

## Samapathik Trust

Samapathik Trust is a sexual health organization which works on health and advocacy issues of Gay, Lesbian, Bisexual Transgender, Hijara, Intersex communities

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Every step towards  
AIDS Free Maharashtra

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Additional Reading in Marathi available at Samapathik Trust, Pune  
·Indradhanu-Samalaingikateche vividh ranga.

·Antaranga (Anthology of true stories of Gays and Lesbians)

· Manachiye Gunti

(Anthology of true stories of Parents of Gay Children)

· Saptaranga (Anthology of true stories of Tritiyapanthis)

·Manavi laingikata-ek prathamik olakh.

·Partner (Fiction Novella). Author Bindumadhav Khire. a.

**Author Bindumadhav Khire.**

# Human Sexuality Basics

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(Ver. 2.0)

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# Human Sexuality Basics

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## Human Sexuality

"Sexuality can be defined as the integration of the physical, emotional, intellectual and social aspects of an individual's personality which express maleness and femaleness." (Chipouras,1979)

Components of Human Sexuality

There are 5 major components of sexuality -

1. Biological Sex
2. Gender Identity
3. Sexual Orientation
4. Social Role
5. Sexual Role

Each individual evolves as a unique combination of all of these factors. Some of these components are a gift of nature while some are influenced by culture, upbringing, environment, experience.

### 1. Biological Sex

Simply put biological sex of a baby is whether the baby born is a boy or girl. Medically biological sex can be defined in two ways-'Genotype' (genetic expression) and 'Phenotype' (anatomical expression).

Each cell in a male has sex chromosomes 'XY' (except sperms). Each cell in a female has sex chromosomes 'XX' (except ova). Genotype sex is the genetic expression (chromosomal sex) of a person. So we say that a person who has a genotype of sex chromosomes 'XY' is a male and a person who has a genotype of sex chromosomes 'XX' is a female.

Phenotype is the anatomical expression (physical development) of a person. If the baby has testes, penis and internal reproductive organs of a male (seminal vesicles, vas deferens, prostate gland) we say that the baby is male. If the baby has vulva, clitoris, vagina and internal reproductive organs of a female (uterus, fallopian tubes, ovaries) we say that the baby is female.

In most of the cases a person's genetic expression and anatomical expression are similar. i.e. a baby whose cells have sex chromosomes 'XY' will have a penis, testes (and internally seminal vesicles, vas deferens, prostate gland) and is considered a male. Similarly a baby whose cells have sex chromosomes 'XX' will have vulva, clitoris, vagina (and internally uterus, fallopian tubes, ovaries) and is considered a female.

### **Variation in Sexual and Reproductive Anatomy**

In some cases we see a variation in sexual and reproductive anatomy. e.g. in some females there may be absence of vagina or absence of uterus; in some males the urethral opening is not at the tip of the penis, but somewhere along the shaft of the penis; in some boys one or both testes have not descended in the scrotum etc.

In rare cases a baby may be born having male as well as female reproductive organs partially developed (e.g. a baby who has incomplete testicular development and/or incomplete ovarian development). In some of these cases we see an ambiguous genital presentation (e.g. partial testicular development and partial formation of labia & vagina). In such cases it becomes difficult to label the baby as a boy or girl. Such persons are termed as Intersex.

There could be various reasons for variations in the development of genitalia. Some may be due to variations in sex chromosomes,

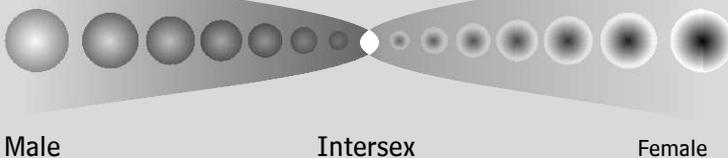
(e.g.1- in rare cases the sex chromosomes are only one 'X' instead of 'XX'; e.g.2- in rare cases the sex chromosomes are 'XXY' instead of 'XY'). Some variations may be due to differences in specific hormonal production/utilization. There could be many other reasons for

development of variations in sexual and reproductive anatomy which have not yet been discovered.

Issues of persons who have variations in sexual and reproductive anatomy

When people realize that they have variations in sexual / reproductive anatomy (especially those who are Intersex) they feel a deep shame about their anatomy as they don't fit into the society's accepted stereotypes of male and female. Most do not openly speak about their difference. They are afraid that if their variation becomes public they will be pitied, ridiculed, harassed. Many feel isolated from their families and friends. Finding a life partner becomes difficult. Many suffer from depression.

Accepting them with their variations and assisting them to become part of the mainstream will reduce their depression, isolation and improve their self-esteem.



## 2. Gender Identity

Gender Identity means our perception of self as a male or female. Which means, each person in addition to their biological sex, also has a psychological sex. i.e. whether the person considers himself/herself to be male or female. Generally a man is comfortable with his 'maleness' and accepts his male reproductive organs as part of his persona. Similarly a female is comfortable with her 'femaleness' and accepts her reproductive organs as part of her persona. This psychological sex is considered to be the Gender Identity of the person- the feeling and experience of which

gender they belong to. In most cases the gender identity corresponds to the biological sex of the person. i.e. a boy psychologically considers himself to be a boy and a girl psychologically considers herself to be a girl.

### **Transgender (TG)**

There are a few boys who psychologically feel that they are girls. They are not comfortable with their male anatomy. They desire to become girls. This means that their biological sex is male but their gender identity is female. Similarly there are some girls who psychologically feel that they are boys. They are not comfortable with their female anatomy. They desire to become boys. Their biological sex is female but their gender identity is male. A person whose psychological sex is opposite of their biological sex is called a transgender. (It is to be noted that before undergoing SRS, transgenders have fully functional sexual and reproductive organs.)

### **Factors that decide who becomes a transgender**

No one knows why a few boys are psychologically girls and a few girls are psychologically boys. Some parents feel that incorrect upbringing of their child made their son or daughter a transgender. This is an incorrect notion. Parents should not feel guilty as parental upbringing has nothing to do with the development of a particular gender identity. Gender identity cannot be taught to a child, it can not be learned , It can not be changed thru therapy/treatment/punishment/rewards. It is in everybody's interest to accept an individual's gender identity as it is.

### **Issues faced by transgenders**

Many transgender boys are feminine and many transgender girls are masculine. Because of this they face a lot of discrimination from society. They are ridiculed and harassed. Many 'Male to Female' transgenders who are feminine in behavior face ragging and sexual harassment. Many are disowned by their families. On growing up, they find it difficult to get jobs and accommodation. Most have severe

depression and low self esteem. Some display anti-social traits. Their acceptance as transgenders by family, friends and colleagues plays a major part in assisting them in gaining their self esteem and leading a fulfilling life.

### **SRS (Sex Reassignment Surgery)**

Some transgender persons opt to go in for SRS. A 'Male to Female' transgender who wants to become a female can undergo sex reassignment surgery whereby his penis and testes are removed. A labia and vagina are surgically constructed. Some also undergo breast enhancement. Post surgery the person can have receptive intercourse thru the vagina, but since there is no uterus, fallopian tubes and ovaries the person will not get pregnant. A 'Female to Male' transgender who wants to become a male can undergo sex reassignment surgery whereby her breasts are reduced; ovaries, uterus, fallopian tubes, vagina are removed. Two artificial testes are implanted. A penis is surgically constructed. The testes will not generate sperm. The penis can be used for urination but it cannot naturally become erect for intercourse.

### **Gender Identity**

Biological sex Male	→	Gender Identity Male
Biological sex Female	→	Gender Identity Female
Biological sex Male	→	Gender Identity Female {Male to Female Transgender}
Biological sex Female	→	Gender Identity Male {Female to Male Transgender}

### **Hijaras**

Since Indian society does not readily accept a man who considers himself a woman, some 'Male to Female' transgenders join the Hijara community. Hijara community is a cultural community, predominantly of men whose gender identity is female. Some Hijaras eventually voluntarily undergo

surgical removal of their penis and testes. Some wear female attire and ask for alms ('mangti'). Some dance at weddings. Some are into sex work. Very few Hijaras are well educated, many are school/college dropouts. They are alienated from mainstream society. Most don't get job opportunities. They have less access to medical services. Some don't have identification documents and hence have difficulty in obtaining socially empowering documents like PAN card, Ration Card, Voting Card, Opening a bank account etc. Hijaras are a part of our society and it is important for all of us to work towards integrating them into mainstream society.

### **3. Sexual Orientation**

On reaching adolescence every person feels sexual and emotional attraction towards someone. If the person feels emotional and sexual attraction for members of the opposite biological sex only (i.e. boys get sexually and emotionally attracted to girls and girls get sexually and emotionally attracted to boys) it is called Heterosexual Orientation. If the person feels emotional and sexual attraction for members of both the biological sexes (i.e. boys get sexually and emotionally attracted to boys and girls, and girls get sexually and emotionally attracted to boys and girls) it is called Bisexual Orientation. Having a Bisexual orientation does not mean that they are confused. It is not a rule of nature that a person should only be attracted to members of only one biological sex. If the person feels emotional and sexual attraction for members of the same biological sex only (i.e. boys get sexually and emotionally attracted to boys and girls get sexually and emotionally attracted to girls) it is called Homosexual Orientation. The other words used for homosexual is 'Gay'. A homosexual woman is called 'Lesbian'.

Homosexuality is present in some men and women. Generally in all populations across the world around 3% of men are Gay and about 1% of women are Lesbians. Homosexuality and Bisexuality is natural; there are many animals, birds in which homosexual and bisexual behavior has been documented. Homosexuality in India is not an import from the west.



## Sexual and Emotional Attraction of Adults

Heterosexual Men	Men	→	Women
Heterosexual Women	Women	→	Men
Bisexual Men	Men	→	Women & Men
Bisexual Women	Women	→	Women & Men
Homosexual Men	Men	→	Men
Homosexual Women	Women	→	Women

### 4. Social Role

Each society, culture, religion has various traditions, norms and laws which influence attitudes towards sexuality in subtle and not-so-subtle ways. The main areas of influence on social expression of gender and sexuality are-

1. Religious duties/rituals
2. Familial and social responsibilities
3. Gender expression thru body language
4. Gender expression in dress code/fashion
5. Occupation
6. Hobbies

In most schools/colleges in India gender sensitivity, sex/sexuality education is not given to adolescents. Hence ignorance, misunderstandings, superstitions, insensitivity and fear create a lot of stress amongst individuals on issues related to gender, sex and sexuality. Women and sexual minorities (gays, lesbians, transgenders etc.) face the brunt of the prejudices that arise thru a conservative view of gender and sexuality.

## 5. Sexual Role

There are different ways of obtaining sexual pleasure. Sexual fantasies, different forms of fore-play, various sexual acts, various positions of sexual acts, insertive and receptive roles, fetishes, use of pornography, sex toys etc. offer a wide range in which sex can be enjoyed. Each person has different needs of sexual pleasure, each person has different preferences. Every person has the right to enjoy sex as per their desire. But the right also comes with a set of responsibilities. Hence, the following points should be noted when seeking a sexual partner-

- partner should be adult and of sound mind
- partner should have consented to the act (consent should not be obtained thru blackmail, threat or fraudulent means)
- sexual act should be done in privacy
- relevant safe sex practices should be followed
- sexual hygiene should be maintained

## QUEER

Human beings have a wide variety of sexual desires and forms of sexual expression. Each person is a unique individual and their genetic makeup, their anatomy, their experiences, the environment in which they live makes each individual's sexuality unique.

The word Queer represents the spectrum of all sexualities which are not hetro-normative. Queer encompasses LGBTHI: L-Lesbian, G-Gay, B-Bisexual, T-Transgender, H-Hijara, I-Intersex spectrum. The Rainbow flag is used to denote this celebration of sexual diversity.

Since sexual desires and sexual expression are natural, to deny any individual sexual expression is a denial of his/her basic instinct of living and loving.

Acceptance of an individual's sexuality will ensure a healthy society where everyone irrespective of their sexuality is considered equal. We are all human beings and have the right to be treated with respect and dignity. Whether they are our relatives or friends, colleagues or strangers it is important to do away with our biases and accept everyone as equals in the main-stream society.

## **Current Major Challenges**

### **LEGAL**

#### **IPC 377**

IPC 377 penalizes all sexual acts that are not peno-vaginal in nature (i.e. acts that do not result in procreation), even if the sexual acts are between consenting adults and performed in private. It does not discriminate between non-consensual sex and consensual sex. It does not discriminate between adults having sex and an adult having sex with an under-age person. This law violates the fundamental rights of Indian citizens.

In the year 2001 'Naz foundation, India' along with 'Lawyers Collective' filed a Public Interest Litigation in New Delhi High Court to have this law changed. The objective was that private consensual sex of any kind between two consenting adults should not be considered a crime. On July 02, 2009 New Delhi High Court gave In the year 2001 'Naz foundation, India' along with 'Lawyers Collective' filed a Public Interest Litigation in New Delhi High Court to have this law changed. The objective was that private consensual sex of any kind between two consenting adults should not be considered a crime. On July 02, 2009 New Delhi High Court gave the historic judgment stating that the current law violates the fundamental rights of Indian citizens. Challenging this verdict, some religious fundamentalists and conservatives approached the Supreme Court. On December 11, 2013 The Supreme Court struck down the Delhi High Court judgment. Gay Activists have filed a Curative Petition in the Supreme Court. The hearing and judgment is waited.

There is a growing need of NGOs to work with lawyers and police on legal issues related to alternate sexualities so that all parties are able to sensitively deal with these issues.

## **LEGAL RECOGNITION FOR 'THIRD GENDER'**

In the case of NALSA (National Legal Services Authority) v/s Union of India, the Supreme Court gave a historic judgment on April 15, 2014 stating that-

- In addition to 'Male' and 'Female', 'Third Gender' should also be legally recognized. Every individual has the right to choose his own 'gender' based on his/her Gender Identity.

-Transgenders should be given reservations in Education and Jobs under SEBC (Socially and Economically Backward) category.

-Special welfare schemes should be designed and implemented by the Government of India for empowerment of Transgenders.

This is a welcome step, but it should be noted that while Transgenders have got legal recognition as 'Third Gender' they have not got the fundamental right of sSexual expression because of the existence of IPC377.

## **LEGAL STATUS for INTERSEX PERSONS**

Jackuline Mary an Intersex person was denied government job as she failed the 'Gender Test' (medical test reported that she cannot be considered a woman). She approached Madras High Court for justice. On 17<sup>th</sup> April 2014 The Madras High Court, basing its judgment on NALSA case judgment stated that that since the Intersex person had a Gender Identity of a female, she has the right to a job under the Female Category. So now an Intersex person who states that her Gender Identity is Female is to be considered a Female and an Intersex person who states that his Gender Identity is Male is to be considered a Male.

## **MEDICAL STAND**

### **IPS (Indian Psychiatrists Society)**

In the beginning of 2014, the IPS stated its stand on Homosexual and Bisexual Orientation. It stated that none of these orientations are an illness or a disease. This stand is consistent with the stand of DSM-V and ICD10 Diagnostic Manuals. While this is a welcome step, it still tags Transgenders with the label 'Persons with Gender Dysphoria'. After the NALSA Judgment we feel that that this stigmatizing label needs to be removed.

## **MENTAL HEALTH**

### **Depression**

Most people of alternate sexualities face serious problem of depression. Some of them make suicide attempts. Non-acceptance by family, rejection by friends, their use as sex-objects, financial and emotional exploitation by partners all contribute to this depression. Some start using alcohol & drugs. Despite the stand of IPS, many psychiatrists continue to be homophobic and insensitive on issues related to Homosexuality. Hence approaching them with these issues further complicate matters. Depression of 'LGBTBI' clients cannot be addressed unless psychiatrists and counselors fully accept the sexuality of the client.

### **STIs (Sexually Transmitted Infections)/HIV**

If a person has unprotected (i.e. without a condom) peno-vaginal sex or peno-anal sex or oral sex with a man or woman who has STI, there is a chance that the person will become infected with that STI (e.g. Syphilis, Gonorrhoea, Genital Warts etc.). If a person has unprotected peno-vaginal sex or peno-anal sex with a HIV infected man or woman, there is a chance that the person will become infected with HIV. So it is important to use condom every time (and correctly) when having peno-vaginal, peno-anal sex. It should be noted that having unprotected peno-anal sex with an HIV

infected person carries the highest risk of acquiring HIV infection.

Because of discrimination Gays, Transgenders, Hijaras find it very difficult to get information on safe sex issues. Because their sexual activities are surreptitious, seeking condoms, negotiating condom use become difficult. Hence they are more at risk of acquiring STI or HIV infection. Many STI & HIV infected Gays and Transgenders do not approach doctors for fear of being treated badly. With a more tolerant and sensitive society they will find it easier to get access to safe sex information and condoms, which will reduce the incidence of HIV and STIs.

### **MSM (Men who have Sex with Men)**

The term MSM implies a sexual act between two men (it does not imply homosexual orientation). MSM is NOT a sexual identity (like Gay, Transgender etc.) but a sexual expression. The term MSM was coined for Targeted Interventions for men who have sex with men- to provide them with safe sex information and condoms for prevention of STI and HIV transmission. Because of ignorance and misconceptions about HIV, very few MSM are aware that they can get HIV infection from an HIV infected man thru unprotected anal sex. Hence various agencies (e.g. MSACS- Maharashtra State AIDS Control Society) work with MSM population thru various NGOs and provide them with services like free condom distribution; providing information about STI/HIV/AIDS; Counseling; Treatment of STIs; HIV Testing; Registration of HIV+ persons at ART centers etc. to reduce the incidence of STIs and HIV amongst MSM.

It should be noted that (a) not all men who have sex with men have homosexual orientation, (b) Not all men who have homosexual sexual orientation may be sexually active with other men.

## **MSM Umbrella**

Sexually active homosexual men.

Sexually active bisexual men.

- Experimental homosexual sex (some youths try homosexual sex as part of exploring their sexuality. e.g. some adolescent boys in boarding schools may have sex with each other. This does not necessarily mean that they are homosexual. For some it is a phasing phase.)
- Circumstantial (In certain situations men are unable to have sexual relations with women even when they desire to do so. In such cases some men may opt to have sex with men e.g. some prisoners, some men in the military may have sex with men.)
- Profession (Some male sex workers (prostitutes) are heterosexual men who provide sexual services to men for money or other material benefits.)

## **MEDIA PERSPECTIVE**

Lately there has been a welcome change in the print and electronic media on matters related to alternate sexualities. These issues are getting more exposure. While this change is welcome, more work needs to be done on sensitizing the media on these issues. Most of the vernacular media is insensitive, homophobic and focuses only on sensationalism.