



Biopolitics and Im/Possible Citizenship: Gender, Epidemiology and 'Panoptic Citizenship' in India¹

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Abstract

This essay proposes to advance the discussion on the political implications of gender and its transgressive imperative, highlighting, further, the discursive and unsettled gendered positions. Proposing references with the entanglement of the epidemiological knowledge around gender(ed) politics in India, this work emphasizes the niche around claiming citizenship that is strengthened around health system paradigm. The globalisation of the identarian categories as a form of political identity as tied to the orthodoxy around the neoliberal norms of accountability. This essay thus foregrounds a subversive imagery in building theorisation around biopolitics and bio-citizenry, with a critique to the neocolonial allegory of the State, global health and International activism. Also, by bringing in the critical perspective on 'sexuality' and 'equality', this text debates the thematics of citizenship, that resides on a non-sovereign position -that is to say, the corporeal politics within biopolitical articulation. Also, the essay critically examines the biopolitics of citizenship with an analytical lens that is viable, de-medicalised as allowing the possibility to de-embrace technocratic and depoliticised sense of belonging.

Keywords: biopolitics, subaltern, pathology, biosocial, gender, human rights, governance

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Introduction

The Apex Court of India in 2014 recognised the rights of the gender non-conforming people to determine their own gender identity without having to go through compulsory medical or surgical procedures. It included broad directives of health, social welfare and other services which affirms that the 'fundamental rights granted under the constitution of India as equally applicable to people who do not identify themselves within the gendered dualism. The judgement by the National Legal Services Authority v. Union of India, popularly called as the NALSA judgement falls back within its limits when the government of India introduced a much weaker version of the bill in 2015, which included measures that actively ran contrary to the earlier spirit of the NALSA judgement (Grover, 2014). The 2015 bill introduced an idea that a state-level authority would decide whether to give someone a gender-based certificate. The bill further states a district level 'screening committee' with an authority to comply to the ministerial response with arguments about 'physical screening' being necessary to prevent 'misuse' (Sen, 2016; Ila Anasua, 2017).

However, the judgement culminated in enormous confusion and plight within the queer and feminist rights activists, with particular reference to the violation of human rights that limit the potential of these individuals. Furthermore the gender non-conforming persons; claimed that bill was particularly offensive in formulation, vocabulary and mal-representation by the state-authority in determining gender identity that is based on gender essentialism. The 2019 Bill marks the beginning of equal rights and opportunities, reminiscent of the lengthier battle of the activists and lawyers to safeguard self-identification regarding the 'innate perception of one's gender'. This particular Supreme Court judgement of India allows self-perception of gender identity; recognising gender non-conformity on the basis of a 'certificate of identity by a district magistrate' (The Hindu, 2019).

The political aim of this essay is an attempt to destabilise the dominant rhetoric of the gender transgressive politics both culturally and in the biomedical practices from the West to that of the non-West. The essay thus addresses 'critical regional inquiries' that opens the discursive space in analyzing non-dichotomous gender categories (Peletz, 2006). The Western scientific model on sexuality that portrays a moralistic and medicalised strategy to build a 'cultural truth' -the way in which the Westerners are complicit in creating the very category that seems to reinforce the identity politics as promoting a hegemonic universal category. This essay both

culturally and politically tries to shape the gender politics within South Asia. Yet, agreeing to the fact, a special emphasis lies in grappling with India's scenario, but the postcolonial predicament and its geopolitics that provides an important insight into the cultural embeddedness of the colonial past. Within the field of cultural studies and anthropology, the language of the historical representation of the colonised extends to the differences in gender, race, sexuality and so on (Breckenridge & Van der Veer, 1993; Bose and Jalal, 2004). In addition, this essay, makes an attempt to escape the trap of the Western dilemmas to interpret gender/sexuality to the non-West, but also, how the contemporary deconstructing categories constitute a violent confrontation to focus on power and the subversive discourse. For example, scholars and intellectuals 'from' South Asia attempt to vernacularise the very provincial -a rootedness, that skillfully explores and exposes the indigenous episteme that were hidden before. And, suggesting so, that embodies scrutiny to de-objectify South Asians -one such, are the subalterned class. This essay, engages the increasing importance of the social movements in South Asia with special emphasis to gender-based rights. Apparently, South Asian activism around gender/sexuality reimagines the space for radical interrogation of the surveillance-based citizenship that encroaches the body's interior. Much of the debate in this essay is to rethink the notion of 'biopolitics' in the contemporary debates of culture, health and sexuality.

The essay further suggests the perspectives on contemporary citizenship and its socio-political significance as to place the concept of 'biological citizenship' in the context of wider transformation of citizenship rights encompassing new forms of collectives, and new claims for political representation (Rose and Novas, 2005). This implies a recognition of identity categories based on one's corporeal construction and body's signification -the biological characteristics that becomes the object of political intervention. Building on the insights of Gupta and Fergusson (2002), 'transnational governmentality' calls for the states' action to regulate and spatialise subjectivity within the boundaries of the nation. This has built new kinds of politics based on new kinds of industry. A sprawling phenomena that involves the global circulation of capital and knowledge that constructs a political identity concurring the biomedical assemblage; conditioning the possibility of the medicalisation of gender variant persons since 1990s in India. The discursive 'risk' of the epidemic and health-related abrasion, becomes the very claim to the collective negotiation of the newly formed identity typification which further becomes institutionalised and internationalised by multilateral agencies and multinational corporations, cobbled

together with the global flow of drugs, therapy and other related resources (Khanna and Others, 2013). Transnational governmentality that attempts to contextualize the restructuring of capitalism, engages in shaping forms of regulation and 'governance'. Arguing further, as conceptualising 'transnational' gendered networks that disseminate new forms of global knowledge and networks as well as engages in the International solidarity of social movements (Harrington, 2013). Governmentality theory continues to uphold Foucault's conceptualisation of 'power as productive of resistance subjects rather than oppressing pre-given subjects' (Rose, 1999). The gender rights' movement in India problematise the shaping of subjectivities and produces an appropriate form of personhood across borders (Rose, 1999). The term 'government of mentalities', signals 'the conduct of authoritative knowledge' much in focus of the non-state spaces of government (Rose, O'Malley & Valverde, 2006). This internationalisation of movement-led politics agrees upon to address an accountability and responsibility in relation to transnational citizens' association; much recognised to advocate gender and gender-based rights within International development and rationalised International bodies.

One of the key elements into understanding of biological citizenship is the imperative of 'citizenship' that is positioned in relation to 'treatment', 'cure' and the 'social identities' that is innate to monitor the bodies and the material inequalities (Young, Davis and Others, 2019). Suggesting citizenship based on biosocial identities; the political economy of 'illness' that becomes the pervasive symbolism as embodied and shared through state-led biopolitical governance. Organising this turn to a biopolitical analyses stimulated by the work of Foucault, encompassing the ways in which state practices govern (Kaufman and Morgan, 2005). This builds in the argument of the analytic trend in characterising the emergence of new life forms - informing in this essay about the subjectification of the gendered liminal self and citizenship through a socio-politics of knowledge production and political forms of regulation.

This chapter forms the very basis of the history of the epidemiological model around public health paradigms -an implicit pathologisation of gender non-conforming individuals that becomes the biomedical postulate in reinforcing differential disenfranchisement under the banner of health and therapeutic compliance. In addition, the transnational regional activism that increasingly notes in biological essentialism as deeply entrenched in the management of the International circulation in establishing a specific identity category. The focus

towards the expanding global health in the complex biopolitical congregation, marks the very coloniality of the indigenous representation of gender-variant persons. The critique of the Western colonial modernity translates multiple regional feminine male-bodied corporeality as a unified category (Chiang and Wong, 2016, 2017).

A critical study on bio-inequalities point to the subordination and disenfranchisement of a 'sub-citizenship' in both name and nuance (Sparkle, 2017). Emphasising on the rubric of 'legible identification' that legitimize certain form of gender/sexual differences within the developmental paradigm -the globalization of the gendered politics as a form of political identity cautions the systematic form of subordination as resulting from the neoliberal normativity. The International donors captures an acronym to list the indicators of the non-elite gender variant persons as reinforcing a vertical program based on 'diagonalisation', on the varied embodied practices and the corporeal display (Sparkle, 2017). Rooted in what Paul Rabinow (1995) calls 'biosocial collectives' -imagining a space for deprivation and a political economy of certain corporeal pathology accounts for the very embodiment of how the State reifies a typified category. Understanding citizenship within the purview of the historical exclusion, gendered minorities and their subjectivity is embedded within the questions of heteropatriarchy (Monro and Warren, 2004). But also, 'citizenship' of these subjectivities appear within conflicting discourses and contentious arguments that emphasises civil liberties within state and non-state apparatuses (Kumar, 2020). South Asia's relevance in the current concern with gender and sexual rights includes alliances of gender politics beyond borders -the analysis of values attached to equality and a conscious sense of agency at both personal and political levels of recognition (Bhattacharya, 2019). Thus, on the one hand, 'citizenship' is an intimate self-determination for the queer politics in these particular geopolitics - overlapping discourses of intimacies as encompassing love, marriage, and so on, and, the political recognition (abolition of the 377, NALSA followed by the 2019 bill), on the other. Addressing these infrastructures of rights' claiming ensures a direct political participation and an assimilationist approach. Chaitanya Lakkimsetti's (2020) engagement in understanding citizenship is theorised within the Foucauldian lens of the state -suggesting AIDS' epidemic conundrum since the 1980s India (and in South Asia), to the biopolitics of the 'interconnected struggles' of the sexual subculture. Characterising the rubric of the 'law' and 'livability', Lakkimsetti's articulation on 'social justice' leaves a gap in understanding the struggles of the subculture. This leads us to a space of negotiation in comprehending 'law' and 'citizenship' on one

hand, and life and livability on the other. Citizenship thus, is engaged in two apparent divergent moments that critically reflects on the violence and struggle that continues to be part of their everydayness.

The Politicisation of Life: the Enigma of Gendered Governance

HIV and AIDS since the 1980s, directs the codes of bodily semiosis that became prone to the pathologies of (mis)recognition of the embodied homosexual identities (Kanawaza, 2021). Signifying further, a particular edge to the political economy, symbols and science -reinforcing a biomedical realism of engagement and interaction as an objective knowledge of a biomedical body (Aarden, 2017; Epstein, 2018). AIDS: marks cultural and political contestation within the politics of identity and sexualised bodies. Further, an account of the 'biomedical-biotechnical body' recognise a postmodern frame of references that complies with the administrative apparatus of the State, developing a meaning of subjectivity (Haraway, 2013:280). The AIDS' body becomes the knowledge and subjectivity of the state-led biomedical annihilation; an economy of inextricable violence of negativity and taboo. Given these conditions, the technical knowledge of medicine and a political intervention technique of disciplinary effect -AIDS becomes a 'biological multiplicity' that circulates within varied disciplinary institutions within norms and regulations.

At first glance, the activism around the HIV/AIDS epidemic in India and in South Asia might be a straightforward example of empowerment strategies of the female and hijra sex workers and gay men. But the state-led contestation and the civic power, emerge discursive spaces of economic livelihoods in close connection to the transnational projects in a donor-driven approach. Precisely, my argument is based on the moral underpinnings on health and HIV in India, and how citizenship emerged as a salient force within bio-political governmentality by transnational mobilisation of the local population.

The HIV/AIDS epidemic has spurred global gay activism (Altman, 2001), and transnational feminist examinations on sex workers' rights (Kapur, 2005; Tambe, 2009). The 'diseased' and the 'subjected' are conflated within the nation -the epidemic politically asserts an instrument of state's regulation, supervision and control. Within this framework, a new categories of subjects, both within the sex work industry and gay rights' activism forms an interaction with the State and transnationally driven projects, that triggers local/global epidemiological concerns, identity and political

claims of citizenship. With the advent of the national intervention around the AIDS' epidemic, and the establishment of NACO (National AIDS Control Organisation), focusing on prevention efforts directed at 'high risk groups' (Naz Foundation Trust Report, 2004; Narrain, 2007). Eventually, NACO established State AIDS Control societies (SACS) in every states on India. The first phase of HIV/AIDS prevention (1992-99) focused on information dissemination and condom distribution, the second phase (1999-2006) focused on behavioural change, the third phase (2006-2011) on 'target interventions in high-risk groups', and the fourth (2011-2017) emphasised improving services and outreach to vulnerable groups (Dutta, 2013).

James Ferguson (2007), in 'power topography' calls for the 'vertical topography of power'. Arguing that the transnational character of both the 'state' and 'civil society', Ferguson's analysis of democratisation in Africa, emerges within an anthropological engagement with a critical scrutiny -arriving to think about the 'vertical image', wherein 'the state' is the single figure 'up there', versus, a range of institutions below, vis a vis, the civil society, local institutions and so on. The 'verticality' of the relations within state and the society will begin to consider the HIV-AIDS industry that is rooted in state power. NACO in India, as the illuminating example that plays the primordial role in the in the political organisation of the state's verticality of the AIDS' biomedical governance, that further encompasses a socially and epidemiologically established spatialisation, disease-based regulation and surveillance. The policing of the disease within the nation-state, implies further to Ferguson's (2007) 'state-society interactions'; rendering that the 'state' as a spatialised authority claiming its universality in the governance over civil society, INGOs and grassroot politics.

However, one of the most puzzling aspects of AIDS activism in India stems from its non-governmental sector. Actions emanated from the involvement of the NGOs as enhancing changes in attitudes and behavioural patterns -the NGOs created a 'participatory approach' which is conducive to similar activism. Reiko Kanazawa (2021) mentions the distinct role of the donor and the NGO that consolidates the developmentalist rhetoric and the peculiar state-led paradoxical role in India's community health and sexual health. In such instances, the role of the Ford Foundation since 1994 in encouraging the reproductive health movement in India; AIDS activism was fundamentally shaped by the Foundation's evolving relationship within the state-led machinery, vis-à-vis NACO. The partnership stands within the biopolitics and the power of governmentality -an unique authoritative Indian government on the one hand, and the deep transnational sensitivity around HIV,

global health and social development, on the other. Ford's support for civil society into a global community-epidemiology network particularly in developing countries -AIDS' activism observes an advocacy potentially pushing further to the widest possible constellation of actors with a new evolution of activism. The notable rights'-based activism with the 'developmental' vision like NAZ Trust in Delhi as one of the pioneers to work on youth-based health care and simultaneously collaborating with the government institutions and International NGOs, triggering numerous issues, and one such is focusing on the theme of grassroot voluntary action (Naz Foundation trust Report, 2004).

However, the most distinctive of AIDS' related discursivity constitutes a proliferation of 'surveillance' based mechanisms, whereby 'sexual behaviour' emerged as an epidemiological tool in establishing biomedical research (Khanna, 2007). 'Gayness' in indigenous India accounted a feminine man, an image of a type of a person with an evident body image and visible gender performance which is not quite man/ly. This 'entry of body into the epidemiological register' that Khanna (2009) explores, defines the boundaries of an increasing separation of caste and class -the epistemologies and cartographies of identity as homosexual men from lower social and economic strata- as, 'kothi'. 'Kothi' becomes the definitional boundary illuminating governmental and International development's health and HIV-led governance, constructing an emerging normative identity-based division that might circumscribe a newly defined reference to homosexual behaviour in India (Dutta, 2012). Thus, 'behaviour' and 'performance' eventually becomes the biomedical postulate that claims a cultural artefact to a HIV/AIDS intervention. This embodied the yet unquestionable identity that the kothi had offered in the HIV industry, originates a site of knowledge to the epidemic. The disposed underclass models an insight into the biomedical and public health orthodoxy, combining an approach of the behavioural as well as cultural 'dyadic roles' enacted in male-to-male sexualities (Cohen, 2005). The 'behaviour' as perceived became the guidepost to the biomedical intervention - 'risk' asserts an intrinsic programmatic debate in HIV prevention, envisaging a characterised 'penetrative' role in the sexual act. 'Risk' or feminine 'sexual risk' is further observed as a 'reductive perspective' addressing a behavioural (and cultural) tribute in an emerging identity-led cartography -'kothi' offers a potential South Asian homosexual identity, subjected to a vision of 'role-based analysis', yet driven to working within public health, and an activist driven HIV prevention paradigm (Boyce, 2007[a][b]).

The epidemiological narratives eludes an indispensable element that optimise force to 'institutions' of power over population to economic processes. To Foucault's unbounded suggestions of 'anatomy-politics' and the apparatuses of governmentality – as, 'modern politics consolidate its mastery of the body through new regimes of power/knowledge' (Campbell and Sitze et.al., 2013:23). What I want to suggest here, is that 'sex' becomes the interlacing function and its signification. The 'act' of sex even biologically established, but organised around the social body. Thus, 'sexualisation', is not just the anatomical localisation, but an elision of its functioning. Therefore, 'kothi' as representing a biological man excites a fixation of sexuality that is not just an exterior domain, but a deployment of different strategies of behavioral pattern that adheres to a biological (and behavioural) inadequacy to be 'not-a-man'. The coitus interrupts the universally signified man; an anatomical 'lack' (as perceived).

The codes text in the sexual/behavioural act, becomes the logics of naturalisation; corporeal significance emerge as a semiotic system of a complex meaning-producing field for which discourses of biomedical-biotechnical body builds hegemonic senses. Further, beyond the identity category, 'kothi' turns into a political language -a marked body of effeminate homosexual men from a subjugated social class, perpetuated by the First World's paradigmatic forms of capitalism. Again, the First World's imposition of particular post-ideological contingencies by 'normalising' the notion of oppression as a 'privilege' assigned to the disenfranchised.

'Kothi' is the neocolonised subject that is fundamentally invested into an effect of capital, postcolonial atrocities and radical class division. The 'capital' in the form of the HIV/AIDS industry originates a site of knowledge in differentials between inequalities; extracting ideology based epidemiological prefix. The centrality of these hegemonic epistemologies is based on profit and racial ideologies – 'kothi' as a social class variable exoticised within the political rationality of neoliberal healthcare. Therefore, 'race' as materialised in this context, builds upon 'differences' and boundaries as formed within biosocial management of 'docile bodies'. The state-administered rationality concerned with health has mutated a discursive biopolitics along political axes -a position of life-engineering as premised in the name of sovereign intervention over the disenfranchised. Ensuring the state/INGO matrix of national/global health paradigm in India and South Asia that effectively strategise exclusion.

The Biopolitics: an Encounter of Citizenship

The sprawling phenomena of the TG rights' (bill) in India, recognizes a specific cosmopolitan claim of collective action in the form of movements (see also, Ong, 2006). This presumption occupies the logic of representation as enabling two coherent arguments: Firstly, the new mode of political enquiry spills outside the traditional understanding of gender-variant groups in India, reduced to an effect of a formalised monolingual metaphor to structure global activism. Secondly, recasting a new way of identity politics involves the negotiation of 'corposubjectivities' (Pons Rabasa, 2016) -reifies somatic symbol and its identarian claim that further harmonises with the biological and linguistic prerogative of universal trans subjectivities. The production of subjectivity in this context highlights the production of identity based on a specific construction of knowledge, further defining the hegemonic interplay of the institutional regimes (International development agencies).

Adnan Hossain (2017) figures in his argument the culturally recognised third gender in Bangladesh as highlighting the discourse of 'disability' that is emblematic to the cultural authenticity of the hijra identity. Hossain's argument demonstrates that the State-led gender paradigm seeks to authenticate hijra identity emphasising the bodily differences of emasculation (see also, Reddy, 2005). The genital differences further receive the State's impetus recognising a legible gendered citizen. The biological citizenship in this context primarily debates the framework of the political subjectivity that is explicitly influenced by the work of Michel Foucault, particularly in his writing on biopower (Sparkle, 2017). This particular citizenship entails a certain disciplinary capacity to generate meaning to a new form of inequality that further strengthens the biomedical framework. The framework thus formed orients to a new representation of the State by means of a medical agenda -the population is re-disciplined with newly formed prescribed regulations.

Hossain's (2018) hijra *pratibandhi* (disability) and Dutta's (2013) *rupantarkami* (desiring to reassign new gender possibly by medical means), corresponds to the mobilisation of the bodily differences to install marginality within the socio-legal framework of the third gender citizenship. Dutta further stresses that the earlier peculiarities of the sexual economy and linguistic taxonomy of the desires of the gender variant persons in India (vis-à-vis: kothi, hijra and the MSM category) subsequently challenged by the shifting global recognition of the gender non-conforming term: the transgender. Transgender, becomes the spectrum of the gender position that

gradually aspires the public representation as a universal Indian non-binary subject position, leading to the erasure of the 'local' gender/sexual identification.

Pratibandhi (disability) and *rupantarkami* (desiring to reassign new gender), calls for a re-articulation of identity politics that circulates within the biomedical discourse of race and gender/sexuality. This non-normative body, ceases to be a stable normalised functioning, yet the bodily differences becomes central to the biomedical discourse on recognition/non-recognition. Claiming this spasmodic attention to the body's interior, results in repressive intention to 'order', and 'confine' these differentiated bodies within the disciplinary potential of the (local/global) epidemiological register. The corporeal lack identifies a new linguistic assemblage as mediated by the bio/technological apparatus to a possible new subjective sociality. In other words, the vitality of the body's exterior indicates an ontology of the productive engagement as a vision of affirmative bio-politics. The political claim –'disability' and 'desiring' is a possibility of the uniqueness of the very condition of the 'bios'; a re-authentication of a political appearance of a gender liminal body in manifestations of speech constructing action. Thus, deeply imbricated speech-action seeks a re/appearance within the vitality of the strategic public health paradigm.

However, in the dialectics of the corporeal signification, Sara Ahmed (2004) recalls 'the non-performativity of the performativity': as an act of defiance wherein Ahmed's 'non-performativity' is in a way, 'a performative art' in different ways of how 'transcendence' is articulated by the minority population. In the struggles against this hegemony that disqualifies marginality; re-imagining performativity declares 'diversity' as a decoloniality of power. The non-performing 'performance' as Ahmed (2012) opines with the 'speech act' - supporting the other's difference, reinforcing a sign of utterance or a form of speech that would build conditions for a new possibility in the form of a political act.

Achille Mbembe (2006) argues about 'deuniversalising particularity' of truth formation of imperial figures. Mbembe tried to build a form of reasoning from the argument of a decolonial-deconstructive position that tries to see the Third world from a position of multiplicity. Mbembe's quest, is to pave a new horizon of possibility, so as to confront and resist First World glorification -an intellectual liberatory movement that inspires a critical understanding of modernity, about citizenship, about democracy. These anti-colonial struggles lie in the debates around 'discursive modernity', highlighting 'identity' and 'difference' as the central theme of resistance (Mbembe, 2001). The core organ of global capitalism is inclined to

identity politics (Grzanic and Tatlic, 2014:97). And, the identarian interplay is a steady neo-racialisation focusing on the logic of differentiation. With the critical prowess of dehumanising bodies -the political act of bio-political segregation sets a ferocious authoritarian hegemony. Constructing this vital strategy of a body's regulation with the disciplinary mechanism in regulating a body's interior with power over 'the population' -'disability' becomes a political problem of the anatomo-physiognomy, and its intrinsic property repudiates disciplinary vocabulary as 'biosexual citizens' (Epstein, 2018:37).

Biosexual Citizens and the Epigenetics of the non/human Governance

In the contemporary public health the standpoint of the sexual health practices, deploys the body-subject of a biopolitical order within a neoliberal penal system of 'management' strategy to control (Burgess and Murray, 2018:55). The gender liminal bodies as their somatic subjectivity recourse to an ethos of neo-racialisation; a moral panic activated within new frontiers of cultural ethics, as well as the biological senses of identification (Levina, 2018: 235). Central to this sort of citizenship is the symbolic logics of embodied meaning-making intervention. Kathryn Conrad (2009: 380), informs of the discursive construction of the body's interior that installs an epidemiological conduct in understanding the 'inner truth' within the fixed 'social taxonomies' (Kafer and Grinberg, 2019). With the medical management of the gender non-conforming individuals, citizenship casts an epidemiological analysis that enters within the public health reporting requirements. To add to the understanding of this institutional surveillance, gendered minorities emerges within a domain of governance that is expressed within the condition of ill health, to deal with the complexity of 'disease' via networks of 'observation' and 'caution' (Armstrong, 1993). Thus, biosexual citizenship is a mode of 'biopolitical governance, a form of health advocacy' (Happe, Johnson & Levina, 2018). These strategic 'techniques of governance', impacts in the subjectifying technology of power, that the public health medicates are a necessary surveillance. Thus 'citizenship' as reckoned is an articulation of the biological and health-related artifact that demonstrates a lateral citizenship participation in the state machinery (Orne and Gall, 2019). In other words, it is the gendered subculture as embedded within the structural surveillance of the state that invariably reinforces a biomedical community in co-producing a category, sexual rights and a social movement.

The argument here, operates within the medicalisation of the body as mutable on the production of in/active citizens. In this analysis on the economy of citizenship, I refer to Rose and Novas' (2005) 'biocitizens', as stating that there is a new kind of active biomedical citizens that structures around capital. These oppressive agendas as appropriating political project around human self, reorients the rhetoric of the 'technological determinism' that structures the relationship within human subjects. Foucault's modern biopower is traversed by an antagonistic struggle within the neoliberal bio-social management of population (Sinnerbrink (2005). However, Foucault's 'ethical turn' is in favour of the 'aesthetico-ethical practices' of self-fashioning (Sinnerbrink, 2005). In addition, Agamben's biopolitical 'fracture' transposes the forms of resistance, social struggle and 'normative' challenges to biopolitical control -a 'messianic politics' that overturn law to a new human community (Agamben, 1998).

Therefore, the ontological politics of the NALSA judgement and TG rights' Bill 2019 seems vastly an ontic politics of normative contestations and social struggles of the gender liminal representations in India. Building argument further on Agamben's 'messianic politics' that confronts 'biopolitical nihilism', overturning the law with the collapse in universalising gender non-conforming persons (Sinnerbrink, 2005). In addition, this practice of freedom in the hope of overcoming biopolitical domination, confronts the profound subversive metaphor that Hartman describes as 'creative traversing' or 'structuring of action possibilities' (Hartman, 2003). This mobility of life is a self-reflexive potential by which the gendered minorities perceive multitudes of self-assertion within law and life. And this anti-authoritarian struggle forbids the power of law by rearticulating discourses and by destabilising the institutional the institutional authoritarianism. Outlining this resistance which Foucault terms as 'reverse discourse', stating that: 'homosexuality began to speak on its own behalf to demand that its legitimacy or naturalness be acknowledged often in the same vocabulary, using the same categories by which it was medically disqualified' (Foucault, 1981: 101). This 'reverse' discourse is a power in itself that negotiate the very norm, and the fact that 'meaning' can never be fixed; an effect of resistance and are conditioned on 'historical and discursive circumstances' (Mills, 2003).

Conclusion

This essay thus signals a radical politics to unsettle within any gender essentialism as further proposing a challenge to the global/local binary, and an imperative to explore the subjective identification of gender variance. This allows a task in the essay to interlace a social negotiation and subverting biological determinism of 'disease' and 'illness' of the sexual subculture in India. The biopolitics of sexuality that counter-deploy the demography of the transnational public health account -drawing on the feminist and queer debates yet entangled within inter/national rights-based frameworks. Rendering the 'mentalities' within and beyond the nation-state; problematizes a newly formed non-normative 'racialised' sexual subculture which is bio-politically driven. The paradox exposes individual engagement with the medical authority; embodying biomedicalisation as a techno-scientific knowledge that ultimately leads to the biological selves. The focus in this essay, marks the history of medicalisation of the gendered subculture in India, resulting in the vocabulary as addressing the influence and role of the medical regulations within the Indian public health debates. In turn, the medicalisation resulted in two referential positions: Firstly, the mobilization of the medical authority has resulted in the transnational referential model within global activism and International development (Rose, 2007; Conrad, 2007). And secondly, the recent trend of the decolonisation of sexuality calls for the replacement of the 'intervention', 'medical knowledge', vocabulary, provincial knowledge -suggesting neutrality in relation to different players as established within the ontology of 'the social' and 'the existence' of the gender variant persons (Correia, 2007).

Thus, the broader corpus is to bring together varied symbolisms of resistance that ultimately builds on the epistemological processes of challenging any colonialist paradigm (Crawford, 2019). The central political claim, is to grapple with an understanding of citizenship that is based on experiences; the truths that were silenced, 'the taxonomy of ignorance'. The rational thus informs an intimate dialogue between the individuals, groups with the state and the non-state -determining a sense of belonging to the nation.

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Endnotes

- 1 Row Kavi (2006) demonstrates the project-led development initiative in Bombay within the NGOs and donor organisation segregates hijras as 'asli hijra' (real hijra) to those who are castrated. The castration marks the bio-political strategy to classify these populations as 'high risk groups' and vulnerable to a sexual health epidemic. It further adds to the argument by strategising the hijra population in the city as a means to authenticate hijra inhabitants in Bombay, and the prerequisite to sexual health vulnerability and NGO/donor capital flow.