CHAPTER 2
RESEARCH DESIGN

2.1. THE PROBLEM TO BE INVESTIGATED

This study focuses on the MSMs (Gay). This grouping includes diverse and varied populations that often share little more than society’s stigma and discrimination, and the resultant identity crisis. Stigma as well as a range of other social and cultural factors are forces that affect both the health and social life of an individual and group in myriad ways.

In sharp contrast to the West, in Kerala Society almost all groupings are same sex. They relax, eat, sleep and work in the same sex groupings at home and outside. Such a situation offers anonymity to same sex activities. A full-fledged MSM sex worker could hide his homosexual orientations successfully from the society because of the same sex societal groupings. This situation makes the inquiry extremely difficult. Ignorance about the same sex orientations and the resultant stigmatizations and discriminatory behaviour appear to be the biggest hurdle in creating an identity for the MSMs.

The sexual orientation of people is diverse in terms of religious and cultural backgrounds, age, education, income, class, caste and place of residence. The degree to which sexual orientation or gender identity is central to one’s self-definition and self-determination, the level of affiliation with other MSMs, and the rejection or acceptance of societal stereotypes and prejudice fluctuate greatly among individuals. These differences parallel the diversity among members of other minority groups such as Class, Caste (SC, ST) and people of different religions. In a highly patriarchal society,
compared to the lesbians the MSMs have some space to operate and get their sexual needs satisfied.

The problems to be investigated are the extent of identity crisis that the MSMs experiences in Kerala, the reasons for the high stigmatization and discriminatory behaviour that makes them to disguise the behaviour and their coping up mechanisms.

No official or unofficial attempt is known to have made to estimate the prevalence of gay and lesbian population in our country. In the developed country like U.S. the lower-end estimates were derived from reports of those people who self-identified as homosexual, gay, lesbian, or bisexual, while upper-end estimates were derived from those reporting any sexual behaviour with a person of the same gender since puberty. Using these definitions, between 1.4% and 4.3% of women and 2.8% and 9.1% of men in the U.S. are classified as lesbian, gay, or bisexual (LGB). Because of the concentration of LGB people in larger urban centres, these estimates increase sharply when the 12 largest cities in the U.S. are considered separately. In these areas, estimates of homosexuality or bisexuality range from 2.6% (identity) to 4.6% (sex since puberty) for women, and 9.2% (identity) to 15.8% (sex since puberty) for men. Based on studies many other nations have already been made the MSM (gay) and Lesbian behaviours legal. No survey has been undertaken to ascertain the extent of homosexual population either in Kerala or in India. From the estimate of the MSM sex worker population we can project that about 1% of Keralite are homosexuals.

2.2. The Objective of the Study

The objective of the investigation is to find out the factors contribute towards as well as to gauge the extent of stigmatization, discriminatory behaviour and identity crisis of the MSMs (Gay) in the State of Kerala.
Specific Objectives:

1. To examine the effect of the cultural factors such as patriarchal religion, western education, political ideologies, and the value system generated therein in developing a Shame Culture, which contributes Social Stigma towards MSMs and supplementing to their Identity Crisis.

2. To understand from gay sex history the attitude of shame free cultures to sex related deviation like MSM.

3. To find out the attitude change towards sex related matters in the history of Kerala.

4. To gauge the intensity of stigma prevalent in the Kerala society.

5. To measure the identity crisis of MSMs as a group.

6. To define the attitude and approach to MSMs in view of existing cultural and social paradigms.

2.3. Theoretical Frame

2.3.1. Definitions of Concepts

Unfortunately, there is still no consensus on the definitions of these terms, although each includes components of at least one of three dimensions: 1) sexual orientation identity; 2) sexual behaviour; and/or 3) sexual attraction (Laumann, et. al., 1994). For example, one study might define sexual orientation as a form of identity (as self-identified heterosexual, homosexual, bisexual, gay, or lesbian), while another
defines it as gender choice in sexual partners, and yet another as the gender of those to whom one is sexually attracted (Herek, 1992:195-215).

2.3.1.1 Gender Map

Gender may well be the most basic thing in the elements that make up human personality. In fact, gender is so basic to human identity, most people mistakenly assume the sense of being male or female is defined with absolute certainty by our anatomical sex. Contrary to popular belief, one's sense of gender and one's anatomical sex are two distinct elements: each developing at different times in different parts of the body.

John Money (1972) has coined a useful term to describe this phenomenon. The term is ‘Gender Maps’. Money defines a gender map as the entity, template, or schema within the mind and brain that codes masculinity and femininity and androgyny. This map or coding imprint is established very early in life through an interaction of nature and nurture. Because gender map development is highly influenced by hormones emanating from the developing foetus, sex and gender identification are generally closely matched. But like most aspects of being human, there are no guarantees. As a result an individual may, as early as the age of four, find themselves aware of being caught between having the anatomy of one sex but being equipped with a gender map much more typical of an individual of the opposite sex. It is also apparently possible for an individual to have no clear sense of gender whatsoever.

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Androgyny is the combination of masculine and feminine characteristics. Usually used to describe characters or people who have no specific gender, gender ambiguity may also be found in fashion, gender identity, sexual identity, or sexual lifestyle.
Although there has been a recent increase in the mentioning of cross-gender behaviour issues in the popular media, Gender Identity Disorder is not a new thing. Indeed, it may be as old as humankind itself. Reports of cultural anthropologists and others interested in human nature have many accounts of cross-gender behaviours that span classical and Hindu mythology, Western and Asian classical history, the Renaissance, and late nineteenth and early twentieth century studies of pre-literate cultures (A detailed discussion is given in chapter IV). This consistent record across cultures and time adds to the notion that the disorder may be, at least in part, of biological origin.

There is no clearly understood cause for Gender Identity Disorder. However, we have enough information about foetal and childhood development to implicate a complex interaction of events.

2.3.1.2. Biological Sex Continuum

Biological sex, includes external genitalia, internal reproductive structures, chromosomes, hormone levels, and secondary sex characteristics such as breasts, facial and body hair, and fat distribution. These characteristics are objective in that they can be seen and measured (with appropriate technology). The scale consists not just of two categories (male and female) but is actually a continuum, with most people existing somewhere near one end or the other. The space more in the middle is occupied by intersex people (formerly, hermaphrodites\textsuperscript{34}), who have combinations of characteristics typical of males and those typical of females. That is both a testis and an ovary, or XY chromosomes (the usual male pattern) and a vagina, or they may have features that are

\textsuperscript{34} a person or animal having both male and female sex organs or other sexual characteristics, either abnormally or (in the case of some organisms) as the natural condition
not male or completely female, such as an organ that could be thought of as a small penis or a large clitoris, or an XXY chromosomal pattern.

**Gender identity** is how people think of themselves and identify in terms of sex (man x woman, boy x girl). Gender identity is a psychological quality; unlike biological sex, it can't be observed or measured (at least by current means), only reported by the individual. Like biological sex, it consists of more than two categories, and there's space in the middle for those who identify as a third gender, both (two-spirit), or neither. We lack language for this intermediate position because everyone in our culture is supposed to identify unequivocally with one of the two extreme categories. In fact, many people feel that they have masculine and feminine aspects of their psyches, and some people, fearing that they do, seek to purge themselves of one or the other by acting in exaggerated sex-stereotyped ways.

**Gender expression** is everything we do that communicates our sex/gender to others: clothing, hair styles, mannerisms, way of speaking, roles we take in interactions, etc. This communication may be purposeful or accidental. It could also be called social gender because it relates to interactions between people. Trappings of one gender or the other may be forced on us as children or by dress codes at school or work. Gender expression is a continuum, with feminine at one end and masculine at the other. In between are gender expressions that are androgynous (neither masculine nor feminine) and those that combine elements of the two (sometimes called gender bending). Gender expression can vary for an individual from day to day or in different situations, but most people can identify a range on the scale where they feel the most comfortable. Some people are comfortable with a wider range of gender expression than others.
**Sexual orientation** indicates who we are sexually attracted to. The ends of this scale are labelled "attracted to women" and "attracted to men," rather than "homosexual" and "heterosexual," to avoid confusion as discuss the concepts of sex and gender. In the mid-range is bisexuality; there are also people who are asexual (attracted to neither men nor women). It is normally tend to think of most people as falling into one of the two extreme categories (attracted to women or attracted to men), whether they are straight or gay, with only a small minority clustering around the bisexual middle. However, Kinsey's studies showed that most people are in fact not at one extreme of this continuum or the other, but occupy some position between.

For each scale, the popular notion that there are two distinct categories, with everyone falling neatly into one or the other, is a social construction. The real world (Nature, if you will) does not observe these boundaries. If we look at what actually exists, we see that there is middle ground. To be sure, most people fall near one end of the scale or the other, but very few people are actually at the extreme ends, and there are people at every point along the continuum.

### 2.3.1.3. Biological Reasons for the Sex Continuum

Nature starts out the human developmental process by using the female schema as a base. For a male embryo to develop, something must be added. That something must be a Y chromosome inherited from the father. Furthermore, that Y chromosome must contain a gene known as the Testes Determining Factor (TDF), telling the embryo to differentiate and develop male genitalia. Embryos without the factor continue to develop undifferentiated as female.

Nature takes male differentiation further by having the newly formed male testes flood the brain with male hormones at around the third month of pregnancy. This
sudden surge of brain masculinizing hormones - the creation of the male gender map - occurs again in males somewhere between the second and twelfth week after birth. Importantly, there is no corresponding feminizing hormonal surge sequence observed in females.

This leads one to consider the possibility that male hormonal surges must occur not only in sufficient amounts, but also during a short window of time to cause masculinization of the gender map. If there is insufficient androgen (male hormone), or the surge comes too early or too late, the gender map may be only partially imprinted as male. These disruptions of hormonal surges may come from a variety of sources. A partial list would include a disorder in the mother's endocrine system such as a hormone secreting tumour, common maternal stress, maternal medications or some other toxic substances yet to be identified.

Recent post-mortem studies done on male-to-female transsexuals, non-transsexual men, and non-transsexual women show a significant difference in the volume of a portion of the hypothalamus that is essential for sexual behaviour. While further studies are necessary, these studies seem to confirm that one's sense of gender resides in the brain and that it is physically determined.

Gender appears to be a continuum with most people gathered at either end, the rest being somewhere in between. Feelings of discomfort or complete inappropriateness about one’s assigned sex do not mean the individual is wrong or ill. It simply means that the original assignment was made based on a social determination that is inconsistent with the possibilities of human development.

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The hypothalamus is a small but crucial part of the brain. It controls several important functions, including sleep and growth.
Beyond congenital biological determinants, there are at least three well-published theories on gender development in children. The **biological theory** is based on evidence that high levels of the male hormone testosterone are associated with high levels of aggression in boys and tom boyishness in girls. **Social learning theory** proposes that gender typing is the result of a combination of observational learning and differential reinforcement. A third, **Cognitive-Developmental theory**, states that gender understanding follows a prescribed time line. The pattern put forth is that children recognize that they are either boys or girls by the age of two or three, followed shortly by recognition that gender is stable over time. By the age of six or seven children understand that gender is also stable across situations.

No matter what theory one adopts, for most children, whose sex and gender map are congruent, this insight typically goes unnoticed. However, if there is a sex/gender map incongruence, the child is left perplexed about his or her gender status and begins a lifelong, often compulsive search for resolution of the discrepancy.

All children naturally comply with the demands of their internal sense of gender. Boys generally express male behaviour and girls generally express female behaviour even when raised in closely monitored gender-neutral conditions. If there is any confusion in the child, he or she quickly learns from adults and peers that certain gender-expression behaviours are inappropriate for that individual. This is true even of gender dysphoric children. Some gender dysphoric children internalize their dilemma and make heroic efforts to display the gender behaviour expected of them, while expressing their internal sense of gender through secret play, cross-dressing, and cross-gender fantasies. Others may continue to struggle by insisting that they be allowed to
openly express maleness or femaleness irrespective of their assigned sex. Either way, the problem becomes subsumed into the child's personality.

2.3.1.3.1. Third Gender Dilemma

The arrival of adolescence increases the difficulties for people who are gender dysphoric. Without fail, the subsequent development of secondary sex characteristics counter to the individual's desires increases anxiety. Often, frustration sets in, and determination to finally resolve the problem becomes the individual's driving force in life. This is especially true for gender dysphoric males. Since the obvious first effort is to accept the physical evidence of their genitalia as reality, it is very common to see many of these people push through these early years of adulthood by engaging in stereotypical, even super male activities. Since outward behaviour has no permanent influence on internal gender understanding, these activities serve only to complicate the individual's social involvement, resulting in anxiety about expressing his true felt gender.

This anxiety state is characterized by feelings of confusion, shame, guilt, and fear. These individuals are confused over an inability to handle their gender identity problem in the same way they readily handle other problems in life. They feel shame over an inability to control what they believe society considers to be sexually perverse activities. Even though cross-dressing and cross-gender fantasies provide much-needed temporary relief, these activities often leave the individual profoundly ashamed of what she or he has done. Closely associated with shame is guilt over being dishonest by hiding secret needs and desires from family, friends, and society. For example, people commonly get married and have children without telling their spouse of their gender dysphoria before making the commitment. Typically it is kept secret because they have
the mistaken conviction that participation in marriage and parenting will in itself erase their gender dysphoria. All of this then leads to fear of being discovered. With some justification, gender dysphoric people fear being called sick, uncaring, selfish and even being left alone by the people they love the most.

To sum things up, Gender Identity Disorder is a real and serious problem. Although it is still difficult to conclude all of what may be the cause or causes of the problem that these individuals feel toward their assigned sex, we can be reasonably certain that it is connected with either a congenital irregularity, an irregularity that occurs in the first few years of childhood or some combination of the two. It is sure that every individual's sense of gender, once established, is unchangeable over the individual's lifetime. Men do not suddenly think they are women and women do not suddenly think they are men. This is true for transsexuals as well as those whose sense of gender does correspond to their genitalia. Most transsexuals report being aware of their condition from the age of four to seven. The only variable is the individual's ability to tolerate the anxiety of feeling differently in sexuality. If the individual's gender dysphoria is a relatively minor one, cross-gender lifestyle changes in periodic dressing and behaviours may be all that is necessary to ease the anxiety. However, if the individual's dysphoria is profound, a life style change may be insufficient. In this latter case, gender expression moves from a lifestyle problem to a life-threatening imperative.

2.3.1.4. Sex:

Sex refers to biological sex for plants, animals, and humans (Holmberg 60).
2.3.1.4.1. Sexuality:

Sexuality refers to the learned, culturally inscribed values, meanings, symbols, habits, and rituals that humans live and experience alone and with other humans (ibid).

2.3.1.4.2. Sexualities:

Sexualities refers to the many cultures of sexuality, not just one. Indeed, there are many cultural norms for sexualities and their acculturation, historically, geographically, and contemporaneously (ibid).

2.3.1.5. Gender:

Gender is synonymous to sexuality. The biological sex of a person need not correspond to the gender in all cases. It is the state of being male or female (typically used with reference to social and cultural differences rather than biological ones).

2.3.1.5.1. Homosexual:

The word homosexual was invented in the 19th century as term that particularized behaviour into an identity.

2.3.1.5.2. Homophobia:

Society’s rethinking of sexual orientation was crystallized in the term homophobia which heterosexual psychologist George Weinberg coined in the late 1960s. With the rise of the gay political movement in the late 1960s, however, homosexuality’s condemnation as immoral, criminal, and sick came under increasing scrutiny. When the American Psychiatric Association dropped homosexuality as a psychiatric diagnosis in 1973, the question of why some homosexuals harbour strongly
negative attitudes toward homosexuals began to receive serious scientific consideration. Weinberg used homophobia to label heterosexuals’ dread of being in close quarters with homosexuals as well as homosexuals’ self-loathing. The word first appeared in print in 1969 and was subsequently discussed at length in Weinberg’s 1972 book, *Society and the Healthy Homosexual* (1972).

The American Heritage Dictionary (1992) defines homophobia as ‘aversion to gay or homosexual people or their lifestyle or culture’ and ‘behaviour or an act based on this aversion.’ Other definitions identify homophobia as an irrational fear of homosexuality.

### 2.3.1.6. Heterosexual:

The word heterosexual was invented in the late 19th century, much later its oppositional term homosexual, and only was it in the 1920s that it took on the meanings that we attribute to it today.

#### 2.3.1.6.1. Heterosexism:

Around the same time, heterosexism began to be used as a term analogous to sexism and racism, describing an ideological system that denies, denigrates, and stigmatizes the non-heterosexual form of behaviour, identity, relationship, or community (Herek, 1992). Using the term heterosexism highlights the parallels between antigay sentiment and other forms of prejudice, such as racism, anti-Semitism, and sexism.
2.3.1.6.2. Gay and Bisexual people:

They are defined by their sexual orientation, a definition that is complex and variable. Throughout history and among cultures the definition of sexual orientation shifts and changes. While sexual orientation is not easily defined, a generally accepted definition is orientation toward people of the same gender in sexual behaviour, affection or attraction.

0.4.1.6.2. Gay: It is a political term today. It came into general use in the mid-fifties and sixties, particularly after the Stonewall riots\(^\text{36}\) in New York. The word gay arose as a means of developing a sense of positive identify as a loci for the self, where a core sense of self was constructed around sexual desire and longing.

2.3.1.7. Gay identity Movements:

It is one of the movements of identity politics to assert the identity and rights based on gender difference and it is getting momentum all over the world, particularly in the West.

2.3.1.8. MSM (Men having Sex with Men):

MSM is an umbrella term for all men, those who engage in homosexual activities, predominantly in anal sex. The term, it is true, treats the person as a purely sexual entity. The gay movements have opposed the term MSM saying it reduce the person into an activity. “I am not what I do,” asserts Owasis Khan\(^\text{37}\). Gay movement leaders see politics in the change of the terminology. Ashok Row Kavi says, “There is

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\(^{36}\) The Stonewall riots (also referred to as the Stonewall uprising or the Stonewall rebellion) were a series of spontaneous, violent demonstrations by members of the gay (LGBT) community against a police raid that took place in the early morning hours of June 28, 1969, at the Stonewall Inn in the Greenwich Village neighbourhood of Manhattan, New York City.

\(^{37}\) Owasis Khan: A Rose By Any Other Name…? in Pukaar January 2001 Issue 32
obviously a well thought out game plan not to let autonomous gay identities become visible because such groups take control of their own lives and work in the political spaces.”

2.3.1.8.1. Types of MSMs

Sexual orientation exists as a continuum that ranges from exclusive homosexuality to exclusive heterosexuality and includes various degree of bisexuality in this continuum. Based on the sexual orientation of the individual there can be mainly three categories: heterosexuals, homosexual, or bisexual. However, one can see several subcategories with local variations (Largely discussed in chapter - V)

From the field experience it is find that there are mainly two categories in the MSMs in terms of their taking positions in sexual encounter. They are:

**Pleasure seekers:** are those who take the dominant and active role in seeking the partner, determining the type of the sex and performing the sexual act.

**Pleasure Providers:** are those partners who play a subservient and passive role of cooperating with the likes and dislikes of the pleasure seeker in the sexual act.

Pleasure Providers can be further divided into two:

(i) **Bisexual Providers:** are those playing a dual role in public they can behave like other heterosexual males but can be very feminine in the company of the MSMs. They are bisexual, and are able to get married and beget children. But their orientation is homosexual. They do not want to be known as MSMs.
(ii) **Receptive Providers (Gay):** are those MSMs who are feminine in their physical appearance and gestures. Due to the heterosexist dominance of the modern society they have no self-image and are very submissive. They do not like to get married. They prefer regular partners and would like to behave like the ‘wives’ of their partners. They are willing to engage in all kinds of sex. They are willing to be known as MSMs in public. They like to be in the company of females and they dress and make up like women and want to be known as females. They are very indecisive, timid and introvert. By and large most of them histrionically gifted. We may call this category as gay.

2.3.1.8.3. Working Definition of MSMs

Physically male persons who have same sex orientations and engage in various types of same sex activities for money and pleasure and who does not like to reveal the identity for fear of being ostracized from relatives and friends.

2.3.1.9. Stereotypes:

Stereotypes are beliefs, “a set of beliefs about the personal attributes of a group of people” (Ashmore and Del Boca, 1981). Holmberg (38) defines, “A stereotype is commonly conceived as a set of characteristics that are true about any representative of a group”.

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2.3.1.9.1. Stereotyping:

Stereotyping is defined as creating an oversimplified, false or generalized portrayal of groups of people. Stereotyping does not allow for exceptions or individual differences. Stereotyping is inaccurate and often derogatory. It prejudges a person’s ability, skills and personality based on unfair assumptions about racial, physical or cultural traits. To be fair, an individual should be judged on his or her merit regardless of race, religious beliefs, colour, gender, physical and/or mental disability, marital status, family status, source of income, age, ancestry, place of origin or sexual orientation. Stereotyping can often lead to prejudice.

A stereotype is commonly conceived as a set of characteristics that are true about any representative of a group. A stereotype is a shorthand caricature of a group that is mythically invoked on encountering someone who appears to be a representative of the caricatured group. A stereotype works by mythic expectation. Moreover, conceptualization is stereotyping. It is not the stereotyping itself is not dangerous, it is leaving the stereotype unquestioned, it is letting the stereotype do the thinking.

2.3.1.9.2. Homosexual Stereotypes in General Perception:

Homosexuals widely perceived as (i) promiscuous recruiters and corrupters of children (ii) Who cannot have committed relationships (iii) Have not yet met the right man or women (iv) want to be men/women.

2.3.1.9.3. Gay Stereotypes:

To be interested in sex, to be emotional, to have a need for security, to be neat, to enjoy art and music, to be significantly different form the “normal, healthy adult,” to
be positive towards males, to be feminine, to have high-pitched voices, to wear jewellery, to be creative, and to be complicated (Herek Gregory: 2014)\(^{39}\).

### 1.3.1.10. Prejudice

Prejudice is defined as an opinion or judgment, frequently unfavourable, based on irrelevant considerations, inadequate knowledge or inaccurate stereotyping. Often learned at an early age, prejudice is irrational and not based on reality. Prejudicial behaviour causes pain and discomfort, impedes productivity in schools and in the workplace.

Prejudice is generally considered to be an **attitude**. An attitude towards a social group can be viewed as a “favourable or unfavourable overall evaluation of a social group, with an unfavourable evaluation being labelled prejudice”.

Psychodynamic theories propose that **prejudice** stems from ego-defensiveness and the need to deny certain aspects of one’s personality (Duckitt, 1992)\(^{40}\). From this viewpoint, heterosexuals’ negative attitudes toward lesbians and gay men stem from a denial of sexual impulses in general or denial of attraction to same-sex others more specifically. The failure to recognize latent homosexual impulses purportedly produces irrational, negative responses toward gay people.

Sometimes people are not aware of their own prejudices because they do not know their assumptions are based on inaccurate information. Consequently, they are also unaware that their prejudicial behaviour causes others pain. Prejudice is dangerous because it often leads to discriminatory behaviour.

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\(^{40}\) [http://www.understandingprejudice.org/apa/english/page3.htm](http://www.understandingprejudice.org/apa/english/page3.htm)
2.3.1.10.1. Stereotypes and Prejudice

Stereotypes and Prejudice should be related to each other. According to Fishbein and Ajzen (1975)\textsuperscript{41} prejudice, like any other attitude, is a function of beliefs about the attitude object as well as the evaluations of those beliefs. In their model, beliefs and stereotypes are synonymous, with attitudes considered evaluative and beliefs considered cognitive. Zanna and Rempel’s\textsuperscript{42} model an attitude (including prejudice) is an evaluation of an object that is based on three separable sources of information: cognitive information or beliefs include consensually and individually held stereotypes about the social group. Once formed, the attitude (prejudice) can be independent of the stereotypic beliefs upon which it was based.

2.3.1.10.2. Antigay prejudice and Personality traits:

The relation between the Antigay prejudice and personality Characteristics such as Dogmatism, gender role rigidity, religious conservatism, and, most commonly, authoritarianism is very high. In general the individuals who score high on these dimensions manifest the highest levels of antigay prejudice.

2.3.1.11. Discrimination

Discrimination is defined as unjust practice or behaviour, whether intentional or not, based on race, religious beliefs, colour, gender, physical and/or mental disability, marital status, family status, source of income, age, ancestry, place of origin or sexual orientation and which has a negative effect on any individual or group. Discriminatory behaviour often leads to harassment and has a negative social and economic impact. It

\textsuperscript{41} http://www.understandingprejudice.org/apa/english/page3.htm
\textsuperscript{42} http://www.understandingprejudice.org/apa/english/page3.htm
also leads to unequal treatment, which in turn, creates problems within schools, the workplace and communities.

2.3.1.12. Working Definition of MSM Discrimination

The unequal treatment meted out to persons based on same sex orientation of sexuality and sexual activities.

2.3.1.13. Sexual Harassment

Sexual harassment is defined as comment or conduct of a sexual nature, including sexual advances, requests for sexual favours, suggestive comments or gestures, repeated or persistent leering at a person's body, or physical contact, including assault. This definition of sexual harassment is not meant to inhibit interactions or relationships based on mutual consent or normal social contact between Employees.

2.3.1.14. Stigma (Judgment):

Originally, “the stigma” were the signs of the risen Christ, his wounds. Death on the cross was the most despicable punishment and his wounds bear the mark of it. The miracle of resurrection made the most despised the most honourable. At once holy and horrifying, stigmatized humanness, male or female, works in a similar way. Marginalized persons by the mainstream society, sets them apart. Any signs of difference may then easily stigmatize persons as horrible, even if the difference their sense of rightness about themselves and their world. Yet their stigmatization may grant them sacral or sanctionable status.
Stafford & Scott (1986: 80)\textsuperscript{43} define stigma as “a characteristic of persons that is contrary to a norm of a social unit. The characteristic might involve what people do (or have done), what they believe, or who they are (owning to physical or social characteristics)”.

2.3.1.15. Working definition of MSM Stigma

The social ostracism and condemnation of the persons based on MSM sexual activities.

2.3.1.16. Identity:

The term ‘identity’ derives from the Latin root \textit{idem}, implying sameness and continuity. The very notion of identity has been a rather generic one in the history of Western social theory. Discussions of identity take two major forms – psychodynamic and sociological. The Central thrust of both traditions has been to challenge essentialist understandings of the concept. These assume a unique core or essence to identity – the ‘real me’ – which is coherent and remains more or less the same throughout life. Against this the emphasis within both sociological and psychoanalytic theories has been, in varying degrees, the invented and constructed character of identity.

The psychodynamic theory stresses the inner core of a psychic structure as having a continuous identity. The psychodynamic tradition emerges with Freud’s theory of identification that the child comes to assimilate external persons or objects, usually the superego of the parent. The psycho-historian, Erik Erikson, saw identity as a process ‘located’ in the core of the individual, and yet also in the core of his or her communal culture, hence making a connection between community and individual

(Marshall, 1994). He developed the term ‘identity crisis’ during the Second World War, with reference to patients who had ‘lost a sense of personal sameness and historical continuity’ generalized to a whole stage of life.\(^{44}\)

The French philosopher, Michel Foucault (1977)\(^{45}\), building on the broad thrust of Saussure’s arguments, that social and cultural meanings are produced within language, took this account of identity further through his work on discourse or discursive formations. Foucault’s work also introduces an element, which has become central to recent accounts of identity. This is the insistence that human, as individuals, inhabit multiple identities. There are two key dimensions to this assertion. The first is that different discourses generate particular and often divergent positions for agency and identity. Within this perspective, each is addressed by a range of possible versions of ourselves (as devout believer, as taxpayer, football supporter, or hedonist). The second dimension is that the multiple identities we inhabit in relation to a range of social practices are themselves linked to larger structures of identity. What is usually cited here are structures like class, ethnicity, race, gender and sexuality. It is important to note, however, that these different identities are not discrete – they interact with each other.

There is, therefore, no clear concept of identity in modern Sociology and Folklore. It is used widely and loosely with reference to one’s sense of self, and one’s feelings and ideas about oneself, as for example, in the terms ‘gender identity’ or ‘class identity’. It is sometimes assumed that our identity comes from the expectations attached to the social roles that we occupy, which we then internalize, so that it is


formed through the process of socialization. Alternatively, it is assumed that we construct our identities more actively out of the materials presented to us during socialization, or in our various roles.

Identity dwells in the realm of the individual’s personal notions on the composition of one’s social subjectivity and image in both in external appearance and internal worth. Individuals can acquire multiple identities according to varying situations and status. The formation of identity is a dynamic process in the sense that it is evolving and being constructed according to the interactions and exposures to the changing conditions of social circumstances.

To talk about our identity, we try to answer the question, "Who am I?" We have different kinds of identity: national identity, social identity, cultural/racial identity, class identity, familial identity, gender identity, sexual identity, etc. All these identities are formed beyond our control (at least partly).

Identity is the subjective conception of self and one’s personhood; it has to do with who one thinks one is, what one believes and what one does, and the way in which one makes sense of his/her everyday existence.

Out of all of these inter-related kinds of identity, we form our personal (sense of) identity. "Usually" we loudly pronounce (articulate and/or defend) a certain kind of identity unless it is strongly related to our beliefs or unless it is threatened.

2.3.1.17. MSM Identity Crisis

MSMs are third gendered male persons who suffer from double identity crisis: personal and social. Their basic question, “Who am I?” in terms of the basic gender identity is not answered at the gender determining stage in the growth of a person.
Secondly, a gender group is not socially recognized, except perhaps, in place it is recognized as *Hijras* or *Thirunangai* (in Tamil) or by some similar names as in India. Some of the western countries hesitantly recognized the third gender people and in other countries, it is being debated.

### 2.3.1.17.1. Working Definition of MSM Identity Crisis

The uncertainty experienced by the MSMs, “who they are”, on the basis of the hostile social responses to their same sex orientation.

### 2.3.1.18. Patriarchal Religions:

Patriarchy has assumed pejorative baggage sometimes stereotyping all men in the context of women’s movements. Patriarchy became the synonym of authoritarianism, domination, oppression, in short, a concept of power. Patriarchal religions are religions of Aryan race wherein God is presented as omnipotent. They are at present *Vaishnuvism*, Judaism, Christianity and Islam. Their main characteristics are: (i) These are men god dominated religions (ii) Hierarchical ordering of authority (iii) Based on holy books revealed by male gods: Vedas, Tora, Bible and Quran. (iv) Incarnational religions with God taking some forms of male beings. The spirituality of Patriarchal religions is middle class values through which the extravagant energy of the female is restricted.

### 2.3.1.19. Middle Class Values (MCV):

The work one does and the economic position one occupies in the society generates a subculture within the Society. Thus, the lower class, middle class and upper class each have its own subcultures. The cultural ethos is expressed through its value system. Of the three classes, the middle class is unique in many ways particularly in its
‘central tendency’. As against the other classes the middle classes experiences two tensions: to maintain what is achieved and not to go lower class as well as to go higher and become upper class. The upper class has only one tension of not going middle class and also the lower class has only one tension of getting to middle class. In a sense the upper class has nothing more to gain and the lower class has nothing more to lose in terms social prestige. The value system of the lower and upper classes are largely the same. The Value System of the Middle Class with its Key Values given below:

2.3.1.19.1. Key Values with subsidiary Values

1. **Security:**
   - Fear of risk taking
   - Repetition
   - Refusal to change
   - Approval seeking
   - Avoiding conflicts
   - Evasive
   - Fear of failures
   - Looking for successful models
   - Blaming others for failures
   - Authoritarian
   - Living in the past or present

2. **Body Conscious:**
   - Shyness
   - Pretensions
   - Secretiveness
   - Lack of respect for body
   - Clothing obsession

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- Guilt ridden
- Fear of spontaneity
- World denying
- Emotional Rigidity
- Orderly

3. **Frugality:**
- Miserliness
- Saving mentality
- Lack of generosity
- Life denying
- Petit competition
- Externally Gentle
- Internally Aggressive

4. **Tradition Bound:**
- Family Status Obsession
- Importance of Family Name & History
- Local interest dominates
- Exclusiveness
- Contempt for strangers
- Judgmental
- Strict Moral Code

5. **Poverty of Emotion:**
- Frozenness
- Low energy for work
- Static
- Low rating for art and music
6. **Restriction of women:**
- Low feminine status, sinful
- Restrictive attitude towards sex
- Sex difference maximized – dress, body movements etc.

2.3.1.19.2. **Working Definition of Middle Class Values (MCV)**

The nurtured values that scripts a person to be emotionally rigid and to respond with a mediocre attitude and approach to persons, material and events and that cripples a person to take risk in life and to live always complaining about lost opportunities and to be anxious about one’s future.

2.3.1.20. **Shame Culture**

The sex-negativity of the patriarchal religious teaching is largely based on the body-denying middle class value system and the shame attached to it. Any deviation of the expected behaviour pattern followed by the powerful majority evokes shame. Shame, therefore, is culturally conditioned (Holmberg: 1998:155). A culture becomes a shame culture when the original culture as whole is rented deviant by the invasion of a dominant culture. For example, Islam and Christianity, which developed in extreme climatic conditions where bare body was impossible nudity, became a priced commodity. In the tropical climates bare body was the most suited for healthy living. The powerful Semitic religions bulldozed into the Indian culture dress became important to identify themselves with the invaders. In course of time nudity that was a value for the invading culture became valuable in Indian culture too.

For the Patriarchal Semitic religions, shame has a mythological foundation: Adam and Eve in the Garden of Eden in the book Genesis in the Bible (Genesis 2:8-
40

3:24). Prior to eating the fruit of the tree of the knowledge of good and evil, they did not know being naked is shameful. Once they eat the fruit, however, “they knew that they were naked and they sewed fig leaves together, and made themselves aprons.” In addition, fear was somehow instilled in them.

2.3.1.20.1. Working Definition of Shame Culture

A culture in which patriarchal middle class values are treated normatively and any deviance from it is ridiculed to generate shame and fear.

2.3.1.21. Left Wing Political Ideology

Being an ideology shaped in the western middle class culture and in the atmosphere of patriarchal religion, the value system of left wing political ideology is middle class. It did not undergo any value change in its revolutions. Where it came to power, it was more authoritarian than the right wing regimes. The puritanical approach to sex and sex-related matters continued. Historically it contributed to developing negative attitude towards sex and gender related matters particularly in Kerala.

2.3.1.22. The Structure of Stigma

Studies on attitudes have suggested that evaluations, cognitions, and affective responses are separable yet related aspects of attitudes. The distinctions among these components have led to the development of multicomponent models of attitude. The basic tenets of these attitude models are evolutions of objects that are derived from three general sources of information: (i) cognitive information (ii) affective information and (iii) behavioural information. Cognitive information refers to beliefs or thoughts about an attitude object. Affective information refers to feelings or emotions
associated with an attitude object. *Behavioural information* refers to type of behaviours to an attitude object (Herek, 1998:84).

In terms of the role of cognition in inter group attitudes two separate types of beliefs are relevant. One type of cognitive information is *stereotype beliefs*, that is, negative characteristics attributed to typical members of a target group. The second type of cognitive information is *symbolic beliefs*. Symbolic beliefs are beliefs that social groups violate or promote for the attainment of cherished *values*, customs, and traditions (ibid).

In contrast, the affective component of inter group attitudes focuses on the evaluative implications of the emotions that are elicited by members of different social groups. Assessing the affective component of intergroup attitudes provides information that is not captured through simple assessment of individuals’ beliefs (ibid).

Applying the structure of attitude to the study of MSM stigma, we posit that the *shame culture* functions in the *affective realm*, generating stereotypes of MSMs and the *middle class value system* functions in the *cognitive realm* generating negative symbolic beliefs and values towards MSMs. The powerful prejudice thus produced are expressed through behaviour culminating into stigma and discrimination. The MSMs develop identity crisis on the basis of powerful discrimination they experience from the moment they recognize their same sex orientation from every section of the society.
2.3.2. Theoretical Frame: Diagram

2.4. Hypothesis

1. The patriarchal spirituality, western education and left ideology creates Shame Culture which develops stigma towards sex and sexual orientations like MSMs (Chapter – III)

2. Shame free cultures are tolerant towards sexual orientations such as MSM. (Chapter – IV)

3. A Shame free culture can be made shame cultures through English education, patriarchal religious spirituality and left ideology.(Chapter – V)

4. A shame culture is stigmatizing towards MSM sexual behaviours. (Chapter – VI)

5. In a shame culture that stigmatizes the MSM behaviour, the MSMs will develop identity crisis along with coping up devices. (Chapter – VII)
2.5. Methodological Challenges

Central to the study of gay men concerns are the methodological challenges posed by studies of these populations. Relevant issues include definition and measurement of critically unexamined and socially constructed categories, as well as challenges of sampling rare and hidden populations concerning sensitive topics.

The **definition** MSM itself is very inadequate. One of the MSM organizations has pointed out more than seventeen categories of MSMs (see Chapter IV). They call themselves as MSM community. In any study on MSMs this plurality of MSMs is a challenge to its scientific precision.

2.6. Methodology

The inquiry has two parts: Stigma and Discrimination of MSMs by the society and the Identity Crisis experienced by the MSMs thereof. The first aspect of the inquiry designed as an exploration into reasons for the stigma and discrimination of MSMs. Hence, the design of the study envisaged as explorative-cum-descriptive. The researcher has employed different tools for data collection comprising both quantitative and qualitative approaches to primary data gathering. Folkloristic methodologies used in the qualitative part and the basic statistical analysis used for the quantitative part.

2.6.1. MSM Stigma and Discrimination

The objectives entail seeking important variables in relation to stigma and discrimination that characterizes a shame culture. A folk-cultural qualitative study was conducted supported by a field study through administering a questionnaire. These objectives rest on the belief that the shame culture generated by the historical process promotes harsh heterosexism, which in turn increases stigma and discrimination against
the MSMs who are following a life style diametrically opposite to that of heterosexual fanatics.

The study takes a cultural approach to the problem of stigma and discrimination to matters of sex in Kerala, leave alone MSMs. The research undertook a cultural value analysis to find out qualitatively the reasons for stigma supported by the quantitative study through serving questionnaire. The folk-cultural finding correlates with the quantitative study that Kerala has high-density shame culture, which promotes stigma, and discrimination particularly matters of sex and sexuality.

The important concern of the cultural approach was to get an ‘emic’ view of the MSM stigma and the extent of discrimination. A phenomenological approach to data gathering was envisaged as a major method of the study. It focused on the respondents’ perceptions and interpretations of stigma and discrimination within the context of everyday interactions and decisions. To this effect, the researcher undertook a non-participant observation of a selected group that fell within the parameters of the study and had been in proximate contact for a period, during the course of which organized interviews were carried out. The data thus gathered are presented with a view to support the quantitative data and strengthen the validity of the assumption numbers 1, 3 & 6. The assumptions (mentioned in chapter one) are tested through questionnaire and historical survey and socio-cultural qualitative study. The hypothesis 2, 4, 5 and 8 are treated with qualitative data.

2.7. MSM Identity Crisis

An analysis of MSM subculture was undertaken to find out the complex MSM world. Organized interviews and participant observation were employed over a period of time to get an ‘emic’ view of the complex problem that is MSM identity crisis. The
researcher undertook an all Kerala fieldwork at different MSM groups to get an inside view of the problems through organized interviews and participant observations of Folkloristics. The data thus gathered was supported by a quantitative method. A questionnaire was prepared to measure the six areas of the Identity (1) MSM orientation (2) Personal Self Esteem (3) Collective Self Esteem (4) Blaming Prejudice to Personal Setbacks (5) Personal Choice (6) Community Consciousness. Assumption 7 is proved through qualitative and quantitative data.

2.8. Variables

The study is designed to be both quantitative and qualitative. The universe for the MSM study is the whole of MSMs in different parts of the State. Representative samples were taken from them and were subjected to quantitative analysis based on the chosen independent variables such as (i) Patriarchal Religion (i) English Education, (iii) Left political Ideology. The dependent variables are the MSM stigma and identity crisis.

2.9. Areas of the Study

The study has two areas, the universe of the MSM stigma is the whole of the Kerala population and that the MSM identity crisis is the MSMs in Kerala.

2.9.1. MSM Stigma and Discrimination

The people in the whole of Kerala State constitute the area of the study. Stretching from some of the highest mountains of the Western Ghats to the lush green coastal plain, Kerala forms the southernmost part of the Indian subcontinent. Hedged in between the mountains and sea, Kerala is a narrow strip of land isolated from the rest of the country. Kerala has an area of about 39,000 sq. km and its population, according to
the census in 2011, is 33,387,677, of which 16,021,290 are males and 17,366,387 are females.

2.9.2. MSM Identity Crisis

All the people who have the same-sex orientations in Kerala are the population of the study. There are different types of people with same sex orientations. It is difficult to find out their total population; however, from the studies conducted elsewhere they form at least 2% of the population of the State.

2.10. Unit of the Study

2.10.1. MSM Stigma and Discrimination

Every individual is considered as the unit of the study. Individuals were treated as units, because the study intended to examine their stigma towards the MSMs. It was assumed that the intensity of stereotype and stigma of the respondents could vary according to the changes in their value system generated by the religion they believe in and the type of education they receive. Their income and rural-urban abode has little or no influence on the attitude and stigma towards the MSMs.

2.10.2. MSM Identity Crisis

Every individual MSM is treated as the unit of the study. Though there are several varieties of MSMs the researcher has taken all of them as one unit who have male to male sex of any kind.
2.11. Sample and Size

2.11.1. MSM Stigma and Discrimination

It is an all Kerala study, divided Kerala into four zones: (i) Trivandrum (ii) Ernakulam (iii) Kozhikode (iv) Kannur. Thousand interview schedules, 250 each in every zone, were distributed at random ensuring Religion and Income as two major criteria for sampling. Of the thousand, there are 867 filled in schedules of which Hindus -585, Muslims - 147 and Christians - 135. One of the major limitation of the sampling was that it could not cover Kottayam, Idukki, and Pathanamthitta Districts due to unavailability of the presence of MSM groups.

The major limitations were, any topic on sex in general is highly sensitive issue to the South Asian mind. Gay study is still worse as it is not recognized category by the public. In India, the public as Hijras and Thirunangaiar knows gay but then they are treated as men with special divine power and not considered MSMs in the sense defined in the study. General situation being such, attempting to study gay identity in a highly stigmatized State Kerala, was enormously challenging. Groups like Hijras and Thirunangaiar are not generally known in Kerala, the people who claim to be Hijras and Thirunangaiar in Kerala are mostly from outside the State. Like the Tamil leper beggars, these people too are just tolerated here.

2.11.2. MSM Identity Crisis

The MSM groups were available in the HVI prevention projects implemented by local agencies under the government health programs. MSMs covered by these

\[47 \text{ ‘thirunagaiar’ – plural of ‘thirunangai’} \]
programs are mostly sex workers. Though they say, “money is not, pleasure is our primary concern,” the researcher has doubts about the veracity of their claims. Their main motivations appear to be money and pleasure is a secondary motivation. The researched has selected 14 district groups, one from each district was the criteria, for the fieldwork and data collection. Of the 300 questionnaires distributed and got back 286 filled in.

The limitations of choosing the MSMs (i) Most of the MSM sex workers are from low-income group and a number of these families, the MSM son is the source of income. Some of the families have become very rich by the money of the MSM sex work but then the concerned family members do not know the exact source of the income of the MSM. (ii) They are an enlightened group today. Through the numerous meetings and study sessions, these MSMs are aware of their rights and know about other MSM groups in the country and abroad. Newly acquired awareness of their rights and privileges, which reassured them of their self-worth, made them to affirming their identity. They are also aware of the need to organize themselves as a group to fight for their identity and rights.

2.12. Data Collection

2.12.1. MSM Stigma and Discrimination

The respondents were individually contacted by the researcher to get the schedule filled in. Hindus were generally cooperative. “It is a Muslim problem, let them have it” was the general response of the Hindus. Whereas, the Muslims as well as Christians were equally condemnatory of the practice swearing by their holy books. The women too were not much enthusiastic to fill up the schedule. Of the two, the Muslims were aggressively against the same sex practice, and most of them refused to
cooperate with the study terming it an unholy act. The topic of study in itself was
generally shocking to people who consider ‘these things’ should not be treated publicly.
Socio culture situation of Kerala considers discussing sex and sex-related matters in
public a taboo. People are aware of homosexuality but they do not appear to think that
it is a matter for research. People generally hesitant to fill in the questionnaires as it
involve their time and responsibility. Nobody wants to commit anything in writing now
days as it can involve trouble if not now, later on.

People in general only heard of gay sexuality. They think it is passing pranks of
the youth, once married the tendency would vanish. Very few people know the
existence of a group who would engage in lifetime gay sex called MSM or Gays. The
ones who know about it are suspicious, why the researcher picked up precisely them.
The replies, therefore, very calculated.

There are a set of people who are amused at the study. They heard of such
studies in the west, but not in Kerala. The stray reports in the print media are not taken
seriously. They share the common believe aggressively espoused by the religions that
any sex other than heterosexual is psychic deviance. Some respondents told us that they
are not willing to spend their precious time on absurdities like studying a non-issue like
homosexuality.

From the point of view of people’s faith and response, Muslims were least
cooperating. They were rather reluctant to do it as they are stereotyped to be
homosexuals. Most of the Muslims we approached thought we were targeting them and
resisted cooperation. Muslim women who could not be approached even for other
things were out of bounds, though our sample included 10% Muslim women. Their
clergymen were aggressively against people of gay orientation. They vowed by Quran
that gay sex is the most abhorrent sin and heinous crime according to the Holy book and such people should be dealt with the severest of punishments of beheading.

Youth were generally cooperative; they knew the existence of gay men, while the senior citizens did not. Seniors were uncompromisingly vindictive about the tendency. Number of senior men and women refused to fill in the questionnaire thinking it is immoral to cooperate with such a study.

2.12.2. MSM Identity Crisis

Researcher has visited each selected fields and instructed respondents as how to fill in the schedule. The respondents filled the schedule with the help of the researcher. Religion was one of the basic variable the Muslims were under represented as selected only two TI projects from the Muslim populated districts of Malappuram and Kozhikode. Still they form 25.9% of the samples.

2.13. Analysis of Data

Quantitative data of the two studies were coded and computed using the computer software Statistical Package for Social Sciences. This coded data is processed with the help of appropriate statistical devices. Techniques of descriptive statistical analysis were employed to seek correlation and association between the variables. Qualitative data is presented along with the quantitative data to validate the assumptions arrived at through qualitative investigations.

2.14. Limitations of the study

The study is focusing on a hidden population, which is highly stigmatized due to several reasons. The availability of secondary data and literature focussed to the
topic is available scarcely. Through the researched reached out to substantial number of
MSMs in the state, the reluctance on providing information was so dominant and which
delayed the process. The crisis of determination on sexuality is also observed during the
fieldwork, many of the MSMs are still not certain about their sexuality as
homosexual/gay. Article 377 was active during the fieldwork time and the interaction
with the MSMs was so confidential, many times the interview was abruptly broken due
to the unexpected presence of general public, knowing people or police officers. It is
observed that the emerging acceptance of ‘transgender’ in Kerala society is tempting
MSMs to convert themselves as transgender to come out with the sexual preferences
and to get a minimum status in the social sphere.

2.15. Chapterisation

The entire research work will run into eight chapters. The first one on
Introduction brings out the background of the study topic with three major areas,
global, Indian and Kerala. The second chapter explains the importance of the study, and
states its objectives and hypotheses as well as methodological part. It also
includes limitations. Chapter three will contain previous reviews, historical and cultural
background of the Problems in the study geographical area. The fourth chapter explains
the tolerance level of different cultures historically into behaviours on sex and
sexuality. Influence of religious and political ideology is covertly acting as a shame
culture is discussing in the fifth chapter. The data on the response of Kerala society on
MSM sexuality is presented in the chapter six. The development of identity crisis
among MSMs in Kerala is discussed in chapter seven. Eighth chapter is the findings,
discussions and conclusions followed by bibliography.