CHAPTER 2

METHODOLOGY

In this chapter, I explicate the methodology used in the current study. I first discuss trends in research studies conducted on homosexuality/LGBT issues, especially within the Indian context and describe the methodological frameworks used in these studies. In the context of these studies, I go on to discuss that every kind of research inquiry occurs in a situated/contextual location; a context of theory, practice, beliefs, values, professional training, personal experience and so on. I take an example of two kinds of studies under the broad stream of medicalisation of homosexuality to discuss this issue. Followed by this I discuss my own location in carrying out this study and then go on to describe the life course theory used in this study. Research questions, objectives, design, site of the research, data collection process and analysis are described.

Studies on LG lives and identity development – how have these been done?

Sexual orientation as an identity category emerged from the medical model of homosexuality in the late 1800s. Since then several descriptions of the ‘pervert’, ‘inert’ homosexual and the biological and psychological differences between homosexual and heterosexual males appear in medical literature along with several experiments on treatment of the homosexual (e.g. See Krafft-Ebing, 1894 in Narain, 2002; Bieber, 1962). The Kinsey study and subsequent reports in 1948 and 1953 were a major departure from the studies that viewed homosexuality as a perversion. Kinsey merely studied sexual behaviors of men and women using a survey method with 10,000 men and women and concluded that about 37% of post pubertal men and 20% of post pubertal women had had same-sex sexual experiences and that 13% of men and 7% of women had had more same sex sexual experiences than cross-sex ones. Later with declassification of homosexuality from the list of mental illnesses in the DSM, studies focused on lesbian, gay models of identity development (e.g. Cass, 1979; Troiden, 1979), lesbian, gay health and mental health (e.g. Remafedi, 1987; D’Augelli et. al. 1993; Garnets et. al. 1990) have been conducted, mostly within the disciplines of psychology, psychiatry and public health and have mostly come from the American context and are more often based on the experiences of white, American gay men.

In the Indian context, academic research on LGBT lives (covering gay, bisexual men and trans-women) has mostly been initiated in the context of HIV/AIDS and is strongly influenced by positivist, quantitative
research paradigms shaped within the public health epidemiological research tradition. Most of this is behavioral research and is motivated by public health ideas of disease prevention and developing evidence-based interventions. Monitoring and evaluation research that is aimed at developing effective programs and making policy recommendations for health and well being of MSM, gay, bisexual men and trans women is common (e.g. see Thomas et. al. 2009; Humsafar Trust, 2002; Dandona et. al. 2005; Joint United Nations Program 2010). There exists some research that focuses on mental health of MSM, gay men and the context of stigma, negative life events and violence (e.g. V. Chakrapani et. al., 2014; Prabhughate, 2011). These studies too are focused on hypothesis testing and thus looking for specific associations and causal linkages between certain variables. Thus these too can be placed within the positivist paradigm of research.

On the other hand, there has been research focused on the socio-historical context of same-sex desire in India (e.g. Vanita and Kidwai, 2000). There are ethnographic studies focusing on sub-cultures, language, rituals of local identities such as the hijras, arvanis, kothis (e.g. Nanda, 1990; Reddy, 2010; Mahalingam, 2003). Very little research that discusses lives of lesbian, bisexual women exists and most of this research has been exploratory and has often employed qualitative research methods to study lived experiences of violence, stigma and discrimination associated with being lesbian/bisexual, queer (e.g. Fernandez & Gomathy, 2003; Ghosh et. al. 2011, LABIA, 2013). In addition there is a lot of documentation by NGOs, human rights groups that includes narratives of LGBTQ lived realities. There are also biographical accounts and anthologies of gay men, lesbian women as well as trans* persons.

The idea of evidence gathering to arrive at an ‘objective truth’ i.e. detached, impersonal, observable knowledge that exists independently/separately of us, has been challenged within the qualitative paradigms of research. These emphasize subjectivity, experience, narrative of the researched about their lived experiences and their meaning making processes and most importantly ‘context’ in the process of knowing. Situated nature of the researcher, the researched and therefore the knowledge that is viewed as co-created by them is at the essence of qualitative research frameworks. Also reflexivity of the researcher regarding their own context, location and motivation for the study is a feature of some kinds of qualitative studies. This study too is conceptualized and situated within my own location as a queer feminist and a mental health professional. However before I go on to discuss this further; I would first like to look at the situated, often political nature of research in the area of homosexuality through citing examples of two kinds of research studies that would fall under the broad stream of medicalisation of homosexuality. Historically, medical science, particularly psychiatry and allied mental health sciences such as psychology have viewed homosexuality as an abnormality and a perversion. This view has led to several assumptions about homosexuality that have guided medical research on homosexuality. Some of these assumptions are
– there are properties intrinsic to homosexuals that make it a pathological condition – this assumption is often seen to be underlying research studies aimed at looking for differences between the ‘normal’ heterosexual and the ‘pervert’ homosexual. Studies comparing brain structures of homosexuals and heterosexuals, genital and hormonal make up, personality structures and other psychological traits are examples of studies motivated by the belief in a basic (read biological/structural and psychological) ‘difference’ between the normal and the ab-normal (See Krafft-Ebing, 1922; Mantegazza, 1932; Kolodny et. al., 1971; Freud, 1955). A related belief is that homosexuality is caused by faulty learning or is a result of arrested development. Studies looking for a ‘cause’ for homosexuality, studying childhoods of adult homosexuals and looking for traumatic early sexual experiences, inadequate parenting, cold and distant fathers and over-involved, enmeshed mothers that led to the child becoming homosexual are examples of studies (e.g. Bieber, 1962, Freud, 1955) that are situated within the belief that adult homosexuality is a result of unresolved traumatic childhoods. The other side of this includes studies that are located within the belief that homosexuality is as normal as heterosexuality. Studies such as the one conducted by Evelyn Hooker (1957) where she compared results of projective tests of 100 homosexuals and 100 heterosexuals and where blinded judges could not spot any differences between homosexuals and heterosexuals are examples of studies carried out to assert that homosexuality is a normal form of sexuality. Studies such as these were used to advocate declassification of homosexuality from the list of mental disorders in the DSM (Bayer, 1981). This idea that political and ideological positions affect conceptualization and results of research studies is reflected also in studies on conversion/reparative treatments for homosexuality. Haldeman (1994) reviews a range of research studies aimed at conversion of homosexuality and raises several methodological questions that point to the position of the researchers, who believe that homosexuality is a pathology and hence in need for cure. Some of the studies reviewed by Haldeman use different psychological and religious based methods to cure homosexuality and claim a moderate to high success rate of these methods in curing homosexuality. Haldeman’s review of these studies points to several methodological limitations that compromise the claims of cure made by these studies. These include lack of clear and inclusive definitions of sexual orientation – unless that which will be changed is clearly defined, what has changed cannot be measured. Often sexual orientation is narrowly defined in these studies as only sexual behaviors and that too without clarity on frequency, persistence, duration; as a result individuals with predominant homosexual behaviours, fantasies are clubbed with bisexuals, as with individuals having occasional same-sex behaviours and dominantly heterosexual fantasies and so on. Outcomes in these studies have often included subjective therapist impressions (who are highly motivated and invested in seeing their treatment methods work) and self report of participants (highly susceptible to social demands). Criteria to measure success are often unclear – does success mean abstaining from homosexual behaviours and staying celibate, does it include expansion of sexual
repertoire to include heterosexual behaviours, while same-sex behaviours continue, does it mean fulfilling of social obligations such as marriage or having a child, does it include complete substitution of homosexual acts and fantasies with heterosexual ones? Often these studies have been conducted with clinical samples and follow-up data after termination of treatment are unavailable.

In the examples of studies that I cite here, all the studies were conceptualized within a positivist paradigm and collected data using quantitative measurements. However even with their claims of neutrality, lack of bias and objectivity, these studies were motivated in certain core beliefs - those which considered homosexuality to be unnatural, pathological and sinful and those that considered homosexuality to be a normal, natural aspect of human sexuality. Thus the claim of positivist research to objective, universal (acontextual) evidence needs to be questioned in favor of more situated and subjective knowledge. This study uses the life course theory to study ‘growing up’ experiences of young gay and lesbian persons.

**Researcher location:**

A large part of my ‘self’ and ‘identity’ that I bring to this study is that of a mental health professional. I have been trained both within the clinical paradigm/s of psychopathology, mental illness, psychotherapy, wellness as well as within the human rights framework of understanding rights of persons with psychosocial disabilities. These frameworks were put to practice in my work within a mental health advocacy and service organization. Thus what I bring to the study is a critical lens to mental health knowledge and its practice/s as well as experience of therapeutic work with persons in distress. My world view and practice as a therapist is strongly influenced by ideas from attachment based therapeutic work, self psychology and a developmental lens i.e. seeing linkages between experiences of growing up years and adult emotional life and helping adult clients work through traumatic experiences of early life. Thus in my practice with adult gay men, lesbian women, a few trans women, person with intersex variations, I have seen that childhood experiences of isolation and alienation from family and significant others form significant themes in our adult lives. Yet we know so little about these growing up experiences in lives of sexual minority individuals.

The other perspective I bring to this study is a more recently acquired queer feminist activist identity. I have been member of a queer feminist collective in Bombay since 2011. This position has exposed me and helped me to engage closely with LGBTQ movement/s within the country and collective organizing for campaigns. Being member of an LBT collective makes me an insider to some parts of the LGBTQ community in Bombay and gives me access to other parts of the LGBTQ communities that I am not
intimately involved with. To explain the latter, I have worked as a trainer, therapist and researcher with gay men, MSM, kothis and hijras, though I have not shared social and often political spaces with them.

Finally, I have grown up in Bombay and lived and worked in Pune for over seven years. The primary reason for choosing these two cities as cites for gathering data is my familiarity with these cities and with groups, NGOs working here.

**Life Course Theory and Growing up as gay/lesbian:**

Growth and development of human behavior has been studied with two main approaches, prior to the development of the life course approach/theory. One is primarily the approach followed by developmental psychology i.e. studying individual lives using a longitudinal/temporal framework through understanding different life cycle stages throughout the life span of an individual. The second is the social exchange approach that was used to study the effects of social structures on individual lives (Giele & Elder, 1998). Life course theory, more commonly termed the life course perspective however uses a multidisciplinary paradigm for the study of people's lives, structural contexts, and social change (Elder et. al., 2003). Life course theory adopts a social constructionist perspective to the study of human lives. It does not view life course as something that is ‘there’, a flow of personal experience through time that needs to be studied, instead views life course as an interactional achievement, a social form that people themselves interpretively produce and use to make sense of their everyday lives (Holstein & Gubrium, 2000).

Life course theory has four distinct principles: i) time and place, ii) life-span development, iii) agency and iv) linked lives. The principle of time and place, which implies a socio-historical dimension to events, is significant in the context of sexuality studies as notions of ‘normative’, ‘moral’, ‘appropriate/acceptable’ forms of sexual behaviors and identities are produced and are responsive to context, time and place. In the present study for instance, most respondents were growing up in 1980s and 90s. This time period is significant in shaping the experiences of respondents as they were growing up and discovering their sexuality. This was a time, when there was no internet yet, there were no mobile phones/smart phones, no social media; there were primarily two national television channels and private broadcasters and cable television was only beginning to appear in urban centers of India. It was in this historical context that most of the study respondents were growing up and making sense of their sexuality.

Another aspect of ‘time’ as referred to in life course theory is that of temporal pattern of events and timing of life transitions. The timing i.e. how early or late life transitions occur has long-term impact through effects of subsequent transitions. In the context of this study, for several respondents, a sense of
being different predated emergence of sexuality and puberty and thus many of them experienced a sense of isolation, a sense of ‘not fitting in’ and therefore alienation from an early age. This implies that LG children, who were gender transgressive from early childhood, much before emergence of their sexuality, possibly faced greater challenges in growing up. The life course perspective also recognizes the linkages between childhood and adolescent experiences and later experiences in adulthood, which is the core idea in this study. Here I argue that gender transgressions of childhood, corrective responses that these receive are fundamentally connected in an affective, cognitive and experiential manner with sexual explorations and making sense of the same during adolescence and decisions of disclosure/non-disclosure in young adulthood as well as self categorization as a queer person and development of collective identities.

Life-span development includes studying the progressive series of changes and maturational processes that occur among humans throughout the life span and are influenced by both genetic endowments as well as environmental phenomena. The study of life span includes study of different life stages such as childhood, adolescence, adulthood, each with its developmental tasks and milestones and continuity throughout life span i.e. every new life experience is shaped and mediated by earlier experiences and attached meanings. Applying the life-span development approach to studying ‘growing up’ experiences of gay and lesbian persons implies that sexuality is viewed to be a significant context that affects the childhood, adolescence and life course of an individual with same-sex desires. The underlying assumption is that being attracted to individuals of the same-sex can have an impact on all aspects of living across the lifespan. In the current research this perspective is used to study the processes, milestones, challenges faced by young gay and lesbian individuals in their childhood years adolescence and young adulthood within families, schools/colleges, peer cultures, work spaces. The life course perspective also draws on traditional theories of developmental psychology, which look at the events that typically occur in people’s lives during different stages. The life course perspective however differs from these psychological theories in one very important way. Developmental psychology looks for universal, predictable events and pathways, but the life course perspective calls attention to how historical time, social location, and culture affect the individual experience of each life stage (Hutchison, 2010).

Agency is based on the assumption that humans are not passive recipients of a predetermined life course but make decisions that determine the shape of their lives (Hitlin & Elder, 2007). Life course theory assumes that reality is co-created through interactional and interpretative processes and practice; that individuals construct their own life course through choices and actions they take within opportunities and constraints placed of them by social structures. Thus nature of reality itself is such that it is discursively established by participants in the discourse (Holstein & Gubrium, 2000). In studying the processes of ‘growing up’ gay or lesbian, I acknowledge that every individual participant has actively interpreted,
impacted and engaged with their experiences of growing up years to develop a narrative of these years; of things happening within themselves as well as outside of them. Discussion on ways in which participants in this study have worked through invisibility, silences, hostility around same-sex sexuality to find affirmative spaces and develop and consolidate their sexual identity are examples of individual agency of participants.

The core life course principle is linked lives, the perspective that lives are lived interdependently and reflect socio-historical influences (Marshall & Mueller, 2003). This principle of linked lives implies both the influence of links/relationships between people as well as that between people and their communities and the wider world (Hutchison, 2010). Development of a sense of identity as a sexual being is not a phenomenon that occurs in isolation, rather is mediated by several social linkages. It is social structures that dictate norms of sexuality and gender and are constituted by practice of the same. Similarly the practice of normative gender or sexuality expressed in for instance, rules about marriage in a given society - who marries whom?, what is the gender, caste, class, age of the two parties entering into a marriage?, cannot float free, but is responsive to and constrained by the circumstances, which those social structures constitute (Connell, 1987). Thus personal life and collective social arrangements are linked in a fundamental and constitutive way and hence to study one without attention to the other would provide us with only a partial picture. Moreover in the context of marginalized sexualities, the role of interconnectedness with others like oneself and self categorization in development and assertion of identity is vital.

**Objectives of the study:**

- To explore experiences of growing up through childhood, adolescence and young adulthood of lesbian and gay youth within their social context
- To understand individual processes of development of sexual identity
- To understand the role of family, peers, educational institutions, media and other such social institutions in the process of growing up
- To understand the role of intimate relationships and community in development and consolidation of sexual identity
Research Design:

The current study is conceptualized within a qualitative research paradigm and is informed by the life course theory. The study is exploratory in nature, since there is sparse literature on growing up experiences of gay and lesbian individuals in India. In-depth interview method is used in the study and the interview process is discussed in detail. Snowball technique has been used to recruit the study participants. This too is discussed in detail as part of the interview and data collection process.

Research Site:

The study was carried out in the cities of Mumbai and Pune. Since mid 1990s in Bombay and early 2000s in Pune, several NGOs and community based organizations working with MSM, gay men and transgender persons (TGs) have been established to carry out HIV related work. In addition to the HIV/AIDS awareness, prevention, testing and treatment work, most of these organizations have been involved with running drop-in centers and support groups to create safe spaces for sexual minorities. They have also been involved with rights based advocacy work to assert rights of sexual and gender minorities. In addition several autonomous groups that carry out advocacy, political/collective action as well as work to create safe spaces for socialization have come up in both cities; more so in Bombay. Gay Bombay, Planet Rainbow, Salvation Star, Yariyaan, Gossip, Umang are some of the groups that regularly organize social events and parties for LGBT people to meet in Mumbai city. Azaad Bazaar, the first queer store in Mumbai city, Queer Inc, an online bookstore are some of the other examples of social initiatives and businesses initiated by queer individuals for members of their own community. In addition queer film festivals are an annual feature in Bombay and there have been several queer themed film screenings in Pune too. The earlier queer themed magazines such as Bombay Dost and Scripts have been running and many new publications including queer anthologies, books on queer erotica have been published in the last four years, since the inception of this study. Interestingly, while there are collectives and NGOs in Bombay that focus on lives and issues of lesbian, bisexual women and trans*persons (LBT) such as Labia, Umang, Sampoorna, there exists no such space in Pune primarily for LBT persons. There are groups such as Birds of a Feather, which organize social events such as parties and film screenings for the queer community in Pune. In addition there are NGOs such as Samapathik Trust, Udaan that work with MSM, gay men and trans women, hijras, kothis on HIV prevention. Thus there is a vibrant queer social and political life in both Mumbai and Pune cities. It is on this backdrop that the current study is carried out. Also presence of these queer spaces mentioned above in both the cities made it possible for me to access gay and lesbian respondents for this study.
Data Collection Process: The interview

“When people talk about their lives, people lie sometimes, forget a little, exaggerate, become confused, get things wrong. Yet they are revealing truths ... the guiding principle for [life histories] could be that all autobiographical memory is true: it is up to the interpreter to discover in which sense, where, and for what purpose”.

[Passerini, in Sangster, 1994, pp. 5]

In this study an interview guide was used, which served as a broad guideline to steer the conversation. Participants were encouraged to talk about their life experiences along a timeline, starting from some of their earliest childhood memories to the current time. The time line thus became a tool on which conversations about life events, transitions and life trajectories could be pegged. Participants were free to move back and forth on the timeline and for some the narratives began from the present time and went back into childhood and for some the conversation began at some point in the middle which the participant saw as a significant moment in their narrative. Some others started with their childhood and earliest memories. Thus participants did a free flow style of storytelling, which was recorded. Invariably life stories included conversations about complex, multiple interjecting trajectories. These were explored using probes, follow up questions while intermittently referring to the interview guide.

Since participants were asked to recollect events, experiences and meanings of the same right from their childhood, the study can be said to be using a retrospective design and limitations of such a design apply to this study too. Recollection of events, talking from memory or what may be referred to as constructing a life narrative in the present is bound to be mediated by current and other intermediate experiences, one’s current world view/ideology, language, politics and so on. In this sense it would not be possible to observe or know with precision the exact event/s that occurred at a particular point of time in the life story, say for instance in class IV, in school, when the person was 7 years old in the year 1985. However the narrative about that event/s as constructed by the person would be accessible. Moreover this narrative would not be seen as a single instance, but would be viewed in light of the person’s overall life narrative, which in turn would be contextualized. Thus the interview process in this study was not about evidence gathering or truth finding, but instead about close listening, curiosity, establishing a relationship with the participants, empathy, humor and solidarity.

Interviews were done over a period of almost two years, including pilot period between last quarter of 2011 to mid 2013. Due to paucity of time several interviews were conducted over a single sitting lasting for an average of 2-3 hours with breaks. Some were conducted over two sessions. Interviews were conducted in participants’ homes, coffee shops, NGO drop-in centers, public gardens in both cities. All
the interviews were audio recorded after seeking consent from participants and were later transcribed. Data transcripts were read; re-read and coding was done using a computer package [MAX QDA version 2k1 R030801]. Themes that emerged from the codes were used to carry out a thematic analysis of the data that is presented as three chapters in this thesis.

Snowball method was used to contact potential participants. I spread the word around about the study among friends from within the queer community and on social networking sites and NGO spaces. After getting the first contacts through these multiple points, I conducted their interviews and that of those referred by them. To ensure diversity in the background of participants, I contacted NGOs, social/party spaces, activist groups in both cities. Also a few of my old therapy clients from the LG community in Pune served as contact points. Some of the participants that were recruited through NGO spaces in Bombay city had been interviewed before for some or the other research projects. However most of the participants were being interviewed for a study like this for the first time.

**Ethical Concerns:**

Consent from the research participants was the starting point for the data collection phase of this study. Most participants read about the study or were told about the same by their friends from within the queer community. In a few instances where I contacted staff of NGO, participants heard about the study from them. Participation was entirely voluntary. In case of two of the research participants, they had sought services from a counseling center in Pune where I was working earlier. They heard about the study and expressed interest in participating by contacting me through e-mail. Thus while my colleagues had provided direct services to them and I knew them as clients in this NGO, where I worked, it was ensured that they were not feeling the pressure, burden to participate in the study. Moreover, they had stopped seeking services at this center when they decided to participate in the interview.

In addition to seeking consent, participants knew that there were no direct benefits they would receive by participating in the study. The intention of ‘no harm’ and yet the possibility of distress on recounting some traumatic material from the growing up years was discussed with the participants. Participants were promised counseling referral services in case they needed it. The researcher would negotiate about costs of these services for clients who needed the same. Some of the participants were already plugged into support networks in the community and in this sense did have access to other safe spaces, apart from the clinical/therapeutic space.
While it is important to acknowledge that a study like this can evoke distressing memories, the interview process itself was constructed in a manner that ensured a safe, engaging space for the research participants. There were disclosures about sexual abuse in childhood, worries about HIV status, suicide attempts, non-disclosure of same-sex desires to spouses and discussion of several relationship stressors with me. There were requests by some of the participants, especially those who were isolated for being introduced to potential dating, sex partners. All of these issues were discussed over a period of time, where information resources such as e-lists of the LGBTQ community, books, films, party and social spaces for LGBTQ were shared with the participants. Often there were no follow-up actions that the participants expected, but just having a holding conversation, a few laughs and answering a few questions pertaining to my own life seemed to help. These conversations happened during interviews as well as after over phone calls and sometimes e-mail.

Given that the gay and lesbian communities in Mumbai and Pune are not too large and often the same people meet each other at a gay party, a book launch, a pride march, a protest meet, a dating site, confidentiality becomes a significant ethical concern. For instance, during data collection I realized that I would have contacted two persons through two unconnected sources/contact and yet while I was doing the interview, I realized that the two people knew each other and were dating at some point. Thus, while the interview followed an informal conversational style, I ensured that I never divulged any details of my research participants to each other. However, while personal details were kept confidential, information about other resources, which is valuable and scarce in a heterosexist world was shared freely (wherever relevant) with all participants. For instance, one of the participants had talked about shops where she can easily buy large size men’s shirts and boxers (short pants that men often wear as underwear), which she uses without facing too much of discomfort or awkwardness from the staff. A similar issue came up with another participant and this information about the shop was anonymously shared with the person. Another example would be while talking about safe public spaces to hangout as a queer couple, participants discussed their experiences with various parks and restaurants and this information was shared with other participants if conversations about safe public spaces came up during interviews. In addition to not divulging information about participants among other participants, all the identifying markers of all participants such as names, place/area of residence, affiliations with NGOs, groups and so on are masked in the study.

Finally, I do acknowledge that in addition to my privileges of caste, class, education, I have the privilege as a researcher of analyzing, interpreting and representing the stories shared by my study participants based on my understanding and the lens that I employ. Thus certain questions of power imbalance remain,
while one tries to be aware of the same both in the process of the interview and in the analysis and writing of the life stories shared by the participants.

**Participant Profile:**

A total of 40 participants were interviewed for the study, of these 25 self-identified as gay and 15 self identified as lesbian. Total of 15 participants were from Pune and 25 were from Bombay. The lower number of participants from Pune is due to fewer spaces to meet potential participants from the community (as compared to Bombay) and limited weekend access, since I was living in Bombay for most part of the duration of the study. Also in general, in both cities, meeting gay men was much easier as there were many more NGOs and groups working with them and this increased access. With respect to the lesbian women, there were no groups in Pune that worked on issues of lesbian women, since the closure of OLAVA in 2003 and in Bombay, while there were groups, my access to these groups was limited as I was new to the city having moved back only in mid 2010 after being away for over a decade. Hence the lower numbers of lesbian women participants in this study.

**Location**

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<tr>
<th></th>
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<th>Self Identified Lesbian Respondent</th>
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<tr>
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**Education**

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<th>Post-graduation</th>
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</tr>
<tr>
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<td>10</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4</strong></td>
<td><strong>23</strong></td>
<td><strong>13</strong></td>
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Occupation

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<th>Self employed</th>
<th>Student</th>
<th>Not working</th>
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<td>2</td>
<td>4</td>
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</tr>
<tr>
<td>Lesbian</td>
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<td>-</td>
<td>2</td>
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<td>11</td>
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</table>

*Includes doctor, teacher, banker, human resource (HR) professionals, marketing, call center employees

Average age of the participants was 33 years and the range was 24 to 45 years, with the youngest respondent being 24 years old and the oldest one being 45. A total of four participants had studied upto 12th Std and twenty three were graduates, while thirteen had completed some kind of postgraduate degree in English literature, Social Work, Computer science, Business Administration, Medicine, Law and so on. Eighteen of them were employed as professionals in various institutions such as banks, corporate businesses, hospitals, call centers, teaching institutions. Interestingly eleven of them were working in NGOs. All of these were NGOs working on LGBT rights, HIV or women’s empowerment. This is partly because NGOs were a contact point to seek potential respondents and partly because some of them said that their queer identity was central to who they saw themselves to be currently and hence had chosen to work in the area of empowerment of women and LGBT persons.

Among the 40 respondents, nine were from lower socio-economic strata (as understood in terms of income, occupation and type of housing), thirteen from middle socio-economic strata and eighteen from upper socio-economic group (as understood in terms of individual and family income, type of housing, ownership of assets). In case of two respondents, their parents belonged to lower socio-economic strata and they have moved upward on the socio-economic ladder and hence are counted as belonging to the middle socio-economic strata. However they grew up in conditions of considerable deprivation. In terms of living arrangements, ten were living independently; twenty four with family and six were living with their partners. All six persons living with partners were lesbian women; of these six, I had interviewed four i.e. two couples and two others whose partners were not part of the study. Among the ten respondents living independently many had weekend or occasional living together arrangements with their partners. Of these ten respondents, four were women and six were men. This implies that of the fifteen lesbian women, who participated in the study, ten were living with partners or independently and only five were living with family. Among these five, one respondent was living with her daughters after separation from her husband and another one who was in a heterosexual marriage was living with her husband and son. Only three of the lesbian participants were living with their natal families and of these
two were not in remunerative employment at the time of the interview. This idea that lesbian women
often need to separate from families or move out of family homes under the ‘cited reasons’ of education
or job opportunities in order to be able to live out their lives is discussed in the following chapters. Living
independent of family is also an indicator of class and while there were many gay men, who belonged to
upper class backgrounds and were professionals with sound income, not many of them were living
independently. This trend is discussed later in analysis and possible explanations are discussed.

Of the 40 study participants, 35 were unmarried, while five were married at some time in their lives. Of
these five, two were women and three were men. At the time of the interview, one man and one woman
had divorced and separated respectively, while three others continued to be married. Among the 40
respondents, most grew up in the cities of Mumbai or Pune, except seven, who grew up elsewhere and
were currently living in these cities for studies or work. Of these seven respondents, some grew up in
Nasik, in a village in Vidharbha, in a small town in Rajasthan, moved between several cities such as
Bangalore, Hyderabad, Delhi. Two respondents grew up in other countries, one a Middle Eastern country
and one an African country. There were three respondents who were Muslim; one, whose both parents
were Muslim and one each with one Muslim parent. There were three respondents who were Dalit and
Buddhist and three were Christians. All the others were Hindu.

25 participants were currently living in Mumbai and 15 in Pune. A few grew up in places other than
Mumbai and Pune. Growing up experiences for LG persons in Mumbai and Pune are comparable on
several counts. Experiences within family and school setting and in community environments such as the
chawls in Mumbai and the vadas in Pune were similar. Differences primarily emerged in terms of access
to the LGBTQ community. Many of the respondents from Pune, both men and women talked about
accessing community first or rather primarily in Mumbai. This was due to a more visible queer presence
in Mumbai as compared to Pune.

Thus using a life course perspective and doing in-depth interviews with 40 gay, lesbian self-identified
study participants from cities of Mumbai and Pune, I describe in the following three chapters, experiences
of childhood and adolescence of these LG individuals, their process of consolidating their same-sex
sexual identities, decisions of disclosure of the same, their same-sex adult romantic relationships and
engagement with the queer community.