, Shakti and its publication *Shakti Khabar* began in London; and in the same year, *Khush Khayal* made an appearance in Canada. 1990 saw the beginning of yet another publication in the United States, *Shamakami*. In the days before the Internet, these publications informed Indian audiences about the happenings in the West.

At the same time, across the seas, key events were taking place in India. India had a sole representative at the 5th International conference on HIV and AIDS in 1989 – Ashok Row Kavi. In many ways, it was the 'coming out' of this single individual in 1986, that provided the spark that lit the proverbial bonfire. He was a visible face of the sexual minority group and acted as an important catalyst for the growth of groups. By acknowledging his orientation in public, he gave others the courage to come forward and do the same.

Then in 1990, India's first gay and lesbian Magazine, *Bombay Dost*, made its debut (see Box 5.2). And in the same year, another newsletter, *Freedom*, was published from Gulbarga in the State of Karnataka. The ripples that had begun in Paris, Binnenhof and New York had finally reached Indian shores – and not just a big city like Bombay, but also small districts like Gulbarga.

However, it would be wrong to think that homosexuality was absent from the public eye before 1990. Indeed, homosexuality was discussed in one form or the other on a range of platforms. As early as 1941, Ismat Chugtai's short story *Lihaf* (The Quilt), explored a lesbian relationship. In what was then undivided India, the Lahore Government brought an obscenity charge against

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Box 5.3 Good As You

Vinay Chandran describes how Good As You began and how it functions: 'How did Good As You begin? The trigger wasn't anything specific. What I remember is the older members telling me they used to meet in a popular old pub in Bangalore. Soon they felt the need for a formal group and so 6 of them met in a (friend's) office and decided to start Good As You. And from there it progressed into a huge thing. Till date, after 15 years since inception, Good As You meets every Thursday evening 7-9 pm. It is the only group whose membership is open to lesbians, gays, bisexuals and transgender. Sometimes even straight people come to participate in the weekly discussion. There is no specific agenda set for the group. Every week a topic is chosen for discussion. But it is not compulsory for members to talk. Once, a member shared that he comes every week but doesn't feel the need to speak. He comes because the place gives him the freedom to be himself at least once a week.'

Source: KII, Vinay Chandran, co-founder of Swabhava and member of Good As You.

the author; but the charge was overturned by the Court. The Court ruled that the story could only be understood by someone who already had some knowledge about same sex relations; hence the story could not be guilty of 'corrupting' innocent minds. More than 35 years later, in 1978, Shakuntala Devi's pioneering *The World of Homosexuals* was published. This was the first Indian book to attempt an unbiased discourse on the issue of homosexuality, and in the Indian context. In 1981, the eminent Marathi playwright Vijay Tendulkar portrayed the inner conflict of a woman who realizes she is lesbian in *Mitrachi Gosht*. The play, performed in Mumbai and Thane, was well received and ran for 26 shows.

Early stirrings Whether before the nineties or during the decade, the early happenings within the movement in India were quite different from what had taken place in the West. In India, the preliminary reaction to the news filtering in from the

Box 5.4 In search of 'people like us'

Anish Chaudhuri from Amitie Trust: 'The primary need… is friendship and having fun. Mumbai always had a party culture which facilitated such socializing. But in the early eighties and even today Kolkata cannot boast of such a scenario. Kolkata is more a home city. In Kolkata the neighbourhood popularly known as the 'pada' is very important… everyone knows everyone, and my next door neighbour will not hesitate to slap me if he finds me 'misbehaving'. In this situation it is difficult to come out and socialize. It is very much family, family, family – you get up in the morning, have your cup of tea, (read the) newspaper, (eat) breakfast and go to your place of work, work hard, come back, go out with a friend or to a movie, that is also a recent development. Forget about girls, even boys are not supposed to stay out after 10 pm. Then how can one socialize?'

Pawan Dhall on Counsel Club: 'I think there were 5 people who got in touch through me. At that time I was the *Bombay Dost* representative in Kolkata. There was a lot of talk in the meeting like why we are together, is there a need to come together. But the immediate thing was we were few of us and we all had problems at home. At the same we were all looking for companionship.'

Malobika from Sappho: 'It all happened… because my partner and I were in search of people like us.'

Source: KII, Anish Chaudhuri, Pawan Dhall and Malobika.

West about the collectivization of same sex groups took two forms. One was an attempt to develop an ideological discourse around the issue; the other was simple collectivization in the form of safe places or support groups. As we shall see in Chapter 6, collectivization in the early nineties was primarily in the form of support groups organized around the concept of a club. These groups – such as Red Rose in Delhi in, the Counsel Club in Kolkata and Good As You in Bangalore, were made up of friends and acquaintances coming together in response to the feeling that 'I want to be with others who understand me...'[41] (See Boxes 5.3 and 5.4.)

It would be incorrect to say, however, that the Indian sexual minority scene in the nineties was totally devoid of activism. As early as July 1990, gay men in Delhi protested against the infiltration of a private party by a journalist posing as a homosexual. In the same year, another landmark protest took place in front of the Delhi Police Headquarters, to protest against police harassment and the arrest of suspected homosexuals under Section 72/73 of the Delhi Police Act. In 1994, the AIDS Bhedbhav Virodhi Andolan submitted the petition for the repeal of Section 377 in the Delhi High Court. In the same year, there was a mass gathering in Mumbai, the Humsafar-Naz Conference for Gay men and MSM. About 60 delegates from India, South and South East Asia as well as the South Asian Diaspora, attended the five-day event. The conference was widely – and positively – covered in national and international media.

Then in 1999, the first Pride March was organized in Kolkata. At that time, the objective of the Pride March was very different from what it is today. The 1999 Pride – also called the 'Friendship Walk' – was held in Kolkata mainly to raise the visibility of the sexual minority. But since 2008, Prides are very much associated with the repeal of the infamous Section 377 of the Indian Penal Code. Coincidentally, 10 years later, on the very date of the Friendship Walk, on 2nd July 2009, the Delhi High Court read down Section 377 and made consensual sex between same sex adults legal in India.

The formation of some organizations also contributed several milestones to the movement in the nineties. For example, Sangama, an organization founded in 1999, spoke to a somewhat different ideology: it saw mobilization against an oppressive mainstream as its prime motive. From its inception, Sangama focused on mobilizing sexual minorities by making them aware of their rights, then encouraging them to protest against discriminatory practices such as social exclusion, police harassment and blackmail by goons. Efforts also started to be made to air the concerns of Indian sexual minorities in international fora. Aditya Bondyopadhayay was the first gay individual to testify against the state supported oppression of sexual minorities before the UN Committee on Human Rights in Geneva in April 2002.

The decade also witnessed the growth of community based organizations (CBO) such as the Humsafar Trust. Unlike support groups that were self-funded and largely confined to discussion evenings, the CBO provided services for the community members. And in those days, such services were usually funded by an external donor. In the long term, CBO proved more stable than the self-funded support groups. Aside from Good As You in Bangalore (see Box 5.5), several of the early support groups have been wound up as other platforms have emerged.

The situation among transgenders In contrast to this series of developments, the state of affairs among the TG was quite different. Ever since the passing of the Criminal Tribes Act 1871 every aspect of the eunuch's existence was subject to surveillance – and hence the threat of criminal action.

Partly as a result of this legal bias, society at large remained apathetic to them. The TG community responded by becoming inward looking. Apart from the necessary economic transactions related to survival, the community practically severed its connections with mainstream society. This made the TG community more tightly knit with strong hierarchies. Social organization elements, such as gharana, guru-chela parampara, jamat and panchayats, helped to strengthen and maintain the community's structure. The gharana mimics the supportive structure of a family, including figures such as gurus, guru bhai and chelas.

There were almost no support groups for the TG in the eighties and nineties, perhaps due to two factors – their inwardness and the existence of a strongly organized community. And, it might be argued, the discourse on identity and rights also did not touch them addressed as it was, to the educated and professionals.

A divergent lesbian experience So far, we have considered the TG and MSM worlds in depth when examining the historical, social, political and legal and vicissitudes of same sex relations. But any exploration of the vast and shifting world of sexual minorities, even one with a focus on the MSM and TG world, would be incomplete without taking into account the divergence suggested by the lesbian perspective. The mobilization of lesbians as part of the larger movement of sexual minorities is particularly noteworthy.

The word 'lesbian' is derived from Lesbos, the Greek island home of Sappho, poet and teacher of young women who openly proclaimed her love for girls. Although female homosexuality has appeared in many cultures throughout time, the term lesbian – to describe sexual and romantic desire between females – evolved only in the 20th century. And as far as the Indian languages are concerned, there is no equivalent of the word 'lesbian'. In ancient India, we do find reference to terms such as svarini or nastriya in Sanskrit texts; but there are no such references in later periods. And as if in keeping with the absence of a term to define it, the relationship too remains covert in India. Sometimes it is even assumed that lesbian relationships have been 'imported' from the West and occur only among 'Western educated middle class women'. But there is undoubted evidence of such relationships across classes in Indian society. Why then is there such silence on these relationships?

To begin with, societies around the world have been largely patriarchal in nature. Men have shaped the world's ideas on women's roles in love, sex and the family. And since men are completely absent in a lesbian relationship, it is disregarded as a valid expression of sexuality. Patriarchy forces all women, heterosexual or lesbian, into marriage, and pushes them into the roles of mother and wife. Indian society, in particular, is constructed around the norms of heterosexuality, monogamous marriage, and the control/denial of women's sexuality. These norms stigmatize lesbian and bisexual women – just as they perpetrate violence against heterosexual women and keep them in a subordinate position in the family. In this sense, gender discrimination and discrimination against lesbians and bisexual women go hand in hand.

Another reason is that public space in Indian society is predominantly male. Gay/bisexual men have access to these spaces – such as parks and toilets, popularly termed as 'cruising sites' – to express their sexuality in public places. But lesbians and bisexual women do not. Often they are confined to the home; and although home may be considered women's space, it is hardly the place where women's sexuality, least of all lesbian and bisexual women's sexuality, can find expression. In fact, the family is considered the most oppressive and the least supportive factor in lesbian relationships. There have been cases where parents have found out about their daughter's lesbian relationship and lodged a police complaint against the partner for 'kidnapping' their daughter.[42] Single women who reject marriage are safer and more tolerated by society than lesbian couples. In combination, all these factors have resulted in limited lesbian participation in the various organizations formed by sexual minorities. The other problem encountered by lesbians – both in India and elsewhere – is that though there have been enabling connects with other movements, such as the women's movement and the gay movement, there have also been some disconnects.

Earlier in this chapter, we have seen that the 1969 Stone Wall riot in New York was a landmark event for the gay liberation movement in the international context. It was also the point at which the gay rights movement and the feminist movement connected. What followed was a surge of gay activism and feminist consciousness that transformed the definition of lesbian. In a significant shift, some militant feminists concluded that the most effective way to overcome sexism and attain equality would be to deny men any power or pleasure from women. Sexual desire was not the defining characteristic of these lesbian-feminist women; it was their focus on politics. Lesbian-feminism was a youth-oriented movement. Its members were primarily college educated, with experience in New Left and radical causes, but they had not had any success in persuading radical organizations to take up

women's issues. In contrast, many older lesbians who had acknowledged their sexuality in relatively conservative times were more concerned with maintaining their ways of coping in a homophobic world.

In India, the situation has been a little different. In the initial stages, the women's movement was not ready to take up issues of lesbian relationships. There was a conscious attempt to stay away from the 'Western type' of women's movement and focus on women's survival needs. Rape and domestic violence were addressed, but there was discomfort in dealing more directly with sexuality – addressing, for instance, a woman's right over her body or her right to sexual pleasure. To some extent, the decision to stay out of lesbian issues was political, given the movement's link with natural allies like the Left.[43]

By and large lesbians have remained either unidentified or a very closeted community. In recent times, an unusual outburst of lesbian expression took place in 1996 when right-wing groups protested the screening of the movie *Fire*. In response to the protests, lesbians collectivised into the group - Campaign for Lesbian Rights or CALERI, which drafted its manifesto titled *Lesbian Emergence* in July 1999. Unfortunately, the group disbanded soon after and the Delhi based collective called PRISM – People for the Rights of Indian Sexual Minorities - took its place. But all along, there have been lesbian undercurrents in the women's movement, even if they have not featured as part of the main agenda of the movement. Flavia Agnes, an activist of the Forum against Oppression of Women, Mumbai, remarks: 'Many women in the movement turn to lesbianism or bisexuality as a conscious political choice, for they cannot reconcile their radical understanding of themselves and of women in general with the inequality, exploitation, lack of respect and understanding and often blatant physical force that characterize typical heterosexual relationships, whether in marriage or out of it'.[44] And though the relationship between lesbian and women's movements have not always been easy in India, lesbians have still found comfort within the fold of the women's movement, given the common cause of combating male oppression.

This is one of the reasons that lesbians have always felt some disconnect with 'male' gay groups and movements. The recurring feeling has been that while lesbians want to challenge both homophobia and patriarchy, gay men are content to limit their fight to homophobia. In fact, lesbians may even view gay men as misogynist and sexist, and as perpetrators of patriarchy.

Another disconnect with the gay/kothi community came with the advent of HIV and AIDS. The NACP II defined MSM as a vulnerable category along with female sex workers and injecting drug users. And since 2001, the collectivization and

mobilization among the gay/kothi, now described as MSM, has been more or less around HIV. The lesbians, by virtue of not being considered a vulnerable group, have not been part of the recent spurt in collectivization and mobilization.

It is important to take into account the general sense of isolation and the specific disconnects felt by lesbians and lesbian groups in the larger context of sexual minorities in India. But it is equally important to explore historical connects and the possibility of new connects. As Malobika and Akanksha summed it up in a KII: 'Ours is a salt and pepper relationship… There is power politics… but gays and lesbians have a solid historical background… We want to walk together with other groups… other MSM groups… we don't want to live in an isolated island…'[45]

The advent of HIV We have just seen that the advent of HIV and AIDS resulted in a disconnect between lesbian groups and other sexual minorities. Indeed there was significant change in store for all the various worlds of homosexual people once HIV became an undeniable reality in their lives. In the West, a considerable section of the homosexual population popularly known as gay was completely wiped out. There was widespread fear and even hysteria within the community as friend after friend fell to the virus.

By 1986, HIV had 'officially' arrived in India. And by the mid-nineties, HIV had begun to make its presence felt within the homosexual population. The second phase of the NACP, which began in 1992, responded by identifying MSM as among the sub-populations most at risk. (This had already been done in the West.) Substantial funds became available to implement the targeted interventions supported by NACO. But few knew, as yet, who was at greatest risk and how the spread could be limited. What was already clear though was that the population of MSM would have to be involved in finding the way. This led to a mushrooming of CBO of sexual minorities. Identities within the community became more polarized and terms such as gay, kothi, hijra and MSM emerged into the common consciousness. In an interesting development, terms such as MSM, previously used to describe sexual behaviour, also began to be used to describe sexual identities.

It was inevitable that HIV and AIDS would have far reaching implications for the collectivization of sexual minorities. At one level, much of the community organization in the post-HIV period had to do with the delivery of services related to the prevention of HIV and AIDS. Thus the HIV epidemic also brought with it an official acceptance of the existence of MSM in Indian society. Government programmes were designed for the prevention and care of HIV and AIDS among MSM. The HIV programme in India has been a categorical example of mobilization leading to collectivization.

On another level, the filing of the petition to repeal Section 377 of the Indian Penal Code became a rallying point for all sexual minorities to undertake mass gatherings, meetings, parades and protests. In fact, the Pride March has grown synonymous with the fight against Section 377. Tripti Tandon of the Lawyers' Collective says in a KII: 'Section 377 started with talking only of the sexual act but today it has gone beyond the sexual act in question and beyond HIV… to identity.'

The first challenge to Section 377 was filed by the AIDS Bhedbhav Virodhi Andolan in 1994 however, the petition was dismissed for non-prosecution when the ABVA disbanded. The next key moment came in 2001 when the Naz Foundation India Trust filed a petition. The historic judgement, delivered by the Delhi High Court ten years later on 2nd July 2009, overturned the 150 year old Section of the Indian Penal Code to finally legalise consensual homosexual activity between same sex adults. Vivek Divan[46] says, "After the judgement of the Delhi High Court on Section 377, IPC there has been an increased shedding of hesitancy by queer people in India in organising events – from film festivals and pride marches to public for a such as discussions on sexuality n colleges, with medical association and with policy makers and implementers – and being more visible, especially at a collective level".

But to trace the journey to this high point of the history of sexual minorities in India, we need to explore, in greater depth, the ways in which the Indian movement took root and then grew.

Chapter 6.

Coming together: MSM networks

'The working class MSM figured nowhere. There were no communities, only sexual networks and friendship networks. So the model we evolved... mobilized these networks to develop their own organizations so they could provide their own health services.'
– Shivananda Khan

Emerging networks We have seen that the gay liberation movement in the West reached Indian shores almost 20 years later. And it is since the nineties that we find evidence of different platforms on which various issues of homosexuality were raised and addressed. The year 1991 saw an important landmark – the publication of *Less than Gay – A Citizen's Report on the Status of Homosexuality in India* by the AIDS Bhedbhav Virodhi Andolan. At a time of 'official' denial, this report presented homosexuality as a serious subject for discussion for the first time.

The history of the movement thereafter is made up of a remarkable flurry of activity. In 1992, a group of lesbians met in Delhi to discuss amending *Less than Gay* to make it more inclusive. 1994 saw the Humsafar-Naz Conference for Gay men and MSM (see Chapter 5). In 1996, a presentation was made on lesbian and gay rights by a working group in a conference on Gender Just Laws, attended by women's groups, human rights groups, lawyers and activists. The publishing of newsletters and magazines and various public conferences set the stage for the initiation of an ideological discourse on homosexuality. And all this of course, was in addition to the series of workshops and conferences associated with the Delhi High Court case initiated by the Lawyers' Collective HIV/AIDS Unit for the repeal of Section 377.

The Western gay liberation movement had another impact on the Indian scene – the creation of associations of MSM. These were, broadly, of three types: those based on private initiatives, networks of friends popularly termed support groups; those based on a premise of vulnerability of the group and supported by outside funding, the community based organizations; and networks of community based organizations.

Support groups In the initial years, until the mid-nineties, the Indian landscape was dominated by friendship networks. These networks were generally found in larger

cities/metros and were dominated by the upper and middle classes, the Western educated, self-identified homosexuals popularly termed 'gay'. The agenda consisted of locating a safe space where people of the same orientation could meet. In 1991, the famous Jamali Kamali Garden meetings began, with some gays and lesbians laying claim to a garden in Delhi where Jamali, a gay poet, was buried next to his lover Kamali.

The nineties also saw the growth of groups such as Red Rose in Delhi and Fun Club in Kolkata. The Red Rose meetings were initiated by two gay men and two lesbian women. A red rose placed on a table at Madras Coffee House in Connaught Place (and later on in Lodi Garden), served as an identifier for gays and lesbians who wanted to meet. The Fun Club started in Kolkata as large social gatherings for gay men. It organized two such meetings but closed down soon after December 1991. The Counsel Club was formed in Kolkata as a 'Les-Bi-Gay' (lesbian, bisexual, gay) support group. The Group continued for almost 9 years. Many of the leading groups in Kolkata today, including Swikriti and Amitie Trust, were born of the Counsel Club. Both Rajarshi Chakraborty from Swikriti and Anish Chaudhuri from Amitie Trust report in their KII that they decided to set up their organizations because of the dissolution of Counsel Club.

Another group, Good as You (GAY), was set up in 1994 as a 'social and intellectual space' for Les-Bi-Gay people. The aims were to create awareness and pride in Indian Les-Bi-Gay identities; promote the expression of these identities through art, literature and other means; foster a positive and realistic view of Les-Bi-Gay relationships; and provide counselling, support and friendship to the Les-Bi-Gay community. And all this was to be attempted within a framework transcending gender, language, caste, class, religion, region, colour, creed and marital status. GAY serves as a safe space for Les-Bi-Gay people to discuss, debate, share views and information to help them come to terms with their sexuality. Issues for group discussion have ranged from Les-Bi-Gay rights, and strategies to deal with homophobia, to coming out. A newsletter in English and Kannada, *Sangha Mitra*, is also brought out. GAY sponsored the first Les-Bi-Gay rights seminar organized in India by students at the National Law School of India University, Bangalore.

Except for Good As You which has lasted for over 15 years, most support groups were abandoned relatively soon. The most common reason was internal disagreements; but the advent of HIV funding may also have had something to do with it – as we shall see.

 Apart from the formal groups in larger cities or metros, small groups of likeminded individuals organized private parties at their residences. Access to these spaces was

restricted to invited individuals because of the need to avoid police harassment, blackmail and the 'shame' associated with the homosexual identity. Although these private parties were principally sexual networks, a gradual coalescing of groups over the years resulted in a semblance of community.

But there was an alternative, at least in the urban areas. Paid parties began to be organized, which people could attend by paying a fee. Not only did these paid parties offer a safe space beyond cruising sites; they also contributed to a tentative assessment of what sort of community action was called for. For the first time, the homosexual network in Mumbai began to get an inkling of its own diversity – of class, region, language and profession. But again, access to these groups, even information about them, remains limited. And this was especially true for those in semi-urban and rural areas.

The Internet changed this situation somewhat, and Gay Bombay is an important name in this regard. Discussions were organized through a list serve facility on various social issues of interest to the group. But there was no face-to-face discussion in the initial years. Soon it was clear that the conversation on the Internet was too impersonal to satisfy those in need of sharing and support. Vikram Doctor describes the situation: 'Weekly meetings began to be held at MacDonald's in Mumbai (and) were later shifted to somebody's house as the group grew. The objective of Gay Bombay was to provide safe intermediate space to get introduced to the community.'[47]

The desire to meet other gay men also found expression in social dating magazines. Magazines such as *BM Ads* and *Bombayite* carried personal advertisements that hinted at a person's possible homosexual leaning; post box numbers were used to maintain privacy. Thus the need to seek someone homosexual was addressed by informal parties and sex networks for the fortunate, cruising networks for the brave and personal ad space for the timid. But actually there was risk involved in all these cases. And although these networks took the first steps to creating a community, they could do little to reach individuals beyond their immediate scope.

Community based organizations The need to find a framework of support remained a major concern for self-identified gay men. And as the decades passed and news of the decimation of the gay community in the West came in, this concern only grew in urgency. Thus the appearance of the quarterly magazine *Bombay Dost* in 1990 was a momentous event for gays. Not only did the magazine take a lead role in condom distribution and AIDS education, it also kick-started the organization of a community through the first published charter for LGBT community action in India.

In response, *Bombay Dost* received a flurry of mail that sought help in terms of crisis intervention and counselling services. The board members of *Bombay Dost* as well as volunteers tried to cater to this need within the existing structure. But an organization with the infrastructure to address these expressed needs was clearly necessary. A decision to form a community based organization called the Humsafar Trust was made. Humsafar created history by opening a drop-in centre for gay men; and the fact that the drop-in centre was located in a space offered by the Mumbai municipality was also a big achievement. Humsafar began with Friday meetings and workshops where gay men could come and express themselves on specific themes and topics. The slow coming together of networks had begun in Mumbai.

We have already noted in Chapter 5 that the nineties saw the growth of CBO for homosexual people. These were formal groups set up in accordance with legal requirements, clearly defined goals and an overall vision. They were managed by the members of the group – and the trustees or the governing board members were self-identified homosexual men. In most cases, such CBO implemented externally funded programmes to assist and aid community members. These were organized networks, many based on funding for HIV and AIDS. The objectives and work of such CBO and networks of CBO are apparent in the following examples – the Humsafar Trust in Mumbai, the Lakshya Trust in Baroda, and Sahodaran and the Social Welfare Association for Marginalized Men (SWAM) in Chennai.

The first example, Humsafar Trust, is a male sexual health agency set up in 1994 as a CBO by self-identified homosexual men. Their mission is to strive for the human rights of sexual minorities and to provide quality health services to MSM and tritiya panthi (hijra). Through the fulfilment of this mission, they hope to gain social equality for sexual minorities while creating a healthier community. Humsafar's community work began with the free distribution of condoms at two MSM sex sites in Mumbai. It continues to seek support from within the community to raise funds for areas that remain unfunded; 10 percent of its funding support actually comes from within the community. Indeed, Humsafar shows a strong engagement with the question of what makes a *living community*. Engaging with this question, Ashok Row Kavi says: 'Living communities have an older generation teaching the younger generation... and all the inherited traditions of the particular community are passed that way. We at Humsafar try to build (such a) community... an entire system... Every two years we go look for a person in the younger generation and then he gets into the board...'[48]

Given its goal of a healthier community, Humsafar is a sentinel surveillance site for NACO. Until recently, policy makers were unaware of the large numbers of MSM and TG and the extent to which they are at risk of contracting and transmitting HIV

and other sexually transmitted infections (STI). Through its research and sustained advocacy work, Humsafar has convinced government policy makers of the importance of reaching MSM and TG. Humsafar collaborations with public health care systems has resulted in more than 10,000 MSM and TG accessing services and Antiretroviral Therapy (ART) without any discrimination.

In fact, Humsafar's core competency is in networking strongly with MSM and TG groups in 10 states. Humsafar implements 9 holistic HIV intervention projects that provide prevention, care, and support and treatment services. These reach out to 13,000 new and 64,000 regular MSM/TG and male sex workers every year. The research unit of Humsafar provides technical support in conducting community based research on social and behavioural issues of MSM and TG. The Humsafar tool on conducting baseline studies has been adopted and incorporated in the national BSS studies. Humsafar has also developed sound management information systems to gather quality data on interventions.

Our second example of a community based organization, Lakshya Trust, was registered as a public charitable trust in 2000. It works on issues addressing the social, economical, legal, psychological and physical well being of the LGBT population. The organization works primarily on sexual health issues of MSM. Through projects on HIV and AIDS awareness and prevention in Baroda, Surat and Rajkot, the organization carries out various activities – such as outreach and awareness programmes, condom promotion, treatment of and counselling on STI, free health camps, distribution of communication materials for awareness, and needs assessment health services. The organization has also undertaken a study project implemented by the Gujarat State AIDS Control Society (GSACS), Ahmedabad, with technical assistance from the Sexual Health Resource Centre, New Delhi and funding from DFID. This project, one of the first of its kind, focuses on the prevalence of STI among the MSM of Baroda during the year 2004.

Apart from HIV and AIDS awareness projects, the organization also has two enabling environment projects dealing with education, employment and empowerment, sensitization of stakeholders and capacity building initiatives of MSM. Lakshya's strength has been in its networking. In fact, Lakshya was informally started in 1998 to bring together the MSM of Gujarat on one common platform. The focus was on poor MSM from the remote interiors of Gujarat. To this end, small and informal groups of identified MSM from almost all the districts and important towns of Gujarat met in places such as Rajpipla, Nadiyad, Anand and Daman. These meetings addressed numerous issues including AIDS and sexually transmitted disease, counselling regarding marriage pressures, identity problems, prevention of police harassment, and employment opportunities. One major

achievement of Lakshya was organizing a state level MSM conference at Rajpipla, Gujarat, which was attended by 45 to 50 participants from the districts, representatives of the Gujarat State AIDS Control Society and Humsafar. This conference led to a feeling of unity among MSM, and a sense that there is a support system in place for them.

Going down south to Chennai for our third example, we have the non-profit, voluntary CBO Sahodaran, which has been involved in HIV and AIDS prevention and control activities within the MSM community since 1998. It was registered in 2002. Sahodaran has conducted outreach in Chennai in 30 sites, including allocated areas of the beach, parks, and suburban trains. Between 1998 and 2003, Sahodaran implemented a male sexual health program with technical support from Naz Foundation International and financial support from DFID. Sahodaran was one of the implementing partners of the IMPACT project on (IMPACT) project to work with MSM in Chennai from 2003 to 2006.[49] In 2006, Sahodaran received the UNAIDS Red Ribbon Award for outstanding community work at the grassroots level.

In the course of describing this community work, Sunil C. Menon of Sahodaran underlines the need for MSM community organizations and the way in which they have evolved on the ground: 'The TG already existed in (the) jamat system and across the country there's a network. There's already a sense of community, people live in pockets and in small groups. So the TG had that framework. But the MSM did not. For the MSM community it all started with HIV and AIDS projects… then MSM CBO being formed and becoming independent. In Sahodaran we started with HIV and AIDS funding… (but) the goal was reaching out to MSM within the city of Chennai and (also) looking at what (could) evolve out of HIV AIDS prevention…'[50]

In fact, community based responses/frameworks have been shown to provide the best model for developing effective and sustainable HIV and AIDS reduction strategies, as also care and support. Male-to-male sexual behaviours indicate a range of multiple partners, putting them at great risk of contracting STI including HIV. Experience across the world has shown that focusing on small vulnerable populations with multiple partners is more effective than general mass media public awareness programs. Keeping this in mind, Sahodaran aims at improving sexual health and reducing the risk of HIV and AIDS and STI among MSM in Chennai city by enabling or providing:

- Behaviour change communication to increase safer sex knowledge and promote safer sex practices among MSM.
- Safe space and community support for MSM sub-groups.
- MSM-friendly STI diagnosis and treatment.

- Counselling services and referrals for Voluntary Counselling and Testing Centres.
- Advocacy and networking to reduce discrimination against MSM.

Also based in Chennai, the CBO called Social Welfare Association for Marginalized Men (SWAM), formally registered in 1997, was founded due to the efforts of B. Sekar, the first person in India to come out publicly in 1994 as an HIV positive gay man. He felt the urgent need to create awareness about HIV and AIDS among the MSM community – particularly in the context of official emphasis on the heterosexual route as the predominant mode of HIV transmission. Thus SWAM was formed with an aim to promote safe and healthy sexual behaviour, to decrease the incidence of sexually transmitted disease and HIV infection, and to protect the human rights of kothi and gay men. Sekar points out that prior to the HIV programme, 'We all gathered, (but) the gatherings were mostly in parks and were sex networks. HIV has given us a platform where we talk beyond sex, (about) our well being… We network and the discussion is not limited to a small group (because) we try to involve all.'[51]

SWAM's outreach workers educate kothi and gay men in the cruising areas of Chennai on STI/HIV and AIDS through a specially designed kit. They distribute condoms and conduct regular group meetings to dispel misconceptions while reinforcing HIV prevention messages. At the same time, the SWAM drop-in centre provides a safe and supportive environment for kothi and gay men to meet. Here too, there is access to information on STI/HIV and AIDS, free condoms, safer sex education and counselling services. Kothi and gay men with symptoms suggestive of STI or who want screening for HIV/STI are given different options. In addition,

- The SWAM clinic provides sensitive care to kothi and gay men with genitourinary or general complaints.
- SWAM runs a temporary shelter for HIV infected persons.
- SWAM provides education on sexuality and HIV and AIDS to school and college students in collaboration with local service groups.
- SWAM has introduced a small savings and micro-credit scheme for community members.

Interestingly, both Sahodaran and SWAM had their roots in a 1993 WHO funded project managed by Sundaraman of Community Action Network to promote condom use among sex workers and MSM. Sunil Menon ran the MSM programme and B. Sekar concentrated on the livelihood programmes for sex workers. Since Community

Action Network's governance structure was non- MSM, Sekar went on to set up SWAM in 1997 and Sunil to form Sahodaran in 1998.[52]

Networks of community based organizations We have seen how individual CBO grew in number and strength since the nineties. But in the first decade of the new millennium, it became clear that issues related to sexual minorities had to be taken forward to a larger platform.

The most important networks grew out of the efforts of two pioneering individuals, Ashok Row Kavi, the first person to come out of the closet as a gay person, and Shivananda Khan, who heads a UK-based MSM technical support agency that made South Asia the focus of its work on MSM HIV prevention. After the formation of Humsafar Trust, two of the first MSM CBO to be formed in India were Naz Foundation in Delhi and Naz Foundation in Kolkata.

While their initial positioning was antagonistic, they have gradually found merit in each other's approaches. Row Kavi supported the need to collectivise and join forces by all segments of the sexual minorities, stating that disparate identities do not support the process of collectivisation, and therefore there is a need to mobilise under a unified umbrella. Shivananda Khan contrarily proposed that identities prevalent in the vernacular languages of MSM networks should be developed into identity constructs. He therefore advocated the development of the kothi identity as an alternate to the gay identity as a segway into sexual health issues.

Among the most successful responses has been the Integrated Network for Sexual Minorities (INFOSEM). Over a period of time many of the agencies that were part of the NFI network have joined INFOSEM. How did INFOSEM come about? In May 2000, the Humsafar Trust held the first All India Consultation of NGO working on sexuality issues. This consultation, entitled 'Looking into the Next Millennium', had MSM, TG (male to female), bisexual men and women, as well as lesbian participants from 32 organizations. The conference identified tasks for the sexual minority community – principally capacity building with a focus on human rights, HIV and AIDS and fund raising. The idea of INFOSEM was mooted, and it came into existence as a collective of sexual minority groups across India in 2004.

'Unless you come under one umbrella,' says Vivek Anand, 'you cannot survive.' INFOSEM's mandate is to address the wide diversity of sexual identities in India and make an effort to unite the resources and efforts of these groups. This effort will go a long way in making a needs-assessment of sexual minority groups in India as a whole – and also presenting a composite view to the government's advocacy channels as well as to mainstream society.[53] INFOSEM currently has 90 member

organizations, all of which are registered CBO and divided into north, south, east and west zones. Each zone has its own Regional Governing Council Members reporting to the INFOSEM Governing Council. All councils need to be represented with an MSM, TG and a lesbian group.[54]

INFOSEM has many achievements to its credit. It has built a network that extends across India – and given the diverse sexual identities in this network, building a common national agenda is commendable. The presence of lesbian groups in the midst of numerous MSM and TG groups is extremely important to this network. That two exclusively lesbian organizations, Aanchal Trust (Mumbai) and Sangini Trust (New Delhi) are part of the network indicates both 'an achievement and a necessity' for INFOSEM. The creation of an INFOSEM Advocacy plan by the Solidarity and Action against the HIV Infection in India has been formulated for the period 2007-2010 with inputs from TG groups. An analysis of the advocacy plan[55] shows greater emphasis on common agenda among sexual minorities than on HIV and AIDS issues. This is indeed an encouraging instance of adhering to the principle of building a common mandate among sexual minority groups.

In sum, INFOSEM has managed to put organizational machinery in the sexual minority space. This effort is path breaking for India – in terms of the logistics and the time commitment of several organizations working on the sexual minority platform.[56] These achievements have, of course, to be viewed in balance with the lessons learnt from the failures, and the challenges that remain (see Box 6.1) as

Box 6.1 INFOSEM: Challenges and failures

- Bringing in newer groups into the fold to expand the INFOSEM network.
- The membership process of INFOSEM poses a hurdle because of the requirement that the CBO be registered. Non-registered groups are given a status of Friends in Support with no voting rights.
- MSM/TG groups tend to emphasise HIV AND AIDS issues whereas lesbian issues are more rooted in human rights, geriatric care, shelters and mental health. A middle ground has to be found to reach a common goal.
- The Advocacy Plan for INFOSEM has not been effectively implemented from 2007 because of paucity of funds and the non-registered status of the network.
- Delinking Humsafar from the decision making machinery is essential. The challenge lies in the Governing Council assuming complete responsibility for effective functioning.

INFOSEM charts its way ahead. With the registration of the INFOSEM network, the immediate task is to set the organizational machinery rolling. The guide books, plans and mandates are ready. The teams are in place. INFOSEM now needs to be

made operational on an urgent basis – by getting its infrastructure in place in New Delhi, and addressing the implementation of its advocacy plan, proposal writing and finances. The mandate of INFOSEM is, clearly, to serve as a platform for the entire gamut of sexual identities within the sexual minority umbrella. And digression from or any dilution of this agenda will only aggravate the challenges faced.

To see how MANAS Bangla, our next example of a network, came about, we have to look at the post-Counsel Club era in Kolkata when a number of support groups emerged. All of them began to work with issues related to HIV and AIDS in the community, and the result was rivalry in accessing HIV funding. Interestingly, however, the groups in West Bengal decided to create a unified platform called the MANAS Bangla – with representation from the leading support groups. The MANAS Bangla network would jointly implement the HIV and AIDS program for MSM in West Bengal, while each organization could continue its work independently, as a support group in its own geographical location.

This state-wide network began in 2003 with 7 grassroots level CBO, sharing an agenda of social advocacy on issues related to males who are marginalised because they do not conform to conventional sexual and gender norms. The common goal also included sexual health. With this objective, MANAS Bangla began to implement the West Bengal Male-to-male Sexual Health Promotion and HIV Control Programme, with funding support from the West Bengal State AIDS Prevention and Control Society under NACO. One more intervention – for the 3 hill subdivisions of Darjeeling District under the

> **Box 6.2 MANAS Bangla services**
>
> - **Drop-in centres** – Safe drop-in space, extension drop-in centres, psycho-social support staff, community events, awareness programmes, skill building and confidence building events, condoms and lubes distribution and social marketing, referrals etc.
> - **Clinic** – Doctor, STI drugs, VDRL testing, condoms and lubes distribution and social marketing, referrals etc.
> - **Field** – Awareness programmes, condoms and lubes distribution and social marketing, advocacy and sensitisation programmes, crisis management, referrals etc.
> - **Community based Integrated Counselling and Testing Centre** – Pre- and post-test counselling, VDRL and HIV testing, condoms and lubes distribution and social marketing, referrals etc.

Darjeeling AIDS Control Committee – was initiated in 2006. Through these two interventions, MANAS Bangla today provides services to a target population of 6500 through 10 drop-in centres. The drop-in centres were placed in these areas keeping in mind the ground work already done by partner agencies of the network, as well as

the findings of the needs assessment MANAS Bangla conducted in 2003 with technical assistance from two friendly NGO.

Though MANAS Bangla is the sole recipient of the funds and it is the single implementing agency, it works in collaboration with its constituent partners. Indeed, these partners comprise the main source of the network's strength. By providing social, emotional and other support, these CBO have mobilized the field where MANAS Bangla is running its intervention. The partner agencies also support interventions by providing skilled and dedicated community members as staff and volunteers. Moreover, they send representatives to the managing committee of MANAS Bangla to enable participatory governance. All conflicts are resolved through discussion on the basis of the policy documents, and the terms and conditions of a Memorandum of Understanding that has been signed between the network and its partner agencies.

Box 6.3: Other Networks

Karnataka Sexual Minorities Forum (KSMF) The KSMF was formed in April 2008 after a 5-day consultation with 180 representatives from 21 districts of Karnataka. As a mediator, it empowers district level groups to resolve issues and involves state level groups in emergency situations. KSMF ensures accountability from NGO and CBO that are vested in the community. The KSMF escalates community issues and demands to political parties. Its year-long journey so far is too short a time to comment on its engagement with legal advocacy processes.

Network of Indian People with Alternate Sexualities living with HIV and AIDS (NIPASHA) NIPASHA existed as an informal support network since 2001. It was formally organized as a network in 2004. NIPASHA was envisaged as a network for the MSM and TG living with it has its head office in Mumbai and is presently working in 7 states: Maharashtra, Tamil Nadu, Karnataka, Andhra Pradesh, New Delhi, Goa, and West Bengal. The most significant achievement of NIPASHA has been that it has enhanced the visibility and empowerment of MSM and TG living with HIV and AIDS.

Rainbow Planet Rainbow Planet is an ad hoc coalition that brings together diverse groups working for the rights of sexuality minorities - homosexuals, bisexuals, transsexuals, transgender, sex-workers and PLWHA in India. The coalition established in 2003 came together as a collective body to gain voice and visibility at key social forums such as World Social Forum in 2004 in Mumbai and the India Social Forum in 2006 in Delhi. Its key objective was to bring to the forefront sexuality rights as a legitimate human rights issue.

Source: *Personal Communication*, Ernest Noronha, UNDP, 2010

Through its range of interventions MANAS Bangla provides services (see Box 6.2) to kothi, panthi, dupli, hijra, gays, bisexual men, MSM sans identities, male commercial sex workers, laundas and other male entertainment workers – all groups with high risk behaviour. MANAS Bangla intends to run separate interventions for MSW; it also wants interventions for TG and hijra to be run by TG and hijra CBO. Keeping in mind the vast expanse of the state, the areas not yet covered, the high level of coverage in the existing sites, and the prevalence rate, MANAS Bangla plans decentralized governance and management, and rapid upscaling of the intervention. The object is to share its present load and shift towards working as a community owned, rights based advocacy network – which it is precisely the role it was originally created to play.

Our final example of a broad platform, the Naz Foundation International (NFI), was formally registered as a not-for-profit charity and limited company in August 1996. However, its gestation began in July 1988 when Shivananda Khan founded Shakti, the first South Asian lesbian and gay organization in the UK. This eventually led, in October 1991, to the Naz Project – an HIV service organization in London that worked with the South Asian community there and initiated activities in India and Pakistan.

Meanwhile the issues of MSM in the South Asian region – their vulnerability to risk, stigma, services for their sexual health needs – grew into the focus of Shivananda Khan's concern. In his words, 'It was important to reduce risks and vulnerabilities to HIV, particularly among the working class MSM… which meant our focus was not on gay identified men. In terms of education (and) access of services, the working class MSM figured nowhere. There were no communities, only sexual networks and friendship networks. So the model we evolved… mobilized these networks to develop their own organizations so they could provide their own health services.'[57]

At the same time, London donors were expressing concern at the amount of work and involvement in South Asia this meant for the Naz Project. Finally, the Naz Project was divided into two independent organizations: Naz Project London to continue the services in London, and NFI to focus on MSM, HIV and South Asia. NFI was not set up to run an implementation program on HIV for the MSM; it had, instead, the following aims:

- To empower low-income MSM collectives, groups and networks through technical, financial and institutional support to develop and deliver self-help sexual health programmes.
- To work with other organizations, institutions, and agencies to improve the lives and well being of MSM.

- To advocate on the social justice and human rights concerns of MSM.
- To foster cooperation, understanding and support among organizations developing responses to STI/HIV and AIDS and the general sexual health needs of MSM.
- To understand, in general, the context of masculinities and sexualities which lead to more effective and sustainable sexual health promotion strategies for MSM; to undertake, in particular, research on the issues that marginalized and socially excluded MSM face, identify solutions and promote the findings.
- To identify and leverage appropriate funds, resources and technical assistance to support the above activities.

In 1993, in its first foray into India, the Naz Project organized a seminar on alternate sexualities in consortium with Sakhi. In the next year, the Humsafar Trust and Naz Project Conference on emerging identities and HIV was organized in Mumbai. With support from the Naz Project, Naz Kolkata was established to work with MSM and HIV prevention, care and support. This agency eventually morphed into the Prajaak Development Society, which works on masculinities and male sexual health in Kolkata. Moreover, several CBO have emerged from Naz Foundation International initiatives – including the Bharosa Trust in Lucknow, Sahodaran in Chennai, Shramaa in Cochin, Mithrudu in Hyderabad, Snegidhan in Pondicherry and Gelaya in Bangalore and now in Mysore.

Thus, in a sense the first functional (but not formally acknowledged) network of CBO was developed by Naz Foundation International to support their work across the country. Aditya Bondyopadhayay states, "It therefore never translated into an effective agency for advocacy on rights issues although it did extremely good work in terms of creating mutual support structure as far as HIV intervention with kothi identified MSM was concerned. Also, it was this network that had the first pan-Indian meeting of sexual minorities specifically MSM and TG CBO, in Kolkata (1998), followed by similar meetings in Hyderabad (2000), and Delhi (2002), with more than 150 participants in each meeting, which created in the minds of the participants, probably for the first time, a sense of belonging to a much larger community than the confining small networks that they witnessed in their own cities and towns."

Rights based organizations Forming CBO to deal with the issues of the sexual minority community was one approach. But there was another school of thought that emphasised mobilization and community action so as to empower the sexual minority to speak up and demand their rights. Sangama in Bangalore and Udaan in Mumbai are two organizations that exemplify this approach.

Box 6.4 Sangama: Mobilizing public action to demand rights

Manohar Elavarthi of Sangama describes how some key events shaped Sangama's emphasis on community mobilization and public action around the struggle for individual rights.

'Some groups came together to distribute leaflets in Cubbon Park, (and) tell sexual minorities that if (the) police are harassing you, taking money from you, that's wrong… We did that leafleting along with the address – that was in 2000. We also wanted to come out publicly and do something on human rights day. Just two days before a hijra called Chandni got murdered, and the police tried to hush up the matter and suppress the evidence. We organized our first protest. Another key event was when we took out a rally on repeal of (Section) 377. We put up posters all over the city… to an extent we got support from the Communist Party of India…The state (also said) they will support us in our fight against 377.The next key event was the Kokila Protest. Kokila, a hijra, was raped at the police station. We sat on a hunger fast for a week, and there was a huge rally. In fact this was the first time around 70 percent of the hijra community was on the streets… the dalits also supported us. For me its basically community mobilization, public actions. I don't really look at collectivization in terms of health services or whatever, that doesn't interest me so much. I feel that in this country what happens is that you don't really get your rights as an individual, definitely not when you are a working class person… you always get it as a group, as a collective (or) as a union.'

Source: KII, Manohar Elavarthi

We have seen (in Chapter 5) that Sangama was set up in Bangalore in 1999 to work for the rights of sexual minorities – including lesbians, bisexuals, homosexuals, gays, kothi, hijra, transgender, jogappa and double-decker people. Sangama focuses on the working class non-English speaking sexual minorities who otherwise have little access to resources. The focus extends to women – who face multiple discriminations, either because they do not conform to sexual/gender norms, or because they are poor, or simply because they are women. Another area of focus is the TG community, which faces oppression not only because they do not conform to established gender and sexual norms, but also because their gender choice is so *visible*. The overall aim is to bring sexuality, sexual preference and gender identity into the realm of public discourse and influence class, caste, gender and other human rights and social movements in India (see Box 6.3).

To this end, Sangama has been involved in a range of interventions. The focused interventions are centred in Bangalore; other interventions cover South India, or cover larger ground by networking with other organizations across India. In its NACP III document, NACO recognized the link between this strategy of effective crisis intervention and bringing down the prevalence of HIV infection. One of Sangama's most significant achievements has been reducing the number of crisis situations faced by community members. Sangama's interventions include

- Implementation of a focused HIV intervention programme among HKD (hijra, kothi and double-deckers) and their partners in Bangalore.
- Crisis intervention through 6 dedicated telephone lines, a crisis intervention team, and full-time legal support.
- Campaigns against discriminatory laws and campaigns to change public opinion.
- Capacity building and nurturing democratic functioning style among CBO through Samara, a membership-based community organization of sexual minorities and sex workers along with Suraksha.
- Building support systems for the lesbian community to provide a helpline for lesbians as well as a safe space for meeting.
- Forum for sex workers and HIV infected persons from the sexual minority community including to unionize and form the Karnataka Sex Workers Union.
- Documentation of issues around sexual minorities ranging from books to videos to new clippings, in Kannada, Tamil and English. Sangamahas produced 2 films on sexual minorities.
- Implementing the learning site project supported by Karnataka Health Promotion Trust, to formalize the learning taking place at Sangama by having visitors from different parts of the world study the learning system.

Like Sangama in Bangalore, Udaan in Mumbai emphasis rights. The inception of Udaan dates back to April 1992, when a small group of individuals committed to health rights and the empowerment of marginalized group decided to work together. It began modestly, but over the years, Udaan has covered much ground – and today, it is a registered public trust.

Realizing that HIV was affecting more and more vulnerable people with little or no community support, Udaan decided in 1994 that providing basic health facilities to marginalized HIV positive men, women and children would be the focus of its work. Today, Udaan is seen as an organization by and for people living with HIV and AIDS. This is even apparent in the way the Board of Udaan is constituted – each of

the ten board members is a person living with HIV, and self-identified as a person from a marginalized community. Their shared vision and commitment facilitates their constant endeavours to improve the quality of life of people living with HIV and AIDS and those from marginalized communities who are at high risk.

Udaan was one of the first organizations to focus on identified kothi. Most of the earlier groups tended to be dominated by 'English speaking and educated' gay men, despite the fact that the kothi are the most visible and stigmatized section of the community. Udaan started its journey with the objective of empowering kothi identified MSM, most of them economically weak and less educated. With the coming of HIV, and the implementation of NACO-funded targeted interventions by Udaan, other groups such as the bisexuals, hijra and TG also came into the organization's fold. But Udaan still maintains that for the other groups it is merely a question of service delivery; while for the kothi, the issue is mobilization and empowerment in addition to service delivery.

Changing tides Much has been achieved since the journey of collectivization and mobilization began. Whatever the starting points of various organizations and whatever the course of their journeys, the transects are now approaching a common destination – for example, in Mumbai, significant gains have been made in controlling the HIV prevalence among high risk groups and achieving high condom use for anal sex; while in Bangalore, engagement with human rights issues has led to several victories with regard to rights of sexual minorities, while HIV prevalence still remains somewhat high. Over a period of time the differences have been bridged, so that a middle path incorporating the needs of health and of rights is emphasized.

The MSM worlds, as we have seen in this chapter, made use of various strategies – including support groups and networks of organizations – in their response to the need for a community. Our attention now turns to the world of the TG communities.

Chapter 7.

From traditional to modern: Transgender communities

'We face too many problems... our gurus have also faced problems... they were told that aravani are not capable of other work... apart from begging and sex work... We have broken these barriers and come out.'
– Priya Babu

We find that the history of mobilization and collectivization of the TG in India has followed a trajectory quite different from that of the MSM. Ancient India was tolerant and accommodated the TG within the broader structure of society. Thus there is reference to napunsaka or kliba or tritiya prakriti in the Vedic period, in the Ramayana in which Lord Rama bestows supernatural powers to TG, and in the Mahabharat in which Lord Krishna assumes the TG role as Mohini to wed Aravan for a night before Aravan is sacrificed. In the Medieval period, the TG has been seen to have a well-established role in both the royal court as well as the royal household. There is also evidence of TG rising to positions of power. In both the ancient and the medieval period, references to the TG reflect more a gender identity, than a sexual behaviour.

The coming of the British to India changed the situation dramatically. Same sex love and sexual relations were condemned and declared illegal under section 377 of the IPC and the TG declared a criminal tribe under the Criminal Tribes Act. Criminalisation deprived the TG of their right to own land reducing them to destitution. They were forced to seek alternate sources of livelihood such as begging, extortion, and sex work, effectively putting them beyond the social pale and leading to their exclusion from mainstream society. Constant surveillance and the threat of criminal action, prejudice and social intolerance, lack of educational and employment opportunities, combined to entrap TG in a vicious cycle of isolation, poverty, exploitation and violence. Section 377 forced persons practicing same-sex love underground and this included both the MSM and the TG. On the other hand the Criminal Tribes Act was applicable only to the TG, and placed additional obstacles in the form of criminalization at their doorstep.

While these laws created the basis for their persecution, it also led perversely to their collectivization, as the only route left to them for survival.

The TG which had a clearly defined hierarchy, banded together against the British and the society at large. These groups became stronger with the passage of time, and provided the TG with an alternative to the biological family and through the clans, an alternative to the community at large. Gauri Sawant of Sakhi Char Chowghi says 'Ours is truly a community, it is hierarchy based. We might not have our biological families but we do have our Gurus, our Gurus have their own Gurus and we have our Guru Bhais and our chelas/disciples. Thus compared to the MSM community the history of collectivization of the transgender is quite old and though there are no written records, it probably started in late 19th century and early 20th century.'[58]The hijra community, with a history of more than 4000 years, is found in most parts of India – with their own local identities, customs and rituals. According to Gauri Sawant, 'TG in India are broadly divided into two groups based on religion. The entire north up to Hyderabad is dominated by the hijra who follow Islam… in the southern region we find the jogti or jogappa who are male temple prostitutes…'[59]

The need for action Generally speaking, the TG in South India do not have the practice of 'badhai' culture. They may take up sex work as the only means of livelihood open to them, either by soliciting customers on the streets or by joining a hamam. Until about ten years back, not many were seen on the streets; they were in the hamam frequented by working class men. In this demeaning and dangerous profession, they were often subjected to the depredations of brutal customers, many of them rowdies or unscrupulous policemen. However, Manohar Elavarthi of Sangama points out that this has changed: 'Today (TG) don't live in hamams but on their own… (they) are found all over the city which reveals that their power structure has changed.'[60]

Several factors – the inwardness of their community, their lack of a safe livelihood space and social prejudice – come together in an explosive mix so that hijra are often at the receiving end of violence. A recent report on human rights violations against the TG has documented that the prejudice they face is translated into violence, often of a brutal nature, in public spaces, police stations, prisons and even in their homes. In the same report, legal scholar Upendra Baxi says: 'The dominant discourse on human rights in India has yet to come to terms with the production/reproduction of absolute human rightlessness of transgender communities… At stake is the human right to different pathways of sexuality, a right to immunity from the oppressive and repressive labelling of despised sexuality. Such a human right does not exist in India.'[61]

TG may be cast out by their families when they assert their gender identity. The family's rejection is often conditioned by the wider social intolerance for lack of conformity when it comes to gender. Discrimination also operates in terms of educational opportunity; in turn, the low levels of literacy in the community ensure the social, economic and political powerlessness of the community. Until the nineties, cases of atrocities and/or police torture against a TG were solved either within the community or with the participation of the community. There was almost no question of venturing further into public space.

Initial gains Two examples suffice to show that things have changed in recent years. The voices of TG are now heard and reported by the media, and there is more social and political recognition. In a remarkable illustration of such mainstreaming into the larger society, Shabnam Mausi was elected to the State Legislature of Madhya Pradesh and Asha Devi the Mayor of Gorakhpur, Uttar Pradesh. It is clear that formidable old barriers are crumbling, allowing for the possibility of TG occupying positions of authority as the power structure changes.

Again, as recently as April 2008, the Tamil Nadu government has added a third gender to official identity cards. TG may now enter 'transgender' in place of male or female on ration cards, voting forms and passports. The Election Commission of India has also taken this progressive step in 2009. These steps, and the achievements of a handful of TG, have meant a great advance in terms of dignity for the whole community. Emboldened by these gains, the TG community is also seeking reservation in state and national legislatures as in the case of backward classes and certain minority religions.[62]

How did the TG community get to this point of change? In what ways did the TG respond to those apparently insurmountable barriers of stigma, discrimination, poverty and medical vulnerability? In recent years, the TG have begun to mobilize themselves by forming collectives.

We have seen how the TG have been criminalized by the likes of the Criminal Tribes Act, 1871. But they are also stigmatized by the civil law: the community is deprived of several rights because Indian law recognizes only two sexes. This means that TG do not have the rights to vote, marry and own a ration card, a passport or a driving license, or claim employment and health benefits.

In North and Central India, hijra who contested and won elections to local and state bodies faced legal challenges. In February 2003, the Madhya Pradesh High Court struck down the election of Kamala Jaan as the Mayor of the Municipal Corporation of Katni, Madhya Pradesh. The court's logic was that since Kamala Jaan was not a

woman, she could not contest a seat reserved for women. The High Court verdict came despite a 1994 direction from the Election Commission that TG can be registered in the electoral rolls as either male or female depending on their statement at the time of enrolment. This direction from the Election Commission came after Shabnam, a hijra candidate from the Sihagpur Assembly constituency in Madhya Pradesh, wrote to the Chief Election Commissioner enquiring about the category hijra are classified under.

The stance that hijra organizations have adopted has been rights based rather identity based. In Chapter 6, we made acquaintance with some of the activities of Sangama, the organization in Bangalore that works with hijra, kothi and sex workers. As far as the mobilization of hijra is concerned, Sangama has played a crucial role in helping them organize and fight for their rights. As we have seen, Sangama's activities include

- A drop-in centre for hijra and kothi,
- Public rallies and marches,
- Legal assistance in cases of police harassment, and
- Establishing links with other social movements.

Sangama's focus on the working class non-English speaking sexual minorities, as well as its networking with organizations across India, have been of special support to the hijra community.

Community based organizations We have taken note of the fact that the hijra make up a community in the fullest sense of the term. They have generational hierarchy, a culture and all the inherited traditions of community. They maintain this hierarchy through a unique and uncompromising guru-chela system. Arguably, had they not been so organized, the community may not have survived the onslaught of modernization. Each guru can have any number of chelas. The gurus hold complete authority over the chelas, wielding control over their social and economic relationships. This is reinforced by the strong systems and religious norms that make up the hijra's social environment.

The hijra in India are organized into 18 gharana. Of the 18 gharana, 7 are from Mumbai, 6 from Hyderabad, 2 from Pune, and 3 from the other parts of the country. The community is 'ruled' by 18 nayaks or rulers. The main rituals of the 18 gharana are the same.[63] The jogti are not included in such gharana. While most hijra have learnt to live with the social control imposed upon them, others cannot get used to it; but returning to the mainstream is as difficult as the steps they took to become a

hijra. Thus, in spite of the benefits of a well-structured community, the bonding may not always be pleasant or even supportive.

First there is this sense of isolation in a closed community. Then there is the fact that because of lack of education, job opportunities and economic/emotional support from their families, many TG are compelled into sex work for survival, or, sometimes, to pay for sex reassignment surgery. In addition to their other disadvantages, the TG have had little experience of an 'official existence' through participation in any government programmes. The advent of HIV found most (if not all) hijra communities by no means ready for the epidemic. Indeed, since the arrival of HIV and AIDS in India, TG have also been blamed for spreading the disease. Being known to be HIV positive further increases the discrimination faced by hijra. It is this mix of constraints that served as the context for the setting up of organizations such as Sakhi Char Chowghi and the Dai Welfare Society in Mumbai, and the Sudar Foundation in Chennai.

The main objective with which Sakhi Char Chowghi was set up was to enable people to come together and talk about issues affecting the TG. It was not gender identity that was of consequence to the organization at the time, but access to services; and they were ready to access services through the MSM umbrella.

Gauri Sawant of Sakhi Char Chowghi sums up the situation: 'When HIV came to our country we thought it was just an advertisement done by Shabana Azmi that 'by touching you spread love and not the infection. But slowly it became our household issue. So we felt that we need to respond to it. At that time we knew nothing… it was not even clear to us that for anal sex the condoms are different. We did not have any official identity and this was acting as a barrier to accessing health services. We felt the need for our community to be included in the different welfare schemes of the government. So we started Char Chowghi to come together and talk about issues affecting us over a cup of tea… at that time we never ever thought we will be doing a big targeted intervention.'[64]

Gauri Sawant points out that HIV has brought about a change in the outlook of the common people towards TG: 'Today when they go to bless a newborn, they are questioned (about being) involved in sex work.'[65] But there has also been positive change – in the form of health issues coming to the forefront. Health concerns for the TG are twofold: one is HIV prevention; the other is legal access to safe and sanitized medical facilities for castration and sex reassignment surgery.

The Dai Welfare Society, founded in 1999 by Lata Guru, was set up at the same time as Sangama was. And the Society had almost the same set of concerns as the

Bangalore based Sangama – working with the hijra community for the prevention, care and support of HIV and AIDS, in this case in Mumbai District.

The Sudar foundation in Chennai was established in 2004 as an organization dedicated to work on advocacy for, economic empowerment and awareness of the lives, issues and rights of the aravani community. It has undertaken various campaigns on the human rights issues of the aravani community in Tamil Nadu.

Another notable platform is *Koovagam* festival which helps to mobilise TG from all over India. *Koovagam* is a small village in Ullundurpettai taluk in Villapuram district which hosts an annual festival in the Tamil month of Chitrai (April/May) at the Koothandavar temple to celebrate the marriage of Aravan the warrior king, to Krishna in the person of Mohini (see chapter 4). In the recent years this platform has been widely used by various CBO and NGO to create awareness of HIV and AIDS among the TG population and others who travel there to participate in the festival.

State response What has been the state response to the pressing needs of the hijra and their demands for their rights? Various states have responded differently to the rights agenda espoused by the TG. In the South, there has been significant progress – and the concrete proof is the Aravani Welfare Board of Tamil Nadu. How did this come about?

Both political action – to demand the recognition of their individual civil identities – and ongoing involvement with issues of economic justice helped the TG in the south to move ahead. A group of activists from among the TG of Tamil Nadu – known as aravani – forged a social movement in this decade that has successfully procured certain civil rights such as the possession of ration cards, voters' identity cards, passports, and the constitution of a special welfare board with the specific task of addressing their community's social exclusion at the state and local levels. In fact, the aravani have become the most public face of sexual minorities in the state and in the queer movement as a whole.

In 2003, a group of aravani women who had worked in the HIV sector decided to work with Arogya Agam, an NGO in the Theni District of Tamil Nadu that set up self-help microfinance groups and small businesses for TG women. When attempting to register the organization, they were informed that without a bank account, ration card, or electricity bill to confirm their identities, they would not be able to register Arogya Agam. As TG women, they would be unable to procure official forms of identity. In response, the group petitioned the Madras High Court for the right to choose their gender identity in official documents. They filed a writ petition in the

Court in March 2004 asking for ration cards for TG. A report compiled by C.K. Gariyali of the State Women's Commission on the status of TG rights in other countries was presented at the Court.

While this legal battle was on, the aravani group was simultaneously involved in other ongoing initiatives to create visibility and a support network for transgender women in Tamil Nadu. They registered the *Sudar Foundation* for transgender advocacy and economic empowerment. They also formed a theatre troupe, *Kannadi Kalai Kuzhu*.

Finally, in July 2004 the Madras High Court announced that TG individuals could choose either 'male' or 'female' as their gender when applying for official identity documents. Meanwhile, District Collectors in Kanchipuram and Vellore had begun to offer free and subsidized housing to aravani under government schemes such as the Indira Awaas Yojana.

The cumulative effect of activist efforts and government sanction resulted in the constitution of the Aravani Welfare Board in May 2008, established specifically to address the issues of the aravani in Tamil Nadu. In the same month, in response to long-standing demands from the community and after intervention from the newly-formed Aravani Welfare Board, a third government order was issued, guaranteeing reserved seats to TG individuals in Tamil Nadu colleges and universities.

In December 2006, the State Subcommittee on Transgender Welfare (which was formed in 2003) re-convened to issue recommendations to the state government to 'improve the living conditions' of the aravani. The recommendations included

- Large-scale counselling and sensitisation programmes, particularly for children with 'behaviour changes' in schools and their parents, as well as counselling for MSM *against* pursuing sex reassignment surgery.
- Guidelines for disciplinary action against schools and colleges who refused to admit aravani.
- Small loans and training programmes for aravani self-help groups.
- Information for medical institutions should they receive patients who wished to undergo sex reassignment surgery after counselling.
- Quarterly 'grievance day' meetings with Collectors to address the distribution of ration and identity cards.
- A large-scale, comprehensive study of the 'behaviour and lifestyle' of aravani in Tamil Nadu with the aim of 'giving full rehabilitation for their improvement and upliftment of life'.

Another overt political response came in response to the perception that the Aravani Board was functioning poorly. In August 2008, some aravani organizations formed the Federation of Indian Transgenders to constitute an oversight body to ensure that the Aravani Welfare Board functioned well and executed the policy-level changes made by the state government.

In the neighbouring state of Karnataka, the government issued an order to implement a reservation quota for them. TG have been included in the 2A category of the Backward Class Commission. As a result of this historic decision, the TG will be eligible to avail the 40 percent reservation in various government employment and other schemes.

Such remarkable developments have not been entirely confined to South India. In a recent commendable move to fight social barriers, the Network of TG in Bengal was formed. This network proposes a collective that goes beyond group concerns to a collectivization of the community – through a series of political actions such as rallies, signature campaigns and the celebration of a TG Day on April 30th. The new age TG has arrived.

The new age TG TG today are in a state of transition. Members of the community may see that they are isolated, and want to change this. But failing to follow the traditions of the guru-chela system and ignoring the all-encompassing hierarchical structure may have severe personal repercussions. Nevertheless, the effort to collectivize and mobilize as a sexual minority community demands action against some of the most powerful traditions of the gharana.

Some TG are, for instance, questioning the economic choices forced on them, leaving them with only beggary or sex work as options. The Aravani Welfare Board has played a critical role in this regard, giving form and structure to the aspirations of the new age TG. They have, for the first time, been transformed into a self-help group – and the ongoing discussion is about loans with which they can begin a new and respectable life.

Transgender or Transwomen is a newly minted category that has only recently been recognised. It refers to individuals who cross-dress and may go through sex reassignment surgery. According to Kalki of Sahodari, the issue for transwomen is not one of sexual orientation, but gender identity. Transwomen have a strong urge to marry and have a family as mainstream women do. But their hopes of marrying their partners, adopting children and living a normal family life are usually met with ridicule. As Kalki puts it, 'The man who enjoys sex with a transwoman in the darkness of night ridicules him in broad daylight in front of his friend and family.'[66]

Like TG, transwomen are very visible and make no attempts to hiding their identity; but unlike the hijra, they do not have a social structure that can support and sustain them. Living as women within mainstream society, transwomen are in many ways among the most vulnerable of the identities among the MSM. Few organizations have addressed their needs, barring Sahodari, which was started by Kalki in Chennai.

Sahodari started as a magazine in 2000. Two years later, four transwomen came together to convert the magazine into a support group. In the initial years, Sahodari concentrated on raising the awareness of the general public regarding the stigma and discrimination experienced by transwomen. Sessions were organized in schools and colleges throughout Tamil Nadu, even, on occasion, on the platforms of political parties. And in response to the urge of their fellow transwomen, Sahodari has recently begun a matrimonial site. This has been a huge success and several transwomen have received proposals from 'straight' men. Sahodari now plans to advocate for same sex marriage in India.

Another example is the 'Indian Super Queen' the first beauty pageant for the TG community in India. This initiative was launched on19 January 2010 by Lakshmi Narayan Tripathi, CEO Twelve Noon Entertainment along with VCare. Lakshmi says that the ultimate vision behind the beauty pageant is to unite the community of TG. The pageant would provide a reason for TG to take pride in themselves, and help to create a positive view about who and what TG are, projecting that TG are just as 'human' as the rest of society.

These examples of gains – which translate into visibility, improved social status and protection from discrimination and persecution – have to be seen as going hand in hand with a fundamental aspect of well-being. There are some differences of emphasis, perhaps, in the health issues of TG and other homosexual people. But what they all share, in varying degrees, is their vulnerability to HIV.

Chapter 8.

A vulnerability to HIV

'HIV has given us a platform where we can talk beyond sex... we network and the discussion is not limited to a small group... we try to involve all.'
– B. Sekar

The backdrop of the HIV epidemic Every now and again, human society faces a new disease or condition of such virulence that it disrupts normal life as we have known it. Of the 39 new pathogens that have been discovered between 1967 and 2007, the best known by far is the Human Immunodeficiency Virus – HIV. According to the Global AIDS Report 2007 by UNAIDS:
- An estimated 33 million people worldwide were living with HIV.
- An estimated 2.5 million were newly infected with HIV in 2007.
- An estimated 2.1 million people had lost their lives to AIDS in the same year.

In 1986, the first HIV infection was discovered on Indian soil – in Chennai among two sex workers who showed signs of the Acquired Immunodeficiency Syndrome or AIDS. India set up an AIDS Task Force first and then a programme on AIDS Control – the NACP. The history of the HIV and AIDS programme in India is one of a developing country that has methodically responded to a new pathogen with the potential to ravage its population. The response has taken reference of an emerging evidence base, and it has been made in collaboration with its partners. The HIV epidemic in India is now just under 25 years old and is counted among the most serious public health problems in the country. NACP was launched in 1992 with the objective of awareness generation and has, since its second phase (1999-2006), focused on the prevention of new infections in the population.

India has seen an increase in the number of its people living with HIV, which causes AIDS. From a few thousand in the early nineties, the figure has grown to around 2.27 million in 2008. Of this, 39 percent are women and 3.8 percent are children. Based on growing evidence, it has been found that the epidemic has been concentrated among certain sub populations – female sex workers, MSM, injecting drug users, truck drivers and migrants.

What determines the spread of the virus What makes people vulnerable to it? Surprisingly, HIV is rather fragile as viruses go, dying rapidly when removed from the homeostatic environment of the human body. Infectivity varies in different phases of the natural history of the disease; but it is, in all events, quite low. Accordingly, the virus is transmitted most efficiently when transferred directly between one person and the next, such as in injecting drug use; and when there are numerous chances to do so, as in high volume sex work. The transmission mode of the HIV virus leads, thus, to a clustering of the epidemic in certain population groups characterized by
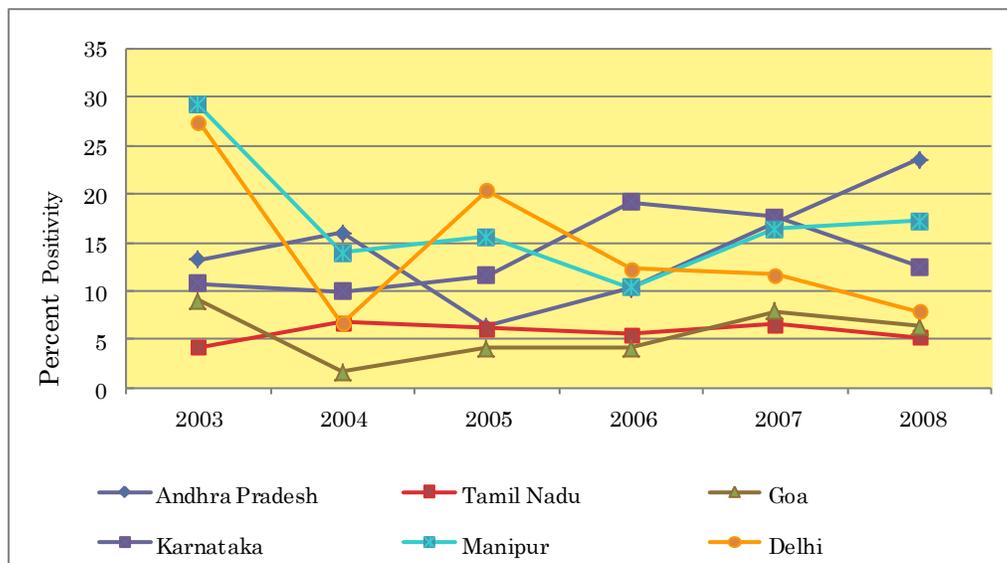
- Their sexual behaviours, such as commercial sex workers – both male and female, their clients, and MSM;
- Exposure to unsafe blood such as among IDU; and
- Other predicting lifestyle characteristics such as vocation, as among truckers and migrants, and geographical locations with high prevalence. As evidence, we know that HIV prevalence among the high risk groups is 6-8 times higher than among the general population (see Table 8.1).

Table 8.1: States and districts with high HIV prevalence among different groups	
States with high HIV prevalence among IDU	Maharashtra (24.4%), Manipur (17.9%), Tamil Nadu (16.8%), Punjab (13.8%), Delhi (10.1%), Chandigarh (8.6%), Kerala (7.9%), West Bengal (7.8%), Mizoram (7.5%) & Orissa (7.3%)
Number of Districts with >5% HIV prevalence among IDU	23 out of 49 districts with IDU sites
Number of Districts with >15% HIV prevalence among IDU	7 out of 49 districts with IDU sites
States with high HIV prevalence among MSM	Karnataka (17.6%), Andhra Pradesh (17%), Manipur (16.4%), Maharashtra (11.8%), Delhi (11.7%), Gujarat (8.4%), Goa (7.9%), Orissa (7.4%), Tamil Nadu (6.6%) and West Bengal (5.6%)
Number of Districts with >5% HIV prevalence among MSM	21 out of 40 districts with MSM sites
Number of Districts with >15% HIV prevalence among MSM	9 out of 40 districts with MSM sites
States with high HIV prevalence among FSW	Maharashtra (17.9%), Manipur (13.1%), Andhra Pradesh (9.7%), Nagaland (8.9%), Mizoram (7.2%), Gujarat (6.5%), West Bengal (5.9%) & Karnataka (5.3%)
Number of Districts with >5% HIV prevalence among FSW	47 out of 129 districts with FSW sites
Number of Districts with >15% HIV prevalence among FSW	8 FSW sites in Pune, Mumbai and Thane have shown > 30%

Source: *HIV Sentinel Surveillance and HIV Estimation*, NACO, 2007

HIV transmission through sex between men is a major cause for concern in many parts of India. HIV prevalence is high among MSM in states such as Maharashtra, Manipur, Karnataka and Delhi. Although much of India has a low rate of infection, the epidemic is more severe in the southern half of the country and the far north-east, with the highest rates to be found in Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland and Tamil Nadu. Because the Indian subcontinent is so large and varied, the distribution of high risk behaviour varies significantly among different regions. The communities among whom the epidemic is currently raging are not only among the most marginalized, but also 'criminalized' due to several activities that are in contravention of Indian law. For example, as we have seen in previous chapters, legal provisions under Section 377 of the Indian Penal Code have driven MSM underground. The direct consequence is greater difficulty in reaching the vulnerable and limiting the spread of the virus.

Figure 8.1: Trend in HIV prevalence among MSM in various states

Source: *Midterm Review Report, NACO, 2009.*

As can be seen in Figure 8.1, HIV prevalence among MSM in India has not shown much of a downward trend. The midterm review of the NACP carried out in 2009 noted that despite a high coverage of MSM (78 percent) with preventive services, prevalence rates have remained stable over the previous 5 years.

The response of the NACP The NACP defines the term MSM to denote men who have sex with other men, regardless of any specific sexual identity. It recognizes that MSM comprise a heterogeneous group with many nomenclatures and categories

based on their sexual preferences. In terms of vulnerability, all MSM require interventions. But male sex workers – like their female counterparts – are additionally vulnerable because of high volume exposure. In terms of programmes, the NACP does increasingly underscore the difference in the vulnerability of a male sex worker and those MSM who practice sex for pleasure in accordance with their sexual orientation. But some knotty issues remain: many 'MSM' are bisexual, most practice male-to-male sexual behaviour of several forms, and many indulge in such behaviour casually without realizing their vulnerability to risk. For these various reasons, as well as the lack of expertise in designing appropriate interventions, the coverage of the MSM population had remained low within the programme.
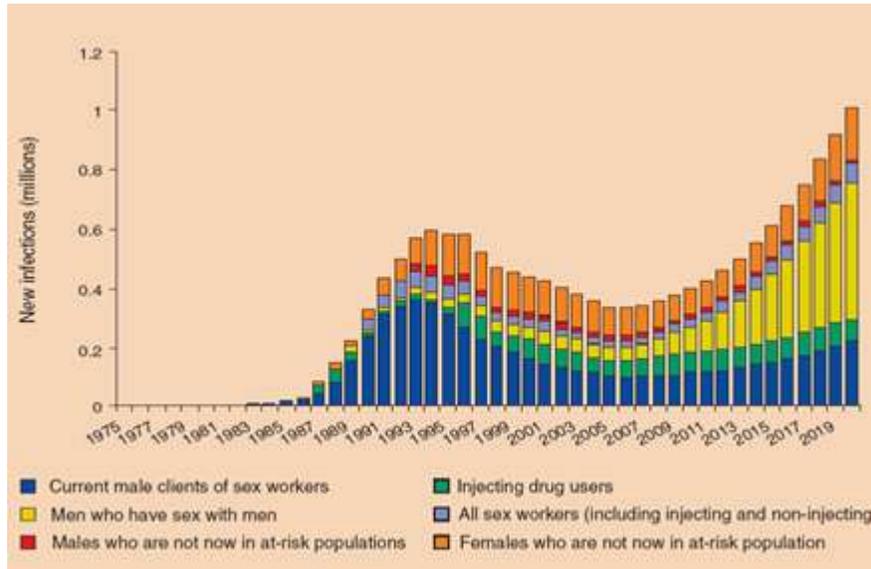
Through NACP II, DFID-supported interventions targeted at reducing the vulnerability of MSM have enabled innovative projects to be implemented, and built the organizational sustainability of projects. Of particular note is the initiative to increase the visibility of the marginalized MSM and TG groups – by creating national platforms, for instance, or by supporting documentation of human rights abuses. The Programme Management Office of DFID supported 7 projects addressing the information service, networking and research needs of these communities through the Humsafar Trust. The Trust acted as the secretariat for the INFOSEM, the NFI (these focused exclusively on MSM and TG populations), PATH and Indian Network of Positive People - INP+. This successful model of networks encouraged NACP III to undertake a strategy aimed at supporting and nurturing the formation of community based organizations of MSM.

The current phase, Phase III of the NACP, began in 2007 with the overall goal of halting and reversing the epidemic in India over a period of 5 years. Bearing in mind that over 99.5 percent of the population in the country is free of infection, NACP III places the highest priority on preventive efforts while seeking to integrate prevention with care, support and treatment. The NACP III recognises that it is difficult to achieve the reach of services in a large country like India where the most affected communities are marginalized. Hence it utilizes public, non-governmental and private health institutions to carry out its functions of prevention and care, support and treatment. Moreover, there is an increasing recognition of MSM behaviours in the Indian setting. This is despite the fact that the data available on MSM in India is limited to small studies.

The emphasis that NACP III lays on targeted intervention with the most at risk populations is in consonance with the findings of the Independent Commission on AIDS in Asia which found that the epidemic in Asia to be concentrated among high-risk groups. This graph, taken from the Report of the Commission[67], models the

likely effects of this approach in the pessimistic scenario of poorly implemented interventions.

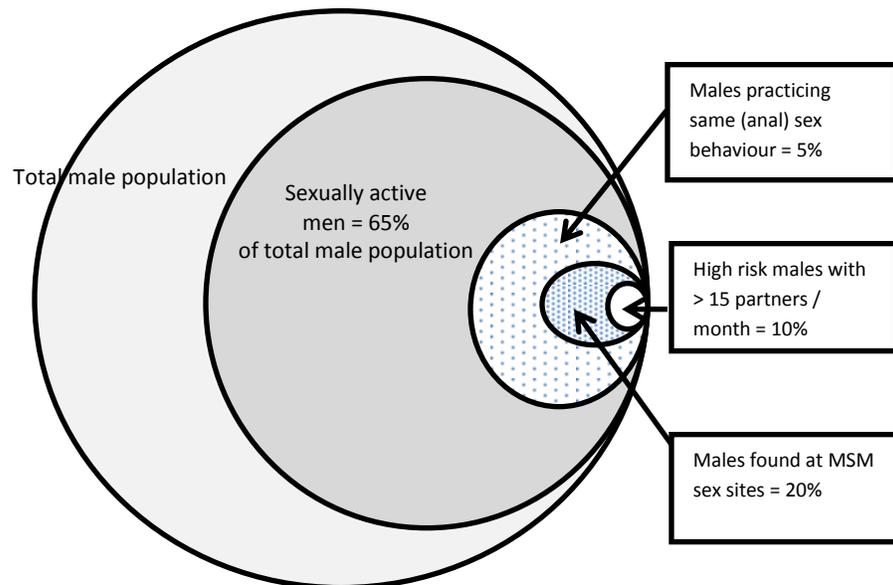**Figure 8.2 Annual new HIV Infections in adults by population group**

Estimating the numbers of the vulnerable What are the numbers of this vulnerable group, the MSM? Or for that matter, the TG? According to the Report of the Expert Group on Size Estimation of population with high risk behaviour for NACP III,[68] the number of MSM estimated for the whole country is 2,352, 133, and the number of MSW is estimated at 235, 213.

Recounting the genesis of this figure, Ashok Row Kavi describes how a Technical Resource Group was constituted in 2004 as part of the preparation for NACP III to estimate the size of the MSM population in the country – inclusive of the sub-population of TG.[69] The Group began its work with a literature review which found few studies on the subject. Eventually, the Group focused mainly on three studies: the Dandona Study, a study conducted by Ravi Varma from the Population Council, and a study on Chennai.

The basis for the estimation was as follows: sexually active males were taken to make up 65 percent of the total male population between the ages of 15-49. Of these, and based on the extant literature, it is assumed that 5 percent had same sex behaviour – or made up the population of men having anal sex with men. About 20 percent of these could usually be found in the sex sites or targeted intervention areas. Based on these calculations, the estimate of total MSM at risk was 2.35

million. However, in one Behavioural Surveillance Survey in Maharashtra, it was found that 10 percent of those MSM found in sex sites had an average of 15 partners per month. Hence they were considered to be particularly vulnerable to the infection. The target population at the sex sites – 10 percent of the total estimated MSM at risk – was categorized as the most vulnerable MSM. This 10 percent of 2.35 million (or 2.35 lakh) was identified as the target of NACP III (see Figure 8.2). Ashok Row Kavi points out, however, that a recent CBO mapping has come up with the figure of 3.15 million MSM, so the new target should be 3.1 lakh. But NACO has shown almost 80 percent coverage of the at-risk MSM population in its 2010 UNGASS Report. The new mapping data has not yet been released by NACO.

Figure 8.3: A need for a wider net

In Ashok Row Kavi's view, all MSM at the sex sites, irrespective of the number of partners, are equally vulnerable. While those with more than 15 partners per month are most likely to be selling sex and hence vulnerable, the MSM looking for casual sex may be more attractive to the client because he offers sex free of cost and may agree to penetrative sex without a condom. Row Kavi says this is not unusual in the MSM world – and this makes all MSM at the sex sites equally vulnerable. At the same time, the sub-group of those with more than 15 partners per month is not water tight; it is constantly changing. In sum, while estimating numbers is a useful strategy for budgeting, the work of reducing risk on the ground requires a wider net.

Row Kavi warns that putting out numbers such as achievement of 80 percent coverage may, paradoxically, harm the programme, by reducing the funds available to work with this highly vulnerable group.[70]
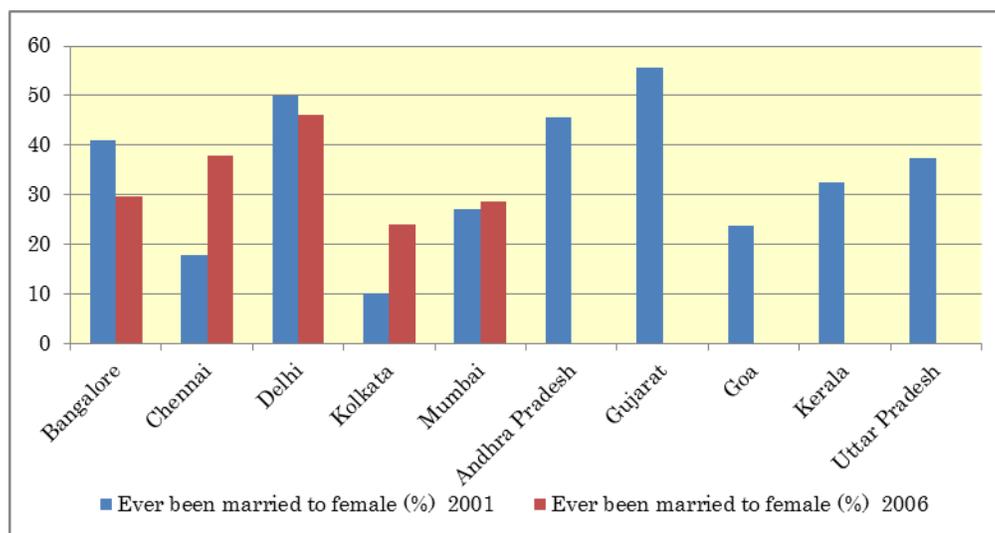
What about the TG population, arguably the most vulnerable of the MSM? What are the numbers? So far there are no official estimates of the size of the TG population; in fact, the numbers are subsumed within the MSM figure. Recently, however, there have been some moves in this regard leading out of discussion on separate targeted interventions for the TG. But some have put forward the view that including activities such as sex reassignment surgery and breast silicone implants could channel money away from key HIV interventions.

The ramifications of behaviour The idea of vulnerability is useful to help us understand why some people in some places at some times are more likely to get infected with HIV than others. We can, for instance, identify the factors of vulnerability that influence:

- People's *exposure* to the risk of HIV infection;
- The *choices* that are available to people to deal with that risk;
- The *abilities* that people have to make safe choices; and
- People's *desire* to use their abilities to make these choices.[71]

In order to develop strategic programme initiatives, NACP III has given great importance to evidence based planning. Behavioural Surveillance Surveys (BSS) provide an understanding of the high risk behaviours that predispose the community to the emergence of an epidemic. It also gives inputs on the knowledge, awareness and practices of different population groups that may make them vulnerable to HIV infection. NACO conducted the first national BSS in the year 2001. After a gap of 5 years, NACO commissioned the second wave of national BSS to measure the changes in behavioural indicators among the general population as well as high risk groups; the approach followed was similar to that adopted in BSS 2001.

Among MSM, BSS 2001 was carried out in 5 locations: Bangalore, Chennai, Delhi, Kolkata and Mumbai. BSS 2006 carried out the survey in 10 locations, the five cities covered by BSS 2001, and 5 state samples drawn from Andhra Pradesh, Goa, Gujarat, Kerala and Uttar Pradesh. The operational definition of MSM was taken to be 'men who had sex (manual/oral/anal) with other men in the last six months'. The median age of respondents ranged from 24-30 years and the proportion of ever married respondents varied between 10 percent and 50 percent.

Figure 8.4: Behavioural surveillance survey among MSM

Source: *BSS, NACO*, 2006.

What did the findings indicate?

Across states, the proportion of ever married respondents was reported to be highest in Gujarat at 56 percent, and lowest in Goa at 24 percent (See Figure 8.3). Most of the respondents (80-90 percent) across all the selected cities reported that they had heard of HIV and AIDS. Since the National BSS 2001, this proportion has decreased in all the cities except Kolkata. Across states, this percentage varied between 48 percent in Uttar Pradesh and 99 percent in Goa[72].

Among all cities, the proportion of respondents who reported sex with a non-commercial male partner in the last one month was highest in Kolkata at 85.6 percent, and lowest in Bangalore at 48.9 percent. Goa had the highest proportion of respondents who reported having sex with a non-commercial male partner in the last one month (96 percent), while the lowest proportion was reported in Kerala (40 percent).

The median number of commercial male partners during the last one month ranged from 2 to 30 in all the 10 survey locations covered. The highest median was reported in Bangalore (30), followed by Chennai (10), Andhra Pradesh (6), and Kerala (4); the lowest was reported in Delhi and Mumbai (2). In all 10 survey locations, the median number of non-commercial male partners in the last one month ranged from one (Delhi) to 15 (Bangalore).
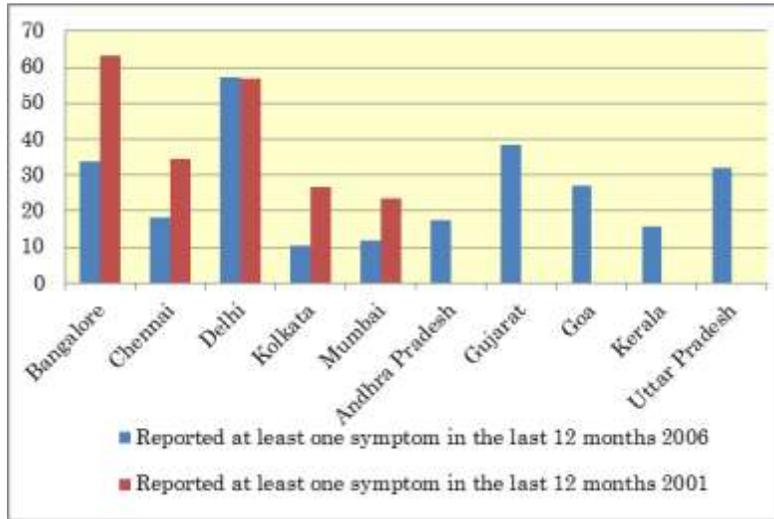
The highest proportion of respondents in Mumbai (88 percent) used a condom last time with non-commercial partner and this proportion was lowest in Delhi (46 percent). Similarly, the proportion of respondents who reported consistent condom use with a commercial partner in the last six months was highest in Mumbai (53 percent), and lowest in Delhi (19 percent). However, the proportion has increased significantly in all the cities. Among the states, 65 percent in Goa reported condom use consistently in last six months. This proportion was lowest in Uttar Pradesh (7 percent).

The proportion of respondents reporting sex with commercial male partners in the last month was the highest in Delhi (68.5 percent), followed by Bangalore (64 percent), and lowest in Mumbai (9 percent). Also, this proportion showed a significant increase since the National BSS 2001 in Bangalore, Chennai and Delhi; while in Mumbai the proportion remained almost the same. Across the states, Uttar Pradesh had the highest proportion of respondents (61 percent) reported having sex with a commercial male partner in the last one month.

Among the MSM who had sex with a commercial partner in the last one month, 41 percent (Delhi) to 64 percent (Kolkata) had used a condom last time. In all states, the highest proportion of respondents who used a condom the last time with a commercial partner was reported in Goa (87 percent), and lowest in Uttar Pradesh (13 percent).

The proportion of respondents who had sex with any female partner less than 19 years of age was reported to be highest in Delhi (52 percent), Chennai (50.5 percent) and lowest in Bangalore (12.4 percent). Among the 5 states, this proportion was reported to be highest in Goa (54 percent) and lowest in Kerala (8 percent). The median age at first sex with any female partner ranged from 17 to 23 years across all 10 survey locations. Interestingly, among the five cities covered, respondents reporting sexual intercourse with any female partner in the last six months was highest in Delhi (69.9 percent) and Mumbai (25.9 percent). The lowest proportion was reported in Chennai (12.6 percent). Among the states, in was highest in Andhra Pradesh (54.8 percent) and lowest in Kerala (30.4 percent). In all cities covered, a consistent use of condoms with female partners in the last six months was reported to be highest in Kolkata and Mumbai (33 percent) and lowest in Chennai (8.8 percent). This proportion showed a significant increase in Bangalore, Delhi, Kolkata and Mumbai; while in Chennai it has decreased significantly when compared with BSS 2001.

Figure 8.5: STI as a proxy for risky sexual behaviour

Source: *BSS, NACO,* 2006.

STI can serve as a proxy for risky sexual behaviour (see Figure 8.4 and Table 8.2). Of the three STI symptoms – genital discharge, genital ulcer/sore, and burning pain during urination, enquired, burning pain during urination is reported the highest in all survey locations except Kolkata. Across the five cities, in Delhi (45.6 percent) highest proportion of respondents reported suffering from burning pain during urination, followed by Bangalore (28.9 percent) and lowest in Kolkata (2.2 percent). On comparison with BSS 2001, it was observed that the proportion of respondents who reported burning pain during urination had decreased between 2001 and 2006, except in Delhi where it had increased significantly.

Table 8.2 Percentage of respondents who reported STI symptoms in the last 12 months

#	City/State	Reported symptoms in last 12 months						Reporting at least one of the three symptoms in last 12 months		Reporting more than one symptom of three symptoms in last 12 months	
		Genital discharge		Genital ulcer/sore		Burning pain during urination					
		2006	2001	2006	2001	2006	2001	2006	2001	2006	2001
1	Bangalore	4.8	35.9	14.1	46.7	28.9	57.0	33.7	63.3	13.0	52.2
2	Chennai	5.6	10.7	5.9	14.7	13.0	23.9	18.1	34.6	4.8	13.2
3	Delhi	20.7	17.1	27.4	33.1	45.6	42.1	57.0	56.9	26.7	28.4
4	Kolkata	1.9	10.0	8.1	13.3	2.2	9.3	10.4	26.7	1.5	5.6
5	Mumbai	2.6	5.8	4.4	12.0	7.8	14.1	11.9	23.6	2.6	7.6
6	Andhra Pradesh	1.5		8.1		14.4		17.4		6.3	
7	Gujarat	4.9		20.3		29.4		38.5		15.7	
8	Goa	16		13.6		21.3		27.2		16	
9	Kerala	5.2		4.4		11.9		15.6		4.1	
10	Uttar Pradesh	5.8		11.6		23.2		32.1		6.8	

Source: *BSS, NACO*, 2006.

Data from another source can also be used to shed light on behaviour that heightens vulnerability. The Integrated Biological and Behavioural Assessment (IBBA) is a cross-sectional survey undertaken to generate data for an evaluation of Avahan – the India AIDS Initiative funded by the Gates Foundation. This study tries to address the need for detailed information on socio-demographic characteristics, sexual behaviours, the prevalence of HIV and STI, and risk perception among the MSM population. The IBBA was conducted in a phased manner in select districts of Andhra Pradesh, Tamil Nadu, Karnataka and Maharashtra in 2006-07. Hijra/TG were also included as a sub-population of MSM in the survey.
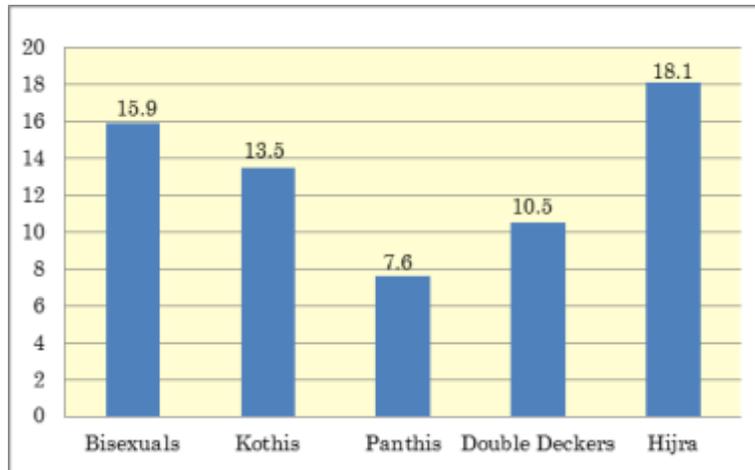
The median age of respondents was 23-26 years across the states and the median age at first sexual act was 16 years. More than two thirds of the respondents reported sexual debut by the age of 18 years. Among the self-identified MSM surveyed, 36.5 percent were kothi, 21.8 percent double-deckers, 19.8 percent bisexuals, 12.5 percent hijra and 9.3 percent panthi. A significantly higher proportion of the kothi had exposure to first sex before the age of 15 years. Among the hijra, 61 percent reported first exposure to sex at less than 15 years of age, with a mean age of 16.5 years at first commercial sex.

A significantly higher proportion of the bisexuals, 61.2 percent, were ever married compared with other categories. And a significantly higher proportion of ever married bisexuals were living with their spouses. Approximately 63.5 percent of the

hijra and 16.8 percent of the kothi depend on sex work as the main source of income. Among bisexuals, approximately 86.2 percent had non-commercial, non-regular male/hijra partners; 67.6 percent had regular female partners; and 55.4 percent had paid female partners.
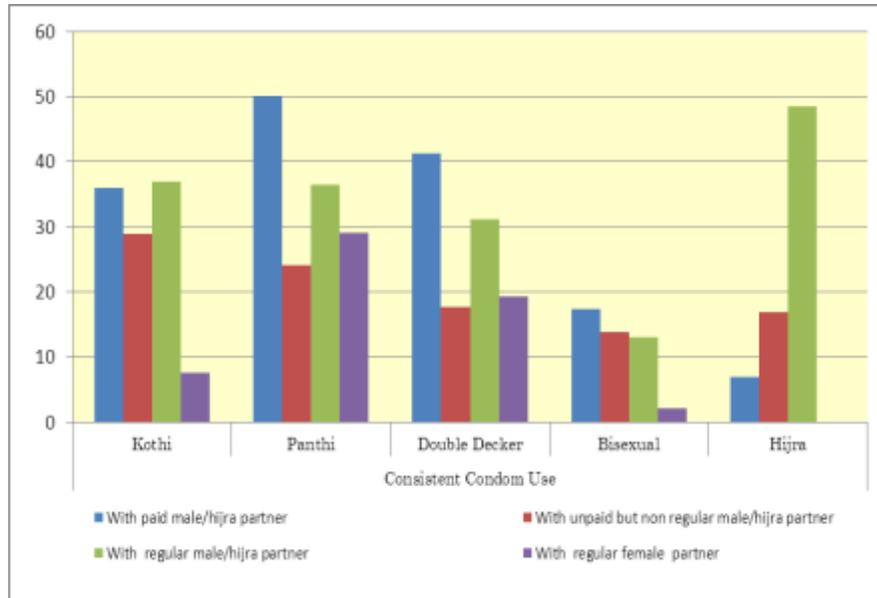
A significantly higher proportion of kothi (73.9 percent) reported ever selling sex to men compared with the other categories of self-identified MSM. The majority of the hijra reported selling sex. Consistent condom use was significantly low – it was lowest among the bisexuals and highest among the hijra. Consistent condom use was found to be significantly high among the MSW.

Figure 8.6: HIV prevalence among MSM and TG groups

Source: *IBBA, Avahan*, 2006-07

What about HIV prevalence? Figure 8.5 illustrates that HIV prevalence was significantly higher among the bisexuals (15.9) compared to the other categories – kothi (13.5), panthi (7.6) and the double-deckers (10.5). Among hijra, the prevalence of HIV was 18.1 percent indicating their very high risk.[73] It is apparent that high HIV prevalence among the bisexuals (and by extrapolation, non-identified MSM), coupled with a low consistent condom use (see Figure 8.6), is a matter of serious concern. Their situation is almost similar to that of the male sex workers. Thus targeting only high risk MSM engaged in commercial sex is not adequate.

Figure 8.7: Condom usage among MSM and TG groups

Source: *IBBA, Avahan*, 2006-07

We have examined a range of data on sexual behaviour of respondents across various groups in various Indian states. But what are the ramifications of such behavioural findings?

Sex between men seems to occur in every culture and society, although its incidence, and the extent of public acknowledgement, may vary. As seen earlier in this chapter, a substantial number of men in India have same sex or bisexual behaviour. Some studies even show that nearly 5 percent of all sexually active males in India have sex with other men; Chennai, Andhra Pradesh and Orissa report the highest number of cases.

This prevalence of same sex behaviour has to be seen along with the finding of recent research that many MSM also have sex with women. Indeed, limited research suggests that a substantial number of MSM may engage in high risk behaviours with both men and women.[74]The IBBA study in Andhra Pradesh found that 42 percent of MSM in the sample were married; that 50 percent had sexual relations with a woman in the last three months; and that just under half had not used a condom. Since many MSM do get married and/or have female partners, this not only means the spread of HIV to other men, but also to their female partners, and further, to their unborn children. This network of transmission mandates the urgent need to initiate HIV prevention programs for MSM. It also points to the fact that

focusing attention exclusively on areas with high rates of recorded prevalence may be missing out on what may be happening in vast areas of the country for which little data is available.

It is generally argued that HIV transmission or acquisition is through risk behaviour – such as unprotected penetrative sex. The common perception among the general population is that homosexuals engage in anal penetrative sex, which is considered to be more vulnerable to HIV and AIDS. In one of the first studies of its kind in India, a rapid survey of sexual

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Box 8.1: MSM vulnerability: some pointers

- In terms of HIV, sex between men is significant because it can involve anal sex, which carries a very high risk when unprotected.
- At least 5–10 percent of HIV infections worldwide are estimated to occur through sex between men, though this figure varies considerably across countries and regions.
- Many MSM internalise the stigma and discrimination they encounter to produce low self-worth and self-esteem, thus affecting there behavioural choices.
- Men who have sex with men may also have sex with women; if infected, they can transmit the virus to their female partners or wives.
- Although sex between men is often associated with a discrete HIV epidemic, it should be regarded as linked to the epidemic in the general population.

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behaviours among 100 self-identified homosexual men who visited the Humsafar drop-in centre in January 1996 revealed that

- 40 percent practiced anal sex without condoms.
- 45 percent had sex with more than 5 partners in the last 6 months.
- 40 percent never used condoms.
- Of those who used condoms, 40 percent said they were 'uncomfortable' wearing condoms.

Thus MSM as a category is considered to be vulnerable to HIV and AIDS (see Box 8.1). The NACP further prioritizes and identifies the receptive partner in anal penetrative sex as more vulnerable to HIV. The targeted interventions are directed more towards the receptive partner or the kothi. The penetrative partner, or the giriya/ panthi, is covered by the targeted intervention directed towards the migrant and the trucker population. But this categorization – of kothi as receptive partners and panthi as penetrative partners – is gradually beginning to be viewed as too simplistic. Roles are not always so clear-cut in male-to-male relationships and peers report that kothi also enact the penetrative role.

Indeed there may even be cause to question the common belief/understanding among the public as well as policy makers that 'MSM' indicates the target male population practicing homosexual sex. The reality, again, may not be so simple.

According to Shivananda Khan of NFI, the MSM category is by no means, a homogeneous category of people practicing same sex love.[75] It includes self-identified homosexuals; bisexuals who are married and may also have sex with female sex workers; men who engage in male-to-male sex but do not consider themselves homosexual, bisexual or MSM. These apart, male IDU also have sex with other males. Thus the *behaviour* of male-to-male sex does not involve a separate and isolated sub-population, one that can be easily identified and targeted. It involves a broad spectrum of males of differing ages, gender and sexual identities, gender performances, risks and vulnerabilities. These males form an integral part of the citizenship of each country; what they do is not isolated from the general pattern of male sexual behaviours. Given this complex reality, how have actual care/ prevention programmes measured up?

A mismatch between needs and programmes Shivananda Khan points out that there are a number of concentrated HIV epidemics among MSM all across the Asia and Pacific region. But spending on HIV prevention, treatment, care and support, as well as service coverage, do not match the urgent need to reduce prevalence. Thus in Thailand, which reported an enormous growth of HIV infection among MSM from 17 percent in 2003 to 28 percent in 2005, investment in MSM HIV programming was just over one percent of the total national plan spending.[76] This sort of disproportion is common across countries in the Asian and Pacific regions.

Such a gross mismatch between the reality of needs and the reality of interventions illustrates the consequences of the denial, stigma, discrimination and social exclusion meted out to visible MSM by the state as well as individuals. For example, in India, in 2001, four people were arrested for 'promoting homosexuality' when in fact they were involved in providing HIV prevention services for MSM. This conflict between public health needs and the law enforcement agencies is common throughout Asia and the Pacific.

In such a context, what is the way forward? Naz Foundation International suggests that a two-pronged parallel approach is essential to comprehensively address the issue of male-to-male sex, while also addressing the risk of unprotected anal sex among both receptive males and females. All males who identify with their sexual behaviours and same sex desires through a sexual/gender identity – whether they label themselves kothi, hijra, giriya, panthi, bisexuals, homosexuals, or gay men – must have access to specialized HIV prevention, treatment, care and support services specific to their physical, mental, psychological, and social needs and well being to reduce risk and vulnerability. But in order to reach their male sexual partners, as well as women who have anal sex, unprotected anal sex has to be

included in all HIV and sexual and reproductive health programmes – in terms of education, HIV prevention, and treatment for STI.

Chapter 9.

Needs and responses

'I feel you don't really get your rights as an individual… you always get it as a group, as a collective…'
– Manohar Elavarthi

We have seen in, previous chapters, how the history of MSM and TG groups has evolved – from its less visible roots in the times before HIV and the human rights dialogue. The multiple narratives that make up this history describe the place and position of those whose inner and outer reality holds another sexual experience. In other words, this 'other' sexual experience is within their selves, within the community and on the wider world stage. The complex and interactive story of all these levels provides policy makers and stakeholders with valuable analyses – on which they can build an equitable and just response to the needs of 'born males' who are of a different sexual persuasion.
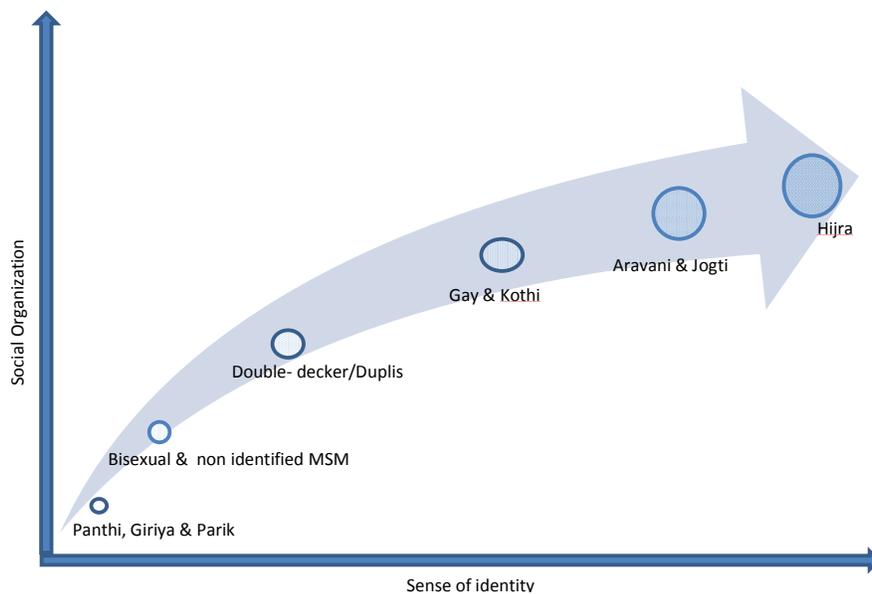
Sex and gender To initiate a serious discussion on gender and sexual identity, we need to first concede the pre-eminent position of the family in the societal organization of India. The foundation of this traditional structure is the patrilineal family, in which the role of each member is defined on the basis of gender. The dominant roles in the family are the masculine roles; those of the protector, the procreator, the provider, and in sexual terms, the 'penetrator'. Thus a powerful system of hierarchy is built into the dichotomy of sex; of gender roles that are defined by the sex of an individual; of masculinity versus femininity.

But sexual behaviour does not operate in a vacuum. Human sexual behaviour, like other forms of behaviour, is governed by social rules – sexual morality and sexual norms – that are culture-specific. We have seen, in Chapter 2, that sexual identity is constructed in close consonance with prevailing constructs of gender. Hence alternate sexual identity is, paradoxically, defined within the socially dominant framework of heterosexual relations. A variety of terms is used to describe the permutations and combinations of same sex sexual behaviour, orientation and identity that a person owns. Apart from kothi and gay, other same sex labels are largely behaviour-oriented and have few connotations of identity. Some who describe

themselves as kothi or gay may not have assumed these terms as their identity. So a kothi may continue to perform his tradition-bound 'male' role within the family while taking on the feminine role and gender in same sex relations outside the family.

The identity and organization continuum In the continuum of sexual identity, heterosexuality and homosexuality are two extreme orientations; all other orientations fall within the spectrum. Groups which are at an extreme of identity seem well developed in terms of community. Whether heterosexual or homosexual, they are more pronounced in terms of visibility and organization.

Figure 9.1: Social organization and sense of identity among MSM and TG groups

The hijra, for example, have chosen a considerable degree of social organization, so that they live in a separate community that is tenuously joined with the heteronormative ideal of the patriarchal society (Figure 9.1). The jogti and the aravani have also done the same. Like them, transgender women, who make up a more recent category, have a strong sense of identity; but they do not have a separate social organization. So while they are advanced in terms of identity, they are low in terms of social organization.

The self-identified MSM, gay or kothi is a contemporary construct, influenced significantly by the gay liberation movement of the West. They do not enjoy the

privilege of a long history and are not supported by rituals and traditions. This group is dominated by the middle class Western educated section that has, in the relatively short span of 30 odd years, been able to create a robust ideological discourse. These groups are well on their way to creating networks which in the longer run, may well take the shape of a community. On the other hand, like the bisexuals and non-identified MSM, the panthi/parik/giriya do not have a sense of homosexual identity, often perceiving their identity as that of a 'penetrator' – of man or woman – rather than as homosexual or heterosexual. Thus they are low in terms of sexual identity, and at ease with the heteronormative organization of mainstream society.

A divide of terminology The terminologies draw attention to the divide between groups based on identity, and groups based on behaviour. The former includes the self-identified gay and kothi man, the transgender and the hijra. The hijra, in their pursuit of identity, have created an alternative community for themselves with the language *ulti,* and with rituals and traditions. In contrast, kothi and self-identified gay men are trying to create a space for themselves *within* mainstream society. The visibility of the hijra has compelled them to live on the fringes of mainstream society. There is a paradox here. We have seen in Chapter 4 that mythology sanctions their existence, whether it is the power of blessing that Rama bestowed on them, or the worship of Aravan in Koovagam. But it also imposes an outcast status on them. Developments such as their role in the royal court led to greater mainstreaming of hijra in the medieval period; but that situation was abruptly reversed in the colonial period when their community was outlawed.

The terminology also accentuates the divide between the Western influenced, same sex loving gay and the 'local, vernacular speaking' kothi. A great deal of emotion and time has been invested in debate on this count. Other than among the hijra, the more modern movement on sexual identity has been very much influenced by the West. Hence gay men were at the front of the response in India. The initial intellectual discourse that took place in support groups was dominated by gays. The advent of HIV in India provided the thrust for the inclusion of the vernacular speaking middle and lower classes into the movement. This has led to a cascade of changes in the discourse – and produced concomitant effects on the structures being set up to respond to the epidemic.

The genesis of community action History suggests that same sex love, as practiced in all societies until the fifties, was mainly perceived as behaviour. It was not until after the Second World War that a different social organization grew out of

industrialization, urbanization and the resulting mass scale migration. Men began to move out from primary settings such as the village and settle in far off towns and cities. In these unfamiliar situations, identity based on religion, colour and language provided a sense of community in an otherwise anonymous life. Many such manifestations of a 'common cause' to cope with urban anonymity were expressed through social movements organized around principles such as language or caste.

As with language, religion, caste or class, sexuality also came to be expressed as an identity. Thus in the late sixties, we find community action – as in the Stone Wall riots – demanding the acknowledgement of the equal rights of an identity based on sexuality. The reverberations of this and some other Western community actions were felt in India much later as identity politics began its own passage here. In India, the sexual minority movement began with the establishment of an intellectual discourse to collectivize.

Community or group In other words, community action is the foundation on which a movement is built. But, to begin with, what is a *community*? Within sociology, the concept of community has led to animated debate, and sociologists are yet to reach agreement on a definition. A traditional definition in circulation is that it is 'a group of people with common characteristics and interests living together within a larger society'. When applied to sexual minorities, one conclusion is that the hijra undoubtedly make up a community. 'It is hierarchy based,' says Gauri Sawant in a KII. 'We might not have our biological families but we do have our gurus, guru bhais and chelas. There is a family structure... a support structure...'

Nevertheless, community action in the hijra community is limited. What constrains it? In the instance of the hijra, community action must take place to two ends: that of creating acceptance in mainstream society; and that of reforming the community internally to get rid of persisting archaic and exploitative practices. But despite some progress – as in the case of the Aravani Board in Tamil Nadu – the hijra have remained inward-looking. Their interaction with the outside world has tended to be limited to their livelihood – begging, giving blessings at weddings and births, and sex work. Although not much information is available, the internal structures of the community remain archaic, leaving little room to negotiate personal freedom at the individual level.

The problem is somewhat different in the case of the MSM. Unlike the hijra, the MSM do not make up a community. In a KII, Ashok Row Kavi says: 'I don't know whether MSM is a community. We can at best call it a network. According to me, community is there when there is a hierarchy... a connect between the peers. Living

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communities have an older generation teaching the younger generation… (They) have a culture and all the inherited traditions of the particular community are passed on that way'. Row Kavi adds that the Humsafar Trust represents 'an attempt to create a community'. Rajarshi Chakraborty of Sweekriti also feels that the MSM cannot be termed as a community; they make up 'a network or a network of networks'. According to him, even the gay community, a more or less homogeneous group, cannot be called a community. Since the MSM have had difficulties in coming together on a common platform, it has been difficult to chalk out a common agenda. This has, in turn, hampered community action.

The MSM and TG settings are dominated by multiple divisions. Among the transgender, for instance, there are the hijra, the aravani and the jogti. Within the hijra group we find identities such as the Nirvan Hijra and the non-castrated or Akwa Hijra. Apart from these, there are the male-to-female and female-to-male transgender, as well as the transgender who have undergone sex reassignment surgery. In short, common collectivization and community action among TG is made difficult by this range of identities. The MSM situation is even more disordered. Groups vie with each other for membership and for a basis for a separate identity. Many groups are uncomfortable with each other and hinder community action through infighting. Rajarshi Chakraborty comments, 'All the politics happening within them (the sexual minorities) is (taking place) in the form of infighting among the groups.' Pallav Patankar of the Humsafar Trust concludes that 'Identity cannot be denied to somebody but at the same time if we get too much into identity politics… it goes against the principle of collectivization. Respect for identity can be referred to as collectivist but asking for your rights and space every time on the basis of identity is really dividing the movement'.

Secret lives In contrast, many, as we have seen, do not even 'come out'; the compulsion to live secret double lives is self evident. Coming out to the family and to society at large is one of the most difficult and important milestones in the lives of the MSM. The internal doubting, the gathering of courage, the negotiation of gender and role are realities that accompany this process. In fact, many rights activists have suggested that the institutions of marriage and the family hinder the coming out process in India. Thus familial pressure, applied through a variety of means, may result in the leading of a 'double life', and with the burden of 'repressed' sexualities. Coming out is also a class issue – what may be relatively possible for urban upper class individuals could be unimaginable in a working class or rural setup. According to Rajarshi Chakraborty of Sweekriti, most of the MSM population

in West Bengal is 'hidden'; only about a fifth has come out. On the other hand, Aditya Bondyopadhayay says that the spaces of organized homosexual sex work for the middle classes under the guise of professional services such as massage parlor services, took place much after that for economically weaker sections.

Some may have come out in their local social networks but not to their families or society at large. Ironically, these 'closet MSM' may not be recognised as part of the sexual minority group by those who have come out. Another sub-group, the men who penetrate men, may feel they are performing the penetrator role laid down for them by society, and do not wish to be included in the sexual minority group. The result of this fragmentation is that collectivization and community action becomes difficult. The Internet has been instrumental in easing the efforts of MSM to communicate with each other, of an individual getting in touch with 'other people like me'. But the Internet allows individuals to be anonymous. And if the urge to meet people for sex can be expressed through the anonymity of the Internet space, there is less motivation to undergo the more difficult process of coming out in real public space. In this sense, the Internet has limited collectivization and community action.

The HIV opportunity What has the flow of HIV and AIDS funding meant for MSM and TG groups in real terms? On the one hand, it could be argued that it has opened the floodgates of opportunity – beginning with recognition of their existence, and going all the way to providing a cause around which to rally and build a larger movement for sexual minorities. On the other hand, this positive picture of opportunity has to be seen side by side with some of the challenges that it has brought in its wake.

The prime opportunity opened up by HIV and AIDS funding and programming has been recognition, plain and simple. 'For the first time there was official acceptance of same sex love in our country.' This is the way many in the sexual minority community respond to the fact that today there is a government-run HIV prevention programme designed for men having sex with men. Prior to HIV, only a handful of groups spoke openly of issues related to MSM and TG. Many of the organizations were more or less like clubs, meeting places for likeminded people. Following the advent of HIV, the number of peer organizations and NGO working with MSM and TG has increased considerably.

It is not just the number of organizations that has increased; it is also their nature and objectives. The Humsafar Trust was perhaps the first home grown organization which came up with the objective of taking forward the discourse on same sex love, providing safe space, and offering health services to MSM and TG. With recognition

and more groups of different types, collectivization clustered around the various MSM and TG labels has also increased.

Although collectivization was an urban phenomenon dominated by the upper and middle classes until the nineties, it has, since 2000, percolated to small towns and villages, bringing into its fold a wider mass of the rural and working class populations. That the increase has to some extent been around issues related to HIV and AIDS, does not take away from its significance. In the days before HIV and AIDS, particularly in the early period of the sexual minority movement, collectivization was driven mainly by the need to find people with a similar orientation. This quest to find 'other people like me' resulted in early attempts at a collective identity. A sense of community began to emerge. Over time, a discourse gradually evolved from such tentative collectivization, and efforts grew to establish a clear-cut identity and gain acceptance in society.

There were few safe spaces available for MSM except private parties and private homes – accessible only to a small section of people. The Internet opened up another safe space. But not only is it virtual, it is also open only to a limited section of people. It is against this background that HIV funding led to the creation of many safe spaces for MSM, particularly for people from lower income groups. These safe spaces include CBO, drop-in centres and community care centres. The strategy of implementing targeted interventions for HIV prevention among MSM and TG groups through community based and peer organizations also led to the overall empowerment of the MSM and TG community. Thus we gradually begin to see MSM and TG demanding their rightful space in mainstream society. One such demand has been the repeal of Section 377 of the Indian Penal Code. HIV funding has led to the growth of employment opportunities for MSM and TG community members, since the targeted interventions make it mandatory to appoint community members as the outreach workers. HIV programs have also led to awareness and capacity building, and facilitated the formation of CBO and self-help groups of community members.

Divisions and rivalries In the post-HIV period, the direction of the sexual minority movement, as it relates to MSM and TG, has changed somewhat. There *is* the need for efficacious service delivery. But so single-minded is this new focus of present-day collectivization that there is danger of the movement itself being reduced to a tool for delivering services to the community. There is also another question that has been raised about the nature of current collectivization. According to Rajarshi Chakraborty from Sweekriti and Anish Chaudhuri from Amitie Trust,

collectivization was more spontaneous in pre-HIV days. With the advent of HIV and funding, collectivization has grown increasingly dependent on the availability of funds. The danger to collectivization then is vulnerability to funding politics – and being driven by the donors' agenda.

The sexual minorities have never made up a homogeneous group in terms of constituency. There are the TG and the MSM; among the MSM, there are various groups, some clustered around behaviour and a few around identity. And MSM as a behaviour is not restricted to the upper and the middle classes – this 'finding' has been made clearer with the coming of HIV to India. As if this were not complicated enough, the abundant HIV funding has created further divisions.

According to the NACP, both MSM and TG are vulnerable to HIV since they practice anal sex, and those who are the receptive partners in this practice are more vulnerable. In popular understanding, Kothi are effeminate men – so the NACP defines kothi as the receptive partners. We have already seen that although the kothi may visualise himself as the woman in a male-male relationship, he is not always the receptor. He can also be the penetrator of his wife if he happens to be married. Equally, giriya and panthi, considered to be penetrators, sometimes play the role of receptors and can thus be vulnerable to HIV. Out of the mix of these sexual proclivities and the availability of HIV funding grows a silent competition among the MSM and TG to position themselves as those to whom funding must flow. So far, the targeted intervention for MSM and TG does not distinguish between the two groups. However, this may change with the increasingly insistent demands for separate treatment on the part of transgender and Hijra communities in Bengal.

MSM as the new identity The HIV epidemic has coined the new identity of MSM. There was no common terminology to identify all those who practised a particular behaviour, were of a sexual orientation and were possessed of a particular identity. In the event of such an absence, MSM – a term used to describe the risk of acquiring HIV because of male-to-male anal and oral sexual behaviour – became identified with an identity. The term MSM denotes a behaviour but has become an umbrella term to accommodate various groups such as kothi, gay, panthi, giriya and parik. For some members of the sexual minority group, such as Professor Saleem Kidwai, HIV has robbed the sexual minority movement of both intellectual discourse and a rich culture. In the pre-HIV days, an intellectual discourse on the alternate sexualities in India was taking shape, and groups like the gay or the kothi were trying to develop a culture of their own. On this basis, the identity of each group was in the process of getting established. HIV took away such diversity and began

looking at such groups through a disease lens – thereby reducing same sex love to the level of a mere sexual behaviour. According to Owes Khan, 'The moment you use the word MSM, you are killing any possibility of their becoming a community. Because you are so very clearly saying that it is just a behaviour and nothing else. And if it is about behaviour then that occurs – at the most 120-150 minutes in a week. Now that cannot define real life for you... it cannot define culture for you... (it) cannot define community and cannot define an organization for you... in fact it cannot define anything for you.'

Exclusion and social inclusion But regardless of terminology, in over 30 years, the history of the sexual minority movement has borne witness to events which have led to the exclusion of sexual minority groups from the mainstream, and yet others which have contributed to their inclusion in society.

What are some of the triggers of exclusion? In the life of a gay, kothi, or hijra, the event of coming out to the family, and later on, society can be the catalyst for a psychological sense of exclusion within the individual; as well as actual isolation from the family and the other primary groups. This exclusion may persist to some degree even if there is some acceptance from close family members over time. For instance, one respondent said that he had 'no social existence, and no social standing in the family even at the age of 65'. On social occasions such as weddings, he does not get an invitation; at most, his mother is sometimes asked to bring him along. This exclusion is more apparent in the nuclear families of the present day. The exclusion of hijra at the family level is even more acute. Once an individual decides to join a hijra group, all past social affiliations come to an end. The individual is shunned by the immediate family as well by society. Informant Gauri Sawant describes the position: 'I have absolutely no connection with my biological family... a few days back I met my father in a bus stand but he refused to acknowledge (me)... Such behaviour is painful but I can cope because I have received enough love and affection inside the hijra community.'

Such a sense of isolation worsens the disconnect hijra and other members of sexual minorities may feel with mainstream society. This disconnect, in turn, breeds further cause for exclusion, sometimes through acts of the sexual minority community. For example, in Bangalore, there has recently been a rise in the number of cases of extortion and harassment of the public by hijra. The police – who only a few years back would have taken hijra into custody on the slightest pretext – are now relatively helpless, in part owing to the hijra 'misusing' their nascent empowerment. It may also mean that the frequent use of the victim status and

victim space has led the victim to take the role of a persecutor. Aditya Bondyopadhayay cautions that along with empowerment and inclusion, sexual minorities also need to be made aware of the duties and responsibilities of 'good citizens'.

Typically, it is the sexual minorities who are victims of harassment. Harassment forces the community to lead isolated lives, thereby perpetuating their exclusion. In many cruising places such as public toilets and parks, MSM and TG encounter police harassment for money or even free sex. Individual acts of exclusion have also had their impact. In 1987, policewomen Lila Namdeo and Urmila Srivastava of the 23rd Battalion stationed outside Bhopal got married. This created a sensation, and they were discharged from the police force, ostensibly for unauthorized absence from duty. A recent event involved a transgender, Laxminarayan Tripathi, being asked to leave a social gathering in the elite Bombay Gymkhana. Even more recently, a professor in Aligarh Muslim University was suspended for practicing consensual same sex love in the privacy of his home. He was subsequently found dead in his home under 'mysterious' circumstances. Finally, harsh statements of religious leaders – whether from new age Hindu gurus, the Vishwa Hindu Parishad, the Catholic Church or Muslim theological bodies – have contributed to the continuing exclusion of sexual minorities.

In a statement that sums up the complex interplay of loss of esteem, status, powerlessness and isolation that make up exclusion, one respondent said: 'Today, the attitude in India toward MSM is conflicted. On the whole, nobody cares about your sexual identity, but they certainly care about your gender identity! Having a feminine gender identity drops a man down the power scale, but this is mostly mitigated if a man adheres to traditional social obligations like getting married and looking after his parents. However, transgendered males can be in serious trouble if they cross-dress. Then, one is usually asked to leave his parents' home and join outside cults such as the hijra.'

Fortunately, examples of inclusion are becoming increasingly available. Respondents reported a greater acceptance of sexual minorities into the mainstream. These examples of acceptance have sometimes taken the form of real people. Acceptance has been personified in a growing roster of positive role models who have created an identity around their sexual orientation and taken the term homosexuality beyond the term 'sex'. In the process they have gained a commendable position in mainstream society. These role models, many of whose voices and achievements are woven into the fabric of this study, have in turn given rise to individual acts of

courage – such as coming out against all odds; or taking the next step toward mobilization as a group. In addition to people who have contributed to the process of inclusion, there have been acts – by the state, the media, and the courts – that have facilitated the move toward inclusion. Finally, events such as Pride marches and film festivals have also been contributory factors.

The state has played a positive role though acts of inclusion – such as ensuring adequate importance to setting up and customizing targeted interventions for HIV prevention under NACO. The decision of the Election Commission to issue voter's ID

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Box 9.1 LGBT-oriented film festivals

Friends of Siddhartha: An annual film festival set up in the memory of gay rights activist Siddhartha Gautam, a young lawyer who was instrumental in preparing the report *Less than Gay*. The festival screens films on LGBT issues and HIV AND AIDS in European cultural centres in Delhi. These screenings are attended by NGO workers, gay network members and support groups.
Larzish: International Film Festival of Sexuality and Gender Plurality', was formally instituted in 2003. It is funded by international donors such as Astraea Lesbian Foundation for Justice, HIVOS and Mama Cash, and their local partners in India such as LABIA.
Kashish Film Festival: Sponsored by Bombay Dost, Solaris Pictures and Humsafar Trust, this festival in 2010 mainstreamed queer films for the first time by co-opting the PVR Chain of cinema houses in Mumbai. The same festival also ran in Bangalore where the queer community organised its own queer, stage and art festival. Both efforts mainstreamed queer issues as never before with large attendances.

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cards for TG signifies that the state has acknowledged them as rightful citizens. The transgender community has welcomed this, but has also pleaded that their sex be indicated as 'transgender' or 'third gender'. Acts of inclusion have also taken the form of the issue of ID cards, ration cards and passports by the Aravani Welfare Board in Tamil Nadu. As for the courts, we have seen how the landmark judgement that has read down Section 377 of the Indian Penal Code has meant a major step forward on the road to inclusion.

The media too has done its bit to help locate sexual minorities within the mainstream. Members of the sexual minority community feel they have been depicted in positive light in recent times, particularly in the print media, and in South India. Films too have made a difference. Movies such as 'My Brother Nikhil' have portrayed sexual minorities in a positive and sensitive way. Recent commercial Hindi movies such as 'Dostana' and 'Fashion' have presented characters from the sexual minorities without being judgemental. Events such as film festivals on alternate sexuality (see Box 9.1) have served to create awareness on issues of

homosexuality among the educated middle class. Last but in no sense the least, community members perceive the Pride marches as events of inclusion that increase their visibility in society. The first Pride was held in Kolkata in 1999. And in the last two years, Prides are being held annually in almost all leading cities. The fact that state infrastructure such as the police is used to facilitate the Pride is a powerful illustration of inclusion. So is the fact that even sympathetic outsiders to the sexual minority community are beginning to take part.

A new fulcrum We have seen that Section 377 of the Indian Penal Code has been interpreted in India to criminalize any penetrative sex that was 'against the order of nature', thereby criminalizing the sexual expression of homosexuals, bisexuals and transsexuals. How has this played out in practice? It is not so much that many court cases have been filed against sexual minorities. Over a period of more than 130 years, one can find no more than 30-35 references to its use.

But Section 377 grew into a powerful weapon in the hands of police and goondas to harass, abuse, extort and torture sexual minorities. Moreover, the law formed the structural basis for the widespread stigma, discrimination, marginalization and prejudice suffered by sexual minorities. Similar laws exist in almost all countries with a colonial past. Since 1967 a process of change has informed legal attitudes towards sexual orientation. In several jurisdictions the superior courts and tribunals have struck down anti-sodomy laws: examples include the US Supreme Court in 2003, the European Court of Human Rights in 1981 and 1988, and the UN Rights Committee in 1994. This regressive 150 year old code was challenged by the Naz Foundation (India) Trust in 2001.

The immediacy of abuse became starkly clear when in 2001, the offices of Naz foundation International and of Bharosa Trust were raided in the city of Lucknow and thereafter sealed. Four people were arrested and charged with abetting the crime as described in Section 377, denied bail on frivolous grounds on three occasions by the lower courts, and ultimately obtained bail only from the High Court after 47 days in jail. Their crime - to try to save lives by preventing HIV amongst MSM by following the policy guidelines that were set up by the Government of India. These arrests, referred to as the first Lucknow incident, were key events in the process of collectivisation as the community mobilised and opposed the arrests across India. This and other serial instances of continued harassment, led to a mobilization effort fed by the excesses of an insensitive state.

In 2001, a public interest litigation was filed by the Naz Foundation (India) Trust in the Delhi High Court seeking legalisation of homosexual intercourse between

consenting adults. This did not lead to an immediate coming together of the community – many were cynical about its possible impact on their daily life. However the government's affidavit in 2003, opposing the petition led to an intensification of concern within the community. Interestingly, the position of the National AIDS Control Organization of the Ministry of Health and Family Welfare was in sharp contrast to that of the Ministry of Home. They supported the Naz case, in a continuation of their liberal stand on the participation of an LGBT organization at the UN General Special session on HIV/AIDS in 2001.

Following the Delhi High Court judgement of 2003, the Lawyers Collective led a wide-ranging dialogue conducted through face to face meetings and email list serves regarding the strategy and actions before the court. The crystallization of community unity around the case reflected the anger of the community against its dismissal, a sense of growing confidence in collectivization and the certainty that they were there for the long haul. In any event and despite these preparations, the Delhi High Court dismissed the Naz case on the issue of *locus standi* in 2004.

In order to develop a common voice and appeal the decision of the court, a national consultation was convened in Mumbai in 2005 and the seeds of mobilization around Section 377 were sown. A Delhi-based coalition called 'Voices against 377' took birth. This coalition of LGBT, women's and human rights activists made a significant intervention by supporting the demand to 'read down' Section 377 to exclude adult consensual sex from within the purview of Section 377 of the Indian Penal Code. Their position is vindicated by the Delhi High Court which says, in its judgement, that

> 'If there is one constitutional tenet that can be said to be underlying theme of the Indian Constitution, it is that of 'inclusiveness'. This Court believes that Indian Constitution reflects this value deeply ingrained in Indian society, nurtured over several generations. The inclusiveness that Indian society traditionally displayed, literally in every aspect of life, is manifest in recognising a role in society for everyone. Those perceived by the majority as "deviants' or 'different' are not on that score excluded or ostracized.'

The legal battle has been won, but only partly. Over the years, the movement has seen a shift in the social reaction – from fierce homophobia to greater openness. Positive social responses to homosexuality have also grown in the last few years in response to the concerted efforts of all sections of the movement. In the ultimate analysis, repealing IPC 377 is by no means the end of the journey. In a sense, the movement starts now – outside the courtroom. As one member of 'Voices against

377' put it: 'No battle is won in the courtroom. It is from here we start to complicate our language of sexuality and engage it with other forms of oppression and discrimination'.[77]

The next big step for civil society in general, and LGBT rights activists in particular, is to bring the ruling to the floor of the Parliament in order to get the same amended by the legislature of the country. Already the Law Commission of India in its 172nd report (on reviewing rape laws) and the Planning Commission of India have recommended the repeal of IPC 377. What is crucial to the movement is making people question the conventional norms of the social structure. At the same time, the movement has to highlight its positive aim – of ensuring that it reflects all the many nuances of human experience.

Policy advocacy issues Incidents of vulnerability and exclusion, as well as successful examples of empowerment and social inclusion, serve as a collective springboard for advocacy. The spectrum is wide-ranging, extending from sexual rights and the amendment of law to welfare issues.

In its broadest sense, human rights include women's rights, the rights of workers, minorities and prisoners; and rights concerning the environment, housing and health. Individual as well as community rights need to be defended so long as they do not undermine similar rights of other individuals inside or outside the community. In this context, each individual's sexual orientation and preference concerning companionship is entirely the choice of the individual concerned; the state should act to assure free space for these expressions. Thus we enter the realm of sexual rights, the articulation of which entered mainstream human rights discourse in the early nineties.

What do we include among sexual rights? Ideally, sexual rights include conceptualizing sexual and reproductive health, rights articulating sexual autonomy, and the right to pleasure. While these three aspects of rights are not mutually exclusive, they are, perhaps, inseparably linked. Of the three, health and reproductive rights based articulations of sexuality are easily the most institutionalised. The 1994 International Conference on Population and Development at Cairo agreed on a broad set of reproductive health rights. At the 1995 Beijing Conference, the term 'sexual rights' was again rejected; but the articulations of sexual health, and the fundamental notion of the existence of rights around sexuality that emerged from the Cairo Conference, were accepted.

The other two components of sexual rights – sexual autonomy and the right to pleasure – have more or less been ignored. These rights, belonging to all citizens, include the right to marry or not to marry; to make choices based on consent on who their partners are, what kind of sex they want to engage in, and every other issue regarding their sexuality; to play, discover, have fun with one's sexuality; to differ on the issue of sex; to live a life free of coercion, violation, and discrimination based on sexual identity and practices; to experience the unfettered practice of one's sexuality in all spheres of activity except sexual abuse; and to enjoy a positive and affirmative sexuality. As a signatory at Cairo in 1994, India has agreed on these points as among the legitimate rights of women. The foundation was laid for the merging of sexuality and rights, specifically the merging of women's rights and sexual rights – and the basis for advocacy to establish the sexual rights for *all* citizens.

There are other advocacy issues that call for attention. The mobilization of aravani has been discussed earlier in this chapter as well as in Chapter 7. Male-to-female transgender people in India have traditionally organized themselves in communes called jamat. This community structure, while relatively loose and less binding in South India, nevertheless provides one of the few real-world models for aravani in organizing as a family and community after establishing a public transgender identity. But the model is also rigidly hierarchical and problematic. The jamat system frequently fosters violent and coercive behaviour between gurus and chelas, partly because of the pressure to earn money and support community members in the context of social stigma.

It is apparent that a range of issues related to MSM and TG groups needs to be addressed. Given the seriousness of the HIV situation, and the vulnerability of TG and MSM groups, HIV related action is undoubtedly critical. The increased attention to the MSM agenda inherent in NACP III and the new funding through GFATM are undoubtedly important. But there has also been an increasing danger of such action obscuring the need for other issues that also need to be addressed through community action. The post-2000 period has seen the growth of a number of peer organizations. The objectives of these CBO that have come up in the post-HIV period has been to identify pockets of MSM and TG populations and provide them services related to HIV and AIDS in a cost effective way. But can mobilization and collectivization remain silent about the other concerns of MSM and TG – such as marriage pressure, exclusion by the family, or the realization of a social identity? To begin with is this list that requires community action:

- Advocating sexual rights, including reproductive rights, sexual autonomy and the right to pleasure.

- Amending Section 377 to decriminalize homosexuality, differentiate between sodomy and homosexuality, and provide people engaging in same sex love the constitutional freedom promised by Article 14.
- Replicating the Aravani/TG Welfare Boards in other parts of the country to carry out welfare work for the transgender and bring them closer to the mainstream.
- Setting up a common platform such as INFOSEM to help CBO raise their voices for the betterment of MSM and TG groups.
- Ensuring that HIV and AIDS prevention and management programs address and include support for the fight for rights and identities.
- Social security and livelihood issues must be addressed within the ambit of HIV and AIDS programs for the MSM community.
- Forming a coalition with other minority groups, such as dalits and women, to grow as a political force.

A final comment It is clear that the way forward is to continue the journey of collectivization to its logical conclusion. It began with the search by a group of people for acceptance of their sexual identity and recognition of their social rights. It coalesced into demand by networks for open, safe spaces and health rights. It has emerged now through a process of collectivization into the modern day 'imagined communities' of Benedict Anderson.[78] These communities may not share time and space, but are communities nonetheless – in responding jointly with rebuttal when threatened and sharing joy as in the Prides.

What challenges remain to be overcome? The MSM community faces divisions – it speaks with many voices. There is no common term to describe all. Identities demand discrete social acknowledgement rather than subsuming their presence within the whole. The smaller groups that are created become invisible to mainstream society. More time and effort is spent in differentiation than in seeking commonalities, or in defining common agenda.

In the absence of a common term for all, there is a failure to assume a common social forum for the purposes of organization. This is exacerbated by the limited mobilization that has taken place. What we see today is a mobilization around HIV services. What is required is mobilization around human rights, around the idea of community. These challenges need to be faced if the MSM and TG community is to gain in voice.

Finally, a common agenda is needed. Mobilization and community action can only be organized when a common demand is voiced. Recognition of common purpose is the way to social acknowledgement, and the assumption of social rights expressed in concrete terms as services. As the community – for it is now a community – matures and ages, society must provide it what it has so arduously fought for.

Glossary

Akwa	Hijra who wear women's attire but have not yet undergone demasculinization.
Aravani	It is an equivalent term for hijra in the south. Though born a male, an aravani has a close psychological affinity with a girl/woman. The aravani take their name from Arjun's son Aravan, who they consider their husband. A ritual marriage takes place with the God every Chaitra Purnima at the Koothandapar temple in Koovagam village in Tamil Nadu.
Auparistika	The term is used to refer to oral sex in the Kamasutra.
Badhai	Special power to bless conferred on the eunuchs by Lord Rama.
Baharupi/bairupi	Men pretending to be hijra to earn money by begging.
Bila	Male homosexuals who exhibit an extreme outward feminine demeanour and are receptive partners.
Chela	Disciple.
Devadasi	Literally 'servant of the deity', this is a woman dedicated to the service of the god/ goddess as part of the 'devadasi system'; she is considered 'wedded' to the temple/ deity.
Dhurani	Men who are usually in the receptive role during anal sex.
Dupli/double-decker	Men who penetrate as well as get penetrated during male-to-male sex.
Gharana	Clan or unit with generational hierarchy, a culture and the most powerful tradition that forms the hijra community.
Ghilman	A class of royal slaves in the medieval period who served as boys and intimate companions, bodyguards and special troops.
Guru	Teacher.
Guru Bhai	Disciple of the same guru.
Hijra	Hijras are born as biological/anatomical males who reject their 'masculine' identity and identify either as women, or not-men, or in-between man and woman, or as neither man nor woman.

Jamat	Community for the hijra and aravani
Jogta /jogappa/ jogti	Hijra who follow Hinduism; male children dedicated to the goddess and ritually cross-dressed for religious purposes.
Khada Kothi	Castrated kothis among the hijra
Khusra	Used for 'eunuch' in the Punjabi language.
Khwaja sara/Nazir	Senior eunuch of the medieval court.
Kothi	Identified homosexual males who are feminine and mostly receptive. The kothi identity is shared by both feminine homosexual men and hijra i.e. male-to-female transgender/transsexuals.
Kojja	Telugu word for TG denoting a ritually castrated man who may be penetrated by other men.
Mansabdar	Army commander.
Napunsaka	Homosexual men who were considered 'impotent' with women in Sanskrit; other similar terms used are Kliba and Shandha.
Nirvan	Hijra who have undergone demasculinization.
Parampara	Tradition or lineage as referred to in the guru-chela system among hijra.
Panthi	The real man who only penetrates or is considered the masculine partner in a same sex relationship. He may also have a female partner.
Parigraha	To marry; to embrace.
Satlewaali	A recent terminology used for hijra, meaning a cross-dresser
Subah	Province.
Svarini	Homosexual women who are considered 'impotent' with men in Sanskrit; also nastriya.
Tritiya Prakriti	A term used in the Vedic period referring to gay or homosexual men, lesbian or homosexual women, bisexuals and transgenders who identify as the opposite sex, as well as intersexed persons who share physical traits of both sexes.
Zenana	Men who think of themselves as women but choose not to undergo demasculinization.

A timeline of key events (1995 - 2010)

1995: Mar 8	A party for lesbian and bisexual women is held on International Women's Day in Delhi.
1995: Mar	Classic Books, Calcutta invites Counsel Club and Humsafar Trust to stock copies of their journals at their outlet. People Tree in New Delhi was already doing so at that time.
1995: Mar	Samraksha, Bangalore- organizes a conference on 'Legal issues in the prevention and care of AIDS' at which a paper is presented by Manohar Elavarthi on *Homosexuality – Law and Police in India* which demands repeal of Section 377.
1995: Apr 22	*The Legal Struggle for Repeal of Section 377 IPC* - a meeting is convened in Delhi by ABVA which is attended by 34 participants working in the areas of gay and lesbian rights, gender, health, law and HIV/AIDS.
1995: Apr	Stree Sangam formed at the first picnic for lesbian and bisexual women in Mumbai.
1995: Oct	Activist Anuja Gupta represents India as a testifier at a tribunal on human rights violations against sexual minorities organized by the International Gay and Lesbian Human Rights Commission at New York.
1995: Oct	The Humsafar Centre is inaugurated at Mumbai.
1995: Oct	*Naz ki Pukar*- newsletter begun by the Naz Project.
1995: Dec	Counsel Club decides to add prefix *Naya* to its house journal *Pravartak*'s name, after another voluntary group with a registered Bengali monthly of the same name protested the use of the name for something as 'disgusting' as homosexuality.
1995	Saathi - a gay support group forms with chapters in Noida, Hyderabad, Secunderabad and Cuttack. Its birth coincides with the closure of the Secunderabad based Gay Information Centre.
1995	*BomGay*, *Fire*, *Kamsutra*, *Out in Bombay*, *Trying to Grow*, *Dayra*, *Tamanna* - there is an explosion of films and documentaries that explore the themes of lesbian, gay and transgender sexualities in India.

1995	'Homo-relational realities' – the right of lesbians and gay men to marriage and the attendant legal benefits are articulated by Mumbai based women's group-Forum Against Oppression of Women in its paper *Visions of Gender Just Realities*.
1996, May 30	*Lesbian and Gay Rights in India* - Presentation is made at the conference on 'Gender Just Laws' by the Working Group. The Conference is attended by women's groups, human rights groups, lawyers and activists; and the paper receives an overall positive response.
1996: Jun	Stree Sangam organizes the First National Gathering of Women who love Women in Mumbai. Thirty women attend, primarily from Delhi, Bangalore, Pune and Mumbai.
1996: Jun	*The Alien Flower*-a dance drama based on poems about a gay man's life is performed in Calcutta by Sapphire Creation Dance Workshop.
1996: Aug-Sep	Four Counsel Club members participate in *Sandhikhan* - a discussion on homosexuality on All India Radio, Calcutta.
1996: Sep	The Humsafar Trust organises a workshop on Section 377 with a lawyer as a resource person.
1996	*Sakhiyani: Lesbian desire in Ancient and Modern India*- by Giti Thadani is published. It is the first book on lesbian history in India.
1996	Helpline run by the Naz Foundation (India) trust started - Sangini for women and Humraz for men.
1996	Manipur was the first State in India to formulate a State AIDS Policy, which explicitly included a harm reduction approach to HIV and AIDS prevention among injecting drug users.
1997: Jan	*Network East* conference is organized by Counsel Club for its members and friends in eastern India. Participants were from West Bengal, Bihar, Assam and Orissa.
1997: Mar	Counsel Club participates in a seminar on *Human rights of marginalized communities* organized by a group of civil rights activities, and presents a paper on the rights violations faced by gay people.
1997: Aug	Copies of *Trikone* are seized by the Customs department from Counsel Club member under the Customs Act, 1962, for commercial violations and on the grounds that the import of such literature is 'derogatory to the morality and social system of our nation'.

1997: Sep	Sabrang – a group of a mixed group of people forms in Bangalore to address the spectrum of gender and sexuality issues.
1997: Sep	National Seminar on Gay Rights is organized by students of the National Law School, Bangalore. Receives positive media coverage.
1997: Nov	Strategies for furthering Lesbian, Gay, Bisexual Rights in India – a workshop is organized in Mumbai by Stree Sangam, Counsel Club, Forum Against Oppression of Women & Human Rights Law Network. Two of the strategies agreed upon are the launch of a nation-wide campaign for the repeal of Section 377 and the resource book *Humjinsi*. Media coverage at the press conference after the workshop is also quite positive.
1997: Dec	West Bengal Sexual Health Project Annual Conference has 3 presentations on same sex issues. Support is generated for a campaign to repeal Section 377.
1997: Dec	Population Services International is dragged to court under section 377 for "promoting homosexuality" on radio program *Balance Barabar.*
1997: Dec	The first edition of the *Gender Just Laws Bulletin* produced by India Centre for Human Rights and Law, Mumbai focuses on gay, lesbian and bisexual rights.
1997: Dec	Meeting for Women who love Women - is officially part of the programme of the VIth National Conference on Women's Movements at Ranchi. The meeting is convened by Stree Sangam, and attended by 30 women. Stree Sangam also conducts a separate workshop for straight women who are supporters of lesbian issues. The signature campaign for the repeal of Section 377 is also conducted here.
1997	*Darpan* - a bi-monthly newsletter for gay men in Delhi is started by the group Humrahi.
1997	*Timeshare* a journal for gay men is started by the gay men's group Apsara in Patna.
1997	Tata Institute of Social Sciences Social Work Educator's Forum becomes the first organization in India to include in its mission statement a clause preventing discrimination on the grounds of sexual orientation.
1997	Humsafar Trust organizes a series of workshops for members on *How to fight goondas*, *How to stand-up to police harassment* and *Syndromic management of medico-legal problems*.

1997	SWAM, Chennai, is formed by B. Sear, a member of the CAN team (1993).
1997	Film *Tamanna* was released, starred, male actor Paresh Rawal in a central role as Tiku, a hijra who raises a young orphan.
1998: Feb	Seagull Bookstore, Calcutta agrees to stock copies of *Naya Pravartak* and *Bombay Dost* on an experimental basis. The arrangement with Classic Books was wound up in late 1997 because the new management felt the journals were creating a 'limited' (read negative) image for the bookshop.
1998: Feb	The first issue of *Sangha Mitra* - Les-bi-gay newsletter in Kannada and English is published in Bangalore. CED Bangalore agrees to stock copies.
1998: Mar	Humsafar's public-private partnership started with sensitization of doctors at the Lokmanya Tilak Municipal General Teaching Hospital, Sion on HIV and AIDS.
1998: Apr	Counsel Club participates in a 3-day Development book fair organized by Sahay, Calcutta. Distributes copies of *Naya Pravartak* and *Bombay Dost* and uses the forum to conduct the signature campaign for the repeal of Section 377.
1998: Apr	Sarani - a Calcutta based experimental performing arts troupe stages *Coming Out with Music* – possibly the first music and dance performance entirely on gay themes in India
1998: May	Second National Gathering of Women who love Women organized by Stree Sangam in Mumbai.
1998: Aug	Over 100 people attend *Emerging Gay Spaces* in Bangalore- a public lecture by Chandra Balachandran that is organized by Sabrang.
1998: Nov	*Fire*- a film by Deepa Mehta about a lesbian relationship in a middle-class Delhi house-hold is finally cleared by the Censor Board of Film Certification and released in India – uncensored.
1998: Dec 2-3	After two weeks of house full shows, members of the Shiv Sena vandalize the theatre and violently disrupt screenings of the film *Fire* in Mumbai and Delhi. Maharashtra Chief Minister Manohar Joshi praises the Shiv Sainiks for their actions. Theatres are forced to stop further screenings of the film. Centre decides to refer Fire back to the Censor Board for re-evaluation.
1998: Dec	Peaceful demonstrations protesting Shiv Sena vandalism in Mumbai and Delhi. Massive poster campaign organized by activists in Mumbai faces severe repression from the police.

1998	*Pratyay* - first support for kothi was established in Kolkata 1998.
1998	Dilip Kumar, Mahesh Bhatt, Javed Akhtar, Yash Chopra, Atul Setalvad, Hosbet Suresh and Teesta Stalvad file a Writ petition in the Supreme Court urging Chief Justice A.S. Anand to seek an explanation from the Maharashtra government for its failure to provide protection to the screening of *Fire*.
1998	Sahodaran formed as a non-profit, voluntary CBO working on HIV and AIDS prevention and control activities within the MSM community. Was later registered in 2002 in Chennai.
1998	THAA (Tamil Nadu Aravanigal Association) was born and registered under the Society Act, 1975 of Tamil Nadu. THAA is totally governed by aravanis and it is BY the aravanis, FOR the aravanis and TO the aravanis. THAA in Tamil means 'give'.
1999: Apr	Mumbai District Aids Control Society awarded the first pilot project to 'Motivate Safer Sex Among MSM at Selected Sites in Mumbai Metro' over a three-year period
1999	First Pride March held in India, in Kolkata, after the Stonewall riots, New York.
1999	Dai Welfare Society, Mumbai was organized for hijra, kothi and sex workers. Has played a crucial role by helping them organize and fight for their rights.
2000: May	*Looking into next millennium* conference conducted by the Humsafar Trust at Mumbai
2000: Dec 14	Lotus Sangam registered in Kumbakonam, Tamil Nadu.
2000	*Same-sex Love in India-Readings from Literature and history'*, a book written by Ruth Vanita, & Saleem Kidwai published.
2000	Lakshya Trust registered as a public charitable trust. Works primarily on sexual health issues of MSM, and on issues addressing the social, economical, legal, psychological and physical well being of the LGBT population.
2000	*Sahodari* started as a magazine in Tamil Nadu.
2001: Jul 7	Police raid a park in Lucknow that was frequented by the MSM community. The police raided the offices of *Bharosa* and Naz Foundation and seized materials from there, arresting nine people in all. They were charged under Sections 377 (unnatural offences), 292 (sale of obscene books), 120b (criminal conspiracy) and 109 (abetment) of the IPC; under Section 60 of the Copyright Act; and Section 3 and 4 of the Indecent Representation of Women Act.

2001	Sakhi Char Chowghi established in Mumbai with the objective of offering a safe space for hijra to come together and talk about issues as the advent of HIV found most hijra communities unprepared for the epidemic.
2001	Naz Foundation files a Public Interest Litigation against Section 377
2002: Nov	Avahan, or "call to action," the brain child of the world's largest philanthropist Bill Gates, announces a 10-year, $100-million initiative to stop the spread of HIV and AIDS in India during his much heralded visit to the country.
2002	Joint Action Kannur (JACK) filed an intervention supporting the retention of the law on the ground that HIV does not cause AIDS, and that this law is required to prevent HIV from spreading.
2002	NACP II beginning grants became available for HIV prevention among MSM.
2002	The hijra community in Bangalore organises *Hijra Habba*, a festival of sports and cultural events
2003: Dec 25	LGBT social-support group Moven Pick started, Chennai, Tamil Nadu. Is primarily an online group, but members also get together offline.
2003	MANAS (MSM Action Network for Social Advocacy) Bangla founded in Kolkata. Today it provides services to MSM population through 10 drop-in centres.
2003	Release of the film *The Pink Mirror – Gulabi Aaina*, directed by Sridhar Rangayan in India. This film, the first Indian on drag queens was officially selected in over 30 international film festivals.
2003	The State Subcommittee on Transgender Welfare formed and re-convened in December 2006, to issue recommendations to the state government to 'improve the living conditions' of the aravani.
2003	The Government of India (Ministry of Home Affairs) filed an affidavit supporting the retention of the law on the grounds that the criminal law must reflect public morality and that Indian society disapproved of homosexuality.
2003	The Delhi High Court says the petitioners for repeal of Section 377 have no *locus standi*; Naz Foundation appeals to the Supreme Court which reverts the case to the High Court.

2004: Feb 27	First public event in Tamil Nadu calling for repeal of Section 377 held in Kumbakonam - facilitated by Lotus, in partnership with Tamil Nadu CBO, South India AIDS Action Programme Chennai, and National Campaign for Sexual Rights, Kumbakonam, Tamil Nadu.
2004: Mar 6	Writ petition filed in Madras Court by Lawyer Rajani and Priya Babu for voting rights for aravani in Tamil Nadu.
2004: Jun	Madras High Court declares that transgender individuals could choose either 'male' or 'female' as their gender when applying for official identity/voter ID in Tamil Nadu.
2004: Aug 8	*Boyfriends, Girlfriends and Body Fluids*: Discussion on safer sex in the LGBT community organized by Moven Pick group, Chennai, Tamil Nadu.
2004: Aug 27	The Hindustan time headlines - *Gay Murders Tip of Sordid Sleazeburg*. The newspapers in Delhi were full of details of the double murder which involved the murder of two gay men in the posh South Delhi house of one of the victims.
2004: Nov 2-Dec 1	First film-festival on Gender and Sexuality, organized by SAATHII and Alliance Francaise of Madras, Chennai, Tamil Nadu.
2004	Kunthavai Nachiyar AIDS Thaduppu Sangam registered in Thanjavur, Tamil Nadu.
2004	NIPASHA - a Network of Indian People with Alternative Sexualities living with HIV and AIDS formed to work on mobilizing MSM and TG living with HIV and AIDS.
2004	INFOSEM (India Network for Sexual Minorities) comes into existence as a collective of sexual minority groups across India.
2005: Mar	First Tamil talk-show to discuss need for acceptance of homosexuals, hosted by Tamil cine-actress Lakshmi as part of her acclaimed talk show *Achchamillai-Achchamillai* on Jaya TV, Tamil Nadu.
2005: Mar 18	Sudar Foundation transgender cultural group formed in Kanchipuram, Tamil Nadu.
2005: May	Kannadi Lalai Kuzhu transgender theatre troupe formed by Sudar Foundation, Chennai, Tamil Nadu.
2005: Jun 20-26	The Lesbian, Gay, Bisexual and Transgender (LGBT) Rainbow Pride Week in Kolkata. The week begins with the film festival on June 20 and closes up with the Rainbow Pride Walk on June 26.
2005: Nov 25-26	LGBT Documentary Film Festival Organized by SAATHII and Alliance Franchise, Chennai, Tamil Nadu.

2005	A fiction feature film titled *Shabnam Mausi* was made on the life of a TG politician of the same name. Directed by Yogesh Bharadwaj, the title role is played by Ashutosh Rana.
2005	*Social Work Practice and Men Who Have Sex With Men*, written by Sherry Joseph published.
2006: Oct	Tamil-English bilingual website *orinam.net* started by Moven Pick group.
2006	Arthanareswarar AIDS Thaduppu Sangam, Namakkal, Tamil Nadu.
2006	On an appeal filed by Naz Foundation, The Supreme Court passed an order remanding the case back to the Delhi High Court so the matter could be heard on merits.
2006	National AIDS Control Organisation (NACO) filed an affidavit stating that the enforcement of Section 377 is a hindrance to HIV prevention efforts.
2006	An intervention was filed by B.P. Singhal stating that homosexuality is against Indian culture and that the law needs to be retained.
2006	An intervention was filed by Voices Against 377 supporting the petitioner and stating that Section 377 is violative of the fundamental rights of LGBT persons.
2007: Feb 19	Transgender Rights Association. Chennai, Tamil Nadu.
2007: Jun	Social Integration Development for Aravanis Foundation started in Kanchipuram, Tamil Nadu.
2007	Release of *68 Pages* an Indian film about a HIV and AIDS counsellor and five of her counselees who are from various marginalized communities. This Remi Award winning film is directed by Sridhar Rangayan.
2007	NACP III begins. Aims to reach more of those vulnerable to HIV and addresses the needs of the high risk groups through specific interventions aimed at reducing their risk, recognizing MSM and TG as core populations at risk.
2007	Challenge, a federation of the MSM organization is registered and joins INFOSEM, Tamil Nadu.

2008: May 15	World Bank Development Marketplace awards grant for *Activism by Cultural Teams* to Lotus Sangam. First project that aims to sensitize village panchayat/municipal leaders on MSM issues through cultural performances with the objective of opening a justice channel for MSM in rural spaces; project piloted successfully.
2008: May	Aravani Welfare Board was established specifically to address the issues of the aravani in Tamil Nadu.
2008: Jun	Chennai Gemini Tirunangai Lioness Club (for transgenders) started by K. Manivannan, Chennai, Tamil Nadu.
2008: Aug	Federation of Indian Transgenders (FIT) constituted from aravani organisation provides oversight to ensure that the Aravani Welfare Board functions well.
2009: Jan	Sangama holds a meeting to set up human rights commission in South East Asia
2009: Jun 5	*Amour*, queer-themed multi-media dance performance by Shanmugha Sundaram produced by Sathir Natya is organized by Alliance Francaise and SAATHII, Chennai.
2009: Jun 20	Cultural performances and *Panel Discussion on Sodomy laws*, organized by Shakti Center at Spaces. Chennai.
2009: Jun 22	Public screening of *Milk* as part of South Indian Film Chamber's Oscar Film Festival, in association with American Consulate. Chennai.
2009: Jun 26	First meeting for parents and siblings of LGBT people, organized by Center for Counselling. Chennai.
2009: Jun 27	Rainbow Pride Walk in Bhubaneswar highlighting 'Section 377 Indian Penal Code Violates Rights – Ours and Yours! Walk with Us on the Rainbow to Register Your Protest'.
2009: Jun 28	First Chennai Pride Walk, organized by Chennai Rainbow Coalition. Chennai.
2009: Jul 2	The Delhi High Court overturns the 150 year old Section 377 of Indian Penal Code effectively legalising consensual homosexual activities between adults. The court states that the judgement would hold until Parliament chose to amend the law.
2009: Aug 25	A *Discourse on Religion, Inclusiveness and Sexual Minorities* organised by Sangama and Aneka
2009: Oct 11	*Campaign for Open Minds* launched to end homophobia, biphobia and transphobia among healthcare providers and other sections of society, by MP and *orinam.net*. Tamil Nadu.

2009: Dec 27	Lotus Sangam formally introduced the term *penn-manam kon Daan* (male with feelings of a woman) as an alternative to 'kothi'. Term used previously successfully in advocacy with Panchayat leaders in two districts of Tamil Nadu: Tanjavur and Tiruvarur.
2009: Dec 30	Transgender Women's Federation formed. Chennai. Tamil Nadu.
2009	Shakti Centre a registered trust, is a collective of activist performers, academics and every day revolutionaries for creating a public dialogue on gender and Sexuality in Chennai
2009	Sangama completes the study of Aravani Welfare Board and government schemes to disseminate information to the TG community.
2010: Jan 19	India's first ever beauty pageant on transgender community in India organizes a search for 'Indian Super Queen' to unite transgender community and give a 'positive vibe about who and what we are'.
2010: Feb 15	Public forum *Perspective of Mental Health Sciences on alternate sexual orientations and gender identities* organized by Sangama with support of local LGBT groups, Chennai. Tamil Nadu.
2010: Apr 22-25	*Kashish* -Mumbai Queer Film Festival held.

This timeline has been assembled on the basis of consultations held in support of this report with MSM and TG groups from across the country (held in Mumbai & Kolkata), interviews with over 30 key personalities of the movement, specific inputs kindly provided by L. Ramakrishnan and the *Humjinsi* report.

The *Humjinsi* by Bina Fernandez (1999) provides a detailed timeline of key events in collectivization of MSM and TG groups from 1941 to 1998. From consultations held for this report as well as individual contributions, we have the following additional events to offer to that timeline.

1984	Ashok Row Kavi comes out in an interview given to Savvy Magazine, Bombay.
1986	Ministry of Health and Family Welfare constituted a National AIDS committee in the year 1986 under the chairmanship of union Minister of Health and Family Welfare with representative from various sectors.
1989	Ashok Row Kavi attends the 5th International AIDS Conference in Montreal and reports back to Mumbai's middle-class gay friends that HIV will hit India's queer communities hugely.
1991	Social Awareness Service Organisation started. Was one of the first organisations to work with injecting drug users on HIV and AIDS and sexual health issues in Imphal, Manipur. Today it works with MSM and on Care, Support and Treatment for PLHA.
1992	The All India Institute of Hygiene and Public Health launches a programme to reduce the transmission of HIV in Sonagachi, a red-light district in central Kolkata.
1993	Community Action Network-WHO project run by S. Sundaraman begins work in Chennai to address prevention among MSM and sex workers. Sunil Menon and B. Sekar are important part of the project
1994	Aniketan - an AIDS awareness group forms in Mumbai. They organize an 'Open Discussion on Sexuality' for social activists. The second day focuses on discussion of gay, lesbian and bisexual issues.

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