

- Individuals who identify themselves as homosexual (gay, lesbians), bisexual or transgender are also known as 'Queer' & it also includes people who do not identify with this nomenclature like Intersex, Asexual and others as well.
- There is a historical & political connotation attached to this term 'queer' & perhaps, that is the rationale for the way it is mentioned as 'LGBTQIA+' (lesbian, gay, bisexual, transgender, questioning, intersex, asexual, and the '+' sign denotes that the constructs are continuously evolving
- The word 'queer' was initially used as a slur or a slang for individuals who are odd and did not appear or behave 'normal'.
- In this context, 'normal', refers to 'heteronormativity', the assumption that sexual & romantic relationships can exist between opposite sexes only i.e., man and woman.
- Heteronormative ideal dictates the the pleasurable formal relations that are acceptable (again between man & woman) and the structure of family that should exist i.e., husband and wife.
- However, the word 'queer' has now been adopted by the very same community of people on whom the slur was applied to, to stand out & assert their existence in the society in a socio-political context.
- Hence, the word 'queer' can be described as a noun, as an adjective and as a verb as well (Hall, 2003) referring to identity, characteristics as well as doing gender.

THE CONSTRUCT OF SEX, GENDER & SEXUAL ORIENTATION

- The terms gay & lesbian are used in the context of sexual orientation & not gender whereas, the identity as a transwoman is linked to her gender.
- Sex, refers to the biological construct determined by chromosomes, reproductive organs & genitalia
- Gender has more to do with one's expression of identity & association with a particular orientation.
- The World Health Organization (WHO) defines gender as "characteristics of women, men, girls and boys that are socially constructed... [including] norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other.
- American Psychological Association defines gender as "socially constructed roles, behaviours, activities, & attributes that a given society considers appropriate for boys and men or girls and women"
- In psychology, the differentiation between sex and gender was almost negligible before the late 1950s and 1960s.

- It begins only with John Money et al. (1955) research on 'hermaphrodites' (who may be termed intersexed today).
- Money and colleagues made the distinction between gender roles and the anatomical features of an individual.
- Later, Rhoda Unger's research on the distinction between sex and gender in the 1970s - changed usage of the term 'sex' to 'gender'
- In the 1970s, Gayle Rubin contributed majorly to early theoretical distinctions between sex and gender
- Gayle delineated that gender refers to the "social pressure to conform to expected divisions of labour." (Muehlenhard & Peterson, 2011).
- Sex & gender are defined in binaries.
- The classification is based on the presence of the genitalia and chromosomes.
- Being born with different variations like Klinefelter's syndrome with the 23rd chromosome having an extra one like XXY, or Jacob's syndrome with XYY arrangement of chromosomes and also XXX (triple X or trisomy X).
- Such variations are categorized as differences of sex development (DSD) – the differences in the chromosomal makeup other than XX and XY or presence of both male and female genitalia in an individual (known as intersex)
- DSD also covers people who have varying hormonal levels that do not match with male or female sex.
- Such variations implies that existence of sex that is not just binary.
- It is more than just genitalia and includes reproductive organs, chromosomal constitution, hormones, and secondary sex traits that one starts to develop at puberty.
- The gender is also not a binary.
- In fact, one's gender is decided by their sex as soon as they are born and thereby the gender is determined.
- Culturally male sex is aligned with masculine traits, attitudes, feelings and behaviour while female sex is all about femininity
- Gender stereotypes are almost immediately imposed on the baby even before it is born
- In today's age, it is a fashionable trend to organize gender reveal parties (not in India though) because of the Preconception and Prenatal Diagnostics Techniques Act, 1984 that criminalizes the act of sex determination before the baby is born)
- Colour-coded paraphernalia of all sorts are sold in the name of this binary.
- Gender stereotypes strengthen with the age – appropriate gender roles, as per the gender norms and behaviours.

- Sex: It is a biological construct that encompasses genetic sex (chromosomal & hormonal) sexual characteristics as well as genitalia & reproductive organs. Usually assigned at birth, there can be three types of sex – female, male and intersex
- Gender: Is it socio-cultural construct that includes an internal sense of identity that an individual can experience as a man or a woman or both or any other gender on the spectrum. It includes gender identity, gender expression and presentation and manifest as gender norms, attitudes and roles, etc.
- Gender of an individual may or may not align with sex assigned at birth.
- Sexual orientation: It is the way people experience sexual attraction to persons of the opposite sex or gender, same sex or gender, or to both sexes or gender
- Gender identity can be categorized into woman, man and gender queer that includes anyone who does not identify either as a woman or a man or both or anywhere on the spectrum.
- It also refers to someone's sense of their own gender— their own masculinity, femininity, a combination of the two, or something that is beyond the gender binary of man and woman. Since, it is internal, one can draw different meanings to it.
- Gender expression is how one presents oneself externally through clothing, behaviour, etc.
- Sexual orientation can again be of different types like heterosexual (sexual attraction towards the opposite gender), homosexual (sexual attraction towards the same gender), asexual (individuals who do not experience any sexual attraction towards anyone), pansexual (sexual attraction towards any gender) or bisexual (individuals who are sexually attracted towards both genders).

OTHER GENDER IDENTITIES

- Cis-gender individuals – whose gender aligns with their birth-assigned sex; can be cis-gender male, cis-gender female
- Transgender — individuals whose gender does not align with their birth aligned sex; can be trans-woman – birth-assigned sex is male but identifies with female gender; can be trans-man – birth assigned sex is female but identifies with male gender; includes trans man, trans woman, trans person, genderqueer people, crossdressers, drag queens/kings, and others.
- Agender (individuals who does not identify with any gender; may appear androgynous; identify neither as a man or a woman)
- Genderfluid : – individuals who's gender identity is in a fluid state; flexible with one's gender expression; may identify as male one day and female the next.
- Genderqueer:- individuals who may identify as a male or female, or both or as a mix of both; go beyond the gender-binary; sexual orientation is also fluid)
- Intersex : - individuals are usually unaware of the medical condition; may grow up with the birth-

assigned sex that is more likely to be imposed as they are born.

- Gender nonconforming – individuals who by choice do not conform to gender based ideals of society; may identify with the opposite sex like in the case of transgender individuals.
- The transgenders in India are known by various names. Hijra is the most commonly known name for transgenders.
- A hijra is not the same as eunuchs because in the former, the person rejects the gender identity that aligns with the birth-sex whereas eunuchs are individuals who are born males but are emasculated or castrated (removal of testicles).
- Transgender (transwoman) are also known as Kinnar (label for Hijras used in Delhi/ the North and other parts of India such as Maharashtra), Aravani (Tamil Nadu women but possess male bodies) & few prefer the term 'Thirunangai' to refer to Aravanis
- An individual who is biologically male but shows degree of feminine characteristics or are effeminate, are labelled as Kothis.
- A hijra can be a kothi but not all kothis are hijras.
- In some parts of Andhra Pradesh, there are communities of transgenders known as Shiv-Shakthis (are males who have feminine gender expression)
- Many transgenders chose to opt for Sex Reassignment surgery where their sexual organs are surgically aligned to their preferred gender.
- This process is usually a long-drawn process, that is expensive and involves surgeries as well as hormone replacement therapy for the individual to completely align their biological sex with their gender identity

LGBTQIA+ PSYCHOLOGICAL ASPECTS

- Any deviation from the heterosexuality, historically viewed as mental illnesses.
- The role of institutions like American Psychiatric Association is prominent in understanding the illness label attached to homosexuality.
- Jack Drescher's scholarship on same-sex desire argues that there have been three broad categories of theories in this regard: "theories of normal variation", which looked at homosexuality as a natural phenomenon present from birth in an individual and originated the 'born gay' theory as a later version of itself;
- "Theories of pathology", which considered homosexuality to be a disease and an atypical behaviour which deviates from the norms;
- "Theories of immaturity", which saw homosexuality as a passing phase in children and considered adult homosexuality to be a sign of stunted growth and inadequate development.
- The process of debunking homosexuality as a mental illness diagnosis is more recent and can be traced back to the 1950s.

- It is linked with gay activism and increasing assertiveness of the LGBT community, which spilled over into the 1960s and 70s.
 - It led to the origins of Queer theory and other gay and lesbian scholarship in the 1980s
 - 1957, American psychologist Evelyn Hooker “demonstrated that the psychological profile of gay men not in psychiatric treatment was indistinguishable from that of a comparable group of heterosexual men.” (Kunzel, 2017).
 - In the 1970s, gay activists engaged with the American Psychological Association (APA), arguing that gender variance cannot be labeled as a mental illness in the Diagnostic & Statistical Manual (DSM), which was considered the standard for psychiatric and psychological diagnoses.
 - Though the first edition of the DSM was published in 1956, & from 1973 to 2000 homosexuality was considered as Gender Identity Disorder
 - Trans community expressed concern that deletion of GID altogether from the DSM would lead to further marginalization and alienation of trans individuals from accessible healthcare. (Drescher, 2014)
 - World Health Organization’s (WHO) International Classification of Diseases (ICD), first to include the sub-category of ‘gender variance’ in children under a broader category of sexual deviations and disorders in 1975
 - Since the 1990s, the discourse in academic circles and scientific literature increasingly took to contesting the rationale for gender diagnoses.
 - Queer theorist Eve Kosofsky Sedgwick was skeptical of the GIDC diagnosis and considered it to be merely a roundabout way of reinstating the older ‘homosexuality as a mental disorder’ diagnosis.
 - In the history of evolving psychiatric diagnoses, homosexuality was often conflated with transsexualism
 - In the early 20th century, Hirschfield emerged as the first practitioner to make a distinction but the categories were not considered to be different till the late 20th century, with the likes of Benjamin, Stoller, Money and Green taking the distinctions into account. (Drescher et al., 2012)
 - Research has shown that there is a high prevalence of mental health problems that includes substance use disorders, affective disorders, and suicide (Cochran, 2001; Gilman et al., 2001) among the gay men and lesbians than their heterosexual counterparts.
 - The differential prevalence is largely related to exposure to stressors such as prejudice, discrimination and violence (Cochran, Mays, & Sullivan 2003)
 - Researchers have described violence and discrimination as core stressors affecting gay and lesbian populations (Garnets et al., 1990; Herek & Berrill, 1992) They are twice as likely to get fired from jobs (Mays & Cochran, 2001).
 - In the Indian context, the lack of systematic data on LGBTQIA+ individuals is a major obstacle in studying about their psychosocial status.
 - There is an estimated 3.8% LGBTQIA+ individuals in India, that is almost 45.4 million people as per the 2011 census and the population includes individuals from all gender and sexual minority group, other than cis-gender heterosexuals
 - 58.84% of gays (Soochinda, Jaggi, Samoath, & Dutta, 2018) undergo psychiatric morbidity while sexual minority women face isolation, anxiety, high substance use, and suicidal thoughts (Bowling et al., 2016).
 - Depression and suicide rates are higher among the LGBTQIA+ individuals when compared to the non-LGBTQIA+ population estimates (Badgett, 2014)
 - Among transgenders it has been found that 62.5% suffer from alcohol abuse, 31.2% from alcohol dependence, 46.8% abuse drugs, 37.55% have experienced generalized anxiety disorder (GAD), 31.2% suffer from depression, 41.2% are at suicidal risk, 31.2% have attempted suicide in the past, 18.7% have been diagnosed with dysthymia, 6.2% live with panic disorder, 9.4% have agoraphobia, 25% develop social phobia, and 9.4% suffer from post-traumatic stress disorder (PTSD) (Hebbbar & Singh, 2017).
 - In a study on 300 transwomen in Tamil Nadu, Maharashtra, West Bengal and Delhi, it was reported that 42.7% had moderate to severe depression, and 37.3% used alcohol frequently (Chakrapani et al., 2017).
 - From a study on a sample of lesbian & gay individuals from Imphal, it was found that 25% had been diagnosed with current depression, 18.7% had past history of depression, 6.2% dysthymia, 6.2% to 9.4% were at low to high suicidal risk, 15.6% had made suicidal attempts in the past
 - A study from Maharashtra reported that among gay and bisexual men, 59.1% and 50.9% were suffering from depression respectively (Ekstrand et al., 2017)
 - Most of the research that have been done on the LGBTQIA+ population has been done in the context of HIV as a public health issue.
 - Major depression is reported to be strong predictor of such individuals engaging in unsafe sexual practices (Mimiaga et al., 2013)
 - Higher risk of depression was also associated with factors such as unsafe sex work, prostitution, unprotected sexual practices, diagnosis of sexually transmitted infections, the HIV status, lack of privacy about HIV status, sexually assault, rapes or other forms of intimate partner violence (Patel, Prabhakar, & Saggurti, 2015)
- STIGMATISATION**
- LGBTQIA+ individual’s stigma, along with violence from the family, peers & partners, absence of family acceptance, imposed marriages, institutional violence (like termination from job, harassment, threats, etc.),

discrimination at workplaces, difficulty in getting jobs, housing and the biggest of all, is challenges in access to healthcare services. (Tomori et al., 2016)

- These kinds of stigma often prevent the LGBTQIA+ individuals from revealing their identity & are forced to keep it a secret (Mimiaga et al., 2105) which further adds to their vulnerabilities
- Prevalence of sexual transmitted disease like HIV also heightens the stigma faced by LGBTQIA+ individuals (Logie et al., 2012), and additionally, stigma also stems from the kind of work that they engage in like sex work (Mal, 2018).
- The minority stress model “describes stress processes, including the experience of prejudice events, expectations of rejection, hiding and concealing, internalized homophobia, and ameliorative coping processes” (Meyer, 2003, pp. 2)
- Transgenders (around 4,87,803 lakhs in India, 2011 census) with a literacy rate of 56.07% face lot of challenges that creates vulnerabilities for them. Because of their minority status, they face from socio-economic challenges like lack of employment opportunities (most of them engage in sex work, begging, etc.) (Loh, 2011)
- They find it difficult to access HIV testing services, antiretroviral treatment and sexual health services.
- They face discrimination in the healthcare settings itself like deliberate use of male pronouns (He/Him) in addressing a transwoman; registering them as 'males' and admitting them in male wards, humiliation faced in having to stand in the male queue; verbal harassment by the hospital staff and patients

SUPPORT & SCHEMES

- Few & far schemes created to support the transgenders, especially the transwomen Like, Life Insurance Corporation of India offered jobs of agents to transwomen.
- Social welfare departments provide a variety of social welfare schemes for socially and economically disadvantaged groups.
- Tamil Nadu created a provision for the transgender individuals to acquire land.
- Recently, the Minority Welfare Department, Govt of Andhra Pradesh created provisions to consider transgenders as a minority and develop welfare schemes for them.
- However, the bureaucratic procedures that need proofs of address, identity, income, etc. and discourages people from availing the benefits from these schemes
- Tamil Nadu has also established a Aravanis/ Transgender Women Welfare Board to address the social welfare issues of the transwomen in the state.
- The mitigating factors like social support (support of family, peers, significant others), higher self-esteem can lower the risk of anxiety, depression, and suicidal ideation (Sivasubramanian et al., 2011) while

resilience can contribute to coping and social support can be protective factors (Tomori et al., 2016)

- More research is required to understand the lives of sexual minorities around the world, especially in India, to understand their realities and how it intersects with religion, caste, class, age, etc. (Wandrekar & Nigudkar, 2020).

LEGAL STATUS & ITS IMPACT

- The global queer movement have gained momentum in the 20th century but according to academic writings & scholarship, the history of the movement can be traced back to as far as the 1870s. (Ghosh & Ghosh, 2020).
- Even prior to the 1969 riots at Stonewall Inn, Greenwich, the precedent had already been set with the kind of narratives embedded in the mainstream.
- The Buggery Act (1533) of England classified same-sex activities as 'sinful' and it was not until 1861 that homosexuality ceased to be a capital offence in Britain.
- In France, anti-sodomy laws were repealed after the 1789 revolution. In other countries, the narratives shifted in the 20th century specifically as the feminist and queer movements gained momentum.
- Magnus Hirschfeld's effort began the “homosexual emancipation movement” and the World League for Sexual Reform came into existence in 1928 in Germany.
- In Britain, the Wolfenden Committee was set up in 1957 to look into the decriminalization of homosexual activities between consenting adults aged above 21
- With the 1969 Stonewall Riots in New York, the queer movement received global attention.
- A month after the violent riots targeting people in a gay bar, the first openly gay march took place in New York
- Marsha P. Johnson, who identified as 'gay' and 'transvestite', emerged as a key leader and spokesperson for the transgender movement in the United States.
- Marsha demanded rights for gay and trans people and with fellow activist Sylvia Rivera, founded the group Street Transvestite Action Revolutionaries (STAR) to support homeless gay and trans individuals (BBC, 2020).
- Further in the 1970s, feminist debates on pornography, contraception and family planning, and the right to abortion gained public interest

THE CASE OF INDIA

- 1986: Journalist Ashok Row Kavi writes what would become the first “coming out” story in India in Savvy magazine
- 1987: First documented case of same-sex marriage. Leela and Urmila, two Madhya Pradesh policewomen, marry; both lost their job.
- 1991: Siddhartha Gautam publishes the first 'citizen's report' on the status of at-risk homosexual men called 'Less Than Gay'

- 1994: Kavi sets up Humsafar Trust in Mumbai, which becomes one of the oldest LGBTQ organisations in India
- 1996: BOMGaY, a 12-minute film starring Rahul Bose and author R. Raj Rao, is released.
- 1999: India's first Gay Pride Parade called the Calcutta Rainbow Pride is held. It has only 15 people marching
- 2001: Naz Foundation and Lawyers Collective file a PIL asking the court to read down Section 377
- 2010: Delhi High Court passes a landmark judgment granting equal rights to 'sexual minorities'
- The Supreme Court's decision in Navtej Johar v. Union of India not only laid the ground for stronger equality recognition such as the judgment in the Joseph Shine case decriminalising adultery (2018) and the judgment in the Sabarimala case recognising the rights of women to enter religious shrines (2018)
- In India, the queer movement combating moral sanctions, increasing public awareness and successfully leading to the Supreme Court reading down the colonial Section 377 which criminalized homosexuality, are all couched within a larger narrative of dispelling stereotypes regarding HIV/AIDS and propagating safe sex
- For instance, Meena Gopal (2019) traces some of these back to the debates and discussions sparked between queer and Depressed caste groups by Maharashtra state government's decision to ban women performing in dance bars in 2005.
- Subsequently, in 2006, when a national conference of autonomous women's groups was organized, there were a large number of Dalit, Muslim, lesbian and bisexual, and transgender women participating in the event
- Delhi High Court judgment of 2009 which upheld that consensual sexual act between adults in private cannot be criminalized as one's privacy, autonomy and dignity cannot be restricted by using morality
- Further, the landmark 2014 Supreme Court judgment in the National Legal Services Authority (NALSA) case recognised the constitutional rights of transgender persons and upheld preference for a 'psychological test' over a 'biological test' for gender determination.
- Eventually, this paved the way for the 2018 Supreme Court judgment which would turn out to be a major achievement for the queer movement in India.
- In India, in the landmark judgment for Navtej Singh Johar v. Union of India (2018), the Supreme Court overturned a colonial, 19th century law stated in Section 377 of the Indian Penal Code (IPC) and decriminalized homosexuality
- The preservation of their rights and basic needs is sought in equal measure by holding bodies such as the United Nations Human Rights Committee (UNHRC), and instruments such as the International Covenant on Civil and Political Rights (ICCPR), the Geneva Conventions, the Declaration of Montreal, and Yogyakarta Principles accountable.
- Though global medical practices continue to be dominated by Western scientific models, there is now a growing understanding of what diverse gender identities comprise, along with greater efforts being made to modify diagnostic approaches so as to prevent discrimination and violation of LGBT rights in healthcare
- In India, the Transgender Persons (Protection of Rights) Act, 2019, was challenged in the Supreme Court in 2020. It was contested on the grounds of discriminatory provisions such as the mandate that for a trans individual to receive an identification card confirming their gender identity, they would have to go to the District Magistrate and undergo a physical examination by a medical officer there (Gichki, 2020).
- Thus, for the transgender community, their legal status, existing social stigma and barriers to healthcare combine to create a non-conducive environment for subsistence & accessibility of basic mental healthcare.
- This has been used against trans individuals in an unjustified manner in many countries, wherein they have been denied legal documents, custodial rights for their children, the right to self-determination, and so on (Flaskerud & Lesser, 2017).
- Sans legal protection, most LGBT individuals are deprived of access to quality healthcare