FACTS against MYTHS

VIKAS ADHYAYAN KENDRA | Vol VI # 4/2000 | INFORMATION BULLETIN

Myths on Sexual Minorities – II

– Sanjukta Ghosh

COMMENT

History of "Homosexuality" as a Concept

Though human sexuality is indisputably complex and difficult to explain, nevertheless, for at least three centuries, researchers have tried to examine and explain it. The central arguments till today remain whether homosexual is congenital or acquired, ineradicable or susceptible to cure, biologically innate or a lifestyle choice. This debate is problematic for any lesbian and gay rights activism. Each position on this issue is susceptible to be used by political conservatives to the detriment of homosexual, bisexual and transgendered communities. That is why examining each position in detail and gauging the political ramifications of each approach becomes imperative. The biological/medical model, forwarded by physicians, held that homosexuals were actually victims and ill, stricken by something beyond their control. Thus, the physicians asked, not for sympathy, but for understanding; that these individuals be treated therapeutically, not punitively (Conrad and Schneider 1992). Treatments included forcing them to meet the right person of the opposite sex, castrations, sterilization, and a commitment to mental health institutions. Today, people who hold this position within the scientific community have turned their efforts on isolating a "gay gene" (Hamer and Copeland 1994). This model is dangerous given modern humans' proclivity to experiment with the pseudo–science of eugenics. In fact, female "feticide" in India, religious-minority "cleansing," ethnic "cleansing" in various parts of the world are just the more visible outcomes of the "biological difference" model. Time and again, research has shown that people who engage in same-gender sex are no different than others in any respect other than their choice of sexual partners. The second theoretical approach came from psychologists like Richard von Krafft-Ebing and Sigmund Freud. Krafft-Ebing regarded same-gender sexual behavior as originating in a congenital weakness of the nervous system caused by heredity or excessive masturbation (Conrad and Schneider 1992). However, Freud held that homosexual tendencies were inherent in all of us and that cultural rules and socialization that "made" us heterosexuals. Thus, homosexuality was the result of unfinished maturation. These views led to "aversion therapy" and shock treatments that.

A third approach is a constructivist view on statuses that afford privileges in society. In the context of human sexuality, the concept of "sexual preference" becomes significant. The famous Kinsey Reports of 1948 and 1953 are important in this context. (See box over)

Thus came the third approach to human sexuality deriving from symbolic interactionism and the Kinsey Reports. It views the category of homosexuality as a product of the meanings we give the term in a culture (social process at

The Kinsey Report

In 1948 Alfred Kinsey and his associates studied almost 16,500 adult men and women and found that 30 percent of adult American males had engaged in some homosexual activity, and 10 percent were exclusively homosexual for a period of at least three years between the ages of 16 and 55. About half as many women were predominantly homosexual. Though Kinsey's research has been criticized, it, for the first time, posited sexuality as a continuum. Instead of identifying people as exclusively homosexual or heterosexual, Kinsey observed a spectrum of sexual activity, of which exclusive orientations of either type make up the extremes. Homosexual activity increases in environments where there are no heterosexual outlets for sexual desires; many persons who, in such environments, are exclusively homosexual in practice identify themselves as exclusively heterosexual in orientation. The report also recognized a large population of bisexuals — people who respond sexually to persons of either sex.

Kinsey's 1948 report and the subsequent 1953 study were the first formal, wide-ranging and systematic research on human sexuality. It categorically asserted that there was infinite variety in human sexual behavior and nothing was "normal," "abnormal" or pathological. Also patterns of sexual behavior changed over an individual's life span.

the macro level), and sees the individuals who fit the category as those who have come to identify themselves as homosexuals (the result of social process at the micro level). It is worth pointing out that this perspective allows us to consider identity separate from behavior.

The model of "sexual preference" too has its limitations. It feeds into the argument of zealots that sexuality exists within the realm of personal control. An example of this is a letter published in the *Pioneer (Delhi)* in 1995. Assailing the position of the president of the Indian Medical Association that homosexuality is not a crime or a disease, but a sexual preference, then, "Can the votaries of such progressive thoughts give a suitable reply regarding the nature of incest and its related threat to the social fabric? For incestuous relationships, like homosexuality, are very much based on an individual's sexual preference. Isn't it a social stigma?" (cited in Thadani 1996).

What the writer seems to be arguing is that if homosexual sexual behavior is simply a preference, then society can create taboos around it, enact laws against it, and expect people to abide by them, just like there are laws against incest and non-consensual sex. It is arguments like these that have made many activists revert to an essentialist position on human sexuality.

What widespread research on human sexuality now does show is that same-gender sexual practice is common, universal and "normal." is no single type of a homosexual. Biologically and/or psychologically people who prefer same-gendered sexual partners are no different than those who prefer opposite-gender sexual partners. Stereotypes such as women become lesbians because of heterosexual relationships gone awry (a myth that the film *Fire* implicitly promotes) or that men become homosexuals because of the domineering influence of their mothers are just that — stereotypes. What should be accepted by now is that *homosexuality is a common variant of human sexuality.*

Sexuality and Political Activism

Whether or not we see sexuality as biological, social or a combination of both, the question that begs to be asked is why should something as private and individual as sexuality be a political issue, a topic for public discussion? The answer to this lies in the compulsory heterosexuality that is built into our society through institutions such as marriage and family. It is through these institutions that fundamental rights and privileges such as free

citizenship, health care and insurance coverage, retirement pensions, property inheritance and old age security are denied to a section of the population. That is why rhetoric of some internationally-known feminists such as Madhu Kishwar's become problematic when they loudly proclaim merely on the basis of isolated anecdotes that India does not have a tradition of discriminating against gay and lesbian populations (1996). The fact is that there is always a decisive number of people in every society who are sexually and socially attracted to members of their own sex. *Ensuring their wellbeing is a must.* Since a variety of aspects in the social, economical, and political realm interrelate with issues of sexual orientation, lesbian/gay issues must be included in the civil and social dialogues and in the agendas of all NGOs.

Lesbians and gay men are just as diverse as other people and are present within all groups in India. Some are young, some are old, some are disabled, some are Hindus and others are from religious minority communities. Some are poor, some are homeless. Many have children. Some are HIV-positive or living with AIDS. They may be employed in all sectors of the India marketplace or unemployed. Many are victims of physical and verbal violence, some are rape survivors. Most cannot be open in their social/family/work situations. They have routinely faced some form of systematic social, legal, or economic discrimination from an early age or they may have faced unorganized action in the form of ridicule, intimidation, or even outright physical assault.

The chief areas of concern are: poverty and homelessness, marriage and family, employment and housing,, legal and medical services. (Note: this list is by no means exhaustive)

1. **Poverty and Homelessness** — Young lesbians and gay men are often thrown out of their family homes if their sexuality is discovered. In recent years, newspapers have often reported how young couples have fled their homes when pressured by their parents to get married (to cure them of their homosexuality). Others have been driven to leave their family homes because fearing a hostile reaction if their families become aware of their homosexuality. This is deeply problematic especially for lesbians since most women are groomed into marriage and are not able to be gainfully employed and be financially independent. In addition, since women earn far less than men do for the same job, poverty is almost a sure thing for "out" lesbians in India who have been ostracized by their families and peers. A lack of housing, family support, abject poverty and unemployment leads to a deep sense isolation and finally, in many cases, suicide.

The same fate can fall on elderly lesbians and gay men too. Older lesbians and gay men do not live openly as lesbian or gay, and consequently outsiders may not recognize the intensity of loss or pain of bereavement through the death of a life-long partner. Depending on the attitudes of other family members, these elderly lesbians or gay men can lose their homes and the personal belongings of their loved ones. Often these elderly people have no recourse at all — either social or legal.

2. **Marriage and Family**: Marriage is still an extremely powerful mechanism of social control in Indian culture. It gives people entry into society, "respectability," a larger network of family and friends, and the concomitant social security. Since marriage is denied to same-sex partners, it follows that health–care privileges, insurance coverage, retirement pensions and property inheritance are all issues that homosexuals may have to fight for even if they live in committed relationships. Because individuals desiring others of the same-sex cannot marry, they also have problems adopting children, getting covered by their partner's insurance policy, having access to their deceased partner's property, getting family leave or inheriting a share of the family property that they can rightfully claim.

Furthermore, if it is discovered within a marriage that one of the partners is homosexual, that partner most certainly loses custody of her/his children. Public discourse has generally sided in favor of denying the homosexual partner any contact with the child on the belief that the adult would then indoctrinate the child into the "homosexual lifestyle." Besides this being a fallacy the focus of debate should be the welfare, needs and rights of children, and not opinions or presumptions about homosexuality. In reality, perhaps millions of children and young people are growing up in households where one parent or a close family member is homosexual. Children and young people who have lesbian or gay parents face

particular difficulties through the exclusion of their families in the forced and narrow definition of family. These kinds of social policies and practices do not protect children, and, instead, simply create a deeply hostile environment in which they have to exist.

3. **Employment and Housing**: People who have come out as lesbians and gay, routinely face discrimination by their employers, and co-workers. Many times they have also been fired or demoted or simply denied employee benefits such as medical and dental coverage, travel allowance, special leave, etc. because of their sexual orientation. In the West, where there are at least some legal protections for homosexuals, the educational institution, instead of creating a climate in which all people can learn to feel confident about their sexual identities, has become the hotbed for conservative politics. Several openly gay teachers have been summarily dismissed from their teaching positions even though these individuals had often won awards for their pedagogical strategies. In India, fighting to keep the educational system progressive and a safe haven for all, and developing regulations eliminating homophobic bullying should be a priority.

Homosexuals have also been denied access to restaurants, public transportation, police protection, government offices, stores and housing. Landlords in urban areas are more likely to rent to married couples than single people and single women by themselves or together have historically had the hardest time having access to safe and clan accommodations.

4. **Legal and Medical Services**: Despite the death of several lesbian lovers in the villages and in cities recently, there is no legislation barring the anti-homosexual hate crimes. What makes it even worse is that because of antiquated and colonial anti-sodomy laws, a private sex act between consenting adults within the home, becomes a criminal act. In addition to being prosecuted under Chap. XVI, Sec. 377 of the Indian Penal Code, gay men and lesbians also face charges under Section 294, which penalizes any kind of "obscene behavior in public."

Section 377 of the Indian Penal Code, which makes sodomy a crime, was drafted in 1883 by the British. It is an anachronistic vestige of Victorianism and its enforcement in India is especially ironic since Britain itself decriminalized private adult consensual homosexual acts in 1967. Under the law, individuals engaged in homosexual sex can face imprisonment up to 10 years. Because of this criminalization, there is a high incidence of harassment and violence directed towards males who have sex with males both by police and members of the general public. Reporting these incidents is obviated by Section 377, and further compounded by the unsympathetic and sometimes violent attitudes of the police.

The lack of any legal protection has also led to a lack of medical services for the homosexual population. As health care workers have pointed out, because their behavior is deemed "criminal" homosexual males seldom access sexual health services out of fear of visibility.

Furthermore, the law makes the availability of sexual health services for prisoners difficult. In 1995, Section 377 was cited by authorities in Delhi's Tihar Jail to refuse to distribute condoms among inmates. In fact, the Inspector General of Prisons Kiran Bedi, justified the refusal on grounds that under the Indian Penal Code homosexuality was illegal. This came at a time when the government acknowledged that there were more than one million people known to be HIV-positive.

The disease AIDS has also brought with it another concomitant problem. Because AIDS is seen as a "gay disease", many health practitioners refuse to treat AIDS patients, this despite the fact that *the maximum increase in the disease lately has been among the heterosexual population.*

Homosexuality in India

In India, while homosexuality has been implicitly accepted as one of the many expressions of human sexuality since the Vedic times, it is only in recent years that it has come to be seen as a "foreign import." In fact, just like in other parts of the world, homosexual sexual behavior in India has variously been feted, merely accepted or disavowed, depending on the era and those in power.

One of the key influences on Indians' attitude towards homosexuality is Hinduism. However, examining Hinduism's attitude towards homosexuality is problematic because what we call "Hinduism" consists of myriad of social and spiritual practices. Its four primary denominations — Saivism, Vaishnavism, Shaktism and Smartism — encompass a broad

spectrum of philosophies ranging from pluralistic theism to absolute monism (Coomaraswamy 1943). In the present context, I will discuss Hinduism's relation to homosexuality very briefly by looking at the scriptural authority of the Vedas, post-Vedic Sanskrit literature (from The Arthshastra, to the Kama Sutra to the Mahabharat), and later I will consider Tantric texts.

As several scholars have pointed out, same gender sex, bisexuality, hermaphroditism and asexuality are discussed in many Hindu texts and sex manuals (Thadani 1996 and Mukherjee in Shah 1998). There are detailed descriptions of sodomy in the *Kama Sutra*. Certainly the text looks favorably on "oral congress" with eunuchs and it has a lot to say about androgyny. The *Mahabharat* and the *Ramayan* too contain several references to women loving women. For example, in *Mahabharat, Amba* is advised by the sages to make love to other women if she cannot find a male lover. Also, *Sikhandi* is transsexual. Other random examples are: the myth of *Ayappa*, a popular deity in southern India, and a product of the rape of *Vishnu* by *Shiva*; and, perhaps most importantly, *Ardhanareswar* — the hermaphroditic form of *Shiva*, the most sought after Hindu model of masculinity. The stories of *Ayappa* and *Ardhnareswar* are important because although the sexual relationships of Indian gods often follow heterosexual expectations, the individual God/desses may change form and be incarnated as another. Thus, their stories could be read as gay, lesbian, or multiply transgendered.

The *Bhagavad Gita*, on the other hand, looks people as souls that are eternal. Since our bodies are not "us," gratifying the senses of this temporary body is seen as a deterrent to attaining peace. Under such a cosmology, homosexual or even heterosexual pleasure is only an impediment to one's spiritual life.

Several other scholars have pointed to the numerous temples all over India and the themes of homosexuality in their carvings as evidence of acceptance of homosexuality in pre-colonial India. Thadani (1996), in fact interprets these sculptures as signifiers of a pre-1500 B.C. feminine world where sexuality was based on pleasure and fertility. She, in fact, concludes that is it the *Aryans* who first began to suppress homosexuality through the emerging patriarchy. After that, both sexual systems coexisted, despite fluctuations in relative repression and freedom, until British colonialism, when the destruction of images of homosexual expression and sexual expression in general became more systematic and blatant. Mukherjee, on the other hand, dates the onset of the repression to *Moghul* rule during the thirteenth century (in Shah 1998). Since then, he says there has been a gradual erosion of Indian gay culture and "forcing it underground."

While Hinduism and Hindu texts are certainly influential in proscribing and prescribing sexual norms in India, Islam too has asserted a considerable influence on Indian culture. And like Hinduism, Islam too is a melting-pot of several different histories and traditions. Another parallel to Hinduism is that *Islam has one of the most sex-positive* (Churchill describes Western cultures as "sex-negative" where not just same-gender sex, but all sex was seen as sin) *stands* among the great world religions: the Christ and the Buddha were both sexually abstinent, but Mohammed was sexually active with a number of wives, and had children. Following from this, Islam holds that sex itself is not a bad thing and, unlike Hindu tenets, abstinence is not seen as desirable.

Islam's position on homosexuality, and its influence on Indian sexual norms, is difficult to interpret. While some scholars state that The Qur'an unequivocally condemns homosexuality, several Muslim societies have shown a great deal of tolerance towards lesbian, gay and bisexual communities. Richard Burton, for example, noted that homosexual eros was most accepted among Muslims, not Hindus (1992). Others point out that, homosexuality was never penalized till Aurangzeb came to power in Delhi (Row Kavi 1996). In the Mughal courts, several political leaders, writers and others in the ruling elite were practicing homosexuals. Alauddin Khilji even went public with his male slave lover (Row Kavi 1996).

Among many of the Adivasi communities (classified by the British and contemporary post-colonial governments as "tribals"), both women and men enjoyed more freedom than was common in England to engage in sex with persons of the same gender. Some of these communities also had a space for bisexuality. In fact, as Kishwar has noted, it is this very sexual freedom that caused these communities to become targets of Christian missionaries who

worked zealously to introduce to them European concepts of sexual chastity and monogamy (1999).

MYTH: ***Homosexuality is a medical pathology.***

FACT: The concept of homosexuality has always been in flux. In fact "homosexuality" is a 19th century German concept, not one native to India. However, this is not to say that sex between members of the same sex was not common in India, just the label. As linguists have shown, labelling a phenomenon is a political act and has a normative function. Thus inversely, it is heterosexuals who have needed the concept of homosexuality so as to label what they do "normal" and what others do "abnormal." Since the late 18th and early 19th centuries the category of homosexuality has emerged as a way of describing a condition and homosexual describing a person with a preference for same sex partners. Since then homosexuals have been a highly stigmatized category of persons (Foucault, 1978).

Early medical practitioners in the West indeed saw homosexuality as a disease. Some thought it was the product of hereditary weakness (Conrad and Schneider 1992). This lead to the belief that homosexuals were indeed a distinct kind of people suffering from an affliction beyond their control. In India too, the *Unani* medical system, for example, treated homosexual sexual behavior as an inherent weakness of the body, again beyond the individual s control. Other Indian schools of medicine speculated that homosexuality was caused by "unhealthy and immoral" demands on one's body.

Research from the biological or medical model has enjoyed particularly strong appeal since, if a particular gene or hormonal pattern could be found to explain homosexuality, then everyone could know definitively who the homosexuals were. Biologists and geneticists have for decades searched for the biological key to homosexuality, but such an answer has been elusive and problematic. As Ricketts notes (in Heyl 1989) explanations of a direct cause-and-effect relationship between biological factors and sexual orientation falter because they cannot embrace the complexity and variety of human sexual behavior.

However, as medicine became an efficacious technology, new theories began to emerge about homosexuality. While the cause for this behavior remained elusive, one common ground shared by physicians all over the world — that *homosexuality was not a disease but a normal sexual behavior*. Advances in gene and hormone research now show that same-gender sex is neither a congenital weakness, nor hereditary.

Like medical establishments in most other countries, the Indian Medical Association (IMA) too does not consider homosexuality a pathology. And on this basis, IMA president Dr. K.K. Aggarwal asserted in 1995 that homosexuality is not a crime or disease, it is an "individual's sexual preference" (in Thadani 1996).

MYTH: ***Homosexuality is a mental illness.***

FACT: Not so! Psychologists and scholars who have studied sexual behavior in humans, all acknowledge that there are a myriad sexual combinations and all of them are normal. Neither heterosexual nor any homosexual behavior is transgressive. And homosexuality does not figure on the WHO's list of psychiatric disorders.

Until the early 1970s the American Psychiatric Association classified homosexuality as a mental illness. People "afflicted" with homosexuality and even suspected of homosexual sexual behavior were subjected to electric shocks, aversion therapy and even hormonal injections. But treatments soon changed after it became established that homosexuals simply could not be considered aberrant people.

In the late 1940s in the United States, the Kinsey studies (cf. above) showed that homosexual behavior was more common that was earlier believed. Even in India today, judging from the number of cases reported to crisis hotlines recently established, letters to "Agony Columns, "reports from psychologists and psychiatrists and anecdotal evidence in newspapers, homosexuality, far from being a rarity, is common and naturally occurring as most other human behavior. That is why mental health professionals almost all over the world today do not treat homosexuality as a disease needing any treatment at all.

References

Boswell John in "Christianity, Social Tolerance and Homosexuality" from Encylcopedia Brittanica Online. 2000. Available at: http://www.eb.com:180/

Burton, Richard Francis. "Terminal Essay" in The Perfumed Garden. New York: Inner Traditions Intl Ltd. 1992.

Burton, Richard Francis. (Translated) The Kama Sutra of Vatsyayana:The Classic Hindu Treatise on Love and Social Conduct. New York: Hippocrene Books. Reissue Edition. 1995.

Conrad, Peter and Joseph W. Schneider. Deviance and Medicalization: >From Badness to Sickness. Philadeplhia: Temple University Press. 1992.

Coomaraswamy, Ananda K. Hinduism and Buddhism. New York : Philosophical Library. 1943.

Evans-Pritchard, Edward. Witchcraft, Oracles and Magic Among the Azande. London: Clarendon Press. 1978.

Foucault, Michel. History of Sexuality: An Introduction. New York: Pantheon. 1978.

Halsall, Paul. "People with a History: An Online Guide to Lesbian, Gay, Bisexual and Trans- History" available at http://www.fordham.edu/halsall/pwh/index-bib.html. 1997.

Hamer, Dean and P. Copeland. The Science of Desire: The Search for the Gay Gene and the Biology of Behavior. New York: Simon and Schuster. 1994.

Heyl, Barbara Sherman. "Homosexuality: A Social Phenomenon" in Kathleen McKinney and Susan Sprecher (Eds.) Human Sexuality: The Societal and Interpersonal Context. Norwood: Ablex Publishers. 1989.

Herdt, Gilbert. The Sambia: Gender and Ritual in New Guinea. New York: Holt Rinehart & Winston. 1997.

Katz, Jonathan Ned. "The Invention of Heterosexuality" in Karen E. Rosenblum and Tni-Michelle C. Travis (Eds.) The Meaning of Difference: American Constructions of Race, Sex, and Gender, Social Class, and sexual Orientation. New York: McGraw-Hill. 1996.

Khan, Shivananda. "Cultural constructions of male sexualities in India" in P. Aggleton (Ed.) Bisexualities and AIDS. Australia: Taylor and Francis. 1996.

Kinsey, Alfred .C., W.B. Pomeroy and C.E. Martin. Sexual behavior in the human male. Philadelphia: WB Saunders. 1948.

Kishwar, Madhu. "Naive Outpourings of a Self-Hating Indian: Deepa Mehta's Fire" Manushi Issue# 217 March 1999.

Kumar, Minu. "Some Indian Lesbian Images" in Trikone Magazine July 1996. p 12-14

Lipner , Julius. Hindus: Their Religious Beliefs and Practices. New York: Routledge. 1998.

Mehra, Sunil and Soma Wadhwa. "Women Without Men" in Outlook. Dec 21., 1998. pp. 43-48.

Moss, Kevin. "Russian Gay History" in The Encyclopedia of Homosexuality, 2nd Edition, Garland Press. Available at: http://www.middlebury.edu/~moss/RGC2.html. 1999.

Murray, Stephen O. and Will Roskam. From Boy Wives and Female Husbands: Studies in African Homosexualities. New York: St. Martins Press. 1998.

Patron, Eugene. "Heart of Lavender: In Search of Gay Africa", in Harvard Gay and Lesbian Review Fall 1995. "India" in Wayne R. Dynes (Ed.) Encyclopedia of Homosexuality Vol. 1. 1990.

The Bible, Old Testament: Genesis 13:13, 18:20-22, 19:4-8. 19:24-25, Leviticus 18:22, 20:13, Deuteronomy 23:17-18, Judges 19:22-24, Ruth 1:16-17, II Samuel 1:26, I Kings 14:24, 15:12, 22:46, II Kings 23:7, Proverbs 10:9 New Testament: Romans 1:24-32, I Corinthians 6:9-10, Galatians 5:19-21, I Timothy 1:9-10, II Peter 2:6, Jude 1:7, Revelations 21:8, 22:15

The Gulistan of Sa'di by Sheikh Muslih-uddin Sa'di Shirazi 1258 Ramakrishnan, "Bisexuality: identities, behaviors, and politics" in Trikone Magazine. April 1996.

Ratti, Rakesh. (Ed.) A Lotus of Another Color. Boston: Alyson Publishing. 1993.

Row Kavi, Ashok. "A Guiltless Homosexual Tradition? How Hindu Religion and Society View Homosexuality" in Trikone Magazine July 1996. p 8-9.

Roy, Sandip. "Curry Queens and Other Spices" in David L. Eng and Alice Y. Hom

(Eds.) Q and A: Notes on a Queer Asian America. Philadeplhia: Temple Univ Press. 1998.

Shah, Nayan. "Sexuality, Identity and the Uses of History" in David L. Eng and Alice Y. Hom (Eds.) Q and A: Notes on a Queer Asian America. Philadeplhia: Temple Univ Press. 1998.

Thadani, Giti. Sakhiyani: Lesbian Desire in Ancient and Modern India. New York: Cassell Publishing. 1996.

Vaid, Urvashi. "Building bridges: thoughts on Identity and South Asian G/L/B/T Organizing" Trikone Magazine Tenth Anniversary Issue, 1996. p.64-65.

Vidal, Gore. "Someone to Laugh at the Squares with" in At Home: Essays 1982-1888. New York: Random House. 1988. p 48.

Williams, Walter. "the Berdache Tradition" in Karen E. Rosenblum and Tni-Michelle C. Travis (Eds.) The Meaning of Difference: American Constructions of Race, Sex, and Gender, Social Class, and sexual Orientation. New York: McGraw-Hill. 1996.

Zwilling, Leonard and Michael J Sweet. "In Search of Napumsaka" in Trikone Magazine July 1996. p 14-15.

Notes from the Indian National Gay Conference "YAARIAN '99".

Ms. Sanjukta Ghosh *is a Professor of Communication at Castleton State College, USA, and is the Director of the Women's Studies Programme there. A former journalist with the UNI, she was active with the Jana Natya Manch in Delhi. She completed her Ph.D at the Ohio State University in 1991 and has been teaching and writing on gender concerns ever since.*

Acknowledgement

We at VAK are extremely greatful to Ms. Ghosh for preparing this issue of FACTS AGAINST MYTHS.

Facts Against Myths is a monthly bulletin of factual information on a number of development myths and fallacies, etc, including information against alien development models, paradigms and false concepts on caste, creed and gender.

Produced and Published by :
Vikas Adhyayan Kendra
D-1 Shivdham, 62 Link Road,
Malad West, Mumbai 400 064, **INDIA**

☎ : 882 2850 & 889 8662 Fax : 889 8941
Email : vak@bom3.vsnl.net.in

Design & Layout : Kartiki Desai

Printed by : **Omega Offset,** 4574, Shetty Gally
Belgaum 590 002. ☎ 0831–424124 / 433429

PRINTED MATTER

BOOK - POST

TheSecretary
Community Health Cell
No.367 Srinivasa Nilaya
Jakkasandra, I Main, I Block
Koramangala, Bangalore 560 034