

## **Sexual Minorities and the Right to Healthcare** IPBH-3500 (3 credits)

### **India: Public Health, Gender, and Sexuality**

*This syllabus is representative of a typical semester. Because courses develop and change over time to take advantage of unique learning opportunities, actual course content varies from semester to semester.*

#### **Course Description**

This course uses a rights-based approach to examine the dynamics of provision and access to reproductive and sexual healthcare services for cisgender women and sexual minorities in India. Through classroom lectures and field visits, students will learn of the accomplishments and gaps in the life course approach adopted by the public healthcare establishment in addressing the reproductive and sexual health needs of adolescents and cisgender women. They will learn how class, caste, gender, geography, and language intersect with sexuality and gender identity to produce a great diversity of sexual practices and subcultures specific to the Indian context. In panel discussions with representatives from communities of sexual minorities, students will be acquainted with the spectrum of identities evolving outside the dominant paradigm of heterosexual marriage in the Indian context, including, gay/lesbian, bisexual, genderqueer, intersex, and trans persons, as well as non-heterosexual regional, cultural, and linguistic identities such as *hijras*, *kothis*, *aravanis*, *dhuranis* and *jananas* among others. Sessions with queer representatives and workshops on mental health will cast light on how isolation, alienation, a sense of abnormality, loss, and stigma to varying degrees, mark queer growing-up experiences in India, given the larger context of compulsory heterosexuality.

In light of the physical and mental health needs that emerge from queer life trajectories, this seminar will evaluate the policy and programmatic responses by the public healthcare service system in the Indian context and present an overview of the civil society response to the same. It will examine how policy, provision, and access to public health service systems are mediated by social hierarchies of caste and gender, cultural and political institutions, and the law. This course will thus enable a systemic understanding of the experiences of marginality and mainstreaming among cisgender women and sexual minorities in society, with particular reference to the Indian healthcare system.

#### **Learning Outcomes**

Upon completion of the course, students will be able to:

- Recognize a range of identities and life experiences among sexual minorities in India as distinct from those appearing in Western narratives and theories of identity formation;
- Identify the physical and mental healthcare needs of queer persons;

- Assess the impacts and efficiency of programmatic responses to the reproductive health needs and service provision to the sexual minorities in India;
- Demonstrate knowledge of public health literature and policy interventions that recognize and affect the welfare of sexual minorities;
- Synthesize the learning acquired in this course in a small research paper.

### **Language of Instruction**

This course is taught in English, but students will be exposed to local vocabulary related to the course content as well as the nuances of reproductive and sexual health through lectures by in-country experts, workshops, and field visits to grassroots and advocacy organizations in different parts of India.

### **Instructional Methods**

Teaching and learning in this course is an active process that takes place through a combination of classroom instruction, workshops, site visits, excursions, and field-based study. Concrete experience is coupled with active reflective observation to help students synthesize classroom and practice-based knowledge to understand the socially embedded nature of the production of scientific knowledge and practice. Students will witness challenges imposed by the real-world constraints of rural settings and the innovations in data collection and program design that respond to the same, to provide effective preventive, promotive, and curative services. In witnessing epidemiological surveillance in action students will also gain an understanding of how scientific, socio-cultural, and moral frameworks inform indicators of coverage and quality of healthcare.

Given that instruction also draws heavily on an experiential learning component, the reflective practice of journaling will help students make sense of dissonances between theoretical, and epidemiological knowledge and its application in policy formulation, program design, and implementation on the ground. Students will navigate their way through the ‘disorienting dilemmas’ these engagements produce, which will also give them an opportunity to engage with the difference between resource-rich and resource-poor healthcare systems empathetically, to arrive at a more nuanced understanding of reproductive and sexual health.

Sessions facilitating individual and shared reflection are a means to arrive at a reformulated understanding of the particular ways in which scientific practice in India both produces and is a product of the socio-cultural and political processes peculiar to India’s neoliberal, globalized, post-colonial context.

### **Required Texts**

Duggal, R. (2004). Operationalizing Right to Healthcare in India. *The ICFAI Journal of Healthcare Law*, 2(3).

Ranade, K (2018). *Growing up Gay in Urban India: A Critical Psychosocial Perspective*. Springer. Singapore.

### *Recommended Reading*

Ranade, K. Chakravarty, S., Nair, P. and Shringarpure, G. (2022). *Queer Affirmative Counselling Practice: A Resource Book for Mental Health Practitioners in India*. Mariwala Health Foundation.

## **Assignments and Evaluation**

### Assignment Descriptions and Grading Criteria

#### 1) Excursion Report (30%)

Following the weeklong excursion in Goa, students will be expected to write a 2000-word analytical report outlining their experience, observations, and reflections on the overall learning about issues and challenges in the mental health of sexual minorities in India.

Date of submission: Within a week after the excursion

#### 2) Journaling (10%)

Given that the program and course are rooted within an experiential approach, observational and reflective journaling is a cornerstone of this learning endeavor. Students are expected to maintain a journal regularly to record their observations, experiences, and reflections to map for themselves the understanding(s) they have gained and new ideas that have been developed.

#### 3) Long Assignment (50%)

Each student will be expected to write a 2500-word paper on any one issue (e.g. identity formation, health needs, access to healthcare, exclusion/inclusion within the legal and/or socio-cultural framework) related to LGBTQIA+ or cisgender women in India. The parameters for evaluation will include the articulation of a cogent argument; its use of available peer-reviewed secondary literature; and the representation of voices of Indian experts, practitioners, and activists.

#### 4) Participation (10%)

This includes active involvement in lectures, readings, discussions, and excursions using the following criteria:

- Attendance - promptness and positive presence in class.
- Active Listening - paying attention in class and during field excursions, asking appropriate questions, showing interest and enthusiasm (this includes body language), entertaining contradictory perspectives, and taking notes.

- Involvement in Class Discussions - either in small or large groups, sharing knowledge. This means challenging yourself to speak up if you usually don't, and also means allowing others to speak if you are a person who tends to dominate class discussions.
- Group Accountability – positive participation in the group during field excursions and classes; not keeping others waiting.
- Being Respectful – culturally appropriate interaction with hosts, SIT program staff, SIT lecturers, and communities.

### Assessment

(1) Long Assignment	50%
(2) Excursion report	30%
(3) Journaling	10%
(4) Attendance, Participation, and Completion of Assigned Readings	10%

### Attendance and Participation

Due to the nature of SIT Study Abroad programs, and the importance of student and instructor contributions in each and every class session, attendance at all classes and for all program excursions is required. Criteria for evaluation of student performance include attendance and participation in program activities. Students must fully participate in all program components and courses. Students may not voluntarily opt out of required program activities. Valid reasons for absence – such as illness – must be discussed with the academic director or other designated staff person. Absences impact academic performance, may impact grades, and could result in dismissal from the program.

### Late Assignments

SIT Study Abroad programs integrate traditional classroom lectures and discussions with field-based experiences, site visits and debriefs. The curriculum is designed to culminate in projects/ISPs/case studies/internships etc. To maximize learning from the program, it is critical that students complete given tasks in a timely manner to maintain continuity in the sequence of assignments, reflections, and experiences throughout the program.

However, in the event of a delay, students may request a justified extension for one paper/assignment during the semester. Requests must be made in writing and at least 12 hours before the posted due date and time. If the reason for the request is accepted, an extension of up to one week may be granted at that time. Any further requests for extensions will not be granted. Students who fail to submit the assignment within the extension period will receive an 'F' for the said assignment.

## Grading Scale

94-100%	A
90-93%	A-
87-89%	B+
84-86%	B
80-83%	B-
77-79%	C+
74-76%	C
70-73%	C-
67-69%	D+
64-66%	D
below 64	F

## **Program Expectations**

- Show up prepared. Be on time, have your readings completed and points in mind for discussion or clarification. Complying with these elements raises the level of class discussion for everyone.
- Have assignments completed on schedule, printed, and done accordingly to the specified requirements. This will help ensure that your assignments are returned in a timely manner.
- Ask questions in class. Engage the lecturer. These are often very busy professionals who are doing us an honor by coming to speak.
- Comply with academic integrity policies (no plagiarism or cheating, nothing unethical).
- Respect differences of opinion (classmates', lecturers, local constituents engaged with on the visits). You are not expected to agree with everything you hear, but you are expected to listen across difference and consider other perspectives with respect.
- Storing Your Work: Keep several copies of your work as back up and keep one copy accessible to you through an online forum, such as an attachment in your email, the course learning management system, or cloud-based storage. This way your work will always be available to despite technical issues. Lost files, deleted drives, or computer crashes are not excuses for late, missing work.
- Personal Technology Use: Cell phones and other personal electronics can be used for taking notes and other class activities. Off-task usage is not acceptable. You may be marked as absent for habitually using them for something other than classroom activities.
- Course Communication: Course documents and assignments will be posted on the learning management system, Canvas. Although the course calendar provides a broad overview and the general sequence of work and assignments for the course, what we accomplish in class will vary, and revisions to the calendar will be posted at the course site. You will need to check the course site regularly. You are responsible for letting me know about any network-related problems that prevent you from accessing or submitting assignments.
- Content Considerations: Some texts and activities you will encounter in this course delve into sensitive topics that may be emotionally and intellectually challenging. Our

classroom is a space where we can engage with challenging ideas, question assumptions, and navigate difficult topics with respect and maturity. As possible, I will flag content and activities that are especially graphic or intense, so we are prepared to address them soberly and sensitively. If you are struggling to keep up with the work or participate in the course because of the nature of the content and activities, you should speak with me and/or seek help from counseling services.

- Classroom recording policy: To ensure the free and open discussion of ideas, students may not record classroom lectures, discussion and/or activities without the advance written permission of the instructor, and any such recording properly approved in advance can be used solely for the student's own private use.]

## SIT Policies and Resources

Please refer to the [SIT Study Abroad Handbook](#) and the [Policies](#) section of the SIT website for all academic and student affairs policies. Students are accountable for complying with all published policies. Of particular relevance to this course are the policies regarding: academic integrity, Family Educational Rights and Privacy Act (FERPA), research and ethics in field study and internships, late assignments, academic status, academic appeals, diversity and disability, sexual harassment and misconduct, and the student code of conduct.

Please refer to the SIT Study Abroad Handbook and SIT website for information on important resources and services provided through our central administration in Vermont, such as [Library resources and research support](#), [Disability Services](#), [Counseling Services](#), [Title IX information](#), and [Equity, Diversity, and Inclusion](#) resources.

## Course Schedule

*\*Please be aware that topics and excursions may vary to take advantage of any emerging events, to accommodate changes in our lecturers' availability, and to respect any changes that would affect student safety. Students will be notified if this occurs*

### **Module 1: Reproductive and Sexual Health in India: Needs, Policy, and the Organisation of Services**

This module will provide you with an overview of reproductive and sexual health in India, situating the current approach and service provision to meet sexual and reproductive needs within the country's political context, its socio-demography, the developmental trajectory of the publicly funded healthcare services, and current organization of the health service system in independent India.

#### ***Week 1: Introduction to India: People, Polity, Hopes, and Challenges***

In the introductory session, you will gain an overview of the demographic and political structures in India, and issues in health governance that form the backdrop for policy and service provision for reproductive and sexual health in India.

*Required Reading:*

Drèze, J., & Sen, A. (2013). *An Uncertain Glory: India and its Contradictions* (pp. 1–16). Penguin Books.

**Week 2: The Organization of Sexual and Reproductive Health Care in India**

This session focuses on the preventive, promotive, and curative aspects of reproductive and sexual health services delivered through India's three-tier public health system and through its collaborations with institutions and programs housed within the departments of education, and women & child welfare.

*Required Readings:*

Chokshi, M., Patil, B., Khanna, R., Neogi, S.B., Sharma, J., Paul, V.K., & Zodpey, S. (2016). Health System of India. *Journal of Perinatology*. 36, pp. 59-512. National Health Mission. Chapter 2. (n.d.). New Delhi, India: Ministry of Health & Family Welfare, Government of India.

**Week 3: Traditional Systems of Medicine in India in Reproductive and Sexual Health**

This lecture will introduce you to a range of formal and informal providers of traditional medicine whose services are sought by a large segment of the Indian population for treating reproductive and sexual health problems. Mainstreaming of the formal systems -Ayurveda, Yoga, Unani, Sidha, and Homeopathy (AYUSH) has led to the inclusion of these providers of traditional medicine in the largely allopathic public health care system in India. How does their role in providing services to meet reproductive and sexual health needs compare with their counterparts and a range of informal providers in the private sector?

*Required Readings:*

Schensula, S.L., Abdelwahed, M., Nastasib, B., Niranjana Saggurti, N., Verma, R.K. (2006) Healing traditions and men's sexual health in Mumbai, India: The realities of practiced medicine in urban poor communities. *Social Science & Medicine* 62. pp. 2774–2785

Lohiya, N. K., Balasubramanian, K., & Ansari, A. S. (2016). Indian folklore medicine in managing men's health and wellness. *Andrologia*, 48(8), 894–907.  
<https://doi.org/10.1111/and.12680>

*Recommended Readings:*

Mishra, A., Nambiar, D., & Madhavan, H. (2018, July 28). The Making of 'Local Health Traditions' in India-Revitalisation or Marginalisation. *Economic and Political Weekly*, LIII (30), 41-49.

National Policy on Indian System of Medicine & Homeopathy. (2002). New Delhi, India: AYUSH, Ministry of Health & Family Welfare, Government of India.

Ravishankar, B., & Shukla, V. J. (2008). Indian Systems of Medicine: A Brief Profile. *African Journal of Traditional, Complementary and Alternative Medicines*, 4(3), 319.  
<https://doi.org/10.4314/ajtcam.v4i3.31226>

## **Module 2: Issues in Access to Reproductive and Sexual Health Care in India**

This module focuses on the role of structures of social stratification- socioeconomic class, caste, gender, sexual orientation, and ethnicity- in determining access to health care.

### ***Week 4: Caste and Gender: Social determinants of Access to Care***

This week you will be introduced to ways in which intersections of caste and gender produce different experiences of ill health and how these intersections mediate access to reproductive and sexual healthcare in both rural and urban settings, especially in the context of sexual minorities in India.

#### ***Required Readings:***

- Shaikh, M., Miraldo, M., & Renner, A.-T. (2018). Waiting time at health facilities and social class: Evidence from the Indian caste system. *PLOS ONE*, 13(10), e0205641. <https://doi.org/10.1371/journal.pone.0205641>
- Sen, G., & Iyer, A. (2012). Who gains, who loses and how: Leveraging gender and class intersections to secure health entitlements. *Social Science & Medicine*, 74(11), 1802–1811. <https://doi.org/10.1016/j.socscimed.2011.05.035>
- Baru, R., Acharya, A., Acharya, S., Shiva Kumar, A.K. And K Nagaraj (September 18-24, 2010) Inequities in Access to Health Services in India: Caste, Class and Region. *Economic and Political Weekly*, 45(38), pp. 49-58
- Scheim, A., Kacholia, V., Logie, C., Chakrapani, V., Ranade, K., & Gupta, S. (2020). Health of transgender men in low-income and middle-income countries: a scoping review. *BMJ Global Health*, 5(11), e003471. <https://doi.org/10.1136/bmjgh-2020-003471>

#### ***Recommended Readings***

Despanday, M. (2010). *History of Caste System*. Social Science Department. University of California.

## **Module 3: Sexual Minorities: Health Problems and Access to Care**

This final module will provide an overview of the diversity of identities among sexual minorities in India and will focus on mental health issues and healthcare needs in the face of their marginalized status. The module will also cast light on the recent legal interventions that recognize the marginalization of sexual minorities and critically examine the attempts to redress discrimination and deprivation, especially in the context of health care.

### ***Week 5: Sexual Minorities in India***

Week 5 will orient students to the range of sexual minority communities in India, dwelling on the diversity of cultural and linguistic terms used to describe persons on the spectrum of gender identities such as *hijras*, *kothis*, *kinnars*, *janana* and others. It will provide an overview of lives, sexual minority stress, trajectories of identity formation, and factors that influence the same in the Indian context.



<https://www.sociolegalreview.com/post/section-377-read-down-the-way-forward>*Required Readings*

- Woltmann, S. (2019). Third Gender Politics: Hijra Identity Construction in India and Beyond. *South Asian Review*, 41(1), 1–13. <https://doi.org/10.1080/02759527.2019.1692275>
- Ranade, K. (2018) Living Life as a Queer Person: Role of Intimate Relationships in Consolidation of Identity. In *Growing up Gay in Urban India: A Critical Psychosocial Perspective* (pp. 117-140).
- Sircar, O. (2017). New Queer Politics in the New India: Notes on Failure and Stuckness in a Negative Moment. *Unbound*. 11(1), 1-36.
- Mal, S. (2018). The hijras of India: A marginal community with paradox sexual identity. *Indian Journal of Social Psychiatry*, 34(1), 79–85. [https://doi.org/10.4103/ijsp.ijsp\\_21\\_17](https://doi.org/10.4103/ijsp.ijsp_21_17)

*Recommended Readings:*

- Kalra, G. (2012). Hijras: the unique transgender culture of India. *International Journal of Culture and Mental Health*, 5(2), 121–126. <https://doi.org/10.1080/17542863.2011.570915>
- Nanda, S. (1986). The Hijras of India: Cultural and Individual Dimensions of an Institutionalized Third Gender Role. *Journal of Homosexuality*, 11(3-4), 35–54. [https://doi.org/10.1300/j082v11n03\\_03](https://doi.org/10.1300/j082v11n03_03)

**Week 6: Transgender Law and the Right to Healthcare for Sexual Minorities in India**

This lecture will cover the recent Transgender Persons (Protection of Rights) Act, 2019, its provisions, and its impact on the accessibility, affordability, and availability of healthcare for transpersons in India.

*Required Readings:*

- Ministry of Law and Justice (5th December 2019) THE TRANSGENDER PERSONS (PROTECTION OF RIGHTS) ACT, 2019, The Gazette of India Extraordinary.
- Bhattacharya, S., & Ghosh, D. (2020). Studying physical and mental health status among hijra, kothi and transgender community in Kolkata, India. *Social Science & Medicine*, 265(113412). <https://doi.org/10.1016/j.socscimed.2020.113412>
- Gulati, K. and Anand, T. (2021). *Inheritance rights of transgender persons in India*. National Institute of Public Finance and Policy. New Delhi. Pp 06-11.

*Recommended Readings:*

- National Human Rights Commission (2018, April). *Sexual Health and Reproductive Health status report*. Government of India Press. New Delhi. Pp 13-58.
- Azad, A. K. S. & Kumar, P. (2016, October). Health Care Barriers Faced by LGBT People in India: An Investigative Study. *Research Innovator: International Multidisciplinary Peer-Reviewed Journal*. 3(5), 77-82.

## **Week 7: Sexual Minorities: Mental Health and Wellbeing**

The lecture will examine inequities in access to mental health care services, discrimination against sexual minorities in therapeutic settings, and innovations in counseling practice that respond specifically to the needs of sexual minorities in India.

### Required Readings

- Ranade, K. Chakravarty, S., Nair, P. and Shringarpure, G. (2022). *Queer Affirmative Counselling Practice: A Resource Book for Mental Health Practitioners in India*. Mariwala Health Foundation.
- Wandrekar, J. R., & Nigudkar, A. S. (2020). What Do We Know About LGBTQIA+ Mental Health in India? A Review of Research From 2009 to 2019. *Journal of Psychosexual Health*, 2(1), 26–36. <https://doi.org/10.1177/2631831820918129>
- Vishwanathan, D. (2022). Exploring the Experience of Microaggression faced by Queer Individuals in Psychotherapeutic Settings in India. *Indian Journal of Social Work*. 83(2)

### Recommended Readings:

- Kealy-Bateman, W. (2018). The possible role of the psychiatrist: The lesbian, gay, bisexual, and transgender population in India. *Indian Journal of Psychiatry*, 60(4), 489–493. [https://doi.org/10.4103/psychiatry.IndianJPsychiatry\\_83\\_17](https://doi.org/10.4103/psychiatry.IndianJPsychiatry_83_17)
- Bowling, J., Dodge, B., Banik, S., Rodriguez, I., Mengele, S. R., Herbenick, D., Guerra-Reyes, L., Sanders, S., Dange, A., & Anand, V. (2016). Perceived health concerns among sexual minority women in Mumbai, India: an exploratory qualitative study. *Culture, Health & Sexuality*, 18(7), 826–840. <https://doi.org/10.1080/13691058.2015.1134812>

## **Site Visits, Workshops and Excursions**

A component of the course comprises local site visits in Delhi and workshops and excursions outside Delhi to help connect classroom instruction with the real-world experiences of activists, non-governmental organization (NGO) workers, and practitioners from LGBTQIA+ communities or organizations working on healthcare delivery issues.

### **Naz Foundation, Delhi**

In the visit to Naz Foundation, you will be introduced to the organization's groundbreaking work in LGBTQI rights starting in 1993 against the exclusion of sexual minorities from state-funded welfare initiatives, first through the provision of care and support services to those from sexual minorities affected by HIV/AIDS, and later through legal intervention leading to the decriminalization of sexual intercourse between consenting adults of the same sex. Naz's pioneering efforts to start awareness programs regarding non-normative gender and sexual identities in India include gender sensitivity workshops, advocacy, and training for educators, social workers, and the police among others.

### **Tarshi, Delhi**

The visit to TARSHI will introduce students to their efforts in expanding the conversation on sexual and reproductive health rights in India over the last two decades. TARSHI's interventions have included helplines in English and Hindi, campaigns, publications, training, and workshops

producing knowledge, advocating for comprehensive sexuality education and providing supportive resources to trainers, educators, and counselors working in the area of sexual health and rights.

### **Panel Discussion, Delhi**

A panel discussion and interaction with community representatives from the *hijra* community will offer insights into their changing living conditions, livelihood strategies, cultural and religious practices, and place in the socio-cultural life of Delhi.

### **Community-based Reproductive Epidemiology – Jamkhed**

A workshop at the Comprehensive Rural Health Project (CRHP) in Jamkhed, will be an opportunity to learn methodological issues in collecting community-based epidemiological knowledge by partnering with village communities. The initiative has successfully utilized field epidemiology, training health volunteers to collect surveillance data and building on local knowledge and resources to meet the immediate and long-term reproductive and sexual health needs of men, women, and adolescents in under-resourced communities.

### **Excursion to SANGATH, Goa**

A week-long excursion in Goa at Sangath will orient students to a range of mental health issues that the organization has been intervening in through research, program design, implementation, and training of counselors. Following a life-course approach the organization has been working with children, adolescents, and adults assessing mental health needs, engaging in promotional activities in schools, colleges, institutions of medical education, and allied health professions, engaging in suicide prevention, training non-specialists, peer counselors, and queer ambassadors, advocating for trans affirmative medical education and care and documenting the experiences of sexual minorities in accessing and navigating healthcare in India.