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THE CHANGING LANDSCAPE OF GENDER AND SEXUALITY: A MULTI-LEVEL ANALYSIS OF IMPLICATIONS FOR MENTAL HEALTH IN INDIAN YOUTH

VANI JAIN

Thesis submitted to Durham University for the degree of

Doctor of Philosophy (PhD)

Department of Sociology

10 September 2024

Declaration

I confirm that no part of the material presented in this thesis has been previously submitted for a degree in this or any other university. The contents of this thesis are produced solely for the qualification of Doctor of Philosophy at Durham University and consist of the author's original contributions with appropriate recognition of any references indicated throughout.

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Signed:

Vani Jain

Date: 10th September 2024

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I would like to submit this thesis in memory of my mother. Everything I do, I do to make you proud of me.

ABSTRACT

This thesis examines the mental health and well-being of Indian youth aged 18 to 29, focusing on how they navigate the complexities of gender identity and sexuality in various social contexts. In a country with diverse socio-cultural dynamics, understanding these dynamics is essential for addressing mental health disparities among SOGIESC (sexual orientation, gender identity, gender expression, and sex characteristics) individuals. This study responds to a significant gap in academic research by investigating the micro, macro, and interpersonal factors shaping the mental health experiences of this underexplored population.

This thesis addresses key questions such as: How do gender and sexuality affect the mental health and well-being of young people in India? What are the potential risk and protective factors for mental health? How does Indian culture impact the experiences with these concepts? Employing a multi-phase qualitative approach, this study examined the social and psychological well-being, along with broader mental health challenges, of young people. Phase 1 (n=145) involved a survey designed to assess gender role identity, social and psychological well-being, while Phase 2 (n=19) comprised of in-depth interviews with a sub-sample from the survey to explore these issues further. Data analysis focused on identifying recurring themes and patterns, providing a comprehensive understanding of the factors influencing mental health. In this research, I contribute new insights to the literature on gender and sexuality and mental health in India. The study identified several mental health challenges among participants, including depression, anxiety, gender dysphoria, and suicidal ideation and attempted suicide. Key risk factors included stigma and discrimination, lack of legal recognition, cultural norms and expectations, and family rejection. Conversely, protective factors such as personal agency, future aspirations, and access to mental health services emerged as significant. A notable finding was 'Corrective Child Sexual Abuse,' describing

experiences where participants perceived their abuse as an attempt to 'correct' their non-normative gender identity or sexuality.

The research also highlighted that participants' gender and sexuality are affected at various levels (macro, interpersonal, and individual). At macro level, various structural inequalities such as lack of all legal rights and institutional discrimination, and cultural expectations such as heteronormativity and religious expectations, created a backdrop of distress for the participants. At interpersonal level, pressures from their family and society like pressure to marry and to conform to societal norms created a cycle of extreme distress where participants could not turn to their primary caregivers for support. At individual level, participants experienced challenges due to a lack of awareness about their identity and their agency being suppressed. Their mental health deteriorated when they were not able to act the way they wanted, leading to stress and anxiety. Furthermore, this study contributes valuable data to the literature on SOGIESC identities, an area that remains understudied in India. The findings provide critical insights that can inform policies and interventions aimed at reducing mental health disparities and promoting well-being among SOGIESC youth in India.

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CHAPTER 1: INTRODUCTION

My interest in studying gender was sparked by the 2013 film 'Bombay Talkies', which includes four short films. One of these films features a 12-year-old boy named Vicky who aspires to be a dancer. He belongs to a conservative, but loving family where deviating from traditional gender roles (e.g., his father's insistence on playing football to become 'tough') is unacceptable. In a poignant scene, Vicky dresses up as his favourite actress and dances joyfully until his parents discover him. While his mother finds humour in his actions, his father reacts harshly by slapping him and forbidding him from repeating the behaviour. Later that night, Vicky's sister asks him if he knows why he was reprimanded. He tells her it was because he touched his mother's belongings without her permission, a moral sin. However, she clarifies that it was for wearing women's clothes and 'behaving like a girl', a social sin. Vicky naively questions if being a girl is inherently bad. This scene has deeply influenced my academic journey by prompting me to analyse gender through a sociological lens.

1.1 Motivation and Focus

This film was my first introduction to various questions, concepts, and theories that have shaped the study. My research primarily spans from 2019, a year after Section 377 (a colonial law criminalising homosexuality in India) was annulled in 2018 to 2024, almost a year after India's Supreme Court declined to accept same-sex marriage. During this period, although some official recognition was granted which allowed for more open discussions and hidden experiences of the SOGIESC (sexual orientation, gender identity, gender expression and sex characteristics) communities to emerge; it was still partial, leaving other civil rights of queer individuals in a state of limbo. This time frame not only highlights the precariousness and uncertainties associated with political, social, familial, and individual understanding but also provides a unique glimpse into a time when envisioning a queer future in India is possible. However, even though imagining a future for SOGIESC individuals is within reach but what

does this future look like? What kinds of interactions and experiences do Indian youth face because of their gender identity and sexuality? Even though their existence is no more a crime, in what avenues do the gender and sexual minorities continue to face discrimination? What are the mental health impacts of this? This research aims to elucidate these factors and how their relationship is shaping the daily interactions of Indian youth as they understand their past, navigate their present, and craft their future, while also addressing the mental health impacts of these experiences.

The pervasive impact of stigma and discrimination on the mental health of SOGIESC individuals is significant. For instance, gender and sexual minority youth are at a higher risk of being bullied (Juvonen and Graham, 2014; Earnshaw et al., 2017). Societal norms and cultural expectations impose a heavy burden on those whose identities fall outside the heteronormative spectrum. As India undergoes sociocultural transformations, conservative values, familial expectations, and societal prejudices continue to affect the mental well-being of SOGIESC individuals. This context emphasises the need for further research to understand and address the mental health challenges faced by SOGIESC youth in India amidst these evolving dynamics.

There are several reasons why this study focuses on young individuals and specifically SOGIESC youth. From a gender and sexuality standpoint, the views of young people highlight how gender hierarchies, heteronormativity, patriarchy, and colonial legacies influence their efforts to gain recognition for their identities. The focus on young individuals is particularly relevant due to the annulment of Section 377 in 2018, making this cohort the first to live and grow in a post-decriminalisation era. Theoretically, they can identify as gay or lesbian without fearing legal repercussions or harassment from authorities, signifying a significant shift from the experiences of older queer generations (Narrain and Bhan, 2005; Dave, 2012).

My research focuses on Indian youth, with a specific emphasis on gender and sexual minorities, recognising that their experiences with gender and sexuality are distinct from those of their cisgender and heterosexual (cishet) counterparts. This differentiation is crucial because the socio-cultural challenges, discrimination, and mental health issues faced by gender and sexual minorities can be significantly different. However, I also collected data from cishet individuals to provide a comprehensive understanding of the broader youth experience in India. A person can simultaneously belong to both a minority and a normative group based on different aspects of their identity. For example, someone might be a minority due to their sexual orientation, such as identifying as queer, but conform to the normative group regarding their gender identity, such as identifying as cisgender. To capture these intersecting experiences, I decided to open the study to individuals of all gender and sexual identities. This inclusive approach acknowledges and respects the complexities of identity, ensuring that both differences and similarities are recognised. This strategy has not only deepened my PhD study but also enriched the data collected, allowing for a more holistic analysis of the intricacies surrounding gender and sexual identities among Indian youth.

1.2 Aims and Research Questions

1.2.1 Aims

The aim of this study was to explore the lived experiences of Indian youth, particularly SOGIESC youth. The research aims to understand the mental health impacts of everyday interactions and experiences of Indian youth with different variables of gender (such as gender identity, gender expression etc) and sexuality (such as heteronormative expectations).

1.2.2 Research Questions

1. What are the mental health challenges young people face in India with regards to gender and sexuality?

2. What are the factors that safeguard and pose risks to Indian youth grappling with issues related to gender and sexuality?
3. In what ways does Indian culture shape the understanding of gender identity and sexual orientation among the country's youth? How do the gender identity and sexuality of young individuals conflict with the socio-cultural landscape of modern India?

In this research, I contribute new insights to the literature on gender and sexuality and mental health in India, particularly focusing on how young people aged 18 to 29 navigate the complexities and uncertainties their gender identity and sexuality brings in various social contexts. This research offers a contextualised perspective on how young individuals manoeuvre through different legal, cultural, social, and personal spaces, constantly negotiating the terms of their gender identity and sexuality. Through this, it sheds light on their experiences and the mental health impacts associated with different levels of analysis.

1.3 Significance of the Study

The significance of this research lies in its potential to contribute to the ongoing discussion of SOGIESC rights and mental health in India. By examining the lived experiences of young queer Indians, this thesis aims to provide a nuanced understanding of the challenges they face and the strategies they employ to navigate their identities within a rapidly changing socio-cultural context. Ultimately, this research seeks to inform policies and practices that promote inclusivity, equality, and well-being for all individuals, regardless of their gender or sexual identity.

The main academic contributions of this thesis are as follows. Firstly, it contributes valuable data to the literature on SOGIESC identities, an area that remains underexplored in India. Much of the research on gender and sexual minorities has emerged out of public health research related to HIV. My research among Indian youth supplements existing literature on the understanding of gender and sexual identity in modern India. Secondly, beyond

contributing to the academic discourse on gender and sexuality, this research presents a model for understanding the relationships between various levels of impact and analysis—macro, interpersonal, and individual—where these concepts interact and affect the mental health and well-being of young people. Next, I address multiple risk factors (such as stigma and discrimination, lack of legal recognition, cultural norms, and fear of family rejection) and protective factors (such as ability to exercise agency, personal ambitions, and access to mental health services) which affect the well-being of SOGIESC individuals. This approach has the potential to address the numerous inequalities and areas of contention faced by this community.

I will now define the key terms that are fundamental to the thesis, ensuring that readers have a clear understanding of the specific language and concepts that will be employed throughout. The chapter then provides a comprehensive outline of the thesis, offering a roadmap of the structure and content of the subsequent chapters. This overview will help readers navigate the thesis, highlighting how each chapter builds on the previous ones to develop the overall argument and findings of the research. This sets the stage for the detailed analysis and discussions that will follow in the subsequent chapters, laying a solid foundation for understanding the complexities of the subject matter.

1.4 Defining Key Terms

This section provides an initial overview of the key terminology and ideas utilised within this research. In doing so, it looks to provide a clear foundation of understanding for the reader as they move through the subsequent sections of the thesis.

A quick note on language: The term LGBTQIA+ aims to inclusively encompass a wide spectrum of sexual and gender identities. However, the use of any variation of 'LGBTQ+' suggests specific identities, where this study does not. As explained earlier, I opened this study to all identities, even the ones which do not fit neatly into 'LGBTQIA+'. In response, I have either used the term 'queer' or 'SOGIESC' (sexual orientation, gender identity and expression,

and sex characteristics) to capture the identities of the participants. In this I follow Sedgwick (1994:7) who said, ‘the queer can refer to: the open mesh of possibilities, gaps, overlaps, dissonances and resonances, lapses and excesses of meaning when the constituent elements of anyone’s gender, of anyone’s sexuality aren’t made (or can’t be made) to signify monolithically’. Additionally, the term ‘queer’ challenges the binary distinction between heterosexual and homosexual, disrupting the rigidity of sexual identity categories (Butler, 1990; Sedgwick, 1994; Jagose, 1996; Halperin, 1997; Rosenberg, 2008). While I understand that ‘queer’ is also a contested term, however, it includes those who identify as LGBT and those who feel the standard LGBT acronym doesn't describe them, such as a 'lesbian who has sex with men' or those who identify as non-binary or pansexual. It also includes individuals who simply identify as 'queer' (Callis, 2014).

Similarly, SOGIESC offers a more precise, inclusive, and universal framework, making it a more effective tool for the advancement of the rights of gender and sexual minorities. This shift is more than just the adoption of a new acronym; it represents a significant reframing of discussions around sexuality, gender, and human rights. Hence, I use ‘SOGIESC’, ‘queer’ and ‘gender and sexual minority’ interchangeably and in variation.

However, I have also used LGBT/LGBTQ+ in this thesis either to reflect differences across available literature or whenever participants have described their experiences or identities in those terms. During interviews, I sometimes used the acronym 'LGBT' due to its common usage to ensure that I am using language familiar to the participants. In my writing, I occasionally use LGBT, LGBT+, or LGBTQ+ when it seems most appropriate, particularly in the literature review, to align with the terms used in the studies being referenced. Additionally, I use the same language my participants do when conversing with them, respecting their choice of self-identification.

Defining **gender** is challenging (Rasmussen, 2009), primarily because it is often assumed to be a 'natural' social category that is taken for granted (Skeggs, 2004). Possibilities for gender identities are entrenched in binarism and heteronormativity, which recognise only two gender identities (male and female), assuming that masculinity is inherently linked to males and femininity to females (Bem, 1981; Paechter, 2006; Rubin, 2013). This thesis views gender from a social constructionist lens, implying gender is fluid, unstable, and self-determined, rather than fixed to biological sex or confined within a gender binary. This study rejects the idea of binarism as gender identity should not be defined by its opposition to another gender but rather seen as a social performance that can be enacted by individuals of any sex (Butler, 1990; Piantato, 2016).

Sexuality refers to an individual's capacity for sexual feelings and attraction. Sexual orientation is often viewed as a binary category, where an individual is either attracted to people of the same sex (gay/homosexual) or the opposite sex (straight/heterosexual) (Lancaster, 2003). Sexual orientation describes who one is attracted to, sexuality encompasses the broad spectrum of sexual experiences and expressions, and sexual identity is how one personally identifies and labels their sexuality.

Gender nonconformity (GNC) refers to the degree to which individuals deviate from societal expectations related to their gender in terms of appearance, feelings, or behaviours. It often includes aspects such as appearance, behaviours, or interests exhibited by a person identifying with one gender that are typically associated with another gender (e.g., a man with a higher-pitched voice or a woman wearing masculine clothing).

Gender dysphoria involves a persistent incongruence between one's expressed gender and assigned gender for a period of six months or more, accompanied by clinically significant distress or impairment in social, occupational, or other areas of functioning (Diagnostic and

Statistical Manual of Mental Disorders (DSM)-5, 2013). This condition is strongly associated with body dissatisfaction, often viewed as going 'hand in hand'. (van de Grift et al., 2016).

The umbrella term **transgender** encompasses individuals whose gender assigned at birth does not align with their self-defined gender identity. Transgender individuals may identify within, outside, or beyond the traditional woman/man dichotomy. Conversely, **cisgender** refers to individuals whose assigned gender at birth matches their self-defined gender identity (van Anders et al., 2014; Frohard-Dourlent et al., 2017).

Heteronormativity is the concept that heterosexuality and its related derivatives are seen as the standard, marginalising and often penalising different gender and sexual identities as undesirable 'others'. Heteronormativity manifests in how spaces and environments shape and sometimes restrict certain sexual and social interactions based on binary views of gender and sexuality (Osella and Osella, 2006; Doan, 2010; Boyce and Khanna, 2011).

Mental health is a state of well-being that allows individuals to cope with life's stresses, realise their abilities, learn effectively, work productively, and contribute to their community. It is essential for personal and socio-economic development and a basic human right. More than just the absence of mental disorders, mental health exists on a continuum, varying from person to person in difficulty and distress with different social and clinical outcomes (World Health Organisation, 2022). This study emphasises that not just the absence of mental disorders, but the presence of positive social and psychological well-being is crucial for all individuals.

The World Health Organisation (WHO) has long identified **social well-being** as a key component of an individual's overall health: ''Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity''. Social well-being can be defined as an individual's appraisal of their social relationships, how others react to

them, and how they interact with social institutions and community (Larson 1993; Keyes 1998).

Psychological well-being is usually conceptualised as some combination of positive affective states such as happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life (the eudaimonic perspective) (Deci and Ryan, 2008). As summarised by Huppert (2009: 137): "Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively."

I would also like to highlight that in this thesis, I have only referenced the gender identity and sexual orientation of the participants a single time, specifically when initially presenting their experiences. For readers who wish to revisit this information, detailed descriptions of each participant's gender identity and sexual orientation can be found in Appendix 3. This appendix serves as a comprehensive reference for these details throughout the study.

1.5 Outline of the Thesis

To address the research questions outlined, this thesis is organised into nine chapters. In Chapter 2, I review existing literature on gender and sexuality, examining how these concepts have been approached from various disciplinary perspectives (such as biology, sociology, and psychology), with a focus on their mental health impact. The goal of this chapter is to situate the current study within the broader context of both theoretical and empirical research, identifying the research gaps concerning young people's mental health in relation to their gender identity and sexuality. The chapter further explores the cultural context of India and how colonialism shaped the contemporary views and policies in India. I then explore academic literature on mental health of young people, focusing on SOGIESC communities and Indian youth. I conclude the chapter with an argument, based on my review of the literature, for

adopting a multi-level analysis of young SOGIESC individuals' mental health and advocating for a more expansive understanding of mental health that extends beyond simply mental illness.

Using the knowledge gained from my extensive review of the literature, Chapter 3 serves to provide a more theoretical backdrop and conceptual blueprint for the study. To understand the theoretical approach of this study, I have divided it into 4 sections: theoretical approach to doing gender and sexuality, theoretical approach to explaining the oppression of gender and sexuality, theoretical approach to understanding gender and sexuality as a structure, and theoretical approach to studying the mental health impacts. Later, I use these approaches to formulate the conceptual framework which provides a functional structure to the thesis. I provide a visual representation of the different levels of analysis and impact to better understand the strong foundations of the study.

Having laid out my theoretical and conceptual approach, I outline my research methodology in Chapter 4, adopting a multi-phase approach to effectively address the research questions of this study. This chapter explains the two-phase process of this study: Phase 1: quantitative (a survey with three psychometric tools to measure gender role identity, social well-being, and psychological well-being) and qualitative (semi-structured interviews). This chapter provides a rationale for choosing these methods and discusses the ongoing epistemological and ontological debates surrounding the use of mixed methods in social science research. Furthermore, the chapter details the recruitment strategy for both phases and the data collection techniques. Given that I am a young cis-het woman exploring the experiences of gender and sexual minorities majorly, a particularly reflexive approach was necessary. I elaborate on the ethical issues and challenges, and advantages related to my 'insider-outsider' position in relation to the research participants and topic at hand. I conclude the chapter by detailing the impact of Covid-19 on this study, particularly on the data collection process.

Chapter 5 explores the data collected from phase 1 of the study. It starts by explaining the dataset utilised, followed by explaining the relevance of the demographic information obtained. The following three chapters, 6, 7, and 8, form the core contributions of the thesis, each organised by the distinct levels of impact on the individual, i.e., macro, interpersonal, and individual, in relation to their experiences with their gender identity and sexuality. In these chapters, I delve into the findings from the qualitative phase of the study which involved semi-structured interviews with gender and sexual minorities (n=17) and those from cis-het individuals (n=2). Chapter 6 presents the empirical findings by exploring the mental health impact on the participants because of macro-level factors such as cultural (such as religion, heteronormativity, and patriarchy) and legal (such as institutional discrimination, current laws and policies) factors. Individuals have little to no control over these factors and their agency in choosing or changing these factors is severely limited. Chapter 7 focuses on the interpersonal relationships participants have with their family members and friends, the kinds of interactions they've had over the years, and difficult expectations placed on them. Additionally, I examine the severe stress these interactions put on their mental health. This chapter examines how participants were able to exercise some agency (such as choosing a different friend circle) but their agency was still hindered by other interpersonal constraints. Chapter 8 investigates the individual factors (such as participants' lack of awareness and their desires to relocate) where participants were able to exercise maximum agency in terms of changing their experiences. This chapter outlines the negative as well as the positive mental health impacts of these factors on the participants. These chapters holistically present the main findings of this research.

The final chapter, Chapter 9, synthesises the findings from the various chapters to address the research questions and offers insights into Indian youth's experiences with their gender and sexuality in relation to their well-being. In this chapter, I also discuss the study's limitations and outline key implications for further research and policy.

CHAPTER 2: LITERATURE REVIEW

The purpose of this chapter is to examine the published literature and research across various fields that pertain to the research questions guiding this thesis. In this chapter, I deeply explore the concepts that shape my analytical approach. I elaborate on four key areas: academic discourse around gender and sexuality, different variables of gender and sexuality, historical and cultural context of India, and the prevalent mental health challenges. By critically reviewing the academic literature, I aim to situate my research in the much-reviewed western literature and additionally examine significant gaps in our knowledge. This critical examination of the literature forms the foundation of theoretical and conceptual frameworks, as presented in Chapter 3, which further develop the basis for the research findings by showing how my research participants' experiences constructed their notions of gender and sexuality, and the subsequent impact of these on their mental health.

The process of conducting the literature review for this thesis was both extensive and iterative, evolving continuously over the five-year duration of the PhD. I began by identifying key thematic areas relevant to my research questions—such as gender and sexuality, mental health, stigma and discrimination, and the broader socio-cultural context of India. My search strategy involved systematic exploration of academic databases including JSTOR, PsycINFO, Scopus, and Google Scholar, using targeted keywords to access a wide range of interdisciplinary literature. I reviewed peer-reviewed journal articles, academic books, policy reports, and grey literature to ensure both global and Indian-specific perspectives were represented. Given the duration of the thesis, I regularly updated my literature review to incorporate new studies and emerging theoretical developments. This ongoing engagement allowed me to remain attuned to recent scholarly debates and refine my review in response to evolving insights from both the field and my data analysis. Particular attention was paid to research on sexual and gender minority mental health in the Global South, where scholarship

remains limited. This sustained and dynamic approach to the literature ensured that my thesis was not only grounded in existing scholarship but also responsive to its gaps, thereby allowing for a more robust and original contribution.

The empirical literature reviewed in this thesis spans across disciplines, primarily drawing from sociology and psychology, with contributions from gender studies, public health, and human rights research. Much of the existing literature on gender, sexuality, and mental health is rooted in Western contexts, particularly from North America and Europe. While these studies have significantly advanced our understanding of the mental health challenges faced by SOGIESC individuals, they often reflect cultural assumptions, institutional structures, and legal protections that differ greatly from those in non-Western settings, particularly in India. The dominance of Western-centric research has resulted in a limited representation of the unique socio-cultural dynamics, familial expectations, and structural inequalities experienced by sexual and gender minority individuals in the Global South. As such, this thesis positions itself within a growing body of work that seeks to de-centre Western epistemologies and highlight the contextual specificity of lived experiences in India. By integrating both sociological and psychological perspectives, this research attempts to bridge disciplinary divides and offer a more holistic, culturally grounded understanding of the intersection between gender, sexuality, and mental health.

2.1 Conceptualising Gender and Sexuality

I will now elaborate on some important academic discourses around the understandings of gender and sexuality. This analysis will reveal how historical, societal, and theoretical developments have contributed to current understandings and ongoing debates.

2.1.1 Distinction between Sex and Gender

The definitions of these crucial terms—sex and gender—vary among scholars, and it is essential to clarify how each is used in this thesis. The ‘sex/gender distinction’ was initially

proposed by Robert Stoller (1968) and later integrated into feminist theory by Ann Oakley and others. This distinction separates 'sex' as a biological difference between males and females from 'gender', which is seen as the cultural constructs of men, women, boys, and girls. Erving Goffman (1977), however, rejected this binary. He argued that there is no inherent biological basis to 'sex', suggesting instead that categorising bodies into sexes results primarily from the application of societal meanings through language. These social practices do not reflect inherent differences but actually creates them (Garfinkel, 1967; Goffman, 1977; Kessler and McKenna, 1985). This idea presaged Butler's concept that language performatively brings into being the sex/gender categories it describes (Butler, 1990). According to Goffman (1956), gender identities are thus performed or managed presentations rather than manifestations of inherent truths. The terms 'sex' and 'gender' are often conflated both theoretically and linguistically. Hence, while the term 'sex' refers to physiological and bodily aspects, such as genitalia, chromosomes, and physical traits, 'gender' pertains to the social aspects (West & Zimmerman, 1987; Frohard-Dourlent et al., 2017), including cultural meanings linked to behaviours, personalities, and expressions traditionally seen as feminine or masculine (Reisner et al., 2015). Despite this overlap, using sex as a proxy for gender is problematic because it is inaccurate to presume that sex inherently precedes and dictates gender (Butler, 1990; Fausto-Sterling, 2012; Westbrook & Saperstein, 2015; Bittner & Goodyear-Grant, 2017). This conflation is not only normative but also excludes many individuals who have different experiences and/or identities.

Critical sexual theorists like Judith Butler (2004), Drucilla Cornell (1998), and Stevi Jackson (1999) have all challenged the traditional division of the sex/gender dichotomy as merely a nature/culture split. They argue, in common, that the notion of our sexed bodies as purely biological, natural, pre-discursive (i.e., existing before culture and before interpretation), and pre-social entities, and gender as its cultural interpretation, is misguided.

While they acknowledge the material reality of human sexed bodies, they emphasise that our understanding and interpretation of these bodies are invariably through a gendered lens. Butler (1990) contends that not only gender but also sex as a binary concept is culturally constructed, possessing both prescriptive and proscriptive attributes. Indeed, even biologists, who have traditionally considered the body as natural and pre-discursive, are increasingly recognising that a binary view of human sex is an oversimplification. They suggest that sex should be seen as a spectrum rather than a strict dichotomy, encompassing anatomical, hormonal, and even cellular variations (Fausto-Sterling, 1993; Fausto-Sterling, 2000; Ainsworth, 2015). This spectrum can include features like ambiguous genitalia or discrepancies between chromosomes and genitalia. Some studies (eg., Arboleda et al., 2014) indicate that up to 10% of children are born with sex characteristics that do not neatly fit into the conventional categories of female or male, although these figures are contentious, and some experts believe the percentage to be much lower. For instance, Sax (2002) contends that only certain specific 'conditions' meet the criteria for being classified as intersex, suggesting that roughly 0.018% of the population should be regarded as intersex. According to Human Rights Watch (2017), most infants born with intersex traits are subjected to surgical procedures and are raised as either male or female, thereby preserving and reinforcing the binary classification of sex.

Hence, in this thesis, while the term 'sex' is used to denote biological categories, I also acknowledge Butler's viewpoint of 'sex itself is a gendered category' (1990: 11). Therefore, it is vital to understand that the concepts of (biological) sex and gender are intertwined from the outset and are involved in the mutual construction of each other (Clarke et al., 2010). This thesis aims to view sex as a biological category while acknowledging the fluidity and constructed nature of sex and gender categories.

2.1.2 Overlapping and Separate Nature of Gender and Sexuality

In 'Gender Trouble', Judith Butler (1990) discussed how Western culture traditionally perceived sex, gender, and sexual orientation as closely interconnected and essential traits. The dominant view stated that biological sex is binary (male vs female), essential, and natural, serving as the foundation for binary gender—seen as the cultural interpretation of sex—and sexual desire. For example, the expectation is that a baby born with a penis will grow up to identify and behave as a man, conforming to the cultural definitions of manhood, and will be sexually attracted to women. Conversely, a baby born with a vagina is expected to identify and behave as a woman and, in line with this gender role, be attracted to men. Sexuality and gender are intertwined, with societal expectations dictating that a feminine girl/woman or a masculine boy/man should also be heterosexual (Rich, 1980; Butler, 1990; Ingraham, 1994; Rubin, 2013).

Individuals use gendered appearance and behaviour cues to categorise others into sexual orientation groups (Rule et al., 2008; Rieger et al., 2010). Research indicates that even brief videos of behaviour (Ambady et al., 1999; Johnson et al., 2007), audio samples of voice (Gaudio, 1994; Linville, 1998; Munson, 2007; Munson and Babel, 2007; Fasoli et al., 2017), and pictures of faces (Ambady et al., 1999; Rule et al., 2008; Freeman et al., 2010; Tskhay et al., 2013) can be sufficient for accurately categorising sexual orientation.

Gendered sexualities are defined as how "individual and societal constructions of gender overlay and intermingle with sexual behaviors, ideations, attitudes, identities, and experiences" (Gagné & Tewksbury, 2005: 4). Heteronormativity is particularly significant in the overlapping areas of gender and sexuality. Cameron and Kulick (2003:55) define it as "the structures, institutions, relations, and actions that promote and produce heterosexuality as natural, self-evident, desirable, privileged, and necessary." This concept underpins social systems and interactions that promote, privilege, and idealise heterosexual relationships. Central to heteronormativity is the reliance on gender binaries, specifically the male and female

dichotomy, which heavily influences and shapes these 'gendered sexualities'. Furthermore, heteronormativity intersects with normative gender discourses, including gender differentiation, which portrays men and women as natural opposites who are inherently attracted to each other (Motschenbacher, 2018).

Hence, there is a connection between sex categorisation (assigned status at birth), and gender, which refers to an individual's internal sense of identity. This relationship involves being accountable to contemporary notions of what it means to belong to a particular 'category' or how one 'does' gender (West and Zimmerman, 2009). Additionally, determining one's sexual orientation often requires an understanding of one's gender first (West and Zimmerman, 1987). Sexuality is intertwined with gender roles; it is perceived and defined through the prism of gender (Butler, 2010). Consequently, it is not feasible to disassociate sexuality from gender; without gender, there would essentially be no concept of sexuality. As long as gender constructs persist, so too will norms dictating appropriate behaviours within those gender roles. Typically, within these constructs, it is expected that those identified as men will be attracted to those identified as women, and vice versa, making gender and sexuality intrinsically linked and inseparable in this context. This serves as the foundation of this study, where both gender and sexuality are studied together to gain a holistic understanding of the impact on the mental health of Indian youth.

2.2 Variables of Gender and Sexuality

By the 1990s, feminist scholars had begun to view gender as a complex system with multiple dimensions. Connell's (1987) multi-level theory of gender emphasised the social processes of labour, power, and cathexis within gender orders and regimes. Lorber's (1994) theory of gender as an institution offered a comprehensive view of how gender is socially constructed through social structures, interactional processes, and the distribution of rewards and constraints. Other

multidimensional theories similarly highlighted the pervasive nature of gender across various social processes and areas of life (Glenn, 1999; Martin, 2004).

Recent studies in gender and sexuality have blurred the traditional distinctions between gender and sex, suggesting that both are socially constructed. This perspective leads to a more nuanced understanding of gender that considers the interactions between biology, identity, performance, power, and practice (Towle and Morgan, 2008). This conceptualisation of gender aligns more closely with the social construction of third-gender identities in South Asia. These traditional identities are deeply community-based, mostly made up of working-class individuals assigned male at birth, and often categorised by gender role presentation (Narrain & Bhan, 2005; Stief, 2017).

Queer activist akshay khanna[1] argued that sexual identity varies across cultures and that the narrative of sexuality within the Indian context is heavily influenced by postcolonial discourse. Drawing on personal experience and fieldwork in India, khanna noted that sexual minorities in India, particularly in rural or working-class communities, often do not identify as 'homosexual' (khanna, 2013). Gender and sexual minority identities in India are nuanced and are not always accurately captured by rigid definitions of personhood. Many indigenous, traditional identities are based more on diverse practices of gender and sexual nonconformity rather than solely on sexual attraction (Stief, 2017).

My thesis also examines both gender and sexuality as multidimensional concepts, acknowledging the complexities and intersections that define gender identities and sexualities. By building on the works of these scholars, I aim to explore how gender and sexuality are not just binary or static categories, but dynamic systems influenced by various social processes and structures. Furthermore, the thesis considers how cultural, societal, and political contexts

[1] akshay khanna prefers only lowercase letters for his name

interact with gender and sexuality, influencing its construction and perception in contemporary Indian society. In this section, I will first elaborate on the major components of gender and then sexuality that are vital to this research.

2.2.1 Gender Identity

Feminist scholars have long defined gender as a social construct (eg., Rubin, 1975; Lorber, 1994), yet the gender binary remains real and influential. Social scientists have expanded the understanding of sex and gender beyond binary categories (female/male and woman/man) to include a spectrum that encompasses intersex, gender-variant, and transgender individuals.

In her influential work, 'The Lenses of Gender', Sandra Bem (1993) identified three lenses through which gender is perceived and interpreted within patriarchal societies (such as India). The first lens, androcentrism, emphasises male privilege and treats male experiences as the normative standard. The second, gender polaridation, categorises the world into distinct male and female gendered realities, promoting differential treatment of men and women. The third lens, biological essentialism, views these distinctions as natural and biological, rather than product of social and historical contexts. These lenses influence how men and women are stereotypically viewed and treated in society. Men are typically seen as more agentic, characterised by assertiveness and control, while women are viewed as more communal, focused on nurturing relationships and attending to others. These characterisations trace back to Bakan's (1966) identification of agency (also referred to as 'masculinity', 'instrumentality' or 'competence') and communality (also referred to as 'communion,' 'femininity,' 'expressiveness,' or 'warmth') as key drivers of human behaviour (Broverman et al., 1972; Eagly and Steffen, 1984). and have been central to gender research in recent decades (e.g., Spence and Buckner, 2000; Fiske et al., 2007; Cuddy et al., 2008; Abele and Wojciszke, 2014). These foundational elements are considered crucial for understanding gendered perceptions and interactions in society.

2.2.1.1 Understanding Gender Identity

While sex and gender are characteristics often assigned by others, gender identity is about an individual's personal feeling of being a woman, a man, somewhere in between, or entirely different (Pfeffer, 2017). According to the folk concept of gender identity, it is understood as "a sense of oneself as a man, woman, or some other gender" (Jenkins, 2018: 714). This perspective suggests that gender terms like 'man' and 'woman' should be interpreted based on gender identity: being a man means identifying as a man (or having a male gender identity); being a woman meaning identifying as a woman (or having a female gender identity); and being non-binary involves identifying as non-binary (or having a non-binary gender identity). In essence, gender identity is an individual's deep-seated internal experience of gender, which might not align with the sex assigned at birth. This experience encompasses one's intrinsic sense of their body, which may include chosen modifications through medical, surgical, or other means, and extends to other gender expressions such as clothing, speech, and behaviour (European Institute for Gender Equality, 2018). Others define gender identity as the extent to which a person identifies with traditional notions of masculinity or femininity (Diamond, 2002). Gender expression refers to the external presentation of a person's gender; for example, as expressed through a person's name, clothing, behaviour, hairstyle, or voice, which might or might not conform to socially defined behaviours and characteristics typically associated with being either masculine or feminine.

Theories on the development of gender identity extend across multiple academic disciplines, and while viewpoints from different fields can vary significantly, there are instances of notable overlap. I will now briefly offer a concise summary of these approaches, categorising gender identity into biological, psychological, and sociocultural perspectives. In this section, I want to answer the question: how do different disciplines explain and understand gender identity?

One of the key approaches to determining sex involves identifying whether an individual has XX sex chromosomes, commonly linked with females, or XY, typically associated with males. Alternatively, sex determination could be based on hormonal levels, with particular attention to testosterone and oestrogen throughout various life stages, starting in utero. Another common method might assess sex based on the appearance of external genitalia or secondary sexual characteristics like breasts. However, feminist biologist Anne Fausto-Sterling (1993, 2000) contends that the concepts of biological sex and gender identity are far more complex than the simple binary categorisation suggests. She argues that sex should be seen as a spectrum that naturally varies across hormonal, chromosomal, genital, and other bodily contexts. Biological approaches suggest that gender and gender identity are natural extensions of sex characteristics (eg., genitals, genes, hormones etc.). However, contrary to the expectations set by biological perspectives, Kessler and McKenna (1985) found that in daily interactions, people do not primarily use biological traits to assign gender. Instead, they depend on social cues that are historically and culturally variable, such as clothing, hairstyles, bodily movements, and behaviours, to identify whether someone is a man or a woman. They describe this method of using social cues to attribute gender as 'cultural genitals'. In other words, "biological theories of gender actually rely on the social processes of gender attribution" (Elson, 2004:10). Sociological critiques of biological approaches to gender identity primarily focus on challenging determinist views that directly link biological sex to human experience and behaviour. Over the years, medical perspectives on gender diversity have broadened to acknowledge both biological and sociocultural factors that affect individual's gender expressions (del Pozo de Bolger et. al., 2014). Similarly, psychological literature is moving away from terms like 'gender dysphoria', just as it previously moved away from the term 'gender identity disorder', reflecting a trend towards the de-medicalisation of gender

affirmation treatments (Schulz, 2018). Thus, while biological perspectives are valuable, they are not adequate on their own for fully understanding gender and gender identity.

Cognitive and developmental psychology suggest there are critical periods early in a child's life when they start to associate specific behaviours or objects with different groups of people—women, girls, men, and boys (Bussey & Bandura, 1999). Initially, infants' and children's understanding of gender—known as gender schemas—manifests through the gendering of behaviours and objects. From infancy, children start to grasp gender concepts by observing the appearance, activities, and behaviours of their caregivers and others around them (National Center on Parent, Family and Community Engagement, 2020). Researchers have found that from around six months, infants can distinguish between male and female voices. By nine months, they can recognise men and women in images, and by eleven months, they are able to match voices to the faces of men and women in photographs in ways that align with societal gender expectations (Martin et al., 2002). By the time they reach their first birthday, children can recognise faces by gender (Brown et al., 2020). As they grow and develop a sense of self during the toddler years, they begin to use gender to understand social belonging. By their second birthday, children can identify the gender of others and categorise objects based on gender stereotypes. By their third birthday, they can reliably identify their own gender. At this stage, children tend to believe that gender is determined by visible characteristics and specific actions, rather than by biological traits. By the ages of five and six, children have formed strict beliefs about appropriate behaviours and attire for each gender, and they think that deviations from these norms might elicit negative reactions from others (National Center on Parent, Family and Community Engagement, 2020). These stereotypes encompass areas such as play (e.g., boys playing with trucks and girls with dolls), traits (e.g., boys being perceived as strong and girls as emotional), and occupations (e.g., men as doctors and women as nurses). Hines et al., (2015) found that those who were less typical in their gender behaviours

at an earlier age tend to maintain that pattern as they grow older. When young children exhibit assertive behaviour, girls often face criticism for being 'bossy', whereas boys are typically commended for showing leadership. These rigid stereotypes persist until children are around 8 or 9 years old. At this age, they begin to develop cognitive skills that enable them to think more flexibly about others (Brown et al., 2020).

The social cognitive approach to gender identity development, as exemplified by Sandra Bem's Gender Schema Theory (1981a), suggests that once children recognise they are categorised by others into a specific gender, they begin to develop feminine or masculine schemas, which are cognitive frameworks that help them attend to and align with gendered behaviours. People tend to recall information that aligns with their existing schemas more easily than information that does not. Additionally, individuals often distort their memories to fit their schemas, which can modify their perception of reality (Bem, 1981a). The reinforcement of gender schemas increases over time as people tend to remember information that is consistent with these schemas. However, there is variation in how much individuals rely on gender schemas to interpret themselves and their surroundings (Bem, 1983). Sociologists observe that individual expressions of gendered behaviours are not isolated occurrences but are heavily influenced by social norms. These norms typically promote behaviour that aligns with gender expectations and actively discourage deviations from these norms, especially among boys and men (West & Zimmerman, 1987; Martin, 2005; Kimmel, 2008; Pascoe, 2011; Kane, 2012).

Social psychological approaches to understanding gender identity can act as a link between psychological and sociological perspectives. Social identity theory views identity through the lens of group membership (Tajfel and Turner, 1979). Once an individual identifies with an in-group, they often experience a drive for self-enhancement, which may sometimes occur at the expense of the out-group. This inclination towards self-enhancement tends to be

more pronounced when the group categorisation is based on inherent traits like gender (Owens, Robinson, and Smith-Lovin, 2010). However, psychological approaches to understanding gender identity, while insightful, often focus predominantly on individual experiences and intra-psychic dimensions, overlooking the broader social, cultural, and political contexts that shape these identities. There is also a tendency to treat gender in isolation, not considering how it intersects with other identities like race, class, sexuality, and ability, thus simplifying the complex reality of how various forms of discrimination and privilege intersect. Moreover, many psychological theories are developed within specific cultural settings, often based on Western, educated, industrialised, rich, and democratic (WEIRD) populations, which may not universally apply to diverse global contexts, thereby limiting their scope and relevance.

The concept that gender is acquired through socialisation is widely recognised in sociological research on gender (Stockard, 1999; Coltrane and Adams, 2008; Levant and Rankin, 2014) with the dominant sociological perspective often dismissing biologically deterministic explanations for variations in gender and gendered behaviours. The process of socialisation starts from birth, with families typically interacting with newborns differently based on their assigned sex (Peterson and Hann, 1999; Messner, 2000; Anderson and Hysock, 2003; Bussey and Bandura, 2004; Bell, 2018). The language families use to describe boys typically focuses on physical attributes, emphasising traits like strength and agility. Conversely, the language directed toward girls often highlights qualities such as affection, expressivity, daintiness, or fragility. These varying approaches in how families interact with babies contribute to shaping their behaviour patterns and establishing boundaries. Over time, these boundaries are internalised by individuals, forming identity standards that serve as benchmarks for comparing oneself to others in various interactions, settings, and contexts (Burke, 1989; Burke, 1991; Burke and Stets, 2009; Stets and Carer, 2011).

Sociologists observe that gender identity is deeply embedded in sociocultural contexts, constructed and situated in complex ways that resist straightforward interpretation and description. Although some social scientists attempt to clearly separate concepts such as sex, gender, gender identity, and sexual identity, these constructs often intermingle within cultural practices and daily experiences. When defined as social and cultural communicative practices within particular cultural contexts, gender identity refers to the socially constructed attributes and cultural representations in specific communities (Tangmunkongvorakul et al., 2010).

Charles Cooley (1902) argued that individuals form their sense of self based partly on their perception of how others view them, a concept he termed 'the looking glass self'. This concept is inherently social, rooted in our imaginations of how we appear to others. According to Cooley, this perception profoundly shapes our self-feelings and identity, involving three key elements: imagining how we appear to another person, imagining that person's judgment of our appearance, and experiencing an emotional response, such as pride or shame, based on that perceived judgment. For instance, our expression of gender is influenced by how we think society perceives us, leading us to internalise and later reflect these perceptions, whether they are positive or negative. Cooley's theory emphasises the significant role of society and social interactions in shaping an individual's identity. Building on this foundation, social scientists have further explored how these social processes specifically contribute to the formation of gender identity.

West and Zimmerman (1987) argue that gender is not an innate attribute of an individual but emerges through continuous and routine interactions. They describe gender as a social construct actively produced through these interactions; essentially, gender is something that we 'do' rather than something we inherently possess (West and Zimmerman, 1987, 2009). They also emphasise that individuals inevitably engage in doing gender "because of the social consequences of sex-category membership: the allocation of power and resources not only in

the domestic, economic, and political domains but also in the broad arena of interpersonal relations" (West & Zimmerman, 1987: 145). The 'doing gender' concept elucidates the social constructionist view of gender, highlighting that gender identities are dynamic and continuously shaped through social interactions. Although gender is a fundamental, institutionalised, and enduring aspect of society, it is also subject to change because individuals actively engage in 'doing gender' within social contexts, allowing for evolving meanings and identities (West and Zimmerman, 1987; Fenstermaker and West, 2002). This idea is in line with identity theory, which posits that the more actively one engages in 'doing gender' during interactions, the more entrenched and prominent their gender identity becomes within their self-concept.

As previously noted, psychological theories often fall short in addressing the intersectionality of gender with other critical sociological constructs such as race, class, and sexuality. Intersectionality, a term coined by Kimberlé Crenshaw (1989), emphasises that identities and systems of social oppression do not exist independently of each other; they interconnect and shape our experiences in multifaceted ways. This framework is essential for understanding how various forms of inequality and discrimination overlap, creating unique challenges for individuals at the intersections of multiple marginalised identities. Patricia Hill Collins (1993) emphasises the importance of an intersectional approach to understanding identity, specifically how race, class, and gender interconnect and overlap. She critiques the simplistic additive approach to analysing oppressions, which can inadvertently foster a competitive dynamic, sometimes referred to as the 'oppression Olympics.' Echoing the sentiments of West and Zimmerman (1987, 2009) and Risman (2004), Collins (1993) argues that our behaviours as gendered beings inherently make statements. Given the entrenched power dynamics reliant on binary gender distinctions, all actions, therefore, serve either to support or challenge these prevailing social systems, hierarchies, and structures.

Through this analysis it has become evident how different schools of thought view and understand gender. My thesis appreciates the importance of these disciplines and acknowledges how they have contributed to our understanding of gender identity. Hence, the development of gender identity appears to be due to an interaction among biological, social, and representational influences (Ruble, et al., 2006).

2.2.1.2 Gender Conformity and Non-Conformity

Gender norms are the unwritten rules that operate within social settings, which people often adhere to without the "force of law" (Cialdini & Trost, 1998: 152). These norms set out expectations that encourage individuals to act in ways that align with societal standards for men and women. Cialdini and Trost (1998) note that conforming to these norms typically involves individuals behaving in ways they would not naturally choose in the absence of such norms. According to West and Zimmerman (1987), gender is not a fixed attribute but a social construct, and it must "continually socially reconstructed in light of 'normative conceptions' of men and women" (Deutsch, 2007: 160). Similarly, Sanchez et al., (2005) suggest that people's actions are influenced by how they expect to be judged by others, with these judgements grounded in socially sanctioned behaviours for their gender. They observed that people who adhere to gender norms often derive their self-esteem from external validation and approval. This desire for positive judgment motivates individuals to comply with accepted behaviours, shaping their actions to fit what is deemed socially acceptable for their gender.

Gender nonconformity (GNC) refers to the degree to which an individual's behaviour, appearance, or identity deviates from the cultural expectations associated with their sex assigned at birth (Institute of Medicine, 2011; Turban and Ehrensaft, 2018). GNC can be related to gender identity, which is a multi-faceted developmental construct that encompasses an individual's understanding of their own gender. This includes the concept of gender typicality, or the extent to which individuals feel they embody their gender (Egan and Perry, 2001). While

both concepts measure the degree to which individuals perceive themselves as reflective of their gender, GNC also encompasses the societal pressures individuals face to conform to established gender norms. This pressure is recognised as a component of the socialisation process that contributes to the development of gender identity (Cook et al., 2019), where the expectations of others to conform to gender norms are gradually internalised (Bussey, 2011). Recent studies have explored how this pressure varies depending on the source, whether it be parents, peers, or oneself (Cook et al., 2019), and how it changes depending on whether the behaviour aligns with the individual's own gender or with the opposite gender (Jackson and Bussey, 2020).

A significant portion of research on gender roles and sexual orientation draws from the cultural gender belief system and the implicit inversion theory of sexual orientation. The cultural gender belief system, as defined by Deaux & Kite (1987: 97), is “a set of beliefs and opinions about males and females and about the purported qualities of masculinity and femininity”. This system presents masculinity and femininity as polar opposites and presumes that individuals who exhibit certain traits of one gender will also exhibit other associated traits of that same gender. As a result, when a person does not adhere to conventional gender roles in areas such as interests, personality traits, or appearance, it is often assumed that they will conform to the opposite sex in other aspects, including sexual orientation. This belief system leverages deviations from gender norms to infer an individual’s sexual orientation (Kite and Deaux, 1987; Madson, 2000). Additionally, the belief system emphasises the notion of gender polarisation, advocating a binary and unidimensional view of masculinity and femininity where masculine traits are not seen in femininity, and vice versa, thus promoting an exclusive dichotomy of gender characteristics (Deaux and Kite, 1987; Bem, 1993; Kite, 2001). GNC encompasses behaviours that challenge binary gender distinctions by "crossing, mixing, and blending... gender-specific signals all at once" (Bornstein, 1998: 18).

GNC in young children is still seen as signifying a future gay, or lesbian, or transgender identity, and is often understood as something to be managed and prevented (Martin, 2005). Generally, LGBTQ+ individuals report lower adherence to traditional gender norms during both childhood and adulthood compared to their heterosexual counterparts (Bailey and Zucker, 1995; Lippa, 2005; Rieger and Savin-Williams, 2012). Heterosexuality underpins prevailing cultural definitions of masculinity and femininity, making sexual orientations other than heterosexuality forms of GNC, which are often associated with additional types of GNC (Bohan, 1996). Ranade (2018), in her presentation on health inequities among gender and sexual minorities, highlighted that the assumption of heterosexuality and the gender binary of male and female that leads to the false categorisation of people as 'normal' and 'abnormal' is a fundamental problem ubiquitous in healthcare institutions, services, curricula and training. The cis-genderist and heteronormative population's refusal to accept SOGIESC individuals as regular members of society pushes this community to its margins either physically or in terms of social visibility.

By scrutinising the foundations of sex/gender binaries, feminist researchers are expanding their focus not just to consider trans identities, but also to engage with them (Brubaker, 2016). This involves exploring the fluidity of gender categories and the diverse ways in which individuals interpret, experiment with, validate, and contest gender, drawing from modern cultural discussions. In India, transgender people frequently face hostility and rejection from their families or communities, and encounter barriers to education and employment because they do not meet societal gender expectations. Those who are gender nonconforming are especially susceptible to discrimination and violence. They are often targets of harassment, verbal abuse, physical violence, and are denied basic rights based on their gender expression, which deviates from the norm (Arvind et al., 2021).

Among young people, peers often play a significant role in enforcing gender stereotypes and discouraging gender nonconforming behaviours (Lee and Troop-Gordon, 2011), while many parents tend to promote gender conformity and support gender-segregated activities that reinforce gender stereotypical behaviours (Mulvey and Killen, 2015). Additionally, as they mature, young people, especially adolescents, begin to establish their own norms for gender-related behaviour and increasingly self-regulate their actions based on personal expectations (Bussey, 2011). Efforts to mitigate the reinforcement of harmful and sexist gender stereotypes and roles necessitate an understanding of how young people encounter pressure to conform to feminine or masculine stereotypes and the sources of these expectations.

However, transgender individuals may often be perceived as gender nonconforming in multiple ways—not only failing to adhere to the traditional roles of their sex assigned at birth (commonly determined by genitalia) but also potentially diverging from the norms associated with their authentic gender identity. For instance, a transgender woman (assigned male at birth but identifies and lives as a woman) might be viewed as violating gender norms of her assigned sex by embracing a female identity. Additionally, she could also be seen as defying the norms of her gender identity if she does not exhibit traditionally feminine behaviours or appearances. This raises multiple important questions: Are perceptions of GNC consistent across different gender identities? Is there a difference in how transgender or nonbinary individuals, and cisgender individuals are perceived? What is the mental health impact of gender nonconformity across different gender identities? How do young people navigate GNC?

2.2.2 Sexuality

Sexuality is constantly being shaped and reshaped through socio-cultural processes and practices. According to Seidman (2003), these processes assign meaning to sexual bodies, behaviours, and identities. Various societal institutions, including religious organisations, workplaces, and schools, play critical roles in framing our perceptions of sexuality. Kehily

(2002) notes that through these dynamics, societal actors often elevate heterosexuality as the norm, thereby marginalising or rendering other sexual orientations as deviant or invisible. This dynamic fosters a culture of heterosexism and reinforces heteronormative standards. The realm of sexuality in India intersects with various dichotomous ideological constructs, including tradition/modernity, Indian/western, colonial/postcolonial, and masculinity/femininity. Historically, it has primarily been women who have navigated these dichotomies to find an appropriate balance (Puri, 1999; Das, 2010; Radhakrishnan, 2011). However, the treatment of homosexuality, both as an identity category and as a concept, is also characterised by several interconnected tensions, contradictions, and ambiguities.

2.2.2.1 Understanding Sexual Identity

Sexual identity encompasses the sex or gender(s) to which a person is attracted and is seen as the "product of an ongoing process of dynamic social interaction" with the potential to evolve over time (Rust, 1993: 55). Sexuality has been approached in social sciences through two main theoretical lenses: essentialism and social constructionism. While essentialist views were once prevalent, there has been a shift towards adopting social constructionist perspectives to analyse and interpret sexuality. According to the essentialist view, as described by Kitzinger (1995), sexuality is seen as an objective, unchanging, and inherent attribute of individuals. Researchers who adopt an essentialist stance aim to categorise and highlight differences among people and sexual orientations, typically emphasising distinctions between males and females, and between heterosexuals and homosexuals. Cultural essentialists, for instance, believe that inherent differences arise from universal experiences during infancy and childhood. Additionally, essentialists may utilise evolutionary, genetic, neurobiological, and hormonal data to substantiate claims that these categories are natural (DeLamater & Hyde, 1998). According to DeLamater and Hyde (1998: 13), this perspective states that "sexual phenomena resides within the individual," and by doing so, essentialists also delineate which sexual

behaviours and identities are deemed normal and valid. A significant criticism of essentialism is that it attributes societal oppression to individuals rather than to the systems that perpetuate marginalisation and oppression. For instance, in addressing sexual discrimination, essentialists often focus on changing individuals instead of reforming the societal structures that enforce discrimination (Bohan, 1993). One issue with attributing homophobia to individual behaviours is that it overlooks the challenge to heterosexual privilege, which is often assumed as the norm. Instead of questioning the systemic biases that favour heterosexuality, efforts are directed at resolving the issues that arise from these biases for lesbian and gay individuals (Kitzinger, 1996). This critique has played a significant role in the shift toward social constructionist approaches to studying sexuality, which emphasises the role of social and cultural contexts.

The rise of the social constructionist perspective on sexuality coincided with the sexual revolution of the 1960s, with influential thinkers such as McIntosh (1968), Gagnon and Simon (1973), and Foucault (1978) positioning sexuality within the context of social life, behaviour, and roles (Kitzinger, 1995). This approach views sexual phenomena as "external to the individual, defined by social understandings and discourse" (DeLamater & Hyde, 1998: 13). The concept that gendered relations manifest in social and sexual life as a series of 'scripts' that guide and shape human sexual interactions was influentially proposed by John Gagnon and William Simon (1973) in their book ‘Sexual Conduct’. In this and subsequent works, Gagnon and Simon critiqued biological interpretations of sexuality, pioneering a sociological, social constructionist perspective that argues against the biological determinism of human sexuality. They contend that sexuality is shaped by context and social construction, suggesting that biology offers limited insights into human sexual behaviour (Gagnon and Simon, 1973; Gagnon, 1990; Rubin, 1992; Plummer, 2001; Jackson and Scott, 2010).

By examining the social processes that construct sexuality, social constructionists are able to discern how certain sexual behaviours and identities are normalised and privileged.

Conducting research on sexuality, social constructionists emphasise that variations in sexuality are shaped by cultural, historical, and political contexts—they are not natural or immutable (Katz, 1995). Social constructionists challenge the notion of 'natural' divisions and categorisations in sexuality, advocating instead for its inherent fluidity. Researchers in this field explore how social environments influence the preference for one type of sexuality over another (Kitzinger, 1995). Katz (1995) specifically notes that social constructionists investigate the dynamics of reproductive, gender, and pleasure politics that favour heterosexuality. Katz (1995) also contests the default assumption that heterosexuality is a given, proposing instead that it is a social role that individuals can choose, contrasting sharply with essentialist views that regard sexualities as innate conditions. Social constructionists further emphasise that sexual meanings evolve over time and differ across cultures, underscoring the idea that sexuality is neither fixed nor inherent. Seidman (2003: 38) encapsulates this view by stating, "we are born with bodies, but it is society that determines which parts of the body, and which pleasures and acts are sexual." Through examining sexuality, desire, fantasy, and behaviour, social constructionists aim to reveal how social processes and practices normalise heterosexuality.

Social constructionists concentrate on heterosexism and heteronormativity rather than homophobia, framing sexual discrimination as the result of social processes and practices instead of an individual 'phobia' against homosexuals. By examining how heterosexism and heteronormativity manifest in everyday conversations, social constructionists aim to illuminate the broader systems of oppression that are perpetuated through widespread heterosexist and heteronormative attitudes. Specific constructions of sexuality result in varied responses to sexual minorities. At times, there is a willingness to recognise and accept them, treating them as equals and respecting their sexual orientation. However, this acceptance can be contradicted by negative behaviours such as rejection, disowning, or acts of homophobic violence (Murray,

2009; Bosia and Weiss, 2013; Goltz and Zingsheim 2015). As explained earlier, sexual orientation or identity is not inherently biological but is socially constructed within specific cultural and historical contexts (Foucault, 1978; Valdes, 1995). The terms homosexuality and heterosexuality only emerged in the late 19th century, and before this period, individuals often engaged in same-sex relations without the need for distinct sexual identity labels (Ussher, 1997; Plante, 2014). In modern Western societies, individuals whose sexual desires and behaviours deviate from the norm of compulsory heterosexuality may choose from a variety of sexual identity labels such as lesbian, dyke, gay, bisexual, queer, questioning, and gender-queer (Robinson et al., 2014). Conversely, some individuals may engage in same-gender sexual activities but still identify as heterosexual, highlighting the potential disparity between sexual identity and sexual behaviour (Diamond, 2003). Furthermore, sexual identity can be fluid over time, with some scholars describing women's same-gender sexuality in terms of evolving 'intimate careers' rather than as fixed characteristics or desires (Peplau et al., 1999). Influenced by social constructionism, queer theory views sexual identities as performative acts (Butler, 1990), aimed at challenging and 'denaturalising' fixed notions of sexuality and gender (Alexander & Anderlini-D'Onofrio, 2012). This approach involves exploring the inconsistencies that exist between chromosomal sex, gender identity, and sexual desire, revealing the constructed nature of sexual categories (Jagose, 1996).

As research into human sexuality advanced, specific 'categories' of sexual orientation, such as heterosexual and homosexual, were defined, anchoring these within a gender binary and shifting the understanding of sexuality from an act one performs (behaviour) to a component of who one is (identity) (Fausto-Sterling, 2000; Barker and Scheele, 2016). Consequently, sexual behaviour came to signify personal identity, casting actions within moral binaries of 'normal' versus 'abnormal' or 'good' versus 'bad'. These categorisations have profoundly influenced both popular and scholarly perspectives on sexuality, maintaining their

relevance in contemporary discourse. This perspective continues to support dominant heteronormative views that promote heterosexuality as a biological imperative, framed through discussions of reproduction and penetrative sex (Downing, 2015).

The variation in sexual orientation, including same-sex and multi-sex attractions or encounters, extends beyond modern labels such as gay, lesbian, bisexual, fluid, and queer—these types of orientations have historical precedents in numerous countries. Approximately 2,500 years ago, Vatsyayana's Kama Sutra included a detailed chapter on homosexuality; ancient Tamil literature from the third century BC documented male same-sex relationships, and female same-sex relationships were depicted in 1700s Urdu poetry (New England Publishing Associates, 2002). Same-sex sexual behaviours were considered a normal part of life in the Middle East prior to the 1800s (El-Rouayheb, 2005), seen within the broader context of male sexual desire, and romantic same-sex relationships were recognised in historical Asian contexts (Pflugfelder, 2007). During early modern history, British colonisation spread anti-sodomy laws across numerous countries, and Western psychiatry began to pathologise what it termed 'homosexual' attraction. Human Rights Watch (2008) reports that more than half of the world's remaining 'sodomy' laws that criminalise consensual homosexual conduct are relics of British colonial rule (Whitehead, 2017). In India, sexual minorities are often labelled as 'alternate' or 'alternative' sexualities to distinguish them from what is widely perceived as 'normal' or heterosexual (Gopinath, 2005; Garcia-Arroyo, 2010). However, as Sen (2007) notes, the distinction between 'normal' and 'alternative' extends beyond the simple binary of heterosexuality and homosexuality. In the unique sociocultural landscape of India, factors such as religion, gender, caste, and class all contribute to defining and continually redefining which sexual relations are considered outside the norms.

But how do the sexualities of young queer individuals clash with traditional and contemporary socio-cultural expectations in India? What are the social ways in which sexuality is performed in India? What social actions related to sexuality (eg., marriage) are causes of concern for Indian youth? My research aligns with the social constructionist viewpoint, focusing on how social processes and practices contribute to the perpetuation of heteronormativity. By examining how these structures promote heteronormative narratives, my study aims to understand the mechanisms through which these norms are maintained and normalised within society. This research seeks to demonstrate the ways in which cultural, social, and institutional frameworks reinforce these narratives, thereby perpetuating heteronormative expectations and marginalising non-heterosexual identities.

2.2.2.2 Heteronormativity

Braun (2000: 133) defines heterosexism as the "assumption of heterosexual normalcy, and discrimination based on sexual orientation". Heteronormativity extends the concept of heterosexism by not only privileging and normalising heterosexuality but also intertwining it with traditional gender roles. Seidman (2005: 40) explains that heteronormativity "not only establishes a heterosexual/homosexual hierarchy but also creates hierarchies among heterosexuals, resulting in hegemonic and subordinate forms of heterosexuality". This means that while society generally favours heterosexuals, it particularly favours certain types of heterosexual behaviours and identities. Heteronormativity defines and reinforces what is considered 'appropriate' behaviour for males and females, contributing to strict societal categorisations of the heterosexual masculine male and heterosexual feminine female as the 'norm' (Jackson, 2006).

Heteronormativity permeates every aspect of social life, influencing social structures, practices, and institutions (Sinclair, 2017; Javaid, 2018). It restricts, monitors, and shapes

gendered interactions by establishing and reinforcing specific 'rules' and 'assumptions' that support conventional perceptions of heterosexuality. Deviating from these norms can lead to feelings of ‘otherness,’ which are associated with distress and depression (Robertson, 2014). The lack of visibility of non-heterosexual identities in both formal and informal education about sexuality results in insufficient understanding of how such absence affects queer and questioning youth. Martin (2009) notes that most mothers do not educate their children about non-heterosexual identities, neither indirectly by promoting homophobic notions (which would suggest an alternative identity, though a negative one) nor directly through neutral or positive discussions about queerness. Moreover, when non-heterosexual identities are discussed, it is often framed as something that is not a viable option for them personally or is morally incorrect (Martin, 2009; Gansen, 2017). Consequently, questioning youth are either left without any information, leading to anxiety and distress, or with negative portrayals that make them feel dissatisfied or ashamed of their identities or same-gender attractions and behaviours.

I draw on Stevi Jackson's theory (1999; 2006), which posits that heterosexuality is a social construct manifesting across four distinct dimensions. First, the structural or institutional dimension, which encompasses how sexuality is shaped by laws, state policies, and social conventions. Second, the relational dimension, where sexuality emerges from social practices and is infused with meaning through discourses that shape our perceptions of gender-appropriate sexual behaviours. Third, the everyday dimension, which relates to the lived experience of being a gendered and sexual being within our social contexts, where our sexuality is continuously redefined through our actions. Lastly, the subjective dimension, where we form our embodied social and sexual gendered identities that help us interpret our everyday interactions (Jackson, 2006). I apply Jackson's framework to delineate the four distinct dimensions of heterosexuality for young queer individuals in India, examining how these dimensions collectively impact their mental health.

Conceptualising heterosexuality in this manner entails viewing it less as a matter of sexual partner choice and more as a system governed by the conventions and rules that regulate gender relations and notions of acceptable sexuality. As Jackson points out, simplifying heterosexuality to mere sexual acts obscures its deep interconnections with gender, leading to problems when trying to critique its complexity as if it were a "monolithic, unitary entity" (Jackson, 1999: 164). Using Jackson's analytical framework enhances the clarity and focus of this study, enabling a more nuanced exploration of the intersections between gender, sexuality, and heterosexuality. This centres on the patriarchal underpinnings of heterosexuality—its embedded gender inequalities, or what Jackson (1999) refers to as its 'gender hierarchy'—and the intersectional dimensions of this hierarchy as experienced in the everyday social practices of my research participants. This includes their thoughts, decisions, and actions. This research starts by scrutinising the heteronormative foundations of institutional heterosexuality and its normative status. Through this examination, I aim to elucidate the patriarchal dimensions of heteronormativity, emphasising its gendered underpinnings that shape the heterosexual identity through meaning, social practice, and subjectivity.

Heteronormativity works across all dimensions of social life, in social structures, practices and institutions (Sinclair, 2017; Javaid, 2018), to limit, police and shape gendered interactions through defining and reinforcing 'rules' and 'assumptions' which underpin common-sense understandings of heterosexuality. One of the underlying objectives of my research is to explore how heteronormativity is produced, reproduced, and sustained within Indian society. Echoing the approach of previous social constructionist studies, my work focuses on identifying heteronormativity by examining the social processes and practices that uphold these norms. My research highlights a broader system of oppression that perpetuates heteronormativity, contrasting with essentialist views that attribute the sustenance of heteronormativity solely to the actions of homophobic individuals.

2.3 Cultural Context of Gender and Sexuality

In this section, I will broadly explore gender and sexuality in an Indian context in terms of three main timeframes: a pre-colonial India elaborating on the existence and depiction of queer identities and sexualities in ancient India before the arrival of colonialism; a colonial India depicting what legal and social changes were brought by the British Raj; and a post-colonial India explaining the aftermaths of colonialism and the contemporary situation of gender and sexual minorities in India. Through this analysis, I aim to counter a contemporary view that positions queerness as a Western import, a point I will revisit later in this chapter. Additionally, this discussion will consider how non-Western queer identities existed and were integrated within the societies of ancient and medieval civilisation like India.

Before proceeding, I want to clarify my use of the term 'India'. This term, as understood today, originated in 1947 with the partition that created separate nations of Pakistan and India. The geographical boundaries of countries are often arbitrarily drawn during different historical periods (Castillo and Panjabi, 2011), and the region now known as South Asia, despite its linguistic, cultural, and religious diversity, possesses a shared literary and cultural heritage that justifies its examination as a unified entity. It is challenging to distinguish between communities on either side of the Line of Control (a military control line between India and Pakistan), despite the clear geographical barriers imposed by political and global forces. Pakistan, India, and Bangladesh share a prolonged common cultural history (Dasgupta, 2011). Given the fluid and evolving nature of borders in this region and the scope of the texts mentioned in this chapter, I will employ the term 'India' even though some of the ancient and medieval texts and religious and historical stories may reference areas that are currently part of Pakistan and Bangladesh.

My argument builds on critiques that inaccurately portray South Asian culture as inherently regressive and uniform regarding gender and sexual norms. As other scholars (such

as Dutta and Roy, 2014; Khan, 2017) have stated, I contend that colonial policies criminalised indigenous South Asian expressions of gender and sexuality, labelling them as abnormal or immoral. These identities and practices were made illegal as part of the broader colonial mission to 'civilise' the native population. These civilising narratives continue to influence international discussions on gender and sexuality today. I will provide a historical analysis of how laws related to gender nonconformity and heteronormativity have evolved from the precolonial through colonial to postcolonial periods, and how these changes impact contemporary discourse on gender and sexuality in India.

On September 15, 2018, the Supreme Court of India repealed Section 377 of the Indian Penal Code, which had been inherited from British colonial law and criminalised sexual activities considered "acts against the order of nature" (The Times of India, 2018). The interpretation of what behaviours and identities fall under this category has always been ambiguous. However, the law essentially criminalised homosexuality and gender nonconformity. During colonial times, deviations from what was deemed 'moral' and 'normal' behaviour were not accepted, justifying the regulation of sexuality (Foucault, 1978). Basheer et al., (2009) argue that these penal codes reflect a strict Victorian morality, where only procreative sex was considered 'natural'. In recent years, the status of queer sexuality in India has been at the centre of legal and social debates. This thesis examines the everyday experiences of young people in India, particularly during a period when same-sex sexualities have been officially decriminalised. It explores the gap between legal recognition and social acceptance, the perceptions of the SOGIESC community, and the lived experiences of Indian youth in expressing and understanding their sexuality.

Hence, the objective of this overall section of the thesis is to thoroughly examine the historical, legal, and social foundations that have influenced gender and sexual equality in India. By analysing historical milestones, judicial decisions, societal constructs, and cultural

norms, this section aims to offer a nuanced understanding of the challenges the SOGIESC community faces and the subsequent impact of these realities.

2.3.1 Historical Perspectives on Gender and Sexuality in Indian Culture: A Pre-Colonial Analysis

In precolonial India, gender nonconformity was regarded differently compared to later periods. One of the most prominent gender nonconforming groups in the South Asian subcontinent is the hijra. The hijra community, a gender/sexual minority with historical roots extending over a thousand years (Reddy, 2006), is recognised as neither male nor female (Nanda, 1986) but rather as a third gender category (Jaffrey, 1996; Kalra, 2012). It is crucial to note, however, that the term hijra is not entirely synonymous with transgender. Some individuals identifying as transgender do not see themselves as hijra, and conversely, some hijra do not consider themselves transgender. These labels are not mutually exclusive nor entirely overlapping. The third gender category encompasses various identities, including *hijra, kothi, kojja, kinnar, shiv-shakti, aravani, jankha, khusra, bugga, and khwaja saras,* among others. While the specifics of these identities differ, it is essential to recognise that distinctions between third gender identities in South Asia and the transgender identity in Western contexts arise from the unique historical and cultural socialisation within each setting. Hijra are typically individuals assigned male at birth and raised as boys but who adopt more effeminate gender roles and expressions. This group includes cross-dressers, transvestites, intersex individuals, or those who are simply gender-nonconforming. Due to their perceived androgyny and/or asexuality, hijra are considered auspicious and are often invited to weddings, childbirths, and other significant events to bless newlyweds or newborns, receiving money in return. Identifying as hijra does not necessarily indicate an exclusive sexual attraction to men; members of this community can have sex with or even be married to women. Historically, hijra were seen as a challenge to colonial authority by undermining the colonists' moral standing.

The prevailing view of history often portrays it as a linear progression towards modernity and a more liberal society reflective of contemporary values. This view, however, is frequently criticised for ignoring important historical exceptions. This is particularly evident in the context of queer history in India. Many conservatives in India consider the SOGIESC community to be 'un-Indian,' claiming that gender diversity and same-sex relationships did not exist prior to British colonial rule. However, this narrative is contradicted by historical evidence. Indian academic and activist Ruth Vanita (2002) states that homosexual relationships in South Asia are significantly under-researched compared to other regions. She further states most materials on homosexuality in South Asia are either overlooked or interpreted as heterosexual by South Asian scholars Hence, in his introduction to 'The Gay and Lesbian Literary Heritage' (1995), Claude Summers suggests that the absence of references to homosexuality in ancient and medieval Indian literature may indicate the typically conservative values of the society.

Despite this, significant scholarship has emerged, especially after Ruth Vanita and Saleem Kidwai's influential 2001 book 'Same-Sex Love in India: Readings from Literature.' This book provides a comprehensive collection of texts on same-sex love from the past 2,000 years of Indian literature, including works from various religions and languages. This re-evaluation of historical sources has led to a broader understanding of SOGIESC identities in precolonial India.

If literature and artifacts are reflections and indicators of a society's culture, tastes, habits, and preferences, then sensuality in India has existed in its most erotic form since ancient times. India is known as the first country to provide sex education through renowned erotic texts like the Kama Sutra and Ananga-Ranga. The Rig Veda, a sacred Hindu text, states *'Vikriti Evam Prakriti,'* meaning that what seems unnatural is also natural (Hunt and Yip, 2012). Many

philosophers interpret this as an acceptance of homosexuality in ancient India. The Rig Veda includes stories of same-sex relationships and gender-morphing figures. According to Vanita (2008), the Rig Veda rarely praises male-female couples. The character Svairini in the Kama Sutra is depicted as a liberated woman who lives alone or with another woman (Vanita and Kidwai, 2000). The *Arthashastra* (an ancient Indian text) indicates that while homosexuality was not openly accepted, it was considered a minor offense, punishable by a bath with one's clothes on and a penance of 'eating the five products of the cow and fasting for one night' (Vanita and Kidwai, 2000), whereas many heterosexual activities were punished more severely. Shikhandi, a character from the Mahabharata, is analysed by mythologists like Devdutt Pattanaik as an embodiment of queer identity, labelled as 'gay,' 'transgender,' 'bisexual,' and 'hermaphrodite' (Pattanaik, 2014).

In addition to canonical texts, references to homosexuality are also present in various artifacts. For instance, at Khajuraho, there are depictions of women erotically embracing each other and men displaying their genitals to one another. These artifacts provide substantial evidence of the existence of homosexuality in India since ancient times. Homosexual themes were also prevalent in Indian Islamic literature, particularly in pre-colonial Urdu poetry (Vanita, 2008). Hodgson (1974) notes that despite stringent Sharia disapproval, the sexual relationships between a mature man and a younger subordinate were so widely accepted in upper-class circles that there was often little attempt to conceal them. These examples denote the historical presence and acceptance of homosexual relationships in various cultural contexts within India.

Despite the existence of same-sex relationships in India at the time, there were no specific terms like 'queer,' 'gay,' or 'lesbian' in Indian languages. However, terms such as '*sakhi,' 'kothi,' 'panthi,' and 'masti'* have been identified as equivalents for non-heterosexual

love and intimacy. The lack of specific terminology partly explains the scarcity of scholarship on same-sex relationships, a particularly prevalent issue in India due to its regional languages. The issue of nomenclature carries significant epistemological and political implications: do categories such as homosexual, gay, lesbian, and queer apply to indigenous sexualities outside a Western context? How do these terms influence how people in India perceive their sexuality?

However, Vanita (2002) argues that focusing on the correct nomenclature misses the point. The true value of researching Indian sexualities lies in recovering a shared history and creating a sense of heritage and community for disenfranchised individuals who have been discriminated against because of their sexuality, regardless of what they are called or call themselves. Addressing the political implications of naming sexual minorities outside the West, queer cultural theorist Bobby Benedicto (2008) rejects the dichotomy between 'global' and 'local' names. He contends that both sets of terms reflect processes of approximation, which sexual minorities outside the 'West' engage in consciously to position and differentiate themselves within their own minority communities.

India's liberal stance, however, disturbed the British, who were unsettled by India's open discourse on gender and sexuality. They found it challenging to comprehend cultural narratives such as Draupadi, a character from the Mahabharata, having five husbands, or Lord Krishna simultaneously entertaining fourteen thousand Gopis (female cowherds). Additionally, the *Nawabs* (rulers) of Awadh dressing as women to dance and celebrate the feasts of pirs (saints) was shocking to them. The British were particularly taken aback by India's erotic sculptures, rich iconography, and classical romantic poetry, which they deemed promiscuous (Menon, 2018). Such explicit representations and depictions of love were considered taboo within their cultural framework. Consequently, following colonisation, several laws, including

Section 377 and the Criminal Tribes Act of 1871, were enacted to suppress and criminalise India's rich sociocultural heritage, which I will explain in the next section.

2.3.2 Legal and Policy Frameworks Affecting SOGIESC Rights in India: A Colonial Analysis

India's cultural landscape historically included a variety of gender identities and sexual orientations, frequently portrayed in art, literature, and religious texts. Historical evidence suggests a more accepting approach toward diverse identities, recognising the fluidity of gender and sexual expressions (Kemp, 2019). However, colonial impositions eventually caused a shift in societal norms. The legal framework criminalising sodomy in India was a colonial legacy; the Indian Penal Code (IPC), enacted in 1860, was drafted with the intent of unifying the diverse social and juridical customs of the subcontinent into a single corpus, thereby facilitating the governance of the British colonial rulers (Gupta, 2008; Sanders, 2009). During colonialism, the regulation of gender and sexuality served as a powerful metaphor for the subjugation and control of the bodies of colonised individuals. Gannon (2009) notes that from the 1850s onward, accounts of hijras began to reflect a broader institutional anxiety, predominantly framed as legal concerns involving inheritance, sodomy, castration, extortion, and child trafficking. The British administration criminalised hijra practices, including homosexuality and emasculation, in the IPC, specifically in Section 320 regarding 'grievous' hurt and Section 377 on carnal intercourse 'against the order of nature.' Additionally, hijras were labelled as a 'criminal caste' under an amendment to the Criminal Tribes Act of 1871, titled 'An Act for the Registration of Criminal Tribes and Eunuchs' (1897). This legal provision resulted in the classification of various sexualities and the criminalisation of associated behaviours, thereby stigmatising and labelling individuals as criminals (Sanders, 2009).Under Section 377:

> Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal shall be punished with imprisonment... for a term which may be extended to 10 years and shall be liable to a fine.
>
> Explanation: Penetration alone is sufficient to constitute the carnal intercourse necessary for the offence described in this section (Narrain and Eldridge, 2009).

Prohibitions against 'unnatural offences' like homosexual acts should be viewed within the context of the 'purity campaigns' prevalent in Europe. These campaigns, led by Christian and women's groups, sought to regulate or ban non-procreative sexual activities, including prostitution and homosexual acts (Mort, 2000; Bhaskaran, 2002, 2004). It has been argued that the British introduced this law because they believed that native cultures did not sufficiently punish ‘perverse’ sexual acts. The British Raj's perceived necessity for such legislation contradicts the claims of conservatives who argue that same-sex relationships did not exist in India before colonial rule. The very existence of the law indicates that same-sex relationships were present in India at that time.

Joseph Bockrath (2003: 87) observes that the “criminalisation of virtually every characteristic and expression of a group [is not] far from making the status itself a crime”. The classification of hijras as criminal subjects illustrates how the British viewed of their role in India, aiming to eliminate 'barbarous practices' (Preston, 1987: 372) and emphasising social progress. This notion of 'progress' involved the criminalisation and moral condemnation of specific caste groups, ostensibly with the intent of reforming individuals and 'ending the excesses of the deluded' (ibid: 379). These legislative and moral actions were enforced through British political dominance. This dominance extended theoretically to sexual dominance, as all forms of Indian sexuality were perceived as inferior to British sexuality, with efforts made to reform Indian sexuality to align with Victorian moral standards.

The language of Section 377 was deliberately broad and vague, encompassing consensual same-sex relations and thereby rendering them illegal. This legislation established the basis for legal discrimination against individuals with non-heteronormative sexual orientations. Section 377 not only criminalised specific sexual acts but also served as a tool for marginalising and stigmatising LGBTQ+ individuals (Kaur, 2022a). Its existence fostered a culture of fear, discrimination, and prejudice, perpetuating societal biases against non-heterosexual orientations and non-binary gender identities (Thomas, 2018). This criminalisation restricted personal freedoms and inhibited the expression of diverse sexual orientations and gender identities, causing SOGIESC individuals to live in constant fear of persecution, societal rejection, and legal repercussions. Moreover, the law reinforced societal prejudices, further alienating and marginalising this community. The stigmatisation resulting from Section 377 extended beyond legal implications, influencing societal attitudes and behaviours and creating an environment of fear and shame for SOGIESC individuals. It institutionalised discrimination and exclusion, suppressing personal identities and hindering the community's integration into mainstream society (Dangre & Tripathi, 2018). In essence, the imposition and maintenance of Section 377 during colonial rule entrenched discriminatory practices, thereby, significantly shaping India's social and legal landscape for decades, even centuries.

The impact of colonial-era laws resulted in the erasure of historical acceptance and reinforced stigma and discrimination against LGBTQ+ individuals (Ejaz & Moscowitz, 2020). Overall, historical perspectives demonstrate the influence of colonial impositions through laws like Section 377, which shifted societal attitudes from historical acceptance to the stigmatisation of non-cishet identities. Understanding this historical context is essential for unravelling the complexities that shape contemporary attitudes and the legal treatment of gender and sexual minorities in India. The ability to be 'different' while still being recognised

as part of the citizenry is compromised by political actions aimed at enforcing moral standards that further constrict the already limited scope of 'normality' in terms of gender and sexuality (Stoltz et al. 2010; Altman and Symons 2016). In the next section, I will discuss the societal impacts of these colonial laws and the contemporary situation of Indian gender and sexual minorities.

However, scholars such as Upadhyay (2020) caution against attributing homophobia solely to colonial legacies. They[2] contend that Brahminical caste structures influence and shape contemporary political, legal, social, cultural, and economic violence in India. These caste systems and associated violence are deeply rooted in Hinduism and are interconnected with other forms of oppression. However, when addressing violence against queer, trans, and gender nonconforming communities, Hinduism is often cited to show that precolonial Hinduism was inclusive of diverse genders and sexualities. This narrative framework is used to support queer and trans histories and modern identities, often overlooking the role of caste in these discussions. They go on to say, "What is claimed as Hindu culture is dominant caste culture. Any assertion of Hinduism as queer, trans, and gender nonconforming accepting, is not only an oxymoron, but also a normalisation of caste violence" (2020: 466).

The normalisation of heterosexuality is crucial for sustaining the caste hierarchy and perpetuating the patriarchal dominance inherent in the top-to-bottom social structure. While the influence of colonialism on the present-day experiences of gender and sexual minorities is significant, it is equally important to acknowledge how caste and colonialism are intertwined in Indian history and culture. Their combined legacies continue to shape the lives and experiences of Indian youth today. Although my study does not directly focus on the impact of these historical factors, recognising their pervasive influence is essential for understanding the

[2] Nishant prefers they/them pronouns.

broader context in which Indian youth navigate their identities. This recognition highlights the importance of considering both caste and colonialism when analysing contemporary social dynamics and the lived experiences of gender and sexual minorities in India.

2.3.3 Contemporary Views and Societal Attitudes towards SOGIESC Communities: A Post-Colonial Analysis

The existence of Section 377 hindered the legal recognition of same-sex relationships or partnerships (Sjöde, 2019). This lack of recognition denied SOGIESC individuals essential rights and protections, such as inheritance, property rights, healthcare decision-making for partners, and other privileges afforded to heterosexual couples. The provision also created opportunities for harassment, blackmail, and exploitation by authorities or individuals using the law for personal or discriminatory reasons. Section 377 had both legal and societal implications, perpetuating widespread discrimination, harassment, and violence against LGBTQ+ individuals (Jain, 2023). This discrimination permeated various aspects of life, including education, employment, healthcare, and housing, thereby impeding LGBTQ+ individuals' full participation in society (Narrain, 2018). The presence of Section 377 instilled fear and suppressed the open expression of sexual orientation or gender identity. LGBTQ+ individuals often felt compelled to hide their identities, resulting in psychological distress and a lack of support networks due to fear of societal rejection and legal repercussions (Kaur, 2022b). Overall, the existence of Section 377 not only imposed legal restrictions but also perpetuated social stigma and discrimination against SOGIESC individuals, obstructing their access to fundamental rights and freedoms while fostering an environment of fear and exclusion within society.

The landmark decision to repeal Section 377 represented a historic victory for the SOGIESC community, freeing them from the constraints of a 200-year-old British-era law that

criminalised same-sex relationships. The profound significance of this ruling is captured in Justice Indu Malhotra's statement within her extensive 50-page verdict: "History owes an apology to the members of this community and their families, for the delay in providing redressal for the ignominy and ostracism that they have suffered through the centuries" (Mitra, 2018).

However, the question posed by Borah (2018), ‘is decriminalisation enough?’, remains pertinent as the available findings present mixed results on this issue. The current literature does not establish a definitive causal link between the adoption of same-sex legislation by a country and the societal acceptance of the SOGIESC community. Some European studies indicate a significant positive correlation between the extent of same-sex legislation (Takács & Szalma, 2011; Hooghe & Meeusen, 2013; van den Akker et al., 2013) and favourable attitudes toward homosexuality. In India, some studies indicate that victimisation and social exclusion of the community persist even after legal transformations (Dagras, 2021; Mewafarosh & Chatterjee, 2019). Conversely, Redman (2018) found no significant impact of same-sex partnership legislation on public opinion. Furthermore, legislation tends to enhance positive attitudes toward homosexuality primarily among individuals who already hold favourable views on the matter (Redman, 2018).

On the other hand, a cross-cultural study revealed that Indian society has a significantly lower level of homophobia compared to countries like Nigeria, Bangladesh, Pakistan, Nepal, and Turkey (Yıldız et al., 2021). The annulment of Section 377 reduced the fear of legal persecution and empowered individuals to live more authentically. It encouraged many to openly express their identities, fostering a more positive self-image and mental well-being (Rai, 2019). Conversely, other research has highlighted the presence of institutionalised homophobia (Gill, 2017), transphobia (Elischberger et al., 2018), and implicit internalised homophobia (Dhabar & Deshmukh, 2021) deeply rooted in Indian society. A recent India-based review

indicated that LGBT persons experience social rejection and structural disregard (Saraff et al., 2022). However, there is still a lack of empirical studies examining the effects of these attitudes towards homosexuality in India. Thus, there exists a knowledge gap in this area. Understanding the antecedents and their impact is crucial as this knowledge could assist policymakers in promoting positive attitudes towards homosexuality. This study aims to address this research gap by focusing on significant risk and protective factors influencing experiences of gender and sexual minorities.

Despite the repeal of Section 377, deeply ingrained societal prejudices persist against SOGIESC individuals in India. The implementation of policies and laws to safeguard the rights of LGBTQ+ individuals remain inadequate (Chang, 2014). The absence of comprehensive anti-discrimination laws and inclusive policies poses significant challenges in ensuring equal rights and protections for the community. LGBTQ+ individuals from marginalised communities face compounded discrimination due to their intersectional identities, such as those from lower socio-economic backgrounds, religious minorities, or individuals with disabilities (Banerji et al., 2012). These intersections exacerbate difficulties in accessing rights, services, and societal acceptance. Access to healthcare services, including mental health support tailored to the LGBTQ+ community, remains inadequate in many regions (Gaur et al., 2023). In essence, while the repeal of Section 377 marked a historic milestone for SOGIESC rights in India, the journey towards full equality and societal acceptance is ongoing. Persistent societal prejudices, legal and administrative gaps, uneven access to rights and services, and intersectional challenges highlight the need for continued advocacy and policy reforms to ensure comprehensive protection and equality for the SOGIESC community in India.

Despite these challenges, continuous activism and advocacy by LGBTQ+ activists, allies, and organisations persist. These efforts include awareness campaigns, educational

initiatives, and legal battles aimed at challenging discriminatory norms and fostering societal acceptance. These communities create safe spaces and support networks through Legal battles fought by LGBTQ+ activists and organisations have resulted in significant milestones, such as the partial repeal of Section 377. Awareness campaigns, like Pride events and LGBTQ+ rights movements, aim to raise visibility and promote acceptance, fostering understanding and support within society (Ghosh, 2014). Hence, while societal discrimination poses significant hurdles for the SOGIESC community, ongoing resistance and advocacy efforts persist to challenge norms, promote inclusivity, and foster acceptance, thereby creating pathways toward a more equitable and inclusive society for SOGIESC individuals in India.

In recent years, India has witnessed several significant policy changes, such as the annulment of Section 377, passing the Transgender Persons (Protection of Rights) Act (see Chapter 3), declining to legalise same-sex marriage etc, regarding gender and sexuality. Collectively, these changes represent substantial shifts in how the Indian state regulates matters related to the body, particularly concerning queer individuals. Some of these policy changes may help reverse the legacy of centuries of sexual repression in India, potentially restoring or creating more fluid notions of gender and sexuality that existed on the subcontinent before British colonialism. However, other changes perpetuate colonial and neocolonial perspectives, particularly regarding the reinforcement of binary notions of gender and sexuality. My research is positioned within this context where the SOGIESC community, despite no longer being criminalised, continues to face numerous hurdles and challenges due to their gender and sexual identity. Historical patterns suggest that these circumstances are likely to persist for many years. Given the slow pace of social and legal change, it is crucial to examine the impact of these ongoing challenges on the mental health of gender and sexual minorities in India.

2.4 Gender, Sexuality, and Mental Health and Well-Being

We can examine how the psychological and psychiatric professions, as social institutions, have either medicalised or normalised various aspects of sexual and gender identities by analysing changes in the Diagnostic and Statistical Manual (DSM) over time. Pioneering studies on the prevalence of same-sex sexuality (Kinsey et al., 1948, 1953; Ford & Beach, 1951) and psychological comparisons between heterosexual and gay men (Hooker, 1957) facilitated a shift in attitudes within the psychological community. These studies were instrumental in motivating the American Psychological Association (APA) to remove homosexuality from the list of mental disorders in 1973. However, it is important to note that conditions related to same-sex attraction were not completely removed from the APA's classifications until 1987. Following the normalisation of lesbian and gay identities, gender identity disorder (GID) emerged as a new category. Until the publication of the DSM-5 in 2013, GID was the term used by psychiatrists to diagnose individuals with a strong and persistent cross-gender identification (Bressert, 2016). In the DSM-5, the term was updated to 'Gender Dysphoria.' This shift from identity disorder to dysphoria signifies that cross-gender identification is not inherently a mental disorder. However, the potential dysphoria resulting from gender nonconformity—manifesting as depression, anxiety, stress, and unhappiness—may be seen as a pathology that requires professional psychological or psychiatric care.

Although the decriminalisation of homosexuality has opened doors to acceptance of LGBTQ individuals in India, the law alone is insufficient to protect them against the profound stigma prevalent in the restrictive Indian homonegative society (Pufahl et al., 2021). Numerous authors observe that the sociocultural fabric of India is heteronormative and maintains a discriminatory attitude toward members of the LGBTQ community (Khatun, 2018; Arvind et al., 2021; Chakrapani et al., 2022).

The view of gender as a fluid and flexible experience and expression that may vary across time, place, and relationships has been gaining increasing acceptance in recent years (Hyde et al., 2019). In theory, this increased acceptance should benefit individuals whose physical appearance or behaviours do not align with societal expectations of their gender (also referred to as gender nonconforming or gender atypical), making them feel more at ease, experience less psychological distress, and enjoy a better self-image. However, findings tell a different story. Research indicates that gender nonconformity (GNC) not only undermines self-esteem (e.g., Egan and Perry, 2001; DiDonato and Berenbaum, 2013; Tate et al., 2015), but is also linked to a high prevalence of depressive symptoms and suicide attempts (e.g., Lowry et al., 2018; Roberts et al., 2013).

Most explanations for the link between GNC and self-esteem derive from various forms of social role theory. A common theme among these views is that women and men are socialised to internalise gender roles and develop the skills and behaviours necessary to fulfil these roles. This socialisation occurs because gender role conformity is rewarding: it validates shared beliefs about men and women, facilitating social interaction and promoting a sense of group belongingness (DiDonato & Berenbaum, 2013; Meyer, 2003). Even without the presence of others, internalised gender roles serve as standards against which individuals continuously monitor and evaluate their own behaviour. Consequently, GNC triggers negative social reactions from an early age, including parental discomfort (Spivey et al., 2018), peer rejection and victimisation (Roberts et al., 2013; Martin-Storey, 2016), and negative self-evaluations when individuals fall short of their own standards for gender conformity (Tobin et al., 2010; Wood & Eagly, 2012).

Research has consistently shown significant and persistent disparities in mental health, substance use, and other wellness indicators among LGBTQ youth compared to their

heterosexual and cisgender peers (Mereish, 2019; Russell & Fish, 2019). These health inequities are closely tied to minority stressors (Meyer, 2003), which include experiences of anti-LGBT stigma and discrimination that increase distress and hinder effective coping mechanisms, thereby impeding positive development, health, and well-being (Goldbach & Gibbs, 2017; Russell & Fish, 2019). Such stressors encompass policies and laws that restrict the rights and protections of LGBTQ individuals (Hatzenbuehler, 2017), interpersonal experiences of rejection or harassment (Katz-Wise & Hyde, 2012; Toomey & Russell, 2016), and internalised feelings of self-directed stigma, such as internalised homophobia and transphobia (Puckett & Levitt, 2015).

Extensive research in social, personality, and developmental psychology has highlighted the impact of gender on mental health. Studies have shown significant associations between internalised gender-role expectations and psychological distress, including depression, low self-esteem, and substance abuse, for both men and women (Pleck, 1981, 1995; Eisler and Skidmore, 1987; Good and Mintz, 1990; Fredrickson and Roberts, 1997; Mahalik, 1999; Tang and Tang, 2001; Ballou & Brown, 2002; Zamarripa, Wampold, & Gregory, 2003 Tolman et al., 2006; O'Neil, 2008; Levant, 2011; Szymanski et al., 2011; Berke, Reidy, and Zeichner, 2018). Similarly, several studies have documented persistent trends in mental health differences related to sexual orientation (Peter et al., 2017; Raifman et al., 2017; Liu et al., 2020), substance use (Fish et al., 2017; Fish & Baams, 2018; Fish et al., 2019), and factors contributing to sexual minority health inequities, such as victimisations and family support (Watson et al., 2019; Poteat et al., 2020). Additionally, research on the developmental timing of sexual orientation and gender identity-related disparities in substance use (Fish & Russell, 2019a), mental health (La Roi et al., 2016; Fish & Russell, 2019b), and peer victimisation (Martin-Storey & Fish, 2018; Mittleman, 2019; Fish & Russell, 2019b) indicates that these disparities emerge at early ages.

There has been significant progress in the lives and rights of SOGIESC individuals. Growing acceptance and visibility have enabled SOGIESC youth to understand their identities at younger ages and 'come out' within their families, schools, and communities. Research indicates a decreasing age of coming out for sexual minority individuals across generations (Russell & Fish, 2016; Martos et al., 2017; Bishop et al., 2020). The interval between initial awareness and disclosing one's sexual minority identity now occurs a decade earlier compared to those who came of age in the 1970s (Bishop et al., 2020). However, this earlier coming out now coincides with adolescence, a developmental period marked by increased conformity, self-consciousness, and social regulation, especially concerning sexuality and gender (Pascoe, 2007; Brechwald & Prinstein, 2011; Payne & Smith, 2011). Despite the advantages of understanding and disclosing an LGBTQ identity during this developmentally appropriate stage, these experiences occur when youth are particularly vulnerable to peer attitudes, influence, and victimisation (Robinson et al., 2013; Russell & Fish, 2019).

However, research is lacking regarding how gender norms and heteronormative expectations influence the mental health outcomes of young people in India. This thesis aims to examine the effects of societal pressures to conform on mental health outcomes and well-being among young people in India, focusing on sexual and gender minorities. In the next sections, I will first detail the literature available on the mental health challenges faced by gender and sexual minorities, and then elaborate on social and psychological well-being.

2.4.1 Mental Health Challenges Faced by SOGIESC Population

Transgender and gender non-conforming individuals have been found to consistently experience higher rates of mental and physical health issues compared to their cisgender counterparts (Hendricks and Testa, 2012; Fredriksen-Goldsen et al., 2014; Wesp et al., 2019; Romanelli and Lindsey, 2020). With projections indicating an increase in these populations

both nationally and globally (Reisner et al., 2016; Zucker, 2017; Ghorayshi, 2022; Herman et al., 2022;), it is crucial to further explore the factors contributing to health disparities among diverse gender groups. Social context is a significant determinant of health behaviours and outcomes (Burke et al., 2009) and likely plays a substantial role in the generally poor mental and physical health status of trans individuals (White Hughto et al., 2015). Trans and gender non-conforming individuals often experience discrimination, societal exclusion, and other negative consequences based solely on their gender identity (Grant et al., 2011; White Hughto et al., 2015; Winter et al., 2016; Smith et al., 2018). Societies that adhere to binary gender views often lacks a social space for transgender identities at both macro and micro levels (Gagné & Tewksbury, 1998; West & Zimmerman, 1987).

Sexual orientation has often been conceptualised as a concealable stigmatised identity, with the minority status of some LGB individuals not being immediately obvious in social interactions (Pachankis, 2007; Quinn and Chaudoir, 2015). Consequently, LGB individuals frequently face decisions about when to conceal or disclose their sexual orientation, potentially having to repeatedly disclose their minority status, which adds additional stress (Meyer, 2003; Pachankis, 2007). Although related, the processes of concealment and disclosure are distinct and contribute differently to minority stress (Meidlinger & Hope, 2014). Research consistently shows poorer mental and physical health outcomes for sexual minority groups (Pascoe & Richman, 2009).

In India, senior psychiatrists have been found to discriminate against LGBTQ individuals based on traditional gender stereotypes, resulting in reduced access to high-quality healthcare services (Chakrapani et al., 2011). Despite the efforts of the WHO and the Indian Psychiatric Society to de-pathologise homosexuality, many healthcare professionals continue unethical practices such as conversion therapy, driven by social stigma (Rao et al., 2016). Several studies over the past decade have provided estimates of the prevalence of various

mental health conditions among LGBTQIA+ individuals. Prajapati et al., (2014) found that 52.9% of MSMs (men who have sex with men) exhibited some psychiatric morbidity. A qualitative study with sexual minority women revealed common themes of isolation, anxiety, high substance use, and suicidal thoughts (Bowling et al., 2016). Various studies have documented prevalence rates for depression, substance abuse and dependence, anxiety, and other psychiatric conditions (Safren et al., 2009; Sivasubramanian et al., 2011; Logie et al., 2012; Mimiaga et al., 2013; Yadav et al., 2014; Chakrapani et al., 2015; Patel et al., 2015; Ekstrand et al., 2016; Tomori et al., 2016; Hebbar and Singh, 2017; Hebbar et al., 2018; Soohinda et al., 2018; Wilkerson et al., 2018). Some transgender individuals have reported avoiding free government healthcare services, opting instead for self-medication or private healthcare (Ganju and Saggurti, 2017). Sexual minority women similarly avoid mental health services due to the stigma of mental illness, fear of negative medical interventions, and previous unfavourable experiences with these services (Bowling et al., 2016). Reviews have highlighted the extent of marginalisation, inadequate knowledge and sensitivity among healthcare professionals toward LGBTQIA+ individuals, active discrimination, and the perpetuation of violence as significant barriers to accessing healthcare (Patel et al., 2012; Bhattacharya, 2014; Azad and Nayak, 2016; Virupaksha et al., 2016; Kar and Anirudh, 2018; Sharma, 2018; Kottai and Ranganathan, 2019).

The existing body of literature indicates that individuals within the SOGIESC community experience higher levels of stress and strain compared to their cis-heterosexual counterparts. This study seeks to add to the current literature by pinpointing specific risk and protective factors that either hinder or support the mental health and well-being of these individuals. In the following section, I will outline the two types of well-being that will be examined in this research and explain the rationale behind this focus.

2.4.2 Social and Psychological Well-Being

2.4.2.1 Social Well-Being

In recent decades, there has been a shift in the literature from an emphasis on disorder and dysfunction to a focus on well-being and positive mental health. This positive perspective is also embedded in the World Health Organisation's constitution, where health is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1948).

Keyes (1998) defined social well-being as "the appraisal of one's circumstance and functioning in society" (p. 122), emphasising that living is inherently social, with its challenges serving as criteria for achieving a better quality of life. Keyes views well-being through a multidimensional model encompassing five dimensions: *Social integration* refers to the perceived quality of an individual's relationship with their society and community. An individual feels integrated when they share commonalities with other members of their social context; *Social acceptance* involves the meaning an individual constructs of their society, based on others' characteristics and qualities. Those with higher social acceptance tend to trust others, view them as capable of kindness, and believe in their diligence; *Social contribution* includes an individual's assessment of their social value, self-efficacy, and perceived responsibility, encompassing the belief that they are a valuable member of society; *Social actualisation* pertains to an individual's evaluation of societal development, trajectory, evolution, and potential, believing that social growth is beneficial; *Social coherence* involves an individual's perception of the quality, organisation, and functioning of the social world. Socially healthy individuals have a realistic view of the world and seek to find meaning in life experiences (Keyes, 1998).

The dimensions of social well-being are identified through a dual research approach—hedonism and eudaimonism—and are examined across three levels: personal, interpersonal, and social (Keyes & Shapiro, 2004; Joshanloo, 2013). Researchers adopting a hedonic approach study personal-level issues like alienation and abnormality, interpersonal-level issues like violence, and social-level issues like poverty and crime. In contrast, the eudaimonic approach examines social contribution at the personal level, social support at the interpersonal level, and social capital at the social level (Keyes & Shapiro, 2004; Joshanloo et al., 2006). Keyes' theory, one of the most influential on social well-being, focuses on the individual level using a eudaimonic approach. Each of the dimensions mentioned earlier reflect the challenges humans face as social beings (Keyes & Shapiro, 2004). I am interested in looking at the eudaimonic factors and how they can be influenced by young people's experiences with their gender and sexual identity.

Sexual minority individuals tend to exhibit lower self-esteem, higher psychological stress, and diminished overall well-being compared to their heterosexual counterparts (Pilkington and D'Augelli, 1995 D'Augelli et al., 2006; Bos et al., 2008). Those among sexual minorities who display a high level of GNC also face greater stigmatisation, rejection, and reduced well-being than those with lower levels of GNC (Meyer, 2003; D'Augelli et al., 2006; Skidmore et al., 2006; Sandfort et al., 2007). It has been suggested that the decreased well-being and stigmatisation experienced by sexual minorities are more closely linked to their level of GNC than to their sexual orientation itself (Rieger & Savin-Williams, 2012). Victimisation related to being gay during youth has been found to contribute to health issues later in life, particularly among gay males (Friedman et al., 2008). However, victimisation based on sexual minority status or gender expression is often not explicitly banned in school policies. During adolescence, sexual minority youth need support for their sexual identity development (Elizur & Mintzer, 2001; Rosario et al., 2008). The fact that young gender nonconforming sexual

minority individuals experience both verbal and physical stigmatisation during this critical period—which can impact their development later in life—emphasises the importance of studying these dynamics among this young and frequently vulnerable population.

2.4.2.2. Psychological Well-Being

WHO has defined positive mental health as "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2001).

Advances in positive psychology have sparked increased interest in psychological well-being across various disciplines (Henn et al., 2016; Hides et al., 2016). This has led to scientific literature approaching the construct from two polarised perspectives. The first perspective views psychological well-being from a hedonic standpoint, focusing on an individual's internal state experienced subjectively over time, characterised by high levels of positive affect and life satisfaction (Weiss et al., 2016; Opree et al., 2018). This perspective emphasises subjective experiences of well-being, particularly happiness, life satisfaction, and positive affect (Henn et al., 2016). In contrast, the second perspective adopts a eudaimonic approach, seeing psychological well-being as a process of self-realisation through which individuals evolve over time. This approach is not associated with outcomes but with capacities (Díaz et al., 2015; Berzonsky and Cieciuch, 2016; Disabato et al., 2016; Urquijo et al., 2016).

Aligned with the second perspective, Ryff (2014,2019) developed a series of indicators based on the theory of positive human functioning, which are consistent with a eudaimonic perspective on happiness. Ryff (1989) identified six dimensions of psychological well-being: self-acceptance, autonomy, environmental mastery, personal growth, positive relationships, and purpose in life. These dimensions reflect an individual's sense of self-determination, control over their environment, capacity for personal development, ability to form satisfying

relationships, and sense of purpose. These dimensions emphasise individuals' capacities of *self-acceptance* their limitations, regulate their own behaviour, meet contextual demands, develop personal potential by fostering *positive relationships*, accept their limitations while maintaining a positive outlook, and establish meaning and direction in their lives (Keyes et al., 2002; Viejo et al., 2018; Gómez-López et al., 2019). Specifically, *environmental mastery* is closely linked to an individual's sense of *autonomy* and capacity for self-determination and independence (Rosa-Rodríguez et al., 2015). Consequently, these indicators are often referred to as "health assets" because they influence young people's physical and mental health and, ultimately, their behavioural development (Chen et al., 2019). It has been established that psychological well-being is connected to psychological constructs such as life experiences, emotional intelligence, and personality traits and there is a significant positive correlation between educational attainment and psychological well-being, particularly regarding personal growth and life purpose (Bucchianeri et al., 2016; Henn et al., 2016; Butler-Barnes et al., 2017).

Diener et al., (2010) defined psychological well-being as a subjective evaluation of one's life, characterised by positive emotions, engagement, and meaning. This definition includes a wide range of positive experiences such as happiness, satisfaction, and a sense of fulfilment. Seligman (2002) introduced the concept of 'positive psychology,' viewing psychological well-being as a combination of fulfilment and enjoyment. This perspective emphasises that happiness is marked by positive emotions, pleasure, and a sense of meaning and purpose in life, rather than merely the absence of negative feelings or events. Just as with social well-being, I am interested in the eudaimonic perspective of studying psychological well-being.

2.4.2.3 Why study Social and Psychological Well-Being in this study's context?

Keyes' (1998) model of social well-being extends the eudaimonic tradition of well-being from Ryff's (1989) intrapersonal focus to the interpersonal realm. Psychological well-being and

social well-being are complementary, not contradictory. Various elements of psychological well-being have corresponding aspects in social well-being. For example, social actualisation is closely related to personal growth, and social coherence is related to life purpose (Gallagher et al., 2013).

Recent reviews have found that gay, lesbian, and bisexual individuals report lower levels of psychological well-being compared to their heterosexual counterparts (Pascoe and Richman, 2009; Rieger and Savin-Williams, 2012). Additionally, sexual orientation and gender identity minorities exhibit disproportionately high rates of suicidal ideation and attempts (Haas et al., 2010). The Minority Stress Theory (Meyer, 1995; 2001; 2003) attributes these health disparities to identity-related oppression and experiences of discrimination that are unique to sexual minorities. Research has also demonstrated that current gender nonconformity in adulthood is associated with increased psychological distress and reduced well-being (Skidmore et al., 2006; Baams et al., 2013). For instance, a lesbian who exhibits masculine traits may face more overt discrimination compared to a lesbian who presents in a more traditionally feminine manner, even though both are sexual minorities. Notably, Rieger and Savin-Williams (2012) found that the extent of gender conformity was a stronger predictor of well-being than sexual minority status. Several studies involving youth and adults have demonstrated that the connection between gender nonconformity and psychological well-being is mediated by experiences of rejection associated with being part of a sexual minority group (Sandfort et al., 2007; Toomey et al., 2010). Unfortunately, limited research has examined the effects of young people's gender and sexual identity on mental health outcomes. Given the link between sexual minority status and lower gender conformity, further investigation on the well-being of SOGIESC individuals is crucial for understanding health outcomes for LGBTQ+ individuals.

This research embraces the perspective that mental health encompasses more than just disorders or adverse life events; it also includes positive elements, such as those examined through social and psychological well-being. Historically, research literature has accurately highlighted various stressors and psychological challenges faced by SOGIESC individuals. However, I aim to expand this view by acknowledging that, while these issues are indeed valid and significant, SOGIESC individuals also engage in other meaningful aspects of life. These include building communities, setting and pursuing life goals, and forming genuine connections. While previous studies have been instrumental in understanding the problems faced by this community, my research seeks to explore how SOGIESC individuals also focus on and thrive in these positive dimensions of their lives.

2.5 Chapter Summary

The literature review has highlighted the complex and multifaceted experiences of SOGIESC individuals, particularly within the context of India. In this chapter, I mapped out a theoretical path through various bodies of literature on gender identity, sexuality, mental health, well-being, and the historical and contemporary context of India. It has provided a historical and social foundation of the Indian socio-cultural landscape, alongside exploring significant legal and political developments concerning queer identities. For Indian youth, particularly SOGIESC individuals, the socio-cultural landscape is a complex mix of possibilities and opportunities. These young queer individuals are uniquely influenced by the aspirational narratives of the 'new' India (Mankekar, 2015). As Nicholas Nisbett (2007; 2009) illustrated, this generation embodies the new ambitions and possibilities brought about by globalisation and rapid growth. The transformations brought about by globalisation are notably perceived as a generational shift (Kabeer, 2000), making the values that guided the previous generation appear outdated to the youth (Lukose, 2009; Platz, 2012). The following research gaps were identified:

- How do gender and sexual minorities perform gender roles, how does Indian culture influence these roles, and do Indian youth perceive gender roles as agentic for men and communal for women, as past literature suggests?
- Are experiences of nonnormative identities consistent across Indian youth, and what are the mental health impacts of this nonconformity on gender and sexual minorities?
- Why does the SOGIESC community in India continue to face numerous challenges despite decriminalisation, and what are the ongoing impacts on their mental health in a slow-changing social and legal environment?
- What specific risk and protective factors either hinder or support the mental health and well-being of gender and sexual minorities in India?

While gender and sexuality have gained prominence in popular discourse, understanding the well-being of queer people is intricately linked to their cultural identity, family dynamics, and personal ambitions. This thesis posits that their well-being is influenced and regulated at three levels: macro, interpersonal, and individual.

CHAPTER 3: THEORETICAL AND CONCEPTUAL FRAMEWORK

The ideas, concepts, and themes form a comprehensive foundation of knowledge within the discipline, which together constitute the theory. This theoretical framework enables us to understand and explain the meaning, nature, relationships, and challenges associated with a phenomenon. Applying these theoretical attributes allows for a deeper understanding of the phenomenon and more appropriate actions, including making predictions (Asher, 1984). The theoretical framework serves as a structure that encapsulates concepts and theories developed from previously tested and published knowledge. This synthesis provides the theoretical basis for analysing and interpreting research data. Swanson and Chermack (2013:122) states, "the theoretical framework is the structure that can hold or support a theory of a research study." The conceptual framework, on the other hand, is the logical structure of the entire research project. Miles and Huberman (1994:18) say, "a conceptual framework explains either graphically or in a narrative form, the main things to be studied-the key factors, constructs or variable – and the presumed relationships among them."

In this chapter, I present both the theoretical and conceptual framework guiding this research. I begin by discussing the theories that influence my work and then detail the 'logical master plan' of the entire research process (Kivunja, 2018: 47). I give an account of the way in which I draw together the key concepts outlined in the thesis, situating it into a theory-rich framework. I draw on the works of West and Zimmerman (1987), Judith Butler (1990, 2004), Barbara Risman (1998, 2004, 2009), intersectional theorists like Kimberlé Crenshaw (1989) and Patricia Collins (2000; 2019), and Meyer (2003) to explore the dynamics of gender and sexuality and well-being in Indian society. The theoretical framework provides a comprehensive review of these theories, highlighting their strengths, critiques, and disparities. I also explain how these theories do not exist independently in this study but are in tandem with

one another, proposing a dialogue between them to offer different perspectives of understanding the broader aims of this study, thereby enriching the interpretation of the results. Additionally, I introduce a study-specific conceptual framework that illustrates how gender and sexuality interact and impact the well-being of the participants, as well as outlines the contextual factors of gender and sexuality in India, the variables being studied, and the mental health implications of these dynamics. This framework, informed by the aforementioned theoretical approaches, aims to understand gender and sexuality in a region that is relatively unexplored compared to its Western counterparts.

I begin by explaining the various theories involved in providing a model for this study, categorised into four theoretical approaches: approach to doing gender and sexuality; approach to oppressing gender and sexuality; approach to understanding gender and sexuality as a structure; and approach to studying the impact of gender and sexuality. This chapter is thereby paving the way to move from research questions to theoretical and analytical frameworks for the study design that links these concepts together. These frameworks account for multi-level nature of gender and sexuality, employing a structural outlook to study how gendered and sexual practices are sustained, challenged, reproduced, and experienced. These frameworks give an opportunity to study how gender and sexuality shape young people's mental health. Through these approaches, I seek to explicate and contextualise the theories of gender and sexuality in various spheres of an individual's life. I provide a background of their influence and usefulness in their fields, while also offering my interpretation and application of them. I stipulate my own questions and how these questions have channelled the research.

I use the metaphor of a blueprint to refer to the theoretical and conceptual framework of this study. Just as a blueprint provides a detailed plan for constructing a building, outlining every necessary component and how they fit together, the theoretical and conceptual framework offer a structured guide for the research process. This blueprint encompasses the

foundational theories and concepts that underpin the study, illustrating how various elements such as gender, sexuality, and mental health are interconnected. It serves as a comprehensive plan that not only organises the research design and methodology but also aligns the research questions with the theoretical approaches. By conceptualising the framework as a blueprint, I emphasise its role in ensuring that all parts of the study are systematically addressed and cohesively integrated, ultimately leading to a well-constructed and coherent analysis. This approach allows for a clear visualisation of how the research will proceed, ensuring that every aspect is thoughtfully considered and methodically executed.

3.1 Theoretical Framework

This theoretical framework establishes a structure for examining the data, forming a basis for interpreting how the observed elements fit together, and facilitating a clearer discussion of the findings. The following sections will cover the origins of key theories, explaining their selection, adaptation, and application. This framework will guide the research process and inform the development of the conceptual framework. I will connect the rationale for selecting these theories to a discussion of their impact on the study. Furthermore, I will also critique the strengths and weaknesses of the employed theories.

3.1.1 Theoretical Approach to Doing Gender and Sexuality

I draw upon West and Zimmerman's 'Theory of Doing Gender' (1987) as a foundational framework for understanding gender. Their pioneering work distinguishes between gender (social construct), sex (biological construct), and sex category (assumed biological category) providing a clear distinction and connection between biological, psychological, social, and cultural theoretical formulations. In Chapter 2, I explained that an individual's sex is determined at birth based on socially accepted biological differences between males and females. However, a person's sex category may not always align with their biological sex. Sex is the determination

of someone as male/female based on agreed upon biological criteria and sex category is the kind of sex attributed to someone based on socially required cues. If there are physical indicators of one's sex, they can be categorised as members of that sex category. To make inferences about one's gender, it is important to understand sex as an analytical category. Dozier (2005:314) supports this:

> Sex is a crucial aspect of gender, and the gendered meaning assigned to behavior is based on sex attribution. People are not simply held accountable for a gender performance based on their sex; the gendered meaning of behavior is dependent on sex attribution. Whether behavior is defined as masculine or feminine, laudable or annoying, is dependent on sex category. Doing gender, then, does not simply involve performing appropriate masculinity or femininity based on sex category. Doing gender involves a balance of both doing sex and performing masculinity and femininity.

West and Zimmerman (1987) contend that we are morally obligated to perform gender and to ensure that others also conform to socially accepted gender norms. They ask a crucial question: 'What is the social doing of gender?'. Building on this, I ask, 'What is the social doing of gender in a country that places immense importance on social obligations and expectations?' They further argue that individuals, alongside other people and institutions, engage in the process of doing gender. They clarify that 'doing gender' is 'fundamentally interactional and institutional in character' (137), explaining how people actively construct and deconstruct their gender identity through interactions within their social environment. In essence, they formulate that gender is something we 'do', rather than something we 'are'. In this study, however, I take a slightly different stance. As the conceptual framework will also illustrate, I perceive gender as both a behavioural pattern and an identity. This dual perspective acknowledges the performative aspects of gender while also recognising its intrinsic role in personal identity formation.

The theory of doing gender provides a platform to analyse subsequent theories like those of Judith Butler (1990, 2004). Around the same time as West and Zimmerman were influencing how individuals in a society do gender, Butler (2004) was formulating a comparable theory of 'undoing gender'. Butler (2004: 42) defines gender as "the mechanism by which notions of masculine and feminine are produced and naturalised, but gender might very well be the apparatus by which such terms are deconstructed and denaturalised". Their[3] question, 'can we ever not do gender?', is an intriguing one. I argue that if nonbinary people are making extra efforts to avoid conforming to the social connotations of one gender or another, are they not still 'doing gender' by actively choosing not to do it? This paradox highlights the pervasive nature of gender as a social construct—where even the act of rejecting traditional gender roles can be seen as a form of engaging with them. Nonbinary and other non-conforming individuals, in their deliberate nonconformity, may still be participating in the social process of 'doing gender', thereby demonstrating that it is nearly impossible to entirely escape the influence of gender norms and expectations in society.

Butler's previous work 'Gender Trouble' (1990) resonates with the 'doing gender' paradigm by presenting the performative theory of gender. This theory, now widely accepted in sociological gender literature, argues that gender identity is not an inherent trait but rather a consequence of repeated gender performances. Butler emphasises the repetitive nature of these acts, suggesting their persistent and continuous performance by both individuals and society. Essentially, Butler asserts that gender is created through its own performance. They argue that gender is both performed and performative, stating that gender "is real only to the extent that it is performed" (Butler, 1988: 527). Furthermore, Butler contends that the enforcement of the gender binary is not accidental; it persists to perpetuate and maintain an oppressive system of patriarchy and obligatory heterosexuality. They urge people to create 'gender trouble' to

[3] Judith Butler uses 'They/Them' pronouns.

disrupt the normative acceptance of binaries of sex and gender to dismantle oppressive social and political systems of patriarchy and heteronormativity.

I will be adopting the theory of doing gender, as proposed by West and Zimmerman, to a certain extent, alongside Butler's theory of gender performativity to conceptualise gender in my research. Butler critiques the traditional binary understanding of gender, arguing that it is inadequate for studying the complexities of gender and sexuality. Their work also aims to challenge cis-heteronormative frameworks, which is fundamental to the basis of this research. As a feminist scholar, my objective is to discuss these concepts in a manner that enhances the visibility of gender and sexual minorities, ensuring they are included in the narrative rather than marginalised.

Although these approaches offer a valuable framework for studying gender and adherence to socially accepted attributes of gender, it has several limitations. One of the main shortcomings is the lack of representation for transgender, non-binary, and genderqueer individuals. They primarily address how men and women perform gender in socially recognisable ways. If men and women 'do' gender in evident ways on various social platforms, how do non-binary people 'do' something that they do not identify or possess to begin with? How are these gender expectations different and/or similar for transgender people? Additionally, it prompts inquiry into how these concepts and experiences fit within culturally diverse populations.

As Lorber notes in their book 'Paradoxes of Gender' (1994: 96):

> The norms, expectations, and evaluation of women and men may be converging, but we have no social place for a person who is neither woman nor man. A man who passes as a woman or a woman as a man still violates strong social boundaries, and when transsexuals change gender, they still cross a great divide.

Even though this book was written almost two decades ago, social change is complex and slow to accomplish. Lorber's words still ring true when studying gender and sexual diversity in contemporary India.

A counterargument to the 'theory of doing gender' is presented by scholars like Judith Butler (2007), Deutsch (2007), and Risman (2009), who explore how gender can be 'undone'. Kelan (2010) explains how 'doing gender' can be interpreted as embodying gender in a manner that aligns with conventional expectations, whereas 'undoing gender' involves expressing gender in ways that deviate from these normative expectations. Judith Butler's theory of 'undoing gender' (2004) specifically addresses the criticisms that an ambiguous and universal definition of 'doing gender' can lead to confusion and varying interpretations across different societies. Butler's theory emphasises the potential for resistance, subversion, and non-conformity as methods to destabilise and dismantle traditional gender norms. This approach advocates for a more inclusive and fluid understanding of gender identity and sexuality, recognising the capacity of individuals to challenge and transform entrenched gender norms.

Deutsch (2007) contends that the concept of 'doing gender' has been primarily utilised to demonstrate the persistence and stability of gender relations rather than their potential for change. He critiques this model as a theory of conformity and gender conventionality, albeit acknowledging multiple forms of conventionality. Deutsch (2007) advocates for focusing on 'undoing gender,' which he defines as 'social interactions that reduce gender difference' (p. 122), or scenarios where gender is neutralised in social interactions. Risman (2009) reinforces this perspective, emphasising that the structure of gender is not immutable. She suggests that individuals have the capacity to challenge certain aspects of gender while conforming to others, highlighting the dynamic and fluid nature of gender as it is performed and perceived in society.

However, West and Zimmerman (2009) argued about the possibility of a complete annihilation of gender. They hold a differing perspective, suggesting that recent changes in gender norms should not be viewed as the undoing of gender. Instead, they propose these shifts represent a reconfiguration or 'redoing gender.' This perspective implies that while gender continues to exist, it evolves in a less rigid and more flexible manner. According to them, the changes we observe in gender norms do not signify the erasure of gender but rather a transformation in how gender is expressed and understood.

The theoretical approach of this thesis leverages the opportunity produced by the differences between 'doing', 'undoing', and 'redoing' gender to explore lived experiences in a nuanced manner. This study proposes that individuals may engage in all three of these gender practices throughout their lives, and sometimes simultaneously. Through an extensive literature review and my own interpretation of these theories, it became apparent that strictly adhering to a single approach has academic limitations. Each perspective—'doing', 'undoing', and 'redoing' gender—offers its own merit and relevance depending on the context. Therefore, I conceptualise gender as an ever-evolving phenomenon throughout an individual's life. Just as a person continuously acquires new understandings of the world, they may also challenge and discard certain beliefs, and then adopt alternative perspectives. In this way, gender can be learned and enacted, resisted and deconstructed, and subsequently reshaped or redefined.

Queer theory challenges the traditional binaries (man/woman or heterosexual/homosexual) by deconstructing them, highlighting the constructed nature of sex, gender, and sexuality classification systems, and opposing the solidification of these categories into fixed social identities. By exposing these binaries as cultural constructs or ideological fictions, queer theory reveals the incoherence and instability of sexed bodies and gender and sexual identities. Essentially, these binaries fail to accurately or completely represent the complex social processes that define the meanings of bodies and the social cues, practices, and

subjectivities associated with gender and sexuality (Jagose 1996; Lorber 1996). This discrepancy between ideological constructs and lived experiences is a key contribution of queer analysis.

While a queer analysis focuses on the gap between the normative alignments of sex, gender, and sexuality and the lived experiences of individuals, it also emphasises a specific binary that has significantly shaped social understanding from the twentieth century into the twenty-first: the homosexual/heterosexual binary (Seidman, 1997). This binary has been instrumental in structuring societal norms and knowledge, influencing how different sexual orientations are perceived and understood. Queer theory focuses on the "deviant" cases, or the anatomies, genders, sexual practices, and identities that do not neatly fit into binary categories or that violate the normative alignment of sex, gender, and sexuality (Corber and Valocchi, 2003). It scrutinises how dominant taxonomies fail to capture the complexity of individual gender and sexual subjectivities and practices, even among those who may define themselves using these dominant frameworks (Delaney, 1999; Halperin, 2002). While traditional classification schemes encourage viewing gender and sexuality as separate and independent dimensions of social and psychic life, queer analysis delves into their interrelationships and unexpected manifestations. It examines how gender is sexed and how sexuality is gendered in non-normative ways (Gagne and Tewksbury, 2002).

Queer theory is crucial to my research because it challenges and deconstructs the traditional binaries and normative alignments of sex, gender, and sexuality, offering a nuanced understanding of the complexities and fluidities within these identities. By employing queer theory, I can critically examine how dominant societal norms and taxonomies fail to encompass the diverse experiences of gender and sexual minorities, particularly in the context of contemporary India. This theoretical approach allows me to explore the interrelationships and

unanticipated manifestations of gender and sexuality, and thus, providing a more comprehensive analysis of how these identities are constructed, performed, and regulated.

As I have mentioned in the literature review (Chapter 2), India is at war with its own history, its contemporary understanding, and adopting modern practices to rewrite this history. My perspective on the 'doing gender' paradigm aligns well with the complexities of modern India. In recent decades, there has been a notable shift in tolerance and attitudes towards gender and sexual minorities in India. This evolving change mirrors the 'doing gender' model. While the 'doing gender' framework is essential for understanding how gender and sexual expression is formed and anticipated, it falls short in explaining how these expressions are regulated and persisted within societies. Therefore, I now present another theoretical approach that forms the foundation of this study. This approach will delve into the mechanisms and structures that uphold and perpetuate gender and sexual norms, providing a comprehensive understanding of the dynamic interplay between individual identity and societal expectations.

3.1.2 Theoretical Approach to Explaining the Oppression of Gender and Sexuality

This section of the chapter will explain the oppression of gender and sexuality through various mechanisms. Intersectionality is a critical framework that emphasises the interconnectedness of various social categories, such as gender, race, class, sexuality, and ability, and their cumulative impact on individuals' experiences and identities. This framework allows us to understand how multiple forms of discrimination and disadvantage intersect and compound to shape the lived experiences of marginalised individuals. In this section, I will provide an overview of intersectionality, outlining its key concepts and discussing its significance in contemporary scholarship.

Coined by Kimberlé Crenshaw (1989), intersectionality has emerged as a vital tool for analysing and understanding the complexities of power dynamics and social inequalities. The

foundation of intersectionality is rooted in Black feminist theory, which began to embrace a nuanced understanding of gender to encompass the diverse experiences of oppression among Black women. A critical focus for feminists was to recognise and address inequalities and oppressions that exist within groups of women, rather than solely focusing on disparities between women and men (Lorde, 1984; Collins, 1989, 2000; hooks, 1989; Crenshaw 1991; Rich, 1993). Crenshaw's work aimed to challenge identitarianism and essentialism by exposing the interconnections and limitations of simplistic, one-dimensional frameworks of inequality and oppression based on identity. Researchers who focused solely on a single axis of oppression and social inequality risked disregarding or overlooking other intersecting forms that positioned individuals in distinct ways. Crenshaw's objective was to highlight the specificities of experienced oppressions. For example, she emphasised that a Black woman faces structural oppression from both racism and patriarchy, a dynamic not shared by a Black man.

In Black Feminist Thought, Collins (2000) continues to build on earlier intersectional work (eg., Lorde 1984; Crenshaw, 1989) by arguing for a 'matrix of domination' as a concept that seeks to understand "how intersecting oppressions (both particular and structural, disciplinary, hegemonic) are actually organised" to oppress marginalised individuals (pp. 18). Collins moves beyond acknowledging various axes of oppression by challenging our perceptions of how individuals situated in various locations throughout the matrix of domination are differently oppressed.

Levon (2015) outlines three underlying tenets of an intersectional theoretical approach. The first tenet, grounded in Crenshaw's initial observations, posits that lived experiences are inherently intersectional. This means that to truly understand how social forces influence and constrain behaviours, it is crucial to centre the complexity of intersectionality in our analyses. This can be achieved by actively identifying and examining the various categories, ideologies,

and forces that underpin any social phenomenon under examination. Matsuda (1991:1189) describes an 'asking the other question' approach:

> When I see something that looks racist, I ask, "Where is the patriarchy in this?"
>
> When I see something that looks sexist, I ask, "Where is the heterosexism in this?"
>
> When I see something that looks homophobic, I ask, "Where are the class interests in this?"

The act of posing alternative questions compels us to move beyond the analysis of isolated categories and instead contemplate the intersections between those categories and other equally significant factors. This necessitates recognising the interconnectedness and interplay of various dimensions, rather than examining categories in isolation. I highly value this principle of intersectionality in my research. Specifically, I am interested in studying the intersections of gender, sexuality, age, and cultural realities and expectations, and their consequent mental health impacts. Culture, in this context, is an umbrella term encompassing India's history, laws, religious practices, societal obligations, casteism, and a wide range of culturally specific expectations. I acknowledge the existence of multiple other intersections, such as socioeconomic status, language, political landscape, and education, among many potential factors of interest. However, my focus on these particular factors stems from both my research interests and the need to gain a comprehensive understanding of gender and sexuality. In essence, my study aims to explore not only the current trends of gender and sexuality in India but also how these trends could influence broader social dynamics, rather than merely being influenced by them.

The second tenet of intersectionality theory denotes that intersections are dynamic and emerge within specific social, historical, and interactive contexts. This means there is no fixed or universal outcome resulting from the intersection of gender and sexuality, for example.

Instead, it is essential to examine how various social histories, interpersonal motivations, and local ideologies influence the interweaving of experiential categories in real-world interactions. Methodologically, this principle of dynamism encourages a process-oriented approach to intersectionality. This approach involves investigating how practices at both institutional and individual levels contribute to the construction of gender and sexuality, as well as other categories, for specific individuals, activities, and representations (Staunaes, 2003).

The final tenet of intersectionality theory emphasises that these dynamic categories not only intersect but also mutually shape one another (e.g., Choo and Ferree, 2010). This aspect of the framework, while bold and contentious, asserts that intersections should not be seen as mere crossroads where pre-existing categories meet. Instead, intersections actively contribute to the formation and meaning of the categories involved. In other words, the concept of mutual constitution argues that constructs like class, race, and gender do not exist as independent entities but rather derive their significance from their relationship with other intersecting categories. Consequently, there is no isolated 'gender effect' to be discovered and analysed; there is only the effect of gender in relation to sexuality, class, race, and so forth. While the formulation of mutual constitution is robust, some scholars advocate for an "intersections-plus" model (Weldon, 2008), which recognises the existence of main effects of categories alongside the effects of their intersections (eg., Walby, 2009; Choo and Ferree, 2010; Yuval-Davis, 2011). However, even with the inclusion of main effects, the concept of mutual constitution remains one of the key innovations of intersectionality theory. It challenges to move beyond analysing 'interacting' categories and instead examine the 'intersections' between them (Shields, 2008).

An intersectional approach opens up the possibility of examining power dynamics at both the micro and macro levels of oppression affecting gender and sexual minorities. As Burgess-Proctor (2006:37) puts it:

> The intersectional approach recognises that race, class, gender, sexuality, and other locations of inequality are dynamic, historically grounded, socially constructed power relationships that simultaneously operate at both the micro-structural and macro-structural levels the development of this intersectional approach to studying gender may be viewed as a natural progression of feminist thought.

I further this approach by also studying gender and sexuality at interpersonal level of oppression and analysis. However, Collins (2019) cautions that intersectionality is an ambiguous term, open to various conceptualisations: "[i]ntersectionality has not yet crystallised into a canon with founding figures, a coherent narrative of its point of origin, and a list of its core tenets" (p. 185). Keeping this in mind, my goal in employing an intersectional approach is to highlight the often inseparable nature of these variables. Intersectionality permits the examination of various levels and structures of oppression in conjunction. This approach provides a gateway into the subsequent theoretical framework that has inspired this research, allowing for a multifaceted analysis of the complex interactions between gender, sexuality, and oppression.

3.1.2.1 Operationalizing Intersectionality in the Study

In this research, intersectionality is not only employed as a theoretical lens but is actively operationalised throughout the research design and implementation. It shaped the formulation of research questions, which were developed to explore how various identities—particularly gender, sexuality, age, and cultural context—interact to influence mental health outcomes. During participant recruitment and sampling, efforts were made to ensure a diverse representation across the gender and sexuality spectrum, thereby acknowledging the heterogeneous experiences within these populations. Intersectionality also guided the construction of the survey tool and interview protocols, with particular attention paid to

capturing the layered nature of participants' identities and experiences, including familial expectations, religious norms, legal recognition, and community belonging.

In the analysis phase, intersectionality was crucial for interpreting both survey and interview data. Rather than treating gender or sexuality as isolated variables, I examined how they intersected with other social locations—such as caste, class, and generational expectations—to create specific mental health risks or protective factors. This meant looking at patterns not just across identity categories, but also at the interactions between them in shaping lived realities. The intersectional framework enabled a multi-level analysis (individual, interpersonal, and structural) that accounted for the compounding nature of oppression as well as sources of resilience. Consequently, the conceptual framework of this study is deeply informed by intersectionality—it illustrates not only the key domains of gender, sexuality, and mental health, but also maps how their interactions manifest within the sociocultural and institutional contexts of contemporary India.

3.1.3. Theoretical Approach to Understanding Gender and Sexuality as a Structure

Lorber (1994) contends that gender functions as an institution deeply ingrained in everyday interactions and societal structures. Additionally, she asserts that gender differences are mainly employed to rationalise the unequal distribution of power based on sexual stratification. She emphasises the prevalence of this phenomenon, explaining that without recognising and pointing out differences between genders, it becomes difficult to justify existing inequalities.

The incorporation of structuration theory by Giddens (1984) significantly enhances the examination of gender as a social construct by highlighting the interactive relationship between social structures and individuals. According to this theory, social structures shape individuals, while individuals also shape the social structure. Giddens recognised the transformative capacity of human actions. He emphasised that any theory focusing on social structure must

consider reflexivity and how individuals interpret their own lives. It is not solely social structures acting upon people, but people also exert influence on social structures. Consequently, social structures are not products of enigmatic forces but rather emerge through human actions. When individuals engage with these structures, they do so for their own reasons. Therefore, it is essential to examine why individuals choose to act in particular ways.

Barbara Risman (2004) prefers to describe gender as a social structure because she believes this brings gender on the same analytic plan as politics, where the focus has long been on political and economic structures in societies. The theory of gender structure (Risman, 1998, 2004, 2017, 2018; Risman and Davis, 2013) conceptualises gender as a stratification system that has implications at three levels: (1) At the individual level, for the development of gendered selves; (2) at the interactional level, as different genders face different cultural expectations even when they fill the identical structural positions; and (3) at the institutional level where explicit regulations regarding resource distribution and material goods are gender specific.

She argues to comprehensively grasp the process of how gender stratification is created, sustained, and occasionally contested across generations, it is imperative to comprehend the extensive influence wielded by gender as a social structure. Therefore, the focus should not be on determining whether gender is most effectively understood as an individual characteristic, a product of interpersonal dynamics, or embedded within organisational regulations and cultural convictions. Instead, it is crucial to develop a holistic understanding of the intricate nature of gender as a multifaceted structure.

Social scientists and psychologists have maintained a longstanding interest in studying the individual level of analysis, which is often considered as a contributing factor to gender patterns and inequality. Bem (1993) did a comprehensive review on how girls and boys develop a preference to do gender and the measurability of sex differences. She clarifies that the

embodiment of the physical self-constitutes as a material reality at the individual level. Bourdieu's (1998) practice theory, particularly the concept of habitus, proves highly valuable in conceptualising the social construction of the body itself and how sex differences are actualised in tangible ways at the individual level of the gender structure. The habitus creates the framework for envisioning the range of possible actions. While some individuals may indeed reject the conditioning they received during childhood, they still operate within the confines of their habitus and the limits of their imagination.

At the interactional level of analysis, the composition of others belonging to the same gender category within a particular environment represents a material reality that significantly influences the dynamics of interactions. Individuals who find themselves in the minority within a predominantly homogeneous group, encounter distinct challenges. Similarly, individuals who disrupt the homogeneity of a given setting often experience adverse repercussions (Kanter, 1977; Gherhardi and Poggio, 2007). The systematic disparities in opportunities to attain positions of authority, coupled with the resistance encountered in integrating into social networks, result in tangible disadvantages for women, gender non-conformists, and people from marginalised racial and ethnic backgrounds. Hollander (2018) argues that the notion of interactional accountability encompasses an alignment with cultural norms, behaviour assessment, and the imposition of consequences based on adherence (or non-adherence) to sex category. She asserts that resistance to such expectations is always a viable option, albeit often accompanied by significant costs.

Risman (2018) elaborates on how the material disadvantages faced by individuals in minority positions are evident among those whose gender identity does not align with the sex assigned to them at birth. When individuals do not ‘do gender’ as expected or diverge from the expected behaviours associated with their assigned sex, it disrupts social interactions by challenging commonly held assumptions. This disruption, in turn, leads to systematic

inequalities in accessing resources, power, and privilege. However, the response to non-conforming individuals is contingent upon the prevailing cultural understanding of what is considered appropriate behaviour for each gender within a specific historical context. The cultural component of the social structure frames the expectations individuals bring to every social encounter.

The institutional dimension of the gender structure plays a significant role in shaping one's self-identity. Risman (2018) elaborates how within numerous societies, the material reality is characterised by a legal framework that assumes the existence of distinct rights and responsibilities for women and men. Those who do not conform to the gender binary encounter significant challenges in terms of their legal recognition and protection. In societies where legal systems are rooted in traditional religious doctrines, male privilege and rights based on biological sex are deeply ingrained within the fundamental structure of social control. Gender is symbolically embedded in cultural knowledge (Swidler, 2001). When individuals actively engage in gender-conforming behaviours across various social roles throughout their lives, it becomes crucial to examine the process by which cultural norms are internalised and integrated into their gendered sense of self.

The literature review conducted by Chatillon et al (2018) highlights how gender ideologies play a pivotal role in shaping various aspects of society. These ideologies influence individual behaviours and choices, impact societal expectations at the interpersonal level, and can contribute to the creation and validation of institutionalised inequalities. It is important to note that macro-level ideologies within the gender structure are not static or unchangeable, but they do exert a substantial influence on gender equality. Wider economic structures also embed gendered meanings in the definition of jobs and positions (Acker, 1990; Gherardi, 1995; Martin, 2004).

I apply this theory to examine how sexuality can also be studied as a structure across these three interconnected levels. At the individual level, sexuality encompasses deeply personal aspects such as desires, fantasies, and partner choices. This level reflects how people understand and experience their sexual orientation and identity internally, including how they navigate their personal sense of self in relation to their sexuality. At the interactional level, sexuality involves the social dynamics that shape and influence individuals' lives. This includes (but is not limited to) parental expectations, heteronormative pressures, and societal norms regarding marriage and relationships. Interactional influences are evident in everyday interactions and relationships, such as how family members, friends, and peers react to one's sexual identity, which can either affirm or challenge one's sense of self. At the institutional level, sexuality is examined through broader societal structures such as legal systems, political frameworks, cultural narratives, and historical contexts. This level includes the examination of laws and policies that impact sexual rights and freedoms, the political climate that either supports or opposes SOGIESC rights, and the cultural and historical narratives that shape societal attitudes toward sexuality. Institutions can either perpetuate heteronormativity and discrimination or foster acceptance and equality. Studying sexuality at these three levels will provide a comprehensive understanding of how sexual identity and expression are shaped, regulated, and experienced in society. It demonstrates how various forces at different levels work together to influence the lives of sexual minorities, emphasising the need for inclusive and intersectional frameworks in understanding sexuality.

Barbara Risman has based her works on the theoretical approaches I have mentioned above (i.e., theory of doing gender, theory of gender performativity, and intersectionality). Her work and this research align in their theoretical understandings of gender (and sexuality) and its impact on multiple levels. As will be evident later, I base my conceptual framework on the Theory of Gender Structure by Barbara Risman (1998, 2004).

3.1.4 Theoretical Framework to Studying the Mental Health Impacts

An important theory that offers a new perspective on mental health in the SOGIESC population is the Minority Stress Theory (Meyer, 1995, 2003). This theory posits that sexual minorities experience unique, chronic stressors related to their stigmatised identities, including victimisation, prejudice, and discrimination. These specific stressors, in addition to universal stressors experienced by all individuals, disproportionately undermine the mental health and well-being of SOGIESC population. The Minority Stress Theory has provided a foundational framework for understanding the mental health disparities among sexual minorities (Institute of Medicine, 2011). Studies have consistently found that LGBT youth report higher rates of emotional distress, mood and anxiety disorder symptoms, self-harm, suicidal ideation, and suicidal behaviour compared to heterosexual youth (Eskin et al., 2005; Fergusson et al., 2005; Fleming et al., 2007; Marshal et al., 2011). These compromised mental health outcomes are significant predictors of various behavioural health disparities evident among LGBT youth, such as substance use, abuse, and dependence (Marshal et al., 2008). In a comprehensive meta-analysis, Marshal et al. (2011) found that sexual minority youth were almost three times more likely to report suicidality, and they noted a statistically moderate difference in depressive symptoms compared to heterosexual youth. Studies conducted in India have also shown high levels of depression among men who have sex with men (MSM) (Safren et al., 2009; Sivasubramanian et al., 2011).

Meyer (2003) posits three stress processes from distal to proximal: (a) objective or external stressors, which encompass structural or institutionalised discrimination and direct interpersonal interactions of victimisation or prejudice; (b) one's expectations that victimisation or rejection will occur, along with the vigilance related to these expectations; and (c) the internalisation of negative social attitudes, often referred to as internalised homophobia. Extensions of this work also examine how intrapersonal psychological processes, such as

appraisals, coping, and emotional regulation, mediate the link between experiences of minority stress and psychopathology (eg., Hatzenbuehler, 2009). Thus, it is crucial to recognise the structural circumstances within which youth are embedded and to consider their interpersonal experiences and intrapersonal resources as potential sources of both risk and resilience.

Extensive support exists for Meyer's minority stress model. Depression and suicidal ideation in lesbian, gay, and bisexual youth have been linked to specific minority stressors, such as the process of coming out and feelings of being a burden (Baams et al., 2015). Stigmatised LGBT youth often experience internalised homophobia and concealment stress, which have been shown to directly affect major depression (Bruce et al., 2015). Concealment stress is a significant source of minority stress for both adolescents and adults, with direct links to major depression (Goldbach & Gibbs, 2017; Ryan et al., 2017). Structural equation modelling by Walch, et al., (2016) revealed direct paths between discrimination and physical health, as well as indirect paths between discrimination, internalised homophobia, and depression and anxiety. Additionally, Schwartz et al., (2016) found that affective and social factors such as rumination and reduced social support systems had significant indirect effects on the relationship between minority stress—measured by heterosexism harassment, rejection, and discrimination—and mental health outcomes, specifically depression and anxiety, in gay and bisexual men.

Building on theories that identify social environment conditions as sources of stress (Pearlin, 1989) and extending the Minority Stress Model (Meyer, 2003), the Gender Minority Stress Model (GMS Model; Hendricks & Testa, 2012) elucidates how gender minority groups are disproportionately affected by social stress due to their minority status. The GMS model attempts to explain the elevated rates of mental health problems among transgender and gender-diverse individuals. This experience includes proximal stressors, which occur at a personal or individual level, such as internalised stigma, and distal stressors, which occur at a societal level,

such as discrimination (Mongelli et al., 2019). Minority stressors such as systematic discrimination and violence, family conflicts, and the absence of healthy coping strategies often drive LGBT individuals to substance and alcohol abuse (Sartaj et al., 2021).

While Minority Stress Theory has been a foundational framework in SOGIESC mental health research, particularly in Western contexts, this thesis deliberately chose not to adopt it as the primary framework. Minority Stress Theory primarily focuses on the psychological impact of stigma, prejudice, and discrimination, viewing mental health largely through a deficit lens—that is, as the presence or absence of psychological distress such as depression, anxiety, or suicidality. While this offers valuable insights into the negative consequences of minority stress, it tends to overlook more expansive and culturally situated understandings of mental well-being.

In contrast, this thesis adopts a broader, more holistic view of mental health—one that encompasses not only the alleviation of psychological distress but also the achievement of positive emotional states such as happiness, fulfilment, contentment, and a sense of belonging. This thesis theorises that Indian youth navigating gender and sexual diversity often articulated mental health not just in terms of symptoms or disorders, but as a sense of agency, emotional well-being, and the ability to live authentically within their socio-cultural contexts. Therefore, while Minority Stress Theory remains useful in highlighting structural and interpersonal forms of stress, it did not fully align with the conceptual and empirical aims of this study, which sought to explore both the challenges and affirming experiences of SOGIESC youth in India. The chosen framework in this thesis thus integrates psychological, social, and cultural dimensions of well-being, providing a more comprehensive lens to understand the mental health realities of this population.

I leverage the theories mentioned above to deepen my understanding of the mental health impacts related to various factors associated with gender and sexuality. I posit that gender and sexual minorities in my study will face additional stressors beyond those encountered by their cisgender and heterosexual counterparts, aligning with the principles of minority stress theory. These stressors could potentially encompass a spectrum ranging from internalised transphobia and homophobia to more overt elements such as institutional discrimination and everyday cisheteronormative interactions. By integrating these theoretical perspectives, I aim to provide a comprehensive analysis of how these stressors collectively impact the mental health and well-being of the research participants, particularly gender and sexual minorities. This multi-faceted approach allows for a nuanced understanding of the unique challenges faced by these individuals.

In the next section, I will elaborate on how these theoretical approaches have informed and shaped the conceptual framework of my study. This will include a detailed explanation of the analytical strategies that align with these theories, ultimately guiding the next steps in this research.

3.2 Conceptual Framework

Having established the theoretical framework for this study, I will now elucidate how these theories have shaped a more analytical plan of action. This conceptual framework will illustrate the relationships between various concepts and their influence on the phenomenon under investigation. This section will detail how the theoretical insights have been operationalised into a coherent analytical strategy, guiding the research methodology and informing the interpretation of the findings.

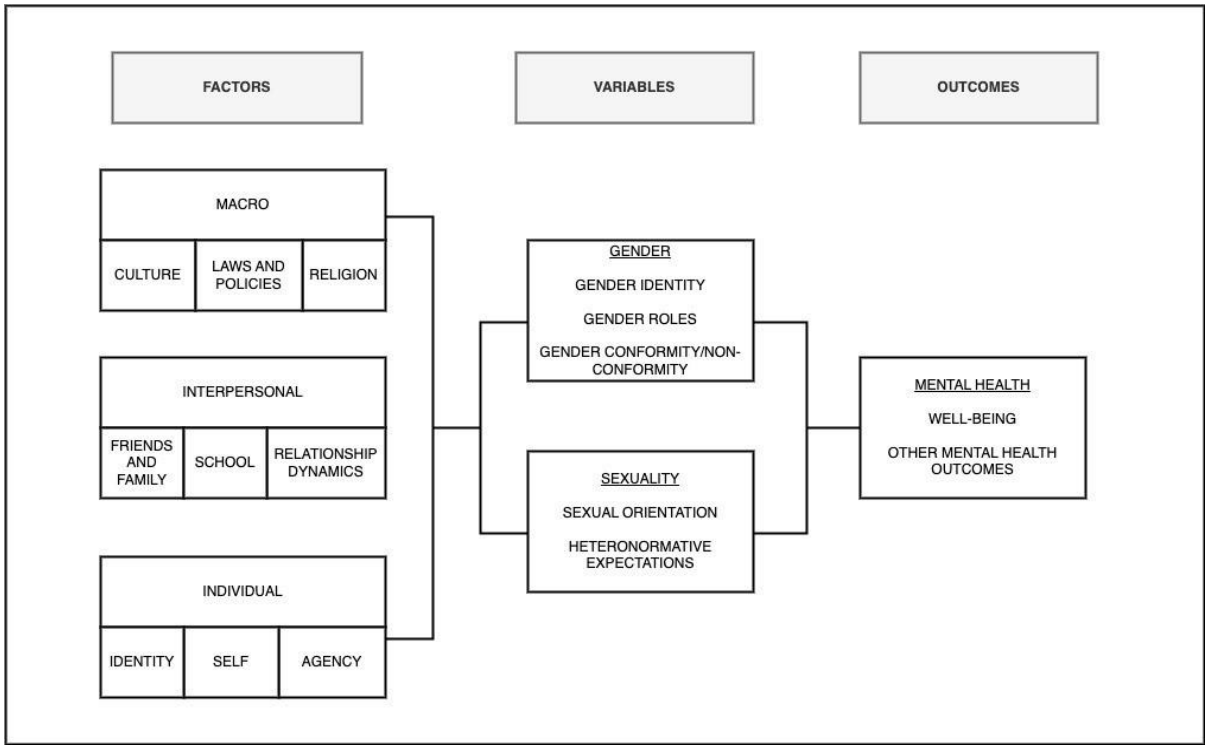

Figure 1: The Conceptual Framework: A Process of Influence

This framework (Figure 1) is organised into three sections: factors, variables, and impact. I describe this framework as a process of influence, where the first category (factors) affects the second category (variables), which in turn impacts the third category (impact). While presented as a linear relationship for clarity, I recognise that people's lived experiences are complex and can exhibit overlap among these categories. Nonetheless, this framework establishes a foundational relationship between these concepts, allowing for the nuanced capture of experiences, even if they may not fit neatly within a linear structure. This approach facilitates a comprehensive examination of gender and sexuality by considering macro, interpersonal, and individual factors. It also identifies contentious variables (gender identity, heteronormative expectations etc), ultimately focusing on areas of distress like well-being. The conceptual framework is structured yet flexible to holistically understand the interplay between these elements and their effects on individuals' lives.

The theoretical framework has been fundamental in developing the conceptual theories that underpin my research. The subsequent section of this chapter details how these theories

have informed the creation of a conceptual framework. Miles and Huberman (1994) describe a conceptual framework as consisting of concepts, assumptions, and beliefs that guide the research plan. It is a structure which represents the acquired knowledge (i.e., theoretical knowledge) aiming to provide the most effective explanation for the natural progression of a phenomenon under study (Camp, 2001). These explanations clarify my methodological choices and demonstrate how the study was constructed through a sequential process of working with ideas and integrating them into a coherent theoretical model. The theoretical and conceptual frameworks are not different or inconsistent with each other; rather, the conceptual framework shows a natural progression to display the theoretical knowledge in a structure which offers a visual representation of the interconnected concepts mentioned in the theoretical framework. Using the previous metaphor, it acts as a 'blueprint', illustrating the relationships between concepts of interest and forming the basis for developing a theoretical model that shows not only how these concepts interact but also how they are impacted by these interactions.

After a thorough review of the relevant literature on the concepts under study, I used mind maps as a tool to outline the methodology for this research. Through several iterations, I refined the representation of the theories and concepts, ultimately developing the conceptual framework presented above (Figure 1). This framework draws on a multi-disciplinary literature review from sociology, psychology, biology, and gender studies (Chapter 2) and situates gender and sexuality within a broader context. This framework is designed to show the intricate ways in which gender (including gender roles, gender identity, and gender stereotypes) and sexuality (including sexual orientation, sexual freedom, and heteronormative expectations) impact mental health. I aim to later interpret the data using this framework to understand these influences comprehensively. The model not only helps in structuring the research process but also ensures that the analysis remains grounded in a well-rounded theoretical base.

Furthermore, if the framework demonstrates its efficacy as a theory for understanding gender and sexuality and their influence on mental health, it could potentially be utilised and tested as a foundation for developing interventions. This would not only validate the framework's theoretical robustness but also translate its concepts into practical applications. By employing the framework in real-world settings, researchers and practitioners can design targeted interventions that address the specific mental health needs of gender and sexual minorities. Therefore, the framework holds the promise of bridging the gap between theory and practice, providing a structured approach to both understanding and improving the mental health of SOGIESC individuals.

3.2.1 Factors

This framework is divided into three main components. The first component (i.e., 'factors'), encompasses the three main factors identified from the theories. Drawing on Risman's theory of gender structure (2004), I have categorised these factors into macro, interpersonal, and individual levels. These 'levels of analysis' facilitate a comprehensive examination of a range of factors while establishing their interrelationships within this framework.

3.2.1.1 Macro Factors

I will begin by explaining the macro factors, which encompass broad cultural and institutional influences where interactions occur at a structural level, including laws, policies, societal norms, and larger systems such as economic and legal frameworks. The first macro factor is culture, defined as "the software of the mind" or "a collective programming of the mind that distinguishes the members of one group or category of people from others" (Hofstede et al., 2010: 6). In this thesis, I consider culture as an umbrella term that includes societal attitudes, broader cultural expectations, historical elements such as colonialism, and India-specific cultural identities like caste. While I have provided a detailed colonial analysis in Chapter 2, this study does not directly examine colonialism. However, the profound and enduring impact

of colonialism is inextricable from my analysis. Therefore, my work acknowledges that India's cultural dynamics are significantly influenced by the legacies of colonialism. This historical context shapes contemporary societal norms and policies, influencing the experiences and interactions of individuals within the structural level of society.

When adopting an intersectional approach, it is imperative to include caste as a determinant to an individual's well-being. The traditional Hindu system divides the society in 'four plus one' groups. The first four groups are called the *varnas:* at the top- the Brahmans, followed by Kshatriyas, then the Vaishyas, and finally the Shudras. The first three groups enjoyed (and continue to enjoy) the highest social status in Hindu society and Shudras were considered servants. The last group was called 'Untouchables', who were considered too impure to claim a membership in a varna. The last few decades have tried to bridge the gap in inequalities between these groups, for example, reservation programs introduced in the 1950s. While the caste system was originally for Hindus, today nearly all Indians identify with a caste, regardless of their religion. In efforts to transform these notions of divisions based on birth, Indian system can now be categorised into four broad groups: the Scheduled Castes, which are mostly former 'Untouchables', the Scheduled Tribes, mostly disadvantaged tribal people, the Other Backward Classes, which are groups considered to be economically and socially disadvantaged, and the last group is the rest of the population categorised at Others or General. However, this progress has not been linear or consistent. To block this progression of low castes groups, some members of higher castes have enacted political and economic strategies (Corbridge et al., 2013), for instance in housing (Bayly, 2001) and labour market (eg., reviews in Thorat and Neuman, 2012).

The caste system provides a hierarchy of social roles that hold inherent characteristics and, more importantly, remain stable throughout life (Dirks, 1989). An implicit status is attached to one's caste which historically changed from the social roles to hereditary roles. This

created status hierarchies on hereditary basis with limited social mobility. But many researchers have stressed the importance and the influence of caste as an integral social identity among many South Asians compared to other social identities like gender and ethnicity (for example, Gayer, 2000; Mand, 2006). It has in fact been argued that caste identity may override other social identities, because of its primary importance for many South Asians (Judge and Bal, 2008).

The next macro factor is 'Laws and Policies.' In recent years, India's social movement to advance the rights of gender and sexual minorities has been both inspiring and complex. Until 2017, Section 377 of the Indian Penal Code criminalised "carnal intercourse against the order of nature," punishable by life imprisonment or up to 10 years in prison and a fine. However, in 2018, the Supreme Court of India ruled that consensual sex between adults would no longer be criminalised under Section 377. Despite this progress, many rights still need to be addressed by both the legislature and the judiciary, including adoption, guardianship, surrogacy, and inheritance (see Chapter 2).

This brings me to the third sub-group within the macro factors: religion. Despite India officially being a secular state, religion remains deeply intertwined with the everyday lives of its people. Religion also played a significant role during India's formation at independence. Numerous studies have explored both the positive (e.g., Pargament, 1997; Jasani, 2008; Kirmani, 2008) and negative (e.g., Colucci, 2008, 2009; Colucci and Martin, 2008) impacts of religion on an individual's overall well-being. In this research, I keep the platform open for participants to interpret if and how religion influences their experiences as sexual and gender minorities in India, especially considering that many religious and community leaders openly express anti-homosexual attitudes (Rao and Jacob, 2012). My aim is not to take a pro or against stance on religion but rather to remain inquisitive about whether participants bring up any

experiences with religion that have left a significant impact on them, whether positive or negative.

Based on the results, the macro level encompassed largely predetermined elements or those outside an individual's direct influence. Such aspects were where the participants are born into, thus, encountering them without substantial personal choice or control. In the context of this research, when I refer to 'macro factors,' I essentially allude to the broader societal and structural elements that surrounded the environment in which participants lived and navigated their lives. These macro factors captured the deep-rooted nature of cultural norms, legal frameworks, institutional structures, and historical legacies that collectively influenced and often constrained participants' experiences. The macro factors influencing gender, sexuality, and mental health are categorised under three primary categories: cultural factors, legal factors, and other factors.

The cultural factors included religion, patriarchal norms, and heteronormativity. Because of the deep-rooted nature of these factors, they had a profound influence on how gender and sexuality were perceived and experienced. The legal factors included marriage laws, institutional discrimination, and specific Indian policies affecting gender and sexuality. These factors were crucial as they determined the legal rights, protections, and recognition afforded to participants, particularly gender and sexual minorities. In addition to these, there were other factors (caste and colonialism) that emerged during my interviews, which added further depth and complexity to the understanding of macro factors. While they did not fall neatly under the cultural or legal factors, they are integral to the overall landscape of macro factors. They underlined the need to look beyond just cultural and legal settings to fully grasp the intricate web of influences that shape gender, sexuality, and mental health.

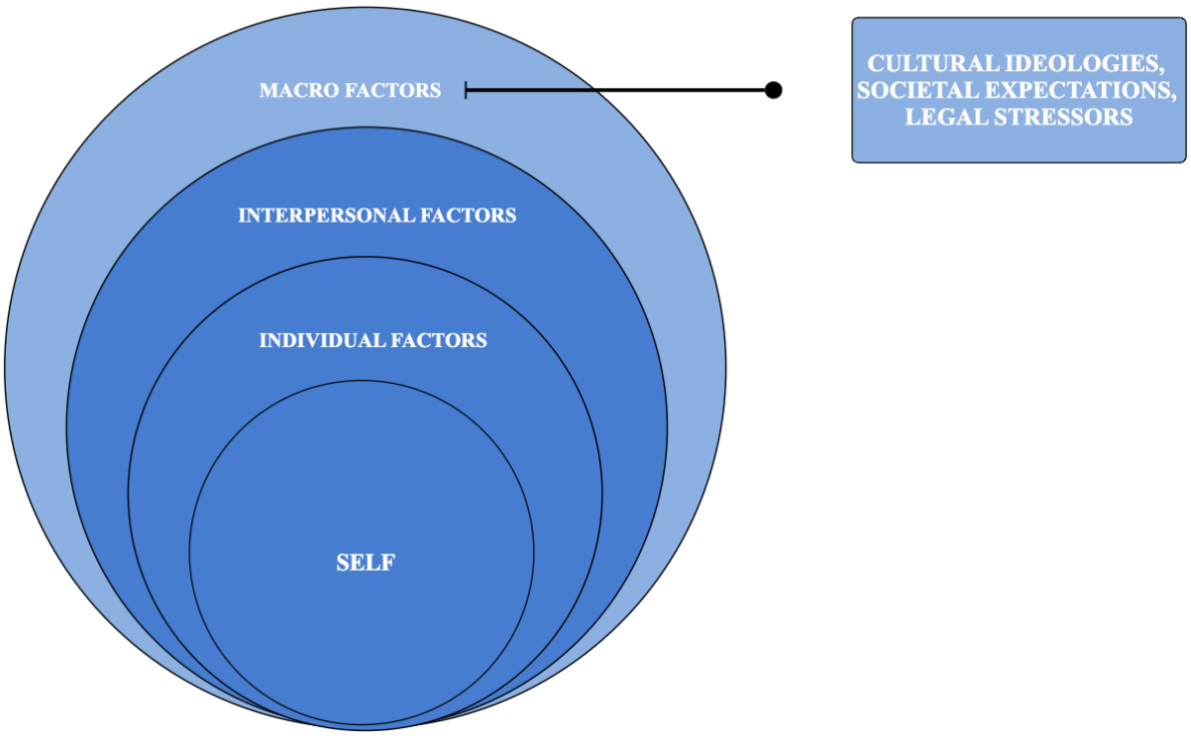

Figure 2: Macro Level of Impact

As you can see in Figure 2, I have placed the individual in the middle of these factors. I propose that all these factors impact the person individually and holistically. The factors have been placed based on their proximity to the participants, making macro factors the overarching variables affecting and shaping their lives.

3.2.1.2 Interpersonal Factors

The next level of analysis focuses on interpersonal factors. This level includes immediate environments such as family, friends, neighbourhoods, communities, and social support systems. The first interpersonal factor is family. Often regarded as the most influential agent in the socialisation process, the family teaches infants norms, values, and beliefs that align with their own practices and habits, usually reflecting the family's socioeconomic status, religion, and cultural or ethnic background. Research examining family rejection and support among transgender individuals unequivocally highlights the detrimental impact of family rejection on a youth's transgender identity and well-being (Simons et al., 2013; Klein and Golub, 2016; Mustanski et al., 2016). LGB young adults who experienced high levels of parental rejection

during adolescence (e.g., parents blaming them for their anti-gay mistreatment) are more likely to report higher levels of depression and have attempted suicide compared to those with little to no parental rejection (Ryan et al., 2009). Conversely, LGBT young adults who experienced greater parental acceptance of their sexual orientation and gender expression during adolescence (e.g., parents openly discussing their sexual orientation) exhibit better overall health, higher self-esteem, increased social support, and lower levels of depression, substance abuse, sexual risk-taking, and suicidality compared to those with lower levels of family acceptance (Ryan et al., 2010). Similarly, friends play a crucial role in developing social skills by teaching individuals important abilities such as helping others, functioning within groups, and resolving conflicts. The significance of peer group affiliation, particularly during adolescence, is well-documented in developmental psychology literature (Rubin et al., 2008).

The next interpersonal factor is schools. In my research, I examine schools both as institutions and as social spaces where various agents, such as teachers, peers, instances of harassment, discrimination, and social connections, play significant roles. Schools serve as critical environments where young individuals spend a substantial portion of their formative years, influencing their socialisation and development. The interactions within this setting, including support from teachers, friendships formed, and experiences of bullying or discrimination, can profoundly impact the mental health and well-being of gender and sexual minorities. Although SOGIESC youth frequently encounter challenges across various social contexts, school settings are particularly notorious for placing these youth at risk. SOGIESC youth's perception of their school and their role within it involves more than just exposure to peer victimisation. Research indicates that a positive school experience for LGBTQ youth comprises multiple factors (Russell & Joyner, 2001; Kosciw et al., 2010; Friedman et al., 2011). School belonging is a broad construct encompassing students' perceptions of safety, school-based social support, social connectedness, and engagement (Resnick et al., 1997).

Experiences of ostracism, harassment, and discrimination can significantly diminish this sense of belonging (Diaz et al., 2010). These aspects are particularly crucial during adolescence due to the developmental tasks and the heightened importance of social contexts during this period (Hill, 1983; Steinberg, 2008). The extensive documentation of the high rates of verbal, physical, and sexual harassment faced by LGBTQ+ youth in schools, perpetrated by both peers and faculty, is well-established (Bochenek & Brown, 2001; Kosciw et al., 2009; Craig et al., 2018). What holds significant importance in this study is the influence of peer groups, the expanded role of the state, and other actors, such as teachers, in shaping children's experiences throughout formal education. These factors play crucial roles in determining equal opportunities and can also be sources of institutional discrimination. Therefore, understanding the dynamics within schools is essential to analyse the challenges and support systems that shape the experiences of SOGIESC youth.

The last interpersonal factor is relationship dynamics. Given the stigmas faced by LGB individuals, social support, which includes various forms of assistance provided by others that help reduce stress (Gerrig & Zimbardo, 2002), can be crucial in buffering the negative effects of heterosexism and homophobia. The significance of social support in predicting well-being among LGB individuals and mitigating the adverse effects of sexual minority stressors has been widely studied (e.g., Williams et al.,2005; Teasdale and Bradley-Engen, 2010; Button, O'Connell, & Gealt, 2012; Rothman et al., 2012; Graham and Barnow, 2013). Notably, positive intimate relationships may serve as an important protective factor against psychological distress (Blair & Holmberg, 2008; Graham & Barnow, 2013). While research has shown that social support and relationship satisfaction are vital to mental health (Williams et al., 2005; Blair and Holmberg, 2008; Teasdale and Bradley-Engen, 2010; Button et al., 2012; Rothman et al., 2012; Graham and Barnow, 2013), there is a need to identify the contexts that either promote or hinder these protective factors. In this study, I explore how relationship dynamics,

such as social support, community-level stigma, positive or negative peer experiences etc relate to young people's mental well-being.

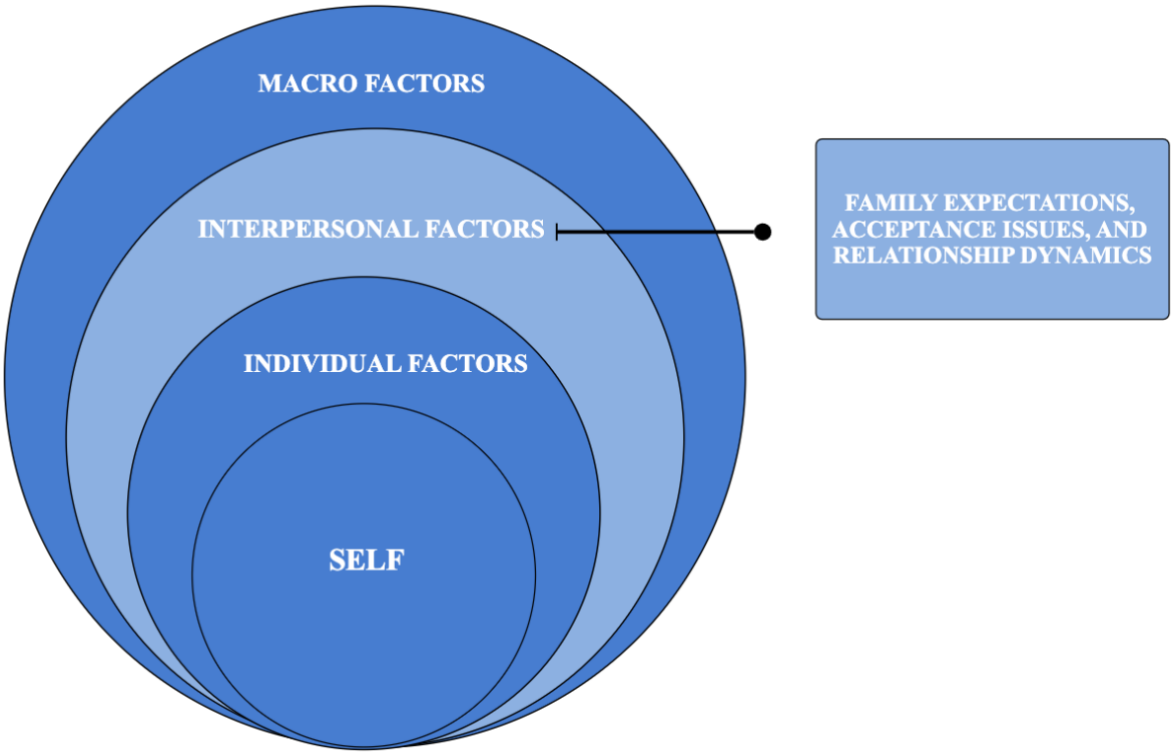

Figure 3: Interpersonal Level of Impact

Interpersonal factors involved interactions with others on a more immediate and personal level, where individuals have some degree of agency in how they engage with and respond to these dynamics. The concept of agency is grounded in the belief that individuals are not passive recipients of a predetermined life path, but instead actively make choices and decisions that shape the course and outcomes of their lives. While participants could control their own behaviour and choices within interpersonal relationships, they could not fully control how others perceived or responded to them. This meant that while they could exert agency in how they navigated their identities within interpersonal contexts, their experiences were also influenced by external factors such as societal attitudes, biases, and family expectations. Therefore, understanding how they negotiated their identities within interpersonal relationships

provided valuable insights into the complex interplay between personal agency and external influences on mental health and well-being. Whilst all of the experiences reported by participants could be considered 'relational' in that they are situated in webs of social relations and shared meanings, this chapter specifically examines the affective and intimate ties and interactions that participants had with others.

3.2.1.3 Individual Factors

This level encompasses individual attributes, such as personal stressors, coping mechanisms, and health behaviours, which can influence and be influenced by interactions with other levels. These individual factors play a critical role in shaping one's experiences and responses to social and environmental contexts. Goffman (1963) explains that individuals who view an identity as stigmatised tend to avoid associating with it to protect their own identity from being tarnished. LGBTQ individuals, facing prejudice, often manage their identities to appear heterosexual (van Wormer & McKinney, 2003; DeJordy, 2008). This management might involve hiding their orientation and steering clear of conversations that could reveal it or actively presenting a heterosexual identity (Button, 2004). However, such identity management demands constant vigilance, contributing to significant cognitive stress (Button, 2004). Living in a way that conflicts with one's true sexual or gender orientation is linked to a negative self-image, internalised negativity, social isolation, poor mental health, and an increased risk of suicide (van Wormer & McKinney, 2003; Riggle et al., 2017). On the other hand, openly acknowledging and expressing one's identity leads to lower levels of depression and stress (Riggle et al., 2017).

Agency is defined as the capacity to act in accordance with one's values and conception of the good (Sen, 1985). Individuals with high levels of agency engage in actions that align with their values. Conversely, when individuals lack agency, they may feel alienated from their

actions, coerced, submissive, eager to please, or simply passive (Ryan and Deci, 2004). Anthony Giddens (1979, 1984) and Margaret Archer (2003) both define agency in terms of an actor's reflexivity, emphasising that we exercise agency when we consciously choose a course of action in situations where alternative actions were possible. Despite other differences in their theories on agency, reflexivity, and structure, they both fundamentally agree on agency as an individual possession centred on reflexivity. A more contemporary perspective on agency emphasises the actor's ability to respond creatively to situational demands (Joas, 1996) and views agency as a dynamic and vital contributor to democratic debate (Emirbayer and Mischle, 1998).

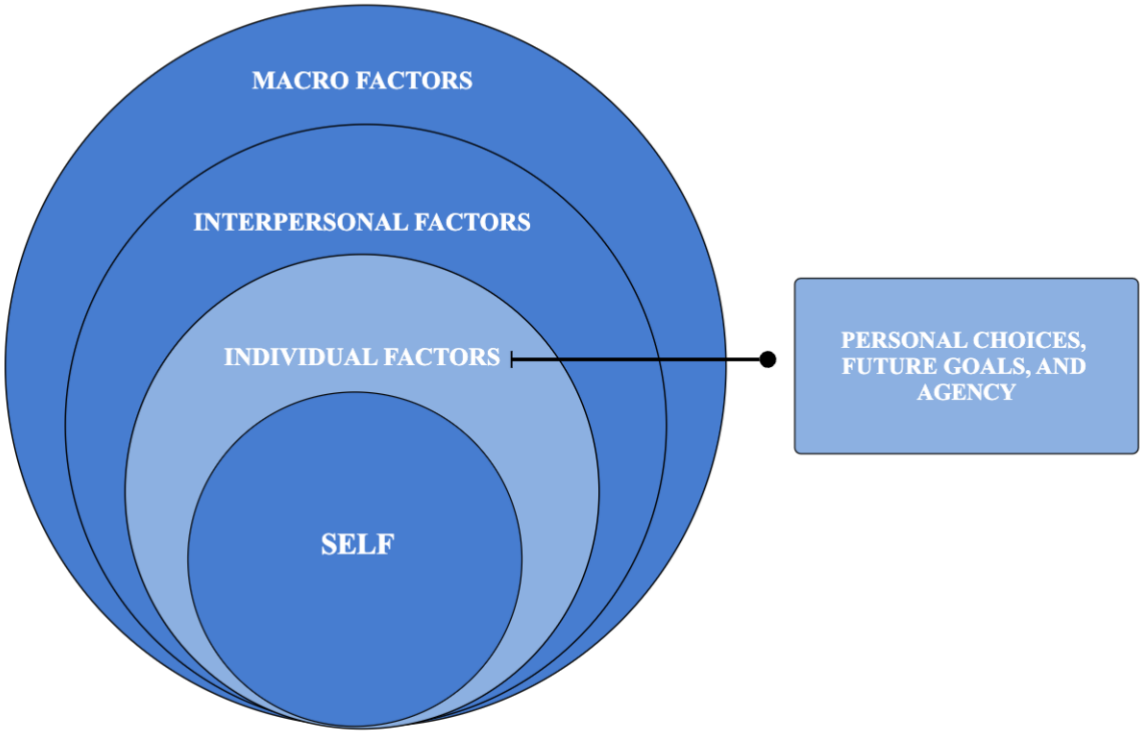

Figure 4: Individual Level of Impact

In the context of this study, when discussing micro factors, I focus on the individual and social elements participants' felt were under their control and influence. These aspects

covered personal choices and how interviewees managed their private and sometimes social spheres. This level of detail is vital as it sheds light on the routine decisions that directly affected their mental health, such as how openly to share their sexual orientation, strategies for navigating and understanding their gender identity, selecting and deselecting networks that did not affirm their identity, and more. Emphasising micro factors highlights the empowerment inherent in personal agency, illustrating how participants actively shaped their surroundings to enhance their well-being. I argue that these choices indicated participants' sense of empowerment because they felt they had personal agency in these matters, and hence are proactive, and not merely reactive, therefore playing a critical role in how participants construct their identity and find their place within society. This approach to studying micro factors revealed lived experiences and everyday life as an active and evolving arena where mental health consequences is constantly negotiated and upheld.

My primary goal with the first category of 'Factors' is to contextualise the experiences of participants within the Indian socio-cultural framework. While I recognise these factors' significance in shaping individual experiences and perspectives, I also acknowledge that individuals are not merely passive recipients of these influences. They absorb certain rhetoric and concepts during childhood, but, considering Butler's (2004) theory of undoing gender, they also possess the ability to unlearn these ideas if they conflict with their personal beliefs and values. Thus, these factors are included in the framework to indicate potential impacts on the next category, the 'Variables'.

3.2.2 Variables

3.2.2.1 Gender

In this research, the variables section delves deeply into two extensive variables: Gender and Sexuality. First, let's consider 'gender'. Fine (2010; 239) wrote, "Our minds, society, and neurosexism create difference. Together, they wire gender. But the wiring is soft, not hard. It

is flexible, malleable, and changeable. And, if we only believe this, it will continue to unravel." I contend that individuals consciously choose to present a gender identity they deem appropriate in various contexts. This sense of appropriateness can arise from intrinsic factors, such as expressing a gender identity that aligns with their self-perception, including physical appearance, behaviours, and gender roles. It can also be shaped by extrinsic factors, like societal pressure to conform to a specific gender identity. The term 'appropriate' thus includes both a self-appropriate and a society-appropriate gender identity. Consequently, even if individuals do not fully identify with the gender they express (e.g., a non-binary person presenting a gender consistent with their assigned sex at birth), they may still conform to societal expectations due to perceived appropriateness in specific situations. This conformity may be driven by fears of public humiliation, familial rejection, harassment, or other associated negative outcomes.

Within gender, I study gender identity, gender roles and gender stereotypes, and gender conformity/non-conformity. Gender identity refers to an individual's innermost concept of self as a male, female, or something else and can be same or different from one's physical sex (American Psychological Association, 2011). Through these gender identities, individuals understand themselves in relation to the culturally feminine and masculine meanings attached to men and women, and they may think and act according to these gendered aspects of their selves (Wood and Eagly, 2010, 2012). Gender stereotypes are beliefs that certain attributes differentiate men and women (Ashmore and Del Boca, 1981). Deaux and Lewis (1984) identified four distinct and independent components of gender stereotypes: trait descriptors (e.g., self-assertion, concern for others), physical characteristics (e.g., hair length, body height), role behaviours (e.g., leader, taking care of children), and occupational status (e.g., truck driver, housewife). Gender roles establish and limit the attributes and behaviours deemed appropriate for men and women (Bem, 1974, 1981b; Eagly and Wood, 1991). From a young age, people

are taught to exhibit qualities and behaviours that align with these roles (Bem, 1983; Bussey and Bandura, 1992; Raag and Rackliff, 1998; Egan and Perry, 2001) and they learn the repercussions of deviating from them (Bussey and Bandura, 1992; Rudman, 1998; Rudman and Glick, 2001; Rudman and Fairchild, 2004; Vandello et al., 2008; Bosson et al., 2009; Rudman et al., 2012). Despite continuous socialisation efforts, gender role expectations remain challenging, often making it hard for both women and men to fully meet these standards (Bosson et al., 2009; Pleck, 1981, 1995; Rudman and Fairchild, 2004). I further look at gender conformity and gender non-conformity. These could include pressure to conform to their assigned gender identity implying the degree to which one experiences pressure from significant others and self to exhibit gender-congruent behaviour (see Chapter 2), individuals agreeing with their gender identity, and also behaviours that do not conform to the gender roles traditionally assigned to men and women, such as feminine behaviours for women, and masculine behaviours for men.

When I started this study, I initially planned to focus solely on one aspect of gender (i.e., gender roles) in men and women based on the straightforward assumption that gender roles pertain only to these groups. This notion, which I acknowledge stemmed from ignorance, I would also attribute it to a lack of visibility in the literature. In my preliminary review of the available literature, I discovered that most population-level studies examining the relationship between gender and health assess differences only between two groups: men and women, typically differentiated through biological, social, and behavioural characteristics (Udry, 1994; Courtenay, 2000; Case and Paxson, 2005; Gorman and Read, 2006; Rogers et al. 2010). As I conducted a more in-depth review, I realised that considering gender in binary notions was both a norm, and an academic and practical fallacy. A considerable amount of research on gender roles has always considered gender binary (See Chapter 2), whether by choice or due to a lack of awareness and knowledge. An individual's gender identity may or may not align

with the gender assigned to them based on their birth sex or physical characteristics (Krieger, 2003). Furthermore, binary classifications based on sex and physical characteristics at birth are not always accurate (Fausto-Sterling, 2000), as these traits can change throughout an individual's life. Therefore, if we consider this theoretical differentiation to be significant, research that solely compare males to females might overlook population-level health trends that result from societal norms or encounters related to gender identity (Lagos, 2018).

3.2.2.2 Sexuality

In the unique sociocultural landscape of India, factors such as religion, gender, caste, and class all contribute to defining and continually redefining which sexual relations are considered outside the norms. Sen provides a clear explanation of what constitutes as a 'normal' sexual relationship:

> [T]he older bread-winning protector-husband, the younger, pliant, dependent wife, the missionary position and the two (male if the gods are smiling, at least one if not both) children quickly conceived out of it, the proud compliance with conjugal-heterosexual morals that see sex as sticky, icky bedroom business ratified by and in heterosexual marriage alone (Sen, 2007: 8).

Sexual identity encompasses several components: sex is generally based on biological attributes, while gender acts as a societal layer added onto biological sex. At its heart, sexuality pertains to one's fundamental attraction to others. Society is inherently diverse, composed of various communities not only differentiated by cultural and linguistic traits but also by a range of sexual orientations (Arasu, 2017). Thus, understanding homosexuality, particularly within the context of Section 377 in contemporary society, requires an exploration of the interconnectedness of gender, sex, and sexuality, and their collective impact on the SOGIESC

community's experiences. By positioning heterosexuality as the 'normal' state, heteronormative discourses draw on entrenched beliefs about the biological 'naturalness' and supposed superiority of heterosexuality, which are based on the dominant, hetero-male-centric view that defines sex strictly as penis/vagina penetration (Richardson, 1997; Jackson, 1999).

Heteronormativity is a hegemonic system of norms, discourses, and practices that constructs heterosexuality as natural and superior to all other expressions of sexuality. Queer theorist Michael Warner (1991) coined the term heteronormativity to illuminate the privileging of heterosexuality in social relations, which relegates sexual minorities to a marginal status position. Heteronormativity legitimates homophobia–the irrational fear of gay and lesbian people–and heterosexism–the discrimination of sexual minorities within social relations and structures. Heteronormative standards and discourses that legitimate the discrimination of sexual minorities can be found in most social institutions, including religion, the family, education, the media, the law, and the state. Additionally, heterosexuality implicitly informs dominant cultural constructions of masculinity and femininity, such that sexualities other than heterosexuality constitute gender nonconformity, and are expected to entail other forms of gender nonconformity as well (Bohan, 1996).

I explore how these factors create a foundation that either regulates or permits the manifestation of an individual's gender expression and sexual orientation according to their own desires. This category of variables remains flexible to accommodate any additional related topics that may emerge during data collection, ensuring a comprehensive understanding of gender and sexuality. The sub-categories mentioned serve as guiding tools, informed by existing literature, research interests, and gaps in research, to provide insights into the views and experiences of gender and sexuality in contemporary India.

3.2.3 Impact

Finally, I will elaborate on the last category of the conceptual framework: the 'Impact'. This research aims to examine the influence of gender expectations and sexual expression on the overall mental health of Indian youth, particularly focusing on psychological and subjective well-being. LGBTQIA+ individuals in India frequently encounter various forms of discrimination and violence due to societal stigma, including family violence, forced marriage or pressure to marry, discrimination in schools, workplaces, housing, and healthcare services, interruption of education, separation from partners, and more (Ranade and Chakravarty, 2016; Bowling et al., 2016; Tomori et al., 2016; Ganju and Saggurti, 2017). The decriminalisation of homosexuality, along with debates regarding the Trans Rights Bill in 2018, have sparked numerous discussions in psychiatry and psychology regarding the mental health of LGBTQIA+ individuals in India (Wandrekar & Nigudkar, 2020). This research aims to build on these conversations to provide a comprehensive understanding of the mental health impacts on this community.

Although not well studied in LGBT populations, social well-being may be especially relevant to understanding minority stress effects on mental health. The concept of social well-being as developed by Keyes (1998) draws on the work of Durkheim (1951), Seeman (1991), and Antonovsky (1994) in emphasising the fit between individuals and their social worlds. Social well-being encompasses the extent to which individuals feel they make valued social contributions, view society as meaningful and intelligible, experience a sense of social belonging, maintain positive attitudes towards others, and believe in the potential for society to evolve positively. For instance, by identifying as a sexual minority person and participating in the LGB community, LGB persons can benefit from affirmative social norms and create life narratives about LGB identity reflecting positive transformation of stigmatised identity and enhanced personal growth (Meyer & Dean, 1998; Kertzner, 2001). Decreased concealment of

sexual identity, opportunity for in-group identification, and greater access to social support foster acceptance of homosexual and bisexual identity that, in turn, is strongly linked to psychological well-being (Jordan & Deluty, 1998; Meyer, 2003; Halpin & Allen, 2004:).

For LGBTQIA+ individuals, stigma and stressors have significant impacts across various levels, from structural (Hatzenbuehler, 2017; Pachankis and Bränström, 2018) to interpersonal (Reczek, 2016; Umberson and Kroeger, 2016). Families, friends, communities, organisations, and sociopolitical changes all play crucial roles in influencing their well-being. Bronfenbrenner's (1977) social ecological model has been employed in numerous studies to elucidate how the broader contexts of LGBTQIA+ individuals uniquely affect their well-being (Register, S.E., 2019), social support (Logie et al., 2016), and identity (Flanders et al., 2016).

For this research, I will concentrate on the functional definitions of social and psychological well-being which focuses on the achievement of mental health rather than hedonic or experiential measures such as affect and happiness (Keyes, 1998, 2002; Ryff, 1989). Functional well-being is a vital component of positive mental health and contributes to a two-continua model of negative and positive mental health. This model offers a more comprehensive understanding of mental health, with significant implications for psychosocial functioning and resilience (Keyes, 2002, 2005). The two-continua model of mental health is particularly relevant to SOGIESC mental health. While gender and sexual minorities have higher rates of psychiatric disorders (see the previous section), this does not fully explain how positive mental health can be achieved despite co-existing psychiatric morbidity. For the majority of LGBT individuals without a psychiatric diagnosis, a joint assessment of negative and positive mental health better captures the effects of minority stress on psychosocial functioning (Kertzner et al., 2009)

The next chapter will explore this conceptual framework in a functional and application-based capacity. I will elaborate on how the methodological conduct of this study was influenced by the theoretical and conceptual frameworks.

3.3 Chapter Summary

This chapter delved into the theoretical and conceptual foundations that underpin this study, aiming to explore the multifaceted experiences of gender and sexual minorities in contemporary India. It began by outlining the theoretical framework, which is built upon several key theories, including West and Zimmerman's 'Theory of Doing Gender' (1987), Judith Butler's concept of 'Undoing Gender' (2004), the intersectional approaches of Kimberlé Crenshaw (1989) and Patricia Collins (2000; 2019), and the Minority Stress Theory (Meyer, 2003). Next, the conceptual framework was introduced, which converted the theoretical insights into a practical blueprint for the study. This framework outlined the key factors influencing the experiences of gender and sexual minorities, categorised into macro, interpersonal, and individual levels. Macro factors included cultural norms, legal and policy frameworks, and the enduring impact of colonialism. Interpersonal factors encompassed family dynamics, social support systems, and educational environments. Individual factors focused on personal attributes and identity management strategies. The theoretical and conceptual frameworks will collectively guide the research methodology and data analysis, providing a comprehensive structure to understand the lived experiences of young people in India.

CHAPTER 4: RESEARCH DESIGN AND METHODS

In this chapter, I aim to present a clear and detailed overview of the research methodology adopted in this study and the reasons behind these choices. To thoroughly understand the complexities and intricacies of the concepts being studied, I employed a multi-phase approach. The study was conducted in two phases: a survey followed by semi-structured interviews. The survey phase played a crucial role in setting the stage for the interviews. It helped identify key areas of interest and facilitated the recruitment of a diverse group of participants. The data collected through the survey provided a broad overview and contextual background, which informed and enriched the subsequent interview process. While both phases are integral to the research, I place the primary focus on the interview data, which offers a unique and original contribution to the field. While I have collected statistical data via survey, I use it to build a foundation for the qualitative arm of this research. This chapter also explores the epistemological and ontological debates surrounding mixed methods, outlines the sampling strategies, addresses ethical considerations and issues, and provides a comprehensive description of the data analysis process. I offer some methodological reflections on my positionality and contextualise the impact of Covid-19, providing insights into how these factors influenced the study.

Within the first section here, I justify my choice to utilise two different research approaches. Epistemology pertains to the theory and nature of valid knowledge, focusing on the relationship between the knower and what is known (Lincoln & Guba, 1985). Ontology, on the other hand, deals with understanding the nature of reality and truth, reflecting a philosophical worldview (Teddlie & Tashakkori, 2009). Both these concepts are closely related, often blurring the differences between them (Hall, 2003; Goertz and Mahoney, 2012). This study aimed to explore participants' personal experiences of gender and sexuality, grounded in the belief that everyone perceives the world uniquely and subjectively. This

perspective aligned with Burr's (2015) social constructionist position. The epistemological foundation of social constructivism, as influenced by Vygotsky (1978), posits that knowledge is initially constructed in a social context and after that internalised by individuals (Cole, 1991; Bruning et al., 1999; Eggen and Kauchak, 2010). Ontologically, social constructivism suggests that reality is unknowable and possesses external validity (Jha and Devi, 2014). For this study, I relied heavily on participants' perspectives and experiences being studied, often focusing on the processes of interaction among individuals, which is an important element when adhering to social constructivism (Crotty, 1998; Creswell, 2009).

Given the overall research aim and questions, it became clear that having two research phases would be advantageous. I recognised two key advantages to this approach. Firstly, it would enable me to reach a broader audience via collecting survey data to better understand the core research problems and objectives. Secondly, it would serve as a foot-in-the-door technique, facilitating deeper engagement with participants. Through the survey phase, I intended to gather essential data and use this phase to inform and enrich the main qualitative aspect of the study. This approach allowed me to sample participants for in-depth interviews and establish a preliminary level of trust with a community that is often marginalised in India. I decided that engaging participants initially through the survey would help build rapport and create a foundation of trust, making them more comfortable and willing to share their experiences during the subsequent qualitative interviews. Therefore, the inclusion of quantitative methods was valuable. Although these paradigms may sometimes be in conflict, Creswell (2009) suggests that such tension can be productive and beneficial.

This study began with using self-report measures to gain an overview of participants' personal experiences. The subjective self-reports from them were crucial for understanding their experiences. However, I acknowledge the challenges and limitations associated with using them to measure more nuanced and personal experiences. Hence, adopting a pragmatic

approach, I decided to incorporate another methodology (i.e., semi-structured interviews) best suited to address the core research problem and objectives.

4.1 Study Design

> 'A research design is a logical plan for getting from here to there, where 'here' may be defined as the initial set of questions to be answered, and 'there' is some set of conclusions about these questions.' (Yin, 2003: 20).

A research design serves as a 'blueprint' for the research process, addressing at least four key issues: identifying the questions to be studied, determining the relevant data, deciding what data to collect, and outlining the methods for analysing the results (Frankfort-Nachmias and Nachmias, 1996).

This study is best characterised as a qualitative inquiry, grounded in a social constructivist epistemology. While it incorporated two phases—an initial survey followed by in-depth semi-structured interviews—the overall orientation, analytic focus, and central research questions are qualitative in nature. The aim of this research was not to test hypotheses or produce statistically generalisable results, but rather to explore how Indian youth experience and make meaning of gender, sexuality, and mental health within their social and cultural environments. The study sought to centre participants' voices and lived realities, making a qualitative design the most appropriate and effective methodological approach.

The inclusion of a survey at the outset of the research was instrumental, serving as a preparatory tool rather than a standalone quantitative component. The survey was used to gather demographic data, understand broad patterns in gender role identity and well-being, and, most importantly, to inform and shape the qualitative phase of the study. It helped refine interview questions, identify potential participants for interviews, and build initial rapport with communities who often experience marginalisation and stigma. In this sense, the survey was a

supportive device within a broader qualitative framework, rather than an equal methodological phase in a mixed-methods design.

Adopting a qualitative approach was a deliberate and necessary choice for several reasons. First, the research questions demanded a deep, contextualised understanding of how individuals navigate their identities in everyday life—something that cannot be captured through numeric data alone. Second, the complexity and sensitivity of the subject matter—particularly topics like gender identity, sexuality, familial relationships, and identity suppression—required a flexible, empathetic, and dialogic method of data collection. Semi-structured interviews enabled participants to tell their stories in their own words, elaborate on their experiences, and introduce topics that might not have been anticipated in advance.

The study was conducted in two phases, both targeting Indian youth aged 18-29 years. In the first phase, three psychometric scales were used to study the sample: the Indian Gender Role Identity Scale (IGRIS), the Social Well-being Scale (SWBS), and the Psychological Well-being Scale (PWBS). The IGRIS (Basu, 2010) consists of 30 items measured on a 7-point Likert scale, where participants rated themselves from 1 (strongly disagree) to 7 (strongly agree) on various adjectives like 'helpful', 'friendly', 'hardworking', 'ambitious'. The scale is divided into three categories with 10 items each: masculine, feminine, and neutral. The SWBS (Keyes, 1998) consists of 15 items measuring social well-being in five dimensions: social coherence, social integration, social contribution, social actualisation, and social acceptance. Participants rated themselves on a 7-point Likert scale based on statements related to these dimensions. Lastly, the PWBS (Ryff, 1989) consisted of 18 items measuring six measures of psychological well-being: self-acceptance, positive relations, autonomy, environmental mastery, purpose in life, and personal growth. Similar to other two scales, it used a 7-point Likert scale where participants rated their agreement from 1 to 7.

One of the most intriguing aspects of this study is its inclusivity. Any Indian resident aged 18-29 was eligible to participate, regardless of their gender expression or sexual orientation. This approach ensured that the sample was not limited to only cisgender heterosexual individuals or solely to sexual and gender minorities. The rationale behind this inclusive strategy was clear: to capture both the commonalities and differences in experiences related to gender and sexuality. The study was designed to allow participants to share their perspectives based on personal experiences while also encouraging them to consider how these experiences might differ for individuals with different gender identities and sexual orientations. For instance, one of the interview questions asked participants to reflect on these differing experiences:

> "Do you think Indian culture promotes certain duties or responsibilities on men and women? Do you think the impact is different for men and women and whether a person is trans?"

KVALE (1983:174) defines the qualitative research interview as "an interview, whose purpose is to gather descriptions of the life-world of the interviewee with respect to interpretation of the meaning of the described phenomena".

4.1.1. Survey

The first step for collecting data was to create a survey which gathered the demographic information of the participants and also employed Indian Gender-Role Identity Scale (IGRIS), Social Well-being Scale (SWBS) and Psychological Well-being Scale (PWBS) I will detail the recruitment strategy for the survey later in this chapter.

The IGRIS aims to measure an individual's adherence to gender roles. Basu (2010) explored the nature of feminine and masculine gender role identity in the context of Indian culture by developing this indigenous scale. Since no such culture specific scale exists in this domain, the use of such a scale for scientific research in this area seemed imperative.

For the Social Well-being Scale (Keyes, 1998), I used the 15-item version of the scale, with 3 items for each component. Participants indicated their level of agreement with each item on a scale from 1 (strongly disagree) to 7 (strongly agree). The scale encompassed five dimensions:

(a) **Social Integration**: This dimension evaluated the quality of an individual's relationship with society and the community.

(b) **Social Acceptance**: This dimension involved viewing society through the character and qualities of others as a generalised category.

(c) **Social Contribution**: This dimension assessed an individual's sense of social value and the belief that they are a vital part of society with something valuable to contribute.

(d) **Social Actualisation**: This dimension evaluated an individual's perception of society's potential and trajectory.

(e) **Social Coherence**: This dimension involved the perception of the quality, organisation, and operation of the social world, along with a concern for understanding it.

Psychologically healthier individuals see their lives as meaningful and coherent (Ryff, 1989). Ryff suggested a multidimensional model designed to assess six psychological measures of psychological well-being:

(a) Self-acceptance is an individual's degree of positive or negative attitude towards themselves and their lives.

(b) Positive relations with others measures the extent to which people have high quality relationships with others.

(c) Autonomy refers to attributes like independence, self-determination and regulation of behaviour from within.

(d) Environmental mastery emphasises upon a sense of mastery and competence in managing the environment, making use of the surrounding opportunities, able to choose or create contexts suitable for personal needs and values.

(e) Purpose in life stresses upon goals and a sense of direction in life, a belief in the meaning of present and past life and holding belief that gives meaning and purpose to life.

(f) Personal growth measures the extent to which one sees oneself as growing and expanding, open to new experiences and gaining self-knowledge and sees improvement in self over time and realising one's potentials.

4.1.2. Semi-structured interviews

To develop a comprehensive and contextualised understanding of participants' perspectives, this study used semi-structured individual interviews with a sample from the survey population. Qualitative research is "an umbrella term for an array of attitudes towards and strategies for conducting inquiry that are aimed at discovering how human beings understand, experience, interpret, and produce the social world" (Sandelowski 2004: 893). It seeks to understand the meaning, interpretations, and subjective experiences of individuals (Liamputtong, 2009). Semi-structured interviews are the preferred data collection method when the researcher's objective is to gain a deeper insight into the participant's individual perspective rather than seeking a broad, generalised understanding of a phenomenon (McGrath et al., 2019). While other data collection methods are certainly valuable in qualitative research, using semi-structured interviews allowed me to focus on key areas related to gender and sexuality while also providing the autonomy to delve into unexpected topics brought up by participants. This

flexibility deepened the understanding of the phenomena being studied, something that could not be achieved through quantitative data alone. However, when combined with quantitative methods in a mixed-methods approach, semi-structured interviews can enhance the depth and richness of the research findings (Adeoye-Olatunde and Olenik, 2021). The interviews were 75-90 minutes long with the participant being asked open-ended questions to start a discussion on a relevant topic. An example of this is: 'Thinking about how you see yourself, where does gender fit in?'

Interviews were selected as the method for qualitative data collection because they are particularly effective for exploring moods, feelings, and emotions (Plummer, 2001). However, Brewer (2000) criticised interviews for not representing a 'naturalistic' setting, which can be achieved through other research methods like participant observation or ethnography. Nonetheless, this structured environment was advantageous for this study as it provided both the participant and I the opportunity to delve deeply into and reflect upon subjective perspectives and emotions (Gough and Madill, 2012). The main objective of the research methodology was to collect qualitative data that contains thick description (Geertz, 1973), sometimes also referred to as thick, rich data.

The interview guide (Appendix 6) for the participants was developed based on themes identified in the literature review and by using the theoretical and conceptual framework. The available literature provided varied information on the literary debates on the meaning of gender, history of sexuality, and experiences of mental health distress in the SOGIESC community in Western countries. However, it lacked insight into how Indian SOGIESC youth understood gender and sexuality, and what mental health outcomes were associated with it. The interview guide included main open-ended questions along with follow-up probe questions for me to use during the interview. This was different from the close-ended questions (for e.g., the Likert scales) I used in Phase One of the study. The questions focused on their experiences

of gender and sexuality in Indian context to address the research questions (Chater 1) and build on the literature discussed in Chapter 2. Regular supervisions to develop these questions ensured they were relevant and easy to understand. Hence, the overarching interview methodology is 'semi-structured' because, although a guide is used to outline the key questions, the sequencing and phrasing are not strictly standardised (Britten, 1995).

4.2 Changing the focus

The National Youth Policy of India (2014) has defined youth as persons in the age range of 15-29 years. However, as anyone below 18 is legally considered a child in India, I decided to collect data from the age range of 18-29 years. This study concentrated on the developmental stage known as emerging adulthood, specifically targeting individuals aged 18 to 29 years (Arnett, 2000). Youth were selected as sample because studies suggest they have a better understanding of the complexity of gender roles (Alfieri et al., 1996; Killen et al., 2006). Their attitudes and beliefs about gender and understanding of their sexuality will significantly influence the next generation's views on the SOGIESC community and the associated impacts on mental health.

I chose to broaden my sample to include individuals regardless of their gender identity, rather than restricting it to men and women. Consequently, the study was expanded to include people who identify as trans, non-binary, intersex, queer, and other diverse gender identities. It was imperative to study gender and sexuality together because an individual's gender identity, gender expression, and sexual orientation do not follow a linear pattern; for instance, someone might identify as non-binary and be attracted to men. A person needs a gender identity (e.g., man or woman) to have a sexual expression (e.g., heterosexual or homosexual). As I mentioned in Chapter 1, a person can simultaneously belong to both a minority and a normative group based on different aspects of their identity. Furthermore, gender and sexuality not only impact how a person is perceived but also how they are viewed by policymakers. For instance,

Lind (2009) suggested that development actors tend to overlook lesbian women because they are not seen as mothers and therefore, are not the focus of reproductive health programs or social policies and are not considered to be at risk of health issues. Hence, for a more holistic understanding, I decided to open my study to all genders and sexualities.

Expanding the sample to be more inclusive had a significant impact on both the data collection and analysis. Even though this method increased the diversity of the sample, it required more targeted recruitment strategies to reach these groups, involving additional time and resources. Furthermore, collecting data from a marginalised group necessitated careful handling of sensitive information to ensure participants felt safe and respected throughout the process. In terms of data analysis, this inclusion resulted in a richer and more nuanced data set, offering deeper insights into the research topic. This also aided in expanding the research topic (e.g., including experiences of gender identity, laws/policies, mental health impact of marginalisation etc) and identifying broader themes and patterns that might not have emerged from a more limited sample.

4.3 Recruitment Process

After identifying my target sample (Indian youth, with emphasis on SOGIESC community), I started developing a suitable recruitment strategy. Initially, I distributed the questionnaires to acquaintances and requested their participation. The survey was officially launched in April 2021 and remained open until April 2023, providing a two-year window for data collection. This extended period allowed for a broad and diverse range of responses. I used snowball sampling after I started receiving some responses. Snowball sampling can offer practical advantages when the research is explorative, qualitative, and descriptive (Hendricks, Blanken, and Adriaans, 1992). Though most often used for qualitative interviews, snowball sampling can also serve as a formal methodology for inferring information about hard-to-reach populations, which are difficult to access through conventional methods like household surveys

(Snijders, 1992; Faugier and Sergeant, 1997). I started the interview phase in March 2022, after reaching a satisfactory number of survey responses and obtaining consent from survey participants willing to be interviewed. The period between the survey launch and the start of interviews was used to prepare the interview protocols, incorporating insights gleaned from the survey data. Throughout the interview phase, I maintained a systematic approach, scheduling and conducting interviews at a consistent pace to manage the workload effectively and ensure data quality. I concluded my data collection in June 2023, giving me a window of more than 2 years to accommodate participants' schedules and ensure a comfortable and conducive environment for sharing personal experiences.

Until 2018, homosexuality was criminalised in India. Due to the prevalent prejudice and reluctance to disclose their identity in many cases, it was necessary to recruit SOGIESC participants through their own networks. Initial participants were asked if they knew others who might be interested in taking part in the study. Those who responded affirmatively were given the survey link which included all the necessary information before they consented to participate. To maintain consistency, this recruitment strategy was also applied to heterosexual youth. Participants were asked to forward the survey link to other people who fit the criteria or provide contact information of interested individuals.

To widen the scope of recruiting other genders and sexualities, I implemented a second sampling method: purposive sampling. In qualitative research, purposive sampling is known to generate information-rich cases out of limited resources (Patton, 2015). It involves selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest (Cresswell and Plano Clark, 2018). While purposive sampling has limitations such as potential bias, low reliability, and challenges in generalising findings, these are common issues a cross qualitative research methods in general (Ochieng, 2009; Anderson, 2017). Despite these constraints, the primary objective of this study was to explore

an under-researched area and uncover connections between gender and sexuality, and the mental health of young people. Thus, purposive sampling was deemed an appropriate and effective technique for this research. Purposive sampling can be used with several data gathering techniques (Godambe, 1982).

Initially, I reached out to potential participants via Facebook, creating a public page to introduce myself and provide key information about the research. Despite numerous Facebook groups catering to sexual and gender minorities in India, access to these groups requires identifying as a gender and/or sexual minority. After receiving no responses from people with open profiles on Facebook, I reviewed the preferred social media platforms of Indian youth. According to a 2020 survey by the Youth Online Learning Organisation (YOLO), 70% of Indian youth preferred Instagram, while only 20% chose Facebook as their primary platform. Consequently, I shifted my recruitment efforts to Instagram.

On Instagram, I created a public profile detailing who I am, the research purpose, and what participation would involve (Appendix 1). My next step was to message people directly on Instagram (Appendix 2). I began by exploring the public profiles of NGOs, campaigns, activists, and support pages, and then checked their 'followers/following' lists to identify potential participants. Given the sensitive nature of the research, I aimed to contact individuals who had already disclosed their identity on Instagram. Therefore, I only messaged those who explicitly mentioned their gender and/or sexuality in their profiles or used related emoticons (e.g., 🌈/🏳️‍⚧️/ 🏳️‍🌈/⚧). There were two main reasons for this approach. Firstly, it facilitated the quick identification of SOGIESC individuals in India, making the recruitment process more efficient. Secondly, I reflected on my 'insider/outsider' status and wanted to ensure that I approached participants who were comfortable with their identity being known. Those who agreed to complete the questionnaires on Google Forms were subsequently invited to participate in a semi-structured interview.

4.4 Data Collection

Once I started receiving affirmative responses from potential participants, I promptly shared the questionnaire link with them to initiate data collection. The entire data collection process was facilitated by online platforms, and in this instance for the survey, by using Google Forms. Prior to commencing the questionnaires, I provided participants with comprehensive information regarding their involvement, ensuring informed consent. The voluntary agreement of a competent participants and the comprehensive disclosure of research information are fundamental components of the informed consent process (Nardini, 2014). I provided this document in English or Hindi (if requested). This included details about the study's objectives, confidentiality measures, the main research themes being studied, and the expected time to complete the survey (Appendix 4). Additionally, the survey also collected basic demographic information such as age, contact details, gender identity, sexual orientation, religion, and profession. However, before beginning the survey, participants had to give their informed consent on google forms. Informed consent transcends a mere signed document as it constitutes a comprehensive process wherein the participant gains a thorough understanding of the research objectives and associated risks, and this concept is rigorously outlined in ethical codes and regulations governing research involving human subjects (ICH, 2016). And given the sensitive nature of the study, I was mindful of ensuring my participants had a complete understanding of their participation.

Although each scale was relatively brief individually, the sequential completion of all three scales required approximately 15 to 20 minutes. After the participants finished the survey, I began the Phase 2 of data collection. I asked them if they would like to arrange an interview, emphasising that it would explore the topics covered in the survey in-depth (such as their experiences with gender roles, their relationships, their goals and ambitions etc). I conducted interviews with participants who consented to further discussions, with interviews typically

lasting between 75 to 90 minutes. Before beginning the interview, I asked for their verbal consent again, reiterating that they had complete control over the proceedings. I informed participants that they could stop the interview at any time, decline to answer specific questions, or ask to skip particular topics if it made them uncomfortable. I observed both verbal affirmations (such as participants saying, 'thank you', 'that's good to know', 'I'll keep that in mind') and non-verbal cues (such as deep sighs, nods, smiles, and changes in body language) that indicated their comfort. The interview guide (Appendix 6) facilitated a relaxed and open conversation, which helped in building rapport with the participants. However, I did not rigidly adhere to the order of these questions; instead, I allowed the participants to steer the conversation and share their experiences on the topics being discussed. Despite this flexibility, I ensured that all questions in the interview guide were addressed, unless a participant specifically requested to skip a question. This enabled a comprehensive gathering of rich data. At the end of the interview, I reinforced my commitment to maintaining their confidentiality and anonymity, reminding them of the measures in place to protect their identity and privacy. This thorough and participant-centred approach contributed to the richness and depth of data collected.

4.5 Data Analysis

4.5.1 Phase 1 Analysis: Survey Data

All data from the survey was imported from Google Forms to IBM SPSS 27. Verification checks were conducted to guarantee the accuracy and consistency of the collected data. There was no missing data. As few studies (DeSarbo et al., 1986; Wisniewski et al., 2006) have stated, the most effective approach to managing missing data is to prevent its occurrence through meticulous planning and careful data collection practices. In the survey, all questions required an answer, and participants could not proceed until they provided an answer. I encouraged participants to take their time and fill out the survey when they had at least 20 minutes to spare.

4.5.2 Phase 2 Analysis: Interview Data

I interviewed 19 participants for the second phase of my data collection. For the empirical work in this phase of the study, I used thematic analysis as outlined by Braun and Clarke (2006). According to them, "thematic analysis is a method for identifying, analysing and reporting patterns (themes) within the data and can minimally organise and describe the dataset in rich detail" (p. 79). Thematic analysis was deemed to be the most appropriate approach due to its flexibility, allowing for clearer communication of findings, interpretation of meanings, and a deeper understanding of the phenomenon being studied (Baby et al., 2014).

For analysing data from the interviews, I followed Braun and Clarke's six-step process using NVivo software (Version 12). Phase 1 of the analysis involved transcribing audio-recorded data from all the interviews. 2 out of my 19 participants preferred to give interviews in Hindi, so, I translated and transcribed their data. I used a second reviewer to make sure the translations were accurate and representative of the what the participants said in the interview. I used pseudonyms to maintain anonymity during transcription, as recommended by scholars like Clark (2006) and Moore et al., (2021). I used 'repeated reading' (Braun and Clarke, 2006) and meticulously checked my transcripts for accuracy, which, along with listening to the recording, facilitated data immersion and enhanced my familiarity with the findings (Fielden et al., 2011). Next, all transcripts were imported into NVivo Version 12 to begin the coding process (Phase 2). I coded each segment of relevant data without using pre-set codes, allowing for open coding where codes were developed and modified during the process (Maguire and Delahunt, 2017). These codes were discussed and refined with my supervisors before moving to Phase 3, which focused on identifying codes related to the research questions. In phase 3, I collated the generated codes into potential themes to build a structure which included key themes and sub-themes (Appendix 7). During Phase 4, I reviewed the themes to check for any additional codes by re-reading each transcript. During Phase 5—defining and naming themes—

I worked on reducing the researcher bias by having frequent discussions with my supervisors. By doing so, we were able to generate a comprehensive theme set and clearly come up with names for relevant themes. And finally, once the final themes were established, I began writing the report in line with Phase 6 of Braun and Clarke's (2006) model.

Thematic analysis can address both manifest content (directly observable or explicit) and latent content (requiring interpretation or implicit). Often, identifying manifest themes can lead to insights at a more latent level (Joffe, 2012). To account for the social context and construction of gender and sexuality, themes in this study were examined at both the manifest and latent levels, going beyond the surface level of the data to uncover underlying ideas, assumptions, and conceptualisations. High-quality qualitative research is often characterised as being both "dual deductive-inductive and latent-manifest themed" (Joffe, 2012: 211). Throughout the analysis, it became evident that generating themes is not a straightforward, linear process. Braun and Clarke (2019), who have refined their method over more than a decade, now refer to it as 'reflexive thematic analysis'. They argue that the analysis of qualitative data never truly reaches a point of completion; instead, the researcher decides when to conclude the process. This approach was mirrored in the current analysis, where themes were constructed, deconstructed, and reconstructed collaboratively with my supervisors.

4.6 Ethical considerations

Given the sensitive nature of the research, I ensured that it was ethically robust. The research design incorporated multiple levels of ethical considerations. First, ethical approval was gained from the Department of Sociology, Durham University. Second, when I contacted the participants via social media platforms, I provided them with a brief about the research. If they consented to participate, I sent them the survey link which also provided essential information about the research. The participant information sheet (Appendix 4) outlined key details regarding their involvement. Before beginning any form of data collection, it was crucial for

participants to understand the study's purpose, data management and storage practices, their rights, and how their responses would be used. A dedicated 'Consent Form' section was created at the beginning of the survey, requiring participants to formally give their consent. This is how the consent was obtained:

> 'If you agree to participate in the study, please write your name here to give your consent and proceed to the survey.'

Participants could only proceed to the next section of the survey after providing their names. The consent form contained information pertinent to both the survey and the interviews. The online survey in Phase 1 was completed using Google Forms and then downloaded onto a university computer and kept securely with only the research team discussing it. Before beginning the survey, participants were reminded of how their data will be kept confidential and only used for the purpose of the research.

For interviews, I followed similar vigorous ethical considerations. To ensure participants fully understood the interview process, I reminded them that the interview would be recorded. Upon agreement, I began recording and explicitly asked for their consent to start the interview. Informed consent should be regarded as an ongoing process that is continuously negotiated throughout the research process (Miller and Bell, 2002; Nordentoft and Kappel, 2011). Given the sensitive nature of research questions and topics, I prioritised establishing a comfortable rapport. I started by asking to share a bit about themselves, which typically took 5-10 minutes. Additionally, I shared about who I was, what I was doing at Durham University, and how I got interested in this research topic. Participants showed a genuine interest in the scope of the research and their interview. This initial interaction noticeably helped participants relax. They were also reminded that they could stop the interview at any time or skip any questions or topics they found intrusive and that they could withdraw from the interview. I

understood that some topics and experiences were delicate in nature, and participants might have been hesitant to share personal information. To ensure they did not refrain from sharing due to fears of privacy or public exposure, I assured them that both the survey and the interview were entirely confidential. I explained that their data would only be accessible to my supervisors and myself, emphasising the strict confidentiality measures in place.

In qualitative research, the concepts of reliability and validity are often reframed as trustworthiness, which includes credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). To ensure credibility, I employed prolonged engagement with the data, careful transcription of interviews, and iterative coding to ensure that themes were firmly grounded in participants' narratives. Dependability was maintained through detailed documentation of the research process, including analytic memos and reflective journaling to track interpretive decisions. Confirmability was enhanced by engaging in peer debriefing with academic colleagues and maintaining a reflexive stance throughout the study to acknowledge and address my own positionality and potential biases.

While generalisability in the statistical sense is not the goal of qualitative research, this study aims for transferability—the ability of readers to determine the applicability of the findings to other contexts. To support this, I have provided rich, contextualised descriptions of participants' experiences and backgrounds, enabling readers to assess whether the insights may resonate with or be relevant to similar populations. The study's focus on SOGIESC Indian youth allows for important theoretical and practical contributions, particularly within contexts marked by similar cultural, social, and structural conditions. Rather than aiming for broad generalisations, the study offers analytical generalisability—where the findings and the conceptual framework developed may inform future research, theory-building, and practice in comparable settings.

Another crucial ethical consideration in this research was making sure the anonymity of participants was maintained. Many participants had not disclosed their gender or sexual identities to their parents and family, making them particularly sensitive about their identities being revealed. I assured them that during the transcription process, their identities would be completely concealed by assigning them a pseudonym. The interviews frequently addressed emotional topics such as childhood trauma, mental health issues, gender or sexual discrimination, family conflicts, and lack of social support. To provide support and gratitude after each interview, a debrief was done after the interviews to ensure that participants had not experienced any adverse effects from their participation and to inform them about the next steps regarding handling of their data.

In cases where participants disclosed emotionally difficult experiences, especially those involving trauma or abuse, I ensured that the interviews were conducted with sensitivity and care. A list of accessible mental health resources and support services (including LGBTQ+-affirmative counsellors, helplines, and community organisations) was provided to all participants at the end of the interview. Where appropriate, I followed up with participants to ensure their well-being, particularly if the interview had involved a discussion of triggering or unresolved experiences. All interviews were conducted in private, secure settings (online), with attention paid to participants' comfort and safety.

To protect participants' identities, all data were anonymised using pseudonyms, and identifying details were removed from transcripts and quotations. Extra caution was exercised when selecting longer quotations to be included in the thesis. Each quote was reviewed for any potentially identifying information—including names, locations, institutions, or unique personal experiences—and edited where necessary without altering its meaning. Where quotations could not be sufficiently anonymised without compromising the participant's safety

or confidentiality, they were excluded from the final write-up. This approach was guided by a strong ethical commitment to prioritising participants' dignity, safety, and right to privacy throughout all stages of the research process.

4.7 Managing Ethical Issues in Practice

Despite my efforts to warrant ethically sound research, I encountered some ethical challenges along the way. The most consequential issue was gaining access to the SOGIESC community. Initially, I attempted to collect data by joining Facebook groups dedicated to this community. However, I faced difficulties in gaining entry, as membership often required identifying as a gender and sexual minority, which I am not. Ethically, I felt it was inappropriate to recruit participants from these groups, as doing so would have intruded upon their safe space and potentially violated their trust and privacy. I pivoted my data collection platform from Facebook groups to Instagram, and it proved effective as I received a number of positive responses. However, there was a challenging situation involving a trans woman who requested remuneration for participating in the study. During the ethical approval process, my supervisors and I had decided against offering any form of incentive, as it seemed unethical to potentially influence participants' involvement with compensation. When I told her the same, she expressed strong disappointment, remarking that she was 'appalled' Durham University would approve research involving a marginalised community facing significant mental health and financial challenges without offering compensation to participants. I discussed the ethical concerns related to providing compensation with her, explaining the potential for it to affect the integrity of the research. Regrettably, she chose not to participate due to the lack of compensation, making her the only potential participant to do so.

I deeply empathise with her frustrations and understand her perspective. However, my ethical framework was already established, and it did not include providing incentives. This

incident prompted a significant reflection on my role and responsibilities as a researcher, particularly in relation to the communities I study. The upcoming section will explore my reflections on conducting this research as a cisgender heterosexual woman and how this incident among others influenced my understanding of my positionality within the research process.

4.8 My Positionality

Researcher reflexivity is an important aspect of any qualitative research and has been frequently used in qualitative research for decades (Haynes, 2012). Reflexivity is crucial in qualitative research as it allows researchers to examine how their research is both influenced by and has an impact on those conducting it (King and Horrocks, 2010). Even though I tried to be as objective as possible, my own biases, experiences, beliefs, and values played a vital role in designing and executing the study and enriched the analysis of the data. Haynes (2012, p. 72) described this as:

> Researcher reflexivity involves thinking about how our thinking came to be, how pre-existing understanding is constantly revised in the light of new understandings, and how this in turn affects our research.

Broadly, my research can be classified into three main topics: gender and sexuality, mental health, and youth. These three vast topics have not only been central to my academic pursuits, but also to my activism. I have worked with NGOs in New Delhi which advocated for women's financial independence, shaping my understanding of gender issues. With an academic background in clinical psychology, my role as an assistant psychologist in a psychiatric facility provided me with firsthand insights into mental health challenges. Additionally, my volunteer work with Teach India, an initiative to teach English to Indian youth so they could have better job prospects, highlighted the importance of youth

empowerment. When I began this PhD, I was driven by a desire to integrate these elements that have fuelled my passion for social sciences. All these experiences have always inspired me to do better, and to do better for others as well.

When I finalised my sample, I anticipated challenges in justifying my positionality as a researcher. As a cisgender heterosexual woman reaching out to a community often ostracised in India, I knew my identity might create barriers. During the data collection process, multiple people asked me about my own gender identity and sexual orientation. Upon revealing my identity, I sensed a barrier forming between us. Maybe it was my own imagination or misplaced moral culpability, but it felt as though I had invaded their safe space, which in a way, I had. Many of them had blocked their family members on Instagram because they couldn't express themselves freely, highlighting the delicate nature of their online presence. This made me deliberate on my dual role as both an outsider and an insider. I was an outsider because I did not belong to the SOGIESC community, yet an insider as my identity as a woman exposed me to various forms of discrimination and marginalisation. This imbalance of 'outsider/insider' perspective forced me to reassess my approach to research, ensuring I avoided any semblance of a 'saviour complex' and maintained a respectful and empathetic stance throughout the study.

During the interviews, a few of the participants confided that they had never discussed these topics with anyone close to them. In a way, I was their confidant. Perhaps it was because participating in the research provided a 'safe' environment for them to explore their thoughts and experiences with a sympathetic listener. It could also have been due to my continuous reassurance about maintaining confidentiality, ensuring that whatever they wanted to discuss would remain with the research team. Or maybe the sense of detachment and impersonalisation provided by online interviews made them feel more comfortable sharing openly. Due to the nature of topics being discussed in the interviews, it was easy to empathise with their struggles and trauma. However, I had to manage my emotions carefully to prevent any form of

transference. I regularly spoke to my family members, wrote reflections of my interviews, and practiced detachment. I realised that while a certain level of empathy was natural and expected, I needed to maintain professional detachment for the well-being of both the participants and myself. This detachment allowed me to conduct the interviews with a clear mind. Understanding the importance of my own well-being in the research process was a significant learning curve, and it took a few interviews to fully grasp that maintaining my emotional health was as important as ensuring the participants' well-being.

4.9 Impact of Covid-19

The outbreak of Covid-19 remarkably changed the course of my research., particularly in terms of data collection. Originally, I planned to conduct data collection in-person to facilitate a more personal and interactive engagement with participants. However, the global pandemic necessitated a drastic shift in these plans. Due to multiple lockdowns in India, social distancing measures, and concerns for public health and safety, it became impractical and unsafe to conduct in-person data collection. As a result, I had to adapt and transition the entire data collection process to an online format.

This presented various challenges. Some participants faced difficulties in accessing or navigating online platforms (like Google Forms or Zoom) due to either having no experience in using these technologies or lack of reliable internet access. Additionally, keeping participants engaged in an online setting, especially during survey, proved to be challenging. I had to ensure that the participants knew the time both the survey and interview will take, so the participants only filled out the questionnaires or arranged the interview when they had the appropriate amount of time. However, I was able to identify some key opportunities and advantages to this methodology. Initially, I had proposed to collect my data largely from university-going students in New Delhi, India. Transitioning to an online format enabled me to include participants from a broader geographical area. Logistically, conducting research online

reduced travel and other associated costs and saved time, both for the participants and myself. Furthermore, the online format facilitated easier data management and organisation. Digital tools and platforms streamlined the process of collecting, storing, and analysing data, enhancing the overall efficiency of the research. Lastly, several participants revealed that their willingness to participate was influenced by the interviews being done online. They expressed that discussing their experiences in a public setting, such as a cafe or restaurant, would have been extremely uncomfortable for them. The privacy afforded by online environment allowed them to speak more freely and openly about their experiences. They had the option to turn off their video, which further added a layer of security for them.

Even though the transition to online platforms required additional work, the online format not only facilitated their participation but also contributed to the richness and depth of the data collected by allowing for more candid and uninhibited conversations.

4.10 Chapter Summary

This chapter outlined the study's methodology, encompassing the study design, data collection, data analysis, ethical considerations, researcher positionality, and the impact of COVID-19. The research employed a mixed methods sequential explanatory design, consisting of two phases: a quantitative survey followed by qualitative semi-structured interviews. This approach allowed for comprehensive exploration, combining broad trends with in-depth personal insights. The survey was distributed via acquaintances and social media, particularly Instagram. It included demographic questions and three specific scales: the Indian Gender Role Identity Scale, the Social Well-Being Scale, and the Psychological Well-Being Scale, followed by semi-structured interviews. Survey data were analysed to identify key themes and inform interview questions. Interviews were transcribed and systematically coded for thematic analysis, integrating quantitative trends with qualitative depth. Ethical approval was obtained prior to data collection. Participants were informed about the study's purpose, procedures, and

their rights, ensuring informed consent and confidentiality throughout the research process. I concluded the chapter by acknowledging my positionality and identifying the pervasive impact of Covid-19 on the research and research design. The elements explored in this chapter collectively ensured a rigorous and comprehensive approach to studying the research questions.

CHAPTER 5: SURVEY DATA

5.1 Background

In this chapter, I will introduce the pivotal role of the survey within the broader framework of this research. As Chapter 4 highlighted, data collection was a multi-phased process, with the survey forming the cornerstone of the initial phase. I shed light on the manifold advantages that the survey brought to this study in the previous chapter. The survey acted as an essential tool that facilitated a preliminary exploration of the participants' perspectives and experiences. Its strategic implementation was designed to create a strong foundation for the qualitative phase of the research, which involved in-depth interviews. The survey served the function of identifying and recruiting the interviewees. I will present some key information collected through this process. The chapter explains the demographic characteristics of the sample and how this data led to in-depth interviews.

5.2 Survey Sample Demographics

The survey itself was designed to collect a diverse range of information from participants and it comprised a variety of sections, providing a comprehensive understanding of their background. To begin, participants were invited to share their demographic details, offering insights into their age, religion, and education. Three distinct age ranges were presented as options: '18-22 years,' '23-25 years,' and '26-29 years' (Figure 5). This strategic division served multiple purposes, both in terms of inclusion criteria and data accuracy. By providing specific age ranges, the survey aimed to prevent children (anyone under 18 years) or older than 29 years from participating.

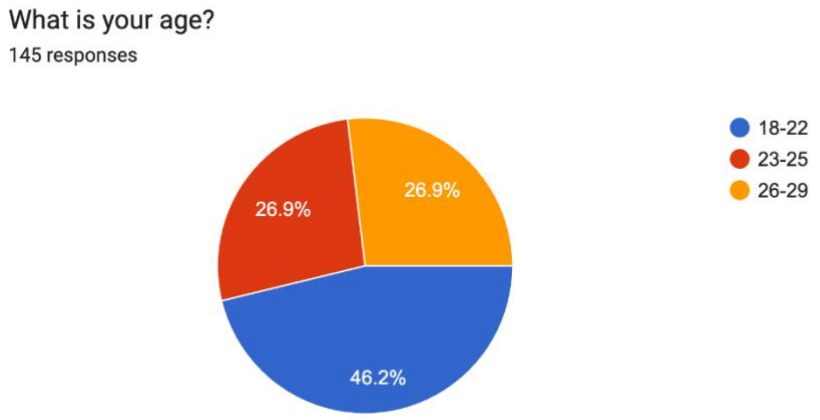

Figure 5: Age Range of Participants

Although efforts were made to clarify the eligible age range through social media posts, there were instances where individuals who were outside the specified age parameters expressed interest in participating. These scenarios highlighted the need for vigilance in adhering to the study's predetermined criteria, both to prevent incongruities and to respect participants' time and commitment.

I had a diverse mix of participants with regards to their gender identity. I had 54 men and 70 women, 14 gender queer or gender nonbinary, 9 transgender male, and 3 responses for the 'Other' option. As the Figure 6 shows, I received responses from a range of different gender identities. I had an 'other' option in this section and the last three responses are from participants who did not think the given options accurately defined their gender expression. The last two answers are particularly interesting because the participant felt there was a need to clarify between 'gender non-binary' (the option given) and 'sex non-binary' (non-binary female- the answer they wrote). This is important because the participant stated how they expressed their gender identity, i.e., non-binary, but also stated they understood they had a sex identity i.e., female, and they are different from one another. This distinction is important to note because the literature which forms the foundation of this research (see Chapter 2) also

emphasises on the difference between gender and sex, and how these two serve different, albeit overlapping, functions in our society.

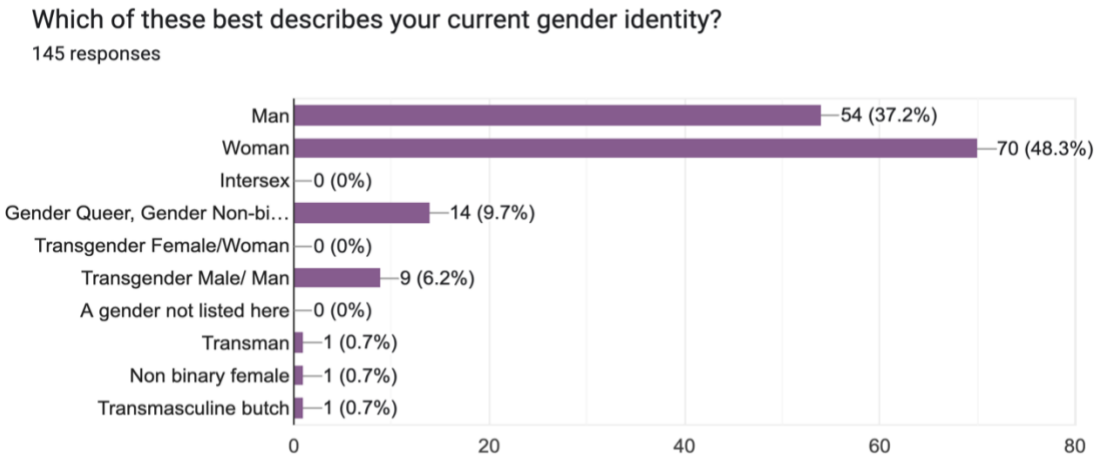

Figure 6: Gender Identity of Participants

Next, I asked participants for their sexual orientation. As you can see in Figure 7, I had participants who had a range of different sexual identities. Having participants identify their gender identity and sexual orientation was a key aspect of this survey. These areas are central to the study's focus on sexual and gender minorities. Recognising that this list is not comprehensive, I included an 'other' option. The goal was not to ‘other’ the less common sexual categories but to provide participants the opportunity to define their own sexual orientations if the given categories did not adequately represent their identities.

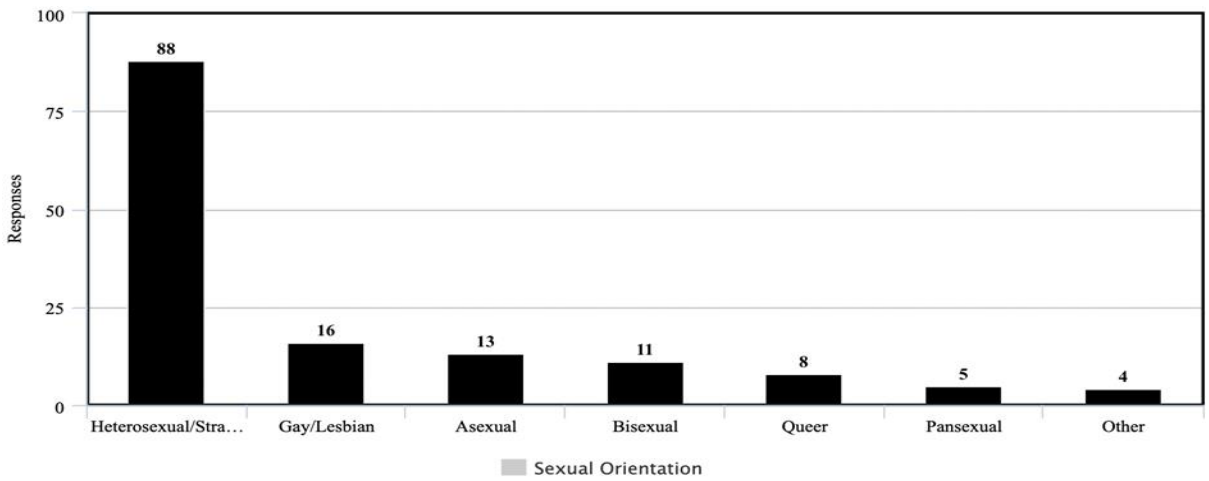

Figure 7: Sexual Orientation of Participants

I also asked the participants about their religion (Figure 8). Majority of them said they were Hindu (96 participants, followed by 'no faith' (18 participants), Christian (7 participants), Muslim (6 participants), Jain (5 participants), and Sikh (5 participants). I had 8 participants that selected 'a religion not listed here'. As I stated in Chapter 3, religion is an important feature of the socio-cultural fabric of India. Most religious and cultural groups in India adhere to the belief that marriage is traditionally between a man and a woman. I wanted to be mindful of if religion, directly or indirectly, had played any role in participants' experiences.

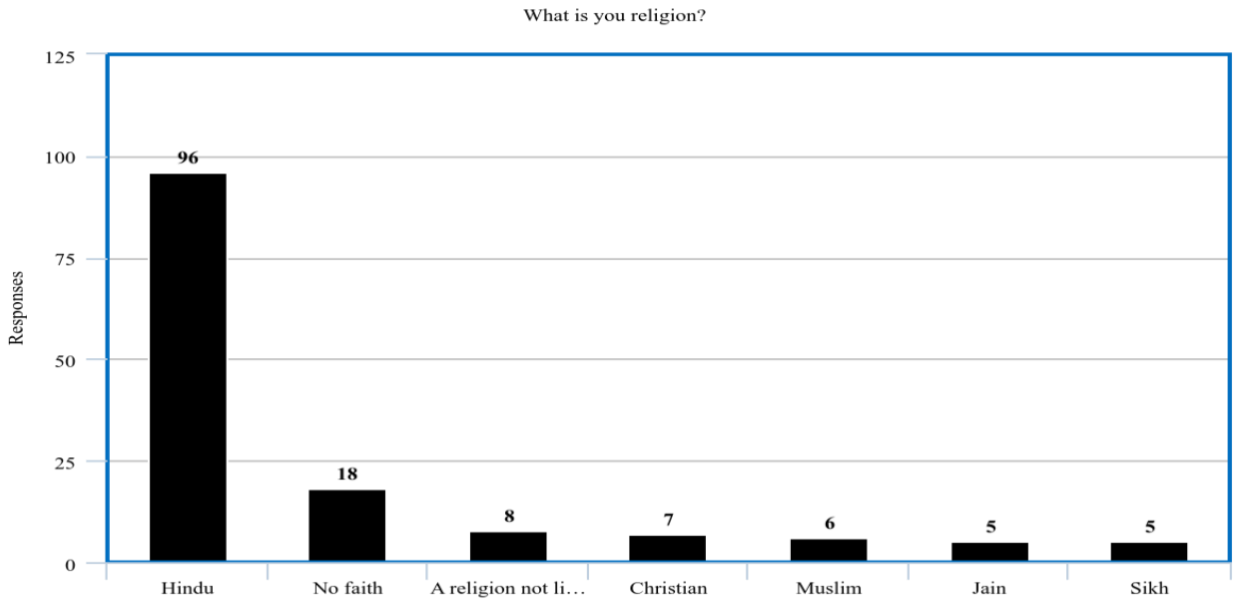

Figure 8: Religious Beliefs of Participants

5.3 Scales

The survey also had three scales – the Indian Gender Role Identity Scale (Basu, 2010), the Social Well-Being Scale (Keyes, 1998), and the Psychological Well-being Scale (Ryff, 1989). These scales were meticulously selected to delve deeper into specific dimensions relevant to the research. The Indian Gender Role Identity Scale was included to assess participants' perceptions of their gender identity. This scale aimed to uncover how individuals perceive their own identity with regards to traditional gender adjectives and attributes. The Social Well-Being Scale aimed to gauge participants' perceptions of their social interactions, relationships, and

overall sense of belonging. It delved into the extent to which participants felt connected to their communities and social circles, and how these connections contributed to their well-being. The Psychological Well-being Scale focused on participants' positive outlook towards life. By exploring aspects like self-esteem, purpose in life, and personal growth, this scale provided insights into participants' psychological health and overall well-being. Collectively, these scales offered a multidimensional lens through which I aim to understand the intricate interplay between gender identity, societal norms, and well-being.

The data from Phase 1 also helped in characterising the sample for possible interviewees. As mentioned previously, the survey served as an essential sampling technique for the Phase 2 of the research, which involved conducting semi-structured interviews. By first administering the survey, I was able to gather a broad range of descriptive data that provided insights into the participants' demographic characteristics and responses to the parameters being measured in the three questionnaires (Indian Gender Role Identity Scale, Social Well-Being Scale, and Psychological Well-Being Scale).

I will now provide some examples of how the survey provided a foundation for the interviews. Utilising the IGRIS was crucial for understanding participants' associations with specific gender roles. Prior to conducting the interviews, I carefully reviewed each participant's self-assessment scores on this scale. This preliminary evaluation served as a foundational step that significantly shaped the understanding of the participant's experiences. By being mindful of the attributes participants either identified the most ('Strongly Agree' or 'Agree') or the least ('Strongly Disagree' or 'Disagree') through their self-scores, I was able to create a more targeted and purposeful dialogue.

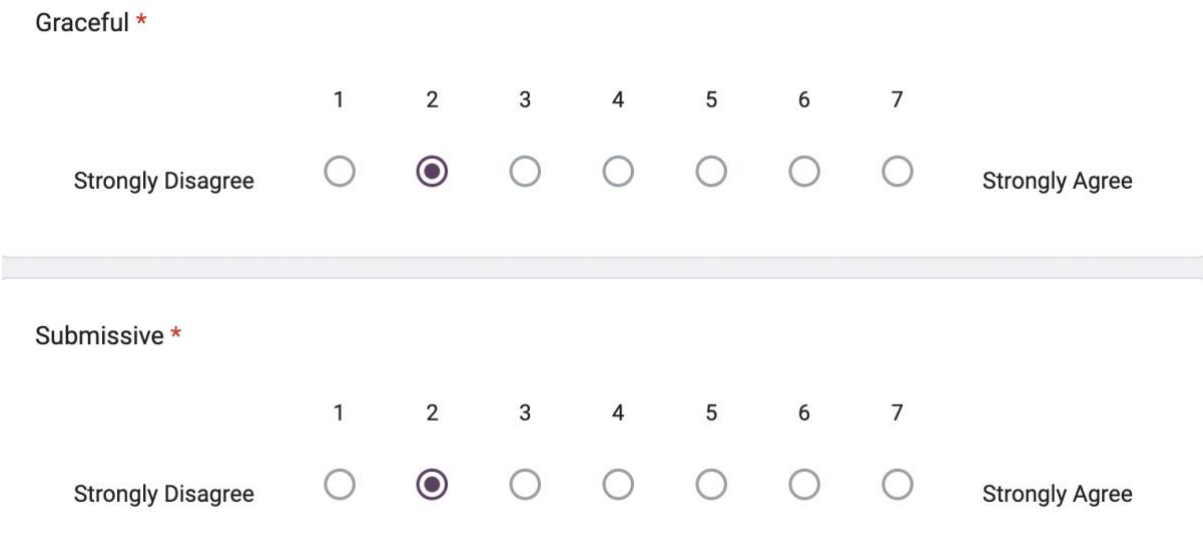

Figure 9: Survey Response of Alisha on IGRIS

For example, Alisha, a gender nonbinary pansexual participant, had selected low ratings for themselves in the feminine attributes of the scale. On the characteristics that the scale classifies as feminine, such as 'graceful' and 'submissive', they selected 'Disagree'. During the interview, when we were discussing their experiences with their assigned gender, I asked why they do not agree with these characteristics. They said:

> I was born in a family which was very rigidly binary growing up, I was very nonconforming, not just in terms of my clothes. In terms of how I say it, like I'm sitting with my feet apart right now. And then my mom will say 'sit like a girl'. I get that all the time. Sit like a girl, walk like a girl, don't man spread... So, I was not trying to perform as a child. I wasn't trying to fit my performance in boxes of man or woman or any of that stuff. I was just trying to be myself at the end of the day. But it was the society around me that attached a label of masculine and feminine or androgynous to whatever that I did, which I didn't see myself doing. I saw myself just being me.

During our conversation, Alisha delved into their experiences, offering a more intricate portrayal of their perspectives. One recurring theme that emerged was their aversion to being

confined within societal labels. This sentiment formed the bedrock of their identification as nonbinary, a term that resonated with their rejection of being put in a box. This led to a discussion on various intertwined and complex topics, such as beauty standards, their experiences with family and society's expectations regarding being assigned female at birth, sexism, and transphobia, which I will explore further in the next chapters. Basing the interviews to address these self-assessed attributes provided me with an opening to start deeper discussions around their gender identity, and subsequently their sexual orientation.

Samarth, a transgender male participant, had selected 'Strongly Disagree' for masculine attributes 'ambitious' and 'adventurous'. Interestingly, he had also given varied rating for feminine and androgynous characteristics.

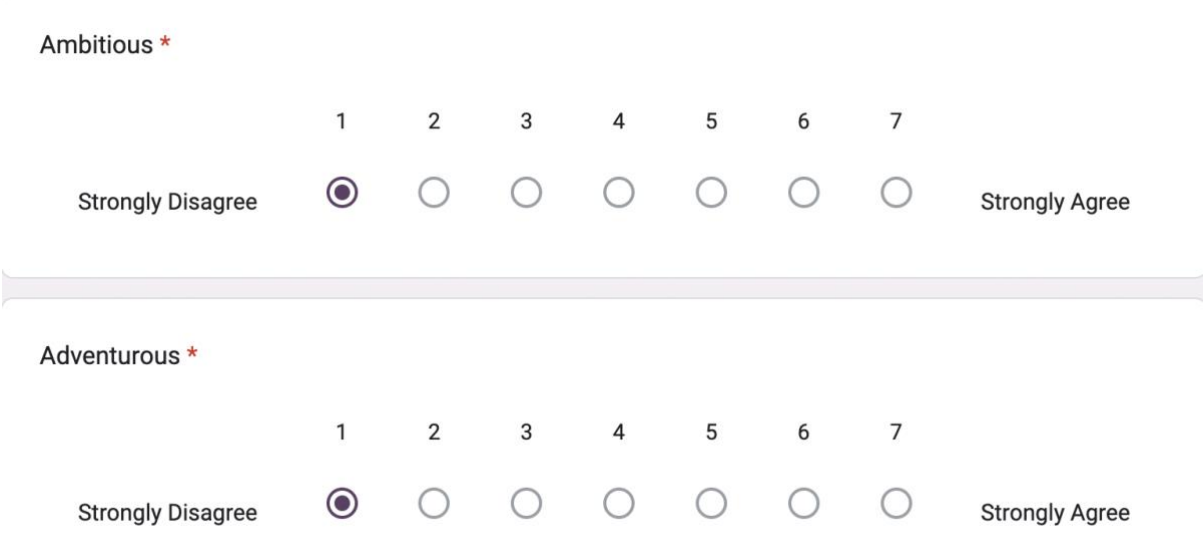

Figure 10: Survey Responses of Samarth on IGRIS

During the interview, I brought up his personality and how he views himself with regards to these qualities. He said:

> I have never agreed with it. I've lived with my family, but I've never related anything to gender. I used to cook, even if I am a male or a male in a female body. I didn't think the female in family should cook or my mother would do that for me. So, I have broken this belief within my family regarding gender roles, be it cooking, stitching etc which

> are related to gender. I never believed that any work is related to gender. Everything is socially constructed be it clothes, hair, etc.

He candidly expressed his refusal to confine himself within the boundaries of what society deems as masculine or feminine traits. His narrative revealed a firm rejection of these rigid classifications, and he offered a compelling analogy by drawing parallels with the broader issue of gender roles prevalent in our contemporary Indian society. These illustrative examples showcase the dynamic interplay between participants' personal narratives and the Indian Gender Role Identity Scale. Through this scale, I was able to engage participants in thoughtful dialogues that went beyond shallow discussions.

Similarly, I used the SWB Scale and PWB Scale to guide the conversation towards topics where participants had given extreme responses to specific questions or overall scored high or low on these scales. For example, Anika, a pansexual woman, scored a high score in the SWB Scale, indicating how much support the people around her and her community provided to her. During the interview, using this knowledge, I asked her if she has supportive people around her. This was her reply:

> I have an extremely supportive mother, even when I came out. I am extremely well supported. My friends, my organisations, my mom, my brother, they're extremely safe people.

In the PWB Scale, although Diya, a queer woman, scored an average score, however, in various questions such as ‘In general, I feel I am in charge of the situation in which I live’, ‘Maintaining close relationships has been difficult and frustrating for me’, and ‘I gave up trying to make big improvements or changes in my life a long time ago’, she gave extreme responses to suggest areas of some unease. During the interview, I brought up her responses and she said:

> ...I come from a progressive household, but this happens even in my household (censoring conversations). I want to have an open dialogue about mental health with my parents. But they're like, 'oh, we don't go to our parents to talk about things.' Don't you want to know what's happening in your kid's life and mind? The pressure to keep the peace is on every gender, every Indian is expected to keep the peace. This has obviously impacted my mindset about a lot of things I mentioned in the survey.

This strategy facilitated discussions on subjects which participants had already contemplated, making it easier for them to open up about their experiences. By focusing on these pre-identified areas, participants shared deeply personal experiences that they might not have disclosed before or had only shared with a select few.

5.4 From Survey to Interviews

As outlined in Chapter 4, the survey data was instrumental in selecting a sub-sample for more detailed interviews, aiming to gain a deeper understanding of the participants' experiences. The survey provided insights into critical issues and points of discussion for them, allowing me to tailor the interviews to pay more attention on specific topics relevant to each individual. This approach ensures that the survey acted as a foundational tool, helping to identify key themes and areas of interest that enriched the data collection and subsequent analysis.

There were some unexpected findings as well. Initially, the survey was distributed through my personal contacts, which resulted in a significant response from cisgender-heterosexual individuals. Recognising the need for greater diversity, I subsequently expanded my data collection efforts to various social media platforms. Consequently, the first half of the survey participants predominantly represented the cisgender-heterosexual population, while the latter half consisted of gender and sexual minorities. Upon beginning data analysis, I examined the responses to the question on sexual orientation. The results were somewhat surprising: out of 145 participants, 13 individuals (8.6%) identified as asexual.

Given how I recruited every sexual and gender minority via Instagram, I vividly recalled not targeting these many asexual participants intentionally. While I understand that people can have different sexual orientations than they say, or there might be various reasons why they would want to hide it, I still could not see this happening realistically. I embarked on a series of individual conversations, reaching out to these participants in the order their responses were received. The conversations revealed a perplexing pattern: 8 out of the 13 individuals who identified as asexual were, in fact, heterosexual. They had misconstrued 'asexual' to signify a lack of sexual activity ever rather than its intended meaning as a distinct sexual orientation. Their ages ranged from 18 to 29 years old, reflecting a gap in understanding that extended beyond mere semantics. All of these 8 people belonged in the 'first half' of the data collected, pointing to mainly cisgendered/heteronormative youth. This points to wider problem that affects Indian population. The misconceptions held by these participants seemed to mirror a pervasive lack of awareness and accurate information on matters of sex and sexuality. In India, there is no formal nationwide mandatory sexuality education being provided to students, and available for people in general.

A few recent studies have investigated the sexual knowledge and attitudes of young people in India and found that there is limited sexual knowledge and the majority maintain a traditional and conservative perspective on matters related to sexuality (Mukherjee et al., 2019; Pal et al., 2020). This lack of knowledge is clearly reflected here, and even in the next chapters. I will further explore the deep-seated nature of this lack of knowledge about different identities and their impact. Hence, in the forthcoming chapter, my focus will pivot towards an in-depth exploration of the results stemming from the engaging and enlightening interviews I conducted with the participants. I will draw upon the various themes that emerged and how that situated young people in the current Indian context.

5.5 Chapter Summary

This chapter presents an analysis of the survey results examining the relationship between femininity and psychological well-being. The correlation coefficients of masculinity, femininity, SWB and PWB indicated a negligible to weak positive relationship, suggesting that traditional masculine femininity norms have a minimal impact on SWB and PWB. Various potential explanations for this weak correlation were explored, including moderating factors such as individual personality traits and cultural context, the possibility of threshold effects, interactions with other gender norms, and measurement limitations. Additionally, the chapter considered the evolving nature of gender identity and expression, variability within masculinity and femininity, the role of social support mechanisms, and the influence of external factors like societal expectations. These findings provide a foundation for the subsequent qualitative analysis, highlighting key areas of discussion.

CHAPTER 6: MACRO FACTORS

In this chapter I will delve into the outcomes of my qualitative research. I utilise the framework presented in Chapter 3 to classify influences of and on gender and sexuality into three definitive levels: macro, interpersonal, and individual. The focus of my analysis for this chapter will be on the macro level, examining how societal, cultural, and legal factors impacted Indian youth.

This chapter is structured as follows. I first explore what makes up macro factors. In particular, I divide these into cultural and legal factors and consider their impact on gender identity and sexuality. The first section will explain how I define macro factors. The second section will explore the experiences of Indian youth while existing in these predefined cultural and legal factors, and also their mental health impacts on participants. And finally, the third section will explore other relevant historical macro factors (colonialism and caste) which go beyond the realm of purely cultural or legal factors. In these sections, I discuss how young people position gender and/or sexuality as a key element impacting their mental health. The chapter demonstrates the profound effect these macro elements had mental health and overall well-being. The aim is to understand the impact of external, large-scale influences on individual gender and sexuality experiences and perceptions among Indian youth.

6.1 Exploration of Cultural Factors

Contextualising cultural factors allowed for a deeper understanding of how cultural norms, values, and traditions uniquely shaped participants' experiences of gender and sexuality. In a country like India, where diverse cultural elements ranging from religious beliefs to evolving social customs coexist, these influences were particularly complex. This section aims to identify both the challenges and support systems that exist within the cultural framework, thereby offering a comprehensive view of the lived realities of participants, especially in relation to their mental health and well-being.

6.1.1 Resistance against Traditional Expectations

As understanding the impact of culture on participants' experiences with gender and sexuality was a research aim (Chapter 1), I designed my interviews to address some important cultural factors and how they impacted participants' experiences. I asked my participants, 'Do you think Indian culture promotes certain duties or responsibilities for men and women?' Unanimously, the answer was 'yes'. Most participants I interviewed spoke about the typical gender roles of women being a housewife and men being the breadwinner. Nima (woman, asexual) explained how she viewed gender roles. She said:

> Yeah, of course there are certain duties for men and women. Men are still taught to be the sole breadwinner of a house. Even if women are earning, it's still assumed that the man should be earning as well. And the woman is earning alongside, but she cannot be the sole breadwinner. There's a thing that women have to be maternal. There are certain ideas that were enforced onto us. And I mean, some things you're going to learn, and you're going to get rid of those ideas slowly and steadily.

However, upon a deeper conversation with my participants, it became apparent that there were various layers to the prevalence of gender roles. One pervasive theme that consistently emerged from my interviews was a noticeable distaste among participants for the rigid gender roles and expectations. Isha (woman, lesbian) felt particularly strongly, and said:

> I always noticed that division, sort of despised it, and so I think being biologically female, I was more inclined towards more traditionally male things. More than having a problem with my gender, I probably had a bigger problem with that division.

This highlighted a growing disconnection between traditional gender norms and participants' personal beliefs and aspirations. Many participants expressed frustration and discomfort with the restrictive nature of these roles. This aversion to prescribed gender roles was not just a matter of personal preference; it also signified a deeper struggle for autonomy and self-expression. Sneha (gender queer, bisexual) explained this as follows:

> I wanted to be a rebel because it just didn't make sense because where is my free will in all of this? Just because of my genitalia I have to do certain things is quite absurd to me, I understand where it comes from. It's a very tricky place to be in society, I know where my parents come from, but it was something I really rebelled against because I always thought there is no free will here.

Participants frequently recounted experiences of being constrained and stereotyped, leading to a sense of suffocation and a desire to break free from these normative expectations. This commonality pointed towards a broader undercurrent of resistance against traditional gender expectations, reflecting a shift in the mindset of the younger generation.

6.1.2 Religious and Cultural (and global) Expectations

Another prevalent theme was how participants felt culture impacted these expectations, however, not specifically Indian culture. Isha spoke about the traditional gender roles and their existence serving a capitalist society. She specified that the pressure of earning well and providing for their family is usually placed on men, whereas women are expected to earn, but first expectation would be to be more family oriented. However, she spoke about these expectations being universal, and she said:

> I think in terms of even personalities, men are expected to be strong and quiet, and women are expected to be nurturing. I think those expectations aren't particularly Indian. So, I'd say maybe it's more aggravated in India, because we're still developing

> out of that mindset. But I think these expectations are global and I don't see anything Indian specific about it.

Multiple participants said that, regardless of the specific cultural context, there are shared threads of gendered expectations globally, suggesting a commonality in the way societies tend to impose and perpetuate certain norms. Participants recognised that while the nuances might vary from culture to culture, the overarching theme of restrictive gender norms was identified as a universal challenge faced by people across different societies. Alisha (gender queer, pansexual) explained this cultural similarity and Indian culture specificity:

> Every society, whether it is the Egyptian civilisation, Mesopotamian, Indus Valley, Indian, abroad, every society thrives on patriarchy and binary gender roles. Indian society is no different. Hindus can just boast of the fact that they mentioned the third gender without doing anything affirming for our gender. Whereas for us, we still have to fit in for the first 20 years for survival. Nobody will give you the allowance to call yourself a third gender even if it's respected. There's a difference between having it in your book and you becoming that. That's where the hypocrisy of Hindu society comes in. You want to have transgenders on the streets for diversity value, but it threatens you if your child comes out as one, as a trans person. So, there is a dichotomy. Even if my mother respects trans people, which I taught her to respect, when I came out to my mom one month back, as trans nonbinary, it was a very chaotic situation at home. I don't even like to recollect that one night. It's just that bad. It induces a lot of volatility and self-destructive tendencies. So that's how bad I feel about it. She said that you work for him (a trans man), but don't become like them. That's literally what she said. Even if there's an Ardanarishwara (a form of the Hindu deity Shiva combined with his consort Parvati) or whatever, that doesn't translate into acceptance in real life. To them, woman is tied

> to being a female, and female is tied to the very expression of a being a woman. So, all these terms are synonymous to them.

Interestingly, various participants referred to religious underpinnings when talking about cultural expectations. They frequently brought up examples of how religious narratives and doctrines have shaped their understanding of what is expected from them, both in terms of their gender and sexuality. Alaya mentioned how their gender identity is 'a protest to the Christian values'. Alaya, who identifies as non-binary, went on to say how Church became a sight where they saw gender differences clearly:

> There's segregation of where men and women sit in the church. Women are allowed to sit on the left side, and all women will sit there, covering their heads. Men will be on the other side. A very gendered segregation. I would not sit in the church. The reason I'm bringing religion in is because there is a very specific code of conduct in Abrahamic religions. There are specific things you are told to do as a woman. They obviously don't say this overtly but it's all there, right? If you look at the story of Genesis, Eve came out of Adam's rib, and hence is weaker and fragile. These things are indoctrinated. Women around Jesus are discussed and how womanly they were and how they should be. I have asked this question so many times but why was Jesus not a woman? And everyone calls me a heretic. Although there's no assigned gender to God, but He is he. More than other religions, I'd say Christianity has had a very profound effect on how gender should be.

The segregation Alaya mentioned struck me as a symbolic representation of the gendered expectations embedded in religious settings. Similarly, the code of conduct they mentioned aren't just mere guidelines; they are ingrained practices that shape gender identity and roles. Many participants, like Alaya, expressed a sense of conflict or discomfort with the

roles they were expected to fulfil. For some, it stemmed from a personal belief system that clashed with traditional religious teachings on gender. For others, it was a matter of religious practicalities that did not align with their own emotions and relationships. Isha expressed how it was not just the religious teachings but also the religious rituals and practices which continued to promote gender stereotypes and differences:

> Even with the Hindu wedding procedures... My sister got married and there were certain rituals and procedures that make her a part of her husband's family and no longer our own family. We were all so upset about it thinking how is this something to celebrate? It's disgusting. That kind of duty and responsibility is solely placed on women. These rituals are still common today and a lot of families still place a lot of value in them.

Hindu rituals, ranging from daily worship to elaborate ceremonies like weddings and festivals, often assign particular roles and responsibilities based on gender. Such gender roles are reinforced through mythological stories and teachings, where gods and goddesses exemplify ideal masculine and feminine virtues. However, the influence of religion on gender roles is not uniform and can vary significantly across different religions and within different sects or interpretations of the same religion. Some participants pointed out that while certain religious interpretations strictly enforced traditional gender roles, others offered more progressive or egalitarian views on gender. Shantanu (man, gay), a learned and devout Hindu, explained in great detail how Hindu texts have sometimes been misunderstood, or how various Hindu mythological instances show the diversity of Hinduism:

> When you talk about Indian culture, Indian heritage and Indian mythology, gender is considered as fluid in our scriptures. So, we have an ample amount of references wherein different gods and goddesses and angels have changed their gender from one

> to another, another to a third, and so on and so forth. And when they change the gender, you will hardly find a reference looking at that story in a negative sense. It will always be empowering and uplifting. It will always benefit the society at large or the people involved, or it will be done by God for the pleasure of their devotees, right? It has always been looked that as something which is fluid. That's the basic understanding of gender and Indian heritage in my studies.

He pointed to the diversity in religious interpretation and practice which shed light on the complex relationship between religion and gender expectations. However, various participants also had a more dimensional understanding of history, culture, and religion mixing and making up what we today believe as a society. They recognised that the gender norms and expectations prevalent today are not merely static relics of the past but are the result of a complex interplay of historical events, cultural evolutions, and religious teachings over time. Akshay (man, queer), an atheist himself, explored the connection of colonialism to homophobia and transphobia in India evident in the past, and even today:

> Is it okay if I bring religion into the topic? Okay, so as far as I'm aware, before British rule, I don't think homophobia or queer phobia in general is explicitly documented in Hindu texts. I have not studied any religious texts in detail but I don't think Hindu scripture, which used to govern Indian society a long time ago, I don't think there is any queer phobia in that. And this is not the case in religions like Buddhism or Jainism either. But if you talk about Abrahamic religions, I'm not sure about the transphobia, but I find them extremely homophobic. They have a ton of homophobic verses. That is one of the reasons I feel that with the advent of Abrahamic legends in India, that's where the homophobia started and that’s where transphobia came from. But again, people

around me, these guys are all Hindus, and they are also transphobic, so I can't really blame one religion for that.

This perspective challenged a simplistic view of culture and religion as monolithic or unchanging entities, wherein ideas of gender and sexuality have been fixed remnants since ancient times. Instead, it presents them as dynamic forces that have been, and continued to be, shaped and reshaped through a confluence of diverse historical narratives and cultural exchanges. I will elaborate on how participants' knowledge of colonialism shaped their understanding of their own gender identity and sexuality in a different section later in this chapter.

6.1.3 An Ideal Man/Woman

Another question that yielded similar replies was, 'Who is considered an ideal Indian man/woman?' The question was meant to dig deep into the core of our societal norms, with the intention of also unearthing the often unspoken rules participants might have faced about what was appropriate behaviour for men and women. I was curious to see how these ideals are framed in the minds of young participants, especially in a country as diverse as India, where every region, religion, and community have its own unique norms of what men and women 'should' do. My aim was to understand the ongoing tug-of-war between traditional norms and modern values.

As was anticipated, most answers were stereotypical and aligned well with available literature. When defining an 'ideal Indian man', most of the responses were 'be the breadwinner', 'strong', and *'mardangi'*, which is Hindi equivalent of masculinity. Isha described an ideal man as:

> You know, considering a lot of things, of course, it varies but usually it's just a man who's a provider, focuses on his job, and makes a good career for himself, makes a lot of money, like there is a capitalist expectation that is there on the man. Just because we

> are a developing country, there's the expectation of studying well and getting a good job and there's literally nothing that can be more important than that. I think those expectations are usually placed on a man.

Rishi echoed similar views and said:

> Ideal man would be tall, very coarse voice, into sports. And if we're talking about adults, well-earning. Very masculine. When you are describing a man, it's just a bunch of all the stereotypes that you can think of, like 'mardangi'.

Like *'mardangi'* was used to describe an ideal Indian man, the word *'sanskari'* was used to describe an ideal Indian woman. *'Sanskari'* can mean various things, but a general understanding of the word is someone who is well-mannered, cultured, and well-behaved. The word in itself is not a feminine adjective. A man can also be called *'sanskari'*, but none of the participants used this word to describe an ideal Indian man. Nima described an ideal Indian woman as:

> She has no ambitions. Her ambition is to get married. And I don't particularly judge these people, but I do kind of feel that the ideal women are supposed to be shy, to be marriage minded, this idea is being perpetuated by some people like them (movie characters portrayed as an ideal Indian woman). So, yes, an Indian ideal woman is supposed to wear only Indian clothes. They can't show skin. You can't wear dresses or shorts. You can't smoke, you can't drink. You have to be shy, and you have to be like this overall, a very 'sanskari' person who prays every day.

Mala (gender queer, pansexual) described the various gender expectations like domestic skills, social etiquettes, dress code and modesty, and behavioural restrictions expected from an ideal woman:

> I think considering my household, out of every woman, they expect them to be someone who knows how to handle things. The peacemaker. Someone who knows cooking. Someone who is always ready to serve people if they are around. Someone who is expected to greet people all the time with a smile. Even if you don't like the person, you are expected to smile at them. If there is an elder present, you always need to touch their feet. You cannot hug them. There is no concept of hugging. It just feels like a very western idea to them, like 'why do you want to hug someone older to you?' You always need to use certain titles, you cannot call someone by their name, basically. Other than that, I think because I'm a woman, I am expected to wear longer pants always. They expect me to not wear shorts outside of my home. They expect me to cover my body in a decent way or if there is a male member in the house, they expect me to not behave in a way where I'm outspoken. So, I can't be a person with opinion. I can't be outspoken. Of course, those things that woman cannot smoke, cannot drink are there as well.

In addition to the responses that reflected common gender stereotypes, I also encountered some unexpected answers. For instance, Sneha offered a notably distinct perspective, diverging from the usual patterns. Her response provided a unique viewpoint that contrasted sharply with the more conventional answers, highlighting a broader spectrum of experiences and interpretations regarding gender norms:

> Traditionally, I think you already know what the ideas are, I think an ideal Indian man would, in the modern times, at least in my head, be someone who's very understanding of how the patriarchy affects the world around him, and respects people. Just basic respect. And understanding that he is a majority, and minority exists. And because you're a majority, speaking about the minority will always help. So ideal man would be that in my opinion.

Akshay elaborated on his reflections regarding the concept of an ideal man or woman, sharing insights into his thought processes. He explained how he perceived these ideals, revealing the underlying criteria and personal beliefs that shaped his understanding:

> I'm not sure what an ideal man or an ideal woman would be. I think an ideal person in India should just be able to support themselves, maybe support their family and not hold regressive views. I don't think it changes depending on what the gender of the person in question is. So yeah, when you're talking about an ideal man or an ideal woman, I would always first think about characteristics that make them a good person and not just define their gender.

Additionally, there were some interesting responses from some participants that transcended the boundaries of what an ideal person 'should do' versus who an ideal person 'is'. Heteronormativity came up with some of my participants where they described that a person would be considered ideal if they were cis-gendered and heteronormative. Diya (woman, queer) elaborated on this:

> I mean, ideally, both would be cis and heterosexual, or at least present heterosexual which in some form allows you to get married to the opposite gender, assuming there's a binary, which, of course, there is. Other than that, the ideal man is the head of the household, provider for the family. Points if he is Brahmin. Points if he is Hindu. Knows how to discipline the children, knows how to discipline his wife.

All these responses from the participants give a platform to explore the deeper understanding of gender and sexuality related issues. The next section will focus on the impact of these issues and how the participants navigate their lives while dealing with these broader

cultural factors.

6.1.4 Mental Health Impact

In this section, I will detail the mental health impacts of the cultural factors discussed above. One common theme that emerged from my interviews was participants being bullied because of their gender and sexuality. Various participants explained how they faced abuse because they had a non-normative gender expression and/or sexual orientation. Anika (woman, pansexual) elaborated how a substantial part of her rebellious behaviour was due to being bullied by her peer during her teenage years. She said:

> Throughout my school life, I was in depression. Because I was bullied for not being girly. I was bullied for not being the ideal pretty woman. I was the outcast. With me, it was always like 'she doesn't talk like a girl, doesn't walk like a girl, is angry, abuses, this and that.' And nobody realised that this behaviour was thanks to them. In the name of these society roles, you called a quiet, studious girl so many names, half of which I am not aware till date. I mean, now I laugh it off, but it's very upsetting thinking about it that because of these gender norms, I was made to go through such a miserable time during my teenage years.

Alisha emphasised the consequences of suppressing their identity and the persistent challenge of reclaiming their authentic sense of self. They highlighted how long-term efforts to hide or deny their true identity led to profound and lasting effects on their well-being:

> But when you're in a cishet family, you are forced to abandon a lot of parts of yourself. You have to avoid all those parts of you to blend in a society and assimilate and have' as normal as possible' life, to avoid bullying, to avoid being called names, to avoid ostracisation. So, as an adult, your whole life is trying to pick out parts where you were

actually being yourself, truly from the heart, not to impress anyone, just to fully be yourself.

Internalised homophobia is defined as the degree to which individuals belonging to a sexual minority have internalised negative feelings, attitudes, beliefs, behaviours, and assumptions about their homosexuality (Balsam, 2001; Rostosky et al., 2007). Shantanu explained how he internalised shame and guilt over being 'different'. His story showcased not only the external expectations around gender and sexuality, but also how he had suicidal thoughts and even lived through a suicide attempt. He said:

> So, when I went to college, I started seeing that the world around me was telling me one kind of story and it was different from the story I was living in. The world around me was telling me a story that the relationship means just between a male and a female. I saw it in my parents, I saw it in my neighbourhood, I saw it in the parents of my friends, I saw it in the people around me. Everyone's telling me one set of story and that story had no place for me. And that created a lot of trauma and anxiety. And then I thought, what if they get to know the truth about me? What if I came out to the people whom I love? What if I will be the reason for the disgrace for my parents? I don't want to be the reason for the disgrace for my parents. It's better to end my life than to tell this truth and thinking like that stupidly at the age of 17, I tried to end my life. Fortunately, I survived and when I look back, I laugh over it. Today I can make a joke about it but that was not easy when I was going through it at the age of 17. So, I understand what it means to not fit in. I understand holding on to your identity, your truth, for such a long time that creates a jail around you, and you feel suffocated, and you find it better to end it rather than break that jail apart. So, yes, I have faced a lot of mental health challenges because of my orientation.

The metaphor of a "jail" represented the psychological imprisonment created by internalising societal pressures and the emotional turmoil he faced. Shantanu's concern about being a source of shame for his parents highlighted the intense pressure exerted by societal and familial expectations. The fear of causing disgrace reflected the strong cultural norms that prioritise family honour over individual identity. This internal conflict illustrated how deeply ingrained cultural values can impact personal mental health.

Similarly, Isha provided insights into the lived experiences of someone grappling with internalised stress and fear due to their sexuality. Her experiences revealed the complex interplay between internal emotions and external social interactions as she navigated her sexuality in a potentially hostile environment:

> I was very open to all my classmates, and I think more than any sort of external incident of homophobia, there was just a lot of internalised stress and fear that I carried around. I had to think five times before interacting with a person, especially depending on what I shared with them regarding my sexuality. That was quite stressful. There were instances when I heard some negative things said about queer people and I just I had to put up with it. I had to either argue with them fruitlessly or ignore them.

Isha also explained how she thought she might have been clinically depressed because of all the cultural expectations she was expected to fulfil. She said:

> At that time, I could feel it severely impacting my mental health. In retrospect, I feel I might have been mildly depressed. I was definitely extremely anxious about the fears and the guilt I had. I was not in a good place. I only found out I wasn't in a good place only when I was in a better place. And that better place is synonymous with being more open. I think a huge burden was lifted off when I came out to my parents and maybe

> prior to that I was in the worst state of well-being that I could have imagined. I went to therapy, and I sorted out the mental help I needed. I felt comfortable doing that because I did feel like these issues require that level of intervention.

This reflection provided a deep and introspective analysis of Isha's mental health journey, particularly in relation to her experiences of coming out and seeking therapy. Her narrative highlighted the detrimental effects of living incongruently with her identity, including heightened anxiety and feelings of guilt. Similarly, Alisha's experiences explored themes of gender roles, identity, and the struggle for self-acceptance in the face of societal and familial expectation. This narrative illustrated the personal struggle of dealing with gender dysphoria in a context that does not acknowledge or support it:

> So, the rigidity of forcing to fit into roles, feminine roles that I should mould into being a more 'sanskari' kind of a girl. That expectation definitely increased around my adolescence. And then I tried telling my mom that I'm Dysphoric. I told her, I don't want to grow up looking like you. I don't want to have the same body as you and my aunt and my grandmas. I don't feel like you all. She was like 'Pray to God everything will be fine'. That's her standard go to. I also thought I'm not valid or I'm gaslighting myself or I'm nuts. It was more than ten years later that I found out that my thoughts were very valid. There's a medical term called Dysphoria for it, and I realised, 'oh, my God, I've been gaslighting myself'. Because I wasn't sure of my emotions, I gave in to the gaslighting.

The term "sanskari" highlighted the cultural expectation to embody values associated with ideal femininity in their family. Their mother's response reflected a common pattern of minimising or ignoring their serious emotional and psychological issues. This reaction likely

contributed to Alisha's feelings of invalidation and confusion, exacerbating their mental distress.

These experiences of the participants relayed a deeper disconnection between the culture they are brought up into and their own identity. A substantial amount of mental distress was caused by both covert and overt expectations around their gender and sexuality. In the next section, I will elaborate on the role legal factors play in determining positive and negative experiences of Indian youth. I will first explore what these factors are, and then delve into how mental health issues are exasperated because of them.

6.2 Exploration of legal factors

In India, homosexual acts were considered as a criminal offence under Section 377 of the Indian Penal Code before the judgment of the Supreme Court of India in 2018, where it decriminalised homosexuality and partially struck down Section 377. This proved to be a historic verdict but there are other germane issues that have not been addressed, especially concerning other legal rights for the SOGIESC community such as marriage, adoption, social acceptance etc. It seems contradictory and violative of human rights to, on one hand, identify the sexual identity of the SOGIESC individuals and, on another, deny them marriage-related rights.

This section of the chapter explores the legal landscape of India and particularly what that meant for Indian youth. It focuses on how gender and sexual identities are constructed for them by various legal processes, and how young people understood these in a multitude of ways. I explored how, in modern India, young people, and of those who identify as gender and sexual minority, are required to manage identities in a legal landscape which makes them 'second-class' citisens. This process created a platform where they engaged with conflicting realities: one of who they are, and the other of who they are allowed to be. My interviews revealed this dual nature, and how this created a suffocating space for the participants. By studying India's legal backdrop, and how the participants experienced it, I aimed to uncover

the impact this had on young people who were trying to manage an already fragile socio-cultural terrain. I will focus on how legal aspects, such as entrenched institutional discrimination, the state of marriage and civil laws, and the broad spectrum of policies, deeply affected the mental health of the participants. My interviews showed how these legal hurdles go beyond mere rules and regulations—they echoed in the daily lives and mental well-being of the interviewees.

6.2.1 Current legislation

This section sheds light on these intricate legalities of the lived experiences of participants and how laws and policies are more than just words on paper. During most of my interviews, the subject of legal factors naturally surfaced even before I had the chance to pose a question about it. I observed that these factors were a prominent and pressing concern for the participants, suggesting it occupied a significant place in their thoughts and experiences. Rather than being just peripheral issues, these legal concerns were central to their existence.

This section also highlights a dichotomy experienced by participants where, on one hand, the views and attitudes towards gender and sexual minorities had a heavy impact on their legal rights and, on the other, the legal rights impacted the views and attitudes towards SOGIESC community. I asked my participants, 'Given your identity, do you feel supported by India and its laws?' I wanted to gain more in-depth information of how they feel about the legalities of the country they are living in. All the participants who said they do not feel supported by Indian laws and policies, brought up the right to marry as the most obvious area where they felt they were unequal to their cis-het counterparts. While they recognised that the abolishment of Section 377 was a step in the right direction, they felt it was only the first one and a lot more work is needed to make them feel as equal members of the society. Anika explained how she feels about the Indian government and its efforts:

> I don't think we are supported by the laws yet because firstly, even after 377 changes, the mentality hasn't changed. Secondly, 377 only decriminalises homosexual relationships. That's it. It does not give us marriage rights. It does not give us adoption rights or the right to have our same sex spouse in the documents that matter, I cannot mention the name of my same sex spouse in any bank accounts. Again, my insurance policy, all these basic things, queer relationships don't have it. Just accepting that I'm in a relationship with a woman, that's not enough. Being in a relationship is my choice. Getting married for a straight woman is also a choice. So why do I not have that choice?

Sneha elaborated on how decriminalising homosexuality is not enough. When I asked why she didn't feel supported by India, Sneha explained how queer relationships are not recognised as a family. They said apart from decriminalising queer identities and their relationships, they still have to fight for everything else:

> We can't get married, we can't adopt. We can't be publicly affectionate. We can't be open about our relationships. I have a partner and I am not allowed to be open about it on my Instagram. Because what if it gets out? I have to keep lying to my family that yes, I'm looking for boys to date. I have to fight for citisenship, in some other country to get married. I can't have family in my own home country because of who I am.

Diti (woman, bisexual) echoed Sneha's thoughts. She highlighted a prolonged effort to secure marriage rights, emphasising the frustration and stagnation encountered in the process. She said how the Indian government was 'terrible' and not very efficient when it came to SOGIESC community's laws and rights:

> We've been trying to appeal for marriage rights for over a year now, and all the government keeps doing is postponing the meeting, refusing to air out the legal meeting

on television because they think it's not family friendly. The very concept of them thinking it's not family friendly is offensive, because there's nothing wrong with people wanting to get married.

By suggesting that the desire for marriage rights is somehow incompatible with family values, Diti felt it diminished the legitimacy and humanity of those advocating for their rights. For her, it implied that the issues faced by SOGIESC individuals are not worthy of public discussion or legal consideration, reinforcing exclusionary practices.

These excerpts from my interviews offer an insight into the lived realities of gender and sexual minorities in India post the decriminalisation of Section 377. It is evident how participants understood a critical distinction between decriminalisation and the broader spectrum of legal recognition and rights. A reoccurring theme was the unchanged societal mentality even after the legal shift, identifying a gap between legal reform and social acceptance. Apart from marriage reforms, participants also spoke about the overall political and legal climate. Various participants explained how there is still an air of indignity around their identities, whether because of their own internalised shame and fear or of the external validation of the said shame in terms of laws, policies, public discourse, social acceptance, and more. Sneha explained how they haven't been open about their gender and sexual identity in public settings because 'of the fear that has been instilled in me. So, I'm not allowed to be openly bisexual, and because of my legal gender, I'm not allowed to be openly gender fluid as well.'

Alisha had issues with the new Transgender Persons (Protection of Rights) Act (see Chapter 2 and 3). They explained how having another category (the 'third gender') is not applicable on trans people. They explained how people heralding this act are 'hell bent on making India's trans people identify as third gender' when trans people are different from the community wanting to be categorised as the third gender (the hijras). They said how many

trans people ‘want to assimilate into the binary’, implying how not every trans person would want to be a part of the third gender. Alisha would rather prefer having transgender’ or ‘non-binary’ written on their official documents saying, ‘Third gender, I find it very uncomfortable. Third to what? Third to men and women? I have an issue with that. I can't relate with it. It causes further dysphoria.’

Apart from marriage-related rights, the participants also mentioned how there were other legal and official matters which proved difficult to navigate as a member of SOGIESC community in India. For example, Rahul (trans man, gay) exasperatedly explained how he did not drive because he was scared of any potential accidents. He said he was scared to be in any situation which could result in dealing with authorities:

> Yes, that’s why I don’t drive. If I ever smash into someone, it’ll be problematic for me. That’s why I haven’t applied for a passport either. Why? Because you know how police comes to your neighbours for inspection, and they’ll ask around. A lot of issues with that. This has stopped my life. I wanted to travel but what am I supposed to do? ...you need to get an affidavit to make legal changes (before transitioning) in the newspaper. So, everybody was very unaccepting. They said that they’ll have to remove me from the village and the locality.

This impacted Rahul immensely and since then, he said he has been afraid to do anything which required dealing with officials. Anika also explained how she has had multiple conversations with her family members explaining the need for equal rights and how this was not a straight-forward process:

> My brother, every now and then he asks me, ‘you guys demand to be treated differently, You guys demand a special place. At one end you say that you want an equal space as the straight community and at the other end you expect to have the special status. So,

my simple answer to him was we demand that special space because forget special place, we didn't have any space at all. Once that special place becomes normalised, we will get back to normal. But till then, I'm sorry if it sounds very mean, but that special status remains. If we had been treated normally, then there wouldn't be a need for this special status. I'm just saying, post 377 also, you will still find loopholes out here, even legal loopholes. We have to ask for basic human rights from the Indian constitution. We have to ask for place in the third gender, possible prefix in our name, a possible suffix in the name, possible pronoun.

Anika continued to elaborate on her perspective regarding India's current legal landscape and shared her thoughts on the government's mindset. She provided a critical examination of the legal and policy challenges faced by the SOGIESC community in India, particularly focusing on the inadequacies of the legal system in addressing their rights and needs:

Indian law is such we are breaking the cake into pieces, and we are giving morsels, one by one. And we are getting crumbs since the last 4 years. We have yet not gotten the morsel of adoption, of marriage, of mentioning the same sex spouse in documents. Where are all these things? For trans people, the trans identification is not there. When the trans bill came in India, it was such a saddening thing. It was supposed to be protection. Apparently not, because one of the clauses in the bill mentioned that you had to go through surgery, which is so wrong, which is violating your own right over your own body. It's a basic human right. If I am a trans man, I am allowed to call myself a trans man, irrespective of whether I am surgically operated or not. I am over 18. I am allowed to identify what the hell I want. I don't have to cut my hair for identifying as a

trans man. The trans bill was decided by cishet people. There is little to no trans representation when deciding about the trans community.

However, some participants also felt hopeful about their current situation. Mala explained how now that it is not illegal being with a partner of their choice, they can wait for other rights to follow:

In my head, I don't care. Honestly. Now that it's not a criminal offense anymore, I don't care. Even if you don't give me legal rights, if I want to get married to anyone, which is not a conventional hetero couple scenario, I'll be okay. I don't need your legal rights. I'm okay. Nobody is going to kill me for being who I am. So, it's not a criminal offense anymore. So, it's a good thing I feel, because legally they can't lynch you anymore. People who have these thoughts are still going to take steps, whatever extreme level that might be. But then I feel it's legal now, whether there are more rights or not, I don't care. I should be concerned, ideally, but then at the same time, I just want to live, I just want to breathe.

Despite the ongoing lack of comprehensive legal rights, Mala conveyed a certain indifference or resignation toward the absence of these rights. They emphasised that, in their view, the essential improvement is that their identity is no longer legally punishable. This stance reflected a prioritisation of basic safety and freedom over the need for formal legal recognition.

Shantanu's narrative eloquently captured the essence of generational shifts in the SOGIESC community in India. He explained how his generation is 'the luckiest queer generation in India':

'Do you know why? Because a generation before me had to struggle so much for their own existence, had to fight for not being considered criminals in their own country.

And they have given their sweat and blood in fighting inside and outside courts to get rid of Article 377. A generation after me may be getting almost everything on a platter. They will not be considered criminals from the day they are born. Probably they will be having all the other civil rights that we are aspiring for. It is a saying that the generation who struggles for independence the most, values that independence the most. But as a queer generation, we understand the value of freedom, what it means to be out and proud and non-criminal. My generation were born as criminals in India. My generation has seen the days of being a criminal to being decriminalised in India. And hopefully, my generation will be seeing the day of marriage equality in India, if not adoption rights. And that is why I think that I consider this generation as the luckiest queer generation of India.'

Shantanu contrasted their own generation with those that came before and those that will follow. He expressed a sense of gratitude and acknowledgment for the progress made, which allowed the current generation to benefit from the hard-won battles of their predecessors. This generational perspective showed how he positively viewed this broader arc of progress, from criminalisation to decriminalisation, and potentially, to full civil rights in the future. Similarly, Isha expressed how she understood how this situation was not perfect, but she felt optimistic about the future:

I was in college when Section 377 was decriminalised. I wore a rainbow kurta. I was very happy, of course, that it's no longer a country where it's decriminalised but I think there's long way to go. I don't look at it as a negative. I've seen so many people post about being thankful that they are leaving the country. And I can't say I'm the biggest fan of that thinking process. Every single country has fought for their queer rights. There's no country, there's no society that is naturally less homophobic. Homophobia

has been fought against to the point where now these societies and countries seem more open and accepting. I feel India, considering the kind of global climate that's there in a lot of other surrounding countries, yes, definitely India is in a better shape in terms of like LGBT rights and trans rights. It's not ideal and we have a long way to go. But I don't think it's a hopeless situation.

Isha expressed a hopeful and realistic view of the situation in India. This balanced view recognised the importance of progress while also acknowledging ongoing challenges. According to her, legal changes are steps toward broader social acceptance and equality but not complete solutions.

6.2.2 Institutional Discrimination

Institutional discrimination is intricately connected to legal factors through legislation, enforcement mechanisms, judicial interpretations, and compliance requirements. Legal frameworks, such as civil rights and anti-discrimination laws, establish boundaries for acceptable behaviour within institutions, mandating policies to prevent discrimination based on gender and sexuality. To get a more profound understanding of how participants navigate their reality within the legal landscape of India, I asked, 'Have you faced any discrimination because of your gender and/or sexuality?' This question served two purposes: first, gaining direct insight into any personal experiences of discrimination and second, uncovering subtler forms of prejudice or bias which often go unnoticed or unreported. For various participants, this was a difficult question to answer as it brought to surface some of their worst experiences. While they knew they could refuse to answer any question, none of them did so. Their insistence was on how this research could help in identifying areas where policy intervention, societal change, or support services are needed.

A place of extreme distress amongst participants was educational institutions. Many of the participants who had faced discrimination mentioned this taking place either in school or university campuses. Alaya explained how her college experience was governed by extreme policing and homophobic attitudes:

> The principal of the department was homophobic, completely homonegative. But nobody ever actually talked about homosexuality. I do think the principal had a massive role to play in how people were policed. And then there were proctors. There were so many stories that I've heard that people have been stopped and harassed, myself included. My college was just a low point in my life.

Alaya's story of being discriminated by the principal of an institution is reflected in other participants' experiences as well. Isha elaborated on her personal experience of interning in a reputed hotel and how there were elaborate gender expectations on how men and women were supposed to present themselves. She explained how this kind of institutional discrimination had been evident in her university, making it more difficult for her to be comfortable within formal spaces:

> When I joined my first place of internship, they told me that you're well-spoken, everything's fine, just come back wearing a full face of makeup because that's the expectation that's placed on a woman working in a hotel. I'm a person who's never worn makeup before, because it makes me severely uncomfortable. I had no choice because I knew most hotels were like this. I had to do that for a few months while I was working there. It was always something like 'your makeup doesn't look right; your hair doesn't look right'. So, all these expectations of feminine expression, I wasn't doing properly. They constantly would be badgering me about it, to the point that I would have a few tiffs with my HR manager. I ended up getting fired, even though it was just a two-month

> unpaid internship. That completely threw off my graduation schedule. I had to graduate a year later than my entire badge even though I was a very good student. It was very unfortunate, and it was something that stayed with me for a very long time. I still hate the formal organised hotel industry because of this, because it was such a clear discrimination because of the way I looked. If they simply had not put that expectation on me, I know I would have had no problems that would have caused me to quit or get fired from that. That's one of the clearest cases of discrimination in my life that I can think of.

Anika explained how she was open about her sexuality in her school years, and how she was constantly harassed by fellow students to 'prove' she is a woman. After a friend asked her to send explicit images, she refused and filed a formal complaint with her school's principal:

> I did a formal complaint and everything, to which my school's principal response was 'you haven't told anyone right?'. You're the first person I've come to out of the classroom screaming on top of my voice and this is what you ask me? You should've asked me if I beat this guy or not. He didn't get any disciplinary action. I mean, this guy who is a bully, who was already famous, or infamous, for that matter. This incident wasn't highlighted, and it was painful to see it. At the farewell day, I was given the best student award. And let me be honest, I was not. I had a C grade in Hindi, a D grade in Maths. so, I was clearly not the best student. So why did I get that award?

She questioned the authenticity and motives behind the award, implying it might have been an attempt by the school to placate her. Anika's experience explored themes of injustice, institutional failure, and the complexities of recognition within an educational setting.

Samarth explained how, before his transition, he was groomed and abused by a teacher when he was in school. After a physical assault by the teacher, he decided to file a complaint. He called the principal and explained how the teacher had been intimately involved with him. The principal made the teacher apologise; however, no further action was taken against her. Samarth explained how this impacted him because everyone blamed him for getting involved with a teacher. He said:

> She did wrong at the age of 30 and I was just a kid. I had proofs and told them that, she was the first to message me and call me. Then why am I to blame here? What happens with our community is that we are always at fault. The family won't blame it on their child, they would blame the other child who is gay or bisexual or trans. It is always our fault.

All these incidents highlight a pervasive issue within institutions in India: the role of authority figures in either promoting or failing to address homophobic and transphobic attitudes. These authorities, often positioned as educators and administrators, wielded significant influence over the cultural and social norms and standards within their institutions. As my participants emphasised, when institutions, especially educational institutions, failed to punish those responsible for these discriminatory or hateful acts, they effectively created an environment where such behaviour was tolerated and overlooked. This lack of accountability perpetuated a cycle of abuse and discrimination, making these public spaces hostile for the participants.

6.2.3 Mental Health Impact

In this section, I shift the focus towards the exploration of the impact that legal factors exerted on the mental health of the participants. Delving into this intricate intersection revealed complex dynamics through which legal circumstances perpetuated a myriad of mental health

challenges. From the pervasive stress induced by the uncertain nature of legal battles to the debilitating effects of mental health issues exacerbated by prolonged litigation, the toll on mental wellbeing of the participants is undeniable.

Section 377 has been described as a law that "adds a certain criminality to the daily lives" of sexual and gender minorities and takes away their dignity (Goodman, 2001; Gupta, 2006, p. 4821). Alisha explained how their Head of Department perpetuated a homophobic environment without any consequences and elaborated on how it affected them:

> I've thrown myself in front of buses, coming on the road plenty of times to kill myself. I've slit my hand. I have tried taking chemicals from the chemistry lab, been admitted to hospital. I've tried all kinds of things to kill myself. It was because of the queer phobia. But where dysphoria is concerned, the discomfort is concerned, that massively shot up in college. My HOD in undergrad was very homophobic. She came up with a movie idea for documentary of how IVF and assisted birthing techniques can help us have children. And she said it's disgusting and it's immoral. But this was before Article 377, until it actually became a crime to bully people on a personal level. Even after 377, she brutally got away with homophobia, and nothing was done against her. So, it was immoral to have female friends and transphobia was also there because of nonconforming girls, girls with a so-called masculine haircut. Now, I don't know what masculine haircut means, but the girls with a masculine haircut, they said 'are you a guy, are you going to bring a girl home instead of a guy'. It was assorted homophobia plus transphobia. So, transphobia and homophobia generally work together. There's no difference between the two. I used to see people get that in college. I used to see them get these kinds of statements regularly. Of course, I got it as well when I cut my hair, I got it twice from the HOD. 'What is this? Dress up like a girl'. And then I used to

> forcibly wear a bindi for my mental health alone. But I would remove it after school, stick it in the window of my car, learn to be two different people.

This passage offered a stark look into the Alisha's experiences with severe mental health struggles, homophobia, and transphobia. They described multiple suicide attempts, indicating a profound level of distress and hopelessness. The methods mentioned (throwing themselves in front of buses, slitting their hand, ingesting chemicals) revealed the intensity and desperation of their situation. Furthermore, the duality—public conformity versus private authenticity—illustrated the psychological toll of living in an unaccepting environment. With regards to educational institutions providing a platform for homophobic and/or transphobic instances to occur, Akir had a similar experience in school. He said:

> Yeah, school was a very bad time. I think my peers didn't give me this much hard time as much as my teachers did. They were constantly using very bad homophobic terms for me on my face. They had the audacity to do that. The hierarchy is so clear. They had all the power to do it on my face also. So, when it comes to the school and the teachers experience was extremely bad. Extremely bad. I just do not want even to think about it because it will render me into that discomforting position.

He described a deeply negative and traumatic school time, particularly highlighting the role of teachers in perpetuating homophobia and abuse. Rishi’s school experience was similar to Akir’s. He said:

> There was this time in Class 10 where two of my teachers came to know about my sexuality and basically this became the talk of the staff room. I think the discussion for the same went on for around a month. There was always this random whisper when I used to pass the staff room. But there were teachers who cornered me, and they said

> ‘we know about this, don’t interact with people of this community’. They used to say ‘chele chele’, which translates to boy boy, girl girl. They said they’re bad for you and they’ll convert you. What do you mean by that? They kind of threatened me and verbally abused me as well. I was very scared that they’ll tell my parents. I was really scared. I wanted to commit suicide that day. The day was not great.

These experiences relay a deep lack of empathy and understanding within institutions for gender and sexual minorities and their long-lasting impacts on the participants. What is most surprising is that unlike common narratives where peers are the primary source of bullying, the narrators specified that teachers were the main perpetrators of homophobic abuse. The participants’ experiences highlighted the clear power hierarchy in educational settings, where educators hold significant authority over students. The abuse from authority figures demonstrated an environment of mistrust and the deep emotional impact such experiences had on the participants.

6.3 Other Cultural Factors

6.3.1 Colonialism

This section will focus on two main themes: colonialism and caste. The participants in the study sometimes referenced colonialism and caste when discussing gender and sexuality, acknowledging the profound impact of these factors on their individual identities and life experiences. While they did not directly attribute these influences to impact their mental health, they recognised the role of colonialism and caste in shaping societal perceptions of their lived realities. The recognition of these influences denoted the complex and multifaceted construction of identity, emphasising the significance of understanding the wider historical and social milieu in which it is situated. The participants tried to account for the linkages between past and present lived experiences of the SOGIESC community.

Some participants highlighted the role of colonial history during our discussions about

the legal challenges surrounding their gender and sexual identities. During the course of their lives, a striking revelation for them was when they discovered that the laws criminalising SOGIESC identities were not indigenous but rather remnants of colonial rule. This realisation brought a new perspective: while they were all aware of the profound impact of colonial history, they had not previously connected their personal struggles with gender and sexual identity as part of this colonial legacy. This understanding illuminated how deeply colonialism had influenced not just broad societal structures, but also the intimate aspects of their individual identity and self-recognition. Adah summarised this as:

> People don't know these things (various gender identities and sexual orientations) used to be part of our culture until the British came and created this law. They don't know anything about it. Actually, after the 377 was struck down, I started searching for it. Before that, I never really knew anything about it. I didn't know it existed and definitely didn't know it was a colonial law.

Her reflections indicated an awareness of how historical contexts continued to shape contemporary realities, particularly in the sphere of gender and sexuality. The topic of colonialism was raised in other contexts as well. The participants expressed their frustration regarding Britain's role in introducing anti-homosexual laws in South Asia and its subsequent ability to amend these laws in UK. They contrasted this with the situation in countries where such laws were not originally present but continue to enforce anti-homosexual legislation. This discussion highlighted a sense of injustice and frustration among the participants. They pointed out the irony of the colonising nation, the UK, managing to overcome the very legal hurdles it had once imposed, while the nations that inherited these laws are still struggling with them. Akshay voiced his aggravation by saying:

> ...I do feel that this transphobia, it comes from the west. And while a large section of

the west has been able to overcome that, India has not been able to do that yet.

Anika had similar thoughts and animatedly explained:

> I mean, UK and USA changed their laws ages ago. In our country, since ancient times, we had homosexuality, we had a trans community, we had hijra community, we had non-binary people, and this is in our history. If anything, we have originated it. It's not a Westernised concept. If anything, the Western people are Indianised. It's the other way around. Look at Khajuraho temples. The biggest explanation about gender identity and sexual orientation is on those temples. And this is a temple, the most holy place in India. Everybody follows whatever is said in the temples blindly. Then why is the Khajuraho temples not mentioned? It was the British who brought the law in. But the people who brought this law in India, they changed it in their country decades ago. What are you waiting for?

This disparity highlighted a complex legacy of colonialism, where the former colonies are left grappling with outdated and oppressive laws that their colonial rulers have since abandoned. It highlighted a broader conversation about the lasting impacts of colonial rule and the challenges faced by post-colonial societies in rectifying these historical impositions. However, the devastating impact of colonisation is not limited to these laws, for it has had a more far-reaching role in shaping how gender and sexuality are understood today.

6.3.2 Caste

Like colonialism, caste also came up in my discussions with the participants. Brahminical caste structures dictate and shape nearly all contemporary political, legal, social, cultural, and economic violence in India. When I asked Rishi about who would be considered an ideal man/woman in India, along with the stereotypes, he mentioned:

> Also, upper caste. I mean that's someone you'd want to get your daughters married to. I think for women too. They'll keep the caste as a priority.

He touched upon the intersection of caste and gender in the context of marriage in India. Similarly, Diya answered, 'Points if he is Brahmin. Points if he is Hindu.' As I have explained in the Chapter 3, the caste system is an integral feature of the Indian societal structure. Participants also described how sometimes they used rituals and ornaments associated with a particular gender within a caste to feel more attuned to their identity. When speaking about their caste and how it has impacted them, Alisha explained:

> There was a time when I was 16 when I wanted to wear the white and the red thread brahmins men in my house wore, but that was also from a standpoint of gender bending. I wanted to dress up like the men, and I wanted to wear what was normal for them. Obviously, I disapprove of it now, but I don't regret trying. I didn't even know the term Brahmin for a very long time. But back then, these small things also played a role in gender bending and made me feel good.

The white and red thread mentioned is a symbol associated with Brahmin identity and rituals in Hindu culture. This narrative captured a personal journey of gender exploration and identity within the context of cultural and caste symbols. Even Akir mentioned how because of his gender identity and life experiences, he has always been more attuned to different challenges based on his identity. He elaborated:

> This is also something that I have experienced in my life, being somebody assigned female at birth and since the time I got to know about feminism and different nuances from an intersectional perspective, because I am also a Dalit person. So, the conscious effort is always to challenge it.

Dalit feminists have long demonstrated the critical intersections of caste, gender, and sexuality (e.g. Pawar and Moon 2008; Stephen 2009). They show how gender and sexual relations are fundamental to the broader ideologies of caste. Homophobia and transphobia in India are not just a by-product of British colonialism but are also a manifestation of Brahminical endogamic structures. Both colonialism and caste have had significant impact on the participants and their lives, however, not all of them were aware of the intensity of this impact. Various participants voiced how discussions about their lives and rights were always held behind closed doors, rather than having a public discourse on it. Thus, addressing the intersections of caste and colonial violence needs to be central to queer and trans struggles in India (Upadhyay, 2020).

6.4 Chapter Summary

In this chapter, the focus was on exploring the overarching macro-level factors that significantly influence the intersection of gender, sexuality, and mental health within the context of Indian society. The chapter investigated how societal norms, cultural expectations, legal frameworks, and historical contexts collectively shape individuals' experiences and identities. Key findings highlighted the pervasive influence of traditional gender roles, gender expectations, and heteronormativity, which often perpetuated stigma, discrimination, and inequality. These macro-level factors not only imposed constraints on individual autonomy but also impacted mental health outcomes, contributing to issues such as identity conflict, internalised stigma, and psychological distress. Furthermore, the chapter emphasised the importance of other macro factors (colonialism and caste) in shaping the experiences of gender and sexual minorities of India.

CHAPTER 7: INTERPERSONAL FACTORS

In the previous chapter, I documented how the participants managed areas of their lives over which they had little to no control. Their experiences were categorised by various cultural and societal variables, expanding on how macro factors impact the mental well-being of the people involved in this study. In this chapter, I will begin by first explaining how I have defined interpersonal factors. This section will delve into what qualifies as an interpersonal factor, and how are these different from macro factors. This chapter will then focus on the interpersonal factors that have impacted how interviewees view and understand gender and sexuality in India. I employ four organising themes in the analysis of data which I present in this chapter: lack of awareness and understanding, difficult expectations, relationship with others, and experiences of sexual abuse.

In the first theme, lack of awareness or understanding, I discuss how participants had to deal with a lack of knowledge and compassion from their loved ones. In the second theme, difficult expectations, I move on to look at how participants managed the pressure to conform to their family and friends' ideas of gender roles and heteronormativity. In the third theme, relationship with others, I shift the focus to what kind of relationships the participants have with people around them. I will detail how participants' gender and sexual identity has led to strained relationships with their family members. And in the final theme, sexual abuse, I will explore a more sensitive and traumatic subject matter some of the participants went through, sometimes only because of having a different gender or sexual identity. Following the pattern of the previous chapter, this section will explore various mental health conditions and issues related to these interpersonal factors. Through focusing on relationships in this chapter, I show the everyday and tangible ways in which gender, sexuality, and mental health meet and interact. The underlying basis of this chapter is that much of the experiences described by participants can be understood in their interactions with others.

7.1 Lack of Awareness

In this section, I discuss various salient insights from participants' experiences, highlighting a prevalent lack of awareness regarding the complexities of gender and sexuality. This section will focus on how participants dealt with people's misconception that these aspects are binary and rigid. Traditional views often pigeonhole gender and sexuality into rigid binaries—male or female, gay or straight—ignoring the broader spectrum where they exist. These narratives from participants revealed a societal shortfall in recognising and appreciating the diversity of identities, and a persistent reluctance to acknowledge people's autonomy with their own identities.

7.1.1 Prevalent Misconceptions

A significant sub-theme identified in this section revolves around participants' experiences being influenced by a widespread misunderstanding of the distinction between gender and sex. Participants explained the ever-present struggle of navigating through this mix-up and expressed how exhausting it became for them. Sneha reflected explicitly on the misunderstanding people have about gender and sex:

> My parents don't quite understand it. They are like 'how can you not be a girl when you're born a girl'. They find it a little hard to understand that gender is different to sex. So, I have tried to explain them that gender is a social construct. I also had people say to me that everyone is a little nonbinary. So, when I've told people that I am gender fluid, they have asked me if I'm asexual. People thought I'm intersex because I am gender fluid because my gender changes. I have noticed that people don't know the difference between genitalia and gender.

The narrative explored the complexities and misunderstandings surrounding the concepts of gender identity, sex, and sexual orientation. Sneha went on to explain how other people have convoluted her different identities:

> ‘I’m bi, but nobody knows that about me. So, when I have had people ask me if I am bisexual, it's strictly been because they think intersex people are bisexual people and because they don't know the term intersex, and because I’m saying I am gender fluid, they think I’m bisexual whereas they are actually thinking that I’m intersex because my gender changes.’

Because Sneha identified as gender fluid, people wrongly assume they are bisexual. Sneha went on to explain that this assumption likely stemmed from a broader misunderstanding of what it means to be gender fluid. Instead of recognising gender fluidity as a separate concept related to gender identity, people conflated it with sexual orientation or biological sex. Sneha also shared an instance where someone directly inquired about their sexual orientation, making assumptions based solely on the pronouns they used:

> I remember when I first came out and I changed my pronouns. I put they/them in my bio for the first time and I felt very happy. I was like 'yes, I'm so brave for doing this'. I remember that I put it on my Instagram story. I had a person text me saying 'are you are a gay now? You could be a gender queer and not be sexuality queer. People think that somehow it makes you gay.

This experience highlighted a misconception where personal pronouns are incorrectly interpreted as indicators of one's sexual orientation, rather than their gender identity. This narrative shed light on the challenges faced by participants where their self- identification disrupted conventional expectations. Sneha's experiences are not isolated incidents. Similar

stories were shared by other participants, highlighting a common pattern of misunderstanding among their acquaintances. For example, Samarth shared a comparable experience, noting how cultural interpretations of gender identities often clash with the understanding of English terminology:

> ...and they consider intersex as transgender or hijras. They don't even consider people like us transgender. They do not know the difference between the two. For them all are transgender. And hijra is known as transgender. In English, its transgender and in Hindi its Hijra, even though, they are entirely different categories.

These encounters reflected a larger issue that resonated across experiences of several participants in the study. Samarth's account emphasised how this confusion deepened due to the intersection of cultural perceptions of gender. When these traditional identities and understandings are juxtaposed with English terms such as 'trans', 'nonbinary', or 'intersex', which may or may not have direct equivalents or the same cultural recognition in their native language, the result is a significant confusion. However, the ramifications of these misunderstandings extend far beyond mere conceptual confusion.

7.1.2 'Burden' of Education

These misunderstandings deeply affected the participants, leading to a sense of fatigue from continuously clearing these mix-ups. Nima articulated this sentiment by stating her view that it should not fall on her to perpetually clarify these distinctions:

> It's hard explaining it to people, very hard, but you kind of get used to it. There are people who still think I'm bisexual just because I like both men and women, and I have stopped correcting people. Just like, think whatever you want to think. You don't define my life. I have people who still call me bisexual, and rather than explaining asexuality to them, they can think whatever they want. These are acquaintances at best. As long

> as people close to me understand what it is, as long as I understand what it is, and as long as the person I am with understands what it is, I don't feel the need to explain it to everybody. It's not my responsibility.

This acceptance indicated a shift in the Nima's approach from active correction to passive acceptance. She went on to explain:

> I don't actually have a lot of friends from my community, but I am not sad about that. I like being the only queer friend. Although, it does make you LGBTQ Wikipedia. People will ask me all sorts of things. What does asexuality feel like? What do you think gay people do? What do you think lesbian people do? I'm like just Google.

This ongoing obligation to educate others not only burdened the participants with the task of correcting misconceptions but also imposed a toll on their mental and emotion well-being. Echoing similar frustration and exhaustion, Mala said:

> I mean, I do try to talk about it, but because every time I have tried, they (parents) just counter is with statements 'you have studied too much, so you are just speaking random things'. So, it just feels too much labour to even talk about it. I choose not to do so because once I start the conversation, it will put me in a place where I have to educate them a lot. And I don't think currently I have that head space to explain everything to them. If I say two sentences, they'll ask four, and then I have to answer that in 20. It just feels like that. So too much of labour.

This reflected the emotional and intellectual toll that comes from attempting to discuss and educate one's parents, only to be met with dismissal and scepticism. Mala described the conversation as laborious, indicating that it requires substantial emotional and intellectual effort. I find the use of term 'labour' to be highly effective in explaining all the intellectual

work they must put into justifying their identities, and it also reflected the exhaustive nature of these interactions. This narrative revealed an imbalance in the communication dynamic. The parents' barrage of questions placed Mala in a defensive position, constantly needing to justify and explain themselves. Instances like these put extreme pressure on not just their mind, but also on their relationships. Sneha explained in-depth that this observed lack of understanding stemmed not from a scarcity of information, but rather from people's wilful ignorance:

> The lack of understanding comes from the ignorance that they have put in it. It's not how it used to be back in the day where there was no information about this. There's a whole sub-culture about this community. There is so much information about this community. It is the rigidity that people don't want to get rid of, that they don't want to know about this. It's more ignorance on their part. It's because they want to keep it a minority. If they are supporting it, that's also a taboo.

Some other participants also echoed Sneha's views indicating they think this persistence of misunderstanding was a deliberate choice by some to remain uniformed. Isha also pointed out how her mother's lack of awareness and knowledge, led to a deep strain between them:

> I couldn't think of anything else but coming out to them on certain days. So, I came out to my mother. I'm sure she had her suspicions, so it wasn't a shock to her. She said, 'it's just a phase, you're too young to know'. It was like 'I'm not going to be horrible about this, but I expect it to change'. I had spent so much time ideating all these things in my head like how it will go and all of that. I had my answer locked and loaded. I've known this about myself, since I was 13 years old, I'm just telling you now, so this is not something that will change. It's something I'm extremely sure of. It's up to you to

> educate yourself and be more well-informed and have better reactions about this. I told them I don't see our relationship ending well if you're not okay with this.

Although the response she received was not overtly hostile, it did however, dismiss the permanence and legitimacy of Isha's identity, suggesting an expectation for eventual conformity to traditional heterosexual norms. She also pointed out how a close relationship can be severely impacted by people's refusal to educate themselves. The narrative not only provided insight into Isha's personal journey but also casted light on the dynamics of interpersonal relationships. This excerpt also resonates strongly with the overarching theme of 'Relationship with Others', which I will further explore in that specific section.

7.1.3 Mental Health Impact

In this section, I will explain the mental health repercussions stemming from interpersonal interactions and dynamics. The objective here is to shed light on the profound impact that a lack of awareness had on the participants. This lack of awareness could be due to a lack of resources or a general lack of understanding about the complexities of these identities. I will illustrate how participants have endured significant distress while navigating and adapting to various forms of bias, prejudice, and both overt and covert expressions of homophobia and transphobia.

Samarth suffered from multiple health issues and required consistent medical treatment, which was hindered by family dynamics. He explained that his parents' reluctance to openly acknowledge his identity has significantly hindered his ability to access necessary support[4]:

> After my emotional breakdown, I developed hysteria. I am getting treated constantly for Narcolepsy and Cataplexy. Also, my medical treatment doesn't reach its due course

[4] Even though Samarth is legally an adult, the cultural fabric of India is such that parents usually accompany their children (even in their 20s) to the doctor.

> because my family is not open to the doctors. Doctors have always asked them, 'is your child is suffering from so many disorders, what is the real problem behind it? Any medical history or record of emotional trauma?' So, my parents have never freely spoken to the doctors. They are shy of saying that he is a homosexual or trans, and for that reason he is stressed and lonely. That's the reason that I could never get my treatment done from any doctor.

His parents' hesitation to disclose his gender identity and/or sexual orientation to the doctors reflected societal stigma. This secrecy created a barrier to effective medical and psychological treatment, leaving Samarth's health issues inadequately addressed. Such a choice was indicative of the deep-rooted prejudices and fears that many still harbour around non-heteronormative identities. Samarth's 'emotional breakdown' suggested significant psychological distress. The lack of support and understanding from the family likely contributed to this distress, compounding his physical health problems.

During my interview with Zoya (gender queer, lesbian), she described the deep-rooted effect other people's opinions had on her self-perception, leading her to question her own identity. Her gender and sexual identity had become *'burdensome'*, leading to a constant state of anxiety:

> It was making me anxious and at that time, my anxiety had increased a lot. I didn't want to be with people. I didn't want to go to school or to tuition. I didn't want to face them, and I just wanted to stay in my room. And then I started to think that maybe I'm wrong. I tried to change myself. But that caused me more discomfort and mental pressure. I used to get very aggressive and irritated on small things. And there was a time when I could not communicate properly because I used to think people won't accept me as I am. There was a time when I didn't want to leave my room because people would just

> keep staring at me. Even if they didn't, I used to think that they are talking about me. That's how it impacted me in a bad way.

Zoya's anxiety was linked to social interactions and the fear of judgment and rejection from others. Due to heightened anxiety, she avoided social situations, and this avoidance acted as a coping mechanism to escape judgment and scrutiny. She understood the possible projection of these anxieties on herself. Collectively, these experiences significantly deteriorated Zoya's mental health, creating a cycle of anxiety, self-doubt, and social isolation. Another participant voiced his frustration on how there was a lack of sensitivity amongst people and how they did not understand the struggles of SOGIESC community. Rahul spoke about how his friends, who meant no harm, sometimes used his story as coffee table conversations:

> Yeah, I do struggle a lot. But I want different talks. A lot of times, during breaks, we would be sitting and rehearsing our dialogues. Between that my co-actor once said that 'we would like to hear Rahul's story'. Or if we would be waiting for a cab, someone would say, 'oh the cab is late, it will take 5 minutes, just share your story'. Every time, not everyone is ready to share their story, and do you think it will just take me 5 minutes to share it? Whenever someone shares their struggle and stories, of course it gives you flashbacks- the struggle, the trauma, dysphoria, everything.

Rahul acknowledged he struggled significantly, hinting at ongoing internal or external challenges. He felt that the expectation to share his story was an inconsiderate imposition, not taking into account his readiness or the emotional labour involved. There was an evident oversimplification of his experiences, as his friends and colleagues—who Rahul specified 'did not have bad intentions'—assumed a traumatic story can be shared casually, akin to filling time. While Rahul's experiences illuminated the need for sensitivity, Alisha's narrative

revealed severe stigma, discrimination, and propagation of harmful stereotypes related to their gender identity and sexual orientation:

> It's weird that it went to that extent of trauma and remarks and all of that. And because they (classmates) called me a fag, they thought I had HIV/AIDS. And if anyone touches a fag with HIV AIDS, they will also get it. And they would use my things as a means to tease others. They would take my things and rub it on others and say, 'oh, you have HIV, you've touched a fag. You've touched a chakha/hijra.' Tamilians used to use their transphobic terms also.

Alisha reflected on the surprising and distressing extent of the trauma and verbal they faced. The use of slurs was indicative of deep-seated prejudice and served to dehumanise and marginalise Alisha. The erroneous belief that being gay is intrinsically linked to having HIV/AIDS demonstrated a lack of understanding and the persistence of damaging myths surrounding both homosexuality and how HIV/AIDS is transmitted. This misinformation fuelled fear and discrimination and further isolated Alisha.

7.2 Difficult Expectations

I have organised this theme into three primary sections for a more in-depth analysis. In the first section, I will explore the ways some participants changed or altered their behaviour to meet their family's expectations of being 'normal'. This part will delve into the changes participants felt compelled to make in either their behaviour, appearance, opinions, or aspects of their personal identity, to conform to their families' conventional standards. Through this section, I aim to reveal the intricate dynamics of adhering to these norms and the impact it had on participants' relationships and their overall identity. In the second section, my focus shifts to the experiences of many participants who dealt with family pressures related to marriage, specifically highlighting the societal and familial expectation to marry that go beyond seeking romantic connections. I have centred this discussion on the notion of marriage as a duty, exploring the pressures to fulfil familial and biological expectations through marriage, detached from the participants' actual desires or orientations towards relationships. I aim to illuminate the complex pressures to conform to traditional life trajectories and the challenges those face in balancing these expectations with their true identities and desires. Finally, in the third section, I will discuss how these expectations caused severe distress to the participants, leading them to adopt various coping mechanisms to manage these expectations.

7.2.1 Change in Behaviour or Opinion

To delve deeper into how the autonomy of Indian youth was influenced with regards to their gender identity and sexual orientation, I posed this question to my participants: 'Has there ever been a time when you changed what you said or how you behaved because of what people expected of you?' The more obvious motivation behind this question was to explore whether participants had compromised aspects of their identity under the weight of societal and familial pressures. However, I also aimed to examine the repercussions of such adjustments on their relationships, not only with others but also with their own selves. My intention was to uncover

the extent to which external expectations dictated personal behaviour and identity, and the internal conflict that arose when people felt compelled to conform.

Isha provided a critical view of how deeply ingrained cultural norms in Indian society negatively impacted her as an individual who does not conform to traditional expectations:

> The more family-centric and less individualistic idea of Indian society has its pros and cons; cons being things like homosexuality and any sort of deference from these expectations become like 'you're embarrassing, you're making us the black sheep of society'. That's such a common reaction that every Indian parent will, as a rule, almost immediately think of what people will say. I don't think they take a minute to think about how they are even feeling about it.

Isha explained the prevalent dichotomy evident in Indian society. She highlighted an issue that was common in most of my interviews with the participants: the fear of social ostracisation or becoming the 'black sheep of the family' as she put it. Homosexuality or any deviation from expected norms was often met with a reaction framed around embarrassment and the fear of becoming social outcasts. She went on to explain how she changed her behaviour to appease her family:

> Throughout my high school and college years, I did change the way I expressed myself for them. I became visibly more feminine. A lot of people were happy about it. In that same time, I suddenly had wider social circle than I had before. So, I thought whatever changes I'm making, it's working for me. I became a little more socially polite and sweet as well. I remember that time fondly, even though I was doing something that may be inherently didn't come naturally to me. I was discovering a lot of things about myself like my sexuality. It had a huge impact on my life. So yeah, I think there was a time when I did conform to the expectations.

While Isha explained how she conformed to these gender expectations, the positive outcomes associated with conformity—happier family and increased social acceptances—added a new layer to understanding the impact of this conformity, suggesting that conformity to societal expectations was not solely oppressive or limiting but could also be a conduit for self-exploration. However, she also later explained how after a while, this adherence to norms started weighing down on her and made her want to connect with her authentic self:

> It took me some time to be okay with it and try not to change that about myself and be mad about it. The point of this is not to be more masculine or feminine, it is to just be authentically myself.

While Isha had a more 'fond' outlook of her experience, another participant, Kabir (man, heterosexual), explored the complexities of social acceptance and personal ideology during formative years. He said:

> I think numerous times I have done this, even in my childhood or even growing up, not currently, because currently, I am under very stringent control of what I say and what I do, and strongly adhere to my ideology. But there have been times where I was forced to say things or do things to adhere to my gender, even though I did not agree with them. There have been many times when I, maybe I did not believe in it but just for the laughs or for, let's say agreement with others or for validation, have propagated that toxic stereotype (of what it means to be 'gay').

He further shared that reflecting on these past actions evoked a sense of 'guilt' within him for having perpetuated homophobic ideologies. He elaborated that even though he is straight, there were expectations for him to make homophobic jokes because he 'is a guy and

that's what teenager boys do'. Research consistently shows that homophobic language and attitudes are primarily used by boys, indicating a strong gendered component to this form of harassment (Poteat and Rivers, 2010). As noted by scholars in the field of masculinity studies, gendered homophobia is a key aspect of boys' construction of their own masculinity, and how they think of themselves as men (for example Kimmel, 1994; Kehily and Nayak, 1997; Smith, 1998; Schrock and Schwalbe, 2009; Pasco, 2011). His experiences reflected the intricate balance between social conformity and personal authenticity.

Akshay shared his concerns regarding societal perceptions and the influence they continued to have on his self-expression. He acknowledged that the weight of these worries significantly shaped his behaviour and presentation:

> I have definitely done this (changed his behaviour). Even now, it happens with me all the time, because if I didn't worry about what people had to say, I would wear makeup. I would probably wear kohl, and I would keep my hair even longer. And I have found this liking for everything pink. Recently I started buying pink stuff. Even my friends, they keep telling me 'It does not suit you; different colour would suit you better'. But yeah, I think even if it does not suit me, even if I don't look good in it, I think this is something I feel comfortable wearing.

He continued to alter his behaviour and appearance based on societal or peer opinions. The fact that he continued to navigate these challenges 'all the time' suggested that the struggle with conformity and authenticity is an ongoing process. His experience highlighted the tension between external approval and personal comfort, and the small acts of resistance that contributed to his empowerment and self-discovery.

Mala explained how they had to lie to their family to appease them because that's how they maintained 'peace':

> And I think I also lie at times, majorly, because I feel that lying to them is way easier than saying the truth because saying the truth would mean that I need to provide them with more information and sometimes it means getting them into my space and exposing them to more information that I don't want to share with them.

By lying, Mala was able to maintain control over their personal boundaries and limit the exposure of their personal information. This desire to avoid sharing more information than necessary reflected a concern for emotional safety. Mala felt that revealing too much could lead to uncomfortable questions, unwanted advice, or even damage their relationships. Their experience resonates closely with the earlier theme of a 'Lack of Awareness or Understanding'. This connection illustrates the complex and reciprocal relationship between various factors, showcasing how one aspect can influence another and how these elements can coexist simultaneously.

7.2.2 Marriage

This section will analyse how marriage has been used in two ways by the family members of the participants: first, as a derivative way of conversion therapy, and second, to perpetuate gender roles. This section will also look at the overall pressure of getting married placed upon Indian youth, irrespective of gender and sexuality, and how they deal with it. In my analysis of 'marriage' as a pivotal theme within the framework of interpersonal factors, I seek to critically engage with the different ways in which these expectations exerted an overwhelming influence on the participants' identity formations, and their overall relationship with their families. This theme is central to understanding the intricate negotiation between personal autonomy and the age-old marriage customs still extremely prevalent in India. My analysis aims to understand the layers of marital pressure, both in terms of finding a partner as well as finding the 'correct'

partner, and the myriad strategies participants employed to navigate this socially sanctioned rite of passage.

7.2.2.1 Lack of autonomy

A common, almost ever-present, factor which impacted participants' mental health was the expectation and pressure to get married at some point in their near future. This pressure is evident in Mala's narrative:

> It's a typical Indian family where people expect you to earn a bit, reach a certain age and then **get you married**. So now my mother is expecting me to earn better for like a couple of years and then she's waiting for me to find a groom for me and **get me married.** So, I've decided that this one day I go home, I'll just tell her that I don't want to get married to a man. I'm not bound to explain it to her, but then I need to give some reason. And I think that's one of the things that they expect out of me. My mom also expects me to have longer hair. 'Okay, you want short hair, but at least try to keep it to a certain length'. And the whole question that if you'll have shorter hair and if you'll behave this way, '**who'll get married to you?**

In the emboldened texts, the central theme is the lack of autonomy in choosing a marriage partner. This autonomy was instead given to others, i.e., the partner. This denoted a dynamic where personal desires and identities are suppressed in favour of conforming to pre-established norms and expectations. Throughout the course of the interview, Mala frequently referred to marriage as an event that would occur to them, rather than an active choice they would make—a sentiment echoed in the narratives of several other participants as well. Mala understood marriage as an expectation and felt a loss of agency as a consequence. Overall, the interviewees felt their family members expected passive engagement from them, where they saw the participant more as subjects to whom marriage happens rather than active participants

in the decision-making process. The repeated discussions and pressures surrounding the topic of marriage, despite their apparent disinterest, seemed to transfer the decision-making power and agency away from them to their family members or potential future partners. Mala's experience is replicated in other people's life as well. For instance, when speaking about marriage, Samarth said:

> Only gender expectation I have heard since childhood is marriage obviously. I had Eczema on my leg, I couldn't walk at that time. I was in 2nd standard. So, people usually asked my mother 'she is a girl, so **who will marry her**?' Then, I got to hear the same thing when I got spectacles, '**who will marry and what kind of groom she will get** with those spectacles?' Then I developed mental health issues, again, I heard people saying, '**one should get married at time** so, that the kids can look after them'. They would say this for anything: if gay, then get married; poor in studies, get married; fallen sick, get married; everything is related to marriage and all improvements depends on marriage. I mean anything is possible in the name of marriage is what I have heard since childhood. **'Get her married** and she will change, she will stop wearing boy's clothes, will start applying lipstick and what not'. Marriage is a magical solution.

Samarth's experiences expertly illustrated the pervasive and deeply ingrained gender expectations surrounding marriage from childhood to adulthood. It is evident in interviewees' experiences how this shift in agency underlined a broader phenomenon where societal and familial expectations regarding marriage overshadowed personal desires, leading participants to perceive marriage not as a personal milestone to pursue out of desire but as an inevitable part of their future that is largely dependent on external forces. Evident in my participants' narratives is a societal fixation on marriage as a panacea for all perceived shortcomings or deviations from the norm. Also apparent in Samarth's experiences as well other AFABs

(Assigned Female at Birth) is a reductionist view of being valued primarily based on their eligibility for marriage. I am not arguing that the experiences narrated by some participants are the norm or same for other participants, but I am implying that we can still see them as part of the same structure in which participants sometimes lack agency to make decisions for their own lives.

Some participants expressed that the concept of marriage, as advocated by their families, significantly affected their sense of self and hindered their capacity for genuine self-expression in front of their families. For instance, Alaya explained the interplay between personal authenticity, family expectations, and mental health, particularly around the institution of marriage:

> My parents got some marriage proposals for me. I thought this is not doable. I have to be more authentic to myself. The depression really took a toll and that was only because I was constantly performing, and I knew this was coming (marriage proposal). I realised I need to be more assertive with myself and draw these boundaries with my family and tell them that I am not getting married. Don't expect that, I am very gay. I am also closeted right now. So, I couldn't tell my parents this, but I told them that don't ask me to get married. All that turbulent time really pushed me to be more myself.

This narrative vividly captured the emotional and psychological strain evident at the intersection of gender performance, sexual identity, and familial expectations surrounding marriage. This situation highlighted the pervasive pressure to perform gender in ways that align with societal and familial norms, a performance that became increasingly untenable in the face of participants' future. I will elaborate on participants' experiences of performing gender in detail in Chapter 8. Another participant Diti also explained how she felt her entire life has been reduced to getting married. She said, 'It is irritating because now it seems they (their family)

feel like marriage is the only thing left in my life to accomplish'. She continued to detail how discussions about marriage had become the only topic left to discuss in big family gatherings, leaving her feeling frustrated and tired.

7.2.2.2 Possibility of Forced Marriage

In the context of India, certain stressors related to homosexuality have been identified, such as societal pressure for heterosexual marriages and forced marriages, coercion to undergo therapy or treatments to change one's sexual orientation, and the risk of facing violence from their own families (Fernandez and Gomathy, 2003; Ghosh et al., 2011; LABIA, 2013; Ranade, 2015). Alisha described how they live in constant fear that their parents might arrange a marriage for them without seeking their approval. They said:

> I don't have that great a rapport with my parents. It's very volatile. I feel unsafe at home. There's a feeling of the fear of microaggression which makes me feel actively unsafe at home or something that they might do. Like get me married without my permission in a bid to cure me. That fear has increased because I came out to them.

The mention of forced marriage as a corrective measure reflected deep-seated cultural and familial pressure to engage in heterosexual marriage. Alisha's sense of insecurity was exacerbated by microaggressions, which are subtle snubs, slights and insults, or expressions of disdain directed towards minorities, including historically stigmatised groups, that subtly communicate or engender hostility (Sue et al., 2007). Various participants also specified how they did not have a problem with the institution of marriage, but the idea of who they might be 'forced' to marriage. Isha explained:

> I was very willing to cut off my family ties if it meant them creating problems for my sexuality. If they were going to do something like force me to get married, I was willing to cut off my ties. I told my parents that as well that if you have a problem with it, and

> if you're going to make me get married to a man later in my life, tell me now what to expect, so I can leave.

Through these narratives, it is evident that certain expectations were instilled from a very young age for some interviewees, highlighting the importance of considering how familial expectations evolved from childhood to young adulthood. During childhood, participants were not yet expected to marry, so the pressure was more focused on their future. In contrast, as they entered young adulthood, the pressure shifted to immediate expectations related to marriage. This shift resulted in a different type of anxiety (which can be seen in some quotes here), as the participants navigated the present stress and expectations surrounding marriage. This distinction in agency and autonomy between childhood and young adulthood illustrated how the nature of pressure and stress changed over time, impacting individuals differently at various stages of life.

Another participant, Akir, mentioned how even though he is attached to his family, he must lie to them to maintain his own safety:

> When I grew up, the expectation to get married and have babies was there. In my family, we still have such discussions like 'you do want to get married right?' because they know about my feminist politics and they are like, we are unsure whether he wants to get married or not or how much freedom should we give him. I am also making them complete fool that 'yeah of course I want to get married and produce babies in time'. I have to talk to them like this. But yeah, nothing is more important than my safety and security. That is how I'm making a fool out of them.

He had not physically transitioned, and he kept his gender identity a secret from his family. His approach to the managing the expectations of marriage was completely different than other participants, say Isha. Akir explained that he found himself unable to outrightly reject the

prospect of marriage. Originating from an orthodox family, Akir faced a situation where a direct refusal could potentially jeopardise his personal safety. This predicament highlighted the severe repercussions that arose from challenging deeply ingrained cultural and familial norms. Unlike other participants who may have navigated these expectations with more flexibility or openness with their families, Akir's circumstances underlined the extreme constrains and risk associated with asserting his autonomy in highly conservative settings.

Within this section, lack of agency has been a major underlying theme when participants discussed marriage. Alisha's use of 'without my permission' and Isha's use of the term 'force' highlighted the lack of agency and autonomy many participants felt in the face of familial and societal pressures to marry in a certain way or certain type of person (i.e., always cis-het). I believe this concern reflected a deeper issue: the struggle to reconcile personal desires and identities with the expectations embedded within cultural and familial definition of marriage. The deeply felt tension between familial bonds and personal authenticity visible in Isha's narrative was shared amongst other participants. I will discuss how participants sometimes had strained relationships with their family members due to their gender identity and/or sexual orientation later in this chapter as well.

7.2.3 Mental Health Impact

In this part of the discussion. I will delve deeper into the significant impact these expectations had on the mental health and overall well-being of the participants. Earlier, I explored the dilemma Mala faced in balancing their mother's anticipation of their marriage against their personal desires (p. 141). Now, I will detail the effects this had on Mala:

> 'Thoughts like 'how will they react and behave? what will happen?' impact me to a level where I was anxious, I was having anxiety attacks, I was overthinking, I was not able to sleep. A recent incident which triggered me was when I saw something on Instagram, and I started thinking about the future and the expectations that my mom

> has from me in terms of getting married to a straight man. I cried. I was feeling dysphoric, and this level of dysphoria was on extreme. At the same time, I was also thinking about the family, and I was also thinking about how they are going to react to the things that I want to tell them. And I was just in general scared of the experiences that I might need to go through because I want to come out as a queer person to them, but I'm just thinking about the implications. So just that thought, it impacted my mental health. And that's why I think I've been trying to find a queer affirmative therapist for a long time now. It could be worse than what I'm thinking but the intensity could be less as well. What if they are more accepting of me? So just the whole thinking about it impacts my mental health on a different level.

The constant worry over how their family will react to their identity created a pervasive sense of anticipatory anxiety. Thoughts of marriage and coming out to their family greatly impacted Mala, even leading to anxiety attacks, thus, signifying how deeply these expectations strained their well-being. Mala described feeling dysphoric, a term often used to describe distress associated with gender identity. Even though they spoke about the possibility of their family having a positive reaction to their identity, the uncertainty about their family's potential reactions created deep emotional distress.

Other participants also spoke about the cultural pressures and the emotional turmoil concerning marriage expectations. Samarth believed that within family dynamics, everything could be managed over time. However, he pointed out a significant caveat: while his gender identity was acknowledged by his family, the idea of opting out of marriage was met with fierce resistance:

> Everything else can be managed, within the family if not today, then tomorrow. But when you delay marriage or refuse it, that is not acceptable in the family or society.

> You will get so pressurised that either, you will think of leaving the house or commit suicide. That's because, a person like me, who thinks of family's respect as well and live life on his own terms, then will get so confused, that he will be left with no other option but to commit suicide, because my parents didn't do anything wrong ever.

Samarth's experience suggested that familial acceptance can be multifaceted, where certain aspects of his identity or choices were supported, while others, particularly those challenging deeply ingrained societal expectations like marriage, still encountered considerable opposition. In this excerpt, he also described feeling cornered into making drastic decisions, such as leaving the house or contemplating suicide, as a result of overwhelming pressure to marry. It is worth noting how he implied that ending his life would be better than bringing dishonour to his family. The mention of suicide as a last resort highlighted the critical mental health crisis that arose from such intense cultural pressures. When he stated, 'because my parents didn't do anything wrong,' he underscored the shame and dishonour that his refusal to marry would bring to his family, emphasising that his parents did not deserve such dishonour, as they had not committed any transgressions. This perspective revealed the profound internal conflict and sense of duty he felt towards his family's honour. It reflected a sense of powerlessness and desperation, where the fear of dishonouring his family outweighed his desire for personal autonomy and well-being.

Sneha detailed the impact of gender expectations on their well-being, particularly highlighting the 'identity crisis' they have experienced as a result:

> I think gender roles specifically lead to a lot of pressure on who you're supposed to be. I think your identity crisis comes then because there comes a point when you're thinking, 'are you constructing your identity based on who you are or who you're supposed to be?' When you think about it, gender is who you are, but most of the times

> we perceive it as something that's supposed to be. Identity wise, it's quite confusing and it impacts what you want to do with your life.

This narrative sheds light on how gender roles and expectations to fulfil these roles complicated Sneha's life. At the time of the interview, Sneha was 19 years old. They explained how a lot of their time and effort goes into understanding who they are, and not what they want to do with their life. Sneha also asked an extremely important question which emphasised the challenge of constructing identity amidst societal pressures. Their narrative questioned whether their identity is authentically self-derived or shaped by external expectations. This also reflected a deeper existential concern about the authenticity of their self-perception and life choices.

Similarly, some participants shared how the pressure to behave in certain ways profoundly influenced their sense of self and self-esteem. For instance, Isha discussed the lasting impacts of not adhering to these norms and how they affected her confidence:

> The only way I could conform to the gender expectations was by putting down what I already was. I used to think 'it's bad, it's weird, it's not how most people are'. I hardly ever saw anyone in movies who was Indian, a lesbian and had a masculine expression as a woman. So, at that time, I didn't think it was okay. I had to put myself down in that process. It had a huge impact on my mental health in ways I'm still trying to figure out. It has severely twisted certain perceptions I have of myself in relation to the world. Without any context, I think well of myself. But the minute I impose the world against my expectations of myself or my view of myself, it naturally comes out in a very self-deprecating manner or in a belittling voice. It's a very difficult thing to deal with. I am naturally a confident person, but the minute I visualise myself against the context of

> what people expect, and gender and social expectations in general, it's in a very poor and negative light.

This narrative clearly demonstrated the impact of dissonance between Isha's 'naturally' confident personality and the 'self-deprecating' self she has adopted over the years. She felt compelled to suppress her true self to conform to gender expectations, which implied a significant internal conflict. This suppression involved negative self-assessment, viewing her authentic self as 'bad' or 'weird' because it did not align with societal norms. The internalisation of these negative beliefs had a deep impact on her mental health. She acknowledged ongoing struggles in understanding and dealing with these effects which suggested layered psychological suffering.

Akir shared his journey of managing societal and familial expectations:

> There was a close relative's wedding and they wanted me to wear gendered clothes. And it was a very difficult time. I had breakdowns, my mental health was really bad at that time. But I had no option. I had to do it, so I did it. And I was just hoping to leave this place soon.

The requirement to wear gendered clothing led to emotional distress, including breakdowns and deteriorating mental health. The phrase 'I had no option' reflected a sense of powerlessness and lack of autonomy. Akir felt he had no choice but to wear 'feminine' clothes, something he vehemently did not want to do. These societal and familial demands put the participants in a distressing position, forced to choose between their authenticity and familial harmony. This limited agency reinforced feelings of powerlessness and entrapment within gender roles.

7.3 Relationship with others

In this section, I will focus on the dynamics of the relationships participants maintained with their immediate family, extended kin, and friends. Structurally, I bifurcate this section initially, into an analysis of challenging relationships, thereafter, transitioning to explore the more positive connections that participants had, or had developed over time, with those in their social sphere. This theme of the chapter adopts a more nuanced perspective, particularly recognising the oscillating nature of these interpersonal relationships. It became evident through the narratives shared by various participants that, despite detailing strenuous interactions with family members initially, many had witnessed a somewhat transformation or improvement in these bonds over time. Thus, the core objective of this section is not to delineate relationships within a binary framework of either positive or negative but to shed light on the fluidity and complexity inherent in these connections. This section demonstrates that participants' experiences with their families and friends are not strictly dichotomous but are characterised by shades of grey, reflecting the multifaceted and evolving nature of human relationships.

7.3.1 Strenuous Relationships

To stir the interview to know more about their relationships, I began by asking the question: 'Would you say you have a positive relationship with those around you?' The responses ranged from a firm no to an enthusiastic yes. This approach not only served as a gateway to understanding the nuances of each participant's interactions but also highlighted the subjectivity inherent in defining what constitutes a 'positive' relationship. Rishi explained how his parents' lack of understanding and use of transphobic language affected his relationship with his parents:

He called me hijra[5] in Bengali. 'You look like a hijra'. That was for no reason. I was simply wearing my clothes. Back when I was a child, I believe it was more feminine. So, the way I used to walk, if I look back at it now, it can be looked at somewhat feminine. That impacted me as a child, and it hurt a lot. So, even over time, not just parents, but people I used to go to school with, they were not very nice about it either. These experiences are blurred now because they happened when I was in grade1 or 2. Even when I wore nail paint for the first time. My parents' reaction to it wasn't nice. As a kid, my own dad used very transphobic words against me, and that felt very wrong as a child because why would you impose this on your child? It ruined my relationship for that time.

Rishi's experience of navigating gender non-conformity from a young age revealed the pervasive issue of gender policing. 'Gender policing', as Payne and Smith (2016: 129) define it, "is the social process of enforcing cultural expectations for 'normal' masculine and feminine expression." The negative reactions from the participant's parents, particularly the use of transphobic language by the father, highlighted a lack of familial support which is crucial for acceptance of self. Such familial rejection not only compounded the external stigma but also disrupted Rishi's primary support network. The lack of support was not limited to the family; peers at school also participated in this stigmatisation.

Alisha described their relationship with her father, marked by a shift from a close, playful bond to a distance filled with apprehension and avoidance:

'Until a certain age, he was a very cool, chilled dad who's become this veritable Sanghi (a term for Hindu nationalists and extremists) I dread today. When I was a kid, he would

[5] Transphobia perpetuated by family is common for SOGIESC communities. The use of the term 'hijra' or eunuchs (a South Asian cultural gender identity) as an insult is quite prevalent in Indian subcontinent. For men, anything which can be remotely constituted as feminine, will be derogatorily called 'hijra'.

> help me steal chocolate powder from the kitchen. He was cool about everything and spoiled me. And we had all these silly pranks, I used to call him a playmate. Today he's the person I avoid a lot because I realised that beyond that facade of being cool, I hate to call it a facade, but that's what it is, he has these extremely conservative ideas when it comes to gender roles and sexuality.'

There is an evident dissonance between the past and present for Alisha. As a sociopolitical term, 'Sanghi' is a supporter of Rashtriya Swayamsevak Sangh (RSS), an Indian right-wing organisation which advocates a Hindu nationalistic agenda under the banner of Hindutva or 'Hindu-ness'. Their account also signified the broader societal and political currents that can seep into and dramatically alter the fabric of personal relationships. This is an important illustration of the way factors at various levels interlock and interact, and I will elaborate on this in Chapter 9.

Isha also reflected on her interactions with her parents and provided an account of some challenging periods between them:

> The sort of tension that (secrecy about sexuality) put on my relationship with my parents was unbearable. At that point, I was also old enough, so I was drinking and smoking in excess and without any thoughts towards the long-term impacts on my health. It was a way to deal with it. It was probably my worst year, and I was not having a good time with any aspect of my life. The tension and the suspicion with my parental relationship had built up to a point where I couldn't see it getting any worse. I thought if I can come out, something might change. Good change or bad change, I couldn't tell but I was willing to have anything change about this.

Isha's narrative underlined the emotional and psychological toll the secrecy had on her, and the subsequent maladaptive behaviours she employed such as smoking and drinking. Her experience revealed a cascading effect, beginning with keeping a secret that gradually led to a series of escalating consequences including adopting unhealthy coping mechanisms, poor mental health, strained relationships with those closest to her, and uncertainty around her identity.

Some participants also acknowledged that their relationship with their family was not always easy to define. For instance, Mala acknowledged the ambiguity and fluidity which often characterises interpersonal relationships:

> There are certain parts of my life that I chose not to discuss with them. Otherwise, I am close to them. But then I also feel I'm not. Why? Because they are homophobic. The way they talk at times it feels very sexist and casteist. So, it does not feel right and that also puts me in a place where I'm conflicted whether I have a good relationship with them or not. But of course, they are good people. It's just that they are not as educated as they should be. So yeah, I can't really say if I am close or not. I am in that grey area.

Mala's conflicted feelings about their relationship with their family highlighted the complexity of familial bonds, where positive sentiments coexisted with critical disapproval of certain prejudiced attitudes. Mala's experience related well with Alisha. The emotional distance evident in their narratives was a direct consequence of the discord between their values and those expressed by their family members.

7.3.2 Mixed to Positive Relationships

To elucidate the concept of 'grey area'—either mixed relationships or the transitions from purely difficult interactions towards potential avenues for positive change—I will draw upon Isha's account of steering these complex dynamics. She elaborated how time and patience acted

as catalysts for change. Eventually, she explained how her relationship with her parents has improved in the last five years:

> I told them we don't have to be close. I've heard this from other people that it's a time game. The more time you invest in it, and the more patience and understanding you offer to your parents, it might, in some cases turn out better. It never goes well in the beginning. If you expect to go well in the beginning, it is unfortunately very lofty expectation. From that (coming out), it went on to seeing my father saying things like 'we love you unconditionally'. He's a very closed-off working Indian dad who doesn't talk to his children like that. But that was nice. He said some really kind things to me. He even said that if you marry a woman, we'll attend the wedding. Now, it's something we joke about.

Isha's awareness of how familial understanding sometimes was a matter of patience, time, and mutual understanding suggested a pragmatic and hopeful perspective on family dynamics. It showcased the potential for families to adapt and grow in understanding, even in the face of challenges posed by societal norms and personal beliefs. To further elaborate on the dynamic nature of participants' relationships, I emphasise the existence of this 'grey area' where relationships cannot be strictly categorised as either positive or negative. Within this nuanced context, Shantanu shared his insights on how acceptance has shaped his life:

> With my family, it has never been a point in which I came out. But by nature, I have been so active in talking about LGBT rights in public forums on several platforms, and I'm sure they know about it. And even if they don't, they don't stop me from doing what I am doing. As far as they don't try to create a challenge in my life, they don't force anything on me, I don't see there is a need for me to have those conversations, because I see that acceptance may not always come in black and white. There can be shades of

grey in it. And this silent acceptance is also an acceptance, which I have got, and I'm completely fine with it.

Shantanu's approach suggested that acceptance within his family occurred without any explicit discussions; he looked at no active opposition or challenge to his identity as acceptance. His perspective challenged the binary view of acceptance, implying that support and understanding did not always need to be vocalised to be real and meaningful. I am not suggesting that this strategy of interpreting non-opposition as acceptance will be universally effective or significant for everyone, let alone all the participants in this research. Indeed, what I am suggesting is that, as Shantanu's experience illustrated, the absence of explicit objection or interference from others can sometimes serve as a form of acceptance: a 'silent acceptance'.

Akir reflected on his experience of acceptance and loss in his relationships due to significant aspects of his identity:

> 'Many of them (people in his life) have accepted my identity. Some of them still haven't. I lost a lot of friendships because of that. But I'm glad that the people I've got, they are wonderful and beautiful. So that is a blessing.'

He acknowledged a mixed response from people in his life. This dichotomy highlighted the challenging yet rewarding experience of seeking acceptance from others while remaining authentic to himself, further capturing the emotional complexity of navigating acceptance and rejection in social relationships.

Like Isha, Zoya explained how she also feared coming out to her family:

> Initially I was so scared, but eventually, I came out to my mom, and she is so supportive and oh my God, it's so overwhelming. Even my brother and my cousins know about it. I told them and they are supportive as well.

During my interview with Zoya, the sense of relief in her voice was palpable as she shared this. She further detailed that while it required some time for her mother to fully understand her identity, there was an underlying sense of acceptance from the beginning. This sense of understanding and acceptance was also visible in other participants' accounts. For instance, Diya narrated how her parents knew about her identity even before she had formally told them:

> I'm out to my parents, so I already knew when I was going to come out to my parents, they were going to be fine with it. I think a week before I came out, my dad made a joke about me having a wife. I wasn't ready to be out yet. I was making some joke about getting married and I said something about my imaginative husband. My dad was just said, 'or wife' and I was like, 'Dad where is this coming from?' And then a week later, I told them and then my mom said 'okay, that's good. Go date a girl. Then you can't get pregnant'. This is the kind of support you need in life.

In Diya's case, her parents' reactions, blending humour with acceptance, not only validated her identity but also reinforced the importance of support and understanding within the family unit. This illuminated the crucial role families played in providing a safe space for participants to express their true selves. The importance of positive affirmations and supportive relationships in fostering a strong LGBTQ identity is crucial in overcoming internalised negative beliefs (Bilodeau & Renn, 2005). Another participant, Sona, shared insights into the unwavering support she received from her family, highlighting the depth of their acceptance. She emphasised on how her family would still support her if she changed everything about her identity:

> Yes, I think that in every aspect, not just me being a woman or a man, they've all been very supportive. And even if someday I decide to wake up and change everything in my life and identify as a different person, they would all be supportive.

These positive narratives raise an important question: what conditions or circumstances contribute to these better outcomes? One key factor mentioned by participants is allowing their families time to accept their identities. Many participants reported that over the years, their family members came to terms with their identities once they realised it was not a phase and was not going to change. Another factor was educating their families about their identities, explaining that their identities were normal and valid and was acceptable for them to be who they are. However, this approach did not work for everyone. Despite providing historical context and ample resources about their identities, some participants still faced refusal and lack of acceptance from their families.

When I asked the participants 'do you have supportive people in your life?', the response was uniformly positive. This unanimity stands out, especially in contrast to the diverse array of responses I have received for other questions. This support resonated across all participant narratives, though it originated from different sources for each interviewee. While not all participants drew this support from their families of origin, each one acknowledged the existence of meaningful and positive relationships in their lives. This consensus accentuated the fundamental importance of support systems for participants, highlighting how vital it is to have deep meaningful connections, whether they come from traditional family bonds or were found within chosen families and friendships.

7.3.3 Mental Health Impact

The interview data portrayed the family as a critical force that enforced societal norms on the participants. Isha shared that to conceal her relationship from her parents, she found herself compelled to fabricate stories, a tactic that ultimately sowed seeds of suspicion, especially with

her mother. The continuous pressure to maintain her secret, coupled with her mother's sceptical and watchful behaviour, contributed to her poor mental health:

> When I secretly started dating someone, I'd get caught in a lie about where I am or what I'm doing, and I'd always be with my girlfriend. She walked in on something vague in my bedroom as well. Just a series of unfortunate events that led to a high level of suspicion. I didn't expect much from my life at that point. There was no future wherein it looked it could happen to someone like me (dating a woman). All that mental health stuff came with a lot of suicidal ideations and thoughts of not being able to visualise the future at all.

This narrative revealed the critical intersection of secrecy, familial tension, and mental health issues stemming from Isha's relationship and familial pressures. The recurring incidents led to a high level of suspicion from her mother. This suspicion added substantial stress and anxiety, exacerbating the challenges of maintaining both a romantic relationship, and cordial relationships at her home. Her narrative also indicated the profound impact that the stress of secrecy, societal disapproval, and internal conflict had on Isha's mental well-being.

Mala explained how going back to her hometown made them uncomfortable. From lack of autonomy to gender expectations, their trauma was exponentially increased when around their family and relatives for a long period of time:

> Every time I come back home, it just makes me realise why I want to stay away. Because the freedom of expression in terms of how I want to look or behave, it just feels like there are restrictions and then the constant pressure of fitting myself into being a female is there. Speaking like a woman, behaving like a woman, not having a space where I can put my opinion in. So, things like that are there and it just makes everything very traumatic. Trauma is there, of course. I'm questioning all the time whether I should

> just leave everything and behave the way people expect me to behave here. Because it's a small town and because it's a very conservative sort of setup, and because of my gender and sexuality, it just makes me question everything.

Mala expressed a clear desire to stay away from home, implying that returning home made them realise the reasons for their desire for distance. This indicated an emotional and psychological strain associated with being in their home environment. Mala described their home environment as traumatic, indicating that the pressure to conform and the lack of acceptance for their gender and sexuality had major psychological effects. Mala elaborated how they've created a safe space with their friends and how coming back to an 'unsafe' space made them relive the trauma.

Adah explained how she's aware her family will not accept her because of her sexual orientation. She mentioned how her father is 'quite homophobic', indicating an awareness of the possible familial rejection she might face:

> I know my family doesn't like who I am, and that, whether I like it or not, has a huge impact on me. They're supposed to accept me for who I am. But who I am is not according to their expectations. What they want, 'the ideal daughter', that's someone else. That's not me. And I don't like that at all. I can't change the way I am because if I change, I'm not true to myself. So, I would be faking it. I would be pretending just for their sake and for them to like me. But I don't want to do that because I know when I come out to my parents, there's a high chance that my dad would never want the connection with me. So, I think about these things a lot, almost unhealthily.

This lack of acceptance from their family, who are typically expected to provide unconditional love and support, created an intense sense of rejection and hurt for Adah. The gap between family's expectations ('ideal daughter') and Adah's reality was a constant source

of tension and disappointment. Adah admitted to thinking about these issues 'almost unhealthily', showing that distress and preoccupation with family acceptance affected their mental health. The constant worry and rumination suggested a heavy emotional burden. Overall, these narratives showcased a deeply personal and sometimes painful struggle between maintaining personal authenticity and seeking familial acceptance.

7.4 Sexual Abuse

Sexual and gender minority adolescents often experience elevated levels of family violence, which encompasses physical abuse and inappropriate sexual touching (Saewyc et al., 2006; Veale et al., 2017). In this section, I will present accounts shared by participants who have endured some form of sexual abuse. These testimonies are particularly poignant as some participants experienced sexual abuse as a direct consequence of their gender identity or sexual orientation. Their deviation from 'normal' not only heightened their visibility to their abusers but, in some cases, the abuse was framed as a misguided attempt to 'correct' their divergence. This exploration aims to show the intersectionality of abuse, where factors such as gender identity and sexual orientation can exacerbate vulnerabilities and motives for abuse.

7.4.1 Experiences of Sexual Abuse

Out of 19 participants, 9 explicitly recounted experiences of sexual abuse, while 2 hinted at such experiences with statements like 'of course it has happened with me, it has happened with every woman', while avoiding detailed descriptions. This meant that over half of my sample, 11 in total, spoke of encountering either child sexual abuse (CSA), sexual violence, and/or instances of molestation and inappropriate touching. Nima not only alluded to certain behavioural changes she made, but also how she was expected to keep quiet about being uncomfortable with inappropriate advances of a family member because of the social pressure to keep quiet because she's a woman:

> I have done small sorts of stuff. Like, you have those few weird uncles in your family who tend to touch you very inappropriately, and you know that they're being inappropriate, but you can't do anything about that. I have been quiet when they have done stuff, but I did go 'no contact' with them after that. And later, when he used to come and talk to me, I would literally scream at that guy until he left me alone. I did. And yeah, there are small things that you have to change about yourself. You have to keep quiet. You can't talk about certain stuff out loud.

Nima shared her distressing experience and mentioned how even though she wanted to speak up for herself, she could not do it because of both societal and gender expectations to not say anything which 'will bring shame to the family'. Her reflections also touched on the broader themes of sexual abuse (which I will discuss later in this chapter), and self-censorship and the need to conceal certain aspects of her experiences.

Sneha shared the distressing experience of being sexually violated by a romantic partner when she was a child. She noted that, like her, the individual was a minor at the time; however, this left a profound and traumatic impact on her. Sneha said:

> I am a victim of sexual abuse. I was in the seventh grade. It was my classmate. I was not his girlfriend, but I knew he liked me. I sort of liked him. And he took that as enough consent to do whatever he wanted to do. It lasted for about a year. And then I understood that this is not working out. I knew it was wrong. But I was too afraid to say that. But I also felt I agreed with it at the time that because I am a girl and a girl in a relationship, or in some kind of relation, with a boy, so, I must do as he says. He said 'You are my girlfriend. You're supposed to do this for me'. And he was also in seventh grade. It's not as if he also knows the complexity of gender and gender roles. But that's how young you are when you're taught these things. So, two children in seventh grade can tell you

> about the power play in genders, you know? So yeah, that happened. And it was really bad. I didn't know how to label it; I didn't know what was happening. So, I couldn't tell anyone. And if I tried telling people, they did not believe me, because they were in the same school, and they were like, 'you are making things up because we know him personally and he's a very nice guy'. I literally wanted to tell every girl in school that please stay away from him. But you know, it obviously backfired on me. There was also an incident where he ended up telling everyone 'She's so easy. She lets me touch her everywhere'. So, when that happened to me, I was not expected to speak about it because I'm a girl. Keep it hush.

This excerpt illuminated the early understanding of gender roles among children and the potential for these roles to be manipulated to exert power and control. Sneha's account revealed that her abuser (even though he was a child himself) was acutely aware of his advantageous position within their relationship, rooted in his gender as a boy/man. He leveraged this societal power imbalance to his benefit, continuing his abusive behaviour until Sneha ceased to comply.

Alisha spoke about behaving visibly different in school, from their body mannerisms to them oscillating between the masculine and feminine pronouns, and how it became a reason to be bullied by schoolmates. Alisha recalled one incident which went beyond verbal or physical bullying:

> But at one point I was teased in the girl's restroom, and I was touched inappropriately by another very masculine girl and she was bulky and hefty. I'm not trying to body shame, but that's what I remember of her, and she was a bully. She used to beat me all the time. And for all my masculinity, I don't think I was strong. I was unhealthily skinny. So, I used to force feed myself to gain weight to become strong. She used to hit

me a lot and once, she came to the restroom to use it and she touched me inappropriately in the restroom. And she called me names as well. She called me Chakka and usual transphobia slurs.

At an interpersonal level, transphobia can manifest as brutal physical violence that enforces hegemonic gender roles (Connell & Pearse, 2015; Serano, 2016). This account revealed a distressing experience of gender-based harassment and bullying. In an attempt to avoid further harassment, Alisha engaged in avoidance behaviours, such as not drinking water to reduce the need to go to the restroom. The use of slurs and derogatory language based on the participant's gender identity or expression also highlighted the role of transphobia in bullying. This transphobic harassment served to demean and dehumanise Alisha, contributing significantly to their trauma and distress.

Another participant, Adah, experienced multiple sexual assaults when she was a child. She explained how she was sexually abused by an adult and then by someone who wasn't an adult but was slightly older than her:

INCIDENT 1: I've been sexually assaulted two times. First was by my uncle over a period of years when I was a child. I do not want to share more. I am not comfortable talking about it. I cannot talk about it.

INCIDENT 2: It happened when I was in third or fourth standard. It happened on the ground floor of the parking lot (of her residential building), she took me there and she pinned my hands to the wall, and she forcibly kissed me and touched me inappropriately. I kept crying and waving and kicking her so she would get off me, but she didn't, and she stopped when she thought someone was coming and she ran off. I got diagnosed with bipolar disorder and I'm seeing a psychiatrist. I didn't remember anything about it until last month. Something triggered it. I was watching the movie

> Perks of Being a Wallflower, and something like this was mentioned in that movie. Suddenly, these memories rushed back. This happened and the pictures of it happening, it came into my mind, and I broke down. Yeah, I was shocked. I didn't even remember any of this happening. I never really realised what happened was sexual assault.

While Adah did not mention if this happened because of any deviance from the norm, she did mention it happened because she was a girl, and her abuser probably was queer as well. Repressing traumatic memory—in Adah's case, only recalled by watching something similar in a movie—is a common coping mechanism in victims of sexual assault. Adah's experience, wherein she did not initially recognise her experience as sexual assault, underlined a prevalent issue in cases of CSA—victims often lack the maturity or context to identify their experiences as wrong or abusive. Schaeffer et al, (2011) found that lack of understanding (e.g., the child failed to recognise abusive behaviour as unacceptable) was one of the key barriers to disclosure of CSA. Similarly, Mala's account further illuminated this issue, revealing how CSA by a trusted family member complicated the ability to recognise the behaviour as abusive. Mala said:

> This has happened multiple times. I think I was 8 or 10. And this was done by someone who was close to me, someone I loved a lot as a child. So, that also impacted my childhood. Maybe not childhood because then I could not process anything. I could not understand what went wrong or what happened. It was only when I was in my teen years, I tried to sort of think about it and discuss it with people. And that's when I understood that was something wrong. And all that while, I was in contact with them, and I used to regularly talk to them. I used to even visit their home. And it was only after understanding these were the things that happened with me, and it was not right, I made that choice of not contacting them.

Mala mentioned how they advocated for themselves. However, Mala also elaborated how their family's response to their abuse had disrupted their relationship:

> Another thing that makes me feel distant from my family is that even after being aware about the abuse that I've faced as a child and the abuse that has been done by someone from the family, they still choose to talk to that person. If somebody has done something bad to someone who is close to you, how can you still make a conscious choice of being connected to them? The least you could have done for me was to not maintain that connection with them. I appreciate that they understand, and they are okay with the me not continuing talking to them, me choosing not to stay connected with any of my relatives, but then, at the same time, I expect them to do that for me as well. What did you do when I told you about these things? That's why I feel that being a teenager, if I can take that step for myself, so being grown-ups, why couldn't you people take it?

Mala's account conveyed feelings of deep hurt and anger towards their family, stemming from their failure for not standing up for them. This inaction could stem from either not understanding the profound impact this abuse had on Mala, or due to stigma attached to CSA.

7.4.2 Corrective Child Sexual Abuse

In the previous sections, I delved into Rishi's experiences of his 'feminine' mannerisms, which subsequently caused friction between him and family. Rishi perceived these mannerisms, or feminine gender expression, as a contributing factor to his experience of CSA. He recounted the instance where, following a teacher's advice—suggesting that his 'feminine' behaviours could be rectified medically—he was forcibly taken to see an endocrinologist. The underlying assumption was that Rishi's 'incorrect' gender expression stemmed from a hormonal

imbalance that could be 'corrected'. However, this decision ended up becoming *'traumatic'* for him:

> Talking about the incident, the doctor touched me inappropriately and put his hands inside my pants. He kept touching me there and it was very awkward. When it was happening, I was frozen. By the end of it, it did not feel right. Later when I came back to my senses and when I spoke my parents, initially they kind of discarded the conversation, because you know 'that's what doctors do', but then after telling them three or four times, finally they agreed it was wrong. Post that, I stopped going to male doctors for 2-3 years. The incident was very scary.

Rishi's reaction of being 'frozen' during the incident is a common physiological response to acute stress or trauma, known as the freeze response (Barlow, 2004). He went on to say how this severely impaired his relationship with his family for that time, like Mala. This account also detailed an unsettling experience of inappropriate conduct by a professional, displaying a severe breach of trust and professional ethics.

Samarth also recalled two separate incidents where someone in professional capacity, his schoolteachers, touched him inappropriately and tried to have sexual relationships with him. He said:

> Incident 1: I behaved like a tomboy. I was in play school at the age of four or five, when that teacher removed my pant and checked my genitals. I cried and still I have those scenes in front my eyes. In fact, I can't recall anything about my that area, but I can never forget that instance, and I always remember that it was wrong. I became reserved and started suppressing myself since then.

> Incident 2: I was 18 at that time. I met one teacher with whom I shared my secret of being bisexual. She told me, 'You can't be bisexual'. I said why? She said she is bisexual herself. So, from there onwards, she started taking advantage of me and started to sexually groom me saying that she was in love with me, and she asked if I liked girls. When I rejected her, then she suggested that I have some disease and that if I have sex with some boy, I will get normal. So, this thing had a major impact on me, I mean, such good teachers, such educated people, uttering such sick ideas, in the name of curing us, without realising anything. I mean, I was insisted so much to get physical with someone, in order to get cured.'

This violation of trust and professional boundaries was particularly egregious given the power dynamics inherent in a student-teacher relationship, where children and students are expected to trust their teacher's intentions. Samarth attributed the abuse and sexualisation he experienced from a young age to his identity as a trans man. He felt his gender expression made him a target for inappropriate comments and actions from teachers, who exploited his identity to satisfy their curiosity or a as a pretext for sexual abuse.

Unfortunately, Samarth also had a history of CSA. He recalled how his uncle sexually abused him for a significant period:

> My uncle provoked me a lot to play with dolls and had sexually abused me as well, at that time. I wore a frock as per my mother's wish. And the things that he did to me scared the hell out of me. I feared him whenever he used to come. He has made my life hell till now. Even today, if he sees my short hair, he starts provoking me telling everyone that he knew I would become like this or ask me to wear feminine clothes. People say all girls face such things and even I have faced those tortures, physical abuse, emotionally or mentally, whatever it was.

Samarth's experiences revealed how gender nonconformity can attract unwanted attention and become a justification for others to overstep boundaries, under the guise of correction. I have called this phenomenon where children are subjected to sexual abuse with the intention of altering or correcting their perceived deviation from societal norm as 'corrective child sexual abuse (CCSA)'. This term draws parallels to "corrective rape," a term used when individuals are sexually assaulted to enforce conformity to traditional gender roles or sexual orientation. In the context of corrective CSA, the abuse is carried out in an attempt to 'fix' the child and make them conform to what is considered normal. This form of abuse encompasses all the elements of traditional CSA, with the key distinguishing factor being the underlying motive to change or correct the child's behaviour or identity. The concept of CCSA sheds light on the disturbing practice of using sexual abuse as a means of enforcing conformity and suppressing perceived deviance in children (see Chapter 9 for a detailed discussion).

7.4.3 Mental Health Impact

In this section, I will explain the harrowing impacts of experiencing sexual abuse/assault (both child sexual abuse and corrective child sexual abuse) on participants' mental health. It is important to note that while child sexual abuse may occur in childhood, its effects may last into older adulthood. Older adults who experienced sexual and/or physical abuse during childhood were more likely to experience poorer physical and mental health (Draper et al., 2008). I begin by going back to Adah's story. During the interview, she was unable to go into her sexual abuse as it was too traumatic for her to relive it again. However, she did share how one of her close friends reacted when she shared this with him:

> When I told my friend about my sexual abuse, he said that I was at fault because I didn't stand up for myself; I didn't take any action. He said, 'the blame falls on you'. And after that, I spiralled down into a pit of depression. I've been diagnosed with clinical

> depression, so I have lapses and I became suicidal again. So, after the talk we had, he said, 'You are the one to be blamed because you didn't stand up for yourself. There won't always be a person to save you. You should have taken a stand for yourself. You are a woman. Even if you lie to the police, they'll believe you'. He said these things. After that, I was depressed again where I didn't attend classes. I didn't get out of my room. I used to just stay in by myself. I started getting suicidal again. I used to self-harm.

The friend's response triggered a severe psychological reaction in Adah. She spiralled into a state of clinical depression, characterised by lapses and suicidal ideation. Her friend's statements exacerbated her feelings of self-blame and guilt, contributing to their depression and isolation. Adah resorted to self-harm as a coping mechanism, indicating severe distress and a lack of healthy coping strategies, a theme which is evident in other participants as well (such as Isha's smoking and drinking). Mala's experiences also had a similar theme of inadequate responses to such sensitive disclosures:

> Getting sexually harassed or being violated is a big thing. They (family members) don't care about it. They don't discuss these things with me. They just heard everything that I had to say, and I shared very limited information. They didn't ask me more about it. It affects you; it affects your mental health; it also affects your adulthood and how you live your life as a grown up because that is something that has happened to you as a child.

This shed light on the long-lasting impact of sexual abuse. Mala's family's failure to engage in a sensitive and non-judgemental discussion or to enquire further into their limited disclosure suggested a minimisation or denial of the trauma's significance. Mala perceived this lack of conversation as a lack of care and concern, indicating that when family members did

not provide the necessary emotional support following such revelations, it exacerbated their trauma.

In the section above, I wrote about how Alisha was touched inappropriately in their school's washroom. Alisha's personal account below showcased the extreme physical and psychological effects that their trauma had, manifesting in both conscious and unconscious behaviours:

> I tried not to drink water. So, I had avoided using the restroom, controlled it, and when I reached my apartment, my bladder couldn't take it anymore, and I wetted my clothes. It was very bad. It hit my self-esteem a lot because I bed wetted also while sleeping because of the trauma and I was regularly crying in my sleep. Once I remember, I actively sleepwalked till the entrance of the building but thankfully I was brought back. I was supposed to have been sleeping, but then my father didn't believe it's sleepwalking, because I have never slept walk. He thought I was sneaking out. That's the only one time I've sleepwalked in my life. I've never actually done it all my life, so it's weird that it went to that the trauma went to that extent.

This narrative painted a comprehensive picture of how trauma manifested in both physical and psychological ways. The experience of bedwetting and crying during sleep indicated a high level of anxiety and discomfort in Alisha's environment, affecting basic bodily functions. This connection between physical symptoms and emotional distress showed the extreme effects of trauma on Alisha's sense of self-worth and dignity.

Samarth's experience, as detailed in the previous section, starkly illustrated the intense and cascading repercussions of abuse perpetuated by an authority figure—a schoolteacher in his case. The abuse inflicted by someone in a position of power did not merely constitute an

isolated incident of harm; it triggered a domino effect, adversely impacting multiple facets of his life:

> She said all these wrong and unhelpful things and got me suspended from school for 10 days. By this time, my parents came to know of my relationship and being physically involved with a girl, and I was beaten badly and abused both physically and mentally by the teacher. It was in 2020 when I went through this trauma, and it took me 3 years to heal from this. After that I was hesitant to be in any relationship going forward. That abuse went to an extent that the nearby two or three schools got to know about me and that such things had happened. And I was unable to handle such trauma. That was a huge mistake of my life.

In Samarth's case, it is evident how an authority figure not only verbally disparaged him but also contributed to a punitive disruption in his education through suspension. This series of actions became a catalyst for further turmoil when it led to his parent's discovering his same-sex relationship, resulting in physical and mental abuse at both home and school. He identified various areas and ways in which his life was impacted: his education, community stigmatisation, fear of future intimacy, and internalised guilt and regret.

7.5 Chapter Summary

In this chapter, I studied the impact of various interpersonal factors on an individual's mental health, as guided by the complex dynamics within families, friendships, romantic partnerships, and professional interactions. I began by studying how participants dealt with a lack of awareness amongst their social circles. The chapter then explored the difficult expectations put on the participants, both in terms of gender and sexual conformity, and marriage. I then examined family dynamics, highlighting how both acceptance and rejection based on identities such as sexual orientation, gender identity, or mental health status influenced self-esteem and

psychological well-being. I concluded the chapter by presenting various cases of child sexual abuse and introduce a new concept: Corrective Child Sexual Abuse. A significant focus was placed on navigating personal identity within these relationships, addressing the challenges of conforming to societal expectations, the stress of concealing one's identity, and the effects of discrimination and microaggressions. Through this chapter, I provided a detailed examination of how relationships within various social contexts shaped the mental well-being of participants navigating complex identity landscapes.

CHAPTER 8: INDIVIDUAL FACTORS

In this chapter, I will adopt a micro perspective to examine the everyday experiences and practices of participants, aiming to gain a deeper understanding of their lived experiences and how they managed instances of discrimination/homophobic behaviour. This chapter will specifically focus on the various individual factors that participants dealt with and their respective mental health consequences.

In the preceding chapters, I have scrutinised the broader societal and interpersonal aspects that significantly influenced the lives of the participants. These chapters have delineated how participants either reported a sense of having no (macro factors) or limited agency (interpersonal factors) within these environments. However, in this chapter, I will present themes and factors where participants expressed that they felt the maximum level of agency and ability to control their experiences. This chapter will address four main themes. First, it will explore how some participants' spoke about their own lack of awareness (and later amended that, again highlighting their agency) regarding gender and sexuality. Expanding on this discussion of how they did not have enough knowledge to draw conclusions about their identity, I look at how they performed gender and sexuality or participated in gendered activities. Then, I will examine their perceptions of the scope of possibilities available to them, aligning with the foundational principles of studying psychological well-being. And finally, I elaborate on how they controlled their environment by exercising their ability to make a choice to leave India and settle somewhere else.

Consistent with the approach in previous chapters, each theme will also look at the mental health impact and how participants experienced and navigated them. By exploring these individual and personal dimensions, I aim to provide a comprehensive understanding of how personal experiences contributed to mental health outcomes among participants.

8.1 Lack of Awareness and Understanding in Participants

In the previous chapter, I examined the theme of 'Lack of Awareness/Understanding' pertaining to the participants' families and environment, noting how familial settings often mirror broader societal norms that fail to recognise or validate non-heteronormative and non-cisgender identities. Building on this discussion, this section shifts focus to the individual level, exploring how participants also experienced a lack of understanding about their identities. Here, I will describe what participants reported as internal struggles as they grappled with their gender and/or sexuality amidst a pervasive culture of cis-heteronormativity. Participants' state of uncertainty about who they were was a direct outcome of the internal confusion stemming from the availability of limited narratives which rarely affirmed or even acknowledged alternative identities. This led to a personal journey marked by isolation and the challenging task of piecing together their identities without the usual societal cues or support systems available to their cis-heteronormative counterparts. The current literature highlights that individuals facing discrimination due to their marginalised identities encounter heightened stressors compared to those without marginalised identities, leading to adverse health consequences (see Chapter 2).

By contrasting the challenges faced by SOGIESC individuals due to minority stressors with the lack of understanding from their families as discussed in the previous chapter, I aim to elucidate a nuanced understanding of the dual nature of these experiences. The juxtaposition of these two themes demonstrates the complexities of SOGIESC identities and the multiple layers of adversity they encountered in their lives. Furthermore, these narratives pointed to a broader issue of educational gaps concerning gender and sexual diversity, which left young individuals, like the participants, without the vocabulary or framework to understand their own experiences.

8.1.1 Lack of Resources

One of the most common factors contributing to this lack of awareness was a lack of information and resources for participants. Mala explained how being from a small town also impacted this:

> No, I think while growing up I didn't realise it as much. It's only after being aware and after having conversations with friends and queer people, it made me realise a lot of things. And then I started connecting the dots that these kinds of thoughts were there before as well. It's just that I was not aware of them. When you come from a small town, there is a lack of resources. I was not even exposed to that kind of information while growing up, even during my undergrad or even before that. I think after coming to Delhi recently, things changed, and a lot of things started making sense related to gender and sexuality.

Mala's narrative is a great example of how individual factors (how they felt/what they know) connected to structural issues such as educational opportunity and geography. Mala recognised and acknowledged that their thoughts and feelings were present even in childhood but were left unexplored due to informational voids. Their narrative showed the rural/urban divide in terms of access to information and resources, which majorly impacted their awareness of their gender and sexuality. This can be attributed to limited educational resources, conservative cultural norms, and a lack of exposure to diverse perspectives in rural areas. Empirical research has indicated that SOGIESC individuals living in rural regions face distinct and complex challenges in comparison to those in urban settings. As in Mala's case, these challenges stem from various factors such as absence of prominent or cohesive SOGIESC communities, lack of information, obstacles in attending gatherings without raising concerns within their families, and a scarcity of culturally suitable social and healthcare services (e.g.,

Oswald and Culton, 2003; Sheriff and Pope, 2008; Wigmore, Sherriff, and Bogen-Johnston, 2009).

Reflecting on his early experiences, Shantanu explained how it became evident that recognising and affirming his sexuality was hampered by inadequate resources:

> When I started questioning my orientation, I was very young. I had no idea what it means to be a cisgender straight man. I had no idea about the difference between male and female bodies. I was not that young, but my knowledge was very limited at the time. But even before that, when I reflect on my life, there was always attraction towards males and that attraction was not towards females by nature.

Shantanu's account illustrated the internal confusion and lack of knowledge that surrounded the development of his sexual identity, particularly when cultural and educational systems did not provide comprehensive information about gender and sexuality. His narrative also reflected a deeper, intrinsic aspect of his identity—despite the lack of understanding and vocabulary, there was a clear, inherent attraction towards males than females. The realisation and acknowledgment of this attraction, despite societal norms and personal confusion, highlighted the resilience of sexual identity even in the absence of supportive educational contexts. Greater insight into the concept of 'attraction' is crucial in contemporary discussions within the field of sexuality research. It further begs the question: what insight do we have and what is missing?

In my interviews, I encountered another dimension of lack of awareness—one where a participant believed he was asexual due to his absence of attraction to the opposite sex. Samarth said:

> Another thing that I hated the most was marriage. I never thought in my life that I would ever think about a guy for marriage. I always thought about devotion (religious) to an extent that I started thinking if I was an asexual, because I never got attracted to anyone.

His assumption that a lack of heterosexual attraction meant asexuality revealed a deep introspection about his identity. It highlighted a crucial aspect of self–discovery where he attempted to align his feelings—or lack thereof—with existing labels and concepts to make sense of his experiences. Asexuality, defined as a lack of sexual attraction to others, became a consideration for him in an effort to explain his feelings within the framework available to him. Additionally, Samarth's strong aversion to marriage, traditionally conceptualised within a heteronormative framework, indicated his internal conflict with the expectations to form a conventional family through heterosexual marriage. This also ties directly into the previous discussions about marriage explored in Chapter 7, where marriage was examined as a significant societal and familial expectation. Linking Samarth's experiences to the interpersonal theme, it becomes evident how societal pressures surrounding marriage exacerbated his feelings of alienation and confusion. Such narratives are vital as they illustrated how misconceptions arose from inadequate information, reinforcing the importance of broadening societal and educational discussions to better represent the diversity of sexualities.

This theme of misunderstanding was also prevalent in Chapter 5, where a similar deficiency in comprehension regarding terms and identities related to gender and sexuality was highlighted. Specifically, I reported that out of the 13 individuals who identified as asexuals in the survey, 8 were heterosexuals. For these participants, this misidentification stemmed from a fundamental misunderstanding of the term 'asexual'. They incorrectly assumed that being asexual merely referred to someone who had not yet engaged in sexual activity. This misconception underscored a broader issue of misconceptions around the diverse spectrum of

sexual orientations and the precise meanings of terms used to describe them. It revealed a gap in knowledge and understanding that leads to incorrect self-identification.

A common experience in the participants' narratives was the delayed realisation of what they felt was their authentic sexual orientation or gender identity due to prevailing societal atmosphere and personal misconceptions. Akshay elaborated on his experiences:

> Up until the age of around 20 or 21, I thought I was straight. I did not realise that I am, in fact, attracted to guys as well. So, it's been a few years since I realised that.

His initial belief that he was straight, up until early adulthood, highlighted the strong influence of heteronormative assumptions that dictated his understanding of sexuality from a young age. His narrative also illustrated the journey of coming to terms with his sexuality, which was not instantaneous but evolved over time as he gained more exposure or more deeply interrogated his own feelings.

Another such misconception was reflected in Alisha's narrative where they elaborated on their lack of knowledge regarding various genders and sexualities:

> I didn't know liking a girl makes you gay. I knew what gay is in 2009 when I watched 'Dostana'. In 2010 I watched 'Kabhi Alvida Na Kehna' and I knew what a lesbian was. Until 2016, I thought bisexual is someone who has both sexes in them, which is basically intersex. But then I realised bisexual is someone who likes both genders only in 2016.

The reference to Bollywood films as sources of initial exposure to terms like gay and lesbian indicated the influence of media in shaping perceptions and knowledge about SOGIESC identities. This highlighted several key aspects about dissemination and acquisition of knowledge regarding gender and sexual identities, particularly in environments where

formal education on these topics is lacking. Popular Hindi movies played a critical role in introducing different sexualities to Alisha, marking the significance of media representation in creating avenues for creating awareness of SOGIESC identities. However, the representation of individuals from the SOGIESC community in movies frequently exhibits bias, with gay men being depicted as excessively feminised sexual predators (like in the movie Dostana). This is particularly evident in societies like India where acceptance of this community is challenging.

8.1.2 Agency to Educate

A distinctive aspect of this theme, as compared to the theme mentioned in the previous chapter, is the proactive stance participants took in educating themselves about their identities. Unlike their family members and friends, who lacked initiative or willingness to seek out information on gender and sexuality, the participants demonstrated a significant degree of self-motivation. Driven by a desire to understand and articulate their own experiences, they actively sought information through available resources such as movies, social media sites, podcasts etc. This self-directed learning is in stark contrast to the passive, or even resistant, attitudes often exhibited by their interpersonal networks.

Participants leveraged the internet as a tool for self-exploration and learning and gained different insights about themselves. In today's digital age, the internet acted as a central resource for participants to explore and understand their identities. With an unprecedented wealth of information readily accessible online, participants delved into a wide array of content, spanning scientific research, personal narratives, and community support groups—all of which significantly aided them in their journey of self-discovery. Through online platforms, participants found support, connected with like-minded individuals, and engaged in meaningful discussions that contributed to their identity formation. Through the anonymity provided by the internet, participants found a safe space to navigate complex identity-related questions.

Some of the participants were also confused by their identities. For instance, Diya explained how she realised she was not heterosexual:

> You realise a lot of crushes were crushes in retrospect. You think 'Oh! This makes so much sense. I don't have to be straight'. Because when I was 13, I had a huge crush on one of my friends. And when I was still figuring out my sexuality, I spoke to one of my friends and I said, 'you know how sometimes you just feel like kissing girls?' And then she said 'no, it doesn't happen to me. I don't think about that.' And I think that's when I realised that maybe I'm not straight. So, then I did a few BuzzFeed quizzes, and I was like, oh, there you go. Bisexual.

For Diya, this exchange was pivotal, as it prompted her to reassess her identity considering societal expectations regarding heterosexuality. Her subsequent research of her identity through informal means, like Buzzfeed quizzes, shed light on significant aspects of modern identity exploration. Despite lacking academic rigor, these quizzes contributed to Diya's identity development by providing a less formal and more accessible avenue for her to examine and validate various aspects of her sexual identity. These quizzes provided language and concepts Diya had not encountered elsewhere, acting as a gateway to further introspection and self-acceptance.

Another participant was also able to identify their identity through unconventional source of information. Zoya said:

> Since childhood everyone used to say 'you don't act like a girl' but I didn't know there's a term called as non-binary. Indian schools don't teach you any of these things, so I was questioning my sexuality since almost 8th standard. But last year I was listening to this podcast called as 'shudh desi gay'. And there was this podcast on gender fluid person. And I related with them, and I thought, 'oh, this is me'. Then I kind of educated myself

about gender and was researching about what are other genders, what is nonbinary and all. I related mostly with the gender fluid. And then I was like, yes, it is me. Because sometimes I feel like a girl, sometimes I feel like a boy, and sometimes I feel like no one, like I'm just a person, not a gender. Now I know I'm gender fluid. It's kind of last year I recognised it and then posted it on Instagram, and I changed my pronouns.

Zoya's experiences illustrated the importance of accessible resources in facilitating self-discovery and fostering a sense of belonging for their nonconforming identity. The turning point for Zoya was the exposure to the podcast discussing gender fluidity. The podcast not only introduced them to the concept of being gender fluid but also offered them a moment of identification and understanding that they had not found in traditional learning environments, i.e., their school. A possible reason for turning to these informal resources can be attributed to participants knowledge that they could access these resources with some confidence that no one would find out that they are reading or listening to these sources of information.

8.1.3 Cis-heterosexual Participants' Experiences

Under this theme, I will present accounts of my cis-het participants. Before I delved into the main questions, I asked all my participants their gender identity and sexual orientation. This served two key purposes: first, to establish a rapport with the participants by engaging them in discussions relevant to their identities, and second, to ensure that the survey was inclusive, offering options that allowed participants to accurately represent themselves. An interesting finding is how my cis-het participants responded to this enquiry. For instance, Sona, a cisgendered straight woman, exhibited slight confusion when I asked her about her sexual orientation. Her reaction featured a scenario where individuals who fit the societal norm (cis-het) may not frequently think about what their sexual orientation is. Below is an excerpt from the interview:

Interviewer: How would you describe yourself sexual orientation?

Sona: Sexual orientation as in my preferences? Normal?

Interviewer: Would you say you are heterosexual woman?

Sona: Oh, yes.

Throughout the interview, Sona was respectful and mindful of the SOGIESC community. She even called herself an 'ally' which was reflected in my interview with her. However, her referring to her sexual orientation as 'normal' reflected a common societal perspective where heterosexuality is often seen as the default or standard sexual orientation. This terminology revealed a subtle but pervasive form of heteronormativity, where even well-meaning individuals, like Sona, implicitly positioned other sexual orientations as deviations from the norm, or as abnormal.

A similar experience happened with my other cis-het participant. When I asked Kabir about his gender identity, he responded:

Interviewer: What is your gender identity?

Kabir: So, gender is basically something you identify with, right?

Interviewer: Yeah.

Kabir: So, I identify by the pronouns he/him.

Interviewer: So, would you say you identify as a man then?

Kabir: Yes, I would say I am a male.

Like Sona, Kabir was also respectful for the SOGIESC community, positioning himself as an advocate for equal rights for all. However, I had to ask him to state his gender identity in different ways to make him understand the question. Through these interview excerpts, I aimed to illustrate that even individuals with the best intentions can unintentionally perpetuate cis-heteronormativity, simply due to a lack of awareness. The fact that cis-het participants like Sona and Kabir found questions about sexual orientation and gender identity somewhat

confusing highlighted a broader societal issue: such concepts are often considered implicit or 'given' within their worldviews. This revealed a gap in understanding and familiarity with SOGIESC concepts among those who might not personally engage with these identities.

8.1.4 Mental Health Impact

The reality of not understanding their own identity left an overwhelming impact on the participants, which I will highlight in this section. The narratives shared by them show a common theme: the confusion and isolation that arose from a dearth of accessible, accurate information about diverse gender and sexual identities. As will be evident throughout this section, this absence of awareness led to prolonged periods of self-doubt and internal conflicts as participants struggled to understand and articulate their feelings within a societal framework and often without the language which did not acknowledge their existence. I will elaborate on how these struggles not only affected their well-being but also compounded the challenges faced by those navigating non-heteronormative identities in a pre-dominantly cis-heteronormative society.

Zoya recounted the impact of language and labels on their understanding of their identity and the potential subsequent consequences on their well-being:

> To be honest, when I was a kid, I knew nothing about these terms. I heard it for the first time when a girl whispered to another girl that ‘look at her, she's a complete tomboy, I'm sure she's a lesbian’. I asked my friend ‘What do they mean? What is a tomboy? What are they trying to say?’ I am a girl, and they are calling me a boy just because of how I dress. So initially I didn't know what a tomboy was, and I didn't know the difference between sex and gender. I was still struggling with my sexuality. So that kind of triggered me into a deep state of confusion and distress over who I was because I didn’t know the meaning behind it.

Zoya's experience of overhearing a term ('tomboy', a gendered term) used in a pejorative manner, associated with another label ('lesbian', a sexuality term) initiated their confusion. As I mentioned in Chapter 7, this situation also highlighted the often casual, but impactful, way in which gender expression is conflated with sexual orientation in everyday discourse, adding layers of complexity to Zoya's understanding of their identity. To get a better understanding of these terms, Zoya asked their friend, further showcasing the absence of clear and accessible information. This confusion 'triggered' them and lead to significant distress during their adolescence. In light of the proliferation of various sexual identities, it is not surprising to observe an increase in the refusal of specific sexual labels or markers, especially amongst contemporary youth.

To add to how labels added a new layer of confusion for participants, Mala revealed the complex and often conflicting feelings that caused a fundamental discomfort with the necessity of labels, highlighting a broader existential question about their purpose and the limitation they impose:

> Personally, I feel that they (labels) should not be there at all but because it is there, it is a bit confusing, I feel like I don't fit anywhere. I don't understand why this thing even exists. I understand that labels help in understanding things but at the same time, why does there need to be binaries, there can be more. There's also confusion that non-binary comes under the trans umbrella but there are a lot of non-binary people, including me, who do not feel comfortable being called trans because that would mean again putting yourself into extreme, either you can be a trans man or a trans woman. It confuses me again.

Mala went on to explain the double-edged nature of labels. On one hand, labels provided clarity and a sense of community; on the other, they felt restrictive, imposing binary

choices which did not accommodate their experiences. Cross & Epting (2005) challenge the concept of sexual preference as a fixed category, arguing that an individual's sexual development is a dynamic and exploratory process that is hindered by societal pressures to conform to specific labels. The misalignment of non-binary and trans created a sense of exclusion and discomfort for Mala and did not reflect their desire for a more nuanced understanding of gender that allowed for fluidity between and beyond the traditional binaries. They also explained how lack of awareness affected them during puberty:

> 'So, puberty hit me, and then my body suddenly changes. The change was very surprising and, at the same time, uncomfortable for me. I thought 'this is not something that should be a part of my body'. And I felt this is not something that I want. I just remember going to school and not feeling okay with the growth that was happening and it made me feel very dysphoric, that is the right word. But then if I must explain what exactly I feel during those days, it was that 'no, this is not something that is supposed to happen with me or my body'. I was extremely dysphoric.'

This narrative captured the intense gender dysphoria which non-conventional gender identities sometimes experience. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), gender dysphoria refers to the distress that may occur when gender identity does not coincide with assigned sex. However, gender incongruence and gender dysphoria are no longer listed as mental health conditions in the International Classification of Diseases, 11th Revision, but rather in a new sexual health chapter.

Mala reflected on the sense of alienation and discomfort they felt as their body began to change in ways that felt inherently wrong to them. The use of the term 'dysphoric' encapsulated the deep unease and dissatisfaction that arose when Mala's gender identity did not align with their physical attributes. This distress was not just about disliking puberty

changes—which many might feel to some degree—but a fundamental incongruence which permeated various aspects of their life, profoundly affecting their mental health.

Adah discussed the challenges she faced in such environments where discussions on sexual orientation and gender identity were absent or stigmatised:

> So, even before moving for college, when I was in school, I had cut off a lot of people from my life, friends who were homophobic, which I didn't realise before coming out, of course, because before coming out in school, there was never a discussion about the LGBTQ. Even in school, I didn't know anyone was part of the LGBTQ, so it was isolating for me. Of course, there must have been people who were in the closet, but there was no one who was openly gay, bisexual, lesbian.

Adah's experience of not realising the homophobic tendencies of her friends until after coming out stressed the remarkable impact that her environment's cultural climate had on awareness and acceptance. Before coming out, Adah lacked the framework or perhaps the necessity to evaluate her friends' attitudes towards LGBTQ+ issues, reflecting how deeply embedded and normalised heteronormative assumptions are within social settings. Her mention of others likely being 'in the closet' suggested an awareness that she was not alone in her experience, yet the lack of visibility and open dialogue perpetuated a sense of isolation.

Akir's experience also captured the internal turmoil and confusion experienced during a critical period of self-discovery:

> 'When I wasn't able to understand my own identity, that was the most confusing time for me, because when puberty hit, I was still getting attracted towards women. And all the women I liked, they liked boys. And I wasn't sure what was happening. I wasn't able to understand what to do about this. So, it added to my confusion and loneliness.'

He described a time marked by significant emotional distress due to a disconnect between his attractions and the expectations or behaviours of those around him. The lack of clarity and understanding about his own feelings and identity intensified feelings of confusion and loneliness. The absence of open conversations about non-heteronormative attractions exacerbated his struggle, making it difficult to find validation or support within his immediate communities.

Throughout my interviews, I noticed a difference in the way the participants spoke about events relating to individual factors: the impact on mental health was less pronounced in comparison to the macro and interpersonal factors—a trend that was not only observed in this theme but will also carry forward into the subsequent ones. This less significant impact of individual factors on mental health, compared to macro and interpersonal factors, can be attributed to the degree of control participants had over these situations. I propose that empowered by the ability to manage and alter their circumstances, participants actively took steps to mitigate potential suffering. This contrasts sharply with macro-level societal issues and interpersonal dynamics, over which participants often had little to no control. I am not implying that the mental health consequences are not serious or valid or covers all possibilities, instead, I am suggesting that the autonomy associated with individual factors provided participants the agency to proactively address their challenges—whether by adjusting their behaviours, modifying their immediate environment, or seeking out resources to better manage their issues. This ability to enact change played a crucial role in safeguarding their mental health, enabling participants to tailor their surroundings and actions in way that supported their well-being, rather than feeling trapped by external conditions beyond their control.

8.2 Doing Gender and Sexuality

In this section, I will explore the ways in which participants performed and expressed their gender and sexual identities. In contrast to earlier chapters where the focus was on societal

and familial norms dictating gender roles, this chapter highlights participants taking proactive measures to express their identities based on their individual preferences and desires. Gender expression refers to the external presentation of a person's gender; for example, as expressed through a person's name, clothing, behaviour, hairstyle, or voice, which might or might not conform to socially defined behaviours and characteristics typically associated with being either masculine or feminine. In this context, the focus moves from externally enforced expectations to understanding how participants autonomously crafted and managed their identity presentations. I will highlight narratives where participants exercised agency over their gender and sexuality, choosing to define aspects of themselves on their own terms, rather than what was expected of them. Nima expressed a deep desire for autonomy, indicative of personal choices as well as societal acceptance:

> I want that physical autonomy to be there. I want that independence to be there. I want that freedom for myself to be there.

Nima's use of 'independence' and 'freedom' emphasised the importance of self-determination in her life, stating a need for spaces where people like her can freely express themselves without fear of judgement or repression. This desire for autonomy was not just about personal liberty but was also tied to a need for societal recognition and acceptance of diverse identities, like hers.

Rishi effectively explained the societal notions and expectations of performing gender:

> I think we are taught to perform gender from the time we are born. Every set of rules, every interaction teaches us how to perform as a certain sex, and gender in itself is performance. These are the rules. As a man, you have to be very masculine, and you have to be very rough and loud. You know the objectives that will attach to a man and the objectives you'll attach to a woman.

His narrative captured the deeply ingrained societal mechanisms that dictated gender performance, illustrating how he was conditioned from birth to adhere to specific gender norms and roles. He explained how these predefined attributes limited his individual expression and were particularly stifling as he did not fit neatly into these categories. However, Rishi realised that these expectations were never ending, and hard to adhere to. He explained how he slowly started experimenting to find his own likes and dislikes, not what he should like or dislike:

> I enjoy applying black nail paint, I shaved my legs once, I am experimenting with my clothing. Right now, I am financially dependent on my parents, so I cannot perform whatever my performance of gender would have been if I was not here. But I have a lot of things on my mind and how I want to behave. Slowly, I am learning about who I truly am versus who I created for others.

He shared his experiment with gender expression as forms of personal expression that deviated from traditional gender norms. Rishi acknowledged that being financially dependent on his parents imposed limitations on his ability to express himself freely. However, his narrative illustrated an ongoing process of self-reflection. This distinction between his authentic self and the persona he created to navigate societal expectations encapsulated the struggle he faced in aligning his internal identity with his external expression. His narrative is also closely related to Sneha's reflection in Chapter 7, where they questioned, 'are you constructing your identity based on who you are or who you're supposed to be?' These interactions accentuated the significance of the identity formation process for the SOGIESC population. This process involved not only discovering their authentic selves but also unlearning the identities they were conditioned to adopt. The process of self-discovery for SOGIESC participants was thus twofold: it included understanding their authentic identity and dismantling the societal and familial expectations placed upon their identities.

8.2.1 'Boy-cut'

Sneha expressed the significant role that physical appearance played in their gender expression and the emotional impact of aligning their external presentation with their internal sense of identity:

> For me, gender expression is a lot about how I look. So, I changed my hair. I used to have my hair down till my waist in 2020. For starters, I cut it till my shoulders just to see how it looked, then I got a bit more brave and got a razor and did like a boy cut and that was really euphoric. I love that because I wanted to be seen masculine as well. But I'm also feminine in some senses. It's a very physical thing. My voice will be deeper that day. The way I sit will be different, the way I talk will be different. How I do gender basically based on how I feel that day. So, when I wake up, I feel like certain way and then that's what I feel like wearing that day, and that's what I feel like doing. It will show in my behaviour also. The way I sit will change, the way I talk will change, the way my hands work will change.

Sneha's experiences provided a rich, detailed account of how gender expression was dynamically intertwined with daily physical appearance and behaviours, illustrating the fluidity and variability of gender identity. The participant described their gender expression as an evolving practice, influenced by their feelings on the given day. Gender expression is not necessarily an identity but is rather the ways in which one's gendered understanding of self is embodied and communicated to others. For many—in particular individuals whose presentations align with societal expectations—this communication and its reception are often unremarkable in day-to-day interactions (Anderson, 2020). For those who defy gender expectations, gender expression may constitute a more self-aware and conscientious embodiment and require constant negotiation of others' evaluations (Dozier, 2017; Levitt,

2019). This approach emphasised gender as non-static and personalised where physical changes—like haircuts—and behavioural adjustments—such as voice modulation, body language, and mannerisms—served as powerful mediums for self-expression and gender presentation. Experiencing euphoria through a haircut i.e.., a boy cut[6] highlighted the emotional impact and validation that came from aligning their external appearance with their internal sense of self. Isha also noted how she gravitated towards shorter hair from a young age:

> I made choices that perhaps went against what I would naturally have enjoyed. I was surrounded by more female peers and friends, and I wanted to be like them because they seemed popular and cool. I think the pressures my mother put on me and that high school age of wanting to be more acceptable, all of those things sort of culminated into me temporarily adopting a more feminine gender expression. I think that's when perhaps I did cave into those expectations, a little bit. I was not entirely unhappy about it. I didn't go all the way; I just like sort of grew my hair out a little bit. I started wearing more feminine clothing. But from a very young age, as soon as I was given the choice of how to express myself, clothe myself and present myself, I automatically gravitated towards more traditionally masculine attire and having short hair. I really don't know where it came from because it's not like I had a lot of male influence in my life that could have pushed me. But that is what I wanted to do.

This reflection provided insight into the innate aspects of gender expression that manifested independently of direct external influences. As was evident in various other participants' narratives as well, Isha recounted a period during which she conformed to more traditional gender expression (in her case, feminine), influenced by the desire to meet societal expectations. However, once Isha had more autonomy over her choices, she expressed herself

[6] Having short hair is loosely called boy cut in various parts of South Asia, including India.

in ways that felt more inherently comfortable, opting for traditionally masculine attire and shorter hair (i.e., 'boy cut'). This account marked the key essence of this theme: navigation of expression through a combination of personal inclination and societal influence.

Alisha had a more individualistic idea of gender performance, in ways where they challenged traditional binaries and societal expectations:

> That year, I had five months of hyper feminine and five months of hyper masculine. These terms are according to the society. I was just having fun. I'm just having fun being myself. I'm having the fun of playing around with my people's emotions. They call it the Jekyll and Hyde kind of a personality. For me, it is just two parts of me, or two of the 100,000 parts of me. If I were alone, I would do everything under the sun. I would try to get testosterone and maintain a beard. Obviously, the question of body and hormonal imbalance concerned, I wouldn't be that reckless. But if beard grew automatically, I would maintain it. Why must I shave it? And if I had to have short hair, I would maintain that if I had to, whatever came in my way, I would accept it as a part of myself.

The participant had a more playful and experimental attitude towards gender, seeing it more as a spectrum of possibilities rather than a rigid classification. The reference to 'Jekyll and Hyde' kind of personality expressed how others viewed these shifts in gender expression as stark or dramatic changes, akin to two distinct personalities. However, for Alisha, these were simply facets of a much more complex identity, indicating that what seemed like drastic shifts to others were natural variations in self-expression for them. Throughout the interview, Alisha illuminated a profound acceptance and celebration of self, whatever form that might take for them, which is evident here in this narrative as well.

In a different expression of agency, Samarth opened up about how he, as a trans man, needed to adhere to masculine gender expression to be considered a man:

> I am a man and I like having long hair, but I have a boy cut and I keep it short to show off my gender expression, that 'yes, I am man'. On the contrary, if I was a normal male, I would have grown my hair and worn earrings as well. I mean, I am matured enough to know it's all socially constructed but still.

He further clarified that there is no external compulsion for him to maintain short hair (or a 'boy-cut') or adopt masculine physical cues; rather, it is his personal choice to align with these gender expressions to be recognised as a man by both the society and by himself. Even though the agency of this decision is different from the above narratives, this self-driven decision also highlighted a proactive approach to performing gender. He expressed a will to be more confident in these choices in the future, but as it stood during the time of the interview, his choices reflected an amalgamation of societal norms and personal choices, indicating how his personal identity was shaped in negotiation with the wider cultural context.

In these narratives, hair consistently emerged as a common denominator through which participants expressed their gender identity. For many, the length and style of hair served as key indicators of gender, with long hair typically associated with femininity and short hair with masculinity. The term 'boy cut', frequently used by participants, exemplified this. This phrase transcends mere colloquial use, embodying deeper cultural significances that connect directly to expressions of masculinity. Participants did not simply discuss these styles in abstract terms; they actively adopted these haircuts as a physical manifestation of their gender identity, visibly aligning their outward appearance with their internal sense of self. Hence, the choice of hairstyle became a powerful tool for signalling gender identity, reflecting broader societal norms and expectations. It allowed participants to communicate aspects of their identity in a

direct, visible way, often making hair not just a personal preference but a site for gender expression.

8.2.2 Mental Health Impact

Throughout the previous chapters, sections and themes, the mental health impact has been mostly negative in its manifestation. However, this section will delve into the mental health implications associated with participants' gender and sexual identity, exploring both the challenges and liberating effects of these experiences. While I will detail the impact of the pressure to conform to societal expectations, I will also discuss the inferences of being able to express themselves freely. Through the narratives of participants, I will explore the mental health impact of both the affirmation and suppression of authentic self-expression.

Rather than thinking of people as individuals whose actions are determined by a society or a context that is inexorably beyond them and precedes them, research on agency has made it possible to account for a reflexive relationship within which people's ability to act is socio-culturally mediated (Ahearn, 2001). Alisha spoke about their hair being an integral part of their identity and societal expectations:

> I had really long hair. I cut it off entirely and got a side buzz also. And my mom was literally staring at me, thinking 'what has gotten into her'. And it was celebration of another part of me, I will say of a continuation of me. It's very powerful that I'm cheating their expectations of how I should be.

Alisha conveyed a significant moment of liberation through the act of cutting their hair. Alisha's mother's reaction implied the societal pressure to conform to traditional gender roles and appearances. However, rather than succumbing to these expectations, Alisha saw the act of cutting their hair as a reclamation of agency and autonomy over their appearance. They

explained the impact of this decision on their self-esteem, asserting their authenticity by intentionally subverting these expectations.

In the previous section, Isha's narrative revolved around how she conformed to the traditional ways of femininity for social acceptance. However, she elaborated on the impact that had on her:

> It made me feel good, for however long, because it come with some sort of social acceptance but it's not something that, in the long term, I could sustain because I think it was making me dysphoric in some ways. My hair were down to my chest but I still kept thinking I had short hair. If I saw someone with hair shorter than mine, I'd assume they had longer hair than me. I'd look in the mirror and see my long hair, and I'd be like 'no, this is not long hair', even though it was literally coming down to my chest. I think eventually I just made the decision to stop, and it benefitted me greatly. I felt lighter in many ways, like a burden was lifted.

Initially, Isha derived a sense of well-being from the social acceptance that came with having long hair. However, this positive feeling was temporary and superficial, as it conflicted with her deeper sense of self, leading to feelings of dysphoria. The misalignment of her hair being long, while she consistently perceived it as short, highlighted an internal conflict between societal expectations of gender (manifested through hair length) and their authentic sense of self. She explained that the decision to cut her hair was not merely a physical change but a significant step towards expressing her identity the way she wanted. She expressed the relief she felt when she made this decision. The act of cutting her hair was both a rejection of the omnipresent societal norms and an embrace of her authentic self-expression. Isha further explained the deep-seated struggles of gender non-conformity:

> I always had a very huge problem with all the biological aspects of my birth gender. Especially when I hit puberty, I was angry, I was mad at my body for doing this to me and I just felt very upset about the whole thing and wishing it hadn't happened to me. I think that the only time that I really have ended up making some sort of peace with my gender is by being completely non-conforming to any sort of expectations of it. I'm attracted to a completely different gender, expressing myself completely differently. I mean that's the only point when I became comfortable with my sexuality, that was the only point I was a little more comfortable with my gender identity. Even now, I think if I was a little more attached to terms and ideologies like being non-binary that might be something that suits me better, but I'm attached to the idea of being a non-conforming woman. There's something about that non-conformity that I enjoy. Otherwise, I have experienced gender dysphoria and I have experienced a lot of maybe experiences that someone who is nonbinary or someone who's trans might have experienced.

She described feelings of anger and dissatisfaction during puberty, a critical period when the physical manifestations of her birth gender starkly contrasted with her gender expression, leading to gender dysphoria. Further in the interview, Isha expressed how her experiences also led to significant mental health challenges, including depression and a heightened suicidal ideation. By choosing to live as a non-conforming woman and expressing her gender and sexuality in ways that felt authentic to Isha, she was able to alleviate some of the distress associated with gender dysphoria.

Akshay reflected on the emotional and psychological impact the gendered expectations and criticisms had on his sense of self:

> I would say that it (being told he acts like a girl) makes me kind of uncomfortable in my own skin. I feel if these comments were non-existent like, 'stop acting feminine, you need to be a man, dress a certain way, wear your hair a certain way', I feel in the absence of comments like these, I would have had greater freedom to explore my true self. But I have been made to feel horrible for the choices I made.

He expressed discomfort and unease caused by comments that challenged and invalidated his behaviour. These remarks not only questioned Akshay's authenticity but also imposed a restrictive framework of gender expression, effectively policing how he should dress and present himself according to prescribed male norms. These comments created an environment where his gender expression was surveilled and controlled, leading to a significant internal conflict and discomfort. He acknowledged that the absence of such comments would have allowed him greater freedom to explore and express himself, highlighting a missed opportunity for self-discovery and personal growth. Moreover, Akshay expressed the emotional toll this societal rejection and criticism had on him, leading to diminished self-esteem and increased self-doubt.

Mala conveyed a deep sense of bodily disassociation, where they experienced feelings of being temporarily disconnected or alienated from their own body, as if it were not truly theirs:

> On some days, it just feels like I have bartered this body with someone for a couple of days, and then after a few days, I'm going to be all right. I'll have the kind of body that I feel comfortable in.

This narrative highlighted a profound discomfort and incongruity with their current physical form, reflecting a longing for a body that aligned more closely with their internal sense of self. These feelings are characteristic of gender dysphoria, where there is a marked difference

between an individual's experienced or expressed gender and the gender others would assign to them. This mismatch led to significant distress, as evidenced by Mala's hope that in a few days, they will feel 'all right' and possess a body that felt more authentic and comfortable. This was emotionally exhausting and confusing for them, as the sense of sense felt unstable or inconsistent.

In the previous chapter, I explained how Rishi was called transphobic terms by his father and being told to 'behave like a man'. During the interview, he explained how he had low self-esteem. I questioned him if it was due to inappropriate remarks made by people around him. He responded:

> Definitely. I was not allowed to be myself. During my diagnosis, my therapist mentioned that I had symptoms of depression, since I was in 11 years old. They were there in underlying stages, but they led to the disorders I was diagnosed with. So, they do play a major role, whether you kind of figure them out, or you learn about them later.

He further explained how he had to control his desires to express himself. This revealed a significant mental health impact of these negative comments on his self-esteem and overall psychological well-being. He confirmed that such experiences and expectations were a substantial factor which contributed to their self-esteem issues, linking these experiences directly to his mental health struggles, including a diagnosis of depression that showed up in his pre-teen years. This indicated that the negative experiences not only created immediate emotional pain but also contributed to long-term psychological distress.

8.3 Futures Imagined

In this section, I will explore the influence personal identity had on participants' perception of future possibilities and opportunities. I will explore how participants revealed that their experiences and understandings of gender and sexuality either opened new pathways or,

conversely, imposed barriers to achieving their goals. Through their narratives, I aim to examine the interplay between identity and ambition, shedding light on the unique challenges and opportunities that arise at this intersection. This theme also alludes to the psychological well-being of the participants and the ways in which personal identity influences what participants perceived as achievable in their personal and professional lives.

8.3.1 Expectations and Perceived Stigma

To understand the depth of the influence of their gender and sexual identity on their life goals and ambitions, I asked my participants: 'Do you think your gender and/or sexual identity has impacted the kinds of things that are possible for you?' Rishi explained the intersection of gender, sexual identity, and professional aspirations, highlighting the additional pressures faced by people from marginalised groups:

> I do feel like I have to work, you know, try to achieve more than my heterosexual counterparts because of this stigma. I think the same applies to a woman as well. Perhaps, the same applies to people from the community as well. But heterosexual people do have an advantage in that manner: you will be preferred more than the non-heterosexual people in jobs because they are the 'normal people'. I have to work harder, I have to perform better, beat examinations because there is already a stigma you're trying to fight.

Rishi felt a need to outperform his heterosexual counterparts due to prevailing stigmas and biases in the workplace and broader society. This perceived necessity to 'work harder' and 'perform better' was a response to the discrimination and stereotyping that he encountered in his educational institutes, reflecting how in his experience, individuals who deviated from the norm—in this case, heterosexuality—are viewed as less desirable or capable in professional

settings. He mentioned how he felt compelled to prove his worth and competence continually. He further explained:

> If I'm talking from a personal point of view, I have always tried to put more effort into academics and whatever I'm participating in simply because it feels like if I'm not doing well, I'll be judged based on how I present myself. It might lead to people stereotyping me and generalising things about me. That has impacted me a lot. Even with law, I wasn't ready to do it, but now that I am part of this field, I have been taking up internships left and right, and writing research papers and whatsoever, so my sleep schedule is messed up. I barely get three hours of sleep daily.

Rishi narrated the intense pressure and high personal standard he set for himself, driven by a fear of being judged or stereotyped based on his appearance and identity. Whether this stigma was real or perceived or both, his fear of being judged not on his abilities but on his identity led to an overemphasis on academic and professional achievements as a means of gaining validation and respect, even at the expense of his health. Sacrificing sleep and personal well-being to meet or exceed expectation reflected a proactive approach to overcoming potential biases through overachievement.

Another participant also reflected on how his gender identity impacted his career choices. Kabir revealed how gender roles and perceptions of financial stability significantly influenced his career choices:

> One thing I will say that I really wanted to go into the filmmaking industry for screenplay or script writing. That was something that enticed me and I really wanted to do that. But since I knew that it isn't a really, let's say, stable avenue of growth and there is no stable income that I am going to get through that, so that was the reason why

> I decided 'I don't have to do this' because being a man, once again, I was supposed to be successful as fast as I can and provide as far as I can.

The gendered expectation placed upon him involved being successful quickly and providing financially. This was particularly intense for Kabir as he was culturally conditioned to prioritise financial stability over personal fulfilment in his career choices. His resignation to set aside his passion for filmmaking in favour of a more traditionally stable and financially rewarding career led to a sacrifice he felt compelled to make under the weight of gender expectations.

8.3.2 Resilience: Strength from Vulnerability

Shantanu illustrated how his personal experiences of discrimination and marginalisation transformed into professional strengths:

> Yes, absolutely. I feel that this has played an important role in who I am professionally because I have seen the days of being discriminated by the community or I have seen the days of being discriminated as a community. So, I understand what it means to be marginalised. When I work for a marginalised section, I can relate very quickly. I have understood the importance of diversity, equity, and inclusion first-hand. So that helps me to enable the business world to be more diverse, more inclusive, and more equitable. I'm able to offer that as a professional service to the business world today. And I feel that me being gay played a very important and positive contributing role in that.

Shantanu's first-hand experience with discrimination—not only as an individual but also as part of a broader community—deeply informed his understanding of what it means to be marginalised. His personal journey as a gay individual did not only shape his professional identity but also became a driving force behind his commitment to fostering more inclusive

environments in the business world. He also mentioned how this would not have happened if he was not a sexual minority.

Similarly, Anika showcased her ambitions rooted in inclusivity and acceptance, reflecting her desire to create a safe space that transcends traditional gender norms in terms of presenting oneself:

> I wanted to make an all-gender inclusive brand, which I still plan to do. I want to make a brand where a person can just walk into my showroom, try the kind of clothing they want, try the kind of jewellery they want, irrespective of their gender or their sexuality, and walk out with a happy face. A guy wants to buy Jhoomkas (traditional earrings), a skirt and a blouse, or a woman wants to buy tuxedos, I'll make those also. But that all-inclusive space is what I aim for. And I really hope that happens very soon, because that will give a very comfortable space for people in the country. And all these experiences have helped me. And if anything, I am just thankful.

Her intention of having an all-gender inclusive brand stemmed from her own experiences, where in college she was restrained from expressing herself freely. Her main aim with this idea was to not only challenge conventional norms that dictate fashion, but also serve as a potential catalyst for broader cultural acceptance of diverse identities. She credited her past experiences of gender-policing in college in helping shape this inclusive vision, suggesting that personal challenges and observations of exclusion have informed and influenced what she wanted to do in her life. These experiences emphasised how identities served as a source of strength, helping participants navigate their life experiences and pursue goals in alignment with their authentic selves. Participants drew on their personal understanding and resilience to overcome challenges, make informed decisions, chart paths that reflected their values and aspirations.

8.3.3 Mental Health Impact

In this section, I will explore the interplay between personal identity and perceived life possibilities, and how they affected the participants' mental well-being. When participants felt their ambitions being constrained by societal expectations or discriminatory practices linked to their identities, it led to feelings of frustration, diminished self-worth, and hopelessness. Conversely, some participants also saw their identities as sources of strength and resilience which opened unique opportunities for them, enhancing their self-esteem and overall well-being. My aim with this analysis was to understand the diverse ways in which aspirations and achievements, influenced by gender and sexual identity, shaped mental health outcomes.

I begin by showcasing Isha's narrative which poignantly illustrated the mental and emotional toll concerns about identity and discrimination had on her during her critical developmental periods:

> I definitely think it had a massive impact. I spent so much of my formative years of my life worrying about my sexuality instead of focusing on my education or my career. I didn't imagine having a career. I couldn't imagine being older than 25. I spend most of that developmental time just being worried and scared of things like this (overall experience of hiding her sexuality) that I didn't get a focus on all of the other aspects of my life that might have been nice to focus on. I don't think it has impacted my capacity or capability of doing something. But I do think it'd be a lot more difficult for me to do certain things than it would be for someone else because I'd have to worry about homophobia and discrimination that could come in a workplace.

Isha reflected on how her fears and worries related to her identity consumed a substantial amount of time during her formative years. The focus on her sexuality occupied so much of her mental and emotional energy that it overshowed other critical life decisions,

including her career path and personal aspirations. This constant preoccupation with her sexual identity, and the fear of how it would be received by others, diverted attention from exploring and pursuing potential career opportunities. She expressed an inability to envision her life beyond the age of 25, suggesting a sense of uncertainty about her future. During the interview, she mentioned how she would have been doing something different if she was in a better mindset to choose a career. I explained about the institutional discrimination she faced in Chapter 6, which further caused her extreme distress. Even though she recognised her own capabilities, she acknowledged how her path to achieving goals was fraught with additional challenges not faced by her peers. She elaborated how this added (or will potentially add) extra layers of difficulty she and other members from marginalised groups often encountered.

Samarth elaborated on his challenges and discriminations he has faced as someone who is trans, particularly in professional and public spaces:

> When I had long hair, I used to get many offers of hosting events or writing books. I wrote many books as well, but not anymore. Now, I don't get these opportunities. However, now getting a job is also difficult, the moment they look at us and realise, they refuse us jobs. We don't have many choices, when it comes to jobs. We could either take up jobs in backend, and for sales we must grow long hair. I mean, there is a lot of struggle. Either there are no opportunities, or they would offer us less salary. My college is in Delhi University and today as well, when I step foot in campus, more than four people would be there, staring at me, thinking, whether I am girl or a boy. Then in metro, during security check, the security personal stopped me and you know what he asked me to do? He said, "dance if you are a girl" So, I mean, the biggest struggle is to earn bread and butter for ourselves or necessities or needs, that we can't fulfil, and we face financial crisis because of our looks, until we start living freely that can't change. It takes a severe mental toll. I get anxious just thinking about how I will make a living.

His experience of transitioning from receiving numerous opportunities (before coming out as trans) when his appearance aligned more closely with societal expectations (such as having long hair) to facing blatant discrimination and reduced job prospects highlighted the harsh reality of how the physical expression of his gender identity dictated his access to opportunities. He specifically mentioned job discrimination and explained the systemic issue where visible gender non-conformity is penalised, limiting his career options primarily to roles that made him less visible in public spheres. The daily social interactions, from the university to public transportation, where Samarth was subjected to scrutiny and inappropriate comments, revealed the constant emotional and psychological strain on him. This narrative expertly highlighted the interaction of identity, aspirations, and their consequents mental health impacts.

I would like to highlight that the participants' experiences of poor mental health might not seem severe at first glance, but they represent significant issues that warrant attention. General Strain Theory (Agnew, 1992) provides a framework to understand that when individuals are unable to achieve socially accepted goals through legitimate means, they may experience frustration and strain, which can manifest as mental health problems. According to strain theory, these mental health challenges can be understood as a response to the pressures and stressors participants faced in their social environments. In this context, the participants' mental health struggles could be seen as a reaction to unmet expectations and the societal pressures they endured.

In the previous section, I wrote about how Kabir felt compelled to adhere to gender norms of being the breadwinner of the house. He further shed light on the deep-seated conflict between his personal desires and societal expectations, particularly with success and the traditional career trajectory:

> The biggest thing is how my personal views and my personal philosophy is not in support of the whole 'be successful as fast as you can' idea. My personal opinion was to just experiment and find out what life is about, but I could not, I can't do that because of the stereotypes that have been imposed upon me. And I don't have that privilege that I can go around and be on my own. At the same time, I have to follow all of the rat race, I consider it a rat race, go around in circles, and monthly salaries and corporate, and then I have to get into that cycle as soon as I can as a man because that is what is expected of me and I cannot ever escape that in my opinion. So, in that in that way, it has affected me immensely.

He expressed a desire to explore life and its various possibilities, a desire to not follow the conventional paths in life. The tension between personal aspirations and societal norms is not uncommon, but is particularly evident here, where the pressure to conform was intertwined with the participant's gender identity, enhancing the stakes of non-conformity to these norms. Even though Kabir expressed a sense of futility and dissatisfaction with the conventional measures of success, he explained how his gender identity did not provide him with a 'privilege' to do as he wished. From the interview, I gauged that the influence of this on Kabir was more nuanced and was deeply embedded in the day-to-day experiences of his life. These norms dictated not just his behaviour but fundamentally limited his ability to pursue personal desires and interests. It was a dual pressure for Kabir: on one hand, societal norms implicitly demanded conformity, and on the other, his own recognition of these expectations compelled him to adhere to them, despite his personal inclinations. As he further elaborated, this cumulative effect of constantly living within these confines was stifling for him and was emblematic of the broader, often invisible, ways that social structures shaped his life.

Sneha has a different outlook on their identity and aspirations. Their narrative provided a compelling insight into how their personal identity was a source of empowerment and a catalyst for professional and social aspirations:

> It does impact me, because I've always had a very heavy focus for social work. So, I think I'm going to be very out and proud when I grow up a little bit more on my own money, become my own person and do something for the community in India specifically. Because we need it, we want it, and we deserve it. I am that kind of person who's queer identity channels the best in them. Brings out the best in me. And when I know that people around me know who I am truly, I feel my best, I feel secure, I feel happy, I feel confident. It gives me varying amounts of anxiety to be someone else because it always feels like being someone else. I am not that person. I'm not a cis-straight person. So, for me, it's a very big part of my identity. So, I think based on the kind of work I want to do, it will be a very big driving force.

Sneha expressed a strong connection between their sense of self and their vocational goals, particularly in the realm of social work. They described the deep mental health impact of aligning their public persona with their true identity. Feeling secure, happy, and confident when others recognised their true self contrasted sharply with the anxiety and discomfort they experienced when forced to conform to a cis-het identity. This narrative showed how the mental health impact can also be positive, wherein some participants' identity led them to finding a connection between personal identity and life goals.

Many participants in the study, still being in college, had not yet encountered discrimination in the workforce firsthand. However, the anticipation of potential biases and discrimination shaped their actions and decisions significantly. The anxiety of what they might face in the future professional environments drove them to adopt various strategies—

overachieving, choosing careers known for being more inclusive, being proactive etc—to mitigate these fears and bolster their chances of success and acceptance in their anticipated careers.

8.4 Desire to Relocate

This theme will investigate a common thread among participants who either sought or wanted to seek new geographical spaces for a deeper sense of acceptance and opportunity. Many participants expressed a longing to move to places where they may feel safer, more respected, and freer to express their gender and sexual identities without fear of judgement, discrimination, and/or ostracisation. This urge to relocate arose from their difficult experiences with their family, and India in general, where they faced societal intolerance, limited career options, and a lack of emotional and structural support. Through the personal accounts shared here, I will explore how the desire to relocate is deeply connected to the quest for a better quality of life, where participants thought they could fully embrace and express their true selves. I aim to shed light on the influence that socio-cultural environments had on participants in terms of their desire to leave their families and India, specifically.

This theme is different from the other themes I have presented so far. Rather than having a mental health impact, I propose that the desire to relocate among participants often emerged as a response to the mental health strains imposed by macro, interpersonal, and even individual factors mentioned so far. For many, living in situations where societal norms were rigidly enforced, and personal choices were not celebrated led to feelings of isolation, anxiety, and depression. These mental health issues were exacerbated by regular discriminatory encounters or lack of understanding from families and broader social networks. Hence, the decision to move is not just about seeking new and better opportunities; it is driven by a need to find a respite from these constant pressures—a place where participants can find community and acceptance without the burden of conforming to unsupportive cultural or social expectations.

They did not view this shift in location solely as an escape, rather as a necessary step towards building a life where they could thrive mentally and emotionally. Hence, this theme does not have a 'mental health impact' section as this theme arose because of the mental health challenges. The reason this section is under this chapter is because the desire and decision to leave is made entirely by the participants, therefore showcasing agency in deciding their future.

Mala lived in a small town in India where the restrictive and conservative attitudes took an intense psychological toll on them:

> Since I came out, I have stayed alone. So, I think that has done more good to me. And every time I come back home, it's for like a week's time or four days' time or something like that. So, in those four days, I always choose not to do anything that can trigger me or that can initiate any form of conversation related to gender and sexuality.

This showed how Mala had strategically managed their environment and interactions to protect their mental health. The brief visits home indicated a conscious effort to minimise exposure to potentially harmful situations. Mala's ability to create boundaries and to control their social environment as much as possible illustrated their actions to maintain mental stability. Mala continued:

> Yes, I want to leave. Every time I come back here, it makes me realise why I want to stay away. Because the freedom of expression in terms of how I want to look like or behave like, there are restrictions. Then there's the constant pressure of fitting myself into being a female. Speaking like a woman, behaving like a woman, not having a space where I can put my opinion in. So, things like that are there and it just makes everything very traumatic. Trauma is there, of course. I'm questioning all the time whether I should just leave everything and behave the way people expect me to behave here. Because it's

> a small town and because it's very conservative, it just feels like because of my gender and sexuality, it just makes me question my own identity.

I used this excerpt in Chapter 7 to show Mala's relationship with their family. Mala's desire to leave their hometown was driven by a need for self-expression and acceptance, which were stifled in their current living setting. The trauma mentioned stemmed not only from the overt restrictions imposed on their expression and behaviour but also from the constant pressure to conform to traditional gender roles—expectations that clash profoundly with their desires. Their consideration of conforming was a survival tactic, yet it was clear this option came with its own deep psychological cost which led to further internal conflict and unhappiness. Mala's constant questioning of whether to leave highlighted the difficult choices they (and many other participants) faced: stay and conform at the cost of personal happiness and authenticity or leave in search of a more accepting environment but at the expense of leaving behind their home and, possibly, family.

Alaya also expressed a similar situation of living with unsupportive familial and social environments:

> I don't live with my family. I live in Delhi but during the pandemic, I had to move back. Mental health wise, you can't stay with your parents. More than a week and it's just bad. I moved for 9 months, and I realised it's time to go back to Delhi. I can't stay here... I don't feel supported by India and the laws here. Not at all. So much so that I'm going to leave the country soon. With the current political system, I do need to get out. I have also seen a lot of queer intelligentsias leaving the country.

This narrative conveyed the extreme emotional and psychological strain imposed by living in a space where the participant's identity and experiences were not affirmed or respected. The decision to leave India altogether reflected a common current in many of my

participants. As I mentioned in Chapter 6, India currently has a far-right government in power. Hence, the lack of support from the legal and political systems intensified feelings of insecurity and alienation. The exodus mentioned by Alaya, and their own desire to leave, highlighted a need for a safer and more supportive setting but also spoke about the brain drain that occurred for them when they did not feel protected and respected by their country. The mention of the current political system as a factor in the decision to leave the country emphasised the impact of national policies and social climates on individual decisions.

The scholarship on queer migration offers two important insights into the reciprocal relationship between migration and sexuality. First, migration significantly influences sexuality by altering practices, identities, and community structures within host countries, which may differ greatly from those in the migrant's home country (Manalansan, 2003; Gopinath, 2005; Thing, 2010; Carrillo and Fontdevila, 2014). Second, the dynamics of sexuality also drive migration patterns, as LGBT+ individuals often move to locations they believe will be safer and provide more liberal environments (Manalansan, 2003; Luibhéid and Cantú, 2005). Sneha explained why she decided to move to Berlin:

> 'I don't feel supported in India. I have to fight for equal citizenship, move to some other country to get married. I can't have family in my own home country because of who I am. So, I decided to move to Berlin. Because when I came here (Berlin), I saw the thriving queer community and I was not privy to this in India.'

The decision to move to Berlin was influenced not only by the legal barriers faced in India but also by the supportive queer community Sneha discovered in Germany. Their experiences of an inclusive environment in Berlin contrasted sharply with their experiences in India, where societal and legal structures significantly limited Sneha's rights and freedom.

They mentioned how the thriving community in Berlin offered not just social acceptance but also a framework of rights and protections that are absent in India.

Diti also expressed similar concerns as Sneha. She elaborated on some of the personal and societal challenges she may encounter in the future:

> I can't get married and openly have a wife here. No one will accept it as legal. Even if they do, there's still going to be a lot of hate crimes about it and a lot of discussion. That's a bit of a pity. So, I want to leave. Personally, I don't want to live here. So as soon as I done with this job, I will be leaving the country and I'm looking forward to being openly gay there, getting married there, I can apply for a citizenship, so it's not even going to be an issue. I have a way out.

Diti's inability to legally marry or openly have a wife without facing legal and societal repercussions underlined the severe limitations and risks she explained she could face in India. The mention of potential hate crimes and negative societal discourse around her relationship further pointed to the hostile and unsafe environment she navigated. For Diti, the decision to leave the country was a rational response to these adversities—a search for a safer, more accepting environment where she can live freely without fear of discrimination or violence.

For Alisha, the decision to leave India stemmed more from finding better opportunities and less from the societal discrimination which was evident in other participants' narratives. Alisha explained:

> For me, being queer and learning German is a very good thing. It's a positive since I can work in Berlin. Because they have actual queer theatre, and they celebrate LGBTQ rights pride month grandly. So, I can have a role in theatre as a queer person. However, I actively want to move to Canada. I want to shift there after a few years.

Alisha wanted to explore Berlin's rich cultural scene, hoping it would provide a platform where they can actively engage in artistic expressions that embrace their identity. Alisha had plans to move to Canada, albeit not now, and was firm in their decision, illustrating a strategic approach to navigating opportunities and locations that best supported their professional aspirations and personal needs.

Adah expressed a deep-seated frustration with the slow pace of social and legal progress for rights of gender and sexual minorities in India:

> So, I don't think that the government should have any rights telling me how to live and how I should live. I am sure I never want to live in India. It's not really a queer friendly country. Even if it (marriage) does become legal, the people and the thought process would still be the same. It would take hundreds of years for the queer community to be fully accepted into the Indian society. It is changing, but it's a very slow change.

Adah's desire for independence from restrictive government policies on personal life and identity was a common sentiment among various participants. Her resolve to never live in India stemmed from her perception of India as not being queer-friendly, a viewpoint that highlighted the significant role societal attitudes played in her life. This perspective showcased the layered complexity of achieving social acceptance, involving ongoing advocacy, education, and cultural shifts that extend beyond mere legislative victories.

Overall, these narratives illustrated a broader trend of migration among the SOGIESC community in India seeking equal rights and social acceptance, often referred to as 'queer migration'. According to Andrew Gorman-Murray, migration is only queer where 'the needs or desires of non-heterosexual identities, practices and performances are implicated in the queer migrant's decision to move' (2009: 443). This phenomenon highlighted the global disparities

in how different societies treat their SOGIESC community and the impact of these disparities on migration patterns.

These choices of leaving the country for a better life illustrated the resilience of participants in pursuing personal happiness and fulfilment. I am not suggesting that emigrating is inherently the better choice, nor am I implying that choosing to remain in India is the morally superior option. Rather, the narratives highlighted that for many, the decision to relocate represented a strategic move to circumvent systemic obstacles they faced in India. The anticipation of legally recognised marriage, gaining citizenship, broader career opportunities, and the freedom to openly express their identity in a new country offered a sense of hope and a proactive approach for improving their lives. This choice is not just about escaping unfavourable conditions but is also reflective of the agency to seek places where they can thrive without compromise.

8.5 Chapter Summary

This chapter delved into the micro factors affecting gender and sexuality among Indian youth, highlighting how personal and immediate environmental influences significantly shape mental health and social experiences. It contrasted these factors with broader macro and interpersonal influences, emphasising individual control over these elements. The chapter explored key micro factors, including personal experiences of lack of awareness, exercising agency, performing gender and expressing sexuality, goals and ambitions, and a desire to live in more accepting countries. The discussion illustrated how these factors led to outcomes ranging from empowerment and positive identity development to gender dysphoria and internal conflict. It also examined the role of personal agency in navigating these factors, the challenges that hinder effective utilisation of these micro influences, such as stigma and limited resources, and the crucial role of supportive networks.

CHAPTER 9: DISCUSSION AND CONCLUSIONS

In this thesis, I have explored a diverse range of Indian youth's lived experiences and perspectives on mental health and distress, specifically relating to their gender and sexuality. In Chapter 2, I reviewed relevant literature related to gender identity, sexuality, Indian culture, and mental health, identifying a gap in comprehensive understanding of the mental health consequences for young people in India. The theoretical and conceptual frameworks used in this study are presented in Chapter 3, providing an outline for the study moving forward.

As noted by Ridge et al., (2011), gender and mental health issues present intricate challenges for research (such as societal gender relations, the performance and construction of masculinities, or other dimensions that could be influencing subjectivities, including circumstance, social class, or just being a human being in the 21st century), and hence, this study required thoughtful selection of appropriate research methodologies. In Chapter 4, I outlined the methods employed in this study. Given that the study used a mixed-methods approach, integrating survey data with qualitative analysis, I presented an overview of the ontological and epistemological debates that may emerge from this approach. This chapter also covered various other elements of the research process, including access, sampling, ethical issues, and data analysis techniques. I discussed my positionality as a young cis-het woman interested in the lives of gender and sexual minorities of India, and how this occasionally posed challenges during the research process and how I addressed these. I presented the quantitative data collected from the survey in Chapter 5, showcasing key demographic information of the participants and analysing data from three questionnaires. This chapter set the stage for qualitative analysis by using quantitative data as a preliminary step. In chapter 6, 7, and 8, I presented the rich qualitative data obtained from semi-structured interviews, structured according to the conceptual framework established earlier. In this final chapter, I explore the key contributions of my research and what they mean more broadly, primarily focusing on the

data collected from the interviews. I start by summarising the research context, providing a comprehensive conclusion to the study.

9.1 Context of the Thesis

This thesis was a deep exploration of the relationship between gender, sexuality, and mental health within the Indian context. While the relationship between gender and mental health, and sexuality and mental health has been well-theorised (see Chapter 2), there is a need to understand how these relationships work 'in practice', in the lives and relationships of diverse groups of people. A few studies have demonstrated that the meanings of LGBT identities and the experiences of LGBT individuals must be understood as intersecting with other significant personal, ethnic, cultural, and social identities (Consolacion et al. 2004, Kuper et al. 2014). Hence, given the rich culture of India, these concepts and relationships become even more important to understand.

According to a report by the Ministry of Health and Family Affairs (Government of India), as of 2021, youth in the age group of 15-29 years comprised about 27.2% of the population. Currently, there is no nation-wide information available on the number of SOGIESC youth in India. The last census took place in 2011, and the next one was scheduled for 2021 but was postponed due to the COVID-19 pandemic. The next census is now planned to occur after the 2024 general election. Hence, as of now, there is no reliable, systematically collected data on the prevalence of LGBTQ+ individuals in India, as the 2011 Census did not accurately record this information (Mandal and Debnath, 2020). Without such data, it becomes challenging to understand the lives of a community that is not properly reflected or represented in the census. When I began this study, this lack of representation raised several critical questions: How can we understand the mental health impacts on this community? What relevant information exists regarding their mental health challenges? How can effective

policies be formulated without accurate data? This study was conducted within this context of invisibility, insensitivity, and lack of awareness in India. The absence of comprehensive data reinforced the need for focused research to show the experiences and challenges faced by SOGIESC individuals. Hence, by addressing these gaps, this study aimed to contribute to a better understanding and provide a foundation for developing more inclusive policies and support systems for the SOGIESC community in India.

India is in a constant state of flux at the moment. Although it remains a patriarchal society, the influences of globalisation, improved access to media, and increased awareness about gender and sexual diversity have created a tension between progressive and conservative forces. This research is framed within this evolving paradigm. On one hand, India abolished a highly homophobic law (Section 377), suggesting a move towards progressive attitudes. However, subsequent reforms and liberties have not followed as expected. While millions of SOGIESC Indians were hopeful for a positive ruling on marriage equality, the Supreme Court of India recently dashed these hopes by declining to legalise same-sex marriage (Pandey, 2023), indicating that achieving marriage equality remains a distant dream. Therefore, it was my aim to explore how Indian youth manage their gender identity and sexual orientation against this backdrop of constant change, both in terms of progress and regress. Beyond providing a descriptive account of these concepts, I also aimed to understand the mental health impacts of these lived experiences on young people.

Organised in four substantive chapters, the thesis carves a temporal arc of young people's lived experiences around their gender identity and sexual orientation. The findings from the survey (Chapter 6) helped in providing a strong foundation for the research in which various elements of the demographic information such gender identity, age, religion, and more, of the research explored. Furthermore, this chapter also provided a statistical analysis of the data collected from the survey. The subsequent qualitative chapters highlighted the

mechanisms through which the participants negotiated their identities. I explored their experiences through a holistic lens. The participants expressed how broader cultural and legal factors made them feel like second-class citizens and limited their ability to feel safe in India (Chapter 6). They navigated their interpersonal relationships with both bitterness and hope. This bitterness mainly stemmed from pressure for marriage and the hope of their family's limited acceptance of their identity (Chapter 7). And finally, participants' experiences of showing agency are critical to understanding their lived experiences (Chapter 8). I propose that the socio-ecological model is a crucial framework for studying these concepts and their subsequent mental health implications. This model enabled participants to articulate their experiences across multiple levels—cultural, societal, interpersonal, and individual—each of which provided essential and relevant insights for the research. By capturing the interplay between these various levels, the socio-ecological model offered a comprehensive understanding of how different factors influence the mental health of Indian youth in relation to their gender identity and sexual orientation.

In this concluding chapter, I will pursue a few final points regarding young people's experiences in contemporary India. First, I will highlight the major findings of this research, how these addressed the research questions, and suggest possible avenues for future research. I will address some limitations of the study, particularly through the material that I was unable either to gather or incorporate into this thesis. On the basis of these, I offer some important policy recommendations for policymakers, educators, and community leaders. And finally, I offer a few reflections of the research process.

9.2 Key Contributions and Recommendations for Future Research

In this section, I will explore how my findings answered the research questions, which were:

1. What are the mental health challenges young people face in India with regards to gender and sexuality?
2. What are the factors that safeguard and pose risks to Indian youth grappling with issues related to gender and sexuality?
3. In what ways does Indian culture shape the understanding of gender identity and sexual orientation among the country's youth? Is there any difference and/or overlap between cis-het and SOGI community's experiences in Indian context?

To answer the research questions, I combined quantitative and qualitative research methods. I used self-completion questionnaires, and qualitative data gathered through interviews. India is a patriarchal society with deep cultural roots, and the responses reflected the impact of these patriarchal cultural values on young people's experiences, and on the mental health impact of exchanges with gender and sexuality. This section will comprehensively reflect how I have answered these research questions.

9.2.1 Mental Health Challenges

I will now discuss the first research question, and how it was addressed in my research. This study points to a number of interesting ideas in relation to the SOGIESC community and their mental health. The findings in Chapters 6, 7, and 8 illuminated the diversity in the day-to-day life of Indian youth and their implications for mental well-being. These chapters also illustrate how participants explored their agency in constructing their gender and sexual identity through social practices, relationships, and personal autonomy. Whether participants identified with the norm (i.e., cis-het), pretended to be part of the norm (i.e., being in the closet) or resisted a hegemonic pattern of gender and sexuality, their choices had an impact on their mental health. In this section, I will condense the mental health issues faced by the participants into three categories.

Mood and affective conditions: One of the most common challenges SOGIESC participants faced was either clinically diagnosed depression, or symptoms of depression. They spoke about 'feeling depressed' when they were not able to express themselves freely, often resulting in emotional suppression. Emotion suppression is a coping strategy for regulating negative emotions that suppresses the outward expression of a negative emotional experience (Gross and Levenson, 1997). However, supressing emotions does not lessen the internal experience of negative emotions (Gross and Levenson, 1997; John and Gross, 2004). Systematic reviews have consistently found that depression and anxiety disorders are up to three times more prevalent in LGB youth compared to their heterosexual counterparts (Plöderl and Tremblay 2015; Lucassen et al., 2017). For the SOGIESC population in this study, the symptoms of depression ranged from persistent sadness (for example, when Isha had to keep her sexuality a secret from her parents) and emotional numbness (for example, Mala whenever she has to come back to their queerphobic hometown) to more severe manifestation like changes in sleep and appetite (for example, when Alisha was sexually abused in a bathroom), and a loss of interest in daily activities (for example, Rishi stopped singing after he came back from his appointment with his endocrinologist). Additionally, a significant number of individuals experienced suicidal thoughts, self-harm, and made suicide attempts. Recent meta-analyses (Marshal et al. 2011; Miranda-Mendizábal et al. 2017) have found that sexual minority youth are two to three times more likely to be at risk for suicide. In this study, these thoughts and actions often arose from feelings of hopelessness and despair when they were unable to express themselves due to societal or familial pressures. Such actions were compounded by the fear of rejection from friends and family or social ostracisation.

It is crucial to note that although some participants sought help from mental health professionals and received formal diagnoses, many others used the term 'depression' to describe their feelings during certain periods of their lives. It is possible that these individuals might

have been diagnosed with depression had they undergone clinical evaluation, but without such assessment, it remains uncertain whether they experienced a clinical disorder or merely symptoms of depression. Nevertheless, this uncertainty does not diminish the severity of their feelings. Therefore, regardless of whether it was a diagnosable disorder, their experiences of depressive feelings were real and significant.

Anxiety and stress-related issues: All SOGIESC participants in this study described feeling anxious and/or stressed because of their gender and sexual identity at least once in their lives. LGBT individuals face several types of minority stress common to other marginalised communities, including discrimination, anticipated rejection, and events related to prejudice like hate crimes, as well as distinct stressors, such as the need to hide their identity and internalised homophobia (Lewis et al., 2003; Meyer, 2003; Frost et al., 2015). For the individuals in this study, anxiety and stress manifested as fear of discrimination, concerns about acceptance, and the daily pressures of navigating a society that did not fully understand or support their identity. These feelings were not sporadic but a common thread which impacted their mental health and overall quality of life. Participants used words like 'obsessed', 'persistent', and 'continuous' to describe their anxious thoughts. This level of preoccupation indicated a significant mental burden, where thoughts about their identity consumed a large part of their mental space, making it difficult to focus on other aspects of their daily lives. Some participants even reported having anxiety and/or panic attacks when they were either 'outed', received homophobic or transphobic comments, were sexually abused, or faced institutional discrimination. These anxious and stressful feelings were particularly debilitating for the participants as it allowed for minimal psychological relief and led them to be in a state of constant vigilance or anticipation of threat.

Self-perception challenges: Many participants reported gender dysphoria when speaking about the mental health impacts of gender. They detailed their emotional responses

to bodily changes (for example, Mala said they felt unsafe in their body) or social misgendering (for example, Akir not being allowed in the women's compartment on Metro). Individuals experiencing gender dysphoria are also at a higher risk of encountering mental health issues, most commonly anxiety and depression (Dhejne et al., 2016). The fear of rejection or ostracism from family members and society heightened the psychological burden, contributing to increased levels of anxiety, depression, social isolation, and dysphoria. This also led the participants to have identity crisis, further adding to their burden of mental health challenges. Participants also reported having low self-worth and self-esteem because they were not comfortable with their body and/or identity. A discord between gender identity and natal role, poor self and social acceptance of one's sexual orientation, discrimination, physical, verbal and sexual abuse from family, friends, and peers during after coming out, fear of law-enforcement, loneliness, and lack of coping mechanisms lead to poor physical and mental health outcomes among the LGBTQ youth (Bhattacharya and Ghosh, 2020). Some participants even spoke about hating themselves because of constant bullying or homophobic comments from people around them. When societal attitudes and beliefs portrayed their identities as abnormal or inferior, participants internalised these messages, leading to feelings of shame, self-doubt, and low self-esteem. Their sense of self was also dependent on how their family saw their identities. Shilo and Savaya (2011) point out that LGB youth experienced higher self-acceptance, a greater sense of well-being, and reduced mental distress when they felt that their family and friends accepted their sexual orientation and supported their decision to be open about their same-gender attraction, a trend which was evident in this study. Exploring future research directions for unique mental health challenges among SOGIESC individuals is essential for advancing understanding and improving interventions. Conducting longitudinal research to track the mental health outcomes of gender and sexual minorities could help identify critical

periods of vulnerability and resilience, such as periods of transitioning for transgender community.

The participants in this study existed within a socio-ecological framework that exposed them to various forms of ostracism at multiple levels of interaction within this system. For example, this ostracism manifested culturally and politically through exclusionary attitudes and legalised discrimination. At community level, they faced social ostracism in their day-to-day lives, as interpersonal and group interactions often enforced and reinforced societal norms and behaviours that marginalised them. At an individual level, participants reported internalised homophobia that further impaired their visibility and their sense of self. This complex web of exclusion significantly impacted their mental health and overall well-being as summarised above.

9.2.2 Identifying risk and protective factors

In this section, I will answer the research question about factors that safeguarded or posed risks to Indian youth's mental health issues related to gender and sexuality, thereby significantly influencing their lives. These factors are crucial for understanding the complex interplay between societal structures, interpersonal dynamics, personal experiences, and mental health outcomes. By identifying the protective factors, I aim to highlight the resources and supports that contribute to resilience, well-being, and a positive sense of identity among Indian youth, particularly amongst the young SOGIESC community. Conversely, discussing the risk factors reveals the challenges and barriers that perpetuate vulnerability, discrimination, and exclusion. This section will not only deepen our comprehension of the multilayered experiences of young people but also set the stage for recommending targeted interventions and policies designed to enhance protective factors and mitigate risks.

I will first delve into the risk factors. *Stigma and discrimination* are pervasive societal attitudes and behaviours that pose significant risks to the mental health and well-being of young people. Goffman (1963) defined social stigma as a 'mark' that indicates an individual's membership in a specific group or possession of certain presumed characteristics that are socially devalued. Stangor and Crandall (2003) found that homosexuality can be stigmatised by perceiving it as wrong choice or a threat to a particular religion or societal norms. In this study, stigma and discrimination based on gender identity and sexual orientation led to internalised shame and self-stigma among the participants. This internalised stigma eroded their self-worth and contributed to psychological distress, including clinically diagnosed mental health disorders like depression and anxiety. Gender and sexual minorities experience higher rates of mental disorders, increased suicide risk, and victimisation, as well as lower levels of self-esteem compared to their heterosexual counterparts (Hatzenbuehler, 2009; Kates et al., 2018). Stigma and discrimination created fertile ground for bullying, harassment, and victimisation of SOGIESC participants in various settings, including schools, colleges, neighbourhoods, and within familial settings as well. In response to these stigmatisations and discriminations, some participants engaged in negative health behaviours as coping mechanisms. For participants, these behaviours included smoking, risky sexual behaviours, and self-harming, which further aggravated mental health issues and increased vulnerability to adverse health outcomes. Negative health behaviours served as maladaptive coping strategies to deal with the stress and trauma of stigma and discrimination, but ultimately exacerbated the cycle of poor mental health. Addressing this requires comprehensive efforts to challenge societal prejudice, promote acceptance and inclusion, and create supportive environments that affirm the dignity and rights of gender and sexual minorities in India. I propose conducting qualitative and quantitative studies to understand the specific mechanisms through which stigma and discrimination affect mental health among SOGIESC community.

The next risk factor this study uncovered was *lack of legal recognition and protection.* Although the queer community celebrated the Supreme Court's ruling against Section 377 as a significant step toward securing equal rights and protection from discrimination, there has been minimal progress in realising their human rights since then (Khatun, 2018). This discrimination based on gender identity and sexual orientation enhanced the risk of mental health problems in this study. Absence of legal recognition led the participants to feel like second-class citizens in their own country, and subsequently, want to leave India for countries such as Germany or Canada which are known to be more queer-friendly (Chapter 9). Moreover, without legal safeguards, the participants felt they were more vulnerable to hate crimes, harassment, and violence. Implementing and enforcing comprehensive legal protections is essential to safeguarding the rights and dignity of SOGIESC youth and promoting their mental health and social inclusion. Investigating the effectiveness of existing anti-discrimination laws and policies at national and local levels would aid in assessing whether these policies reduce experiences of discrimination and, in turn, lead to better mental health outcomes.

Throughout my interviews with the participants, *cultural norms and expectations* about gender and sexuality were omnipresent while discussing any issue or experience related to their gender and/or sexual identity. They served as significant risk factors for mental health, particularly when they prescribed rigid roles and behaviours based on gender and/or sexuality. According to Lemert terminology, norms regarding sex-appropriate behaviour possess a high level of 'compulsiveness', and any deviations from these norms face strict and effective social disapproval (1951). In India, traditional cultural norms dictate specific expectations regarding heterosexuality and how individuals should express their gender identity and conform to societal roles associated with their assigned gender. Participants who did not fit neatly into societal expectations experienced internalised stigma, family discord, and identity conflict. They felt compelled to supress or hide aspects of their identity, leading to feelings of shame,

isolation, and alienation from their communities. Moreover, cultural norms that perpetuated gender and sexual inequality and discrimination (such as cis-heteronormativity) contributed to a sense of powerlessness and injustice among the participants. One area of life where this was visible was the pressure to get married. The participants mentioned a pervasive societal pressure concerning marriage. In the contexts mentioned by them, marriage was often regarded as a social norm and an expected milestone, reinforcing traditional roles. SOGIESC participants expressed a profound internal conflict and distress over the pressure to conform to the cis-het ideals of marriage. It was not that they did not want to get married, rather it was about the traditional options being presented to them. This led to feelings of shame and identity suppression. Promoting inclusivity and fostering acceptance of gender and sexual diversity within cultural norms are essential steps towards cultivating environments conducive to positive mental health outcomes for Indian youth, irrespective of their gender identity or sexual orientation. Undertaking research to assess how shifts in social attitudes, media representation, and political climates impact the well-being of the SOGIESC community can be a potential avenue of future study.

The final risk factor the study was able to identify was *family rejection.* Most LGBT individuals experience strained and conflicted relationships due to the stigma associate with their sexual orientation and gender identity from an early age (Bouris et al., 2010; Simons et al., 2013; Prasad, 2016; Mondal et al., 2020). When family members rejected or expressed disapproval of the participants' gender identity and/or sexual orientation, it had an extreme and lasting effect on their well-being. Participants experienced feelings of sadness, anger, shame, and isolation in response to not getting the validation they needed from their families. This led to participants either emotionally or physically distancing themselves to navigate their relationships. This deprived the young participants of a crucial source of support.

While the family serves as a primary source of social support for heterosexual individuals, researchers note that for LGBT people, families are often the main source of violence and abuse (Fernandez & Gomathy, 2003; Arvind et al., 2021). Family rejection and violence have severe physical and mental health repercussions, often resulting in heightened levels of depression, substance abuse, engagement in unprotected sexual intercourse, and frequent suicide attempts (Ryan et al., 2009; Chakrapani et al., 2022). In response to this rejection, participants developed various coping mechanisms to manage their emotional pain and protect their sense of self. These coping mechanisms tanged from avoidance and denial to seeking support from alternative sources (such as from SOGIESC communities). While some coping strategies were adaptive and helped individuals deal with their circumstances, others were maladaptive (such as not speaking to their family) and contributed to further psychological distress. Dealing with family rejection necessitates a comprehensive strategy involving education, advocacy, and supportive initiatives focused on fostering acceptance, empathy, and reconciliation within families. More research is needed to explore the role of support networks, including family, friends, and community organisations, in mitigating the negative effects of risk factors like isolation and loneliness.

Now I will elaborate on the protective factors identified in this research. The first and the most expressed by participants, is the *ability to exercise agency.* It emerged as a crucial protective factor for all the participants, particularly in contexts where their identities were marginalised or stigmatised. A sense of agency originates from abilities and capacities developed early in life and affects how individuals actively influence their own socialisation (Kiecolt and Mabry, 2000; Heinz 2003). Someone with a strong sense of agency, coupled with the belief that their efforts will eventually yield positive results, is more likely to endure life's challenges and take risks that may improve their life outcomes (Hitlin and Johnson, 2015). This ability was instrumental for participants in navigating challenges posed by external societal

pressures and in fostering resilience and well-being. Exercising agency allowed the participants to make decisions that affirmed their identity and personal values. This was visible in various areas of their lives such as choosing their social circles, desiring to live away from home, cutting off ties with their families, gaining knowledge about their identity, and more. The ability to exercise agency also played a key role in resilience. When the participants had control over their lives, they felt they were better equipped to bounce back from setbacks and challenges (see Chapter 8), reifying resilience in their lives. This meant taking proactive steps to seek out affirming healthcare, engage in supportive communities, and continually fight for their civil rights. Agency also enabled the SOGIESC participants to tailor their environments to better suit their needs and to protect themselves from potential harm (mostly from family members). This was done by moving to more accepting or urban parts of India, altering physical appearance to reflect their gender identity more accurately (for example, getting a 'boy cut'), or setting boundaries in interpersonal relationships to safeguard their emotional health. Furthermore, agency was also closely linked to accessing information and resources. Being able to seek out and utilise information about their identity and issues related to gender and sexual minorities empowered participants to make informed decisions about their lives. In essence, the ability to exercise agency provided a buffer against the negative impacts of discrimination and prejudice, while also enhancing personal growth and fulfilment. I propose that encouraging and supporting agency within gender and sexual minorities should therefore be a key focus for interventions aiming to improve the quality of life for these individuals. I would suggest investigating how different forms of personal agency (such as decision-making, career choices, identity expression etc) contribute to mental health resilience among SOGIESC individuals. Studies could examine the contexts in which agency is most beneficial and how it can be fostered in environments where individuals feel constrained.

Another important factor which acted as a barrier to mental health issues was the prospect of *future opportunities.* The relative significance of intrinsic life goals (such as self-acceptance, fostering good relationships, and contributing to the community) and extrinsic life goals (such as acquiring wealth, achieving fame, and maintaining a good appearance) has consistently been linked to higher levels of well-being and improved mental health (Kasser and Ryan, 2001; Kasser and Ahuvia, 2002; Sheldon et al., 2007). When participants had a goal (for example, Anika's gender-inclusive jewellery brand), they were more proactive in taking necessary steps to ensure that the systematic barriers or societal discrimination did not impact them (for example, distancing themselves from their homophobic friends and family). The prospect of future goals and opportunities provided participants with something to strive for, helping to maintain motivation and a positive outlook even in the face of adversity. This acted as a buffer against the negative effects of stress and adversity. As viewed in previous chapters, accomplishments in academic, profession, or personal realms reinforced their sense of self-worth and validated their identity in settings which often questioned or devalued it. For many SOGIESC participants, the future seemed uncertain, whether in terms of India's laws or their family dynamics or their ideas of relocation. Hence, having specific goals and a plan which was under their control reduced this uncertainty. This planning included educational aspirations, career paths, relocation goals, relationship possibilities, or personal achievement, all of which contribute to their idea of a well-rounded and fulfilling life. A possible direction can be to conduct longitudinal studies to understand how setting and pursuing long-term goals acts as a deterrent for negative mental health outcomes.

The final protective barrier I was able to identify in my research was *access to mental health services.* This stood as a fundamental protective factor for the well-being of the participants. Fifteen out of the nineteen participants mentioned that they either wanted to try therapy, are in therapy, or have taken therapy at some point of their lives. This reflects a broader

recognition of the value of mental health services within this group. As stated by various participants, these mental health services provided them with the tools and strategies necessary to effectively cope with stress, discrimination, and other psychological burdens. Therapeutic interventions helped them develop resilience by teaching coping strategies that managed their emotional strain associated with being part of a stigmatised group. Where the participants were not able to receive acceptance from their families, friends, or society, mental health services offered a crucial source of support and validation. Some participants like Anika sought queer friendly therapists who were able to address the unique challenges faced by the gender and sexual minorities in India. Hence, there is a clear need for having more queer-friendly therapists in India who can ensure accessible, responsive, and sensitive mental health services for the SOGIESC community. Recommendations for future research in this area would include studying reasons for as well as barriers to accessing mental health services including economic, geographical, educational, social, psychological and stigma-related factors. Studies could also explore the impact of tailored healthcare services, such as queer-affirmative therapists, on mental health outcomes.

The findings from this research revealed that the protective factors identified predominantly stemmed from micro-level factors rather than macro or interpersonal ones. I suggest that the capacity for individual agency and control plays a crucial role in determining the effectiveness of these protective factors. Micro-level factors allowed for greater personal intervention and adjustment which enabled participants to actively manage their circumstances to enhance their well-being, rather than being passively subjected to broader societal or relational dynamics over which they had less control. Conversely, macro and interpersonal factors did not offer the same degree of personal control, thereby limiting their potential as sources of protective influences.

9.2.3 Corrective Child Sexual Abuse

In Chapter 8, I discussed a disturbing pattern identified from the interviews with participants, which I have labelled "Corrective Child Sexual Abuse" (CCSA). This term refers to instances of child sexual abuse that participants understood to be motivated by an intent to 'correct' behaviours that do not conform to traditional gender norms and heteronormative expectations.

Several participants described traumatic experiences where their abusers explicitly aimed to 'correct' their gender-nonconforming behaviours. Others perceived that the abuse they endured was directly linked to their non-normative gender or sexual identities. Currently, there seems to be a lack of scholarly literature specifically addressing CCSA, suggesting that this may be a relatively unexplored issue within the fields of gender studies and child psychology. This gap highlights a critical area for further research, especially given the similarities between CCSA and corrective rape, which is also intended to punish and forcibly realign non-conforming gender and sexual identities to societal norms. Initially, corrective rape was defined as the act of rape committed by heterosexual men against lesbian women with the intent to "correct" or "cure" their homosexuality (Brown, 2012). It is viewed as a penalty for being homosexual and for deviating from conventional gender norms (Mieses, 2009). However, Doan-Minh (2019) suggests that the term has now evolved to broadly include "the rape of any member of a group that does not conform to gender or sexual orientation norms where the motive of the perpetrator is to 'correct' the individual" (p. 167).

The term "corrective rape" is less than two decades old, and there remains a substantial gap in the research and literature surrounding this concept. To enhance the existing discourse, I introduce a specific sub-category termed 'Corrective Child Sexual Abuse' (CCSA). My usage of 'Corrective Child Sexual Abuse' is analogous in terms of the rationale for the use of term 'corrective'. This category helps in understanding unique forms of abuse directed at children

based on their non-conforming gender behaviours or identities. Victims of CCSA, as detailed in the discussions of Chapter 7, often recounted not just physical abuse but also the accompanying verbal abuse that targeted their identities. For instance, Alisha described how her aggressor used transphobic slurs while engaging in inappropriate sexual contact. Similarly, Samarth's experience highlighted the coercive aspects of CCSA, where authority figures exploit their positions to enforce societal norms or personal biases. His teacher pressured him to enter a heterosexual relationship under the guise of becoming 'normal,' using a position of trust to perpetuate harmful stereotypes and practices. Unfortunately, Samarth also recalled experiences with his uncle who had abused him when he was a child. His uncle had asked him throughout his childhood to wear more feminine clothes, signifying the need to correct what he thought 'abnormal'.

I propose that CCSA has similar elements to corrective rape in terms of the motive (i.e., to cure or correct a child's gender expression or sexual orientation) and the targeted population (the SOGIESC community). However, there are some differences and unique characteristics as well. A significant difference lies in the method of coercion used by perpetrators. The abusers were often individuals well-known to the participants, sometimes in positions of authority or trust. This familiarity enabled the perpetrators to employ verbal coercion as a means to control their victims, ensuring their silence by manipulating their fears of disclosure. Both CCSA and corrective rape are egregious forms of abuse, driven by a desire to enforce societal norms through sexual violence, and are reflective of deeper societal prejudices. However, the nuances in how CCSA is carried out—particularly the means of abuse and the relational dynamics between abuser and victim—highlight the need for a tailored understanding and specific interventions to address and prevent these distinct forms of abuse within the SOGIESC community.

The experiences shared by participants underscore the complexity of CCSA and the profound impact such targeted abuse can have on young individuals. This highlights the need for further scholarly investigation into CCSA and corrective practices more broadly, to better understand their mechanisms and effects, and to develop effective strategies to protect vulnerable populations and support survivors. These narratives are not just additions to academic discussions but are crucial for informing policies and interventions that aim to address and mitigate such abuses in society.

CCSA is currently an underdeveloped concept. In my thesis, I have begun to explore this issue, laying a foundational framework that allows for a more detailed examination of the nuances and prevalence of Corrective Child Sexual Abuse. This initial exploration is intended to spark further research, encouraging scholars to investigate not only the specific characteristics and manifestations of CCSA but also its frequency within various contexts. By establishing this groundwork, my aim is to facilitate deeper academic inquiry into how CCSA impacts its victims, the psychological and social dynamics involved, and effective interventions that could mitigate this form of abuse. This work serves as a stepping stone towards a more comprehensive understanding and awareness of CCSA, promoting a critical examination of its effects on the SOGIESC community and beyond. Future research on CCSA will be instrumental in developing targeted interventions and supporting survivors more effectively. Primarily, it is essential to initiate research focusing on the perspectives of the perpetrators to gain a deeper insight into CCSA. By exploring the reasons and motivations that drive individuals to commit such acts of violence and abuse, we can better understand the underlying factors contributing to this behaviour. This approach would not only help in identifying the psychological, social, and cultural influences that encourage such actions but also assist in developing more effective prevention strategies. Additionally, conducting large-scale epidemiological studies to determine the prevalence and incidence of CCSA within

different regions and communities would help quantify the scope of this issue and identify specific at-risk populations. Comparing the outcomes of CCSA with other forms of child abuse and corrective rape to identify unique and common elements can help in understanding the specific trauma associated with CCSA and tailoring interventions accordingly.

9.2.4 Lack of Acceptance

In my introduction (Chapter 1), I began with a scene from the film ‘Bombay Talkies’ wherein a young boy was ridiculed by his father for dressing in a feminine way. This poignant anecdote from "Bombay Talkies" encapsulates the pervasive lack of awareness and understanding of gender roles and identities in India. Vicky's desire to pursue dance, traditionally associated with femininity, clashes with his father's rigid adherence to masculine gender roles, highlighting the societal pressure to conform to prescribed gender norms. This anecdote serves as a microcosm of the broader socio-cultural landscape in India, where gender roles and identities are heavily policed, and conformity is valorised.

The interviews revealed a paradox in the understanding of gender and sexual identities among family members of the participants (and sometimes among the participants as well). While there was a significant gap in understanding the complexities and issues of these identities, there was a general acknowledgement of the existence of non-cishet populations, indicating a basic level of awareness. This superficial awareness did not extend to acceptance, especially when it came to recognising these identities within their own family. Many family members acknowledged the reality of SOGIESC community but were unwilling to accept that their own child could belong to these groups. This study, therefore, highlights that the combination of insufficient awareness and inadequate education regarding the SOGIESC identities directly contributed to a lack of acceptance.

There are various facets of this lack of awareness. First, there was an evident confusion in the prevalence of different gender identities and sexual orientations. The population who had filled out my survey sometimes selected one identity without understanding its meaning. For example, 8 out of the 13 people who had selected ‘asexual; as their sexual orientation were heterosexuals; they assumed asexual is someone who has not had sex yet. This reflects how sex and sexuality got convoluted, creating an environment of misinformation. Second, this lack of awareness stemmed from not having any reliable sources. Some participants sought information from unconventional sources like podcasts, BuzzFeed quizzes, movies (Chapter 9). While it is positive that various forms of media can serve as a supplementary educational resource, these scenarios also illustrate the pitfalls of relying solely on popular culture for such knowledge. Films and media often cater to dramatic narratives or comedic elements (as done in the movie ‘Dostana’ which Alisha mentioned) that do not necessarily provide a comprehensive or accurate portrayals, which can lead to skewed or partial understandings of complex identities. Third, this lack of awareness evident in the people surrounding the participants resulted in them constantly having to shoulder the responsibility of educating those around them. This situation imposed a significant intellectual burden on the SOGIESC participants, as they were frequently required to engage in extensive mental effort to inform and enlighten others. Rather than fostering an environment of understanding and acceptance, this dynamic often reduced their lived experiences to mere topics for intellectual discussion. Consequently, the SOGIESC participants found themselves doing all the heavy lifting in what was perceived as an academic debate, instead of receiving genuine acceptance and support from those around them.

A lack of understanding and awareness surrounding gender and sexual minorities often results in a lack of acceptance among family members, partners, or peers (Saraff et al., 2022). The participants attributed various reasons for this limited awareness and empathy: lack of

education, social reluctance to accept non-conforming identities, prevalence of queerphobic narratives, partial legal recognition, absence of inclusive policies, religious interpretations, and fear of rejection being the most prominent ones. These factors collectively contribute to a climate of ignorance and misunderstanding surrounding gender and sexual minorities. Notably, this lack of awareness is not confined to the participants themselves but extends to their families, friends, and wider social circles. In terms of the participants, there was a reluctance to accept their identity given the severe repercussions attached to it. For their family members and friends, this absence of understanding extended to social stigma around these identities.

As showcased in Chapter 8, Alisha's prolonged misunderstanding of bisexuality—confusing it with intersex until they were 21 years old—further highlighted the deficiencies in accessible, accurate information about the spectrum of sexual identities. This confusion between sexual orientation (bisexuality) and a biological attribute (intersex) demonstrated a significant gap in understanding the diverse aspects of gender and sexuality. The persistence of misinformation can be attributed to the inadequacy of educational systems in addressing such topics effectively. The gradual recognition and rectification of these misunderstandings demonstrates the significance of comprehensive and inclusive sexuality education that transcends the conventional binary and stereotypical portrayals commonly depicted in the media.

Additionally, my two ci-het interview participants displayed a degree of confusion regarding these identities. When I inquired about their gender identity and sexual orientation, they seemed puzzled by the question, implicitly suggesting that their identity was 'normal.' This reaction highlighted that they rarely need to consider their cis-het identities in daily life. In contrast, their SOGIESC counterparts are constantly mindful of their identities, which are often at the forefront of their thoughts and interactions. This disparity emphasises how cis-het individuals may take their identity for granted, while SOGIESC individuals regularly navigate

a landscape where their identities are more prominently scrutinised and contemplated. This directly addresses my research question regarding the differing experiences of cis-het and SOGIESC participants in relation to gender and sexuality. Despite increased media representation, the decriminalisation of homosexuality, pride parades, and other advancements, cisgender and heterosexuality are still overtly perceived as the norm. The issue is not merely that cis-het individuals constitute most of the Indian population. Rather, the problem arises when this majority status is deemed 'normal', thereby suggesting that all other identities are 'abnormal'.

Addressing this lack of awareness requires a multifaceted approach that encompasses research, education, advocacy, and policy change (I will elaborate on policy recommendations later in this chapter). Future research could focus on evaluating the effectiveness of educational interventions aimed at promoting awareness and understanding of gender and sexuality among various stakeholders, including student, educators, healthcare providers, and policymakers. Additionally, research could assess the impact of legal and policy frameworks on awareness and understanding of gender and sexuality. This could involve examining the extent to which existing laws and policies protect the rights of gender and sexual minorities, as well as exploring barriers to implementation and enforcement. Research could also investigate the role of legal and policy reforms in promoting social change and challenging discriminatory practices.

9.2.5 Framework Contribution

For my research process, I developed a conceptual framework (see below). I wanted to see the impact of these levels of analysis (macro, interpersonal, and individual) on gender and sexuality, and their consequent impact on mental health of young Indians. I then presented my

results in the same pattern, providing how these factors impacted the variables and how they resulted in various mental health outcomes.

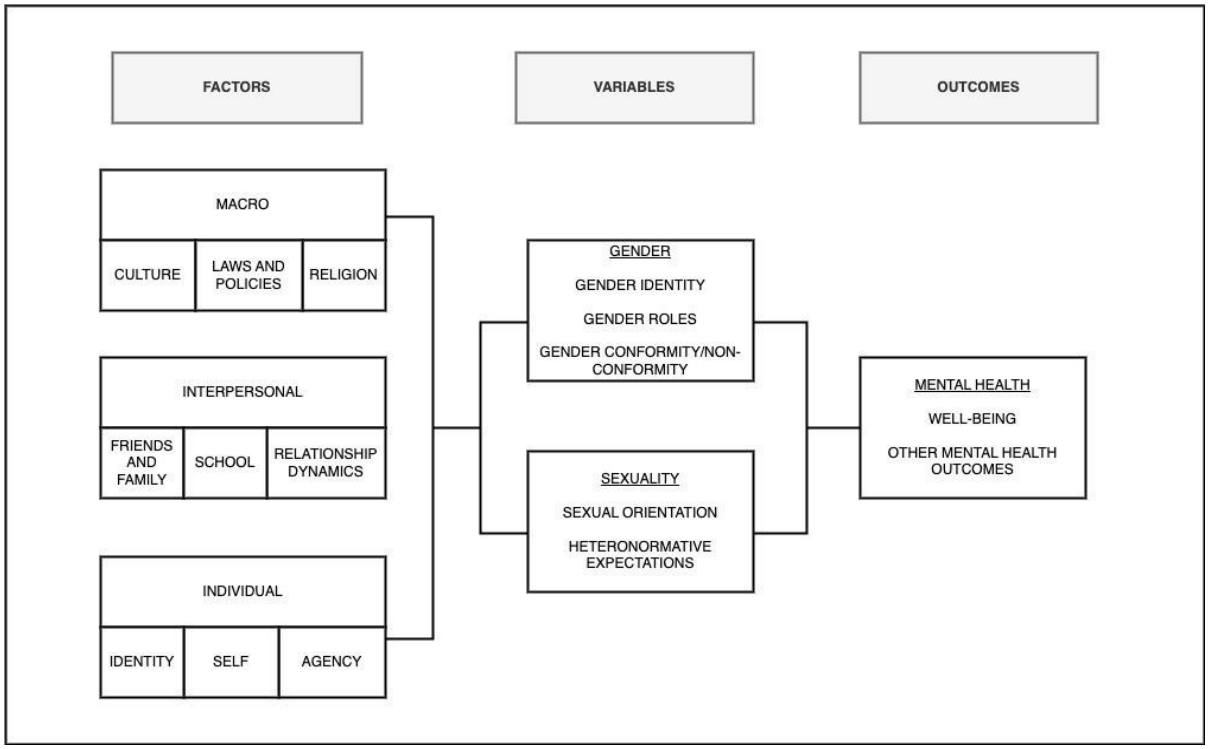

Figure 1: The Conceptual Framework: A Process of Influence

This framework makes a significant contribution to the existing literature, as well as potential future research, by integrating multiple layers of factors that influence gender and sexuality, and their impact on mental health outcomes. It comprehensively outlines the interplay between macro-level elements (such as cultural expectations and environment, institutional and structural policies, religious expectations etc), interpersonal factors (including interactions with friends and family, school experiences, relationship dynamics etc), and individual aspects (such as identity formation, self-beliefs, practice of agency etc). These factors collectively shape the variables of gender and sexuality, and their subsequent mental health impacts. Ravitch and Riggan (2012) view a conceptual framework as an argument that articulates why a particular study topic is important and why the proposed methods for investigating it are suitable and rigorous. In this context, the conceptual framework serves as a guide for empirical research,

positioning specific questions and strategies for exploration. I used their explanation as a foundation to develop my own conceptual framework, incorporating various factors, variables, and outcomes. However, whilst it shows the links/mechanisms of these interactions, it does not represent a predictive model, or rather I do not have enough evidence to support this. Hence, which variables or factors or impacts matter varies across the sample. This variation accentuates the complexities of these connections and highlights the need for a nuanced understanding that considers the diverse experiences and circumstances within the sample group. Everyone's context significantly influences how these factors play out, suggesting that broader generalisations may not capture the detailed dynamics at play, and require further research to make predictions.

Furthermore, the conceptual framework led to studying the results through a socioecological model. The socio-ecological model offers a comprehensive framework to explore the intricate interconnections between various layers of influence on individuals and their environments. By examining individual, relationship, community, and societal-level factors, this model facilitates an in-depth understanding of how different social elements interact and impact each other (Bronfenbrenner, 1979; Heise, 1998).

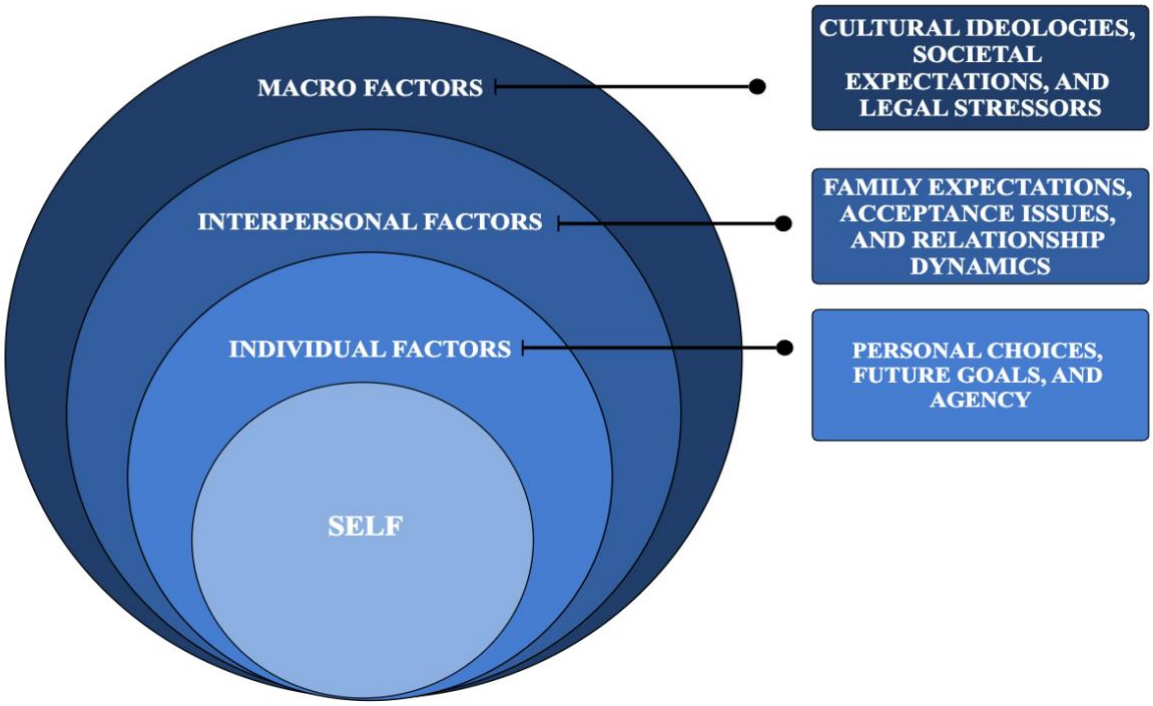

Figure 11: Levels of Impact

This multi-faceted approach allows for a cumulative analysis of the interconnected effects of these factors, providing a holistic view of the environmental and social dynamics at play. This model's emphasis on the interplay between different levels of influence is particularly relevant for my research, as it helps to uncover the complex web of factors affecting the mental health and well-being of SOGIESC individuals. Through this model, I was systematically able to dissect how individual experiences, interpersonal relationships, community contexts, and broader societal norms collectively shape and influence the lived realities of gender and sexual minorities in India.

By mapping these variables to mental health outcomes, the framework and the model were able to elucidate the complex and multifaceted nature of how societal structures and personal experiences intersect to influence mental health. These accounts discussed in Chapter 8 revealed that participants' desire to relocate were influenced by a confluence of macro (e.g.,

laws and policies), interpersonal (e.g., familial attitudes), and micro factors (e.g., better opportunities). Hence, I suggest these factors do not operate in isolation but rather interact dynamically (as seen in this theme), impacting participants in complex, intertwined ways. Furthermore, it's clear there is a kind of osmosis between these different levels of influence, where structural and cultural elements, interpersonal relationships, and personal choices blend and influence one another. Importantly, this framework maintains that factors at each level can not only act directly on individuals, their health behaviours, and wellbeing but can also act indirectly, by interacting with factors at other levels of the model. These cross-level influences can multiply or dampen the effect on the individual.

A clear example of this is when Alisha explained how the current political climate (macro factor) of India had ruined their relationship with their father (interpersonal factor) because of his pro-right conservative beliefs. Alisha went on to explain the kind of strain it put on their mental health (individual impact) and on Alisha's need to stay away from their home (Chapter 7). Anika shared her experiences of being bullied by peers for not conforming to traditional gender norms of being 'girly' which severely affected her self-esteem (Chapter 6). Even the cases of CCSA discussed in Chapter 8 highlight how cultural perceptions of gender roles led to abuse, subsequently affecting the victims' sense of agency. Some victims were coerced into silence, while others took action. Through these examples I aim to show how these factors contribute to a cumulative effect that shaped the lived realities and decisions of the participants. This nuanced approach highlighted the need for a deeper understanding of the diverse experiences of SOGIESC individuals compared to their cis-het counterparts, thereby offering valuable insights for developing more inclusive and effective mental health interventions and policies.

This framework advances current academic discussion by highlighting the interconnectedness of macro, interpersonal, and individual factors, emphasising how they

collectively shape gender and sexual identities and, in turn, affect mental health. This integrative model is particularly valuable for its potential to guide future research. Scholars can use this framework to explore specific pathways and mechanisms through which these factors influence mental health outcomes, paving the way for more detailed and nuanced studies. This framework can be used to investigate how changes in laws and policies regarding gender and sexual orientation affect the mental health of SOGIESC individuals over time. A particular area of interest would be to study the processes of identity development and the exercise of personal agency among SOGIESC individuals.

One of the central contributions of this study lies in the development of a conceptual framework that emerged directly from the narratives and lived experiences of the participants. This framework offers a grounded and nuanced understanding of how gender and sexuality intersect with mental health outcomes for Indian youth. While the socio-ecological model is not in itself a contribution of this research, it played an important role in how I organised and interpreted my findings within the broader framework. I used that as a guiding structure to map the multiple, intersecting layers—individual, interpersonal, and macro—that influence mental health outcomes. This helped situate the various components of the conceptual framework within a cohesive, multi-level perspective. Unlike the socio-ecological model—which primarily helped map where phenomena occur—the conceptual framework generated in this thesis explains *how* and *why* these processes interact to shape mental health outcomes. In doing so, the socio-economic model provided a scaffold through which the core ideas of the conceptual framework could be articulated more clearly and systematically, but it is the framework itself—developed from and tailored to the specific contexts, challenges, and lived realities of sexual and gender minority youth in India—that represents the original and substantive contribution of this research.

9.3 Limitations

The findings of this study help to provide an insight into Indian youth's experiences of mental health challenges with regards to their gender and sexuality, an area of research which is still to a large extent limited, and still developing in India. Before I consider the implications of these findings for future policy recommendations, I acknowledge the limitations of this study. The limitations in many ways mirror the challenges of exploring the social and personal reality of Indian youth's lives and the subjectivities of gender and sexuality.

First, I collected all my research data online and recruited the sample via social media platforms such as Instagram and Facebook. While this approach enabled me to reach a population that is often difficult to access through traditional research methods and tap into a demographic that might not be visible or readily available offline, it also excluded individuals who do not have access to smartphones or are not familiar with social media, often due to economic constraints or a lack of a digital literacy. This means that this study could have missed important perspectives from those who either cannot afford the luxury of smartphones or who are not integrated into the digital social sphere (such as rural population, people not on social media, youth who have constant surveillance on their phone usage etc), potentially skewing the demographic representation of my findings. However, the SOGIESC community remains largely elusive, making it difficult to engage with them unintentionally. This invisibility of this community within the broader society posed significant challenges to recruitment for this study. Even with efforts to obtain a representative random sample, identifying who belongs to this group can be problematic due to the discreetness with which many individuals must navigate their lives. This invisibility is not merely a matter of social presence but also a reflection of the larger societal challenges and stigmas that force many within the SOGIESC community to conceal their identities, complicating efforts to reach out and include them in studies that seek to address their specific needs and issues.

My research predominantly focused on the literate population and did not extensively examine the intersection of other sociological factors such as socioeconomic status (SES), caste, education levels, etc. Additionally, my research focused on a specific subset of young SOGIESC individuals in India who either possessed higher education degrees or worked in advanced settings. This group, although a demographic minority, represents a socially and economically privileged elite. Through my interview sample, I offer a detailed examination of a group that holds substantial social, economic, and cultural influence (Bourdieu, 1986), often depicted in popular discourse as the embodiment of the innovative power of 21st-century India (Lukose, 2009; Mankekar, 2015). However, it is crucial to acknowledge that the experiences, hopes, and challenges of this group differ significantly from those of queer individuals in rural areas, those from lower socioeconomic backgrounds, or those from other regions, reflecting the vast geographical, religious, linguistic, and social diversity of India.

Examining Corrective Child Sexual Abuse (CCSA) solely from the perspective of the victims, while deeply valuable, presents certain limitations in understanding the full dynamics of the issue. A victim-centred approach provides critical insights into the impact and aftermath of abuse, but it does not capture the complete picture, particularly regarding the motivations and thought processes of the abusers. They might have complex motivations driven by cultural beliefs, personal biases, or psychological issues. While victim-centred approach in this study on CCSA is indispensable for understanding the direct effects of abuse, we need insights from the perpetrators' viewpoints for a holistic understanding of this undeveloped concept.

Finally, this study is limited by the absence of any clinical mental health data. While the participants provided valuable insights into their own experiences and perceptions of mental health impacts related to gender and sexuality, the study lacks corroborating evidence from mental health professionals to validate or contextualise these findings. Without input from clinicians, there is a risk of overlooking important nuances or misinterpreting the psychological

effects (such as feeling 'depressed' versus being clinically depressed) reported by participants. While self-reported data can provide important qualitative insights into individuals' subjective experiences, they may not capture the full spectrum of mental health challenges or accurately reflect diagnostic criteria for mental health disorders. Without clinical assessment or validation, it is challenging to determine whether the mental health impacts reported by participants meet diagnostic thresholds or represent transient distress versus chronic psychological difficulties.

The study's findings provide an interesting exploration and understanding into a largely overlooked demographic, shedding light on their narratives of distress, abuse, coping mechanisms, and strategies for management. However, they also point to the intricate nature of experiences among gender and sexual minorities in India. Despite this complexity and difference highlighted, these findings hold significance in developing and shaping policy, practice, and guiding future research endeavours, especially regarding the in-depth examination of mental health issues within this community. The following section will elaborate on the potential applications of the findings from this study.

9.4 Policy Recommendations

Earlier in 2023, Indian Prime Minister Narendra Modi's nationalist government opposed petitions for same-sex marriage, stating it is "not comparable to the Indian family unit concept of a husband, a wife, and children" (Jaswal, 2023).

As I write this chapter, his government has been elected for a third time in India (for 2024-2029). This re-election prompts crucial questions about the pace and nature of legislative changes under a government with established beliefs that may not align with advancing SOGIESC rights. How rapid and effective can legal reforms be under such circumstances? Can there even be any significant progress in policies if the government in power refuses to acknowledge their rights in the first place? This scenario sets a challenging backdrop for

advocacy and change, calling into question the feasibility of achieving substantial improvements in legal protections and societal acceptance during this period.

Nonetheless, it is important to remain optimistic about the potential for progress. While the central government may continue to overlook the needs and rights of gender and sexual minorities in India, other layers of the Indian political system, such as state governments and local administrations, and institutions beyond the government present avenues for advocacy and reform. With this in mind, I will next outline some feasible legislative changes and other recommendations that could be adopted at various levels of governance and other pillars of the society to enhance the lives of SOGIESC individuals.

The participants spoke about marriage equality in detail. Amending the marriage laws to recognise same-sex marriages and ensuring that SOGIESC people have the same legal rights as heterosexual couples, including in matters of inheritance, adoption, and spousal benefits is the next reasonable step after the annulment of Section 377 in 2018. At state level, governments can fund and establish safe shelters specifically for gender and sexual minorities who are homeless or escaping abusive situations, ensuring they have access to necessary social services. Local governments can also implement sensitivity training workshops, especially for local police and public service officials, on topics such as terminology and concepts, their legal and moral responsibilities, understanding SOGIESC experiences, hate crime encounters, and more. By implementing these legislative changes, it is possible to create a more inclusive and supportive environment for this community.

Mukherjee et al., (2019) explored the understanding and perspectives on sexuality among Indian youth, revealing that their knowledge of sexual matters is generally lacking, and their views are predominantly conservative. The inclusion of sex and sexuality education in school and college curricula has faced significant resistance and concerns from various sectors

of society, including parents, educators, and political figures. This resistance has resulted in the prohibition of sex education in six states: Maharashtra, Gujarat, Rajasthan, Madhya Pradesh, Chhattisgarh, and Karnataka. Lawmakers in these states have argued that introducing such education could or will have a detrimental effect on the morals of young people, as it might encourage behaviours that deviate from traditional 'Indian values'. They also assert that sex education is incompatible with India's culturally rich heritage (Ismail et al., 2015). However, India is one of the fastest-growing populations, with about a quarter of all Indians are younger than 14 years, and adolescents and young adults between the ages of 10 and 24 make 26% of the overall population (World Population Dashboard). McDermott et al., (2023) identified eight intervention components to address LGBTQ+ pupils mental health: affirmative visual displays; external signposting to LGBTQ+ support; stand-alone input; school-based LGBTQ support groups; curriculum-based delivery; staff training; inclusion policies; trusted adult. Hence, educational reforms are necessary to create a more inclusive and supportive environment for gender and sexual minorities. There is a pressing need for a comprehensive, nationwide education program focused on gender and sexuality across India. Such a program should aim to address misconceptions and prejudices about these identities, cultivate empathy towards their experiences, and incorporate SOGIESC history, literature, and social issues into the broader curriculum, such as studying significant SOGIESC figures and movements.

Moreover, there is a significant need for public awareness campaigns to broaden the understanding of diverse gender and sexual identities beyond their portrayals in the media. Media representations often fail to capture the full spectrum and complexities of these identities, presenting them in more comical and stereotypical way. Providing sensitivity and awareness training for journalists, content creators, and media professionals to ensure respectful and informed reporting on issues affecting sexual and gender minorities will be a step towards creating a safe environment for the SOGIESC community. Other forms of media

can be utilised to cultivate awareness and tolerance. My research leveraged social media platforms for data collection, highlighting the potential of digital spaces in reaching extensive audiences. Thus, conducting these awareness campaigns online could be highly effective, ensuring widespread reach and engagement. By utilising platforms where discussions are already happening and where communities congregate, such campaigns can educate, inform, and foster a deeper understanding of these identities among the general public.

Launching campaigns to increase the visibility of sexual and gender minorities while celebrating diversity within the community will help in educating the public on issues of importance. Similarly, encouraging joint efforts among media, charities, and sexual and gender minority groups will help in amplifying advocacy, education, and support for the gender and sexual minorities of India.

9.5 Personal Reflexivity

In Chapter 4, I reflected on how my role as a cis-het female researcher may have influenced the narratives I collected. With a background rooted in clinical psychology, delving into the complexities of working with SOGIESC communities posed significant realisations and challenges.

One of the most profound realisations that emerged from this journey was the recognition of the inherent limitations of academic knowledge and theoretical understanding when applied to real-world contexts. While academic literature provided valuable insights into the broader societal structures, power dynamics, and systemic inequalities that shape the experiences of gender and sexual minorities, it often fell short in capturing the lived realities and nuanced complexities of individuals' everyday lives. Engaging directly with participants and immersing myself in their narratives proved to be an invaluable source of learning, offering firsthand accounts of the multifaceted challenges, coping strategies, and resilience exhibited

within SOGIESC communities. When I began this study in 2019, I had a somewhat binary understanding of gender and sexuality. Though I was by no means unaware of these identities, I was somewhat sheltered from their experiences, social and legal standing, history, and trauma. The process of conducting this research was a valuable learning opportunity for me. As someone who identifies as a cisgender heterosexual woman, my knowledge of the lived experiences of gender and sexual minorities was constricted. However, through the course of this research, I have gained a heightened awareness of the disparities between the privileges afforded to cisgender heterosexual individuals compared to their counterparts within SOGIESC communities. Engaging in this research has increased my knowledge of gender and sexuality issues and how much mental health support they need to address unique issues faced by them.

During the interviews, as participants disclosed their experiences of sexual abuse, the emotional impact on me was more intense than I had anticipated. When I had started this research journey, my intent was to delve into how gender and sexuality issues affect mental health. With my background in psychiatric care, I felt equipped to handle lived experiences of poor mental health. However, I had not expected the depth and frequency of these sexual abuse encounters. Even though gender, sexuality, and mental health are also considered sensitive by various institutional ethical guidelines and standards including Durham University, I was more prepared to encounter issues related to these concepts (for example, gender non-conformity, cis-heteronormativity, gender dysphoria etc). My initial focus was not on exploring sexual abuse. I acknowledge this oversight, and how it impacted me. The section about sexual abuse was particularly difficult to write, as was hearing and transcribing these instances. I made sure to employ my coping strategies, such as speaking to a friend, or taking breaks, to work through this theme.

The research process served as a catalyst for personal growth and self-reflection, prompting me to confront my own biases, assumptions, and preconceived notions about gender

and sexuality. Through introspection and reflexivity, I became increasingly attuned to the ways in which societal norms, cultural beliefs, and personal experiences shape perceptions of gender identity and sexual orientation. This heightened awareness not only enriched the research process but also deepened my understanding of broader social implications and ethical considerations inherent in studying marginalised communities.

9.6 Conclusion

This research provided an insight into the experiences of a young SOGIESC population in India. The research highlighted that these individuals' gender and sexuality are affected at various levels (macro, interpersonal, and individual) and their subsequent impact on their well-being. At macro level, various structural inequalities such as lack of all legal rights and institutional discrimination, and cultural expectations such as heteronormativity and religious expectations, created a backdrop of distress for the participants. At interpersonal level, pressures from their family and society like pressure to marry and to conform to societal norms created a cycle of extreme distress where participants could not turn to their primary caregivers for support. At individual level, participants experienced challenges due to a lack of awareness and their agency being suppressed. Their mental health took a toll when they were not able to act the way they wanted, leading to stress and anxiety. However, these challenges were mitigated when participants started exercising agency in whatever capacity they could.

The research therefore highlighted the various challenges the SOGIESC community goes through in India and the kinds of mental health outcomes it has. There is a need for more sensitive view of gender and sexual minorities so that young people do not feel pressured into conforming to gendered and heteronormative ways of thinking, feeling, and acting that they are uncomfortable with, and which can lead to mental health issues, as evident in this research.

It is important for India to work on these levels to address these challenges and mental health issues of the community to give them a more dignified way of living.

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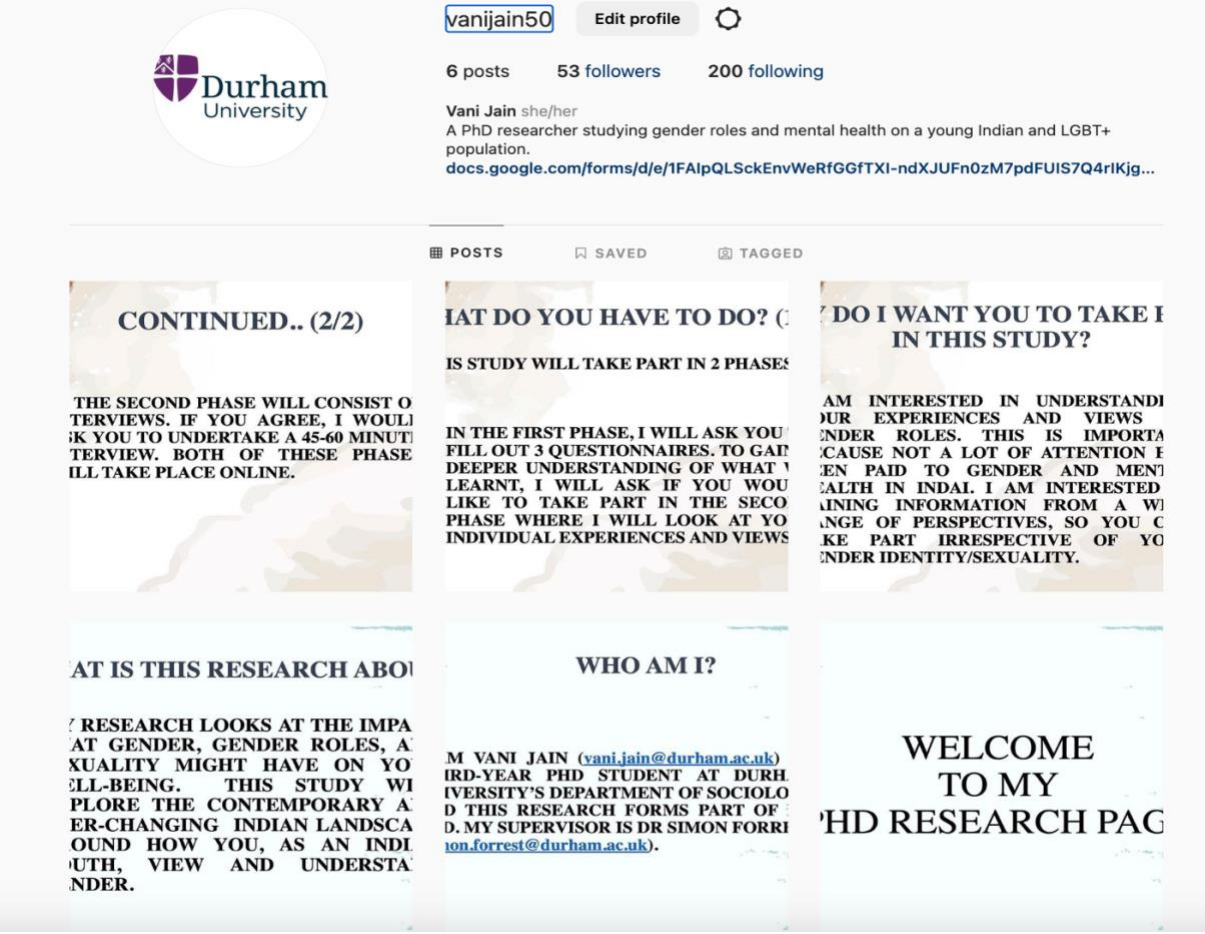
APPENDIX 1: INSTAGRAM PROFILE

I recruited majority of my participants via Instagram, and this is how my profile looked like:



APPENDIX 2: MESSAGE SENT TO PARTICIPANTS

This is the message I sent to potential participants on Instagram:

> 'Hello (name of the person)! I am Vani Jain, a third year PhD student at Durham University. I am researching how gender and sexuality can have an impact on Indian youth's social and psychological well-being. I was wondering if you would like to participate? You'll just need to fill out a survey (won't take more than 15 mins), and if you're comfortable, I might invite you to give an informal interview (an informal talk between us about your life experiences with gender, sexuality etc). There's more information available on my page or feel free to ask me if you have any queries. If you're not interested, please ignore this message. Hope you have a good day.'

APPENDIX 3: LIST OF PARTICIPANTS

List of research participants cited in this thesis, their gender identity and sexual orientation, and dates of interviews. All interviews were conducted online on Zoom. The ages presented are how old they were at the time of the interview.

Name of the participant	Gender Identity	Sexual Orientation	Age	Date of the Interview
Rahul	Trans Man	Homosexual/Gay	26	23 March 2022
Shantanu	Man	Homosexual/Gay	27	11 May 2022
Alaya	Gender Nonbinary	Lesbian	24	13 May 2022
Rishi	Gender Queer	Bisexual	19	14 May 2022
Nima	Woman	Pansexual	20	14 May 2022
Isha	Woman	Lesbian	24	19 May 2022
Anika	Woman	Pansexual	24	4 October 2022
Akir	Trans Man	Heterosexual/Straight	25	5 October 2022
Zoya	Gender Queer	Lesbian	19	6 October 2022
Samarth	Trans Man	Heterosexual/Straight	22	9 October 2022
Alisha	Gender Queer	Pansexual	27	10 October 2022
Sneha	Gender Queer	Bisexual	22	10 December 2022
Diya	Woman	Queer	24	4 February 2023
Akshay	Man	Queer	24	14 February 2023
Diti	Woman	Bisexual	22	19 February 2023
Mala	Gender Queer	Pansexual	23	12 March 2023
Adah	Woman	Pansexual	19	22 March 2023
Sona	Woman	Heterosexual/Straight	20	18 June 2023
Kabir	Man	Heterosexual/Straight	20	22 June 2023

APPENDIX 4: PARTICIPANT INFORMATION SHEET

INFORMATION FOR PARTICIPANTS

The Impact of Gender and Sexuality on the Mental Health of a Young Indian Population.

I would like to invite you to take part in a research study. Before you decide, you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Please ask questions if anything you read is not clear or if you would like more information. Take time to decide whether or not to take part.

WHO IS CONDUCTING THIS RESEARCH AND WHAT IS IT ABOUT?

I am a third-year PhD student at Durham University's Department of Sociology and this research forms part of my PhD. My supervisor is Professor Simon Forrest (simon.foreest@durham.ac.uk). I am interested to see how the Indian youth perceive gender and sexuality and how they impact their well-being.

WHY DO I WANT YOU TO TAKE PART IN THIS STUDY?

I want you to participate because you are an Indian youth. I am interested in understanding Indian youth's experiences and views on gender roles. This is important because not a lot of attention has been paid to gender and mental health in India. Indian society and culture are rapidly changing and your participation would be valuable in understanding how young people make sense of this. I am interested in gaining information from a wide range of perspectives, so you can take part whether you identify as male, female, straight, or LGBTQIA+.

DO YOU HAVE TO TAKE PART?

No. It is completely up to you to decide whether or not to take part.

If you decide to take part, we will ask you to keep this information sheet and sign the 'Consent Form', which is attached.

If you decide to take part, you are still free to change your mind at any time and withdraw without giving a reason. You will be allowed to withdraw your information anytime during the research, and up until 2 weeks after the research has been done.

WHAT DO YOU HAVE TO DO?

This study will take part in 2 phases. Everyone takes part in the first phase. In this phase, I will ask you to fill out 3 questionnaires. Everyone can be involved in this. To gain a deeper understanding of what we learnt in the first phase, I will ask if you would like to take part in the second phase where will look at your individual experiences and views.

The second phase will consist of interviews. I will be contacting people from those who have said that they are interested to undertake a 45-60 minute interview. This will take place online.

WHAT ARE THE POSSIBLE PROS AND CONS OF TAKING PART?

Your participation will contribute to a better understanding of how Indian youth views gender and how they deal with gender role strain (if any). Gender role strain refers to any negative consequences individuals may experience when they try to live up to gender-role stereotypes and norms. This could bring to light issues which might not have been studied in Indian context before.

I hope there are no cons to taking part. The survey has fairly straight-forward questions asking if you agree or disagree with that statement. However, during the interviews, we may talk about personal matters such as sexuality, past experiences and personal relationships. Talking about these topics may make you feel uncomfortable. Every effort will be made by us to make you feel as comfortable as possible. You will be free to say as much or as little as you wish during these interviews. You may also withdraw from the study at any point without giving a reason.

WILL YOUR TAKING PART BE KEPT CONFIDENTIAL?

Yes. All information collected during this study will be kept strictly confidential. This means that if you agree to take part, your data will be stored by the study team at Durham University. The interviews will be recorded in order to be transcribed. Once transcribed, the recording, your name, and any identifiers within the interview, will be deleted or anonymised (pseudonyms will be used henceforth). All documents will be password protected. Anonymity is assured - your real name will not be used in transcriptions and analysis, and any identifiers mentioned will be edited or removed. This is applicable for your answers on the questionnaires as well.

WHAT WILL HAPPEN TO THE RESULTS OF THE STUDY?

I will use what you tell me in the survey and interview to write a thesis on the findings on gender, sexuality, and mental health.

WHO HAS APPROVED THE STUDY?

This study has been reviewed and approved by the Department of Sociology, Durham University.

FURTHER INFORMATION AND CONTACT DETAILS

If you have any questions that have not been answered here, please contact:

Vani Jain (Vani.jain@durham.ac.uk)

Durham University

You can also contact my supervisor, Professor Simon Forrest, to confirm the details.

Simon Forrest (Simon.forrest@durham.ac.uk)

Durham University

APPENDIX 5: CONSENT FORM

I uploaded my consent form on Google Forms. Participants had to give their consent before they could proceed to the survey.

CONSENT FORM

Please take the time to read the information below carefully. If you wish to participate, please write your name at the end.

I have understood the Participant Information Sheet and have been able to ask any questions about the study and my involvement. *

- No

I understand that my participation is at all times my own choice. I may refuse any questions asked of me, and can end my involvement at any time without explanation. *

- Yes
- No

I may ask for any data from my surveys to not be included within the research, up to two weeks after said interview taking place. After this point, best efforts will be made to remove this data, but it may not be possible if included in analysis of the final report. *

- Yes
- No

I understand that my identity will be kept anonymous by giving me a pseudonym or a number. *

- Yes
- No

I understand that my data will be anonymous. *

- Yes
- No

I agree to participate in the study. *

- Yes
- No

Please write your name here to give your consent and proceed to the survey. *

Short answer text

APPENDIX 6: INTERVIEW GUIDE

Interviewer: Thank you for taking the time to meet with me today. My name is Vani Jain and I would like to talk to you about your experiences with gender. Specifically, I want to focus on gender roles and your well-being in order to gain a better understanding of these concepts. I will use this information to write my PhD thesis and hopefully in the future, to identify suitable practices, policies and programs to address any impacts gender may have on people's well-being.

The interview should take about an hour. I will be recording the session because I don't want to miss any of your comments. Although I will be taking some notes during the session, I can't write fast enough to get it all down. Remember, you don't have to talk about anything you don't want to and you may end the interview at any time.

Are there any questions about what I have just explained?

Are you willing to participate in this interview?

(*Gains consent by asking the respondent to sign the Consent Form for Interviews)*

1. Establishing Rapport

Interviewer: Before we begin, it would be nice if you could tell me a little bit about yourself.

Respondent: ...

2. Gender Identity and gender roles

Interviewer: Let me begin by asking you some questions about gender. Tell me how would you describe your gender identity?

Respondent: ...

Interviewer: How do you do gender?

Respondent: ...

Interviewer: Do you think there are particular tasks for men and women in today's time? What do you think are some of the common roles for men and women?

> Follow up: Do you think these roles have evolved over time?

Respondent: ...

Interviewer: Thinking about how you see yourself, where does gender fit in?

> Follow up: Can you think of a time where it felt it fitted less well?

Respondent: ...

Interviewer: Have you always agreed with your birth gender? What about your gender's expectations?

> Follow-up: Can you give an example for when you felt fine with what is expected of you because of your gender?
>
> What about a time where you felt stressed because of the same?

Respondent: ...

3. Gender and Indian Culture and Society

Interviewer: Let's move onto how Indian culture influences gender. In India, what is appropriate behaviour for a man and a woman? What is an ideal man/woman?

Respondent: ...

Interviewer: Do you think Indian culture promotes certain duties or responsibilities on men and women? Do you think the impact is different for men and women and whether a person is straight or gay or trans?

Respondent: ...

Interviewer: Can you think of a time when you became particularly aware of what people expect in terms of gender?

Follow-up: What happened?

How did that make you feel?

Respondent: ...

Interviewer: Has there ever been a time when you changed what you did or said or how you behaved because of what people expected of you and your gender/sexuality?

Respondent: ...

Interviewer: What kind of impact do you think social expectation around gender have on people? And what about on their mental health?

Follow-up: Can you think of a time where it happened to you?

Respondent: ...

Interviewer: Has there been a time where your well-being was very much impacted by this?

Respondent: ...

Interviewer: Would you say you have a positive relationship with those around you?

Respondent: ...

4. Sexuality

Interviewer: Have you faced any discrimination because of your gender and sexuality?

Follow-up: If so, can you tell me about it?

Respondent: ...

Interviewer: Given your identity, do you feel supported by those around you? What about by India and its laws?

Respondent: ...

5. Goals and achievement

Interviewer: I also want to talk about how your gender identity has impacted the kinds of things you think might be possible for you to do in your life?

Follow-up: Can you give me an example of this?

Respondent: ...

Interviewer: Is there anything else you would like to add?

Respondent: ...

Interviewer: Is there anything you want to ask about the study?

Respondent: ...

Interviewer: I appreciate the time you took for this interview. All responses will be kept confidential. This means that your interview responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as the respondent. You have a right to withdraw your data in the next 2 weeks. After that, I'll try my best to accommodate your request. Thank you so much for your time. All responses will be kept confidential. This means that your interview responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as the respondent.

APPENDIX 7: GENERATED CODES

This is a list of codes generated from the interviews using Nvivo Version 12.

Codes

Name	Description	Files	References
(Int.) Lack of understanding or awareness	Any experience wherein the person didn't realise something about their identity because it wasn't explained or they weren't aware of it. Related to the interviewee	11	18
Acceptable gender expectations		13	16
Age		10	22
Anti-gender	Anything related to abolishing gender, not following gender rules, etc	1	2
Appropriate behaviour for men		2	3
Appropriate for one, inappropriate for another		4	13
As long as it's not you	Being slightly accepting of lgbt+ people as long as it's not their child or friend or family.	3	3
Awareness of gender expectations		11	12
Beauty Standards		5	7
Being in the closet or hiding something	Not telling their families or friends about their gender identity or sexual preference, or hiding something from their parents	5	7
Belongingness		3	3
Biological expectations		4	6
Birth gender		3	3
Caste		3	5
Change in behaviour or opinion	Has there ever been a time when you changed what you did or said or how you behaved because of what people expected of you and your gender?	10	10
Childhood opposite gender behaviours		4	8
Clash in the community		2	3
Colonialism		6	9
Coming out		7	13
Confusion between gender and sexuality		2	3
Conservative Households	Anything conservative or old school seen in the family and/or relationships wrt to gender roles, sexuality, or something similar	6	15

Name	Description	Files	References
Covid		2	2
Culture		7	15
Difficult gender expectations		7	11
Discrimination		15	22
Exploring gender or sexuality	Anything related to not being sure about their gender identity or figuring out their gender identity or sexuality	10	15
Financial decisions		6	9
Gender conformity		5	8
Gender did not fit in well		8	11
Gender Dysphoria		11	22
Gender Identity		17	26
Gender non-conformity		6	7
Gender restricitive instances		9	21
Gender Role		14	33
Gender Role- Career		8	12
Gender Role- caretaking		5	7
Gender Role- Clothes		15	30
Gender role- cooking		4	6
Gender Role- Curfew	A sub-division of the gender roles code. It's specific to people having a curfew because of their gender	9	11
Gender Role- Mental Health		10	23
Gender Role- Women serving, men entertaining		4	5
Gender Role Retaliation		5	6
Gender roles for trans peolpe	If they have experienced any changes in GR before and after transition, or just gender role expectations from them now or before	2	5
Gender roles in modern world		5	6
Gender stereotypes		3	4
Gendered personality	Anything relating to the person's personality that they think it's because of their gender	3	3
Getting outed		2	2
Glorified Masculinity		2	3

Name	Description	Files	References
Toxic Masculinity		2	4
Hetronomativity		2	2
Homophobic words and instances	Any experiences people have had or even their own internalised homophobia	9	28
Ideal man		14	17
Ideal woman		13	15
Impact of duties or responsibilities		4	5
Impact of GR on lgbt+ people		15	34
Impact on goals and career		7	9
Impact on well-being		10	15
Indian culture promoting duties or responsibilities	A code for the question 'Do you think Indian culture promotes certain duties or responsibilities on men and women'. Also, anything mentioned with regards to duties in Indian context	15	27
Instances of guilt, shame etc	People feeling guilty or thinking they are doing something wrong because of the gender identity or sexuality	3	8
Institutional discrimination or oppression		7	22
Labels		5	7
Lack of awareness or understanding	This is related to the people around the interviewee saying ignorant things.	9	25
Lack of media representation		3	4
Lived Experiences		15	32
Living somewhere else		8	16
Marriage		12	23
Mental Health		12	19
Mental Health- Anxiety		4	4
Mental Health- Depression		6	6
Mental Health- Suicide		6	8
Mix of gender and sexuality	Where gender and sexuality have sort of merged into one or are inseparable or when you mention one, you mention the other	6	8
Negative School experiences		12	28
No gender roles		7	10

Name	Description	Files	References
Not supported by India	Either indian law or india not making progress.	8	10
Only happened because they were..	Instances that only happened because they were a woman, man, trans, gay etc. Specific to their identity, and not a role	2	2
Patriachy		6	6
Performing gender		12	17
Performing Gender- Hair		8	10
Performing Gender- Physical Appearance		11	24
Pleasure is gendered	Pleasure being shunned or overlooked for one gender	3	3
Positive incidents or experiences		2	2
Positive relationships		16	28
Progressive Household		12	26
Pronouns		5	9
Quotes	Quotes that I want to put in my thesis	17	146
Religion		6	16
Safety		7	12
Self esteem		1	1
Self esteem - Confidence or selflove		3	5
Self esteem- self hatred		1	3
Sexual Abuse		7	21
Sexuality- Mental Health		4	4
Sexuality- Sexual Abuse		4	4
Strained relationships		12	35
Support from others	Specifically regarding your sexuality	9	14
Supported by Indian law		14	21
Things possible in life		15	20
Transphobic words or instances	Any experiences people have had or even their own internalised transphobia	9	25