

GENDER, SEXUALITY AND THE PARADOXES OF TABOO  
IN MIDDLE CLASS DELHI, INDIA

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ABSTRACT

This research examines the ways in which people in Delhi, India learn, talk and think about gender and sexuality in an environment of taboo. Throughout the work, semi-structured interviews are analyzed and triangulated with ethnography and media analysis to investigate people's strategies for transforming their own knowledge. Based on the findings, strategies and recommendations for the promotion of health and well-being are made at the end of each paper. Paper one is concerned with how people learn about and achieve access to public health information regarding sexual and reproductive health (SRH), namely contraception and protection from sexually transmitted infection. Paper two considers what and how people learn about sexual coercion and rape, as well as how they learn about sexual pleasure. It examines long standing structures of patriarchy and local political discourse. The Literature about violence against women (VAW), sexual violence and intimate partner violence (IPV) has proliferated in recent decades, with funders recognizing the costs to the health of women and families. However, literature or information about consensual sex, and sexual pleasure for women remains scarce. The device of frames is used to signify how women are shamed by powerful public figures, and the strategies by which they and their allies speak back and create other narratives. Paper three examines the ways

in which people learn about and discuss gender norms and sexualities. Deeply held assumptions about gender and sexuality are situated in their social-historical contexts, including the social construction of binary norms governing males and females which ossified in pre-colonial Europe and colluded with local elite Indian patriarchies. Ethnographic material examines how groups of people challenge normative sexual and gender hierarchies. Queer and feminist interests intersect and conflict as they seek to negotiate and live within a hetero-patriarchal hierarchical system. I investigate, through people's narratives and public events, how both women and queer people are compromised in the binary system, and I examine the scholarship of historical roots and erasures. The gendered effects of taboo are examined along with the paradoxes that emerge as different groups seek to work around and live within hostile structures.

## BIOGRAPHICAL SKETCH

Emme Edmunds grew up playing outside and studying life in the spaces between woods, ponds, streams, cornfields and the Helderberg Mountains in upstate New York. Surrounded by five siblings and a succession of animals, Emme developed an interest in how people and environments can be best nurtured for maximum fairness and well-being.

In Clayton A. Bouton High School, Emme had the life changing good fortune to be mentored by, Art Willis and his wife, Judy, lovers of life and people of immense compassion and curious minds. It was also during that time period that she also learned to meditate.

Emme skipped her senior year in high school and matriculated at the State University of New York at Albany in Studio Art, Anthropology, and a pre-medical curriculum including Botany, where she earned a Bachelor of Arts in May 1984. While at SUNYA some of her notable mentors were the medical anthropologists Sydney and Selig Katz (husband and wife), Art Gossen, and a bewhiskered botanist named Mckinley.

She paid her tuition and rent by making and selling whole food knishes, cooking at a kosher pizza shop run by Rabbi Rueben, and caring for people in Albany medical center as an orderly. She performed in local theater productions and established a new community garden, published poetry and essays, and marched for women and the environment in Washington DC and Manhattan. She exhibited her paintings in several art shows in downtown Albany.

Emme began a graduate program in Ethnobotany at Cornell University in the Bailey Hortorium and then matriculated in a graduate program in Anthropology in 1986, where she worked with Bernd Lambert, Meredith Small, Davyyd Greenwood and David Holmberg. Emme sang in several blues bands, lived in the collective households of Stewart Little Co-op and Schuyler House and travelled to Manhattan to work with the film-maker Eva Northwind. In 1989, Emme

undertook an abrupt change in program in order to begin raising her son, Avery Schuyler Edmunds. She completed a Master of Arts in Anthropology from Cornell in 1991.

Emme earned a two-year Associates degree in Registered Nursing at Tompkins Cortland community college (TC3) in 1993, focusing on maternal child health and well-woman care.

After a short tenure working in an obstetrical unit, she worked in a health department nutrition clinic for women, infants and children (WIC) for three years.

Emme enrolled in the State University of New York at Stony Brook Certified Nurse Midwifery and Nurse practitioner program in 1996 and earned a Master of Science in Midwifery in 1998.

After her clinical work was done, and while she was on-call for births, Emme founded and produced the Black Umbrella Shakespeare Troupe which produced free, outdoor summer Shakespeare plays in Ithaca for the 10 years from 1996-2006. All but the first year were partially funded by community grants she wrote from the Community Arts Partnership in Tompkins County.

In 1999 and 2000, Emme was commissioned by the Ithaca Festival to write and produce two short plays, one about the Odyssey and one a musical about Einstein. Emme was also a youth group leader for five years, at the Unitarian Universalist Society where she also team-taught the comprehensive sexuality education program to seventh and eighth grade students.

Emme has been working as a midwife and women's health nurse practitioner in Family Planning clinic in Binghamton from 1999 to the present, with periods of leave and per diem due to schooling, travelling and research.

In 2006, Emme enrolled in the combined master's and doctoral program in Development Sociology at Cornell and earned a Master of Science in May 2009 for research examining publicly funded family planning in the United States.

Over the summer of 2012, she was funded by the Council of Women World Leaders in the Woodrow Wilson International Center for Scholars to be an intern at the World Health Organization (WHO) to draft a paper linking WHO declarations on family planning, equity and the environment.

As part of her doctoral work Emme studied Hindi and undertook sociological research in Delhi, India for several periods between the years of 2008 and 2015. She was affiliated with the school for Centre of Social Medicine and Community Health in the School of Social Sciences at Jawaharlal Nehru University (JNU) and the department of women's studies at Delhi University. Emme Edmunds happily divides her time between the people and places of Delhi, Ithaca and Binghamton.

With affection and gratitude

For women and girls, in their lived realities and their human potential,

For queer people everywhere,

and for all the people who love them.

*May all beings be well.*

For my mother Nancy, who encouraged curiosity and creativity and taught me fairness and  
compassion.

For my son Avery, who taught me love and delight, and who helped run the Shakespeare troupe.

For Bernd, Anthropologist, mentor, friend and uncle- for long discussions about human nature  
over Indian food.



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Shortcomings that remain are the evidence of my own stubbornness.

Others to whom I owe a debt of gratitude: In Delhi, Sudeshna Mitra, a practitioner in urban planning in Bangalore, Vani Subramanian a feminist documentary filmmaker, Mohan Rao, a Public health and Community Professor at JNU, Jaya Sharma, a feminist development scholar, Sreeparna Ghosh, an anthropologist working on gender-based violence, Ann Philpott, a development specialist in DFID, Roopali Sicar Gaur, Professor in Women's Studies at Delhi University, Shashi Bhushan, a gay human rights lawyer, Ankit Gupta, a young man who is an accomplished feminist and queer activist, and Vidur, a queer sex educator and professor of mathematics, Manasa, Ipshita and Devyani. Along with others I may have forgotten to include, these contacts and friendships have figured significantly in my understanding and well-being during my stays in Delhi as I began to piece together data and analysis. I will apply myself to return and pass on the encouragement, insight and aid they have so generously given.

In Ithaca and Albany are Linda Schutt, my dear friend, and other midwives, nurses and care providers Penelope Caldwell, Graham O, Ananda Szerman, Diane Olden, Vivian Cunningham, Nicole Rouhana, Liza Breslaw, and Mark Sammo, Melissa, Holly Gump Mary Armand, Cindy Mallery

Brain Jacobs, Lauren Faessler, Tony Cotraccia and Laure Conklin-Kamp, Andrew Harvey, Robert Durlak, Wenyu Zhang, Jaybird Nordquist, Jeff Tripp, Kathryn Russell

Fellow musicians: Don Karr, Greg Bowman, Elliot Knight, Joshua Holland, and Lynn Wiles  
Thespians and Shakespeareans: George Sapio, Robert Deluca, Holly Adams, Kit Wainer, and Bryan VanCampen

Siblings: Tom, Fred, Linda, Geoff and Stephanie I love you. Thanks for your patience.

## TABLE OF CONTENTS

|  |     |
|--|-----|
| Preface  |     |
| Introduction   | 1   |
| Paper 1  |     |
| Scavenger hunt for information and services about sexual and reproductive health among middle class people in Delhi, India | 26  |
| Paper 2  |     |
| Headline violence and Silenced pleasure: contested framings of consensual sex, power and rape in Delhi, India 2011-2014    | 57  |
| Paper 3  |     |
| Gender binaries and the paradoxes of taboo: negotiating heteronormativity in middle-class Delhi, India 2011 – 2015         | 87  |
| Conclusion   | 145 |

## LIST OF FIGURES

|  |    |
|--|----|
| Paper 1: Availability of condoms in 54 South Delhi shops | 45 |
|--|----|

## LIST OF TABLES

|  |    |
|--|----|
| Paper 1: Information about Sexually Transmitted Infection (STIs)           | 33 |
| Paper 1: Private Laboratory pricing for STI screenings - South Delhi, 2014 | 38 |
| Paper 1: Information about Contraception                                   | 40 |

## LIST OF ABBREVIATIONS

ARROW- Asian-Pacific Resource and Research Centre for Women

CEDAW- Convention on the Elimination of all Forms of Discrimination Against Women, an international treaty adopted in 1979 by the United Nations General Assembly

CSE- Comprehensive Sexuality Education

DAWN-Development Alternative with Women for a New Era, is a network of women scholars, researchers and activists from the Global South.

EC- Emergency Contraception, a progestin only pill which prevents a pregnancy after coitus

HIPAA- privacy rule which establishes national standards to protect individuals' medical records and other personal health information

ICPD- International Conference on Population and Development, in 1994 held in Cairo, Egypt

IPC- Indian Penal Code

IPV- Intimate Partner Violence

ISST- The Institute of Social Studies Trust dedicated to conducting research and action to promote social justice and equity for the under-privileged with a focus on women

LGBT- Lesbian, Gay, Bisexual and Transgender

NACO- National AIDS Control Organization, a division of India's Ministry of Health and Family Welfare

NALSA-National Legal Services Authority- also, a landmark decision by the Supreme Court of India, declaring transgender people to be a 'third gender' and affirming their fundamental rights

NAZ- an organization that works with people with HIV/AIDS, also shorthand for the 2009 Delhi High Court decision not to uphold the colonial anti-sodomy law, Section 377 IPC

SRH- Sexual and Reproductive Health

VAW- Violence Against Women

VDRL-Venereal Disease Research Laboratory, shorthand for a common blood test for syphilis infection

WHO- World Health Organization

## PREFACE

*...I am the man.  
If it be so, as 'tis,  
Poor lady, she were better love a dream.  
Disguise, I see thou art a wickedness  
Wherein the pregnant enemy does much.  
How easy is it for the proper false  
In women's waxen hearts to set their forms!  
Alas, our frailty is the cause, not we,  
For such as we are made of, such we be.  
How will this fadge? My master loves her dearly;  
And I (poor monster) fond as much on him;  
And she (mistaken) seems to dote on me.  
What will become of this? As I am man,  
My state is desperate for my master's love.  
As I am woman (now alas the day!),  
What thriftless sighs shall poor Olivia breathe?  
O Time, thou must untangle this, not I;  
It is too hard a knot for me t' untie.*

Shakespeare's *Twelfth Night* Act 2 Scene 2 [circa 1602]  
(Disguised as a man, Viola ponders the vulnerability  
of women, her own gender-bending as a device to get  
closer to a man, and Olivia's "mistaken" attraction to her)

Some of my most compelling education was received in line in soup kitchens, in institutional lobbies, in bedrooms and boardrooms, streets, emergency rooms in hospitals, and in courtrooms looking up at judges. Much later, traveling abroad, I listened to narratives of women and men as they described struggles both familiar and distant. Threads of sexuality, gender inequality and violence ran through their lives too, and the narratives they shared helped me to see the social roots of common human troubles. These insights into the power of social worlds helped to render taken-for-granted categories as no longer natural or given, and to provide me with insight into developing tools for transforming power between people in ways that promote increased well-being. The opportunity to bring together and consider all these facets of life and education has only been possible because of the countless efforts of people known and unknown; family, colleagues, friends and strangers. May the insights contained herein play a part, however small,

in laying a foundation for greater understanding, so that all beings may become more fulfilled.

### ***Ground***

Growing up as a girl in a rural town in upstate New York in the 1970s and 80s, I was intensely curious about the processes that made men and women so unequal in society. From my vantage point it was clear that the disparity was not due to differences in innate capability, but I had yet to realize the power of imposed social expectations and norms. Along with the rest of my peers, I watched on television while men landed on the moon and Mary Tyler-Moore landed a job. As three brothers and three sisters, we were equally capable of climbing trees, driving the tractor, and feeding dogs and horses. Neither Math nor English could be used to distinguish one over another's superiority. Despite this, we learned that our possibilities were sharply encompassed within a context of rules and history seemingly beyond question or doubt. Male and female were our earliest and deepest division. In adolescence the admonishments became especially trenchant as the rules and roles of gender were bifurcated dramatically. For us girls, the subject of sexuality entered prominently upon puberty to be eclipsed and engulfed almost immediately in a confusing mix of modesty, hygiene, shame, romance, and propriety. This bled seamlessly into a limited range of care-giving roles, appropriately mild careers and inevitable marriage and motherhood.

In contrast, the boy's instruction promised an enviably more adventuresome range and thus, it appeared a better place to be. Jokes, dares and desires, experiments and bravado were shot through with games of hierarchy and feats of risk-taking prowess. Upon this base a future of nearly limitless human potential in science, exploration, education, professions and virtuoso artistic achievement could be launched. We girls were told that landing an accomplished husband was the best we could do, and to be sure we learned how to look and act in a manner worthy of the desire of such a man.

When my beloved oldest sister was 17 and I was 7, she tearfully sat me down and warned me: "if

you have a baby when you don't want to, it will ruin your life!" She gave no further explanation. The severity of her warning took root, along with the headlines of the times, and the dismissive scorn of older male relatives. It wasn't going to be safe or easy to be a woman who wanted more than a narrow role. A would-be naturalist at seven, I had amassed a fossil collection, a plant collection and a nest collection. Over the next twenty years, I replaced them with a textbook collection- on biology, gynecology and sexuality. I was determined not to let my life, or the life of any other girl, be ruined. Furthermore, these steps seemed necessary and preliminary if I was to be able to study the natural world I so loved.

Thirty years ago in the mid-eighties, I packed off to graduate school. My focus at that time was in ethnobotany- specifically on plants that women in different cultures have used to control their fertility. I had imagined or hoped that the barriers for gender equality and its solutions were mostly technological. In this case, seeds or roots used by women in some tribes or villages would provide the base for developing new methods of birth control that could solve the problem of unwanted pregnancy, enabling women to have more control over their lives. As an added benefit, the decrease in the global birthrate would lighten the human burden on the earth's environment enough to make things better for our descendants as well as those of other species (global climate change and massive extinction were not in the forefront then; concerns centered on pollution, nuclear war, acid rain and the ozone hole). My plan was as ambitious as it was naïve, and I was to fall far short of it in the most prosaic yet instructive of ways.

Several years into that course of study, I had to leave the program to raise a child as a single parent in difficult circumstances. Despite the blessing and delight of caring for my son, I suddenly had to face a greatly reduced arena of possibilities in every other area of my life, foremost being education, career, income, and leisure. As I looked around and reflected on the circumstances I found myself in, I came to see that I had a lot of company. Many people, mainly women, were trying desperately to make ends meet with few resources. It opened my eyes. It



was an unexpectedly difficult transition. During that time, caring for my son and songwriting were the only things that kept despair at bay.

### ***Silver Spoon***

*Your daddy gave me a silver spoon  
He stole it from someplace  
Your daddy gave you a silver spoon  
and a certain look on your face*

*Your daddy left you a paisley shirt  
he wore when he was small  
your daddy left you a paisley shirt  
We don't see him much at all*

*Your daddy made some promises  
Never meant to be  
But you're the best thing your daddy ever did  
And I'm happy you're here with me*

*Your daddy sat under the rosebushes  
With me a long time ago  
There was thorns on the bushes but we didn't cut em down  
Or how could the roses grow?*

*Your daddy gave me some bruises  
And a story that's hard to tell  
Sometimes I wonder should I tell you the truth...[pause]  
Or say that he treated me well.*

*Emme Edmunds 1989*

The *Sociological Imagination* of C. Wright Mills (1959) lent further perspective to the troubles I saw up close at the food banks and in welfare waiting rooms. My own experience of a fall from grace left me desperately searching for affordable housing and balancing underpaid work, schooling and childcare. I saw other people in similar and worse binds, and wondered at the structures and norms I had “failed to negotiate properly”. I came to understand that these difficult circumstances were in part, reflective of my personal errors in judgment and behavior, but also that these are choices women are often compelled to make when they relate with partners who

are unstable or become violent. Furthermore, far from being unusual, intimate partner violence was common. There were also related trials that low-income families and women endured in response to the times and structures in which they found themselves. I sought to know more about the origins of relevant social norms and barriers, as well as the origins of inequality, and social safety nets. As time wore on, I wondered what other types of families and support could exist and how things might be at other times and in other places, and how they might be changing.

Inspired by the skilled and compassionate care of my midwives, while my son was a toddler, I studied to become a nurse. I then worked in a nutrition program for low-income women, infants and children. There, I saw and heard stories from families about their narrowing options as the very programs that had helped my son and me just a few years before, were first cutback, and then dismantled. This was in the early to mid 1990's. Programs that had offered families the opportunities to lift themselves out of destitution were targeted, low-income women who had children were shamed, and yet women having abortions were increasingly vilified. I worked and studied further while my son was in elementary school, and I became a midwife and nurse practitioner in women's health. With the added stability, my own prospects for the future brightened as I became more able to support my small family. In an environment increasingly hostile to women, and particularly to poor women, I hoped my experience and advocacy could be of service.

In between waiting for babies to deliver, when my son was seven, we founded a Shakespeare troupe in Ithaca, which provided the community with free outdoor performances for ten summers and thrived on grants and good will. One of the first reasons I softened to Shakespeare, though it was abysmally taught in high school, was that he gave a unique place to the shape-shifting potential of gender in many of his plots. In *Twelfth Night*, the female half of shipwrecked twins

takes on the role of a message bearer and unwittingly becomes the target of a noble woman's desire. A young woman abandoned by her fiancé, in *Two Gentlemen of Verona*, follows him in the garb of a simple wanderer. In *As You Like It*, a bold young woman dressed as a male traveller undertakes to instruct her would-be suitor in how to properly woo a maid. In each of these, the heroine gives voice to how much more easily she can roam about the world as a man. It was thrilling to me that in the midst of the language and characters I came to know and love, Shakespeare had given art to empathy and had, in my view, given voice to the yearning of women for autonomy some 400 years ago.

The small family planning clinic where I have worked for the past 17 years has provided the opportunity to work with and listen to the women and men who come seeking sexual and reproductive health (SRH) care. The clientele are from middle to low-income backgrounds, and the clinic is often the only healthcare they have access to or receive. As such, it represents a safety net and an entry point into health care for many people over a four county area. A large part of the mission and work is in providing basic SRH information so that people can make informed choices, which also means, wherever possible, clarifying concepts and correcting misinformation and rumors that people have heard, as well as providing health exams, disease screening, supplies for safer sexual practices, and contraception. My clinic does not provide abortion care, but does provide options counseling, support and information and referral for abortion, adoption and obstetrical services.

During the 1990s and onwards, health care services, insurance and funding streams were being restructured and restricted, especially for low-income people. The de-prioritization of affordable health care in general, and of women's health and SRH in particular, allowed these programs be whittled away and outright attacked by fundamentalist public figures and allied politicians. Administrators and national advocates for SRH regrouped and designed strategies to ensure the continued delivery of their work and services.

Strong opposition and contention around SRH services piqued my interest because the arguments advanced by opponents signaled deep currents of political and social thinking that were often contradictory to other positions they espoused. Paradoxes emerged which indicated areas that seemed to call out for investigation. Vocal concern for an unborn embryo or fetus outweighed not only funding for health care, but programs vital to child nutrition, education and well-being. It deepened the impossible conundrums of poor women facing severe poverty and social marginalization with unplanned childbirths, or judgment and religious damnation for having abortions. It reminded me of the puzzling, sharp bifurcation in mobility and opportunities at adolescence, even when capabilities seemed equal. Women who dared speak back were condemned as radical and “unnatural” with a telling vehemence. Along with the many things being said (and shouted), there were also many things that were not being said. There was an intensity to the backlash, and an organized investment in rolling back the momentum of gains by women that were so celebrated in the 1970s and 80s.

A larger, sociological question arose: What is at stake and for whom? I believe the answer is the time, labor and body of each woman. Does a woman have power in her own life to the same extent that a man can be said to be his own master? This requires examination of the basic and nearly universal social inequality produced and maintained by hierarchical gender norms that are often so internalized that they seem to be invisible. The social barriers to women’s equality, autonomy, and subsequent well-being are significantly more potent than the technological barriers. I became invested in finding effective approaches to understanding, exposing and addressing gender inequality. This would lay the groundwork for better advocacy and action for women, as well as benefitting men, straight and queer people. No one is free until all are free.

My work in the family planning clinic, combined with theories and methods from anthropology and sociology, provided me with a base from which to ask the questions that generated my

master's research project. I interviewed providers and administrators of family planning agencies in New York State about their thoughts and experiences regarding recent policy changes in the public funding of family planning agencies. In order to generate theory, I triangulated the interviews with the history of the divisive political struggles around birth control information and the formation of birth control clinics between the years of 1875 to 1965. The work of Erving Goffman (1974) provided the concept of frames, which I used to develop a tool called social lineages to examine persistent social narratives around contested social issues that often have charismatic leaders as their focal points. In this case, the two leaders were Anthony Comstock and Margaret Sanger. These two opponents had faced off for many years over the issue of whether dispensing birth control, and merely *information about* birth control, was obscenity, and a punishable criminal offense. The Obscenity Laws that Comstock had been able to enact in 1873, before Sanger's birth, continued to haunt her with persecution and potential arrest long after he was dead. Despite her victory in founding birth control clinics that were the forerunners of Planned Parenthood, the Comstock Laws provided barriers to the provision of contraceptive services in the United States even up to the 1960s. The social lineages characterized by these two individuals persists in significant social and political struggles to this day.

Another experience that informed my research took place in the summer of 2012, when I had the opportunity to work at the World Health Organization (WHO) drafting a paper on family planning, environmental change and economic/social equity. While there, I was able to glimpse first-hand the need for a critical re-evaluation and deepening of gender as a concept. In the broad "gender mainstreaming" discourse espoused by the Director General, gender was simply used as a marker for female- as one of two, in a paired binary variable. This simultaneously reproduces the M/F variable binary, essentializes women and men, and excludes anyone who does not fit into the binary. It also reifies and flattens the social histories and norms that go into the constructions of these categories, all while appearing to be scientific and apolitical. Yet, feminism, social constructionism and critical approaches clearly reveal that these are not

apolitical positions. These ways of seeing and categorizing the world exclude many people and deny experiences, including the vast scope of what any individual person choose to be or become. This common erasure constitutes, enables and hides violence, so that many are not even aware it exists.

Encouraged by others who had the same concerns, I gave an address to a WHO assembly about the uses as well as the limitations of the gender binary and what and whom it excludes. I laid out the groundwork to explicitly acknowledge and work with the binary system of gender, while also expanding beyond it, in order to include an expanded diversity of human beings and experiences. Work on the disparities between women and men continues to be vitally important, yet it must be accompanied by analyses that include all people and that also acknowledge complexities within the categories of female and male.

It is important to note that even at that time, when the Director General of WHO was using the gender as solely as a binary category *and* urging male interns to tell the female interns they were “pretty” in an address she gave to all the interns, other parts of the agency were already doing ground breaking work. For example, the WHO Genomic resource center had published a groundbreaking paper (WHO 2012) documenting the types and frequency of non-binary range sex and gender types in chromosomal and cultural systems. This serves as an important reminder that within groups, be they governments, NGOs, transnational organizations and collectives, even central understandings, definitions and norms are often heterogeneous.

I have included this preface because these experiences were indispensable to informing my formal graduate program, and I am indebted to them. Without these experiences I would not have been able to bring the same level of perspective, appreciation and determination to my research on power, gender and sexuality.

Mills, C. (1959). *Wright: The sociological imagination*. New York. Oxford University Press.

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## INTRODUCTION

*Delhi, January 2008*

She left her pink martini with our other friends and dragged me outside to stand huddled close to the building between an unusual winter rainstorm and a pounding dance club beat. “If I drink alcohol, will the pill stop working?” she yelled into my ear laughing. I must’ve looked puzzled. “The birth control pill!” she yelled. Oh. “No, it won’t.” I said. “You’re on the pill?” “Yes!” she said and laughed, “Don’t tell anybody!” Later in a quieter moment, when we were alone again, I followed up, asking questions to make sure she had the right information and to see if there were any other gaps in knowledge. As a health care provider, I ask these questions at work back in New York. In the midst of our discussion I asked, “Where do you get your information on things like birth control and STDs?” She laughed at me incredulously, “There is no place! Women can’t just talk about this!”

My first visit to Delhi was memorably hijacked by three young women who were from different parts of India, having moved into apartments in Greater Kailash the same month I did, to work new professional jobs. As exemplified by the scenario above, their questions completely opened up a new approach to some of the questions that were important to me. These were young professionals with good jobs, out on their own in a big city, yet with no reliable place to turn with questions about sexual and reproductive health (SRH) issues.

Incidents like the one above became too common to ignore as my research agenda emerged. It soon became very clear that useful information was hard to find and it could be socially risky or even physically dangerous for a woman to talk to the wrong person about these things, or even if



she was perceived as knowing too much. It would likely be much more of a risk for her to seek birth control or related services- even though she is an adult, professional, working woman. My friend was resourceful. She had pieced together enough information and found a way to obtain the pill. Outside of the dance club that night, when she asked me, I had simply supplied another missing piece.

### ***The Persistence of Taboo and the “Chastity of Knowledge”***

The papers in this thesis represent three engagements with how middle class people obtain information about various topics in sexual and reproductive health. They each also engage different academic literatures and different audiences of scholarship and advocacy. There is some overlap among the themes that arise in the different papers, in particular the theme of taboo, themes of enclosure, and themes of shame, control and violence. In addition, just underneath the primary themes are the counter-narratives of resistance, agency and pleasure. The rising currents of people’s voices, some singly, mostly collectively, are building, exploring and sharing knowledge about safe and consensual sexualities. Opportunities and openings are coming to light about contemporary, and sometimes ancient, ways of creating intimacy, families and kinship.

A few weeks into my first trip to Delhi, I was speaking with a young married woman with a university education. As we began discussing the possible topics of my research, she admonished me, “You have to be careful, you can’t just talk about these things with unmarried women - there’s a chastity of knowledge.” It was the first and last time I had heard the phrase, but it captured a fear I had sensed. I took her words to heart and proceeded with care.

Throughout my interviews and ethnography, the most persistent barrier to knowledge about sexual health and sexuality was often articulated simply as *a taboo* against talking, reading, or asking about sex. Yet unlike the scenarios described by Foucault as a European man writing primarily about male sexuality, the consequences of taboo are woven throughout gender relations in Delhi, sometimes threatening to affix women into near immobility. The idiom of taboo was so persistent that it came to embody a stubborn and vexatious character, someone omnipresent, foreboding and potentially violent. Yet it was this very same character that provoked so much private discussion, in whose shelter lovers slept entangled and workshops were pulled together, and in whose silences pamphlets were published and communities built.

The primary research questions addressed in this research emerged as the semi-structured interviews and ethnography unfolded. How do people negotiate knowledge about sexuality and gender in an atmosphere of taboo? Does challenging taboo transform the status quo of gender hierarchy and heteronormativity? What are the results, risks or gains of adhering to or resisting the norms of taboo? How are these manifested for different groups of people?

### ***The Three Papers***

The three substantive chapters or papers chart a course and engage with overlapping methods, literatures, and theories in a deepening succession. This movement and deepening from public health towards political economy not only reflects my interests and commitments as a practitioner and scholar, but also maps some of the understandings that I was able to develop through extended time and deepening engagement with the conditions of gender and sexuality in Delhi. In succession, the papers become increasingly situated in their local contexts. As reflected in the papers, this is a time of rapid change and increasing discussion of gender and sexuality in

counterpoint to a longstanding history of taboo. More than a static snapshot, and less than longitudinal study, this work represents social engagement with issues of sexuality and gender during a short, but eventful, arc of time.

***The First Paper:***

***Scavenger hunt for information and services about sexual and reproductive health among middle class people in Delhi, India*** does the work that most resonates with my position toward the beginning of this program of research, and one that also retains salience. It addresses issues in public health and international development from an international aid organization perspective. It is concerned with how people learn about and achieve access to the two big public health concerns in SRH: contraception and protection from sexually transmitted infection. For this paper, I used the work of the Population Council, the Guttmacher Institute, and research using the Demographic and Health Surveys (DHS). This paper is also the safest investigation of the three, in that it is easy to describe to funders, and familiar to foundations across cultures. This paper takes a largely, but not entirely, contemporary and ahistorical position where larger questions of power are subdued than in the other papers. With the exception of the objections from the far right, it is generally considered defensible that men and women should have access to the knowledge and services of this type.

***The Second Paper:***

***Headline violence and silenced pleasure: contested framings of consensual sex, power and rape in Delhi, India 2011-2014***, explores topics of power that are more volatile, as it considers what and how people learn about sexual coercion and rape, as well as how they learn about

sexual pleasure (if they do at all). It engages explicitly with issues of violence, power and gender, particularly relating to violence against women (VAW). It begins to bring in more context with issues of culture, society and region, and to examine long standing structures of patriarchy and local political discourse. Surveys and literature about VAW, sexual violence and intimate partner violence (IPV) have proliferated in recent decades, with funders and agencies recognizing the costs to the mental and physical (and even economic) health of women and families. However, literature or information about consensual sex, or sexual pleasure for women is still scarce. Aside from some notable work by individuals and in NGOs and development organizations, such work is seen at best as frivolous, and at worst, threatening. What is the purpose of talking to women about sexual pleasure? What might they then do or expect? Furthermore, since there is strong investment in not including marital rape as a crime, how can society discuss consent? The social device of frames is used to signify how women are framed and shamed by powerful public figures, and the strategies by which they and their allies speak back and create other narratives.

***The Third Paper:***

***Gender binaries and the paradoxes of taboo: negotiating heteronormativity in middle-class***

***Delhi, India 2011 – 2015***, is the most risky and theoretically ambitious of the three. In it, I look at the ways that people learn about and discuss gender norms and sexualities. This paper examines deeply held socio-historical assumptions about gender and sexuality in their historical context, calling into account not only regional and national structures, but binary social constructions of classification which ossified in pre-colonial Europe and were enforced/found purchase in the collusion of local elite Indian patriarchies. Ethnographic material examines how

groups of people challenge normative sexual and gender hierarchies. This is where queer and feminist interests intersect and conflict as they seek to negotiate and live within a hetero-patriarchal hierarchical system. I investigate, through people's narratives and public events how both women and queer people are compromised in the binary system, and I examine the scholarship of historical roots and erasures. The gendered effects of taboo are examined along with the paradoxes of different group strategies to work around or live within hostile structures.

The work presented here examines taboo, and the ways that people in Delhi, India learn, talk and think about gender and sexuality in their lives. Taboo and the efforts to overcome taboo emerge in norms about what people can and can't speak about, and the ways issues are framed that inhibit, shame or control discourses. Taboos in history shape the ranges and possibilities of affection, sexuality and kinship and determines those that are denied, foreclosed, erased or forgotten. I examine the implications of inhibitory framings, and some of the paradoxes that emerge as they are examined and challenged. In addition, I witness the efforts and strategies of individuals, collectives and communities as they strategize to work within, around, and to overcome those silences. An expansive array of people and organizations are building and reclaiming ways of speaking about a full range of sexualities and more flexible or fluid gender and family norms. It is an exciting time, one of progress as well as backlash. The movements that are arising in Delhi have connections to, and are instructive for, parallel struggles in the United States. I came to this project with a desire to listen to that process, to listen to taboo and to the other conversations that it not only controls, but also shapes and makes possible.

The discussions and issues emerging in Delhi and those arising in the United States regarding sexuality and gender are contemporary, compelling and mutually instructive. For example, currently in both contexts, in the news and on social media, the nuances of issues of consent regarding sexual relations feature prominently, as people in each location grapple with singular prominent cases of abuse and assault as well as a wholesale examination of social norms. People in both places are engaged in active and public discussions about how, when and whether all people, particularly women, have the rights, language, and power to choose consensual sexual pleasure, and also how they may successfully defend or protect themselves from sexual coercion.

### ***The Midwifery Model of Care as Feminist Research***

I chose to work with middle class people and to focus on building future collaborative relationships. I employed semi-structured interviews and participant observation in order to listen closely, and to decenter my position of researcher as outside expert. Midwifery derives from words meaning “to be with women,” and professionally it is constructed as a position to support and augment women’s knowledge and power as they make decisions in and about their own bodies and lives. The midwifery model of care offers a sharp contrast to the medical model, not only of birth, but also of authority and evidence. Feminist sociologists, anthropologists (Jordan 1992, Rapp and Davis-Floyd 1997) and advocates had revealed that in the *medical* model, birth was largely based on the control, regulation and “civilizing” of birth, a process that essentially sought to introduce a male-dominated and profit driven industry between the passive woman’s body and the baby which would be “delivered” out of her by a doctor. Alternatively, midwives seek to become as familiar as possible with embodied processes and to *trust* women and their bodies to learn and to become better able to navigate birth and other life experiences. They seek

to prudently mobilize the occasional need for medical intervention as they practice skilled support and preventive care. Beyond “feel-good” anecdotes, midwives world-wide are responsible for positive birth and health outcomes as demonstrated by multiple qualitative and quantitative studies (Sandall et al. 2013, WHO 2001). The movement “back” toward midwifery in the United States was propelled by women, not only as health care consumers, but as people who sought to claim more power in determining their own lives. This movement was exemplified by work such as *Our Bodies, Ourselves*, a co-operatively authored, critical, hands-on catalogue of how women can think about and take charge of their own bodies and destinies (BWHBC 1976). The midwifery perspective provided grounding in a different epistemology of evidence and experience. Women themselves were included as “experts” and primary resources of information and solutions about their own experiences. The role of the midwife as care-provider, researcher and advocate is to support women in gaining more information and control in every aspect of their lives.

This feminist approach suggested methods that emphasize listening and *being with*. Semi-structured interviews, focus groups, participation, and giving attention to popularly used media emerged as reliable ways of seeking local experience and meaning. In addition, the method of asking people how they learn about something gave me opportunities to hear not only about how they obtain knowledge, but also about the normative milieu around a topic, and the ways that people strategize to learn about things they are interested in. This often included people’s meanings and feelings about subjects and how they felt about what things were safe to discuss and what things were considered taboo. I never asked whether someone had done anything sexual. I wanted to know how and what they first learned about sex and sexuality, what stuck in

their mind about that information and subsequent information, and how they sought information they wanted.

### ***Delhi, India and the Middle Class***

I focus here on the knowledge and strategies of middle class people for several reasons, which have been developed in the papers that follow. As mentioned, I took a purposeful position as a partially informed listener, a student of their social milieu, and a possible collaborator. Of course, there were still the power differentials given my position as an American researcher and a health care provider, as well as being older than many of my respondents.

When I started going to Delhi in January 2008, it was in the midst of rapid expansion of the new Metro subway lines, and economic times were being hailed as unprecedented for the growth of a new middle class, with some crediting the “opening up” of the Indian economy in 1991. People took me to brand new shopping malls, which looked much like the malls I had grown up in, only newer and nicer than the ones back home are now. Eight years later, malls are more popular than ever, but the once excited buzz about the strength of the middle class and its rupee has subsided after the global economic downturn, a vulnerability that was likely exacerbated by the celebrated “opening” in the early nineties. In addition, hopes were dampened and fears ignited by an upsurge in neo-liberal political policies and politicians and their associations with far right religious people and movements, a shift paralleled in the United States.

India is the world’s largest democracy and its people constitute a significant global presence regarding attitudes and practices surrounding SRH, and thus it merits research and attention. In



addition, I want to be able to examine dimensions of gender inequalities on a global level in order to become a more adept researcher and advocate in the future. Starting from my position as a health care provider in SRH in the United States, this comparative perspective enables me to better understand and theorize how social inequalities in gender manifest and how they can be transformed. The geographic and social distances between New York and New Delhi provide an opportunity to learn about the roles of *specific* social meanings, contexts and histories in the formation and manifestation of gender and sexuality norms. In turn, these socially constructed norms shape policy, define acceptable family forms and determine who gets access to resources.

India hosts a long and notably productive base of feminist scholarship, discourse and praxis. I attended meetings, panels, lectures, workshops and other events with a plethora of engaged and expansive thinkers and scholars. In addition, these people were engaged with the public and were prolific writers and organizers, creating NGOs, collectives, think tanks, publications and documentaries. Delhi, as well as Mumbai and Kolkata, Bangalore and Chennai, were filled with events and discussions year round, producing a stimulating atmosphere. Adding in the networks of scholars, faculty, alumni and students associated with Jawaharlal Nehru University (JNU) and Delhi University and the visiting scholars, the result is a formidable collection of human mind-power.

Aside from academics and activists, there is a large group of mobile young adults (roughly 22-50 years old) who have either grown up in and around Delhi or moved there to attend school or work in professional jobs. I came to know employees of call centers, print and digital media outlets, NGO researchers and outreach staff, advertising designers, technology specialists, artists,

health care providers and students, faculty and staff from numerous other schools, colleges and educational institutes. I met and spoke with people in metro stations, stores, parks, and other urban spaces, which provided a mix of public and semi-public spaces including institutes, libraries, foundations, museums, malls, cafes and coffee shops. The outdoors were peppered with parks, many of them with Mughal ruins and sprawling paths and gardens, providing refuge for couples two by two or roving bands of friends. Often I had merely to walk around and occasionally greet people with phrases in Hindi: *Kya Hal hai?* (How is everything?) After which, I would be invited into a conversation, and asked why I was in Delhi. Sometimes in the midst of that first conversation, a person asked if I wanted to interview them.

### ***Methods***

During this research, I used semi-structured in-depth interviews (Kvale & Brinkman 2009), one focus group, and ethnographic participant observation (Whyte 1979) to form the basis of an abductive process with a layering of data collection and analysis. My initial, exploratory research informed the development of questions and the sampling for the semi-structured interviews and the focus group. In turn, analysis of the data guided my subsequent targeted participant observation at events and gatherings. I used a pragmatic, problem-solving focus geared toward the goal of providing program and policy recommendations (Strubing 2007) and developing theory. My use of method triangulation was implemented to deepen analysis (Bloor in Emerson 2001) and increase trustworthiness.

My initial data were obtained in semi-structured interviews and a focus group discussion (FGD) of middle class Delhi-ites from a total of 46 respondents. The participants were aged 18-53, an

age range reflecting a broad range of adults who could be expected to have different levels of exposure to information about sexuality, though most were in their 20s and 30s. Respondents were 31 women, 11 men and 4 transgender-identified people. Lesbian, gay, bisexual, and transgender (LGBT) people made up 17 out of 46 respondents. Thirty-three of the interviews were conducted in 2011, and the remainder in 2013-2014. The focus group was conducted in 2011 and was comprised of five gay identified men in their 20's and early 30's.

### Middle class people

My decision to focus on middle class people as interviewees and informants was influenced by several factors: the first of which is a desire to study sideways instead of “down” (Hannerz 1998), in order to cultivate collaborative problem definition, analysis, and solution finding, as well as to set the groundwork for future comparative and collaborative research. This type of fieldwork affords unique opportunities for relationship building, as well as for a more complete picture for theory building (Nader 1972). In addition, the middle class is thought to be “undermapped” (Phadke 2005), that is, not often considered in social research. As a cultural outsider, I sought to facilitate trust in order to establish collaborative relationships for social and health sector development applications. In terms of data, people in the middle class may represent the best-case scenario regarding autonomy and access to knowledge, information and services. On the one hand, they can be opinion leaders and sources for diffusion of social information and practices, and may have increased agency in some areas to advocate for themselves and for broader social changes. On the other hand, they may also experience intense social pressure from families and communities sometimes partly due to increased property and

economic investments (Uberoi 1994, Menon 2012). Finally, queer movements, and many feminist movements, develop mostly in the context of the middle class (Khan 2001).

Respondents for interviews were selected by stratified purposive sampling (Patton 1999) using three inclusion criteria I developed for “middle class”: English fluency, any education past twelfth standard (high school), and use of public transportation (metro, bus or auto-rickshaw) at least once a week. I observed that the use of the public transportation criteria tended to exclude people in the highest wealth bracket. I felt that these three markers were fairly straightforward to ascertain, less sensitive to discuss than income, and supplied both lower and upper boundaries to the sample which were nonetheless flexible.

#### LGBT/Queer people

I actively invited LGBT/Queer people in order to include them, because they are often underrepresented in social science research, which perpetuates the social injustice of making them invisible in the social world. However, to study *only* queer communities would render them hyper visible and place them outside of, or aside from the larger social community. I also sought to facilitate possible comparisons with non-LGBT people regarding experiences with SRH information and to note areas of converging and diverging power and interests among women, men, heterosexual people, queers and feminists and in order examine whether anything in the data would speak to these issues. In addition, while it is sometimes advisable to focus research in on the concerns of a marginalized or vulnerable community, it was strategic to include all these categories. It was also realistic to do so, given the fluidity of sexual orientations and gender expressions, identities and behaviors. Among the seventeen of 46 respondents who were

gathered under the umbrella term of “queer”, some identified themselves with the following terms: queer, lesbian, bisexual, gay, *hijra*, trans and gender-“wobbly”. Heterosexual people tended to self-identify as “straight” if they used any term at all.

Interviewees and FGD participants were recruited using a mix of purposive and snowball sampling methods. First, respondents were contacted through casual conversations in coffee shops, universities and other public places. I recruited in different networks and neighborhoods in order to get a sampling of respondents who did not know each other. Because people who are associated with non-normative genders or sexualities are socially vulnerable and can be difficult to locate, I employed snowball methods to meet and include them. It was initially many months before a chance encounter led me to a person with whom I could discuss queer lives in India from an insider’s perspective. That woman subsequently introduced me to a large community with ties to many subgroups. Although I used snowballing methods initially to recruit queer people, when the base of people became larger, I again sought to recruit people who were not in the same networks through emergent sampling.

The focus group of five gay men may have been easy to set up because it was much easier to meet men in general, and those who identified as gay outnumbered lesbian women and bisexually identified people. In turn, middle class people who identified as transgender were harder to find. Also, women tended to have less free time and mobility than men. I tried to set up more than one focus group and had originally proposed conducting 2 to 4 groups. I had not foreseen the difficulty of gathering busy people in one place in a city with traffic as daunting as

that found in Delhi. I imagine focus groups are easier to organize in more navigable and cohesive social environments, though such places will present their own barriers.

### Interview Questions

Respondents were asked how (what, where and when) they had learned about a series of SRH related topics, including both formal (in school or other curricula) and informal sources of information, as well as through any form of media or interactions. How and where did you first learn anything about sex or sexuality? What did you hear or learn? How did that occur? Who was involved? What about the next time?

Broad questions later progressed to more directed topics or prompts, which then provided thematic data for what later became the different papers. Prompts that fed into paper number one were as follows: How did you learn about HIV and other sexually transmitted infections? How did you learn about ways to prevent pregnancy? Prompts leading to paper number two were the following: How did you learn about topics such as rape or sexual coercion? How did you learn about sexual pleasure? Women's pleasure? How did you learn about consent? Lastly, the prompts leading up to paper three were these questions: How did you learn about what woman and girls, or boys and men are *supposed* to do in your family and community? How did you learn about what is normal or expected? What did you learn or hear about people who didn't fit into the norms of male and female appearance or behavior? How did you learn about heterosexuality and homosexuality? How about straight relationships, straight sex, gay sex, or queer relationships?

Internal Review Board (IRB) approval was obtained from Cornell University for this research protocol, and each interviewee or focus group participant was given verbal and written comprehensive IRB approved information about the study before they participated, including contacts for ongoing concerns or questions. At the end of the interviews and focus groups, all participants were given a sheet of resources including links to comprehensive sexual health information sites, with an emphasis on Indian and Delhi-based NGOs, most notably TARSHI (Talking About Reproductive and Sexual Health Issues). Institutional Review Board approval was obtained for this research protocol. Respondents' data was anonymized in the interest of confidentiality. The names of organizations or collectives are omitted in order to protect them in an unpredictable political climate, unless they are already present in public records.

Participant observation was implemented in two ways in this research. First, I used *exploratory participant observation* in the beginning and throughout the time I spent in Delhi, writing off-phase notes after events occurred. I attended safe-sex seminars for local university student groups, film screenings, exhibits, and panels, and participated in consultations and conferences by various groups, collectives, universities, NGOs and health organizations, including the World Health Organization (WHO). These events were organized by a variety of people acting as individuals or in professional capacities, and provided contexts in which to develop questions as well as to check with informed local stakeholders, which enabled me to engage in a more dialogic research process.

Secondly, in response to data collected from the interviews and exploratory participant observation, I developed strategic directions for *targeted participant observation*.

In paper one, I sought to better understand people's hesitancy and social barriers regarding receiving STI testing. I submitted to STI/HIV screening in a government tertiary care hospital with a leading STI research clinic, and then obtained information about testing for STIs in a privately owned laboratory. In the second direction, I sought to better understand the process of purchasing sexual health products. I visited chemist shops and stores that sold condoms, lubricant and emergency contraception.

In paper two, I conducted ethnographic analysis of two publicly advertised events referencing consensual sexuality and violence against women, respectively. Delhi hosts many similar or related events, exhibits, panels and showings. Among these, I was invited to attend an Erotic Photography Show as well as a "Hackathon for Women's Rights". Last of all, for paper three, I combined early exploratory participant observation with later targeted participant observation. Throughout the time I spent in Delhi there were numerous events pertaining to sexuality and gender issues. I attended safe-sex seminars for local university student groups, film screenings, exhibits, and panels, and participated in consultations and conferences by various groups, collectives, universities, and NGOs as well as celebrations and marches. These events were organized by a variety of people acting as individuals or in professional capacities, and provided contexts in which to develop questions as well as to check with informed local stakeholders, which enabled me to engage in a more dialogic research process.

Throughout the period of my research, due to the heightened awareness and activity in social movements, civil society and media about issues of gender and sexuality, there were many



events and gatherings to attend and observe. These related to local experiences with gender and sexuality, and were especially abundant before and after calendar events such as queer pride marches and international women's day, and significant judicial proceedings and their anniversaries. As I analyzed my respondent data and began to recognize emerging themes, I highlighted four particular events among the many I was able to attend. All were publicly accessible and were publicized in print, on-line, through social media and by word of mouth. One was a craft-making workshop at a safe gathering space for transgendered people and their allies. The second was a conference relating to the right of young adults to choose their own partners in marriage unions. The third event was a public celebration of the work of a well-respected feminist economist, and the fourth was a sequence of two speaker panels a month apart- one leading up to a queer pride march, and the other in reaction to the reinstatement of Section 377 IPC, a colonial era anti-sodomy law.

#### Analyses:

Interviews were initially recorded and transcribed. Themes were noted and developed during coding of interview texts. The interview analysis was done by thematic coding, using memos and coding as described by Charmaz (Bryant and Charmaz 2007). Transcribed interviews were initially read through, then were analyzed with open line by line coding, which were then followed by focused coding in an iterative, abductive process to engage with the data and look for prominent recurring themes, and to inform the direction of subsequent participant observation.

In preparing paper 2, I used directed ethnographic content analysis (Altheide 1996, Graneheim and Lundman 2004, Hsieh and Shannon 2005) informed by discourse oriented ethnography (Smart 2013) to analyze the statements of public figures in the media about rape. News articles (print and on-line) included inflammatory statements of public figures regarding women's safety and rape from 2012 through 2014. Statements were collected, verified by multiple sources, and analyzed for themes regarding gender norms, attribution of causes of rape, and suggested solutions to rape.

As I have indicated, participant observation at each stage was recorded by taking off-phase field notes and was coded for themes, which were then compared to themes that had emerged from interview and focus group data.

### ***Critical Development(s) in Health and Gender***

Beginning in clinical health and midwifery, my scope shifted to include a more global, public health orientation. The addition of scholarship within the disciplines of anthropology and sociology opened up more nuanced perspectives and ways of seeing and understanding power, which challenged many of my earlier assumptions. Though initially disconcerting, I discovered some of the limitations and drawbacks of previous analytical frameworks and approaches. This multidisciplinary process made my analysis more responsive to the nuances of people's lived realities, as well as more careful about communication, and the web of consequences tied to proposed solutions.

One example of this process is illustrated by the idea of “population control,” a notion with very different meanings depending on one’s class, nation, race and gender. In earlier decades, numerous people in my society dreaded the so-called “population bomb,” but failed to reflect on their own per capita usage of energy or natural resources. By decentering the United States, my own understanding shifted as I learned the history and consequences of how of India’s population plans became coercive in periods such as the mid 1970s. I was further informed by reading about the contested, multi-lateral participatory processes of the global population conferences, notably the International Conference on Population and Development (ICPD) in Cairo in 1994. Long-standing fault lines about human rights, cultural traditions, religion and women’s health still remain, however, and nuanced conversations about human reproduction and the environment will and must still go on.

Social issues such as the lack of access to comprehensive information and services for SRH, the distinction and negotiations between consent and coercion, and the examination and challenge heteronormative sex and the family can be, and often are, framed and asserted globally with human rights language and claims (Merry 2006, Merry 2009, Petchesky 2003). However, the language of human rights is not the idiom with which the people in the middle class claim their own autonomy, sexuality and well-being. Human rights language appears to be primarily invoked in regard to people in other places and in less powerful positions. Middle class people in Delhi more frequently refer to protection of the Indian constitution and to contrasting visions of traditional customs versus modern attitudes. The national constitution is invoked as a source of authority and protection, having the power to both dispel old-fashioned customs, and to eclipse colonial laws controlling sexuality.

## *Sociology of Gender and Sexuality*

In the context of sociology, different types of evidence speak to questions about gender inequality. Alongside the material conditions of living, and the social constructions of gender and human rights, there are also consequential political allocations of resources and power. I chose to focus upon people and agencies whose work was based in women's lived conditions, and whose larger questions prioritized women's autonomy and achieved human potential. Raewyn Connell's work on gender as a relation was central to my analysis, particularly in the third paper. Connell draws from interdisciplinary work and approaches of historical political economy. The post-structuralism of Butler and Foucault opened up gender categories that were taken for granted, deconstructing the binary and looking at the language and cultural contexts of gender. However, for many these works are ponderous and difficult to apply. Connell retained some of the complexity and brought those ideas back into accessible, grounded language that could inform people and policy. One especially illuminating path of scholarship led me to view gender through the lens of colonialism suggested by Connell (2014) which in turn opened up a new way to view the effects of gender violence in Europe documented by Silvia Federici in *Caliban and the Witch* (2004).

The triangulation of methods and evidence is often advocated in the social sciences, as it contributes to the trustworthiness of data and results. I combine descriptive narrative approaches from anthropology, qualitative interviews in sociology, and summary data from demographic surveys to engage multiple disciplines and methods. This approach has helped me to consider the complexities in the study of gender inequality and the juxtaposition of related, yet not easily comparable realms of norms, such as those pertaining to sexuality and gender. For example, it is

important to understand the reported prevalence of violence against women (VAW) as well as the reported social acceptance of it, as can be found in the National Family Health Survey (NFHS) in India. I was able to add depth to some of the findings from that survey with qualitative research, and to investigate some of the meaning and experiences behind women's precarious dependence and vulnerabilities, as well as their strategies to live better lives. The history of cultural changes and migrations, regional differences, and periods of colonialism and nation formation are other fruitful area of data gathering and research. These historical changes have exerted significant influences on the construction of gendered institutions and are narrated and recounted in various ways by respondents and scholars.

### ***Queer Inclusion***

While work on the disparities between women and men continues to be vitally important, it needs to be accompanied by analyses that include all people and that acknowledge complexities within the categories of female and male. I included queer people in my respondent sample for several reasons. First, it is a political act of acknowledging and normalizing queer presence in and throughout global societies. Second, I sought to include their voices and perspectives to witness and advocate for them as well as for women. Third, I feel strongly that their experiences with exclusion and marginality both complicates and informs the experiences of women with gender inequality. There are significant contradictions and intersections that illuminate the deeper social constructions of gender and sexual inequality. Through examining the institutions of heteronormativity, we can begin to investigate one of the primary human hierarchies- gender. While queer voices appear throughout the first two papers, it is in the third paper that queer voices rise to assume prominent and illuminating positions.

The struggles for the rights of women and transgender people throw light onto a hidden fault line. It sometimes appears that advocacy efforts for women and queer people will force people to draw lines, develop exclusive identities and stake claims for their share of territory, attention and the sustenance doled out to marginal and dependent people. The struggle will no doubt meander between cooperation and rivalry for claims and space between women's rights and queer rights. Indulgence in the latter only benefits existing hierarchies. In a little read yet insightful text, Amartya Sen writes in-depth about the violence of dividing ourselves and each other into smaller and smaller identities, a process he calls miniaturization (2007). If groups advocating for women and queer people overcome the temptation and set up to compete, they can create the fruitful partnerships in which members of each group benefit from loosening the hold of essential categories that restrict everyone's movement and power.

### ***The Language of Pleasure and consent as an Antidote for Taboo***

The concept of consensual sexual pleasure has recently emerged as powerful antidote and impetus to challenge old framings and questions in contrast to the pathologizing gloom inherent in many public health and development approaches to sexuality. This welcome development makes room for discussions of women's agency and for the admission that people enjoy and partake in sexual expression *that is not always for the purpose of reproduction*. Discussions about consent from within the development world acknowledge pleasure as part of more successful strategies to promote safe sex choices (Philpott 2006, Jolly 2007, Sharma 2009). Dialogues among women and allies about sexual agency offer ends in themselves, as the journey toward consent requires people to break taboo and speak to one another.

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# CHAPTER 1

## SCAVENGER HUNT FOR INFORMATION AND SERVICES ABOUT SEXUAL AND REPRODUCTIVE HEALTH AMONG MIDDLE CLASS PEOPLE IN DELHI, INDIA

**Context:** Middle class people in Delhi must actively hunt for and assemble pieces of data while attempting to get the vital sexual and reproductive health (SRH) information and services they need. An atmosphere of social taboo regarding discussion of sex related topics remains, even though organizations and collectives have made significant inroads in SRH promotion.

**Methods:** Interviews informed subsequent ethnographic participant observation and both provided primary data, including the process of purchasing preventive products and receiving diagnostic STI testing. Interview respondents were urban and middle class, and lesbian, gay, bisexual, and transgender people were actively included. Thematic coding was used to analyze responses.

**Results:** All respondents were aware of condoms and emergency contraceptive pills (EC), but were reluctant to purchase supplies proactively, and unable to identify providers to whom questions could be addressed. Most respondents had some ideas of prevention regarding HIV/AIDS, had little or no knowledge about other Sexually Transmitted Infections (STIs), and finding diagnostic test services for STIs was difficult. Confidential, private access to reliable providers, products, services and information were critically lacking.

**Conclusions:** Overall, LGBT respondents and their friends had more reliable information than their non-LGBT connected peers. Comprehensive Sexuality Education (CSE) can fill in several gaps in knowledge. Training in privacy and confidentiality for providers and chemists is recommended.

### Introduction

In scavenger hunts, participants decipher clues, search for and uncover maps, assemble evidence, items or information to reach an end result, and often receive a prize for the person or team who finishes first. When there are no significant consequences resting on the outcome of the game, it can be a light-hearted exercise. However, a dearth of reliable information and a lack of privacy can require people to scramble to assemble knowledge from disparate pieces and take circuitous

routes, even when outcomes are too important to leave to chance. Such is the case with sexual and reproductive health (SRH) information and services in Delhi, India.

Few things impact the well-being and life chances of young adults more profoundly than their decisions and behaviors regarding sexual activities and expression, building families and bearing children. Yet oftentimes, people face these life-changing decisions with little or no reliable SRH information. Middle class people in Delhi, India have to actively strategize to obtain reliable information and access to services in an environment of historical social taboos, little privacy, and significantly prescribed gender roles. In order to obtain information about vital, yet sensitive, subjects such as STIs and unintended pregnancy prevention, individuals often work alone or in small groups to protect their identities and reputations. If people are under stress due to sexual assault, experiencing symptoms such as genital lesions, or even if they simply want to proactively protect themselves and their partners, it can be difficult to determine where to find reliable information and services. Beyond learning about and locating such services, the lack of privacy often prohibits people from seeking the care they need.

## **Background**

SRH education and services for adolescents and adults are vitally important and are widely considered to be human rights (CEDAW, CRC, Correa et al. 2008, Petchesky 1998), to contribute to better health outcomes (Ecker & Kirby 2009, Jejeebhoy 2003, Reichenbach & Roseman 2011), and to constitute an essential part of several of the Millennium Development Goals (MDGs) even without being explicitly enumerated (Basu 2005). To this end, international standards for age-appropriate, medically-accurate, comprehensive sexuality education (CSE) that

is also culturally appropriate have been called for and developed (Jejeebhoy 1998, Kempner & Rodriguez 2004, Kirby et al 2005, Ecker & Kirby 2009, Jejeebhoy 2003, Thakor & Kumar 2000, Senderowitz & Kirby 2006, IPPF 2010).

India is the world's largest democracy and home to over 600 million people between ages of 15 and 45, with almost 202 million of those living in urban areas, 9.2 million estimated in Delhi alone (Indian Census 2011). Throughout India, supporters and opponents have alternately advanced and suppressed CSE programs and curricula for decades. Within the last decade, several states and organizations have blocked or banned even the non-comprehensive Adult Education Program (AEP) curricula (Perry 2005, Bahuguna 2007, Sudha 2007, Bamzai 2008), raising objections to the introduction of comprehensive sexuality education curricula including concerns that it violates social norms and values (Lambert & Wood 2005, Pasricha 2007, Sharda 2011, Verma 2013). These beliefs and practices support the assumption that young adults, especially young women, should not know or *not appear to know* too much about sex in order to uphold their "purity" and value before marriage (Phadke 2005, Menon 2007).

Present day middle class urbanites, especially women, are often under intense character scrutiny before marriage, and asking questions or actively seeking SRH information can potentially tarnish reputations, risk familial relationships and even trigger severe social sanctions or harm (Menon 2007, Uberoi 1994, Phadke 2005). This leaves adolescents and young adults passively obtaining information through exposure to superficial media sources, including television shows & films (especially those streamed over the internet), literature, advertising and erotic materials or pornography, as well as conversations with peers and friends. Much of this information is

misleading or incomplete regarding SRH content. When young adults are *actively* seeking reliable SRH information, they most frequently turn to friends and other media sources. (Aggarwal et al 2000, Andrew et al 2003, Saksena & Saldanha 2003, McManus & Dhar 2008, Jaya & Hindin 2009). In the most recent decades, the internet has become a significant source of information, secondary only to friends.

Despite ongoing opposition, and in keeping with trends of how people obtain information, organizations and NGOs have designed and implemented SRH phone helplines, print media, websites, school programs and peer counselor training (Jejeebhoy & Sebastian 2003, Chandiramani 1998, Gabler 2011). The Central Board of Secondary Education in India (CBSE), now includes aspects of sex education into their curricula although experts express concern that the senior high level is too late to begin sex education (Kirby, et al. 2005, Misra & Chandiramani 2005).

Growing acknowledgement of the need for increased knowledge as well as significant sexual activity outside of marriage underlies calls for increases in SRH knowledge and services as health supportive and protective measures (Jaya & Hindin 2009, Joshi 2011, Sharda & Watts 2012, Sabarwal & Santhya 2012, Tripathi & Sekher 2013). Two of the most critical areas in which reliable information can make significant positive health contributions are for reducing the risk of HIV and other STIs, and for reducing the risk of unintended pregnancy (Chandiramani 1998, Jejeebhoy & Sebastian 2003, Lambert & Wood 2005, Perry 2005).

The National Family Health Survey 2005-2006 (NFHS-3), interviewed 124,385 women aged 15-49 and 74,369 men aged 15-54 about key indicators of health. As the third such survey, the NFHS 3 included men and unmarried women for the first time. According to the NFHS-3, urban men were more likely to know about condoms and emergency contraceptive pills than urban women, and the women were more likely to know of regular contraceptive pills, intrauterine devices (IUDs), and injectable methods than men (NFHS-3). The data collected do not reflect whether people know how to use the methods properly, how to deal with potential side effects or contraindications, where to obtain them or whether they are affordable. Regarding the percentages of urban adults who stated knowledge of indicated HIV prevention methods, women were much less likely than men to know about any methods, particularly condoms and abstinence (NFHS-3 p 322). Furthermore, these data cannot reflect whether the people are able to communicate and negotiate HIV prevention methods effectively with their partners, or how a sexually active person can determine whether they are infected or not. The fact that women were overall less likely to know about condoms or to know that they may prevent the spread of HIV indicates an area of vulnerability and disadvantage during negotiations with potential sexual partners for married and unmarried women alike.

According to the National Aids Control Organization (NACO), HIV/AIDS rates appear to be decreasing in India due to interventions largely promoting screening and condom use among “high-risk” groups (such as men who have sex with men, female sex workers, transgender persons, injecting drug users) and “bridge populations” (migrants and truck drivers) (NACO 2013). However, developing interventions that target a narrow focus on the sexual behaviors of “high-risk” groups can “exclude a large proportion of the population” (Khanna, p8). It is

therefore possible that such limited screening and prevention may lead to an underestimation of incidence and risk in other groups (Khanna). Several sources cite increases of HIV incidence in Delhi, as well as STIs such as Chlamydia and Herpes 2 (HSV-2) in urban areas, as a call to step up awareness about preventive measures (Malhotra 2008, NACO 2013) as well as concerns that awareness of STIs is inadequate (Ray et al. 2009). In addition, rates of STIs can indicate that there may also be significant numbers of unintended pregnancies, although due to limited reporting, numbers of abortions are very difficult to track even though abortion is legal in India (Jejeebhoy 2003).

## **Research Questions**

The exploratory stages of research led me to develop the following research questions based on interactions with middle class people: What strategies have middle class people developed to find SRH information and services? How do social taboos about sex affect people's acquisition of SRH knowledge and services? This paper looks at these questions and focuses particularly on knowledge regarding issues of contraception and STI prevention. After a discussion of methods, I will first outline themes that emerged from the interviews and focus groups about where people get information about STI/HIV prevention. Then I will describe the process of finding and submitting to STI/HIV testing in Delhi. Next, I will outline themes that emerged from the interviews and focus groups regarding where people get information about contraception followed up by results of an ethnographic survey of shops and chemists where condoms, lubricant and emergency contraception can be purchased. Lastly, the discussion will summarize the findings and discuss possible areas for further study, intervention and policy recommendations.

## **Methods and analysis**

Please see the Introduction for a full discussion of the interview and observation methods I used throughout my fieldwork. In addition to what I describe there, I also chose to do some participant observation that was specific to the focus of this chapter. During the interviews I conducted, respondents discussed how they learned about safer sexual practices that conferred added protection from the transmission of STIs and HIV/AIDS. I opted to triangulate the major themes that arose during those interviews with participant observation trips to obtain STI and HIV testing. Respondents also discussed how they learned about preventing pregnancy, and I opted to triangulate themes from those responses with a walking survey of the availability of condoms, lubricant and EC in 54 shops in South Delhi.

## **Results:**

### **Interview Topic 1: STIs and HIV/AIDS**

During exploratory participant observation, conversations with informants revealed a dearth of accurate, reliable SRH information, particularly about STIs and contraception. People often spoke about the social barriers of taboo and stigma. One young married woman asserted that there is a “chastity of knowledge” for girls, as they were not supposed to know about sexual things before marriage.

## Topic 1: Information about Sexually Transmitted Infections (STIs)

### **Summary of sources of information cited in interviews regarding sexually transmitted infections (STIs) and HIV/AIDS:**

[From most common to least commonly cited]

**Friends:** In school and neighborhood, often jokes, stigma, misinformation, rumors, or sharing of information from personal experience and other sources. LGBT people and their friends were almost always more informed about prevention, symptoms and screening than heterosexual people.

**Internet:** NGOs (in Delhi, India, and international), CDC, government websites, Medline

#### **Media:**

**Television, radio, billboards, magazines** – public service information mostly about HIV

**Films, literature**- dramatic, sensational or emotional narratives, mostly about HIV

**Erotic films, literature and pornography**- commonly accessed, little or no SRH information

#### **School:**

**Programs on HIV/AIDS**- “AIDS Camps”, often the first information students got about sex

**CBSE Biology class 12**- focuses on HIV/AIDS, omits other STIs

**Programs brought to school**- Rarely occurring, but notable- NGOs

**Informed peers/collectives:** peer education highly effective when it can be found

**NGOs:** [temporary anonymization of NGOs pending permission]

**Helplines:** Government helpline

**Medical care providers:** Respondents noted that if they or their friends needed to ask medical providers about STIs or to receive testing or treatment, they would go to doctors, labs or hospitals far away from their own neighborhoods.

Regarding knowledge of HIV/AIDS and STIs, one theme that cropped up repeatedly was the lack of awareness regarding risk reduction among heterosexual respondents. Many people associated condoms with HIV, and did not feel like the risk of STIs and HIV applied to them. In so doing, they dismissed a significant protective measure against HIV, STIs *and* pregnancy.

*We heard a lot about HIV, but ... people here really don't think about it. You know if you're of a certain class, economic status, you just don't think about it. With this boy from another country, he was like you know, "I am clean." I had no idea what he was talking about and then it suddenly hit me that he is talking about STDs, so yeah I never*



*really thought about it and I kind of just assume that anyone I would pick to sleep with would be clean. It's just, girls don't think about it, they really don't, and to be honest most of the people don't even use condoms, you know, they are just uncomfortable. ...I have never met anyone with HIV, and I have never really given any thought to it to be honest, like a lot of my gay male friends talk about it but otherwise, as far as straight relationships go, no one really talks about it. The only thing anyone is ever worried about is pregnancy. Never STDs. This is really not on the map...I can't think of anyone that I have met with AIDS or HIV. And, it seems like condoms are for people with HIV right? They keep it from spreading. I mean, that's how they are advertised.*  
(Woman, 23, bisexual)

Several respondents said that they were taught that STIs were a “problem of the west.” While this may have been true for specific infections such as Chlamydia at one time, one of the features of globalization, including global travel, education and work, is that infections have become as mobile as capital and culture.

*In school, there was an HIV/AIDS Workshop- they showed us a movie about AIDS and how it was ruining the US. It was a documentary and showed a map of the US and how fast it was spreading. I was about age 15 or 16. As far as other STIs, there was just no information.* (Male, 29, heterosexual)

Several respondents spoke of small, organized informational events they had attended.

*We learned about condoms in school in 12th standard in the CBSE curriculum, but it was really quick and sort of a joke. Plus, it was just about HIV prevention, they tried not to even say the word sex. But then I went to this little workshop organized by someone at uni [university]. They got a person from some organization to come in with condoms and lube and stuff and we learned how to check the date and we took one out of the package and got to see what it was like. Everybody was laughing and talking and you could ask anything. Mostly it was other gay guys, but there were a few girls too. Later, some of us told our friends about it and I think they are organizing another one.* (Male, 22, gay)

One of the most successful knowledge sharing strategies is a hybrid of personal agency and organizational programmatic efforts- the training of SRH peer counselors:

*I was part of this club that was affiliated with the UN -they taught us about sex education...we did this workshop when I was in 11<sup>th</sup> which is 15-years-old and we taught, like the girls talked to the girls and the boys talked to the boys. So we talked to girls who*

*are around 13 to 14 years old that's when you get your period, that's when you start feeling a bit sexually active and so we talked to them about sex, about how it's very normal for you to get attracted to boys ... We also told them how HIV can get transmitted, the three ways in which HIV can get transmitted and syphilis and all these sexual diseases. So we told them, if you touch someone or hug someone who is HIV positive, you will not get the virus... At the end of the workshop, there was question-answer session in which all the people, all the students can drop in any kind of question in a box and it would be anonymous, so at the end of the workshop we used to open the entire box and answer all the questions. (Female, 20, heterosexual)*

### **Follow-up research: targeted participant observation about STIs and HIV/AIDS**

During exploratory participatory observation, I got little satisfaction in response to the question, *Where do people go to get tested for HIV and other STIs?* Respondents mentioned several possibilities, most saying they or their friends would go to another neighborhood to find a doctor, lab or hospital to get STI/HIV testing. For the most part, answers were vague and inconclusive. In order to better understand the options and perhaps the barriers, I decided to obtain HIV/STI testing myself. The first barrier was trying to find where to get such services. In private conversations, people guessed that hospitals and private laboratories would have testing capability, but only one person I met had ever been tested and knew for sure. The internet was only slightly more helpful, in that a large, nearby hospital had a website about an STD clinic specifically geared toward researchers and administrators. There was no information on that site or any other that I could find, which gave information for people who might want to be tested. I went to one large public hospital and one small, but well-known private laboratory.

Tertiary Care Government Hospital- (February 2014, Field note excerpts)

*Looked online to find an STI clinic, which was difficult to locate as all websites were geared toward providers or administrators and not to prospective clients/patients. I went to a large government hospital with a good reputation in a South Delhi neighborhood, accompanied by one female friend. We entered the hospital to see large open areas devoid of furniture, chairs or benches. There were many people of all ages moving about, many of whom appeared to be in whole family units or groups, while some were alone. Many people were dressed more*

*traditionally with shawls drawn about them and bags with what looked like household belongings, bedding, clothes and food, suggesting that they may have come from quite far. We took an elevator up several floors and walked into a hall with a large bright blue sign that read "STD Clinic." My presence there seemed to be quite a novelty, and people watched me intently. After some confusion, and a short wait in a line, we were ushered into a room with a woman who looked at my passport and filled out papers at desk. Another woman came in and was going through other papers. A male custodian came in, stood to the side of the desk and appeared to watch and listen with open curiosity. It was unclear if he was waiting to clean the room. The woman asked me if I had a positive result in a private clinic already, and I answered, "No, I did not." They asked me to fill out a consent form, yet there was no explanation of what the consent form was for, or of any privacy policy. The woman asked me three different times if I was married, and my answer was negative each time. We were asked to follow her into the hall and fill out another form. I had to write my signature on a form out at the desk in the hall, and the same woman asked, "what is your husband's name?" At that point, I made up a name and she entered it onto the form. She took me to a room with four men, 3 of whom quietly watched as one drew my blood into two tubes.*

*Next, they took us to speak with a female Doctor in another little room with a sign that read "FEMALE STD CLINIC." This doctor seemed quite young, approximately late twenties. She explained that it is protocol to test for all infections, but did not say which infections were included and would not answer my question. People kept coming in and standing around watching and listening, I lost count of how many, at any given time it seemed like 2 to 5 people were watching and listening. I asked if people could stop coming in the room. My request was met by eye rolling and the reluctant departure of most, but not all, onlookers. I tried to tell the doctor that the nurse didn't have to leave, just the men and the custodian, but by then the nurse refused to come back in. The doctor kept saying "don't be scared, it's just a disease" several times, which I would not have found reassuring under any circumstance. To the right across the empty room, there was a person-length, metal table with a sheet on it behind a metal and cloth room divider. The doctor asked me to take off my pants and get on the table. She did not seem to have an experienced sense of anatomy, because she hurt me when inserting the speculum. I had to stop her and ask her to go slowly and do it differently. Then she used a swab. I dressed and was told to return in several days for results.*

*I returned with my friend in five days to get my results. We sat in an office with a man who didn't identify himself and shuffled through papers while looking at my chart. I could see that he wrote "non-reactive" which means negative, next to the syphilis test- VDRL. He did not say anything to me. Several different men came into the room in sequence handing him charts or slips of paper, presumably pertaining to other people. After quite a bit of time with no explanations, I was told to go back to the room with the Female STD Clinic sign. This was a different female doctor who may have been in her mid-thirties, was very kind and put me at ease. She introduced herself and smiled, asking me to sit down in the chair next to her desk. Again, several people, including men and women came in and out while we were talking. I asked if people could stop coming into the room, and she said of course and asked them to leave. She explained that my test results for the VDRL and HIV were negative as were the gonorrhea (GC), trichomonas, and yeast. I asked about the chlamydia result and she said a chlamydia test wasn't done, they didn't usually do it, but that she had been asking for it to become a regular part of the screening. She*

*said she could do it right then and then left the room and came back with a swab and an assistant, asked me to get on the table behind the screen and used the swab to obtain a sample. She was swift, gentle and experienced. She explained that my cervix looked normal. After I was dressed again, she initiated a conversation about birth control and infection prevention measures. Then she gave me contact information and invited me to come back or to call for results in 2-3 days.*

*When I inquired as to how to pay, I was told there were no fees for the services. I received the negative results by phone after a few days.*

Summary of STI/HIV testing in government hospital: It is likely that the curiosity and intrusion of others into the offices and exam rooms to observe my meetings with the staff were heightened due to my appearance as a middle class European-American person. Also, with a background as a health care provider in SRH, I was able to advocate for myself in ways a non-health care provider might not be able to do. For example, I wouldn't have gotten the chlamydia test if I hadn't repeatedly asked for it. In addition, when I disclosed that I also work in the same field, in the United States, I was accorded a certain amount of collegial status. Even so, the process was quite humbling, especially with the first doctor. I was glad I had brought my friend with me. I imagine the experience might be especially daunting to a person with lower social status, with an active infection or symptoms, or an already positive test from somewhere else. Other groups of people which might be vulnerable include survivors of sexual assault, young people, women and members of stigmatized or "high risk" groups.

**Private Laboratory pricing for STI screenings - South Delhi 2014**

| Test  | Cost-Indian Rupees | Cost- US Dollars |
|---|--------------------|------------------|
| Thyroid -T3   | 1100               | 18.32            |
| Anemia screen   | 4600               | 76.61            |
| Routine Urine screen  | 3500               | 59.29            |
| Written on piece of paper: <i>Do you do Pelvic exams and STD screening here?</i>  |                    |                  |
| STI Screening Tests:  |                    |                  |
| HIV   | 700                | 11.66            |
| VDRL<br>(for Syphilis)  | 350                | 5.83             |
| HBSAG<br>(for Hepatitis B)  | 500                | 8.33             |
| HCV<br>(for Hepatitis C)  | 1200               | 19.99            |
| HSV-2<br>(for Herpes simplex 2)   | 450                | 7.49             |
| CT/NG<br>(for Chlamydia and Gonorrhea)  | 5000               | 83.28            |
| Total STI screen  | 8200               | 136.57           |
| (Context: the 8200 rs. Cost of a total STI screen could amount to as much as 50-75 % of a young adult's monthly housing rental cost.) |                    |                  |

**Private Laboratory- (March 2014 Field note excerpts)**

*An online search for a lab conducting STI/HIV screening was fruitless, but I had been informed by several sources that that is where people would go to obtain them. I went alone into a busy well-respected local laboratory that is known for performing a broad array of routine hematologic and metabolic testing. It was located on a busy street near a market in a South Delhi neighborhood. This time, I went to inquire about the types and prices of STI screening. There was a big desk with four staff members and others milling around and doing work. It was in a foyer/waiting room and there were about 5 people waiting at the desk and about twenty others sitting on benches and chairs nearby and talking or reading magazines. The furniture, curtains, magazines as well as people's clothes and bags, which were business or professional casual, suggested a comparably more middle class group of people than in the tertiary hospital. They did not appear to be clustered in family groupings and my presence there did not seem to attract much attention. For the most part, people appeared occupied with phones and reading materials.*

*I watched the activity at the desk to get a sense of how people approached to ask for services. Then I waited in line and was greeted by one of the women behind the desk. I told her I would like to know the pricing of the diagnostic tests and she asked me which ones. First I asked for the thyroid test. "Which one?" she asked. "T3" I replied. After referring to a computer, she announced, "that will be 1100 rupees." I wrote it down and asked for several other tests, which she repeated back to me, and looked up and told me the figures, which I wrote down. Then I leaned in and asked quietly if they did STI screening. She repeated "STI screening?" fairly loudly and then asked, "which one do you want- Syphilis?" I cringed and glanced around. A few people were looking at us. I had the piece of paper and pen, so I wrote: "Can we talk quietly?" and: "These tests- HIV, VDRL, Gonorrhea, and Chlamydia." She took the note and read it out loud. I laughed, because it seemed that the woman was either oblivious or trying to shame me. I took a breath. "Do you think you could write down the cost of the screenings – quietly?" I asked. She took the paper and transcribed the figures off of the computer, never meeting my eyes for the rest of the interaction. "Will you be needing any of these today?" "No," I murmured quietly. "Thank you for your time."*

Summary of Private Laboratory experience: The lack of privacy and confidentiality were embarrassing and inhibiting. I understood why so many people said they would go to other areas of the city to get testing, and even why people might not do it at all. My background as a health care provider, researcher and outsider, and the fact that I did not have problematic health symptoms made the process easier, but it was still unpleasant. I had the feeling I was being shamed purposefully.

## Topic 2: Information about Contraception:

### Summary of sources of information cited in interviews regarding contraception- sources of information/knowledge:

[from most common to least commonly cited]

**Friends:** School and neighborhood friends were cited as most comfortable sources, offering anecdotes, sharing information from other sources. Older friends can be helpful, however, may risk reputation by asking.

**Internet:** Medline, IPPF, Scarleteen, Delhi-based and India based NGOs, “Google” the most used source cited besides friends. Ultimate privacy *IF* one has a private computer connection.

**Informed peers:** sometimes informal i.e., parents are doctors, have access to reference books, sometimes more formally, from NGO-led initiative- here privacy may be safeguarded

**NGOs /collectives:** Several publish print and online resources and create programming for schools

**Helplines:** Phone information line- One NGO and one government organization have set up phone helplines

**School:** Programs on HIV/AIDS- Sometimes interpreted as an association between HIV and condoms  
CBSE Biology class 12- mainly biological pregnancy, discussion of prevention is at discretion of teacher  
Programs brought to school- example: Delhi-based NGOs

**Media advertisements:** television, billboards- brand names, usually no other information or instruction

**Public service announcements:** billboards, radio, magazines-usually admonishments about disease

**Literature, films, TV:** emotionally and erotically charged, lacking in specific information

**Family:** parents, uncles/aunts, cousins, others- IF there is any discussion, older siblings, cousins, aunts and uncles can be very helpful, downside: may risk reputation by asking questions

**Medical care providers:** Many people avoid family doctors, or they may often prefer to go to a physician practicing in another neighborhood or even region of Delhi.

**Chemists:** a largely unused source of information due to lack of privacy or trust, fear of harassment

During an early interview, one woman asked me a number of questions about how to use the contraceptive pill, such as, would alcohol decrease its efficacy, and did she have to take it during her menses. It turned out she was already taking the pill for several months and had been buying it over the counter. She wasn't sure which instructions to follow from the internet and didn't know anyone to ask who was both qualified and likely to respect her privacy.

## Interviews- Contraception:

Most respondents have seen advertisements for contraception since they were small, and have mainly associated them with married adults. Nearly all of them expressed anxiety about buying contraceptives especially if they were young adults or unmarried:

*There were these birth control pill ads on TV – I think they were called Mala-D, and there were public service announcements on TV about Nirodh condoms. We didn't know what they were and when we asked our parents, they would just be silent, so naturally we were curious. We found out later when friends told us. There were condom dispensing machines around, for 2 rupees. Most have been broken by now. They were red metal boxes. When I was 16, I was studying math with a friend and her parents weren't home. We decided we wanted to try having sex and I had to go out and buy a condom. I had to find a chemist shop. Some chemists were open til 12 midnight; it used to be 24 hours, but not anymore. (Male, 30, heterosexual)*

*[About condoms:] A woman will never walk into a store and ask for it like they say, even though they are easily available in a chemist shop or in a pharmacist or a general store...but then who would want to go and ask for it in front of so many people? That's something very personal. So I think there should be some sort of thing like maybe a vending machine or something easily available or there should be some place where just the woman go and they can have access to it. Otherwise a lot of women- they want to use it but they don't, just because getting it is a major block (note: respondent does not say the word "condom") (Female, 53, heterosexual)*

Some respondents, especially females, expressed anxiety regarding unintended pregnancy, and most respondents weighted their friends' information more heavily- especially when it came to side effects of contraception. Respondents seemed to know a lot about a specific brand of emergency contraception that is heavily advertised and talked about among peers. This was often the only type of "protection" that a couple used, and it does not confer any protection from STIs, since it is used *after* an act of heterosexual intercourse:

*I knew what condoms were all about but just getting into the details of it like when is it that a guy's supposed to wear it, and then like what happens during sex? What are the precautions I can take? I had to ask details from my friends that what happens, you know when guy wears a condom and he comes inside you because I need to be really sure what*



*happens just in case anything goes wrong I mean is it okay for me to take an i-pill? When you see in television they are just like- "protect yourself, maybe use condoms; take an i-pill." So it's so easy for a girl to be so gullible, just after having sex to just go pick up an i-pill and just have it just to protect herself. I mean she just knows she is getting the information to just take it. Just take an i-pill to protect yourself, but what happens after that? You know- whether you would have any sort of side effects or would you have any problems in the future in terms of pregnancy nobody knows. You're just getting that kind of information through the television: "just take an i-pill and you will be protected."*  
(Female, 22, heterosexual)

Again, peer counselors were able to access and provide information that was well received, and sometimes went beyond even the design of the programs, as in this case.

*When I went to university [in another country] with my college roommates, in my junior and senior year when I lived in a large group, the president of the Peer Contraceptive Counselors was my roommate. So you know I always had like free flowing knowledge about any sort of general sexual things. I was working at the women's center. My other roommate was also a counselor with the Peer Contraceptive Counselors. So you know, just generally women who're very interested in issues of women's health. So whenever I came home, I ended up being this resource for my friends here.*  
(Female, 23, lesbian)

Respondents knew a fair amount about condoms and many shunned them, sometimes associating them with an implied connection to HIV/AIDS from advertising campaigns. Respondents who identified as LGBT (and their friends) were often more informed about the range of contraceptive *and* STI preventive features and were more open to using condoms for a preventive method in the future.

*There are like these forums, for instance they have the LGBT community and it usually holds workshops where they discuss sexuality. And there was this woman at one of these, she works on making sex safe and using condoms, basically knowing your body.*  
(Female, 27, bisexual)

*Whenever I want to check about something, like I have a question, I go and ask one of my gay friends. They usually know more about condoms and even about girls.*  
(Male, 25, heterosexual)

Contraception- Predominant themes from interviews:

Nearly all respondents conveyed hesitancy in purchasing condoms, citing that people often go to chemists in locales distant from their neighborhoods. This makes it less likely that condoms would be purchased spontaneously. Some respondents said they kept a few free condoms from educational events they had attended “just in case” they needed them. Older respondents and men were more comfortable buying condoms. Regarding emergency contraception (EC), respondents cited friends who would break down after unprotected intercourse and buy the EC at a chemist shop, sometimes after several days.

With regard to other methods, people relied mostly on friends and the internet for information about contraceptive pills and other methods. A few cited trips to gynecologists and clinics.

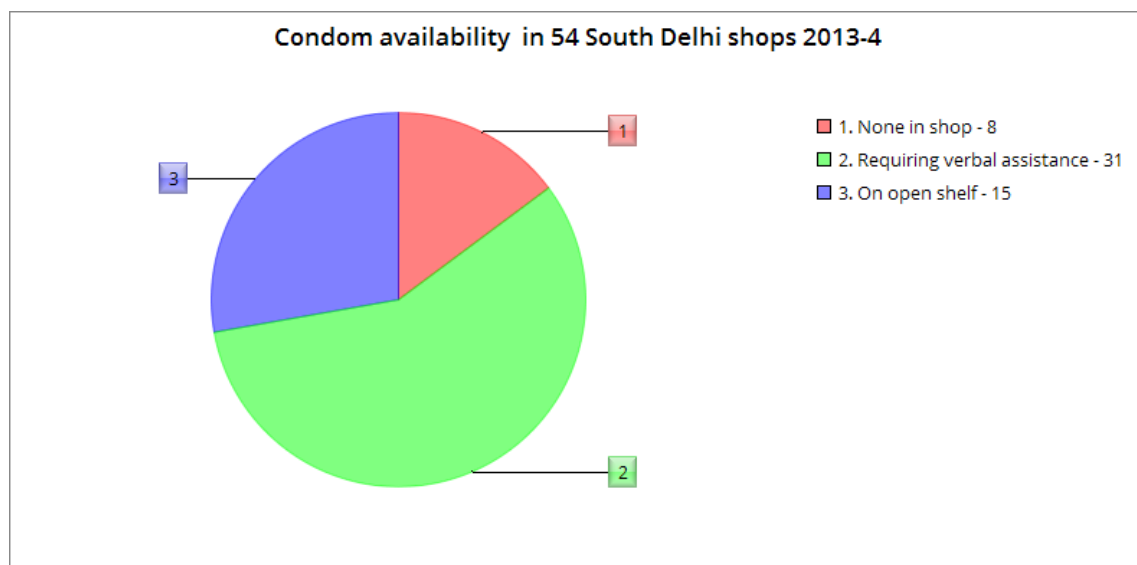
People mentioned several possibilities for getting information and products for birth control/contraception, and to support safe sex, saying they or their friends would often go to another neighborhood to buy supplies. Some university students mentioned NGOs and organizations giving out condoms. A few respondents also ordered condoms and lubricant from the internet. In the interviews, respondents mainly spoke about condoms, emergency contraception and lubricants, and not so frequently, other methods.

#### Participant Observation – Shopping for Supplies

In order to better understand the possibilities for and barriers to purchasing various forms of contraception, I decided to locate and purchase condoms, emergency contraception and lubricants. Over a period of 6 months, I physically surveyed 54 shops, in 13 Central and South Delhi neighborhoods between the hours of 2pm and 7pm. They were stand-alone shops and chains, most were chemists (51), and 3 were convenience shops with food and snacks. Chemists

are equivalent to “drug stores” or pharmacies in the United States. I entered the stores and looked around at various products, sometimes buying shampoo, tea, ibuprofen, lip balm, cough lozenges, or something else. After I left the stores, I noted the date, address, neighborhood, visibility and location of condoms, number of brands, prices, visibility and availability of lubricants and emergency contraception, number of staff at the time and the number of other people in the store at the time.

Of 54 establishments, 15 had condoms displayed where they could be picked up and brought to the cash register by the customer, all other stores had them out of reach, or out of sight, requiring verbal requests and assistance, and 8 stores professed to have none at all. Twenty-two stores had theirs under or behind glass counters, 5 had them behind the registers, 2 stores had condoms hidden entirely in closed dark drawers in the back of the store as if they were illegal. In no less than 48 stores, I was approached by at least one and most often two staff members who asked what I was looking for. In one store I was approached by, and had to interact with, eight staff members asking me if I needed help and looking to see what I was carrying in my hand as I was on the way to the counter. The object of such thorough scrutiny was a 2 inch by 3 inch box of 3 “green apple flavored” condoms. Purchasing condoms did garner much more attention from shop employees than purchasing items such as gum, shampoo, or cough drops.



Needless to say, purchasing condoms with any discretion was nearly impossible. The lack of privacy was intensified when the cashier had to read the price, which was printed in very small script, often resulting in other staff members becoming involved.

Lubricants were not as available as condoms and mainly consisted of 2 types: a so called “intimate” lubricant in a bottle with the same brand name as a popular condom and which is clearly intended for sex, and a surgical lubricant in a tube which can be used the same way, costs less, and can be purchased as a medical supply. Lubricants were rarely visible unless the store had display case for the condoms and lube of the same brand. The cost was a range from 100 to 400 rupees (US \$1.61- 6.62).

Emergency Contraception (EC) was highly advertised in newspapers and magazines, but rarely visible in shops. It always required verbal exchange and assistance before purchase. Cost for the

popular brand was generally 100 rupees (US \$1.61), although several less advertised and less expensive brands were available if one knew to ask for them.

## **Discussion and Conclusions:**

People in Delhi are resourceful in their strategies to find, create and share SRH information, and are able to overcome many social barriers that result from the overall taboo about discussing sexual topics. A related, but perhaps more significant, finding was that services and products were difficult to find and daunting to access due to lack of privacy.

Some of the most common knowledge strategies were to piece information together, to weigh some sources of information more heavily, and to consider whether information coming from different sources were in agreement- triangulation. However, this strategy of piecing together information from many sources can leave people with significant gaps. *This is particularly stark when heterosexual couples opt to use EC only and are unaware of potential STI risks and the preventive benefits of condoms or abstinence.*

The most preferred sources of information cited were internet sites and discreet discussions with personal friends. People tended to weigh information from peers and friends heavily, especially when the friends had more experience or knowledge. In keeping with these trends, agencies and NGOs that have peer training programs that equip young people to become peer sexuality

educators as well as comprehensive websites, do appear to have an impact among middle class people.

Respondents who were LGBT or Queer identified people often had a more comprehensive knowledge of SRH and were often perceived that way by others. Hence, they were often looked to by non-LGBT/Q friends as sources of general information on sexuality and SRH. Judging from my participant observation, I expect this may occur because LGBT people are members of groups that are already marginalized, and are already networking and forming communities in order to socialize and find acceptance. Within those communities, it may seem safe to discuss concerns and questions relating to sexual and reproductive health.

Services are hard to access for several reasons. Unfortunately, people's resourcefulness in finding information does not translate into being able to access commonly needed SRH services and products such as contraceptives and STI screenings. The lack of confidentiality and privacy is a strong inhibitor for many people. In response to this, many respondents did mention one especially common and resourceful strategy- that of seeking products and services in neighborhoods that were not near where they lived or worked. While this may be somewhat protective of their reputations, it is not foolproof, and it requires extra time and transportation costs. Furthermore, it can be a barrier to be expected to know which laboratory tests are needed up front- a problem exacerbated by the lack of comprehensive SRH information. If people don't feel comfortable going to a family doctor before their lab visit, they may not know ahead of time what tests to ask for. In any case, people are unlikely to want to enter into a discussion of symptoms with a person at a desk in a foyer in order to sort it all out. In addition, the cost of

comprehensive STI screening in a private lab can be prohibitive for many middle class young adults.

Several specific recommendations regarding SRH education and information have emerged from the data. These recommendations are for policy, organizations and individuals, with areas of overlap. Age appropriate, medically accurate and affirmative comprehensive sex education remains a vital concern and it will address many shortfalls, gaps and misunderstandings. People are getting unreliable information and messages informally from many places such as media, pornography, and peers. In order for them to develop the skills that will protect them and enable them to make safer choices, they need information that acknowledges their stages of development and growing autonomy before they become sexually active. The consequences of unsafe, unprotected and uninformed sexual activity can be life changing, and navigating those risks requires critical thinking, negotiating, and planning. Universal, age-appropriate, medically accurate curricula can help people sort through the deluge of sexual information they are exposed to in order to support informed decision-making.

An example of this surfaced in the interviews. A significant number of respondents referenced emergency contraception (EC) as a means of primary pregnancy prevention, while condoms were often associated only, or primarily, with STIs and HIV. Respondents were more likely to think of and use EC after intercourse than to be prepared ahead of time with condoms because of the association of condoms with HIV as well as the stigma attached to being prepared for sexual intercourse ahead of time. This leads to a recommendation that condoms should be promoted as a means of contraception and not solely to prevent infections, and that programs can aim at

lessening the stigma around buying, having, and using condoms. In addition, people must have the information that EC is less effective than condoms for contraception and is ineffective against the spread of STIs and HIV.

These and other types of questions and concerns are addressed in the educational materials of several outstanding Deli-based NGOs. These programs were cited by some respondents as providing highly reliable information of STI prevention and contraception, along with other sexuality related topics. These programs that are already in place can be supported, their websites can be more widely publicized, and their peer education programs can be expanded.

Knowledge without access to services remains insufficient for health promotion. Gatekeeper attitudes of judgment and lack of respect for privacy can be potent deterrents to access for people who need services (Jejeebhoy & Sebastian) and can be addressed by initiatives directed toward providers and educators. Two main recommendations regarding SRH services have emerged primarily from the targeted participant observations. The first is to initiate educational trainings for health care providers, staff and chemists in SRH, sensitivity and confidentiality in order to build and earn client trust and improve health delivery. An attitude of non-judgmental kindness such as that of the second doctor in the clinic can make a big difference. A comforting and respectful demeanor is reassuring during what is, for anyone, an uncomfortable procedure and situation. Such positive experiences can go a long way in facilitating people learning and transmitting information to others. Conversely, jarring and uncomfortable medical experiences, such as the one with the first doctor, will likely discourage prospective patients and clients from returning for care. The second recommendation is to help STI testing facilities develop websites



and physical facilities that are public and consumer friendly. People use the internet to locate many of their everyday needs including health care and it only follows that an accessible site and platform will increase knowledge and health seeking behaviors.

The state of knowledge and policy in the areas of SRH are changing rapidly, and yet they often appear to go through cycles depending on the social and political climate of the moment. At the time of this writing, the political struggle over what type of information should be used in the strategy to promote SRH and HIV/AIDS awareness has entered another round. The Indian Minister of Health appointed by the recently elected national government has stated that he would ban “so-called sex education” in schools (TOI 7/27/14, NYT 7/9/14), and that he would like to see more emphasis on “promoting the integrity of the sexual relationship between husband and wife, which is part of our culture...and not only on the use of condoms” Subsequently, the head of the National AIDS Control Organization (NACO) defended the programs, saying that condom promotion was not directed at the general public but rather at “high-risk” groups. Unfortunately, he also ultimately agreed with the health minister, stating that India’s morality is getting “a little thin”(Ghosh 2014).

While NACO’s successes and intentions to protect the populace from harm are laudable, evidence trumps ideology for providing a solid base for effective programs and policies. NACO’s own annual reports credit the decrease in new HIV cases to programs with condoms for “high-risk” groups. However, the subsequent downplaying of condoms to the general public leaves other people vulnerable, and indeed, NACO’s research indicates a growth in infections among the wives of infected men, who may be unable to negotiate the use of condoms with their

husbands. Classifying people into “high” and “low” risk groups while admonishing people to uphold the traditional family may ironically enlarge the proportion of people who might be considered “high-risk” to include those whose behaviors are well within the moral boundaries prescribed above.

These remarks contrast strongly with other directions in current thought, exemplified by recommendations in the Verma Committee report, a multidisciplinary document written by a three member legal committee and a team of lawyers and academics after a recent, high-profile rape occurred in Delhi. Here is an excerpt regarding sex education:

Sexuality education is the process of assisting young people in their physical, social, emotional and moral development as they prepare for adulthood, marriage, parenthood and aging, as well as their social relationships in the context of family and society. The need to impart appropriate education on sexuality is an important issue that parents and teachers must acknowledge and address if they want to make sure that their children are well adjusted and safe, and will grow up to be mature and balanced individuals. In our view, it is the duty of the State to provide clear, well-informed and scientifically grounded sexuality education based on the universal values of respect for human rights. We are also of the opinion that the formal curriculum in Indian schools must be drastically revamped, and sex education must be made an integral part of each Indian student’s curriculum. (Verma Report, 2013)

As of this writing in 2016, these and many of its recommendations continue to go unimplemented and unheeded, leaving people piecing together whatever sexual health information and services they can find, and hoping for the best.

#### A Personal Note:

In addition to conducting social and health research, my work includes practicing as a midwife/nurse practitioner in SRH clinics in the United States, providing information, counseling, contraception and prevention, screening, and treatment for STIs. Though it may have

provoked curiosity, my position as a cultural outsider and health care provider may have worked to advantage in this research with sensitive topics, because I may be perceived as likely to keep material confidential and unlikely to talk to other members of the community. On the other hand, my position may also contribute a limitation to the study, due to health care provider's bias and an outsider's view of the culture. In an effort to counter this, I triangulated methods, referenced relevant India-based scholarship in social and health research, and collaborated with Delhi-based scholars and advocates.

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## CHAPTER 2

### HEADLINE VIOLENCE AND SILENCED PLEASURE: CONTESTED FRAMINGS OF CONSENSUAL SEX, POWER AND RAPE IN DELHI, INDIA 2011-2014

Though coercion and rape have cast a persistent shadow over women's and men's prospects of sexual health and consent in contemporary India, other narratives, agency and tools are quietly emerging to transform collective claims of power and bodily dignity. In these narratives emerging from collectives, NGOs and among friends, dialogues about consent and pleasure feature prominently. This paper contrasts statements in the news made by highly visible political and public figures regarding the subject of rape with themes emerging from ethnography and semi-structured interviews with middle class people in Delhi. Using the device of social frameworks, contested framings of rape and consent are examined in order to interrogate essentialist gender norms, compare putative "causes" of rape, and highlight local efforts promoting sexual consent, health and well-being.

Feminist scholars have long interrogated the processes of ideology, legal rulings and structural violence against women (VAW) whereby rape is sometimes normalized in Indian society, documenting over 67 years of history of rape from India's partition to the 1972 case of Mathura, riots in 2002, and widely publicized cases in Delhi, Mumbai, Kolkata and Badaun in 2012 – 2014. [1, 2, 3] Partly due to these crimes, India ranks fairly low in measures of gender equality among countries rated by the UNDP gender inequality index. [4] Yet, within this bleak landscape, the shapes of other narratives, agency and tools are challenging the narrative of the "inevitable" sexual victimization of women, and transforming individual and collective experiences of power, agency and bodily dignity. These challenges are found in conversations among friends, events and websites of Indian-based collectives and NGOs, and in socially mediated print and on-line news coverage of rape-related statements by public figures.

In the interviews that inform this research, middle class people in Delhi described how they learn about sex and reproductive health, formally and informally. They also spoke about consensual and non-consensual sex, as well as their knowledge strategies in the context of widely acknowledged social taboos regarding communication about sex and the lack of comprehensive



sexuality education (CSE) data from these interviews are triangulated with analyses of newspaper crime reports and highly publicized statements about rape and women's safety by public figures in the media. I also analyze observations of two public events in Delhi, organized by NGOs and a collective: a hackathon for woman's rights and an erotic photography show.

I focus on several questions that have emerged over the course of my research. How do public framings of consensual and non-consensual sexuality align with what people are learning privately? Do predominant rape narratives address the problem of intimate partner violence (IPV)? What strategies promote learning about consensual sexualities and the prevention of coercive sexual behaviors? Though the larger research project included LGBT respondents, this paper focuses on the social construction and learning about rape, consent and pleasure primarily in a heterosexual context.

A disjuncture between the often muted pursuit of information about consensual sex and public figures' volatile narratives of rape became starkly clear a year after the initial 2011 interviews for this research, when a fatal gang rape on a bus made national and global headlines. Millions grieved while a young woman lost her life and her male friend was left to recover from the ordeal, which occurred as the two were returning home from an evening at a film. Amidst widespread protests, the release of a commissioned judicial report to reform Indian rape law [5] and a national election, numerous public figures opined about rape and women's safety. Public dialog about how to deal with violence against women (VAW) again became a central debate as the protests fueled discussions of prevention, causation, punishment and accountability. [5, 6] Combining qualitative interviews, ethnography, and analysis of news stories highlighting the statements of public figures, this research interrogates narratives about rape and agency in ways

that both confront essentializing constructions of gender, and suggest focal points for effective problem solving.

### **Theoretical perspectives**

The theoretical device of social frames, originally detailed by Goffman (1974) [7], reveals patterns of interpretation that people use to organize, communicate about, and respond to events. Frames were later employed by Altheide [8] regarding fear in the news media. This paper uses the perspective of frames to consider the manner in which public figures depict problems in particular narrative structures that tend to gloss over complexity and ambiguity inherent in social situations, and suggest solutions that appear simple and clear. These processes, which produce stories that Altheide likens to “morality plays”, often obscure significant information and complexity that could result in different perspectives and more effective problem solving. Such morality plays reproduce existing social hierarchies and norms. He provides an example of how news coverage in the United States regarding child neglect and abuse often focuses on stranger kidnapping. This distracts attention, funding, legislation and policy away from the much more frequent problem of several hundred thousand abandoned, neglected and runaway children in cities in the United States. [8]

In a further elaboration of framing theory, Benford and Snow (2000) [9] discuss how frames play central roles in how social change actors and movements construct meaning about contested topics. They delineate separate framing processes within social change movements, such as *diagnostic framing* to attribute blame or responsibility, *prognostic framing* to suggest solutions, and *motivational framing* to call people to take action. Using frames and discourse oriented

ethnography, I examine interviews, public events, and 25 statements by public figures in the news, as they discuss gender norms, attribute responsibility and suggest solutions regarding rape. Using the theoretical device of frames enables me to contrast how people and groups in different positions of power construct and convey the meanings of social phenomena. These meanings, in turn, influence actions, laws, and policy that affect people's lives and well-being.

### **Background: Sexual Violence versus Pleasure in the Global and Indian Contexts**

In 2013, the World Health Organization (WHO) declared that, globally, violence against women (VAW) is a “health problem of epidemic proportions” with 1 in 3 women experiencing sexual or physical violence and that rates of Intimate partner violence (IPV) far exceed rates of non-partner sexual violence (NPV). [10] These findings are largely corroborated in India. [11, 12] According to the Indian National Crime Records Bureau (NCRB)[13] report from 2013, the incidence of reported rape has been increasing since 2009, and Delhi has the highest rate at 18.6 compared to the national average of 5.7. In 2013, offenders were known to the victims in 94.4 % of reported rape cases. In addition, research that compares survey results with crime reports indicates significant under-reporting [14, 15, 16] that may be a result of social tolerance for violence and physical punishment of women, lack of support from agencies and police, and social mores which claim that IPV is a private matter. In a working paper, Aashish Gupta conducts an analysis of NCRB reports and NFHS survey results. His findings indicate that not only are rapes vastly under-reported, and that they are more likely to be reported in areas with relatively lower actual assaults, but that by conservative estimates, the incidence of sexual assault by husbands may be as much as forty times the number as that by other men. [16] It bears noting that as of this writing in 2014, forced sex within marriage is still not considered rape and therefore does not appear in the crime records. [5, 16, 17]

In addition to becoming understood as a significant health issue, sexual violence is increasingly framed as a human rights problem. [17, 18, 19, 20] In Delhi, scholars and members of urban-based NGOs and collectives have expanded upon human rights perspectives, publishing and promoting materials, curricula and guidelines for comprehensive sex education (CSE) that work to prevent and oppose gender violence. A well-developed network of mostly urban, Indian NGOs and collectives conduct related workshops and panels. They also release print and digital web-based media teaching about sexuality, education about consensual sex and proposing alternatives to coercion. [18, 19, 21]. Other NGOs and feminist publishing houses have produced edited volumes, annotated bibliographies and other resources about sexuality as well as histories of women's human rights advocacy in the Indian context. [23, 24, 25]

Increasingly, scholars and advocates have been addressing issues of women's sexual pleasure, consent and agency within South Asia, both in the present and with historical lenses. Expanding beyond Eurocentric feminisms and Foucauldian analysis and discourse, they have excavated histories that have sometimes preceded, merged with, or subverted colonial and nationalist versions of sexual repression. [23, 24, 25, 26, 27, 28] Although scholars caution against the illusion of a golden past of gender equality, social and historical evidence indicates a history (and present) of variation in kinship practices, sexual expression, and gender norms in India that were diminished by a combination of local patriarchal controls, colonial laws and nationalist projects. [23, 25, 28]

Sexual violence and sexual consent are also development issues. Development practitioners have noted that far from being silent, mainstream development has long engaged with sexuality, albeit often focusing on medicalized, negative and dangerous aspects such as population, sexually transmitted diseases, and sexual violence. [21, 29] Beyond violence however, in the context of

engaged development practice, advocates and NGOs have conducted projects and research in India that have brought attention to the pleasure and power of women's sexuality, focusing on more affirming aspects of sexuality, such as pleasure, agency and consent. [22, 29, 30] One project that emerged from recent development work and advocacy by an education NGO in Delhi documents rural women discussing their experiences with sexuality and their desires for more egalitarian relationships. Women named their own desire for sexuality as "the hunger of the body". [22] Working with planners in Mumbai, Phadke [31, 32] examines the conundrums of Indian middle class women's sexualities, reputations and participation in public spaces in urban India. She challenges the closure of public spaces to women and others who are marginalized due to intersecting factors of caste, class, race and culture, asserting claims of women and marginalized people to spend time in the city.

The concept of women's agency plays a central role in consent. Kabeer [33] defines agency as

...the ability to define one's goals and act upon them. Agency is about more than observable action; it also encompasses the meaning, motivation and purpose, which individuals bring to their activity, their sense of agency, or 'the power within'. While agency tends to be operationalized as 'decision-making' in the social science literature, it can take a number of other forms. It can take the form of bargaining and negotiation, deception and manipulation, subversion and resistance as well as more intangible, cognitive processes of reflection and analysis. It can be exercised by individuals as well as by collectivities. 438

The landscape of sexual agency in India has been changing over the last several decades, due in large part, to the work of NGOs and collectives whose works are in the public domain [34, 35, 36]. Several of the NGOs leading this work in Delhi are TARSHI, which stands for "Talking about Reproductive and Sexual Health Issues", Nirantar Centre for Gender and Education, which is affiliated with the Institute of Development Studies, and CREA (Creating Resources for Empowerment in Action), a feminist human rights organization. The founders of TARSHI

started a phone help line in 1996 to answer anonymous questions people asked regarding sexuality and sexual health, and it has since grown into an agency that conducts sexuality trainings, publishes literature about comprehensive sex education and consults with government and transnational agencies about developing materials for SRH issues (see [www.tarshi.net](http://www.tarshi.net)). [35, 36]

It is important to note here that Indian NGOs and collectives working on sexuality, sexual pleasure and consent have experienced some crackdowns in the past, which may explain why members of collectives working on these issues choose to remain anonymous. [36, 37] In Delhi, *Hidden Pockets* is an example of an anonymous collective with creative approaches to creating a sex positive environment, and a protest campaign which confronts the unequal moral policing and curfews for female and male dormitory students is *Pinjra Tod*, which means “break the lock”.

In this research, I combine data from semi-structured interviews with analysis of rape reports in Delhi newspapers, statements by public figures about rape and ethnographic participant observation of two events in Delhi.

## **Findings**

### **Interviews**

In the interviews, for both women and men, news about rape in the media was often their first information about, or depiction of, sex or sexuality of any sort. When people spoke of where they first heard or learned about rape, it was primarily from different forms of news media.

*Every day in the newspaper. Every single day- there is not even a single day that goes where they are not telling about some kind of rape* (Female, 29, heterosexual)

*I'm from Delhi, you hear about it in the papers all the time. (Male, 25, heterosexual))*

Many also cited TV shows and films.

*Firstly it was the television and the movies actually. The older Bollywood movies especially in the 80s, I think they have lot of these rape scenes. So it was then I got to know there is something called rape. I was very small at that time I think 5<sup>th</sup> standard and I've seen the movies and so I knew something that's called rape and it's wrong.*

*(Female, 28, heterosexual))*

*The Hindi movies on TV, a lot of them had this plot where there was a hero whose sister was raped, and then he would get revenge. I must have seen so many of them when I was young, but I didn't know what rape actually was until like 18 or 19.*

*(Male, 22, heterosexual))*

For many, the types of sexual violence they heard about in their private circles was rarely mentioned in media or public discourses about sexual violence. This omission included forced marital sex, and forced sex in relationships.

*One of the major things that no one really talks about is when your husband rapes you.... A lot of my friends have had experiences where they have almost been raped or kind of been forced into sex when they didn't want to, but it was more like, I don't think they consider themselves as being raped, it's kind of just like, oh he forced that on me I really didn't want to have sex with him, but I did, you know because I had no choice. But serious violent rape- I don't think I've had any kind of personal experience even in my social circle... (Female, 35, heterosexual))*

*If you're married it's like, you know it's a husband's right to have and so you have marital rape which no one talks about happening, but it is still rape.*

*(Female, 27, heterosexual))*

*For some women, marriage is a form of legalized rape. I mean, there's no law against rape in marriage, so she can't say no- so what can she do? (Female, 33, heterosexual))*

The pervasiveness of sexual abuse of male or female children, usually by someone known to the family, is another theme of concern that emerged from the interviews, but was rarely discussed by public figures.

*I was 7 years old I wasn't allowed go out to the grocery store alone- my dad, my brother and even my mom couldn't go with me all the time...I didn't know what was happening... it wasn't intercourse, I had my clothes on, but he was feeling me. The saddest part was that I didn't know how to protest, I didn't know how to protect myself. But, I wasn't prepared for such thing because I never knew anything could happen like that. I didn't have any knowledge of sex at that point of time because the only thing that I heard was it's bad. (Female, 24, heterosexual))*

*At some point we all became aware of the fact that it is possible that everyone around us has been molested at some point, not just starting with public places, but sometimes with a relative or family friend. And then other admissions of 'this happened to me, that happened to me, ' (Female, 27, bisexual)*

*Every friend I know who is a girl has had something between a molestation and a rape- and that's the economically and intellectually advanced portion of society, I don't know what is happening for the others. (Male, 32, heterosexual))*

*A friend of mine, a boy, an older uncle forced him to do [oral sex]. This happens a lot. And when boys are little they don't really know what is happening or what to do to stop it. (Male, 27, heterosexual)*

In contrast to widespread public narratives about sexual violence, most respondents learned about women's pleasure and consensual sex from private conversations with friends and, more rarely, family.

*See, we were all around the same age so none of us really knew about it so much. So we just discussed it, I had heard something from somewhere and they would tell me something that they had heard from somewhere else. We would somehow put it all together and try to, you know, make sense out of it all. (Female, 24, heterosexual)*

*I had conversations with my friends, my roommate was dating another woman. Pleasure was constantly discussed and pleasure was in the air, pleasure oppressed people because I had a very asexual friend who is like, I do not seem to want this. Of course our society is so divided so you can't say anything absolutely- but to a huge large extent people arrive at certain juncture in their lives as young adults where they can choose to access information. (Female, 25, lesbian)*

*In school, guys really said a lot of derogatory stuff about women just about how to get them to have sex and how to do it, but my aunt told me a lot of stuff that sort of changed my ideas a lot. She told me that girls will like it when they are ready, but not when they are young and that it's never okay to force or trick a girl. She also told me about condoms. (Male, 27, heterosexual)*



Consent came to the fore as a concept that is being negotiated, learned and communicated in processes that mirror its meaning; when both parties, by mutual agreement decide that they will enter into a sexual experience with each other. Some mentioned the bind they perceived women to be in, to paraphrase Sharma: [20] *Can a woman really say yes if she can't say no- and vice versa?* Respondents expressed that they sometimes educate others about consent, pleasure or safety.

*I want my niece to hear it. Like it's okay to want to have sex and it may even be just because you love someone or... it's okay also to say no to someone you are with... in a relationship, or just saying that's okay if you don't want to for whatever your reason. So keep saying yes, if you want to. It should be your choice and that is something that's important. That's something that should be told more with safe sex and protection and all of these. These things are also very, very important to be told.*  
(Female, 35, heterosexual)

Most respondents expressed concern for others, even if they themselves felt informed and safe.

*The older I grow, the more aware I am that I have built a very healthy knowledge world for myself. The knowledge I associate with these things is a world in which I know I can be safe even if I am raped. I know the people with me will stand by my side. So knowing that made me aware of the people who don't have this. They don't have a friend to talk to about these things.* (Female, 25, bisexual)

*When I first heard that was how sex happened, I was worried it would hurt the woman. That really bothered me. It was a long time before I knew women could like it too.*  
(Male, 27, heterosexual)

*I think it's very hard to grow up as a girl in India. This is a closed, patriarchal society. About sex education- we don't do things openly.* (Male, 32, heterosexual)

*There should be two parts to sex education- one about anatomy and health, and the other about ethics, and how a women are equals and not just a thing to satisfy your desires.* (Male, 25, heterosexual)

In summary, the themes that emerge from the interviews were that rape is pervasive and should be feared by girls and women, and is also used to warn them of the consequences of not being

appropriately cautious. The most common messages about rape or non-consensual sex don't reflect or protect against the risks of child sexual abuse or IPV. In general, talking about sexuality is thought to be inappropriate, and talking and learning about women's pleasure happened much later than learning about rape, if at all.

#### Rape in the News: stories about rape and directed content analysis

In the interviews, newspapers were almost always cited by both men and women as early sources of information about rape, and for some this was their earliest awareness of sex. In newspaper articles, while the brevity of the headlines told limited stories, the bodies of newspaper reports corroborated the findings of the survey results and crime reports regarding the relative proportion of intimate partner violence as opposed to non-partner violence. Over four months in Delhi, in 2013-14, 18 out of 31 reports of distinct incidents of rape in the *Times of India* and the *Hindustan Times*, stories reported that the victim knew the perpetrator, in 3 the perpetrator was a stranger to the woman, and the remaining 10 did not report the relation or lack thereof. Marital rape was not reported, as it is not considered a crime. However, during that same period, 8 out of 17 reported homicides of women were reported as perpetrated by her husband or ex-husband.

In contrast, print and online newspapers were rife with stories about public figures making statements about rape, and were foregrounded both due to recent focus from high profile rape cases and the event of a national election. In India as well as the United States, the campaign trail provided numerous public figures and politicians the opportunity to broadcast their disregard for women, giving press and constituents glimpses into their visions of society. For analysis of such statements by public figures in the United States, see Spurlock 2013. [40]

Twenty-five separate statements from the years 2012-2014 were analyzed. This is not an exhaustive list, as there were many more such statements. These remarks were chosen because they were made during public speeches by people of influence, including government ministers, elected representatives, political and religious leaders. In addition, they could be verified in multiple print and online sources, and were covered in Indian print and online news media as well as in some international media sources. They drew media and public attention because they reflected the largely conservative views of some vocal public figures who felt justified in making pronouncements about rape and women's safety. These statements were recorded during the period of July 2012 through December 2014. They fell into three thematic categories: 1. Causal attribution: Assigning women blame for provocation. 2. Absolving men from responsibility because of external forces other than women. 3. Suggestions as to how to accept, explain, prevent or punish rape. In a cascade of logic, causes often implied or prescribed solutions. The statements/themes are paraphrased below, please see appendix for statements and sources.

*Attribution of responsibility or blame to women:*

Girls should not use cell phones.  
What was a girl doing out at night?  
When girls wear western clothes, rape happens.  
A man doesn't rape unless he is led on by a woman.

*Non-attribution of responsibility or blame to men:*

These things happen by accident.  
These are boys, they make mistakes.  
When people ape the west, rape happens.  
Fast food, such as chowmein, contributes to rape.  
Men and women should be kept separate from each other  
When the stars are in a bad position, this increases rape incidents.  
We will give school girls coats to prevent them from being tempting to men.

*Other perspectives:*

If you can't prevent rape, enjoy it.

This doesn't happen in the villages, only in the cities.

Rape is a social crime, sometimes it's right sometimes it's wrong.

When rapes happen, both the man and women should be hanged.

I can understand why someone would rape a woman, but raping a child is evil.

When a man tries to rape, a woman should take his hand and call him "Bhai" (brother).

Newspaper reports about specific incidents of rape tended to support the crime statistics, in that IPV was more prevalent than stranger rape. In contrast, the statements by public figures that were highlighted in the media stressed hypothetical situations in which women are often either purposefully or unwittingly provocative in public situations, and men are unable to control their actions.

Ethnographic participant observation of two events in Delhi

The first event was an Erotic Photography Exhibit called "*Bound to be Free*" in November 2013. In a gallery between Gurgaon and Delhi, a group of people calling themselves the Kinky Collective hosted an invitational photography show with refreshments. An article about it appeared in the News and Arts magazine *Delhi Time Out*, and I received an email from a friend suggesting I go to the opening night. The neighborhood had the air of a place filled with offices mostly used during the day. Inside the gallery, low-ceilinged room where the walls were covered with sensual photographs without visible faces, with scant nudity, and with decidedly erotic content. All around the room animated faces of the public moved and reflected off the glass covered photos as people looked closely and spoke quietly with one another. In two hours I counted roughly 92 people, which made for a lot of conversation over the course of the evening, as well as for introductions to at least 15 more people.

A woman in her 30s or 40s came forward, introduced herself by her first name, and asked for our attention. She gave a brief description of the exhibit and the motivation behind it.

*“We are a group that seeks to create awareness strengthen visibility of our sexuality. This photo show will travel from here to Calcutta, Chennai, Bombay and Bangalore. We made this exhibition in order to represent our desires and who we are because silence allows gross misrepresentation – such as seen in the book 50 shades of grey... Consent is at the heart of kink. Consent is usually presumed, especially in the case of married women, however [in this context], consent is proactively sought and can be withdrawn with use of a single word or a gesture- it is sacrosanct....This community is not anti-woman. This community enables women to be completely in control, if they choose to be so, as well as a space for men to be vulnerable. It is important to challenge the typical patterns ... in fact there are many permutations and combinations, so you could for example have two women two trans two males, a woman dominant, etc. ..Today is a day of celebration, so please enjoy the photos!”*

The room erupted in applause. People mingled and laughed, with Hindi and English mixing and contributing to a rise in volume. A small throng surrounded the table near the door, buying postcards of some of the photos that were being sold to raise the funds for the show to travel to other cities. Two journalists took photographs and scribbled in notepads in a corner, speaking with the woman who had introduced the show. Later, out on the terrace, organizers mingled and answered the questions of visitors. The crowd was a mix of women and men as well as some who appeared to be wearing clothes of the opposite gender, and possibly transgender and sexual minorities, but without asking, it was unclear. It appeared that women outnumbered men slightly, and people comfortably circulated, engaging in conversation.

The second event was called #HACK4CHANGE: a Hackathon for Women’s Rights in December 2013. *In early December, a young man who works at a SRH NGO forwarded me this invitation for a two day long event. The wording of the invitation appears below.*

*In partnership with Hacks/Hackers, [NGO] will host our first Hackathon  
WHO: Developers, storytellers, statisticians, journalists, researchers, activists and you!*

*WHAT: Join us to create and share new stories - data visualizations, videos and interactive projects -- to raise awareness about early marriage, domestic violence, street sexual harassment, and more.*

*WHEN: 7-8 December 2013, 10 am - 5 pm*

*WHERE: [address withheld] New Delhi-1100##*

*Together, online and off, we can make violence against women unacceptable and build a world of dignity, equality -- and creativity for all.*

The event was hosted in an industrial and manufacturing area in a building billed as “a collaborative environment where mentors and entrepreneurs can tap into the collective knowledge of the community”. It is a maker-space used by startups, developers, designers, consultants, and NGOs. The large main room had separate rooms with glass room dividers, conference tables, desks and plenty of outlets for laptops. The orientation was given by a woman from an NGO that had run a successful campaign against domestic violence that exhorts people to ring a doorbell and interrupt if they hear the violent abuse of a woman. On the website of the NGO it reads: “The most dangerous place for a woman is in her own home.”

There were over 70 people, and the men outnumbered the women by about 3 to 2 with an estimated median age of 27. A majority of the attendees were designers, coders and IT people. The object of the weekend was to create apps or media to prevent, expose or educate the public about structural and physical violence against women. We were given a choice to form teams and work on one of several suggested projects, and were given access to open-source data, statistics, surveys, and recorded narratives that we could draw upon for the substance to the stories we would design. The data provided related to stopping teen marriages, supporting rights for Dalit women, increasing awareness of domestic violence, mapping data about street harassment and violence posted by women, and constructing a website with recorded narratives of tribal women. Delicious chai, drinks and food were available throughout the day. We were

invited to design, write or make cell phone applications (apps), you-tube videos, tweeting campaigns and Wikipedia entries, new or edited.

Two other women and I formed a team with seven men to design a cell phone app for women to map incidents of harassment on the streets in Delhi- with the aim that access to visual representations of these numbers and reports will indicate less-safe areas for women to avoid and for law enforcement to focus more presence. Our team huddled around several laptops in one of the glass rooms, taking short breaks for lunch, tea and conversation, meandered around to see what the other groups were doing and settled back down into our collaborative projects.

Participants met other like-minded people and made new friends, mostly doing things very similar to what they did for work every other week day- only they were volunteering their time. A great deal of effort went into the products that were presented to the whole group at the end of the second afternoon, all of us had learned new things, and all of us had contributed to projects that might go on towards changing attitudes about violence against women. When I left, one glass office still held six app designers curled over three laptops.

Analysis:

Interviews: The interviews showed the trend that early learning about sexuality tended toward fear-based narratives coming from media and older people, but that these opened up to include more ideas about agency and pleasure as people got older and began speaking more with peers and seeking information themselves. Both men and women expressed concerns about the safety and sexual well-being of women, and their framings showed an awareness that the risk of coercion and the locus of consent were understood to be primarily within relationships in familiar settings rather than in public and between strangers.

News Media: Reports about rape in newspapers appeared to corroborate the findings of official crime report statistics in that when they did include the relationship between the woman and the perpetrator, in a majority of cases, it was someone familiar. However, many public figures making statements about rape used frames depicting strangers as more dangerous than intimates, and that women are more vulnerable to rape in public places. Furthermore, they invoked morality plays about women being too forward, available, or otherwise to blame. The newspaper and online journalism reports often focused on these rape comments, presumably to document and enable dialog, criticism and countering views to such statements. This contributed to a discursive social process and a portrayal of some political leaders being out of touch with changes toward more egalitarian gender norms. Sometimes journalists were more explicit in their use of more egalitarian frames, and overall in these cases, the media worked as an ally to sexual health advocates. [17] In addition to being picked up and circulated by other media and social media outlets, several published incidents were met with public outcry, protests and repudiations, and were sometimes followed by an apology from the original speaker (see appendix for statements 5, 16 and 23).

Ethnographic events: Several points emerged as significant during the two events that corroborated the analysis of the field notes. First, the events served to enable participants to examine, construct and employ different frames and understanding of events, notably, that sexual assault or coercion are not inevitable or natural outcomes of desire. People were called upon to develop and exercise agency, to build cultures and communities with a common core of values that support the principles of human rights, bodily integrity and consent. Secondly, the events contrasted with narratives that segregate men and women, and instead provided contexts for men and women to come together in semi-public spaces and experience each other as associates,



colleagues, friends and allies. They were able to meet and forge new acquaintances. Thirdly, the organizers drew upon, demonstrated, and discussed experience, evidence and data, encouraging participants to engage in the construction of knowledge and meaning and to create and disseminate peer knowledge for both participants and the public. Events were structured to engage with multiple forms of media in order to craft messages, educate people and promote public dialogue.

## **Discussion and Conclusion**

The themes that emerged from the interviews, content analysis of rape in the news, and the targeted ethnographies portray a vast disjuncture in the social constructions of rape and consensual sex, which suggest entirely different perceptions of agency and directions for solutions. These contested meanings split along essentializing and interdependent narratives of gender.

Essentializing narratives about gender harken to distinct, dichotomous categorizations of men's and women's bodies and social roles, roles that set them apart from each other and often arise from so-called "common sense". Socially prescribed separations between men and women reinforce and heighten opposing gender identities and underpin the tendency of men and women to see their counterparts as "others", decreasing empathy and making violence more likely. [39] While naturalizing rape narratives often espoused by public figures portray men as perpetrators and women as victims, this paternalizing tendency contradicts itself and diminishes the agency of everyone by asserting simultaneously that men are not responsible for their actions, and yet insisting that women must be protected. These narratives naturalize rape and perpetuate rape myths, such as "boys will be boys", "men just can't control themselves". [40]

Other important trends emerge from the ethnographic and interview data. Perhaps most significant are the facts that most women *do* seek and enjoy consensual sex, in their present or future lives, and secondly, that men often act as allies for women against violence and coercion. Reinforcing these silent norms and making them more explicit is necessary to counteract the simplistic, binary constructions of a “war between the sexes”. Such “war” narratives pit men and women against each other, distracting attention away from IPV and other social inequalities.

### Framings of rape and consent

Though Altheide writes about frames and fear mongering in the United States news, his device and examples are useful in the Indian context. The framing of social problems constitute morality plays in which powerful actors attempt to determine, or construct, the public’s perception of the causes and solutions of a social problem. The 25 statements by public figures in India between 2012- 2014 can be seen as windows into an ideology that serves existing power structures and promotes rigid, essentialist gender norms. In terms of attribution of causes and solutions, the stranger-as-rapist framing in public discourse appears alongside and seems to justify calls to keep women at home, out of public spaces, education, leisure or work. The more frequent dangers of IPV and child sexual abuse are eclipsed by the fears directed at other issues, and attention and resources are denied in areas that could provide useful intervention. The focus on stranger rape and the emphasis on women’s behavior as causal obscures the dangers more frequently encountered by women, and prevents the crafting of effective solutions. In addition, the ever-present threat of unpredictable danger overshadows and trivializes discussion of agency, companionship and pleasure. [3] In *contrast* to Altheide’s analysis of the news media’s complicity in creating morality plays, the Indian media often act as allies in calling for

accountability. Subsequent circulation and social mediation of the “rape” statements offers an opportunity to the public to open up the discourse about rape, contesting the gender norms that appear to normalize it and render it inevitable.

As stated earlier, the evidence is overwhelming that in India, as in most societies, women are vastly more likely to encounter violence in their homes, families and neighborhoods than from strangers.[13, 16] Yet the prevalence of intimate partner violence (IPV) or child sexual abuse does not emerge in the narratives of politicians when they speak of keeping women safe, or in the most highly publicized accounts of rape. However, IPV and sexual child abuse does surface in newspaper accounts about crime against women, and in the interviews for this study.

Benford and Snow’s reference to the discursive processes of framing can readily be applied to the contested topics of rape and consent. As we see in health and development NGOs, many ground their claims in the master frame of human rights. [14, 16, 17, 18, 19, 20, 21, 22, 28, 29, 32] Social change movements, through NGOs, protests and collectives, employ diagnostic framings to identify accountability and responsibility, and prognostic framings to suggest solutions such as teaching about consent and empowering men as allies. These local, small scale social actions change the diagnostic frames from blaming women for transgressions of proscribed gender norms that cause them to become victims of male predation. Instead, they build alliances between people and cast light and accountability on policies, narratives and social mores that *obscure* the predominance of sexual violence within familiar spheres. As Batliwala writes, local, decentralized efforts are indispensable to effectively address inequalities, empower people, and advocate for social and cultural changes. [41]

In addition, new research and evidence are shedding light on the fluid and socially constructed nature of masculinities and the experiences and agency of men. New interventions directed at

increasing the involvement and understanding of SRH for boys and men are based in school, communities and clinics. The Population Council and others are documenting some of the efforts to strengthen men and boys as allies for women, as well as helping them to protect themselves against sexual coercion. [42]

There is reason to invest hope, especially in the agency and power of individuals and small groups to affect social changes in the arena of sexual agency and consensual intimacy. In addition, it is heartening that even the slow machineries of government and transnational organizations are moving in significant ways toward upholding consensual bodily dignity. In December 2014, I was invited to attend a National consultation on the role of the health sector in responding to violence against women that was sponsored jointly by the Ministry of Health and Family Welfare and the World Health Organization WHO. The meeting brought together a group of health care providers, police, NGO representatives, advocates and lawyers to consult upon developing guidelines and protocols for medico legal care for survivors of sexual violence. [43] These guidelines not only standardize compassionate care for survivors of VAW and IPV, but create an environment where people who have been assaulted are more likely to report such crimes, where impunity is decreased and in turn, where the consequences of assault and prosecution can serve as deterrents. To add to this momentum, the highly visible Verma Commission Report stands as a laudable prescription for action against a culture that naturalizes rape, though most of its recommendations have yet to be enacted. Still, these top-down measures, as necessary as they are, focus on crime and punishment while ignoring desire, pleasure and consent.

As we see in the interviews and the two ethnographic events, motivational framing calls for and underpins the development of agency and the knowledge of consensual possibilities. Learning

about pleasure and consent is a compelling part of the motivational framing that inspires people to take action. In Delhi, women's agency arises quietly and persistently in counterpoint to the political narratives of male non-responsibility and the "inevitable" nature of sexual violence. People are moved by and live out consensual sexual narratives every day. Emerging dialogs on consensual sexuality are highlighted in collective and NGO based communications and events that contrast with narratives that segregate men and women, and instead provide contexts for men and women to come together as companions and allies. Regardless of, and across gender, people forge new acquaintances and begin to create and disseminate peer knowledge. Participants construct understanding and meaning regarding healthy and fulfilling sexuality in the context of their lives. In small groups, through quiet, organic [and inevitable] settings and activities, people build communities with values that support the principles of human rights, bodily integrity and consent. Even in the midst of political backlash and a seeming rise in conservatism, outside of the headlines, narratives grow in which companionship and pleasure are becoming recognized as not only possible, but normal.

#### APPENDIX PAPER 2:

Public Figures & 25 Rape Related Remarks (2012- 2014)

Chronologically ordered with Numbered quotes followed by media sources

- [1] Chiranjeet Chakraborty, July 2012, Member Legislative Assembly of West Bengal. "One of the reasons behind the increase of incidents ... is short dresses and short skirts worn by women. This in turn instigates young men."
- [2] Jitendar Chattar, Oct 2012, Leader Khap Panchayat of Haryana: "To my understanding, consumption of fast food contributes to such incidents. Chowmein leads to hormonal imbalance evoking an urge to indulge in such acts."
- [3] Om Prakash Chautala, October 2012, former Haryana chief minister- agreed with lowering marriageable age of girls to "prevent" rape. "I'm with the Khaps, This will protect women"
- [4] Mamata Banerjee, October 2012, West Bengal Chief minister "earlier if men and women would hold hands they would get caught by parents and reprimanded, but now everything is so open. It's like an open market with open options. Rapes happen because men and women interact freely."
- [5] Abhijit Mukherjee, December 2012, Congress MP (Pranab Mukherjee's son): used the phrase 'dented-painted women', referring to women protesting the gang rape from December 16, 2012. The "sundari, sundari mahila" (pretty, pretty women) "walking on the streets with candle", were not students.
- [6] Banwari Lal Singhal, Dec 2012, Legislator, Banned skirts as uniforms in schools. "The intention of this demand is to keep girl students away from men's lustful gazes and for their comfort in hot and cold weather conditions,"
- [7] Mohan Bhagwat, January 2013, RSS chief. "Such crimes hardly take place in Bharat, but they frequently occur in India. You go to villages and forests of the country and there will be no such incidents of gang-rape... Besides new legislations, Indian ethos and attitude towards women should be revisited in the context of ancient Indian values,"
- [8] Kailash Vijayvargiya, January 2013, BJP Minister Madhya Pradesh. Referencing Ramayana: "just like Sita was abducted by Ravana, a woman will be punished if she crosses her limits."
- [9] T Thiagarajan, January 2013 Puducherry Education Minister suggested that girl students should be made to wear overcoats to prevent men from lusting after them. [note: Puducherry is a tropical city]
- [10] Asaram Bapu, January 2013, self-proclaimed godman "She (Delhi gangrape victim) should have taken God's name and could have held the hand of one of the men and said 'I consider you as my brother', and should have said to the other two 'Brother I am helpless, you are my brother, my religious brother.'"
- [11] Nanki Ram Kanwar, January 2013, Former Chhattisgarh Home Minister "Harm can come on a person if the stars are in adverse positions. We have no answer to this, only an astrologer can predict rape."
- [12] Ramesh Bais, January 2013, MP "The rape of grown-up girls and women might be understandable but if someone does this to an infant, it is a heinous crime and the offenders should be hanged (barabari ya bade logo ke sath balatkar samajh me ata hai, lekin nabalig bachhiyo ke sath is tarah ka jaghanya apradh karma. Inko to fasi par latka dena chahiye)"

- [13] Babulal Gaur, January 2013, BJP leader “western culture is not good for India. Women in foreign countries wear jeans and t-shirts dance with other men and even drink liquor, but that is their culture. It’s good for them, but not for India, where only our traditions and culture are OK.”
- [14] Nusrat Ali, January 2013, Jamaat-E-Islami Hind Secretary General “Co-education should be abolished and proper education facilities meant exclusively for women should be available at all levels of education. Educational institutions should prescribe sober and dignified dress for girls.”
- [15] Satyadev Katare, April 2013, Congress leader MP "Jab tak mahila tirchi najar se nahi dekhegi, tab tak purush use nahi chedega" (No man will harass a woman till she looks at him in a suggestive manner)”
- [16] Ranjit Sinha, November 2013, Director of the Central Bureau of Investigation (CBI), Ranjit Sinha, on Tuesday made out a case for legalising betting in sports, arguing “if you can’t prevent rape, enjoy it”.
- [17] Asha Mirje, January 2014, NCP leader “Girls should be very careful what they wear and what time they move out in the city. Their body language should not invite the attention of potential rapists lurking around in the streets.” “Did Nirbhaya really have to go to watch a movie at 11 in the night with her friend?” "Rapes take place also because of a woman's clothes, her behaviour and her presence at inappropriate places,"
- [18] Mulayam Singh Yadav April 2014, Party leader: "Boys will be boys" they "make mistakes" "Rape accused should not be hanged. Men make mistakes." "When their friendship ends, the girl complains she has been raped."
- [19] Abu Azmi, April 2014, Samajwadi party leader, "Rape is punishable by hanging in Islam. But here, nothing happens to women, only to men. Even the woman is guilty." "Solution is this: any woman if, whether married or unmarried, goes along with a man, with or without her consent, should be hanged. Both should be hanged. It shouldn't be allowed even if a woman goes by consent."
- [20] Tapas Pal, May 2014, Minister: "Earlier, you guys have bullied me on various occasions. If you insult the mothers and daughters of Trinamool workers. Then I won't spare you. I will let loose my boys in your homes and they will commit rape. I will teach each of you a lesson," to opposition CPM workers.
- [21] Babulal Gaur, June 2014, Home minister of BJP-ruled Madhya Pradesh, “It [rape] is a social crime which depends on men and women. Sometimes it’s right and sometimes it’s wrong”
- [22] Ramsewak Paikra, June 2014, Chhattisgarh home minister "koi jan bujhkar nahi karta, dhoke se ho jata hai dushkarm" (no one commits rape intentionally. It happens by mistake.)
- [23] Murali Mohan Maganti, August 2014, Telugu Desam Party MP “Women should dress decently and in a 'dignified' manner” and added that “women should uphold Indian culture” in the context of a Lok Sabha discussion on atrocities against women.
- [24] Mathe Mahadevi, October 2014, Lingayat spiritual head “Girls working in MNCs and at late nights wear tight westernized clothes which attracts male attention and leads to crime,” and "As long as women continue to wear revealing clothes, rapes will happen. Women, especially girls, should give up western clothes and wear costumes that reflect their culture and tradition. I see a strong vacuum of cultural values among the young generation,"

[25] Meenakshi Lekhi, December 2014, BJP MP "I have lived in Delhi for a very long time and I have seen the changes happen. These days, you see more women occupy the public space as compared to then. But it is not 100 per cent safe. With the advent of technology, with more women being on roads and with more women challenging men, the onslaught is also higher."

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## CHAPTER 3

### GENDER BINARY AND THE PARADOXES OF TABOO: NEGOTIATING HETERONORMATIVITY IN MIDDLE-CLASS DELHI, INDIA 2011 - 2015

Taboos concerning sexuality reinforce the socially constructed gender and sexual norms that broadly affect the attitudes and experiences of all people- including women, men, queer, heterosexual, and transgender people. In Delhi, modern institutions of heteronormative patriarchy, buttressed by colonial history, reproduce and naturalize both homophobia and the limited autonomy of women. However, individuals and groups are also questioning and enlarging these gendered categories and experiences. This paper draws from interviews in which middle class people discuss how they obtain and understand information about gender norms and sexuality in the context of scholarship that considers social, political and economic histories of the region. Interview data is triangulated with ethnographic participation in Delhi-based events that examine and confront aspects of patriarchal and heteronormative regulation of gender and sexuality. Themes that emerge from the data are discussed in regard to the interplay of people's access to knowledge, autonomy, relationships and families. The conclusion explores how, as taboos erode, social tensions reveal paradoxes inherent in the hierarchal gender binary.

#### Introduction:

In October 2014, newspapers across India reported on a story about the arrest of a man charged by his wife under section 377 in the Indian Penal Code (IPC), a colonial-era anti-sodomy law. The two had been married for several months, but had never been physically intimate. After being informed by neighbors that the husband, an information technologist, was having a male guest over in her absence, the wife, a dentist, installed cameras in their home and captured footage of her husband having sexual encounters with another man. She presented the recorded evidence to the police and the case is still unfolding at the time of this writing in 2016. If the husband is convicted, he could face ten years to life in prison. In the first breaking stories of the newspaper, the distressed wife is quoted in the papers lamenting that her life has been ruined, while describing her husband's ritual of applying make-up and lip gloss everyday. Initial print coverage revealed too much detailed information about the couple, enabling the possibility

of identification and social repercussions, followed by calls for retractions by journalists and activists.

How did the combination of gendered social practices and relations, what Raewyn Connell refers to as the gender order (2012), culminate in the unfortunate domestic union and subsequent parting of two people who knew so little about each other? Norms about maintaining silence on matters of sexuality, gender and relationship alternatives foreclosed the types of communication that might have prevented this scenario. Furthermore, far from concerning only a “miniscule minority” as was stated by the Indian Supreme Court in 2013, laws such as section 377, which concern otherwise consensual sex, reflect a long history of social control that implicitly regulates all forms of sexuality. What can we learn from the histories behind these norms and laws? The events leading up to this arrest provide an entry point into the complex relations of gender and sexuality in contemporary middle class, urban India.

This paper draws from interviews in which middle class Delhi-ites; women, men, heterosexual and queer people<sup>1</sup> discuss how and where they obtain information on gender norms and sexuality, and situates this understanding in the context of scholarship that considers social, political and economic histories of the region. Interview data is then triangulated with ethnographic participation in Delhi-based events that examine and confront aspects of patriarchal and heteronormative regulation of gender and sexuality. Respondents consistently noted a marked taboo around discussing sexuality and questioning sexuality and gender norms. How do these taboos reinforce socially constructed and institutionalized gender and sexual norms that broadly affect the attitudes and experiences of all people? How do modern institutions of heteronormative patriarchy reproduce and naturalize both homophobia and the limited autonomy

of women? From what positions are people examining, resisting and reimagining existing gender norms and sexualities?

Considering these broader questions and concerns at a time of publicly contested norms and changing laws for gender and sexuality are of interest in India, and on a global level. It is in consideration and comparison of specifically located movements, lives and conversations that we can begin to identify the effect of patriarchal, colonial, and neoliberal constructions of what is considered normal (Connell 2014). As we shall discuss, the collusion and pressures of local patriarchies, colonialism, nationalism and liberalizing markets all contributed to foreclosures and regulations of intimacy, family and kinship forms (Butler 2002, Khanna 2005, John & Nair 2000, Menon 2007, Sharma 2009). This complicates, and at times contradicts, assertions that sexual openness and alternatives to binary gender norms and heterosexuality are recent western phenomena being imposed upon essentially traditional Indian cultures.

Intersecting and conflicting interests of women, men, transgender, heterosexual and queer people regarding autonomy, recognition, and rights are at the heart of this investigation. This paper highlights some of the ways in which people express, question, resist or uphold binary gender and sexuality norms, as well as the ways in which they educate each other and their publics about alternative possibilities, even in the face of repressive taboos and structures. The theoretical aim of this paper is to consider the present-day implications of historical, social and legally enforced binary gender and sexuality norms in their relation to taboos. The paper begins with current events and discusses how recent activities regarding three sections of the Indian



Penal Code bring conflicting questions regarding sexuality and gender to the fore. Theoretical concepts about gender, heteronormativity and taboo are introduced, and their discussion is expanded into the historical and social contexts leading to expression in present-day Delhi, including considerations of development practices and language. After a discussion of ethnographic and interview methods, the paper highlights themes that emerged from the data over four years of repeated stays in Delhi, and examines the paradoxical roles of taboo regarding heteronormativity. Finally, the paper closes with suggestions for conceptualizing the intersections and tensions for women, men and queer people as they attempt to move toward social equality. This paper focuses upon gender among the middle class as a basic defining hierarchal binary, which interacts and intersects with other hierarchies such as class, caste, race, and religion<sup>2</sup>, though these other hierarchies are outside the scope of this research.

Recent pertinent judicial and legislative background in India:

This research was conducted during a time of significant upheaval in the laws, practices and politics of gender and sexuality in Delhi. Several notable and highly publicized judicial proceedings provide insight into these central fault lines and fissures.

In July 2009, the Delhi High Court passed a verdict that read down Section 377 of the Indian Penal Code (IPC) declaring it unconstitutional in a judgment hereafter referred to as NAZ (see Misra 2009). Section 377 is the 1860 British colonial era anti-sodomy law that regulates sexual practices between otherwise consenting people having “carnal intercourse against the order of nature”. Though not explicitly naming homosexuality, and even though several of the acts referred to are practiced by some heterosexual persons, Section 377 IPC has been broadly

interpreted to implicate men who have sex with men (MSM) and has provided leverage to harass, extort, and threaten MSM and transgender people (Khanna 2013, Misra 2009). The queer and feminist activists who formed coalitions to defeat 377 celebrated this landmark decision even while keenly aware that NAZ did not confer acceptance of alternative sexualities and families, merely a decriminalization of several specific consensual sexual behaviors.

In December 2013, the decision by the Delhi High Court reading down section 377 (NAZ) was overturned by a two Justice supreme-court decision referred to as Koushal, (see Dam 2014) which essentially reinstated the colonial sodomy law in an unexpected reversal. Protests and vigils arose across the nation, and drew pledges of support from civil society around the globe. This immediately resulted in widely publicized citywide and nationwide gatherings of the interested public, activists, scholars and advocates to strategize, organize and push back against what was largely seen as a betrayal of human rights of Indian citizens.

The most recent iteration of engagement with sections 375 and 376 IPC, pertaining to rape, followed a violent gang-rape in December 2012. Sections 375 and 376 IPC, are often referred to as anti-rape legislation. Activists from a multiplicity of longstanding feminist movements have produced scholarship and modeled resistance to the implications of patriarchal structures and violence against women since before Independence (Kumar 1993, Menon 2012, UNRISD 2015). Sites of these resistances range from spontaneous uprisings, to informal collectives such as Saheli 3 in New Delhi, to NGOs concerned with gender, education and intimate violence. People were shocked and angered by the violent, and ultimately fatal, gang

rape of a young woman who was a student, returning home in the evening after seeing a film with a male friend. Spontaneous protests arose across the nation against police inaction and rapist impunity, slow moving courts, and a culture of disrespect toward women.

The Justice Verma Commission was formed almost immediately after the December 2012 rape, in a move of unprecedented promptness by the government, to seek input and draft recommendations for additional changes to the IPC rape and sexual assault/sexual harassment laws as well as input for related social policy. The resulting 2013 report was well received and widely hailed by feminist and social justice activists as a comprehensive, and thoughtful document. It calls to end the culture of “honour”, purity and shame, to discontinue exceptions for marital rape an end for impunity to armed forces in conflict regions, and to immediately institute comprehensive sexuality education for young people, among other things. To this date, only some of the recommendations have been implemented, none of the above issues have been addressed, and the reforms that have been taken up notably leave out the recognition of marital rape as a crime or acknowledge that it even occurs. This omission has been decried by activists, scholars, and advocates alike. A telling passage from the Criminal Law Amendment Act 2013 itself illustrates some of the thinking behind the opposition to recognizing marital rape as a punishable crime:

Some members also suggested that somewhere there should be some room for wife to take up the issue of marital rape...Consent in marriage cannot be consent forever. However, several members felt that the marital rape has the potential of destroying the institution of marriage. The committee felt that if a woman is aggrieved by the acts of her husband, there are other means of approaching the court. In India, for ages, the family system has evolved and it is moving forward. Family is able to resolve the problems and there is also a provision under the law for cruelty against women. It was, therefore, felt

that if the marital rape is brought under the law, the entire family system will be under great stress and the committee may perhaps be doing more injustice.

(Criminal Law Amendment Act 2013 p 47)

In 2014, Supreme Court rendered an historic judgment recognizing the third-gender status and human rights of transgender persons in a largely unexpected decision- referred to as NALSA (The National Legal Services Authority, India). This unprecedented judgment was written not even five months after Koushal and the reinstatement of section 377. On April 15 2014, a different constellation of the Indian Supreme Court essentially acknowledged the existence of non-binary conforming gender identities, and proposed measures to begin addressing the widespread societal discrimination they face (See Kumar 2014). This is significant in its difference from binary constructions of transgender from a western construction of people transitioning from one gender to the other as in Male to Female (MTF) or Female to Male (FTM), and instead creates an unprecedented legal identity for a third (and possibly more) gender categories, the existence of which are not [yet] intelligible in American or European civil or legal society (Kumar 2014, WHO 2012). One example throughout this paper is the *hijra* identity 4.

NAZ, Koushal, NALSA and the anti-rape laws and amendments leave us in 2015, with several interesting sets of contradictions that move beyond abstract considerations and profoundly affect people's lives. Examining these judgments, amendments and their precipitating events reveals an important interplay of shared concerns regarding people's claims to health, well-being, equal opportunity, human rights and bodily dignity. These sections of the IPC and the judgments, amendments and cases mentioned above relate to gender positions and sexual acts

that underscore tensions between what is considered normative versus natural, and what is considered consensual versus coercive. The first significant contradiction lies in some of most widespread effects of these court actions: they provoke detailed and drawn-out public dialog about gender and sexuality- an often uncomfortable dialog in a social atmosphere of fairly rigid taboos. Other emergent contradictions will be discussed later.

### Conceptual frameworks: Connell's Gender Order, Heteronormativity and Taboo

Keeping in mind the recent judicial decisions, I focus on the socially and historically situated perspectives of gender orders and norms that provide the comprehensive underpinning for the questions examined in this paper. Raewyn Connell (2012) adapts and moves beyond discursive constructions of gender informed by Butler and Foucault<sup>5</sup> towards a perspective that includes the colonial and global economic processes that imposed upon and hybridized with local elite gender orders. Connell describes gender order as a complex relation, focusing on the lived and embodied material conditions that weave throughout and partially constitute power relations within and between individuals and institutions in a given society at a given time. Connell draws attention to the changing nature of gender orders over time and the focal possibilities of change within the gender regimes of specific social institutions such as families, governments, and organizations (Connell 2012).

Connell's framework of gender is augmented here with an analysis of the concept of heteronormativity, its hegemonic politics and power (Jackson 2006, Jolly 2011, Menon 2007, Narrain & Bhan 2005, Sharma 2009, Wieringa 2012, Vanita 2002). Building upon the

scholarship of Judith Butler's "heterosexual matrix" (2002) heteronormativity can be defined as "the primacy of heterosexuality that has been coded into societal institutions in a way that heterosexuality appears natural" (Narain 2007 p 64). The hegemony of the concept lies in its construction as the only natural possibility, actively constructing other sexual ways as unnatural. This dichotomy plays a significant role in the justification of the colonial anti-sodomy law. Saskia Wieringa describes heteronormativity alternatively as "regulating the moral codification of sexuality. The heterosexual family is a central site for the production of sexuality, of its pleasures, but also for the policing of counter-normative desires, deemed dangerous to the stability of the patriarchal order" (2012 p9). Nivedita Menon (2007) elaborates on this order, linking it to property, family and citizenship:

It is evident that the family as it exists, the only form in which it is allowed to exist in most parts of the world- the heterosexual patriarchal family- is the key to maintaining social stability, property relations, nation and community. Caste, race and community identity are produced through birth. But so too, in most cases is the quintessential modern identity of citizenship. The purity of these identities, of these social formations and of the existing regime of property relations is thus dependent on a particular form of the family. (p30)

Intertwined with structures of Connell's gender orders and hierarchies, heteronormativity provides a lens that enables us to envision and question the persistence and ubiquity of certain relationship and family forms above others. Feminist and Queer scholarships investigate inequalities and power, and interrogate the naturalizing and regulation of binary categories in which male and female are essentialized in mutually exclusive normative roles (Hendler & Backs 2011). In other words, these investigations provide the language and methodology with which to question fixed, immutable categories such as woman and man as well as questioning

the power hierarchies ascribed to such identities. Combined with Connell's relational gender theory, heteronormativity adds a powerful framework to the intersections of race, class, caste, gender and ability.

During the research, taboo emerged as a unifying theme and an important tool for understanding the barriers and environments in which people obtain information and communicate about gender and sexuality. In particular, concepts of taboo provide useful focal points indicating areas of tension and the need to preserve the power status quo. The social power of taboo is articulated by the anthropologist Mary Douglas:

...taboo as a spontaneous device for protecting the distinctive categories of the universe. Taboo protects the local consensus on how the world is organized. It shores up wavering certainty. It reduces intellectual and social disorder... Ambiguous things can seem very threatening. Taboo confronts the ambiguous... (2003 p xi)

Linguists Allan and Burridge assert that taboos arise out of social constraints in individual's behavior in specific societies at particular places and times (27). Affirming the role of taboo with maintaining power, linguists Allan and Burridge write that in the English speaking world, some of the earliest censoring and taboos involved "suppressing heresy and speech that was likely to stir up political revolt"(13). Only later, in the 16th century did taboo begin to concern patterns of sexuality that could be constructed as "subversive of the common good" (13). They go on to claim that "In most cultures the strongest taboos are against non-procreative sex and sexual intercourse outside the family unit sanctioned by religion, love or legislation" (145).

As taboos obscuring issues around sexuality and gender become contested, several tensions, paradoxes and contradictions of social categories and behaviors are revealed. Paradox is defined in the Oxford English Dictionary as:

1. A statement or proposition that, despite sound (or apparently sound) reasoning from acceptable premises, leads to a conclusion that seems senseless, logically unacceptable, or self-contradictory
2. A seemingly absurd or self-contradictory statement or proposition that when investigated or explained may prove to be well founded or true
3. A situation, person, or thing that combines contradictory features or qualities

Several related, emergent paradoxes regarding taboos on discussing sexuality and gender alternatives will be discussed in the conclusion of this paper.

#### Historical Erasures: Antiquity, Colonialism, Nationalism and the Market

In keeping with Connell's historical grounding of gender order, and alternative sexuality forms, close examination reveals a wide diversity of practices and relations in India. Much of this diversity has been erased during times of significant social and cultural changes over centuries. The landscapes of kinship, gender and sexuality in India before colonialization and nation formation were particularly diverse from region to region with settlements, migrations, and incursions of different groups over thousands of years. While scholars caution not to assume a golden age of progressive pre-colonial gender relations (Vanita and Kidwai 2000), nevertheless, sociologists, anthropologists and demographers have documented a diverse range of forms of family and kinship arrangements, some persisting even to the present day (Uberoi 1993, Ramberg 2013). Regarding sexualities, historians have excavated and elevated same-sex love



and sensibilities from epic narratives and poetry from Hindu, Muslim and other peoples (Vanitia & Kidwai 2000), and social scientists (Ramberg 2013 and Kalra 2012) have examined gender variations implicated in alternative kinship systems. Scholars have also worked together with documentarians to capture long-lost same-sex lovers in art and architecture 6. Aside from variations over time, regional gender variations in lineage, household formation and property ownership have persisted and spread to other areas of the subcontinent. Of particular note are the well-documented trends toward patrilineal families (Chowdhry 1997) in northern areas, versus different types of matrilineal arrangements in the south and north east areas (Arumina 2003, Menon 2012), and cross-cousin marriages in the south (see Uberoi). In addition, alternative living arrangements in families sometimes involves people of differing gender constructions such as Devadasis (Ramberg 2013) and *hijras* (Kalra 2012).

Contact with foreign peoples, invasions, trading relationships and the colonial period ushered in rapid changes and cultural ruptures on the Indian subcontinent. Connell, Lugones (2010) and Mies (2014) map out scholarship regarding the coloniality of gender, examining the ways that colonial frameworks of power and gender threw existing gender relations into disarray, and subsequently unmade and remade the gender relations they encountered through violence, legislation and collusion. In order to have a better understanding of the political and economic gender perspectives imposed by colonization, it is necessary to consider the forces that were operating at the time of the growth of the Indo-European trading routes and the eras that followed. Piecing together scholarship that examines significant changes in the gender order of European societies before the colonial period provide important clues to the origins of some of the erasures, taboos and criminalization that subsequently affected Indian societies.

Mies (2014), Federici (2004) and Erhenreich & English (2010) assert that the sweeping changes in property ownership, production, sexual division of labor, and the rising institutionalization of medicine, law, education and religion in Europe were centrally implicated in the centuries of systemic persecution of women. In European witch trials, possibly 200,000 to 500,000 people were killed within their communities over a period of roughly 300 years, and with no recourse to appeal (Ben-Yehuda 1980). As people were displaced from land to labor in extractive industries and factories, people migrated and extended communities and families were fractured. Women and men were increasingly tied into small domestic units in which women performed most of the care work that enabled laborers and reproduced the system. The violent appropriation and sequestration of women's reproductive and care work into the patriarchal family form facilitated the emerging systems of production and wealth accumulation of what would soon become an aggressively successful economic world order. Gender norms regarding women moved into a position beyond question as part of the socially constructed natural order that privileged the growth of the capital oriented market system.

Subsequently, the colonizers' concerns with gender and sexuality in India came to focus upon enforcing the hierarchies of these binary gender norms, as well as maintaining boundaries of race, class, nationality, and the orderly dispersal of property (Chakravarti 1993, Menon 2012). Hegemonic masculinities of the elite defined the secondary masculinities of the colonial subjects and their complimentary respectable femininities, all reinforcing notions of heteronormativity so that they became solidified and naturalized in the modern subject. Historians of the region have unearthed legacies of alternative accountings of lineage and women's agency before and during

the colonial period, which have complicated and enriched the narrative (Chatterjee 2004, Ghosh 2006). Indeed, the fact that they have had to be unearthed underlines their erasure.

Relatedly, historians, demographers and anthropologists have documented a broad diversity in gender forms, sexual bonds, and kinship ties involving men, women and transgender people in non-heteronormative roles, relationships and families. Yet these people are marginalized by economic and legal invisibility. Often, alternative kinship arrangements have been prohibited by a combination of colonial and national legal foreclosures and altered by the subsequent dwindling of economic channels by outlawing unrecognized livelihoods and patterns of inheritance. For example, Ramberg (2011, 2013) documents how Devadasis, daughters dedicated to a goddess, can function economically as sons, interacting across castes and enhancing the status and wealth of their natal families. This contrasts with undedicated daughters, who through marriages with men, transfer wealth and value to their husbands' families. With colonization, modernity and globalization, decades of reforms have reduced the nuanced roles and reciprocities that have long benefitted local families in symbolic and material ways. These women, who have served in the past as conduits for beneficial flows of energy and economy, are now often misread out of context as trafficked women or prostitutes. The state has not only criminalized the further such dedication of daughters, but financially rewarded men who marry and confer so called "legitimacy" to women who were once dedicated. In another case of gender variation and colonial intervention, traditional *hijra* households are not legally recognized, and therefore *hijras* themselves cannot legally inherit property (Kalra 2012). These practices are examples of how the state and laws regarding property prevent people from being able to reproduce social arrangements that have been traditional and sustainable in their own

lives and contexts. Many of the forms of gender, kinship and sexuality that were counter-normative, and unintelligible within the economic processes erected primarily between and among elite men, were forced underground, forbidden, and finally rendered nearly invisible and forgotten (Chatterjee 2004, Ghosh 2006, Menon 2005, 2012, Nair & John 2000, Ramberg 2013, Uberoi 1993).

Colonial instigations of changes in gender structures later segued into projects of independence from British rule and the formation of the Indian Nation. The so called “civilizing mission” of the colonizers colluded with elite Brahmanical forms of patriarchy that regulated women’s sexuality and kept castes separate and inheritance legible along patrilineal patriarchal forms. As centralized forms of trade and market rolled out, separate spheres of public and private further pushed elite and highly educated women into the home, and they became the feminine models for the new nation’s “forward” movement (Chakravarti 1993).

In the decades after independence, feminist scholars in South Asia examined the material conditions and constraints of women’s participation in economic and civic life, documenting the often-unacknowledged work that women, particularly poor women, undertook in their everyday lives (Jain & Banerjee 1985, Kumar 1993). Nair and John (2000) draw links between economic practices, gendered divisions of labor and family forms throughout history. Inheritance acts and marriage and family legislative acts, while striving for and failing to achieve uniformity, have also created ruptures and fed contention, exacerbating what may have been minor or tolerable differences between religious or communal groups. This further foreclosed local variations in

family and inheritance patterns so that some are preserved and codified, while other alternatives are lost to intelligibility even as their languages and possibilities are lost and forgotten.

More recently, in processes that echoed those of colonialism, amidst international pressures and alliances, another critical period began with the 1991 liberalization of India, when the economy and the media opened up to western market engagements and cultural products. In spite of being hailed by some as an unquestioned boon to a “growing middle class”, a boost for the empowerment of women, and a triumph of liberal values, many scholars have noted that in some ways, market liberalization has also created or re-enforced hierarchal gender norms by promoting consumerism, and increasing insecurity and inequality (Fernandes 2000, Phadke & Khan 2011, Tambe 2000, Tambe & Tambe 2013). Economic liberalization has both broadened and burdened the middle class, and it is often experienced vastly differently by middle class women and men as women move into marginal work, and semi-public spaces such as shopping malls draw them in as consumers (Phadke & Misra 2005). Meanwhile, queer and transgender people, continue to be marginalized and barely visible in the world of markets, binary gender norms and criminalized sexuality. However, it would not be premature to predict aggressive marketing efforts directed toward these groups in the immediate future.

#### Development and Human Rights: diversity lost in translation

Moving from erasures related to colonial, national and market forces, the transnational development language of subjects with human rights still fails to include the diverse experiences of gender, kinship and sexuality. Jolly (2011), Khanna (2007), Lind (2009) and Sharma (2009)

write about heteronormativity in development work and provide a relevant critique from within development scholarship. They point out that other forms of family and relationships have often been unintelligible to practitioners outside of the local contexts, echoing the erasures of colonialism. The importation of framings such as human rights in development work often unfortunately overlook or supplant local variations and understandings of sexuality and gender norms. In this way, development work around sexuality has too often been blind to gendered practices on the ground except for how they relate to projects of public health or population (Batliwala & Dhanraj 2004). This is not to dismiss the vital importance of human rights frameworks in aiding women's or queer people's efforts to lift themselves from subordination. However, the framing of development work relating to gender can unfortunately reify socially constructed essential male/female binary, yet again foreclosing possibilities for individuals and groups they seek to serve. For example, when Jolly (2011) asks "Why is development work so straight?" she points out that female headed households (FHH) is a category used only to signify the absence of an adult male as a household head, and that these households are often considered at risk and seen as vulnerable according to development indices. The possibility that FHH households could be matrilineal, extended, lesbian, or otherwise purposefully headed by a woman, with or without adult men present, is not even considered!

J. Sharma (2009) explores how the conventions of heteronormativity are sometimes strategically deployed, and that the negotiation of norms is a process, not a binary overturning of norms for the previously non-normative. She further interrogates the primacy of romantic love over the bonds of friendship, a significant but often invisible basis of survival and kinship, and often overlooked even in queer theory. Development practitioners sometimes not only place

emphasis on marriage and biological kinship, but when they privilege “romantic love” and sexual partners, they render invisible many significant social support unions and networks. Sharma opens an important dialog about the role of friendship as a source of possible new kin networks.

Scholars note that the concept of human rights does not always translate across borders without compromise and loss. Boyce (2014) points out that much of rights language presuppose/impose a modern subject, and he makes a distinction between modern and non-modern, a representation of subjectivity which is other than pre-modern because it does not map onto the assumption of a linear, western progress logic. Boyce further explores how the language of privacy can imply an individual disconnected from a social context, an ultimate impossibility, but a frequently invoked perspective in the modern context.

Even after the United Nations declared a decade for the rights of women (1976-1985), several of the rights relating directly to women in homes and households remained beyond discussion. It is revealing that during drafting of the 1994 population and development conference’s Programme of Action in Cairo, and the women’s platform in Beijing, the language of “diverse family forms” provoked strong opposition from fundamentalist groups, including the Vatican and a mixture of representatives from Christianity and Islam. (Petchesky 2000). Following this by over a decade, it is no wonder that the human rights declaration regarding sexual orientation and gender identity that was drafted in 2007, called the Yogyakarta Principles, is still not widely accepted (O’Flaherty & Fisher 2008).

Regarding the contemporary Indian context, scholars have noted that even the most recent western sexuality categories fail to map the range and diversity of affectional and sexual practices and relationships. They especially critique the politics of western LGBT sexual identities as they reflect liberal notions of the individual modern subject outside of history and community (Khanna 2013, Khan 2001). Many, addressing this lack of fit, have advocated the use of the term Queer as a more inclusive word that can also indicate resistance and agency and can serve as an umbrella for *hijras* and a range of other local (and perhaps unnamed) sexual and gender ways. Others stress that practices are not identities, but rather sometimes reflect longstanding accepted variations or fluidity. Some adapt Butler's performativity of gender for the recognition of ongoing change and interplay, which turns into play (Vanita in Krishnan 2015). While other scholars question the notion of sexuality that can be a state possessed by an individual, and prefer sexualness which also denotes more of a fluid aspect or moment that a person might experience (Boyce 2014 and Khanna 2005 & 2013).

A promising area of consideration considers involves the connections between market fundamentalism and gender fundamentalisms globally, a topic I intend to explore more deeply in future research.

## Methods

Please see introduction.

In addition to the methods described in the introduction, participant observation was implemented in two ways for this paper. First, I attended safe-sex seminars for local university student groups, film screenings, exhibits, and panels, and participated in consultations and



conferences by various groups, collectives, universities, NGOs, as well as celebrations and marches. These events were organized by a variety of people acting as individuals or in professional capacities, and provided contexts in which to develop questions as well as to check with informed local stakeholders, which enabled me to engage in a more dialogic research process.

Secondly, in response to data collected from the interviews and exploratory participant observation, I strategically deployed targeted participant observation. Due to the heightened awareness and activity in social movements, civil society and media about issues of gender and sexuality at the time of my research, there were many events and gatherings to attend and observe. These related to local experiences with gender and sexuality, and were especially abundant before and after calendar events such as queer pride marches and International Women's Day, and significant judicial proceedings and their anniversaries. Here, I have highlighted four particular events among the many I was able to attend. All were publicly accessible and were publicized in print, on-line, through social media and by word of mouth. One was a craft-making workshop at a safe gathering space for transgendered people and their allies. The second was a conference relating to the right of young adults to choose their own partners in marriage unions. The third event was a public celebration of the work of a well-respected feminist economist, and the fourth was a sequence of two speaker panels a month apart,- one leading up to a queer pride march, and the other in reaction to the reinstatement of Section 377 IPC, the colonial era anti-sodomy law.

#### Results:

1: The Meeting Center (not the real name) was separate from the larger, parent NGO in the Lajpat Nagar neighborhood, and served mostly as a place in which *hijras*, other transgender

people and their friends could socialize safe from violence and harassment. The main focus of the Parent NGO and the Meeting Center were serving the mission of decreasing risk and spread of HIV/AIDS and indeed, transgender people, particularly *hijras* and their friends and partners came to be tested, educated, and empowered to use safer sexual practices, condoms and to learn how to protect themselves and others from violence and harassment. In addition, the space became known for discussions and knowledge sharing such as safe sex workshops, and I was asked to co-facilitate one such event. The larger organization attracted positive attention and funding for its work, including a donation and visit from Lady Gaga (an internationally famous rock musician known for her advocacy of feminist and queer causes) when she performed in Delhi, and it also hosted a group of Canadian documentary filmmakers who were exploring the impact of colonial sodomy laws on LGBT rights globally. One of the repeated calls for community input was to create and transfer knowledge about how to build cottage industries that could develop the skills and labor of the members and provide alternative, safe and more reliable livelihoods than the intermittent performing, blessing, begging, or sex work that usually provided the mainstay of income for *hijras*. Through contacts, I was invited to lead a craft workshop for which I developed a line of artistic puppets as desirable keepsakes or artwork. These were standardized shapes that allowed for flexible creativity using hand painted designs and handmade local papers and fabrics so that each one was colorful and unique. In addition, the puppets would convey information and insight into the history and creativity of *hijra* and queer lives in contemporary Delhi, and their display in public places could serve as symbols of support for these marginalized people and communities. The workshop was attended by seven people who set to work with scissors, paper, paint and thread, and we created 10 puppets. I left the design templates with managers at the center. [See appendix for example puppet designs]

Note: Unfortunately, the center was suddenly closed a few months afterwards due to lack of funding support and has not reopened.

2: The Right to Choice in Marriage Union Seminar. (RTC seminar) took place in the Indian Social Institute on Lodhi road. There were approximately 52 people present at this all-day event on Saturday with tea breaks and a lunch of pakoras, samosas and dal. Approximately half of the conversation and presentations took place in Hindi and half in English, with some shorter translations back and forth. Men and women identified themselves as elected officials, local community elders, married couples who crossed convention, lawyers, police NGO and feminist collective members, journalists and activists. All were from within or nearby Delhi NCR, Haryana and Uttar Pradesh (UP). The presentations and panels discussed cases in which people were prevented from forming marriage unions due to proscriptions of caste, family lineages, or as members of different religions. The authority, influence and actions of khap panchayats, unelected bodies of mostly male elders, was discussed at length. Several recently publicized cases of “honour” killings by family or community members were discussed along with nationwide statistics collected by police pertaining to “honour” related violence. Moral policing and variations in regional patterns of kin and family were discussed at length. Two members of the Saheli women’s collective performed dramatic readings of several narratives representing situations in which women and men exercise their rights to choose a partner (as well as their right to not marry or choose a partner). Long discussions were conducted around the implications of restricted or constrained family types. Strategies were raised within the meeting of how to broaden their base and build coalitions to support changes in attitudes and practices in local communities.

3: Devaki Jain's 80th Birthday celebration. Jain is a feminist, economist, researcher, lobbyist and writer who was a founding member of the Development Alternatives for Women for a New Era (DAWN), Indian Association for Women's Studies (IAWS), and the Founder-Director of the Institute of Social Studies Trust (ISST). The event was hosted by people who had worked with Jain over the years, and approximately 120 people came to honor her life and work in the Indian International Center where an extensive buffet dinner was served featuring North Indian favorites including saag paneer, rotis, dahl, curries, and chai. Most of the evening was devoted to the substance of Jain's work and her research revelations, especially her time studies documenting the fact that most women work whether or not they are getting paid, especially poor women. Discussions continued on to her fieldwork and the formation of DAWN and the ISST. What many found surprising and provocative were discussions and disclosures about her personal life and agency, particularly in regard to her family life and marriage. In a series of lively narratives from several of the panelists, (including one disclosure which seemed uncomfortable) the audience learned how Devaki had avoided a wedding in her early teens, and much later managed to propose to, marry, and to have a lifelong and fairly egalitarian relationship with a man she loved and admired. These engaging personal stories stood out against the strong circumstances opposing such agency from women, the more so during the time that she was young, around sixty years ago.

4: Two Queer Discussion Panels. One panel took place before Queer Pride (in November 2013), and the other after the reinstatement of Section 377 of IPC (in December 2013). One month apart, they reflected very different political and social climates, the tone changing in four weeks from forward looking and celebratory to mourning, anger, frustration and a resigned determination after the Koushal judgment. Packed to overflowing, these gatherings took place in

large public places associated with international libraries and foundations, organized by Indian scholars and activists from Delhi and other Indian cities. For the second panel, journalists who were not from the queer or allied communities were asked not to come, so that people could speak safely and without fear of social exposure and harassment. The panelists represented a broad range from the queer community and its allies: human rights lawyer, artist, writer and lecturer, social researcher, activist; a transgender person working with an education NGO, lawyers, activist professors, writer/ historian, professor formerly at Columbia University, a co-founder of sexuality education NGO.

As themes emerged during the coding and analysis of the interviews and focus group, they were triangulated with data and themes that were emerging from the participant observation and field notes. During and after data collection, transcription and data immersion, and return visits to Delhi, broad themes emerged and informed the ways subsequent data was analyzed. Many of these themes blend, suggest or lead into subsequent meta themes.

The themes chosen for investigation in this paper allow me to broadly investigate the sources and power of gender and heteronormative constructs among the middle class in Delhi. As the research unfolded, it became increasingly clear to me that feminist, transgender and queer struggles for equality, social acceptance and justice were interrelated and at times conflicting. The larger picture of Connell's gender order can best begin to be mapped by triangulating several types of sources and ideas. The main gist of the questions put to respondents were about where they found information about sexuality and gender. I sought to listen to how different

norms came to be learned and experienced by different people. The public events I attended were moments when scholars, activists and the public came together in social spaces to discuss, debate and share knowledge about gender and sexuality. These events were particularly powerful in giving space for shared understandings and even, conversely, voices of dissent. Taken together, with the addition of recent legislative and judicial decisions, these themes begin to highlight areas of tension, contradiction and change.

### Themes from respondents

Respondents cited western literature and films as sources of information on sexuality, but also wondered about India's past and the Kamasutra.

*Women's magazines like Cosmopolitan and Femina were some that I used to read. They're very popular, and have a lot of social issues, in Cosmo you had those quizzes like rate how good are you in bed and those kind of things, so that is the first magazine which discussed a lot of sex. (Female, 28, heterosexual)*

*We found a Debonair magazine with friends while we were in a park in South Delhi playing cricket. Women were naked, mostly they were European women. My friends and I watched the movie Basic Instinct with Sharon Stone's legs crossing and uncrossing. We all watched Baywatch for Pamela Andersen. (Male, 27, heterosexual )*

*Some of my friends, read Mills & Boon books, even boys. But then at that time, Baywatch changed everything! (Male, 26, gay)*

*I read the Kama Sutra - I must have been 22 or 23. I was curious to know about it because otherwise you never get to know this kind of thing because middle-class parents are still conservative about this. I heard some friends talking about it and I just went to a bookshop. It was interesting because there are a lot of things that happened in ancient history. We have this in our history, but now we never talk about sex. (Female, 34, heterosexual)*

*A bunch of my friends and I read Kama Sutra when we were age 13 or 14. We were looking for practical sex tips on being with girls. It was weird. I thought maybe I'll understand it more when I'm older. Then we got English movies and porn magazines, and we shared those. (Male, 27, heterosexual)*

In other conversations in ethnography, people routinely cited English, European and American sources for information and entertainment about sexuality, and in particular as sources of very explicit images or narratives and information on almost any non-normative sexuality. Many said that aside from the recent court cases in the news, such media were their earliest sources of information about sex and sexuality in general as well as about queer, LGBT, and transgender lives and issues.

Women expressed feelings of being enclosed, forbidden, or held back from both knowledge and mobility.

*I was in a convent school and never had boys around me. I think women should step out of the boundaries and talk about it- sex. You know, rather than enclosing a girl within those areas where she should only know certain things and not more than that. I think there is a need of talking about sex because now it's still a hidden thing. (Female, 42, heterosexual)*

*As I grew a little older like around 12 or 13 that's when you know my family started telling me what to do, what not to do, when to go out, and when not to go out and they would tell me it's not safe for girls to do this and that. (Female, 28, heterosexual)*

*The girls who did have boyfriends or were indulging in sexual activity never ever-ever talked about it. It was never openly discussed. Even best friends would not tell best friends that they had slept with someone. (Female, 25, heterosexual)*

*Awareness is the first step to everything, you have to have the awareness, the questions. If you have questions, you just need the confidence that these questions will be answered. Otherwise, when I was young, we would stop asking questions, because knowing that no, the answers doesn't exist or they are in a secret place or something, its forbidden, or not to be asked. (Female, 35, bisexual)*

*Since childhood we have been hearing this: you are a girl, you shouldn't do this, you are a girl, you shouldn't do that. We can't even talk loud. There will be like granny telling okay girls keep silence. So, why just girls? So that kind of discrimination we would feel all the time. But, since I have grown old and have moved to a metro, my parents don't have much of control over me, they don't know where I am all the time. (Female, 27, heterosexual)*

The ethnography echoed these feelings of enclosure. At the celebration of her work and life, Devaki Jain spoke about some of her feelings growing up: “I wanted to be a man- if I was a boy, I wouldn’t be cloistered, I wanted to be a neurosurgeon. Women’s colleges didn’t have science, but they did have math and economics. So I became an economist and feminist by accident.”

The Right to Choice panel was primarily about the ability of women to choose their partners, presumably based on some knowledge and mobility. At the queer panels several people raised the issue of the double injustice of gay men being pressured into marriage with women who know nothing of their husband’s orientation- often to suffer quietly on the side, and who are also likely to be relatively economically dependent or disadvantaged, bringing to mind the couple in the news story at the start of this paper.

Despite taboo, women often exercised agency to become resources for others.



*In high school and then college, I was always the one my girlfriends would come to for information about sex. First it was because I read my parents medical books, then like I just looked up and found out more and more. It was pretty hush hush, but I didn't mind talking about it. Eventually, I started volunteering with an NGO in Delhi that had a lot of good information you could count on. (Female, 28, heterosexual)*

The resourcefulness of individuals was magnified when they came together. Throughout the several years of this research, I was impressed by the number, energy and networks of formal and informal collectives and NGOs dedicated to increasing information and knowledge, access to resources, education about health, safety, sexuality as well as economic and legal issues of concern to addressing women's inequalities. These groups, such as Saheli, worked alongside and with each other to provide education, create knowledge and publications, and organize public events, actions, workshops and film screenings. The social structures and resources women created (though ever changing over time and with different individuals) were largely in place, and functioned as models for organizations focused on queer advocacy, which came together later. Indeed, advocates and strategies often overlapped between the activities and events for women and queer people. Thus, a vacuum of formal social support for comprehensive sexuality information was filled as taboo became an organizing impetus.

Men were expected to know and say more about sex and sexuality, and queer people are expected to know more yet.

*We learned about condoms in school in 12th standard in the standard curriculum, but it was really quick and sort of a joke. Plus, it was just about HIV prevention, they tried not to even say the word sex. Of course, before that everyone shared porn. The boys, I mean. But then I went to this little workshop organized by someone at uni [university]. They got a person from some organization to come in with condoms and lube and stuff and we learned how to check the date and we took one out of the package and got to see what it*

*was like. Everybody was laughing and talking and you could ask anything. Mostly it was other gay guys, but there were a few girls too. Later, some of us told our friends about it. (Male, 22, gay)*

*A gay friend gave me advice about buying condoms, for some reason he just knew more about things, maybe from reading. Also, I came to know a lot more when section 377 was in the news because of the Delhi High court, it seemed like people could start talking about things, like it was more okay to talk about. Before then guys always talked about sex anyway, but we didn't know much, it seemed to me there was just more information about sex and sexuality in general after that. (Male, 28, heterosexual)*

While it appears that men have more freedom and opportunity to discuss sex and sexuality, it is worth noting some potential problems with the quality of information they are most likely to share. The types and sources of information that were most often referred to by men tended to come from personal stories and erotic popular media and pornography, which are more instructive of certain techniques and desires rather than inclusive of emotional, health and safety issues. The latter two were often more familiar to queer men. This probably was a result of concerns about “safe sex”: pathologizing of desires, and conflating queer lives with HIV. This position unwittingly places heterosexual people at risk as they are less likely to have access to safe sex information and practices, or to regard them as applicable to their lives (see Khanna and forthcoming Edmunds paper). Perhaps because of this discrepancy, queer people were often in the position of informal peer educators to their straight friends.

Men expressed concern about how the system of gender norms is unfair to women.

*This is a closed patriarchal society, and they don't do things openly here. Families don't talk about sex- it's a very taboo topic. I think it's very difficult to grow up as a girl in India. Different regions have regressive, rigid gender separations. (Male, 32, heterosexual)*

*I grew up with my grandmother and relatives in an extended family. I assumed gender roles from what my mom and dad did, and from TV shows. The man is the dominant one. My parents treated me and my sister very differently. I got to do a lot more, go out, have a lot of freedom. They also kept me apart from my sister and her friends. In the last few years, I started thinking about how unfair it is - that the girls can't do very much. (Male, 24, bisexual)*

*Guys start talking as soon as age 11, it's "cool" to talk about such things. Boys can talk about sex, girls can't. (Male, 23, gay)*

*If a boy has sex, he's a player, if a girl has sex, she's a slut. In school, boys would talk about girls in a very lurid fashion, objectifying them. (Male, 28, heterosexual)*

*I've seen female friends who didn't know anything about sex even in college, and then they experienced things without knowing anything about them. Since I came out to a friend, she talked to me and asked me about things, otherwise she wouldn't have known anything- even right before her marriage. (Male, 31, gay)*

Both straight and queer men remarked on the enforced silence and decreased mobility of women.

At the queer panels, many queer activists made repeated efforts to include concerns about the increased oppression and vulnerability of women in relation to men.

In contrast to women's experiences of taboo as oppressive, queer men often expressed a sense of freedom in the lack of societal discussion about sexuality. In general, men have more leeway among themselves to talk and act upon matters of sex and sexuality.

*I was already comfortable in my sexuality before I learnt there was any shame associated with it. (Male. 26, gay)*

*[About being queer] I thought I discovered something new and needed to share it with the world. (Male, 23, gay)*

*[About being queer] There was no shame about it, because there were no conversations about it. Now the conversations are in its initial stage and hence the shame, also because of the stigma and stereotypes that the media creates. (Male, 31, gay)*

*You think of heterosexual as the normative, so you would watch straight porn, but you would not care about the woman in the video. It came in very later in my mind that girls also get pleasure. (Male, 24, bisexual)*

*For a lot of boys, the first sexual experience is with cousins [also boys]. To anyone else, they would not even acknowledge that it happened. (Male, 27, gay)*

After the initial interviews with women, this finding among queer men was at first unanticipated. In the interviews and focus group, and at the panels, it was a marked contrast to hear queer men speak of this taboo- of the lack of discussion about sexuality- in terms of a freedom, almost a carte blanche. There was even a sense of exhilaration in a life that could be lived so hidden, yet almost out in the open. The contrast was striking: how in one life, taboo causes erasure or foreclosure, and in another, it can provide tacit permission. This divide even manifested in discussions relating to the recent judicial decisions around 377, with some people asking, “Why are we going public with this? Things were fine as they were, now they might get worse.”

Hegemonic norms of masculinity are enforced on boys inside and outside of the family, while queer or transgender people are either invisible, or highly marginalized and often in danger.

*Pretty early on, our feminine side is more visible, so you do things a certain feminine way which gets you the backlash from adults. Luckily, my parents didn't do that, but it happened in school, they would say, "Why are you talking like a eunuch?" (Male, 23, gay)*

*I had an effeminate classmate, for 10 years, no one ever talked to him. He was called a "half man". (Male, 31, gay)*

*There's these female-dressing men- called hijras. They tease boys on the trains and if you don't give them money they'll lift up their skirts at you and say stuff- it's really embarrassing, and our families say to always keep away from them. But also they've always been there in our society going way back. I don't know when it started. You can't really ask questions about them or show an interest too much, people don't like to talk about them except to make jokes or tease other guys. (Male, 28, heterosexual)*

*We grew up seeing these eunuchs [a common misnomer for hijras and male to female transgendered persons used mostly by heterosexuals from outside the allied or queer communities] usually on the street or at weddings or births, but I just found out recently that there could be women, you know, women who change into or, I mean really are men inside. But I don't think it happens much in India. (Male, 32, heterosexual)*

*I used to be scared and think the eunuchs were disgusting, but then I learned more and met some at a project I was working on and now I realize they are like anybody else who faces a lot of difficulties. (Female, 26, heterosexual)*

*[speaking about a female to male transgender person and a female in a long-term relationship] Once two girls came to my clinic, they said they had got married and they want a child. The one was dressed up like a male and the other one was a female and the female wanted to carry a baby and asked how it is possible. I told them you can have some sperm from a sperm bank then you can have your own baby. But, in our India it's not very open and that couple - the girl who was playing the male role, she didn't even tell her neighbors that she is female. He will always dress up like a boy and he won't let anybody know that he is a girl. (Female, 42, heterosexual)*

*[Male born person, now transgender identified] People who have the privacy of their own bedrooms will continue to have sex without repercussions- but the people who this judgement [Koushal] really affects- anybody who doesn't fit into heteronormative idea of*

*gender with two clear boxes, male and female- people who stand out visually- are at a greater risk for violence. Just walking down the street! Most people don't understand anybody who is not in that gender box: male-penetration, female-penetrated. How can you criminalize something when you don't understand the very body that it concerns? Trans is not as narrow as people make it out to be. ... I identify my gender as "wobbly." My mom and my sister, they accept me like crazy. My father is supportive and loves me. At the end of the day, their only concern is that I am safe... (MTF, 23, transgender)*

These enforced norms and the implied danger to those who don't uphold them reinforce exaggerated gender performances, particularly of masculinity. The lack of acceptance and the reactions of disdain, disgust and anger toward non-masculine men, same-sex loving men and transgender people from many in society take a heavy toll, especially when they manifest in harassment and violence. More commonly, they have profound effects when men who have sex with men (MSM) and transgender people are denied access to employment, education, housing and the other means, access that would enable them to improve their chances to live good lives. Since same-sex partnerships and *hijra* lineages and households are not recognized and they cannot legally inherit or pass on property, wealth accumulation and care provision for sick or elderly people become difficult if not impossible, and this poverty and vulnerability reproduce their marginal status. At the panels, advocates and activists remarked about fears of increased vulnerability for transgender people after the Koushal decision. The craft-making workshop at the Meeting Center was one small effort to counter their social exclusion with a means of becoming economically autonomous outside of begging and sex-work. On the other end of gender, lesbians have a low profile, and FTM people were so anomalous, and unspoken of, that it was striking to hear the *hijra* activists saying, "Let us not forget our brothers [FTM transgender people] among us, they are part of this struggle too." Unlike *hijras* and *kothis*, even more than being invisible, FTM people are unheard of- they have few identity words to mark their existence. "Sadhin" is one term that is sometimes used, though it springs from a specific region

and is used as the term for women who adopt male habits and entirely renounce sexuality, once again a foreclosure and an assumption of invisible or non-existent sexual desire (Nanda 2014).

Gendered violence directed towards women is dealt with extensively elsewhere including Edmunds and Gupta (forthcoming).

Though marriage is compulsory and almost universal, women draw conflicting connections between intimacy and family, versus economic power, autonomy and well-being. Queer people strategize for inclusion and alternative families.

*There was this lady who used to come home to help mom with some stuff and I remember her telling me once about her daughter and she spoke of her daughter's plight as in having to have sex with her husband as a chore, like that's another chore that she has to take care of along with the housework and the kids. (Female, 26, heterosexual)*

*I have seen that in this society, that man can have an extramarital affair and woman cannot. So a man can shout and woman can't, and a man is bread earner of the family and the woman is the piece of furniture in the house. Only the boys are supposed to be rowdy. You can't be a rowdy person because you're a female. So a boy can cuss and a woman cannot. I have seen all of that everyday. I see it every second in our office, in the Dhaba where we eat, everywhere the rules are always defined. (Female, 33, heterosexual)*

*The thing is that I totally believe in equality, but sometimes there is a kind of slavery because the man is not letting you be independent. If I want to come to meet my parents I want to have at least some amount of money where, I don't have to ask my boyfriend, it's my independence. I think I want to earn a little bit even if it means working hard, so that if I want to walk out of this thing, I have this choice. This is an Indian thing I guess, because in India the men work and the women stay at home. (Female, 27, heterosexual)*

*I think women have become more career oriented now and finding a job is pretty natural, most women are working now, most girls want to be working so I see that as a big*

*progress in the last 20 years. Even while I was in school or college the number one plan of action was to find the right guy and to get married and have children and settle down but now you see girls have become more independent... (Female, 24, heterosexual)*

The institution of heterosexual monogamous marriage has been seen as the traditional and primary repository for female life and labor after adolescence, hence women spend a lot of time thinking (and worrying) about how they will prepare for it and fit themselves into it, as well as the ways in which they might resist or transform it. Jain's life speaks of her own and other women's work in and outside of home and marriage. The RTC seminar dealt primarily with women and men having more control over partner choice, not only in order to increase acceptance and success of those unions, but to eliminate the opposition and violence perpetrated by external actors seeking to control women, sexuality and property. [See forthcoming Edmunds and Gupta paper *Headline Violence*].

The queer panels were especially telling when people's conversations turned to family formation and growing older. A group of seven close friends of mixed genders divulged a long-term dream to move to an area one-by-one and get jobs, to buy adjoining land and build homes, and then to possibly adopt and raise a few children. One laughed, noting their shared intention to just have a few children (and lampooning an old development line): "Well you know, smaller families are better!" Some at the panels wondered how and when gay marriage might become legal so partners could finally live together and seek the social protections afforded to straight couples. Another woman spoke up: "Can we talk about friends please and not just always about monogamous couples? What is it with romantic love? Isn't there anything else?" In response, another woman added that she and four others are planning to buy property and grow old together. Similar conversations also took place among heterosexual women, as they noted all the



work they were doing within as well as outside of their homes and how the labor might be more equitably shared among other women. Another conversation that came up at the Meeting Center was about how often MTF people and *hijras* long for male partners who can be their husbands and support them in lives outside of sex-work, where they can tend to home and give care as part of families.

The ethnographic events presented venues where gender and sexuality norms and their social histories more often came under larger group scrutiny and question, and these events themselves grew out of peer to peer interactions and organizing, beginning primarily in non-public conversations, friendships and collegial relationships. These events and forums provided spaces for questions, alternatives and new (or expanded) norms to be imagined and discussed publicly and privately. Activists, advocates and scholars engaged with middle class publics through events, vigils and protests as well as through multiple forms of media, social media, and journalism.

Discussion: Gender, taboo, family, and economics

Beyond theoretical considerations, the taboo has life-changing consequences for people. By definition, the concepts of consent and choice regarding sex, sexuality and/or marriage require communication. Consent is difficult or impossible to negotiate if the subjects relating to sexuality cannot be spoken about. With increased public discussion of gender and sexuality, participation of women in education and workplaces, discussion of human rights, and reclaimed knowledge of pre-colonial and colonial sexualities and kinship systems, the gendered effects of taboo are flattening slightly. This dynamic, iterative process is more of an uneven, staggered process than a linear progression.

Taboo, and the erosions of taboo, are gendered in their effects. Women are aware that they are expected to be (and are more valued when they are) ignorant, or unsullied by knowledge, of things sexual. Early in my research, one highly educated young married woman warned me about what she called a “chastity of knowledge”, whereby young unmarried women were not supposed to know or talk about sex or sexuality. On the other hand, men are expected to pursue information and action, yet are expected to be discrete about their desires, whatever they may be. This gendered division of taboo plays a powerful role in supporting the power status quo. If women are shamed into not knowing the possibilities of sexuality, they are less equipped to question or explore, and the subsequent appropriation of their care labor is safely hidden in the tradition and romance that precedes their entrance into the marital household.

Despite and sometime augmented by transnational rights and development languages, globalization has fueled backlashes against queer and women’s equality. Various groups play significant roles in re-enforcing gender binaries and heteronormativity under the guise of tradition (see Hobsbawm & Ranger 2012). Combined with longstanding structural inequalities, this backlash makes heterosexual marriage potentially quite costly for women (sometimes literally, as with increasing dowry payments). Those who have more personal, social or economic resources may be more likely to postpone or opt out of matrimony. Jones’ famous 2005 article about the flight from marriage for women in Southeast and East Asia may predict what we will see happening more in urban centers of India. A 2015 article by Kashyap et al. indicates that we may just be beginning to see a trend toward postponing and altogether avoiding marriage among women in South Asia.

Hierarchical binary gender norms are ultimately reproduced in economic participation and are enforced in family and peer interaction. Women were much more likely to discuss concerns

about economic power and mobility in relation to gender norms and gendered division of labor, because they experience these as the means by which they can either access or are kept from a broader range of movement, opportunity and expression in society. Women uniformly express anxieties and concerns with the way gender expectations and ever-present warnings or threats of violence limit their movements, education, and social participation. Some women link these threats and the lack of access to economic autonomy to the social expectations that they must inhabit underpaid, economically dependent, gendered care giving roles upon marriage or maturity. A similar economic marginality and social vulnerability is echoed and magnified in the observations of transgender people's economic realities. As mentioned previously, they are largely closed out of livelihood choices due to discrimination based on their often visible gender differences.

### Gender Binaries and the Paradoxes of Taboo

The ways in which taboo interacts with gender and sexuality coalesces into several themes. Maintaining rigid mutually exclusive categories of male and female relies upon the fiction of an articulable natural order and upholding taboos around discussion, challenges or alternatives. Those invested with the power status quo mete out violence, and impose silence to discourage questioning. Paradoxes emerge as taboos are exposed in processes that are political and reflexive.

#### Paradox 1

Taboo upholds the power status quo and provides a cover for those with privilege, yet it also provokes resistance, provides an impetus for organizing, and enables community building.

Gender and sexuality issues hitherto unheard are now being discussed due to judicial decisions, public health campaigns, popular media, by activists and by the public at large. Women, queers, and transgender people and their allies are using these opportunities to open up more public space about their concerns and inequalities. However, this new scrutiny also provides sometimes unwelcome public insight into previously surreptitious sexual behaviors, including those of men. Where it had provided a protected silence around some forms of gender privilege, and a cover behind which people could meet others, taboo also provides a cover behind which to organize, and spurs people to share information and build community. As awareness and outreach increase, the cover of taboo withers, and with it, so does some of the safety it had provided.

## Paradox 2

Making consent matter: examining the disjuncture between heterosexual marital rape exceptions vs consensual “unnatural acts”.

Consent and choice regarding sex, sexuality and/or marriage requires communication. People must be able to speak about subjects relating to sexuality in order to negotiate this terrain. The recent judgments discussed in the beginning of this paper have provided opportunities to question whether coercion or consent can be considered normal or natural and what bodies, institutions, or authorities have the power to make such determinations.

The gender order in Delhi presents paradoxical binds for transgendered persons, women and men in the law, in social norms, and in their everyday lives. Regarding section 377 IPC, Koushal, NALSA and NAZ introduce the tension between universal human rights and whether some sexualities or sexual acts are considered legitimate or criminal. By upholding the

exception of rape within marriage in sections 375 and 376 IPC (Wright 2011), the anti-rape laws all but nullify the need for a woman's consent. While this is obviously a problem for women, little attention is given to the bind confronting heterosexual men who learn that consent is not needed or that "good" women will not/cannot give consent. Can a desiring woman say yes? And how is a kind man to ask or proceed?

In contrast, in the language condemning "acts against the order of nature" in section 377, we have the criminalization of any people who engage in non-reproductive sexual acts even when they are consensual. Though the case is often made 377 targets queer people, and is largely only symbolic for most heterosexual people, the Koushal judgment significantly sends clear signals about what sorts of sexuality will and won't be tolerated. These issues have profound impacts on the social and emotional lives and aspirations of all people, privileging heterosexual relationships even if they are abusive, and restricting the knowledge and imaginations regarding possible other forms of sexualities, affective bonds and family forms. Consent aside, if same-sex love is unnatural, is marital rape natural?

### Paradox 3

Transgender rights, but queers still criminal, and women still subordinate. How does the concept of transgender simultaneously reinforce and destabilize the gender binary?

In the India of post NAZ, Koushal, and NALSA, unanswered questions arise: How will Indian society move forward from this moment? Will the rigid male/female hierarchy in social norms and the resulting social disparities be somewhat ameliorated? Or will the legal institutionalization of a third gender be dis-articulated from the other two genders, leaving the hierarchy intact? Will newly won rights introduce measures of economic reparations for

transgender persons while women struggle as ever with relative poverty and economic dependence? How will the social and economic gains of transgendered people impact their desires for sexuality and family? What will change for lesbian, bisexual and gay Indians whose desires are still deemed criminal?

On one hand, enforcing the marginality of transgender people reinforces the centrality of the hierarchal male/female binary. When transgender people are legally invisible, unrecognized, and outcast, they are unprotected and vulnerable to harassment and violence. Furthermore, they are seen as a threat to order and their vulnerability is held out as a warning to women and men who don't conform to gender norms. Paradoxically, when transgender people gain the status of a legally recognized third sex, it may unintentionally preserve the hierarchal binary by providing another fixed category, which is distinct from the male/female pairing. The social discomfort and ambiguity of blurred gender boundaries can be relieved by either viewing transgender people as moving from one primary gender to the other, or by seeing them as altogether separate.

#### Paradox 4

Illusions of Progress? Recalling Western attitudes about gender, women and sexuality.

Communities in which women have exercised expanded power and agency, as well as those which accepted and celebrated the queer people in their midst, are far from being western imports to India. On the contrary, colonialism and western markets have sometimes deepened gender inequalities. Activists express concern and skepticism about aligning themselves with global LGBT movements as scholars reveal the extent of colonial and elite control over men and women, sexuality and gender, and the ways that various social and kinship and sexuality histories have been erased. Viewed in a longer and larger context, western development projects

to empower women, or advance gender and queer equality are seen by some as matters of a sort of amnesia (Wieringa 2009). Along similar lines, Spivak has famously critiqued the global north for its mission of “saving brown women from brown men” (1994, 296). I posit that part of the historical colonial strategy was to enforce white binaries on brown people.

This imposition of gender and sexuality binaries is starkly evident in the enactment of Section 377, the anti-sodomy law in 1870 as it criminalizes consensual sexual acts that are non-reproductive and privileges heterosexual vaginal penile intercourse. In addition to gender, other categories such as class/caste and religion have served similar binary impositions. Another example of such enforcement and imposition of a binary was manifested in the political geography of India’s Partition, in which many Hindus and Muslims who had been living throughout the sub-continent suddenly had to give up their homes and migrate across newly formed national boundaries. However, in the case of gender, rather than attribute well thought-out plans to the colonial actors, we now have the hindsight of the European trauma in which many generations of women were tortured and killed during the witch-hunts by elites of their own communities. The erasures the colonizers propagated in colonial lands may have been less a result of planning and power, and more of blindness and terror. By the time they had set up trade and imposed rule, they couldn’t *see* women with power and property, couldn’t *see* queer kinship.

#### Paradox 5

Heteronormative Marriage: held together by a fist?

As Menon (2012) and others attest, an impressive amount of social effort, including violence, imposed tradition, sanction and legislation, goes into making heterosexual marriage compulsory and almost universal in India and societies around the world. Heteronormativity

represents the naturalized social structure and the ideology that preserves the vessel of the family in one particular form. Patriarchal power and politics promulgate the fear that if the family changes its constitution, that nothing will hold society, or human beings from chaos. Religious, cultural and economic fundamentalists of every persuasion assert that without the binary gender hierarchy, people and families will lose their intelligible order and function. In different times and places, the policies and ideologies from elites codify and privilege some forms, and make others more precarious or invisible. As people overcome the taboos that protect these structures from being questioned, and begin to talk about gender, sexualities and families, other possibilities emerge from obscurity and become more visible, including the decision to postpone or opt out of marriage.

#### Conclusion:

When people obey its strictures, taboo reinforces gender and sexual norms by reproducing the power status quo. Modern institutions of heteronormative patriarchy reproduce and naturalize homophobia and the limited autonomy of women by creating and reinforcing power and wealth disparities that produce dependence and marginality. Yet Delhi abounds with ample evidence of resistance and transformation. The people there live and participate in a rich community that examines, resists and reimagines existing gender and sexuality norms in art, media and journalism, academic spaces, civil society, and most importantly, peer networks and relationships. While celebrated by many, these movements and changes can seem threatening to some. Disruptions to the power status quo cause tension and attract backlash, most often in the guise of upholding tradition. This backlash is often ironically directed against the social constructions of a so-called “permissive” west, which in another era supplied some of the more vehement forms of repression. With the upsurge of global, patriarchal fundamentalisms, the



violence of these assertions for traditional gender and sexuality are real and dangerous, regardless of whether and when these often invoked traditions were recently invented (see Hobsbawm and Ranger 2012).

Now let us reconsider the unfortunate married couple from the news story in the beginning of this article. They complied with the wishes of their families and the expectations of their communities when they entered into a legally sanctioned marriage. Social norms strongly prohibited them from communicating about sexuality, and prevented them from being able to truly give informed consent to the formation of their union. They were perhaps unable to envision any other relationship possibilities, much less to imagine the unhappy outcome of their short time together. The young man was unable to love or be sexual with his wife, and neither could he legally engage in consensual sexual acts with a male partner. Yet it would have been legal for him to sexually coerce his wife, had he been so inclined. The young woman was expected to not express a desire for a specific sexual companion or relationship, and she was no doubt aware that she would be perceived more valuable as a bride if she remained innocent of sexual knowledge. When confronted with the actions of her husband and the shame of a failed marriage, she decided to charge her husband with violation of the colonial anti sodomy law, perhaps in an effort to protect her social reputation and her chances in the future. Perhaps the woman broke silence partly because she had the buffer of her own career and resources, and perhaps partly because issues of gender and sexuality are currently being widely discussed. Before this particular story came out, most of the elements were so common as to pass unnoticed, the silent wife, a husband who has sex with men, a marriage neither party wanted. Norms are common, but that doesn't make them just.

What happens when some aspects of gender become more open and sexuality is still foreclosed? In this moment in urban middle-class India, voices of women and men, transgender and queer people, illuminate, contradict, and amplify each other's struggles and claims. Simultaneously, these local contests converge with larger global conversations as Indian advocates and scholars build momentum toward justice and equality in issues of gender and sexuality. In 2015, the United States Supreme Court granted same-sex couples the same (largely economic) rights and benefits of heterosexual couples. Their decisions were weighted with similar historical narratives, with patriarchal social institutions clinging to authority by invoking an unquestioned natural order. Meanwhile, almost a quarter of American women, like many of their Indian counterparts, at some point endure physically or sexually abusive intimate partnerships (Breiding, Black and Ryan 2008). In contrast, transgender people in the United States remain legally invisible (unlike in India after NALSA) while at the same time remaining only too vulnerable to violence and murder in disproportionate numbers (Stotzer 2009). As some lesbians and gays scramble to appear as normal as possible, the rights of transgender people still remain far from their debut in American jurisprudence. In the midst of change and stagnation, people in both nations are left unordered, disheveled, lovers and legal systems at odds, social institutions ajar.

In Delhi and New York, the social norms that enforce the narrow range of legitimacy bend unevenly as people rediscover historical forms of families and acknowledge present relationships. Despite histories of foreclosures, current threats, and resurgences of violence, the narrative of the heteronormative family grows thin. As we listen past taboo, we hear the voices of women and men, single, partnered, queer and transgender people who have been there all along.

## FOOTNOTES

1. Most activists and scholars in Delhi preferred using the term queer as it was more inclusive and less individual identity based. Lesbian, Gay, Bisexual, and Transgender (LGBT) or Sexual Orientation and Gender Identity (SOGI) minorities are common western categories. “Queers” by all names or any name, are far from being “western imports”. Various practices, relationships, families, and identities that bear queer affinity have existed and even flourished in South Asia for millennia. Rather it is particular types of classification and regulation that were imported from the west, in this case, superimposed by colonial British sodomy laws. These impositions subsequently colluded with old-order patriarchies during state formation, and have more recently found allies in rising fundamentalisms, forming new iterations of regressive gender politics and hybrid homophobias., For more on this, see Khanna 2005,2007, 2013, Menon 2012, and Vanita 2001. 2004, 2005.

2. Intersectionality is part of a theoretical toolkit that acknowledges the ways that hierarchies in power among different socially ascribed identities interact in society to affect the agency and life chances of individuals. For example, visible markers of race, gender and age influence how young, black men are viewed and treated by law enforcement officers and in the American judicial system, and the history and intersections of these power disparities have been a growing subject of concern, scrutiny and protests in the United States. Closely related concerns highlight profiling due to religion, which is playing out in security screening and concern over migrants. In this paper, the focus is on social perceptions and reactions in regard to gender, transgender and queer identities. The focus is narrowed to the middle class and doesn’t consider other classes or distinguish between Hindu or Muslim people, due to the data that were collected, though there is research and literature to suggest that these other identity distinctions would likely show different experiences.

3. Saheli is a feminist collective that has been around for decades, the members of which have purposefully chosen to have the organization forego becoming a registered NGO in order to retain greater control over their own identities and actions, and Saheli’s mission to collaborate and share feminist knowledge. There are numerous such collectives in Delhi and throughout India.

4. The phenomena of transgender identities in South Asia bears further elucidation and contrast with western categories. *hijra* are a long standing sub-culture of people that would be considered MTF by western standards and who have their own lineages and family units and whose work

typically involves ritual blessings for family celebrations, begging and sex work. They are quite visible especially in urban areas of India (Ahmad 2010, Boyce 2008, 2014)

5. Foucault's analysis largely leaves out women and gender, preferring to focus on male sexuality in the European context. While he often fails to regard women, such denial at times entirely disregards women. This impression gains traction while reading his description of an incident:

“One day in 1867, a farm hand from the village of Lapcourt, who was somewhat simple-minded, employed here then there, depending on the season, living hand-to-mouth from a little charity or in exchange for the worst sort of labor, sleeping in barns and stables, was turned in to the authorities. At the border of a field, he had obtained a few caresses from a little girl, just as he had done before and seen done by the village urchins round about him; for, at the edge of the wood, or in the ditch by the road leading to Saint-Nicolas, they would play the familiar game called "curdled milk." So he was pointed out by the girl's parents to the mayor of the village, reported by the mayor to the gendarmes, led by the gendarmes to the judge, who indicted him and turned him over first to a doctor, then to two other experts who not only wrote their report but also had it published. What is the significant thing about this story? The pettiness of it all; the fact that this everyday occurrence in the life of village sexuality, these inconsequential bucolic pleasures, could become, from a certain time, the object not only of a collective intolerance but of a judicial action, a medical intervention, a careful clinical examination, and an entire theoretical elaboration.” (Foucault 1978 p32)

The entire point of this passage is to lament/examine the regulation and discipline of the man-not sparing the slightest thought to the experience, agency or subjectivity of the girl. An opportunity to examine some of the very same [normative] power structures that Foucault tutors us to expose is wasted. While Foucault's archival work has given much to scholarship, his omissions are also instructive.

6. No Easy Walk to Freedom is a documentary about the struggle of Indian Queer people to resist and overcome stigma and living within the shadow of a colonial era sodomy law.

<http://noeasywalktofreedom.blogspot.ca/p/no-easy-walk-to-freedom.html>

7. Meanwhile, with an eye on contemporary western societies, people navigate through ubiquitous sexually explicit narratives, language and imagery in their everyday lives. Women and economically disadvantaged people labor in double and triple shifts, often underpaid in the workforce and in unpaid domestic care. Familiar calls from the development industry for

women's empowerment, so often directed toward the global south from the global north- echo disconcertingly back to their source.

8. A note on Taboo: Initially described by a trader to Micronesia, the concept of 'tabu' (taboo) is equally useful when viewing European and American cultures and histories, as has been deftly pointed out by Onishi (1999) in a paper about the Puritan origins of taboo in America. Onishi reveals how the concept of taboo has moved from being something used by western observers to describe the strange behavior of other cultures, and has been subsequently located within European and American cultures as well. Retaining this perspective encourages us to view the insights on taboo in this paper in a reflexive light.

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APPENDIX PAPER 3:

1. Puppet templates for the Meeting Center @ Emme Edmunds 2011



2. Newspaper clip illustrating the role of taboo in upholding the normative status quo:

**THE TIMES OF INDIA** India

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## Homosexuality is unnatural, leading psychiatrist says

Malathy Iyer, TNN | Jan 21, 2014, 02:08 AM IST

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**“The manner in which homosexuals have brought the talk of sex to the roads makes people uncomfortable. It's unnatural. Our society doesn't talk about sex. Heterosexuals don't talk about sex. It is a private matter.”**  
— Dr Indira Sharma



MUMBAI: The Indian Psychiatric Society's immediate past president, **Dr Indira Sharma**, ruffled countless plumes and feathers on Monday describing homosexuality as "unnatural" - a repetition of her statement three days ago at the society's annual meet where she said homosexuals uncomfortable with their sexuality should seek psychiatric help.

"The manner in which homosexuals have brought the talk of sex to the roads makes people uncomfortable. It's unnatural. Our society doesn't talk about sex. Heterosexuals don't talk about sex. It's a private matter," the Banaras Hindu University teacher told TOI on phone.

In December 2013, the Supreme Court had overturned a ruling of the Delhi high court decriminalizing same-sex relations. The judgment was part of a panel discussion at the IPS annual meet in Pune between January 16 and 19.

From the times of India, January 2

Several other leading psychiatrists within the Indian Psychiatric Society immediately spoke out publicly in support of Homosexuality and Queer people.

## CONCLUSION

### Taboo, paradox and transformation

Middle class people in Delhi India face social taboos on the one hand, yet are bombarded with every kind of media, information and imagery on the other. In the midst of these contrasting currents, there is much evidence of resourceful, creative knowledge sharing among people as well as organized pockets of transformational change in issues pertaining to SHR, sexuality and gender.

In paper one, I focus on middle-class people's knowledge of pregnancy and STI prevention, which share globalized languages of biomedicine and technology. Individuals who are interested in meeting their SRH needs navigate this knowledge in its local, contemporary context. I triangulate interviews and ethnographic data that reveal how the social taboos around discussion of sexuality create situations in which people find it difficult to get the information and services they require. Information, services and materials that help people avoid unintended pregnancy and sexually transmitted infections are elusive, intermittently available and often require planning that itself requires knowledge, privilege, privacy and time. Despite barriers, individuals are resourceful and persistent, and people often organize between friends, and in collectives and NGOs in order to share comprehensive information. However, this still leaves people with a lack of access to, or difficulty in obtaining products and services they might need. During the survey of the chemist shops, 39 out of 54 stores had condoms out of reach of shoppers, requiring (sometimes extensive) interaction and assistance even before purchase. In both a public hospital and a private laboratory, I experienced a lack of, and sometimes invasions, of privacy while seeking STI testing. Another facet of the lack of privacy is that when a person,



especially a woman, makes an effort to learn about and obtain sexual health information and services, whether to protect her own health or simply for the sake of knowing, her reputation may be compromised. The risk of facing social judgment varies in each case, but can be quite severe, up to and including cancelled engagements or physical violence. A lack of privacy then becomes a lack of access when the cost of risking exposure is experienced as prohibitive. This lack of confidential and safe access to comprehensive information, services and products for SRH thus poses a twofold risk: the risk to health and to reputation.

Moving from public health concerns, I examine gender relations on the fault line of pleasure, power and violence. In paper two, I draw upon frame analysis of ethnographic and interview data to show multiple frames of sexual violence and sexual pleasure among the middle class. Themes emerging from semi-structured interviews indicate that the subject of rape features prominently in early learning about sex and sexuality, especially for girls and women, with few or no dialogues about positive aspects of sexuality. Individuals show a range of agency, curiosity and resourcefulness in obtaining information. Frames driven by NGOs and activists are more likely to be inclusive of sexualities, sexual desire and consent as a negotiation. I also analyze data drawn from news articles on the public statements politicians made about rape during the period from 2012 to 2014. In contrast to conversations among the middle-class respondents, which focus more on agency and negotiation, the public political discourse maintains an essentialist frame of sexual assault seen as inevitable due to so called "natural" tendencies of men and women. Expanding on Altheide's concept of morality plays, I posit that such framing serves the agenda of conservatism with regard to gender and family relations. Ignoring clear evidence that women are more likely to face violence in the home or from intimate partners as opposed to

in public, politicians emphasize sensational cases of sexual violence against women by strangers. Furthermore, the concepts that grant agency, such as consent and pleasure, are marginalized from the discourses that inform policy decisions. Implications include that policies led by misinformation and ideology cannot successfully curtail sexual violence against women. I argue that the Verma judicial report recommendations should be implemented, and the efforts of collectives and organizations to normalize conversations of consent and pleasure and disseminate information on women's sexual agency should be strengthened.

Issues of access to SRH in the first paper, and the concerns about violence (VAW) raised in the second paper, though contested in certain contexts, are primarily situated in public health and human rights paradigms. Taboos that held information and dialogues in check had to lessen their grip as leaders sought to stem epidemics and address costs to productivity. The spaces created by those discussions allowed activists, scholars and the public to further develop and amplify conversations that were already taking place privately. As they asserted the importance of knowledge for safety and health, many advocates began to acknowledge the positive and life-giving aspects of sexuality, as well as to advance an increased acceptance of diverse experiences of sexuality and gender. It is in these areas where the challenges and the resistances to taboo are drawing fresh fire and vigorous backlash. In this telling terrain, questions of power that would preferably be left invisible in order to maintain the conservative status quo are particularly relevant. The second paper begins to delve into this arena by taking up women's sexual agency and pleasure. However, the voices of consent and desire are still overshadowed by the fear of, and the discourse of, rape and sexual violence. The third paper steps squarely into the spotlight of non-reproductive sexuality, bringing women and queer people forward to face choices and

desires that are usually presumed to be the unspoken domain of heterosexual (appearing) men. The current judicial landscape of rape, sexuality and gender in India presents not only a confusing maze of sanctions to navigate, but a compelling and provocative backdrop for dialog and negotiation, demonstrating that within this taboo are the seeds of its own undoing.

In the third paper, I explicitly draw out and examine the complex social contexts of some significant fissures relating to the intersections of the social positions of women and queer people in middle class Delhi. While the majority of respondents are heterosexual women, I include men and oversample queer people, using snowball sampling techniques and attending events in which issues of social inequality or marginalization were explicitly being addressed. I focus on legal/judicial decisions and readings that portray the recent volcanic social changes afoot, and I lead with just one of many news stories highlighting the struggles and paradoxes of women and queer people as they try to navigate family formation, sometimes with tragic consequences. Data from semi-structured interviews are triangulated with socio-historical research on the context of recent judicial decisions and constructions of heteronormativity. These foci reveal unresolved, active fault lines that affect not only queer people and women, but also heterosexual people. The production of legal judgments and laws, and the construction of norms profoundly shape the experiences of all people, by either criminalizing certain sexual acts, or elevating some relationships over others. Interrogating people's ability to exercise agency in choosing and conducting intimate relationships and forming families is at the heart of this paper. Intertwined with these abilities and decisions are issues of property inheritance, and division of labor, as well as access to leisure, privacy, public spaces, economic power and education. In short, as Connell

recommends, this paper sets out to map a long view of the underpinnings and matrices of gender equality and inequality among the middle class in Delhi, India.

## Recommendations

Consent and healthy sexuality require agency and the ability to negotiate. This requires communicating and breaking taboos that sustain unstable hierarchies and increase vulnerabilities that, in turn, threaten the well-being of people. In the absence of comprehensive SRH information, people are confused, and at higher risks for illness, injury, misunderstanding, coercion, abuse or violence. As taboos erode, these hidden injuries, injustices and conflicts emerge into public awareness, which builds the momentum of dialogue and change. It is a messy process with unpredictable results that sometimes leaves people feeling insecure about their place in the context of changing roles and norms. Comprehensive and clear sexuality information can include viewpoints on ethics and boundaries as well as instructions suggestions how to communicate or negotiate with potential partners. If communities are to emerge from thinking that men and women enact essential or instinctual roles that automatically cast them as perpetrators and victims, we must cultivate other types of thinking and action. People require access to comprehensive SRH information and care in order to learn ways of relating, to decrease health risks, and to increase well-being.

After a call for more openness and access to information, the need for privacy seems like a paradox, yet it is not. The ability to safely and confidentially (or anonymously) access information and resources is critical to well-being, especially in communities where compromising a person's reputation might breach their safety. I recommend extensive

guidelines and provider training that draw from aspects of the Health Insurance Portability and Accountability Act (HIPAA) from the United States to lay a groundwork for protecting people's privacy and creating a groundwork for safety and trust.

Some of the most important recommendations I make here are to recognize, support and implement the programs and recommendations that are already in place in Delhi and in India. This can mean working to remove social barriers that delay implementation. Much of the needs assessments, program development and curricula design has already been done. Funders, transnational agencies, and governmental bodies can support existing collectives, NGOs, and peer networks. They can help, whenever possible, in establishing and disseminating print and web based content and programming, and can strengthen resources to enable friend and family networks to communicate accurate information about issues of sexuality and gender. Implementing the Verma Commission recommendations would be a significant start. That alone would transform traditional shaming and honor practices, repeal marital exceptions to rape, and promote comprehensive sexuality education.

Another step that NGOs and collective are already working on is that of promoting the inclusion of men in SHR planning. This changes the dialogue, particularly about risk awareness and violence prevention, and helps redefine masculine roles. Men are already present as latent allies. Facilitators and educators can help men realize the benefits of increased well-being for women, even in their own lives, by developing communication strategies, compassion and range of expression. As one of the protest posters after the December 2012 rape incident read: "Instead of teaching our daughters not to be raped, we must teach our sons not to rape."

## Limitations and omissions

There are several limitations in this work. Since it draws upon a broad range of disciplines and literatures in an effort to theorize a larger perspective, it may lack depth in areas that merit more time and attention, particularly in the third paper. It was impossible to include all the scholarship that was pertinent and this may signal that at times, the topics were too broad. Related to this, is the omissions of an analysis of caste, ethnicity, and religious divisions such as the Hindu and Muslim divide, all obviously important in the complex of intersecting identities vying for recognition and resources in Delhi.

In regard to methods, I tried to have more than one focus group and had originally proposed 2 to 4. I had not foreseen the difficulty of gathering busy people in one place in a city with traffic as daunting as that found in Delhi. I imagine focus groups are easier to organize in more navigable and cohesive social environments, though such places will present their own barriers.

My desire to be an advocate for women and queer people and their allies provides strong motivation to make my scholarship as effective as it can be, and it simultaneously points to significant biases in my position. This puts me, and my assertions and claims, in opposition to people who oppose gender equality and a full range of rights for women and queer people. While it is necessary to take positions about important matters, the manner in which this is done can range from feeding reaction and backlash to inviting reflection and compromise. I strongly aspire to find ways to advance claims for women and queer people that broaden the social benefits for all people. An ongoing challenge of confronting any type of privilege or disparity is to address it

without reifying enmities, yet also without diluting the message so much that the status quo of inequality remains unperturbed. Effectively navigating this fine line in favor of increased inclusivity and social justice remains one of the most important personal challenges of my work and scholarship.

Looking back to the 1870s: part of the tradition of sexual repression

Taboo is one of many tools to keep people from questioning a particular order, others include legal sanction. In an unforeseen development, I came to see that historical elements of the work I undertook for my master's thesis and for this doctoral dissertation shed light on a convergence of ideas that warrant further investigation. The 1870s gave rise to the Comstock anti-obscenity laws in the United States and also to the anti-sodomy laws that were deployed in English colonies, including India. This brings up a question: Is it just coincidence, or were there some parallel ideas about gender, sexuality and power occurring that echoed through the consciousness of influential lawmakers at that time in world history?

The 1870s, particularly in the United States and Europe and its then colonies, were a time of increasing awareness and discussion of the organization of social physical and biological sciences, including the dynamics of human population. These developments were both followed and shaped by people economic and political power. The ways that they framed knowledge came to be widely communicated, accepted, and normalized. Women and sexuality became more formally enclosed, and women's labor and contribution were rendered invisible, yet indispensable. Private and public spheres of life came to be seen as separate and nearly inviolable, and the family assumed an almost sacred form, also acting as a unit of consumption,

source of citizenship, and locus of control. Another facet of social change that played a role at that time were unprecedented numbers of people moving about the globe, whether for trade, migration, invasion or colonization. People began to live in more heterogeneous and stratified societies than ever before.

Several social theorists contribute to a possible explanatory framework for understanding the inroads of sexual regulation in that era. Friedrich Engels, in *The Origin of the Family, Private Property and the State* in 1884, links the subordination of women with the rise of capitalism and private property. Later, Charlotte Perkins Gilman expands these thoughts in *Women and Economics* (1898), where she argues for the transformation of marriage and economic independence of women. More contemporary theorists include Eric Hobsbaum and Terence Ranger, who describe a process in *The Invention of Tradition*, in which they assert that some “traditions” are not spontaneously derived from antiquity, but were often deliberately created in the recent past, often by elites to manipulate the less powerful. Michel Foucault, in *The History of Sexuality*, highlights power, knowledge formation and the discourse of sex that both obscures and shapes dialogue, as well as the centrality of heterosexuality, (but then largely ignores the experiences of women.) Nancy Hartsock develops feminist standpoint theory to acknowledge the expropriated, invisible, domestic labor of women. Nivedita Menon highlights the ubiquitous effort and violence exerted by elites to maintain normative sexuality and the gender hierarchy. Most recently, Raewynn Connell, maps gender as both a complex relation and set of practices that weaves through history and specific social structures, and changes inexorably and slowly over time.

So it appears that the 1870s may have been a(nother) time when elite men with powerful economic and intellectual interests came to believe that things would become uncomfortable if



women were to inhabit more egalitarian positions in society. Relatedly, they may have surmised that if so called “deviant” sexuality (such as same sex desire), and people of non-binary gender were to be publicly accepted, the essential God-given and biological constructions of the binary hierarchy of men and women would become open to question. If that hierarchy was destabilized, so too would be the cornerstone of material structure in the society. In contrast, upholding and enforcing normative binary roles enabled these elites to undermine and control women, class underlings and colonial subjects. Further investigations into the histories of gender and sexuality reveal the likelihood that similar fears had elicited repressive actions earlier and since that era, in an iterative process. (Two examples are the witch trials in Europe, and when “Rosie the Riveter” lost her job in the United States just after the World War II.) It is no invention that women have cycled through waves of increased and diminished autonomy over time and across societies. Perhaps that is the real tradition.

#### Ongoing dispatches from the heart of Delhi

Things are changing, both incrementally and rapidly in the worlds of gender and sexuality in urban India. There are ongoing gatherings and protests, panels, and film screenings about the issues of gender equality and women’s and queer lives. Almost weekly, sometimes daily, I receive notices over email and via social media from colleagues regarding events in Delhi, links to articles, editorials and blogs, or news stories about retrogressive or supportive politicians. Since returning from the last extended stay in Delhi for fieldwork, there have been a series of news items, public actions and protests that would irresistibly augment my ethnography- particularly in the third paper. Aside from being engaging, this presents another challenge and limitation- discerning when to stop and when to draw boundaries around an

inquiry. It is hard resist including more of the creative efforts of transformation in the endless stream of events that take place in this city of 22 million people. Just a few examples are the campaigns against the moral policing of Valentine's day, "Look at the blood on my skirt"- the acceptance and normalizing of menstruation, "Pinjra Tod"- the pushback against the discriminatory treatment of women in university hostels, the "Kiss of Love" campaign which normalizes displays of mild public affection, LGBT business gatherings, and Women's Day marches and events. This banquet of social effervescence provides a pertinent segue into the next chapter of my research.

#### Future directions for research and advocacy

Despite fundamentalist and nationalist backlash and the pressures of globalization, I am hopeful about expanded possibilities for the well-being of women and queer people and the men who are their lovers and allies. The proliferation of NGOs and collectives, the cross linkages between rights movements, the development of men and heterosexual people as allies are cultivating a groundswell of awareness. Spontaneous and organized protests and campaigns give expression to a populace that is moving more holistic SRH agendas into the open, toward corrective, sustainable and inclusive attitudes and actions. These movements will be hopefully be internalized by people in the future who will be beneficiaries of the resistance and resilience, knowledge and community building. My part in this project has been (and will continue to be) to notice and amplify, to draw useful comparisons, analogies and connections, and to translate. By acknowledging the work that has been done and continues in the present, and respecting the care with which it proceeds, I hope to extend its reach in ways that protect and strengthen its sources. I have at times had the honor of connecting people who work on these issues, as well as

connecting people who seek SRH and sexuality information with reliable resources. I aspire to theorize about and participate in the construction of power, resource and advocacy flows that are effective for increasing all people's access to the knowledge and resources essential for well-being and autonomy. In addition to my continued work in the upstate New York family planning clinic, I intend to research, write and work for women and queer people's health and well-being issues locally and internationally. I am cultivating consulting contacts in Delhi, and investigating possibilities of teaching and research in the United States, Canada and India. Future directions that I am interested in pursuing include further inquiry into current and past international policies and collective actions regarding the linkages between family, kinship, household economics, material support and affection.

#### Afterword: Two places at once

When a person loves more than one place, as I do now, it causes longing and a feeling of displacement. Delhi is immense, polluted, snarled with traffic, intimidating and hot, yet I can't picture my life without it. It is the most human place I have ever been. Hindi, though I speak it quite badly, delights and humbles me. Rife with playful doubling rhymes, staccato commands, Hindi steals shamelessly from its poetic twin, Urdu, and then curses suddenly, impugning the integrity of its sister! Oddly, a sense of accomplishment, belonging, and communion settles into my stomach when I navigate around the city with people who speak almost no English. I have come to need the food, the parks, the books, the activists, the trees, the dogs, the music, the history, the art. Yet little of that would matter without the people. I did not foresee forming bonds that would be tested by 7000 miles, but it is too great a loss to let them wither. When I return to New York, I mumble agnostic prayers that the people, planners and engineers will

figure out strategies to clean the air so that the fruit sellers, the rickshaw-wallas and my friends can breathe soundly. I am invested. My worry and care encompass people whose day is my night, and some of them worry back towards me. They worry about the fear, the guns, the isolation, and our crumbling American dream. As best we can, we celebrate each other's milestones. My friends write books, they marry, they travel, they move in together, take different jobs and grow older. The barriers they face and the victories they celebrate, their hopes and concerns have come to be mine in turn. May the people of Delhi thrive and be well.

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