Beyond a Binary
Gender in the work of Alliance India

Abhina Aher is the Programme Manager for Pehcha, the largest single-country Global Fund grant supporting programming for MSM, transgender and hijra communities. For Abhina, the journey of owning and embracing her gender has been long and arduous. It started with a childhood restricted by parental expectations, social conditioning through rejection, homophobia and rewards linked to “normalisation.” Abhina (who was then Abhijit) dated girls and tried hard to conform to the expected norms of masculinity, which defined his attire, his body language, and even his relationships. He could not escape his essential desire to be treated and touched as a woman. His love of dancing allowed him to cross-dress and embrace his inherent “femininity.” Abhijit was surprised at how little support he got even from the larger gay community as he began expressing his true gender more widely and honestly. Abhina had started the journey to find herself. She has integrated her life experience into her career, working on projects with transgender groups in Mumbai and now with Alliance India, and has now begun the process of gender transformation including surgical reassignment from male to female.

But many MSM and transgendered people do not have the courage to get as far as Abhina has. Most MSM in this country end up getting married unable to avoid societal and familial norms. Men and women alike pay a huge price in this country to conform to an often rigid and inflexible notion of gender amidst other social and moral norms. A culture that denies individuals the space to be who they are risks undermining itself. Marriage should be a matter of individual choice, not a compulsory social institution; for so many MSM and transgenders in India, marriage was inescapable. The options that are available to people have a profound impact on how individuals (both male and female) experience and negotiate their sexual lives and their vulnerabilities.

Gender illuminates, sometimes in the most unexpected ways, the complexity, delicacy and constant contradictions of human interactions. Gender is something that adheres to us, regardless of anatomical sex. The ‘trouble’ arises when we see biological sex as the cause of innate gender traits rather than a construct informed by conditioning, culture, family, age, self-esteem and the space you occupy (to name a few). Gender is not just about women and girls. This essay attempts to configure the surface of the vast landscape of gender which involves men and boys as much as women and girls; connects the dots between gender identities and sexuality; explores its relationship to HIV vulnerabilities; and what interventions can do (and undo) to address an individual’s experience and public expression of gender.
Genders are living entities, and as they evolve and grow, it is impossible to predict which elements of one or the other will prevail. Equally, gender is not rigid as many would like to believe or exhibit that it can be bent, we are in that sense blends of the masculine and feminine. Our sense of identity is never simple or permanent. It involves a hybrid of identities: nationality, marital status, caste, class, sexual orientation, and so on, that sum up to “who we are.” Importantly, it includes our gender identities.

These questions are not academic. There is a modernised form of social apartheid in India, superimposed upon older systems of caste; and the way in which gender and sexual identity is constructed reflects this growing divide. The absence of self-identification among the majority of those oriented towards same-sex desire in India has indisputably driven the transmission of HIV and other sexually transmitted infections. Alliance India’s Pehchān programme (Global Fund Round 9) works with MSM, transgender and hijra (MTH) communities, who, by their very existence subvert the prescription and proscription of gender norms. Recognising the many categories and definitions at work in MTH communities in India, Pehchān embraces a paradigm of sexual and gender identity that is as inclusive as possible. The programme will address issues such as the pressure to marry
experienced by many MSM and will develop innovative pilots to address the needs of spouses and other female partners of community members.

The politics and problems of gender also extend to other marginalised groups that Alliance India works with, in particular, women who inject drugs through Chanura Kol, a project funded by the Elton John AIDS Foundation. This population has specific needs that remain unaddressed in current programming, and encroachment on their rights due to entrenched gender norms place these women in situations of powerlessness and vulnerability, decreasing their ability to access services. Using a holistic approach, Chanura Kol is aiming to tackle these challenges.

Gender blindness in HIV programming for people who inject drugs has meant that women's drug use often remains hidden. Women users seldom come forward to take part in interventions or participate in research. Their needs remain under-represented in harm reduction literature. This situation creates the illusion that they do not exist in sufficient numbers to create programmes for them in the first place. Women who inject drugs face multiple sources of vulnerability to HIV, including through injecting drug use, sexual transmission and gender-based violence (often exacerbated through their involvement in sex work). Gender dynamics not only limit their negotiation power for safer sex, access to services but also determine injecting and drug use practices. The social standing for these women is further undermined by drug use and HIV-related stigma and discrimination, which is often more severe than against men who inject drugs.

Chanura Kol aims to support women who inject drugs in Manipur by addressing multiple sources of vulnerability through drug use, sex work and social exclusion. The project provides harm reduction, HIV prevention, general health and social services while providing opportunities to drug treatment, social reintegration and income generation.

The dynamics of gender also severely impact the lives of those affected by HIV. In a recent Alliance India study on sexual and reproductive health and rights for adolescents affected by and living with HIV under CHAHA (Global Fund Round 6), discussions with parents show that social norms and expectations guide how they treat their children from an early age. Parents restrict contact between girls and boys, denying both the opportunity to interact. Adolescent girls found it difficult to discuss being involved with boys their own age and also spoke about feeling unsafe in public, for fear of being teased, harassed and even touched inappropriately by boys and men. Even crowded places and public transport were described as risky. Adolescents report sexual violence in their lives and those of their peers, highlighting an urgent need for strong measures for child protection, age appropriate sexuality education and empowerment.

Alliance India’s work with CHAHA also showed how HIV-affected and -infected widows are subjected to community and familial norms which further marginalise them. The position of widows in a significant section

---

of Indian society is strongly influenced by practices that govern gender relations as a whole. A system of patrilocal residence exists in many parts of India, which after marriage puts women in a position of vulnerability. Similarly, the system of patrilineal inheritance and the division of labour by gender place limit a women’s ability to engage in income generating activities and her economic dependence and subsequently restrict autonomy and decision making. Once widowed, a woman’s options are severely limited, and HIV adds a further layer of stigma. The marginalisation of widows in Northern India in particular, is consistent with the traditional perception of Hindu widows as inauspicious and guilty women who should lead lives of austerity devoted to the memory of their husbands. As crucial is the simple fact that widows are often seen as an economic burden.

Programmes like Pehchān, Chanura Kol and CHAHA address gender norms to increase the impact of HIV interventions with vulnerable populations. But people are too complex to be reduced to fixed images and stereotypes. Labelling tends to simplify people and cut them off from one another. It’s easier to avoid dealing with individual differences. For all people – people of any and all sexual orientations, men and boys, women and girls, and the transgendered as well – challenging these assumptions requires sensitivity, courage and humility. Those who reject popular imagery and overcome gender apartheid can celebrate a small victory in a profoundly human battle; they are lodestars amidst the darkness of fear, stigma and taboo.

The truth, meanwhile, is richer, more complex, more satisfying, and, to be sure, more problematic. Avoiding the problem in ill-conceived interventions only serves to validate and perpetuate it. As the Alliance, we need to question forces that create gender images and pigeonhole people into tight and limiting boxes. We should ask ourselves if we are doing enough to challenge the gender power-plays that protect vested interests in a largely patriarchal and heterosexist world.

Gender is always open, in flux and often performative. After all, a cocksure swagger has always been as much an act as a limp wrist. But few are capable of acknowledging this rather simple and obvious fact. For if they did, it might just fragment that sense of who they are and even shatter their identities.

Shaleen Rakesh
Director, Technical Support

---