

# Secret lives and gender fluidity of people living with HIV in Hyderabad, India

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## Abstract

This mixed-methods study sought to explore gender fluidity among people living with human immunodeficiency virus (HIV) in Hyderabad, India, almost all of whom did not identify as hijra. Sixteen gender-nonconforming people living with HIV completed both surveys and in-depth interviews, exploring their experiences with HIV and gender nonconformity stigma. Interviews were conducted in Hindi and Telugu, digitally audio-recorded, then subsequently translated and analyzed in English, using interpretative phenomenological analysis. Our study highlighted three categories of gender expression: (1) “We have to maintain secrecy about our hijra life”: Living secret lives; (2) “What happens if my neighbor sees me here?”: Contextual disclosure; (3) “Twenty-four hours a day I will wear a sari”: Being fully out. Analysis revealed that many gender-nonconforming people reported identifying with two distinct gender identities: one in the daylight, where they identified as men and fulfilled a role of husband and father with their family, and another at night where they identified otherwise—as women, as third gender, as kothis, hijra, transgender. Themes reinforce a phenomenological interpretation of gender identity and expression in the south Indian context, which is grounded in practices regarding identity's embodiment in clothing, vocal intonation, make-up, and context.

**KEYWORDS**

gender nonconformity, hijra, HIV, Hyderabad, India, third gender, transgender

## 1 | BACKGROUND

A relatively understudied population within research on gender and sexuality in India are those gender-nonconforming people who have sexual relationships with men, but are also married to cisgender women with whom they often have children. Previous research has documented how pressures to marry and produce male children impact the life trajectories and perceived life opportunities for gender-nonconforming people in India (Horton, 2018). This population of gender-nonconforming people who do not primarily identify as hijra was the focus of this study.

The study focus was further refined to only include people living with human immunodeficiency virus (HIV). Because a focus of the larger parent research project examined the influence of HIV stigma, we focused the present findings on experiences with gender-nonconforming stigma. Hyderabad was selected as our study setting because of the burden that the HIV epidemic has had on the city and on south India. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that there are 2.11 million (95% CI: 1.7–2.65 million) people in India living with HIV, with a national adult prevalence of 0.26% (National AIDS Control Organisation, 2016; UNAIDS, 2013). In the south Indian states of Telangana and Andhra Pradesh, the adult HIV prevalence rate (0.90%) is three times that of the national average (National AIDS Control Organization, 2016). There are about 500,000 (95% CI: 424,000–596,000) people living with HIV (PLWH) in the states of Telangana and Andhra Pradesh, accounting for 20% of all HIV infections in the country (National AIDS Control Organisation, 2012). The capital of Telangana, Hyderabad, our site location, is the urban epicenter of the state's HIV epidemic, and accounts for the highest concentration of the epidemic in this region. The focus of the present study is to explore themes regarding gender fluidity among PLWH in Hyderabad. Given the legality of people to be officially registered under a third gender status in India, these issues have important social, cultural, and public health implications both for PLWH in India, as well as gender-nonconforming people throughout South Asia.

## 2 | THEORETICAL APPROACH

In this paper, we utilize the theoretical approach of interpretative phenomenological analysis to analyze gender identity and expression. Under a phenomenological view, identity is embodied in the corporeality of the body and the perceptions we ascribe to these experiences of time and space (Husserl, 1970; Merleau-Ponty, 2014). Applying phenomenological conceptions of identity and perception to gender, one might argue that the experience of being a woman, a man, or a gender-nonconforming person is embodied through the corporeal experience of sexuality, dress, and expression. Such a construction of gender identity allows us to envision gender as flexible and fluid, allowing people to identify with a multiplicity of gender identities over changes in space and time. A dynamic understanding of gender challenges essentialist constructions of identity, often more prevalent in Western ideologies. In collectivist cultures, such as that of South Asia, people have a more interdependent or fluid conception of the self. This entails less of a need for the stability and consistency of a unified self with consistent appearance and mannerisms. These constructions support a transition from marking sex/gender as an essential, binary, biological trait and instead toward paradigms of thirdness (Reddy, 2018) or queerness. Interpretative phenomenological analysis involves exploring in detail how people make sense of their own worlds by focusing on the participant's perspective (Smith & Shinebourne, 2012). This analytical process pushed us to interpret clusters of themes by similarities and differences across experiences of gender.

Apart from hijra, gender-nonconforming individuals in India also identify as third gender, transgender, kothis, kinnar, khusra, and other labels (Boyce & Khanna, 2011; Chakrapani et al., 2007; Chakrapani et al., 2008). Some of these individuals live with two distinct gender identities, often expressing their gender as male during the day, and female or third gender at night. Because of perceived experiences of discrimination regarding gender nonconformity stigma within their families, communities, and workplaces, they may lead secret lives, where they only express their gender-nonconformity among social circles of other people with similar identities. This hidden population was the target for this study. Noting how gender identity and gender expression are culturally bound, the research question that we sought to answer was largely exploratory: How does gender fluidity manifest among PLWH in Hyderabad, India?

### 3 | METHODS

We conducted a mixed-methods study involving both surveys and in-depth interviews with PLWH in India. We probed their lived experiences regarding gender nonconformity stigma. The study entailed two interrelated phases that occurred consecutively with the quantitative and qualitative phases bearing equal weight (Leech & Onwuegbuzie, 2009). In the first phase of the study, 150 individuals living with HIV completed a survey on HIV stigma; 50 of those interviewed were gender-nonconforming. Their descriptive characteristics are presented in Table 1. Following the completion of the surveys, a preliminary descriptive analysis of the data was conducted. To focus on the drivers of stigma, we created a subsample of 16 individuals who scored the highest (top 20%) and lowest (bottom 20%) on the HIV stigma scale used in the study (Zelaya et al., 2008). These 16 gender-nonconforming people were interviewed in Phase 2 of the study. The reason 16 individuals were chosen was based on saturation of themes within this group.

Survey responses from Phase 1 of the study were used to guide the selection, framing, and ordering of interview questions in Phase 2. Open-ended questions were utilized to elicit descriptions of lived experiences of gender nonconformity stigma. Examples of questions included: (1) How do you identify your gender? (2) Do you have different identities, depending on the context? (3) Given your gender identity, what do you think of your role (s) in Indian society? (4) How do you feel about performing these roles? (5) How have you managed instances where you felt you were unable to perform the roles that were expected of your sex or gender?

Informed consent was obtained from all participants following Institutional Review Board (IRB) approval from the University of Chicago School of Social Service Administration/Chapin Hall in September 2015; the internal ethics committee at SHARE India in Hyderabad, India in November 2015; and Fordham University (for ongoing data analysis) in October 2018. All participants' names and personally identifying information were removed or changed in this manuscript to protect participant confidentiality.

#### 3.1 | Participants

Inclusion criteria were: (1) self-report as being HIV-positive; (2) reside in Hyderabad or Secunderabad, India; (3) proficient in speaking Hindi/Urdu or Telugu; (4) between the ages of 18 and 50; (5) assigned male sex at birth; and (6) currently self-identify as being hijra, third gender, transgender, or otherwise gender-nonconforming.

#### 3.2 | Survey measures

For the first phase of the study, demographic information regarding participants were collected. Additionally, we adapted the previously validated Gender Nonconformity Stigma Scale (Logie et al., 2012), which is an 11-item

**TABLE 1** Descriptive statistics of gender-nonconforming people living with HIV in Hyderabad, India ( $n = 16$ )

Age (years)—mean ( <i>SD</i> )	36.31 (8.3)
Monthly income (Indian rupees/INR)—mean ( <i>SD</i> )	12,356.3 (13,554.0)
Caste—frequency (%)	
Forward Caste (e.g., Vaishya, Komati, Kamma, Kapu, Reddy)	4 (25.0)
Scheduled Caste	4 (25.0)
Backward class—A	2 (12.5)
Backward class—B	1 (6.3)
Backward class—C	0 (0)
Backward class—D	4 (25.0)
Any member of a Scheduled Caste/Tribe	11(68.8)
Religion—frequency (%)	
Hindu	16 (100)
Education—frequency (%)	
No formal	1 (6.3)
Primary	2 (12.5)
Secondary (high school)	5 (31.3)
Intermediate (high school + 2 years)	5 (31.3)
Vocational training	0 (0)
Graduation (college degree)	1 (6.3)
Postgraduation (Master's degree)	2 (12.5)
Native language—frequency (%)	
Telugu	16 (100)
Gender identity—frequency (%)	
Woman	2 (12.5)
Man	8 (50.0)
Hijra	1 (6.3)
Transgender woman	2 (12.5)
Transgender man	3 (18.8)
Sexual orientation	
Heterosexual	1 (6.3)
Homosexual	13 (81.3)
Bisexual	2 (12.5)
Gender Nonconformity Stigma Scale	
Mean ( <i>SD</i> )	23.8 (8.0)
Cronbach's alpha ( $\alpha$ ) of scale with 11 items	0.995

**TABLE 2** Themes from in-depth interviews

Theme	Narrative example
"We have to maintain secrecy about our hijra life": Living secret lives	"I cannot say this role is easy. This role is also difficult. When I am out with people, I will be silent. If I talk to them, they will recognize me. That's the reason I do not talk to people... If I am silent, nobody recognizes my voice. That's why I stay silent."
"What happens if my neighbor sees me here?": Contextual disclosure	"There is no acceptance of hijra in our society and in the family. In this generation, everyone is aware of this, but there is no acceptance in our Indian society. And I don't think it is fully accepted in Indian culture. Families will not accept hijra and nobody will accept us in society... I am maintaining secrets about myself."
"Twenty-four hours a day I will wear a sari": Being fully out	"No, I am not living a secret life. Everyone knew in our colony and in our house that I am hijra. Twenty-four hours a day I will wear a sari!"

measure for perceived and enacted stigma. Respondents were asked to provide their level of agreement on a 5-point Likert scale to statements, where 1 = never; 2 = once or twice; 3 = sometimes; 4 = many times; 5 = all the time. Some questions included: (1) How often have you heard that your gender identity was not normal? (2) How often has your family not accepted you because of your gender identity? (3) How often have you lost a job or career opportunity because of your gender? An additional two survey items were added to this scale to account for the south Indian experience of gender nonconformity stigma: (1) How often have you avoided situations or people because of your gender identity? (2) How often do you distance yourself from family/social gatherings because of your gender identity? Additional survey questions regarding HIV stigma were also asked, but given the focus of this article on gender nonconformity, those results are not provided here (Azhar et al., 2020a).

### 3.3 | Recruitment and incentives

Recruitment for both phases of the study utilized organizational sampling and snowball sampling. A local research assistant posted recruitment flyers in Hindi and Telugu at community-based organizations (CBOs) and collaborated with agency staff to identify participants. To capture those people who were not currently connected to CBOs, we additionally reached out to the contacts of initially recruited participants (Magnani et al., 2005; Coleman, 1958; Biernacki & Waldorf, 1981). While the overall fieldwork for this project took place over a 3-year period, interviews for this study were conducted between October 2015 and December 2016. The research team collaborated with five organizations for recruitment, namely Avagaahana, Darpan Foundation, Telangana Network of Positive People (TNP+), HOPES+, and Calvary Counseling Society. The organizations were selected based on their location, their work with populations of interest, and their previous collaboration with our partner research organization in Hyderabad, SHARE India. All participants who completed the survey or interview were compensated 200 rupees for each phase. If a participant assisted in recruiting individuals through snowball sampling, they received an additional 100 rupees for each successfully recruited respondent.

### 3.4 | Interviews

In-depth interviews were conducted in two South Asian languages: Hindi and Telugu. Certificates of translation were obtained for the University of Chicago IRB and the ethics committee at SHARE India. For individuals who

were illiterate, the interviewer read the informed consent aloud and explained provisions of privacy and confidentiality in the research study. For these individuals, a thumbprint was used instead of a signature—a commonly accepted legal practice in India. Interviews lasted approximately 90 min. The interview guide was organized around eight domains, including open-ended questions about gender roles, gender nonconformity stigma, HIV diagnosis, HIV disclosure, HIV stigma, depression, and medical care utilization.

### 3.5 | Data analysis

All interviews were digitally audio-recorded in Hindi or Telugu, then subsequently translated and transcribed directly into English (Azhar et al., 2020b). The methodological approach of interpretative phenomenological analysis was utilized to analyze the transcripts to conduct a detailed examination of the lived experience (Eatough & Smith, 2008) of gender. Relevant chunks from transcribed data were assigned codes (Miles & Huberman, 1994), placed in broad groupings, and analyzed for common themes (Singh et al., 2009). After reviewing the first 10 transcripts, three evaluators—the principal investigator, a U.S.-based research assistant, and an India-based research assistant—developed a codebook of themes. Code definitions were redefined and condensed until a finalized codebook was produced. Consensus was reached on all coding decisions. Themes were then categorized according to phenomenological similarities and differences in the participants' experiences of gender identity and expression. Themes were consolidated and reorganized through an iterative process of creating typologies. Only those themes and experiences related to gender identity and gender expression are presented in this manuscript.

## 4 | RESULTS

### 4.1 | Demographic characteristics of the sample

As indicated in Table 1, the mean age of hijra respondents was 37.3 years ( $SD = 8.3$ ). The majority (68.8%) of respondents were from scheduled castes (SCs), scheduled tribes (STs), or other backward classes (OBC). The mean monthly income of respondents was 12,356.3 Indian rupees (INR) ( $SD = 13,554.0$ ), equivalent to approximately \$169.76 USD. All respondents were Hindu and spoke Telugu at home. Half of the respondents had a secondary (high school) level of education or less. Most participants identified as homosexual (81.3%); followed by bisexual (12.5%); and heterosexual (6.3%). In terms of gender identity, most identified as cisgender men (50%); followed by transgender men (18.8%); transgender women (12.5%); and women (6.3%). The adapted Gender Nonconformity Stigma Scale indicated relatively high stigma scores with a mean score of 23.8 ( $SD = 8.0$ ; maximum score = 40). The adapted scale that we created for this study also had strong internal reliability (Cronbach's  $\alpha = 0.995$ ) with 11 items.

Interview analyses revealed that people often lived two distinct lives: one in the daylight, where they identified as men and fulfilled a role of husband/father within their family, and another at night, where they identified as hijra, kothi, kojja, women, or transgender within circles of friends. However, the extent to which this multiplicity of gender identity caused internal or external conflict varied across these groups. For some people, this dual gender identity caused feelings of shame, sadness, or depression. Those who felt internally conflicted about these dual identities felt higher levels of gender nonconformity stigma, forcing them to keep their gender nonconformity a secret.

Other gender-nonconforming people felt that they could navigate these separate spaces with ease, feeling no sense of conflict between living as two distinct genders, nor feeling that they were suppressing their “true” gender identity. For these people, it was feasible to have multiple gender identities, depending on social context and space. A smaller group of third gender people reported always expressing their gender as hijra, third gender, or

transgender, regardless of the context and regardless of the social consequences that their gender nonconformity had on family and community members. While we recount experiences from all categories, this paper focuses on themes from those who expressed internal conflict about having to live secret lives, in regard to both their gender identity and HIV status. The three main groupings of these phenomenologies of gender expression are: (1) “We have to maintain secrecy about our hijra life”: Living secret lives; (2) “What happens if my neighbor sees me here?”: Contextual disclosure; (3) “Twenty-four hours a day I will wear a sari”: Being fully out.

As a point of note, participants often described themselves using both male and female pronouns. While we have changed names to protect confidentiality, we have maintained consistency with the usage of pronoun(s) that participants have used to refer to themselves. Similarly, the pseudonyms by which we refer to participants have the same gendered association (as being male or female names) as their real names.

## 4.2 | “We have to maintain secrecy about our hijra life”: Living secret lives

Respondents often justified the need for continuing to lead a secret life because their families and communities would be unaccepting of their choices if they “came out.” Many lived in fear of the social consequences of being recognized as hijra, kothi, or transgender by their families and friends. To actively avoid this perceived discrimination, many respondents kept their alternative gender identity completely hidden. Sanjay (38 years old, identifies as a woman), relayed the struggles with being unaccepted by both family and society:

*There is no acceptance of hijra in our society and in the family. In this generation, everyone is aware of this, but there is no acceptance in our Indian society. And I don't think it is fully accepted in Indian culture. Families will not accept hijra and nobody will accept us in society... I am maintaining secrets about myself... We have more femininity in us, but we cannot express it. So we will act as men. Because of this we have to face difficulties with our family members and with our relatives and with our office colleagues... Generally, I just act like a normal man.*

In this passage, we hear how acting like a “normal” man is equated with an identity that binds closely to the hypermasculine. The concern of what others will think motivates Sanjay to keep his gender nonconformity a secret. Likewise, Krishna (40 years old, identifies as a transgender man), expressed the duality of living as a boy, but having the “girl feeling” inside.

*I have two sisters and they used to call me brother. But I feel I am not a boy. I am a girl on the inside. I have always had this “girl feeling” on the inside. In my community they know, but to my family, yes, I maintain secrecy.*

Another participant, Prakash (45 years old, identifies as male), voiced his personal struggles in having to repress his gender identity from his family, while his HIV status was known to them:

*I feel very bad... because we don't get married to women. We do not have a wife and children. We stay just like this and so I feel bad about that.... My childhood days were very easy. Being a son is easy. Society asks us so many questions. Why are you not getting married?... My family members were asking me to get married and I didn't agree to it because I was already [HIV] positive at that time... I was very tense in disclosing my status to them and I felt very bad about that situation... Every hijra behaves as a normal man in their family because they do not want to lose their respect. He will maintain a secret life. He won't reveal his thoughts, activities and plans to anyone... Once we leave our house to reach our office, every moment matters. When we come out of the house, the neighbors say that he is hijra. They will look at us differently.*

*They will observe our way of talking and when we come to the office, it happens again... If we want to live in society and maintain friends, we have to maintain secrecy about our hijra life.*

To save face at his job and to not bring shame upon his family, Prakash chooses to only display his gender nonconformity in certain safe spaces. Living with HIV adds an additional layer of intersectional stigma to this experience, discouraging him from getting married or having children.

While some participants avoided the decision to marry a cisgender woman, they still held true to their responsibilities of taking financial care of their families. Alternatively, Rohini (29 years old, identifies as hijra) reported that he chose not to marry a woman, but still wanted to ensure that he could financially provide for his family:

*I thought that if I am not a kothi, I would have married a girl and would have lived happily with my family. But since my childhood, I knew my feelings and I knew that I'm a kothi, so I did not think about my marriage. I thought only about my family. I will always think that I should earn money and take care of my family.*

A recurring theme across these narratives is the strong notion of filial piety and the *dharma* or duties and obligations that one has to fulfill in life, regardless of one's gender. Even when participants do not receive emotional support from their families regarding their gender nonconformity or their HIV status, they continue to financially support them. Another participant, Venkatesh (29 years old, identifies as a man), also noted that having to live a secret life impacted his plans for the future and diminished his self-esteem.

*We cannot have freedom, madam. We have to do everything in a rush and in secret... All my friends have settled into government jobs. They are well settled with their family and children. I am still not settled and I am living a secret life, an illegal life. I feel very bad about myself... I am alone and don't have any family... Other people are living life, being a wife and husband, having a family, a relationship. This is how they live. We also want to live like those people.*

Here we are again reminded of the familial obligations and gendered expectations that many participants desired to meet. The “good life” for an Indian man or woman is to be married with male children. The “bad life” is to be shamed by one's community for their gender-nonconforming behavior and to be seen to be absconding the responsibilities of marriage and family.

### 4.3 | “What happens if my neighbor sees me here?”: Contextual disclosure

Many respondents reported pressure from their family members to get married to women. They feared that if they resisted these pressures, they might have been forced to disclose their gender nonconformity. One participant, Mrinalini (40 years old, identifies as female) reported that she had to be careful about the spaces in which she revealed her gender identity. Like several other respondents, Mrinalini reported nostalgia for how life prospects were better for hijra in the past (Chaudhary & Shukla, 2017), when hijra were reported to have been treated with greater respect and were afforded state patronage by the Nizam of Hyderabad. Multiple participants mourned the passing of these “good old days.”

*In the old days, hijra had value. But in this generation, people will comment on hijra and discriminate publicly against hijra... Mostly I like to dress up like this [pointing to her sari]. Everyone knows in my house, but I will not dress up like this in my house. I will dress up like this when I come out. Ninety percent of the*

*time, I want to dress like this, madam... I am very sad when I am in the house. But when I come out, I am very happy... Maybe in my dress, when I come here, I can feel free to share my feelings. At home I cannot share anything to anyone. If I tell them anything, they will discriminate me.*

Mrinalini reported consistently facing obstacles in terms of her personal safety when she presents in female-identified clothing, namely dressed in a sari. She reports her desire to wear a sari more often, but does not feel comfortable doing so within her family. The wearing of the sari becomes a signifier for Mrinalini of when she wants to identify as a woman or hijra. But the wearing of the sari also entails potential risks to her safety. The materiality of the sari, much like the corporality of gender expression, varies depending on the social context of the wearer.

*When we go out in this get-up, we don't know what will happen to us. People can harass us. They can beat us. They can take away our things. These things are happening outside. So I cannot say this role is easy. This role is also difficult. When I am out with people, I will be silent. If I talk to them, they will recognize me. That's the reason I do not talk to people... If I am silent, nobody recognizes my voice. That's why I stay silent.*

The fear of being identified by having a masculine-identified voice leads Mrinalini to not speak in public, for fear that others will recognize her. Similarly, being identified while wearing a sari could have deleterious consequences for Mrinalini's safety. These experiences lead her to express her gender nonconformity only within certain secret spaces in which she is absolutely assured safety.

Throughout many of these narratives, we see that gender is enacted through its corporeal manifestations. Another respondent, Yasmin (46 years old, identifies as *kothi*) reports how she selectively conceals where and with whom she shares her other gender identity:

*It is very difficult to live life as a kothi. If we go anywhere people will laugh at us and they will make comments about us. It is difficult to live as a hijra because if anything goes wrong, we are finished... At home, I am a man. I am known as a kothi in the community... In places where I am known, I will not live my life as a hijra. I will not go to Chilkalguda [her neighborhood in Secunderabad]. I prefer to be anonymous and go to villages or faraway places as a hijra... Living life as a man is good. I do not like this kothi life.*

This passage reveals a constant push for Yasmin to suppress her gender nonconformity, leading to insecurities regarding her future prospects. Yasmin expresses the stress of hiding to selectively conceal and disclose her gender identity, depending on the social context. But ultimately, she finds this choice to be easier than to live as a *kothi*. Similarly, several participants expressed fear about being recognized when they were engaging in sex work as third gender people. Tejas (48 years old, identifies as male) reported:

*Hijra life is very difficult. Why? Because now I am married. My wife does not know about my behavior, nor my children. If they came to know about me, they would not be able to handle it. So I have to maintain this secret life. It is very difficult. In India it is not legalized. It is considered a crime. They are not saying it is okay... Some years back, I was jobless, and I was not earning anything at that moment. My only option was having sex with men to earn money at that time. I felt very stressed. What is life? Why?... Yes, when we are at the hotspot [cruising locations for sex work] and mainly we are cross-dressing, if someone sees us, what will happen? What happens if my neighbor sees me here? I have had that type of stress and some fear. Not only that, I have tension about the customers. Nowadays some customers will have sex and they will kill us and go. We do not know whether that person is good or bad. If they kill us, my wife and children have to suffer in the future... Now I am a hijra, but I can satisfy my wife as a husband. I can handle my children. I do not have any issues with my roles. I am fine in my house and also outside of my family.*

Being both fine in the house and fine outside the family conveys how Tejas has learned to embody gender differentially, depending on the setting and his company. While he regularly wears a sari and presents as a hijra in these queer spaces, he believes that his wife and his neighbors have no idea about his secret life. Similar experiences of selective disclosure of gender identity are reported by Mohan (40 years old, identifies as a transgender man), who reported:

*They will not recognize us as a woman. They will recognize us as a kothi. [When I go out publicly,] I will go to the barber and cut my hair neatly, get a clean shave. I will wear a pant and shirt, socks and shoes. I will check myself once again that am I looking like a man or not, then I will go to my functions. As a hijra, I would be sabotaged because my family members would not be with me. Only community people would be with me... We go to our point place and we will dress however we like there. We will keep "Fair and Lovely" [a skin lightening beauty product], and makeup, everything. Whatever we like, we do. We check whether we are looking young or not. We think about how to attract people, which color suits us.*

This passage reveals the ways in which gender is again embodied and performed (Butler, 2009) through dress, hairstyle, intonation, and makeup. Mohan informs the interviewer that not all spaces are safe to express one's gender-nonconforming identity, leading participants to be very mindful of where and when they engage in disclosure.

Many gender-nonconforming people in Hyderabad learned to determine the spaces where it is safe to express their secret gender identity. Ensuring that their identity is kept secret is an important piece in maintaining the safety and livelihood of their family.

- Tejas: From our house until we reach the office, when people see us, they make comments about this or that and they will gossip. And also, our villagers or our neighbors say that he is doing this or that and they chit chat about us... It will affect our children's lives and our parents' lives. They will tell our parents that your son has become hijra. [They will say] your family values are not good. [They will say] you do not have values and ethics. They will have conflicts and bring conflicts into our family. Sometimes they will degrade our parents and our children. We become mentally disturbed.*
- Interviewer: How do you dress?*
- Tejas: For some days, I do sex work. At night, I used to wear lady dress and during the daytime, I dressed like a man. When I wear a sari, I feel like a lady. Normally I behave like a gent.*
- Interviewer: Have you had to live a secret life?*
- Tejas: Yes, I have been doing this for a few years.*

When Tejas dresses in pants and shirts, he feels like a man. When he dresses in a sari, he feels like a woman. While comfortable in their gender fluidity, the fear of negative social repercussions on their family, both as a result of their gender identity/expression and their HIV status, are the main reasons for Tejas' decision to not express their gender fluidity more publicly. Tejas is concerned about how his parents' and his children's lives may be impacted if his secret life were to become known.

Although stigma regarding HIV status was not the main focus of this study, experiences of living with HIV stigma intersected and compounded experiences regarding gender nonconformity stigma. Similar to the guarded expression of one's gender identity, many participants reported having to conceal their HIV status.

*They think that HIV is a very dreadful disease and they will think a lot about it. In villages there is no awareness about HIV and they will have many negative attitudes and thoughts. They say that he has got*

*AIDS and they won't allow us in the village. They see us like we are untouchable. They won't touch our plates, our glasses. This is how they do.*

Anticipated experiences of gender nonconformity stigma are exacerbated by anticipated experiences of HIV stigma. Participants reported that they perceived difficulties in being able to rent a house, get a job, or maintain a level of decency and respect in the community if their HIV status became known.

*They think that they will go wherever they want and that is why they got this disease. And they won't be able to rent a house for themselves. If we give them a place to stay, they will spoil the character of our children. They have that fear. Moreover, they will look at us strangely all the time.*

Being looked at “strangely” for one's HIV status is coupled with being looked at “strangely” for one's gender expression. The queering and othering of one's body, one's health, and one's behavior becomes a landmark experience in the lives of many gender-nonconforming PLWH.

*They will harass me. Even my friends would give me a hard time if they knew about me. I feel being hijra and being HIV positive are equal. With friends, relatives and society, if we talk about ourselves openly, they will not behave in the same way the next time we get together. That's why I do not tell anyone.*

For some participants, the stigma associated with one's gender identity is greater than the stigma associated with living with HIV. This distinction may be related to the degree that one can conceal their HIV status to others (assuming a certain level of the appearance of health), but maybe unable to conceal their gender identity or gender expression. In light of mental health, this can cause suicidality for those who do not feel they can fully express their gender identity without consequence.

*I didn't have suicidal thoughts because I was HIV positive, but because I was born a hijra. That is why I had those thoughts.*

In this passage, we note that, for this participant, gender nonconformity is differentially stigmatized than HIV, causing feelings of depression and suicidality that were not elicited from his HIV status. While both statuses, living with HIV and being a hijra, are stigmatized in Hyderabad society, gender nonconformity becomes a greater burden than solely living with the stigma associated with HIV status.

#### 4.4 | “Twenty-four hours a day I will wear a sari”: Being fully out

Some respondents decided that being able to express their gender identity as hijra, kothi, or transgender at all times was important to them, even if it entailed being cut off from family and friends. These individuals often lived a life that has been more traditionally assumed of hijra—that is, living in a gharaana, under the purview of a guru. Lakshmi (25 years old, identifies as female) makes a very high income (60,000 rupees monthly) as a sex worker.

*Lakshmi: In my daily life, we face problems. Some people laugh at us. Some people insult us, and some people are afraid of us. In this generation, it is very difficult to live like a hijra. I don't know about others, but I feel that this life is a waste. Sometimes I will ask God, why did you give me this life? I feel very bad about myself.... In my opinion, being hijra is a good thing and also a bad thing. I am not fully happy with this. We have some*

(Continues)

*problems and some people who have HIV. My parents knew about me. They are worried about me because I am like this. Being hijra is hell. If I am born again, I will pray to God, please make me born as a woman or as a man.*

*Interviewer:* How do you dress?

*Lakshmi:* Twenty-four hours a day I will wear a sari.

*Interviewer:* Are you living a secret life?

*Lakshmi:* No, I am not living a secret life. Everyone knew in our colony and in our house that I am hijra. Twenty-four hours a day I will wear a sari!

Lakshmi exudes a sense of pride in not having to lead a secret life. But she may have felt more agency and empowerment to be fully out because of her high income as a sex worker and the financial freedom that her gender identity and profession have afforded her. Lakshmi is also not married and does not have children. In continued alignment with Butler's (2004) analysis of the performativity of gender by dress, voice, and presentation, the sari again appears in Lakshmi's narrative as an important symbol of femininity and an outward marker to express gender nonconformity publicly. Another participant, Gita (29 years old, identifies as hijra) reports how the wearing of the sari is a direct indicator of playing the gendered roles of woman, caregiver, lover, versus the alternate roles of man, husband, provider, father:

*When I am a husband, I will not wear a sari. No, I will not wear a sari... It is difficult to be in public, because if they knew about us, it would be very difficult to face... I don't typically have any problems, but when we go to the office, I think that if anyone were to know, there would be tension. I don't do anything, but I don't want people to know about me... If they knew about me, they would hold it against me and I have tension knowing that... I am used to being alone... I cannot live like others. I am a hijra. My only life is this.*

Similarly, Gita indicated that when he wears pants and a shirt, he is a man and when he wears a sari, he is a woman:

*I am an MSM, a kothi, a TG [transgender]. When I am wearing pants and a shirt, people will recognize me as a boy. When I am wearing a sari, people will recognize me as a lady.*

Binding closely to these notions of gender as performativity (Butler, 2004), the *pallu* (the long trailing part of the sari, which in south India is typically draped across the shoulders and over the back) can be worn over the head or removed, in the same temporal way that a gender identity might be worn and removed. This experience of performing/being a gender-nonconforming person is closely tied to the experience of wearing a sari, donning jewelry, putting on makeup, and growing one's hair long.

## 5 | DISCUSSION

Our research highlighted three divergent expressions of gender-nonconformity among PLWH in Hyderabad: concealing their alternative identities, disclosing their identities in particular contexts, and living fully and publicly at all times in their gender-nonconforming identity. These findings destabilize conceptions of gender and sexuality as being immutable. Gender and sexuality labels that originate in Western contexts may not seamlessly translate to South Asia (Tomori et al., 2018). Gender and sexuality in the South Asian context are relatively fluid, and the social constructions of these categories have overlapping social and political underpinnings (Dutta, 2012).

Previous research on gender nonconformity in South Asia has tended to focus on the hijra identity (Azhar, 2019; Aziz & Azhar, 2019; Boyce, 2007; Goel, 2016) and provided less room for variation among other

gender-nonconforming groups. Hijra are considered neither men nor women (Nanda, 1986), but rather occupy a third gender category (Kalra, 2012). Unlike most of our participants, hijra have fictive kinship structures defined by hierarchical relationships between gurus (leaders) and chelas (disciples), who live together in communal homes known as havelis or gharaanas (Cohen, 2005). Most of our participants were married to cisgender women and lived with their parents, wife, and children.

Since the advent of HIV, scholarship on gender and sexuality in South Asia has socially constructed hijra as being a distinct category from other sexual and gender minority groups in India—communities that are often labeled under the rubric of men who have sex with men (MSM) (Dutta, 2012). However, contemporary critical research questions how the terms “hijra,” “kothi” and “kajja” are neither mutually exclusive categories nor do they completely overlap (Chakrapani et al., 2020; Stief, 2017). As demonstrated by our findings, not all gender-nonconforming people in Hyderabad identify as hijra.

Recent ethnographies of hijra (Cohen, 2005; Reddy, 2005) have critiqued essentialized constructions of these groups, situating hijra, kothi, and other identities within a spectrum of gender-variant individuals. Many members of the Hyderabad hijra community also identified as kajja—a Telugu term used to refer to third gender people in the south Indian states of Telangana and Andhra Pradesh (Reddy, 2005). Kajja, like some of those who were interviewed here, also do not participate in kinship networks and are therefore also not seen to be “authentically” hijra (Reddy, 2005). Regardless of their self-reported sexual orientation or gender identities, many gender-nonconforming people in India have sexual relationships with both men and women (Boyce et al., 2011; Closson et al., 2014). Although they reported having had sex with both men and women, only two people in our study identified as bisexual, again reiterating that English-language labels may not be appropriate or translatable to the South Asian context.

Sexual and gender-nonconformity in South Asia includes a wide range of identities that includes kothis, panthis, double-deckers, khwaja sira, kinnar, khusra, zenana, and others. Regardless of the intricacies of the typologies of these labels and the distinctions between them, these sexual and gender minority identities have often been clustered together as a monolithic group under the colonial lens as “hijra” and under the postcolonial lens as “transgender women” or “third gender.” However, various sexual and gender minority groups carry important distinctions in regard to gender identity, gender expression, sexual orientation, as well as the social meanings ascribed to them (Towle & Morgan, 2002). It is at least ideologically permissible for individuals to occupy more than one gender identity or sexual orientation through the course of their lives, or even through the course of a single day. The South Asian social construction of gender may allow for the ascription of a multiplicity of gender identities—a notion that markedly differs from how gender is often socially constructed in the West, where a single, consistent gender identity is expected.

The multiplicity of identity is also consistent with the ways in which South Asians have historically represented themselves in Hindu mythology and spirituality. Hindu deities are believed to be both male and female, as well as being capable of inhabiting the bodies of different beings, including humans, animals, and even trees, in their various avatars (incarnations). Hijra were seen to be closer to the divine because of this androgyny. This ability to be two things at once, or to be two genders at once, is at odds with Western ontology and phenomenology, which tends to require a more definitive, stable notion of being. In the Western context, when this stability in gender expression is absent, gender-nonconforming individuals are often pathologized as having “gender dysphoria.” Not constantly expressing as one gender often entails the suggestion of living in the closet, not being out, or not having fully self-actualized to live one’s “authentic” or true self. In Western contexts, gender-nonconforming people may be more likely to identify definitively with only one gender or only one sexual orientation, even if that identity be a nonbinary one, such as trans, genderqueer, gender-fluid, or pansexual. Nonetheless, there is a disconnect between these mythological/spiritual associations of hijra as blessed and powerful beings and the ways in which gender-nonconforming people are actually treated in contemporary India. Even in a philosophical framework that is at least theoretically more inclusive of gender fluidity, gender-nonconforming people in Hyderabad continue to experience stigma from their employers, their neighbors, their families, and sometimes even their own partners.

PLWH in our study navigate back and forth between these distinct gender identities, depending on their own comfort and safety. The stigma of both gender nonconformity and HIV status complicates the keeping and sharing of these multiple, secret identities.

It is also worthwhile to question the increasing reference in gender and sexuality studies to what Towle and Morgan (2002) term “the ‘third gender’ rubric” (p. 469). They acknowledge that discourse regarding transgender people in the global South have largely been drawn from ethnographic portrayals of gender written by White anthropologists and intended for Western audiences. They acknowledge that under the curious gaze of the Western academic, third gender roles may be regarded to be “exotic.” Such Orientalist framings (Said, 1979) of South Asian gender and sexuality may serve to create a uniform depiction of diverse queer communities. International queer movements, while well-intentioned in nature, may also silence and flatten the voices of hijra, kothis, kojja, and zenana into the umbrella rubric of being “transgender.” As Horton (2018) notes, silence or concealment of queerness is not purely a condition of being in postcolonial or non-Western spaces, but are instead “moments of vibrant presence and contradiction” (p. 1071).

## 6 | LIMITATIONS

As in any research with human subjects, interviews are subject to social desirability bias. In terms of the sampling method, we made an attempt to avoid the sampling bias associated with using an exclusively organizational recruiting method by also engaging in snowball sampling. However, the networks within which our respondents were embedded have implications for selection bias.

In terms of our survey data, we had mistakenly not allowed participants to select multiple gender identities. In hindsight, this would have allowed for richer data that would have likely validated our claim regarding the multiplicity of gender identity. However, this multiplicity was still apparent in the themes of the participant interviews. Finally, we noted an issue with a number of respondents having identified as transgender men. In Western countries, the term “transgender man” refers to individuals who were assigned female sex at birth, but identify as male (Newfield et al., 2006). While none of the participants in our study had been assigned female sex at birth, some nonetheless identified as transgender men. As a point of clarification, the words “transgender male” and “transgender female” were presented in the survey in English and were not fully defined in English nor translated for participants.

The identification of participants as transgender men can therefore be explained in two ways. First, the meaning of the phrase “transgender male” may not have been understood in English to refer to people who were assigned female sex at birth. Alternatively, this discrepancy could also speak to a difference in how gender nonconformity is socially constructed in South Asian contexts. It may be the case that anyone who is outside of the gender binary of male and female is considered to be in this gender-nonconforming category, regardless of the sex they were assigned at birth. So there may not be a qualitative difference in how our participants defined being a transgender man versus being a transgender woman. Essentially, both identities were seen to be inclusive within the transgender or third gender moniker.

## 7 | CONCLUSION

In summary, this study highlights the challenges faced by gender-nonconforming PLWH in Hyderabad and the varying degrees to which they have hidden their gender identities in the context of their jobs, their families, their partners, and their communities. Gender-nonconforming PLWH in Hyderabad may be less likely to fully adopt a hijra identity and may flow back and forth between multiple gender identities as men, women, hijra, kothis, kojja, and other identities. Sometimes this happens seamlessly as a result of their genderqueerness. And other times it

occurs as an act of resistance to avoid the grave social consequences of fully disclosing their secret lives, whether in regard to their gender-nonconformity or their HIV status. By providing insights into the experiences of gender-nonconforming PLWH in Hyderabad, we hope this project will ultimately contribute to the improved health of these populations and their greater inclusion within South Asian societies.

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## CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

## PEER REVIEW

The peer review history for this article is available at <https://publons.com/publon/10.1002/jcop.22541>

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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## REFERENCES

- Azhar, S. (2019). Recent changes in gender and sexuality policy in India: A postcolonial analysis, *ICGR 2019 Second International Conference on Gender Research* (p. 51, April 2019). Academic Conferences and Publishing Ltd.
- Azhar, S., Dasgupta, S., Sinha, S., & Karandikar, S. (2020b). Diversity in sex work in India: Challenging stereotypes regarding sex workers. *Sexuality & Culture*, 24, 1–24.
- Azhar, S., Gandham, S., Vaudrey, J., Oruganti, G., & Samuel, R. S. (2020a). "They kept away": Social isolation of cisgender women living with HIV in Hyderabad, India. *Clinical Social Work Journal*, 48(1), 64–76.
- Aziz, A., & Azhar, S. (2019). Social exclusion and official recognition for hijra in Bangladesh. *Journal of Research on Women and Gender*, 9, 3–19.
- Biernacki, P., & Waldorf, D. (1981). Snowball sampling: Problems and techniques of chain referral sampling. *Sociological Methods & Research*, 10(2), 141–163.
- Boyce, P. (2007). 'Conceiving kothis': Men who have sex with men in India and the cultural subject of HIV prevention. *Medical Anthropology*, 26(2), 175–203.
- Boyce, P., & Khanna, A. (2011). Rights and representations: Querying the male-to-male sexual subject in India. *Culture, health & sexuality*, 13(1), 89–100.
- Butler, J. (2004). *Undoing gender*. New York: Routledge Press.
- Butler, J. (2009). Performativity, precarity and sexual politics. *AIBR. Revista de Antropología Iberoamericana*, 4(3), i–xiii.
- Boyce, P., Chakrapani, V., & Dhanikachalam, D., (2011). *India 'MSM Situation Paper' Series: Technical Brief 2. Hard-to-reach men who have sex with men in India: Recommendations for HIV prevention*. New Delhi: Futures Group International.
- Chakrapani, V., Newman, P. A., & Shunmugam, M. (2008). Secondary HIV prevention among Kothi-identified MSM in Chennai, India. *Culture, Health & Sexuality*, 10(4), 313–327.

- Chakrapani, V., Newman, P. A., & Shunmugam, M. (2020). Stigma toward and mental health of hijras/trans women and self-identified men who have sex with men in India. In N. Nakamura & C. H. Logie (Eds.), *LGBTQ mental health: International perspectives and experiences*. American Psychological Association.
- Chakrapani, V., Newman, P. A., Shunmugam, M., McLuckie, A., & Melwin, F. (2007). Structural violence against kothi-identified men who have sex with men in Chennai, India: A qualitative investigation. *AIDS Education and Prevention, 19*, 346–364.
- Chaudhary, N., & Shukla, S. (2017). The third gender and their identity in Indian society. In N. Chaudhary, P. Hviid, G. Marsico, & J. Villadsen (Eds.), *Resistance in everyday life* (pp. 35–48). Springer.
- Closson, E. F., Sivasubramanian, M., Mayer, K. H., Srivastava, A., Safren, S. A., Anand, V. R., Gangakhedkar, R., & Mimiaga, M. J. (2014). The other side of the bridge: Exploring the sexual relationships of men who have sex with men and their female partners in Mumbai, India. *Culture, Health & Sexuality, 16*, 780–791.
- Cohen, L. (2005). The kothi wars: AIDS cosmopolitanism and the morality of classification. In V. Adams & S. L. Pigg (Eds.), *Sex in development. science, sexuality and morality in global perspective*. Duke University Press.
- Coleman, J. (1958). Relational analysis: The study of social organizations with survey methods. *Human Organization, 17*(4), 28–36.
- Dutta, A. (2012). An epistemology of collusion: Hijras, kothis and the historical (dis)continuity of gender/sexual identities in Eastern India. *Gender & History, 24*(3), 825–849.
- Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis. In C. Willig & W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (pp. 179–194).
- Goel, I. (2016). Hijra communities of Delhi. *Sexualities, 19*(5–6), 535–546.
- Horton, B. A. (2018). What's so 'queer' about coming out? Silent queers and theorizing kinship agonistically in Mumbai. *Sexualities, 21*(7), 1059–1074.
- Husserl, E. (1970). The crisis of European sciences and transcendental phenomenology: An introduction to phenomenological philosophy. *Northwestern University Studies in Phenomenology & Existential Philosophy*. Evanston, IL: Northwestern University Press.
- Kalra, G. (2012). Hijras: The unique transgender culture of India. *International Journal of Culture and Mental Health, 5*(2), 121–126.
- Leech, N. L., & Onwuegbuzie, A. J. (2009). A typology of mixed methods research designs. *Quality & Quantity, 43*(2), 265–275.
- Logie, C. H., Newman, P. A., Chakrapani, V., & Shunmugam, M. (2012). Adapting the minority stress model: associations between gender non-conformity stigma, HIV-related stigma and depression among men who have sex with men in South India. *Social Science & Medicine, 74*(8), 1261–1268.
- Magnani, R., Sabin, K., Saidel, T., & Heckathorn, D. (2005). Review of sampling hard-to-reach and hidden populations for HIV surveillance. *AIDS, 19*, S67–S72.
- Merleau-Ponty, M. (2014). *Phenomenology of perception*. New York: Routledge.
- Miles, M.B., & Huberman, A.M. (1994). *Qualitative data analysis: An expanded source book*. London: Sage Publications.
- Nanda, S. (1986). The hijras of India: Cultural and individual dimensions of an institutionalized third gender role. *Journal of Sexuality, 11*(3–4), 35–54.
- National AIDS Control Organisation. (2012). National AIDS Control Programme Phase III: State Fact Sheets. <http://www.naco.gov.in>
- National AIDS Control Organisation. (2016). *Annual Report: 2015–2016*. Ministry of Health and Family Welfare, Government of India. <http://www.naco.gov.in>
- Newfield, E., Hart, S., Dibble, S., & Kohler, L. (2006). Female-to-male transgender quality of life. *Quality of Life Research, 15*(9), 1447–1457.
- Reddy, G. (2005). *With respect to sex: Negotiating hijra identity in South India*. Chicago: University of Chicago Press.
- Reddy, G. (2018). Paradigms of thirdness: Analyzing the past, present, and potential futures of gender and sexual meaning in India. *QED: A Journal in GLBTQ Worldmaking, 5*(3), 48–60.
- Said, E. W. (1979). *Orientalism*. New York: Vintage Books.
- Singh, M. M., Garg, S., Nath, A., & Gupta, V. K. (2015). An assessment of felt needs and expectations of people living with HIV/AIDS seeking treatment at NGOs in Delhi, India. *Asia Pacific Journal of Public Health, 27*(2), NP703–NP712.
- Smith, J. A., & Shinebourne, P. (2008). Interpretative phenomenological analysis. In J.A. Smith (Ed.), *Qualitative psychology: a practical guide to methods*. Thousand Oaks: Sage.
- Stief, M. (2017). The sexual orientation and gender presentation of hijra, kothi, and panthi in Mumbai, India. *Archives of Sexual Behavior, 46*(1), 73–85.
- Tomori, C., Srikrishnan, A. K., Ridgeway, K., Solomon, S. S., Mehta, S. H., Solomon, S., & Celentano, D. D. (2018). Perspectives on sexual identity formation, identity practices, and identity transitions among men who have sex with men in India. *Archives of Sexual Behavior, 47*(1), 235–244.

- Towle, E. B., & Morgan, L. M. (2002). Romancing the transgender native: Rethinking the use of the "third gender" concept. *GLQ: A Journal of Lesbian and Gay Studies*, 8(4), 469–497.
- UNAIDS (The Joint United Nations Programme on HIV/AIDS). (2013). *HIV/AIDS estimates—India*. UNAIDS. <http://www.unaids.org/en/regionscountries/countries/india>
- Zelaya, C. E., Sivaram, S., Johnson, S. C., Srikrishnan, A. K., Solomon, S., & Celentano, D. D. (2008). HIV/AIDS stigma: Reliability and validity of a new measurement instrument in Chennai, India. *AIDS and Behavior*, 12(5), 781–788.

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