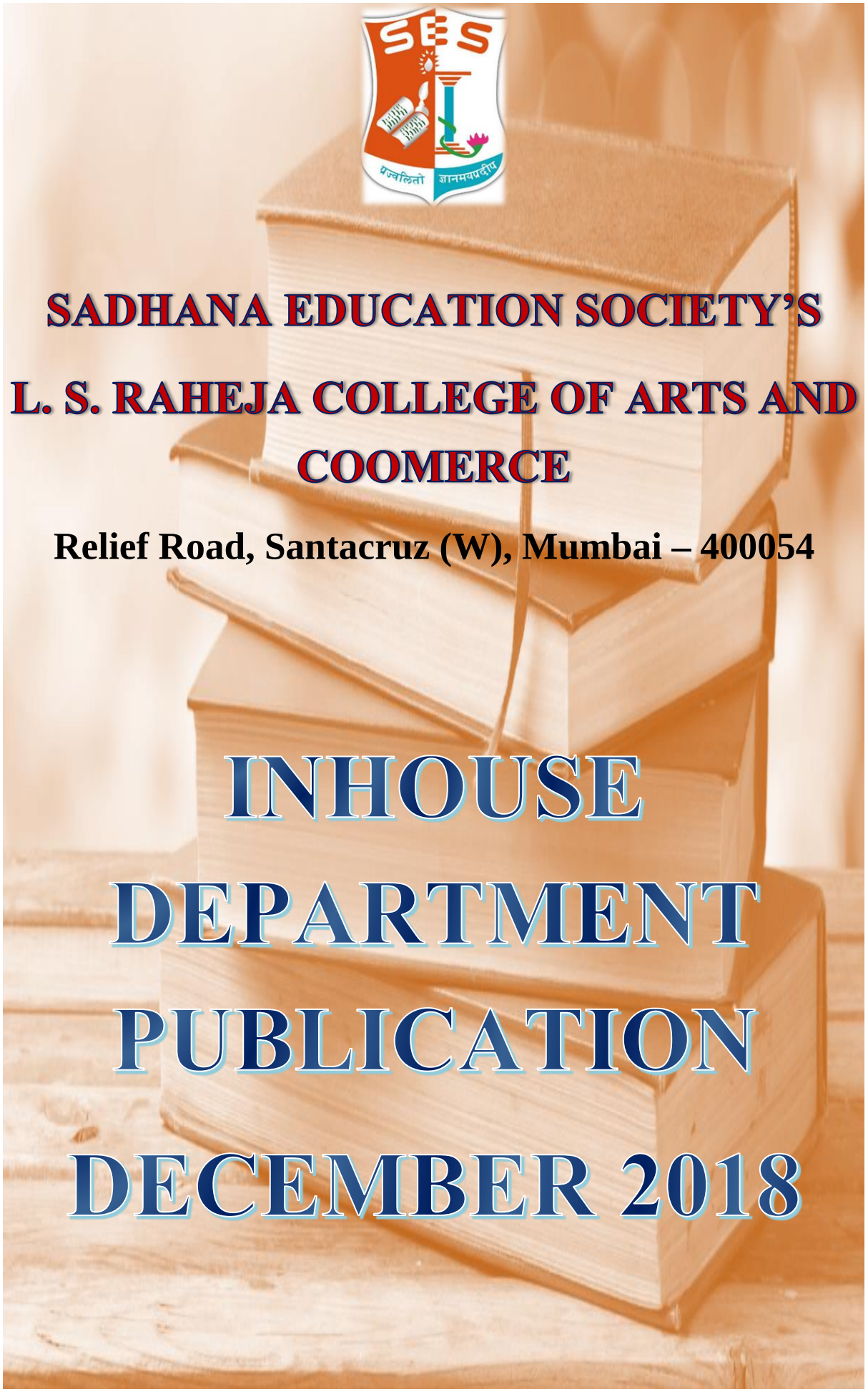

SADHANA EDUCATION SOCIETY'S

L. S. RAHEJA COLLEGE OF ARTS AND COOMERCE

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RUMINATIONS

Department Of Commerce

SES'S

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Rights of Tenants Under Pagdi System

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What is the Pagadi system in Mumbai?

Bombay has something called the 'Old Rent Act' prevalent since the 2nd World War. Under this rents are frozen and the landlord cannot evict a tenant without going through a long and cumbersome legal process. Also, wonder of wonders, tenancy is inheritable! Furthermore, the taxes till 1980's was prohibitive. So landlords invented the Pagdi system whereby cash was used as an inducement for the tenants to vacate the premises. The new tenant would pay a Pagdi equaling a substantial percentage of the market value (85 to 90%) of the premises. This was divided between the old tenant and landlord mostly in the ratio of 65:35 landlord to tenant. In this manner, the landlord could make some money off his asset and also avoid paying taxes. The old tenant benefited, the new tenant rented a premises with low rent but by paying the Pagdi. This state of affairs continues till today, i.e., almost 70 years since the war ended. Cases have been filed by the Association of Landlords which are now pending in the Supreme Court for a decades.
In old days the owner of the building or chawl in Mumbai use to sell rooms at lower rate with condition that the person who is purchasing will give owner minimum rent (even now it is lesser than Rs. 500 in area like Dadar) and when he/she will sell that room he/she will give owner 30% (it varies from owner to owner) of selling amount. This system is called pagadi system. So lets say somebody is selling there room for 60 lakhs then owner will take 20 lakhs and this thing is continue since past more than 100 years.

In other words pagadi system means the room is in your name but the land on which the building is on others name so you are the owner of your room but for maintenance you have

to pay rent through the land owner if you sell your room you have to give around 30% of your money to the land lord who own the land.

Pagdi is similar to renting system that is prevalent everywhere in the world. A house is said to be on Pagdi when it has a landlord and a tenant, just like the usual renting. The differentiating factor is that the tenant becomes a part owner of the house (not land). And the tenant can also sell the house. Yes, he can sell the house but will have to give X % of the value to the landlord. Currently, the average percentage varies from 30-50%. The tenant pays a tiny amount as the rent. Another important point to note is that **banks do not provide financial assistance for buying such a property.**

It was further noted that several times their was dispute between landlord and tenant on repairing of the house, selling and maintenance. Even certain cases have been filed by the Association of Landlords which are now pending in the Supreme Court for a decades, even till today. However,
According to **Hindustan Times news paper dated 19th January, 2019.**

Maharashtra government to form panel to look into ownership rights of pagdi system tenants. Even the Legislators demanded giving ownership rights to the tenants so that such structures can be redeveloped Mumbai city.

According to HT Correspondent Hindustan Times, in Mumbai, a large number of people have been living in old buildings as tenants under the pagdi system for decades.(HT).

The Maharashtra government on Friday said it would form a committee to study the possibility of granting ownership rights to tenants living in Mumbai under the old pagdi system. A committee would be formed in the next month to look in to the matter, said minister of state for housing Ravindra Waikar in the state assembly.

In the city, a large number of people have been living in old buildings as tenants under the pagdi system for decades. It means the landlord is the owner of the property, but possession of the property lies with tenants. These properties are covered under the Rent Control Act and are having minimal rents.

As they were not getting higher rents, the landlords didn't bother to maintain these buildings or allow tenants to redevelop them. This tussle between landlord-tenants results in structures remaining in bad shape and forcing tenants to live in dilapidated structure risking their lives.

The issue was raised by BJP legislators Mangalprabhat Lodha, Raj Purohit, Atul Bhatkhalkar and others in the state assembly. The legislators demanded giving ownership rights to such tenants so that such structures can be redeveloped. They also demanded giving them 500sq ft flats in the redeveloped building. Referring to the dilapidated conditions of these buildings, the legislators wanted the government to issue an ordinance to this effect. Waikar said the committee would be asked to look if any amendment can be made in the law to give tenants

ownership rights. He, however added that the dispute between landlord and tenants is already before a nine-member bench of the Supreme Court.

So to conclude at the end Rights of Tenants Under Pagdi System have got political support in current scenario but are now at the mercy of Judicial support which is still pending till today.

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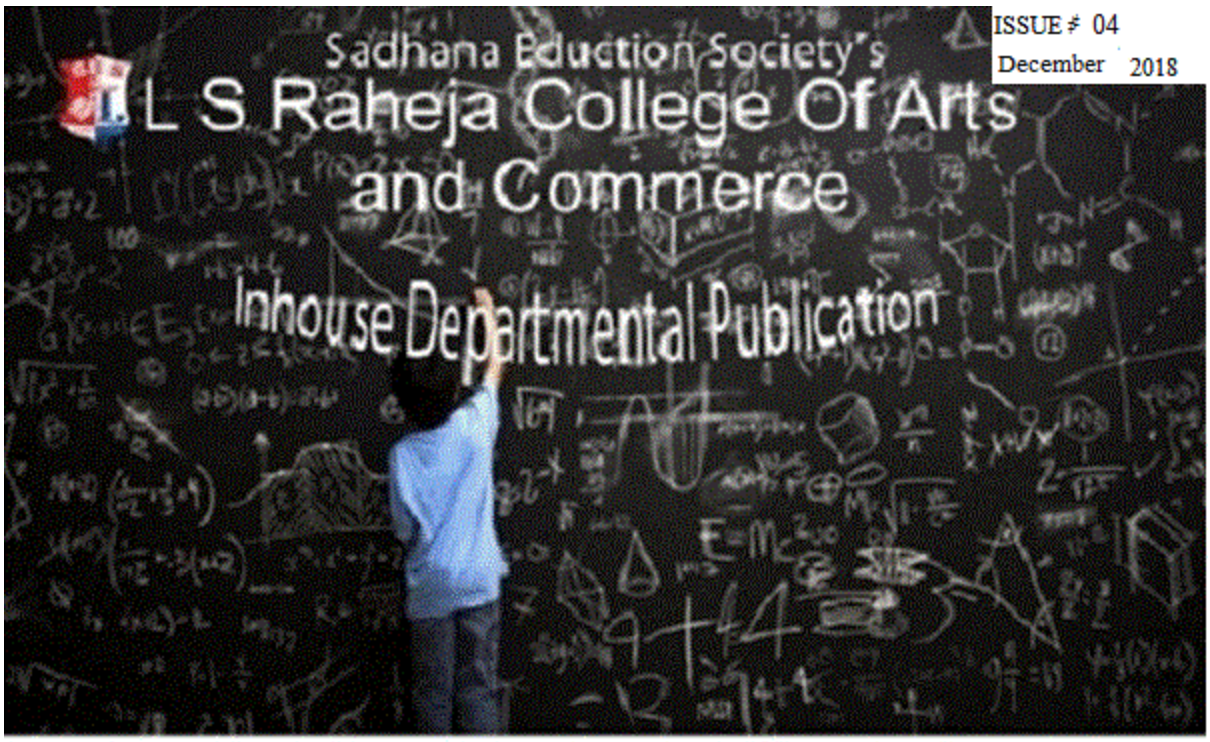

JIGNYASA

Department of Mathematics and Statistics

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Statistical challenges of study based on health and social registers

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India has very poor data recording stuffs special when it comes to Health and Social sectors. Ministry of Statistics and Program Implementation in association with National Sample Survey of India and other statistical institution are doing their best to fill this gap.

In an article, Sangita Kulathinal, (Ph. D., Statistics, University of Helsinki, Finland) say that, Finland has nationwide health and social Justice pertaining to disease diagnosis surgical procedures, hospitalization, vaccination, socio demographic characteristics etc. furthermore each resident has the unique personal Identity number, following for linkages between different registers. This presents when incongruous possibility to conduct public health research on nationwide quotes with long histories and other complete follow up, as well as the possibility of studying area exposes and outcomes with a statistical power. The combination of such large volumes of fragmented data captures the sequence of events as they unfold along individually in specific socio epidemiological context. In general, register based data bring in various challenges due to the lack of compatible structure between the data sets, incompleteness of the registers, heterogeneity of the data, enormous volume and variety of data possible unstructured free text fields." India is way behind in this subject. We don't even have clear records of vaccinations yet. We require cleaned data. This can be achieved using this health and social registers. Specifically, on a strong note that we now have our Unique Identification with AADHAR, This tedious process will become much simpler now.

She continues, "We need to illustrate statistical challenges of estimating vaccine effectiveness of seasonal influenza vaccines in real time based on the registered data. The vaccine effectiveness is defined as risk ratio, which is the risk upon rate among vaccinated to that among unvaccinated. The data for the analysis are routine to be drawn from the national vaccination the district, national infectious diseases register and other relevant distance." In India, to achieve this goal we can use statistical tools like Spatial Regression. In association with Demographic data, we need to develop optimum distance between all Medical or Social centres.

In Finland, The completeness and accuracy of the display is an important role in how accurately the effectiveness is estimated. we examine the effect of outcome influenza and exposure that vaccination classification of the state of vaccine effectiveness. In India to we should focus on accuracy and Precision. The value of administrative data for producing official statistics has attracted increasing attention recently. In large part this is in the hope that they can replace more conventional survey data, motivated on the one hand by a worldwide decrease in survey response rates, and on the other by a perceived lower cost in using administrative data, since they have already been collected. As the previous sections

have illustrated, there can be difficulties in using administrative data to answer specific research questions. This might be because the data were not collected with those questions in mind, because of quality issues that are irrelevant to operations but highly relevant to subsequent statistical analysis, because of changes in definitions of the recorded data items or for other reasons. This brings us back to a point that was made earlier: it can be useful, if it is possible, to have statisticians involved in the data collection process. They might be able to think ahead and to expand the range of data collected so that they will be more able to answer future questions. The situation is further complicated because the data are often of different types survey data, administrative data, Web-scraped data, social network data, data collected from wrist health and activity monitors, and even non-numerical forms of data such as speech and image data. This is perhaps where the real opportunities, and statistical challenges, arise. Medicine, in particular, is making extensive use of such approaches, combining medical images, clinical trial reports, epidemiological data and health registry data. Credit bureaus combine credit card transaction records from several operators to build a single database from which they can construct a generally applicable credit scorecard.

As far as merging data from different sources goes, reasons include the following. (a) **Complement:** different sources of data and different types of data, can each serve as a complement to each other by providing different types of information. This is perhaps particularly true for administrative and survey data. Some types of variables—attitudes and opinions, for example—do not normally naturally arrive in administrative data but must be collected by surveys (or panels, or some other purposive data collection strategy). Surveys can be designed so that they shed light on tightly focused research questions, whereas with administrative data we may have to be satisfied with questions which are a little different from those we would ideally like to ask, perhaps because they are based on slightly different definitions of the concepts involved. In contrast, administrative data sets are likely to be larger, with better population coverage.

Supplement: although administrative data are often thought of as an alternative to survey data, they are at least as valuable when used in conjunction with survey data. Survey data can be used to pinpoint particular research questions, but cost necessarily limits coverage. However, relationships that are found from survey data can be extrapolated to yield estimates from overall populations and smaller groups by using such tools as regression estimation applied to an administrative data population base. This can be useful to yield small area and regional estimates. Indeed, such statistical tools can be used to improve estimates from survey data. A further point is that surveys require sampling frames, and administrative data are central to their construction.

Accuracy: we have stressed issues of data quality above. Triangulation and imputation from multiple sources of data and reconciliation between sources of data are good ways to tackle these issues. Berka et al. (2012) gave an example, exploring accuracy in the Austrian register-based census of 2011. They noted the use of surveys to check register data but pointed out that this is resource intensive. They evaluated the quality of data at the raw data level in terms of three ‘hyperdimensions’, assessing documentation (e.g. plausibility and legal aspects),

preprocessing (formal methods for testing for errors and inconsistencies) and comparison with an external source. The results are three measures, each scored in the interval 0–1. A weighted average is taken to yield an overall quality indicator for each register and attribute. The fundamental challenge here is that of combining quality indicators from different sources, and Berka et al. (2012) explored the use of Dempster– Shafer theory to do this.

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PSYnalysis

Department Of Psychology

SES'S

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Sybil: Story of Dissociative Identity Disorder and controversies around it

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Sybil is said to be a true story based on one of the most severe cases of Multiple personality disorder, now known as Dissociative Identity disorder. It portrays sexual, physical and emotional abuse by the hands of a mentally disturbed mother. It reveals the different personalities living within one woman (Sybil), in the course of (about) twenty years of her life that the book spans. Dissociative Identity Disorder (DID), according to the National Alliance on Mental Illness, is a "dissociative disorder involving a disturbance of identity in which two or more separate and distinct personality states (or identities) control the individual's behavior at different times," (NAMI, 2000). Often caused by severe trauma or abuse in childhood, the person learns to cope by mentally escaping from the trauma and pretending in a way that it actually happened to someone else. When done repeatedly, the dissociations can develop their own personalities and can take control of the main personality when a stressor is presented (Grohol, 2013)

The first part of the book, titled "Being," recounts events in Sybil's journey to wellness before this episode in Philadelphia, from Sybil's first becoming a patient of Dr. Wilbur's to finally being diagnosed with multiple personality disorder.

As a 22-year-old attending a Midwestern teacher's college for art, Sybil suffers from such "nervousness" that she is asked to leave and not return until she has sought treatment. Sybil overcomes the acute doubts and opposition of her religious and ominously overbearing parents, Hattie and Willard Dorsett, to seek out Dr. Wilbur in January 1946, when Wilbur is a young doctor, still in training, in Omaha.

Sybil knows immediately that Dr. Wilbur will help her but one day, when Sybil is sick and asks her mother to call Dr. Wilbur on her behalf, Hattie mimes calling the doctor and only holds her finger over the button. When Sybil is well again, she is bewildered to find that Dr. Wilbur has moved away without saying goodbye to Sybil, cutting off her treatment and leaving Sybil with a bewildered sense of betrayal. Only several years later, when Hattie is dying of cancer, does Hattie tell Sybil that she never called the doctor at all.

Sybil makes it her goal to move to New York, where Dr. Wilbur is now living, to receive treatment from her, but when she finally is able to initiate treatment almost ten years after she saw Dr. Wilbur in Omaha, she puts up massive resistance to exposing her illness. It is too difficult for her to tell Dr. Wilbur about what she calls the "blank spaces" in her life. However, Sybil is unable to prevent two of her other personalities, who take control of her body without her knowledge, from appearing in Dr. Wilbur's office: Peggy Lou Baldwin, a childlike personality who is emotional, volatile, and often expresses anger; and Victoria Antoinette Scharleau, a composed, worldly woman who possesses all of the sophistication and ease with others that the reserved and easily intimidated Sybil does not, and wishes she did. Vicky is the most omniscient personality, a personality who is intuitive about Sybil's

needs. She becomes Dr. Wilbur's co-analyst. For several months, Dr. Wilbur struggles to deliver her diagnosis of multiple personality to Sybil, because the news is so traumatic, that another personality takes over to receive the blow, protecting Sybil from hearing the knowledge.

They uncover several escalating traumas. The first is the death of Sybil's Grandma Dorsett, who dies when Sybil is 9. Sybil has a special relationship with her grandmother, who, she is one day surprised to realize, really likes her. The trauma of Grandma Dorsett's death provokes Sybil to dissociate for two years, so that one minute she finds herself a third grader, standing by her grandmother's grave, and in the next, she is bewildered to find herself a fifth grader, with no friends. She experiences a secondary dissociative shock when her best and only friend, Danny, moves away.

Soon, Dr. Wilbur uncovers the traumatic relationship with her parents that is the central cause of Sybil's illness. As a child, Sybil sleeps in her parents' room until she is 9, subjecting her to the nightly ordeal the "primal scene," in Freudian thinking, the moment in which a child traumatically confronts the sex of her parents. The conflict between her parents' daytime assertion that sex is wicked and disgusting, and their demonstrative nighttime activity, confuses, shames, and problematically excites the young Sybil, producing a number of personalities, all with different reactions to and attitudes about her parents' sex.

Dr. Wilbur discovers that Hattie, Sybil's mother, is at the center of Sybil's trauma. Analysis uncovers a slew of psychosexual tortures that Hattie inflicts on Sybil, from forcing Sybil to witness Hattie's lewd, aggressive, eccentric behavior, such as nighttime walks that include defecating on hated neighbors' lawns, to inflicting "medical" procedures as punishments on Sybil for the obscure and illusory crime of being a "bad" girl, such as filling her baby daughter's bladder with an enema and beating her if she goes to the bathroom. Dr. Wilbur concludes that the personalities emerge when the outside world provides no means for Sybil to escape the abuse Dr. Wilbur characterizes as proceeding along a theme of "capture-control-imprisonment-torture." Though Hattie is at the center of Sybil's trauma, Dr. Wilbur is insistent that Sybil also acknowledge and accept the culpability of her father, Willard, who was egregiously passive and willfully ignorant of his wife's incompetence as a mother.

Schreiber returns to the episode in Philadelphia after recounting these discoveries, a turning point in Sybil's analysis. The terror of the episode in Philadelphia finally shakes Sybil out of her resistance to acknowledging her other personalities, though she technically knows about them. She can no longer continue to think of her illness as a phenomenon of "losing time," which she resolves to not let happen again. Relinquishing her system of blaming herself for her own illness, Sybil agrees to listen to the voices of her other selves on tape.

Slowly about 16 personalities rise from within Sybil (including two male alters, Mike and Sid). The sophisticated Vicky was the "record keeper" of the selves, holding back the memories too painful for Sybil and the others to know. Peggy Lou was the repository of Sybil's anger–defiant, belligerent, contemptuous of Sybil and terrified of breaking glass; Vanessa, a redhead with impressive musical talent. Some, like Ruthie, were barely more than

toddlers mentally. It was the beginning of an emotionally exhausting eleven-year journey to make a fractured human being whole again.

Sybil is finally able to make significant progress toward wellness when she is able, with the help of Dr. Wilbur's more aggressive treatment with sodium pentothal, a barbiturate, and hypnosis, to speak aloud and own her hatred of her mother, and then, after his death, her father. Slowly, after "aging" all the personalities to Sybil's own age, they begin to integrate with the waking Sybil. Sybil is able to sense when she is having feelings that are or were identified with other personalities, and to create opportunities for their fulfillment or release, so that there is no need for the personalities to take over and act out those feelings of anger or desire for her. Sybil achieves final wellness after she is able to fall in love, claiming ownership of the womanhood that trauma withheld from her, and yet not be devastated and forced into dissociation by the loss of that love. Finally, Sybil is able to move to Philadelphia, begin a career, and live in a house on her own, as an adult integrated into society.

Controversy: When Sybil first came out in 1973, not only did it shoot to the top of the best-seller lists — it manufactured a psychiatric phenomenon.. Within a few years of its publication, reported cases of multiple personality disorder — now known as dissociative identity disorder — leapt from fewer than 100 to thousands. But in a new book, Sybil Exposed, writer Debbie Nathan argues that most of the story is based on a lie.

Shirley Mason, the real Sybil, grew up in the Midwest in a strict Seventh-day Adventist family. As a young woman she was emotionally unstable, and she decided to seek psychiatric help. Mason became unusually attached to her psychiatrist, Dr. Connie Wilbur, and she knew that Wilbur had a special interest in multiple personality disorder.

"Shirley feels after a short time, that she is not really getting the attention she needs from Dr. Wilbur," Nathan explains. "One day, she walks into Dr. Wilbur's office and she says, 'I'm not Shirley. I'm Peggy.' ... And she says this in a childish voice. ... Shirley started acting like she had a lot of people inside her."

Wilbur believed that she had stumbled on a remarkable case. She began seeing Mason frequently and eventually teamed up with the writer Flora Rheta Schreiber to work on a book about her patient. The two women taped a series of interviews. In one of those interviews, Wilbur describes the moment that Peggy first appeared. She uses the pseudonym "Sylvia" to protect Mason's identity:

She said, 'I'm Peggy,' and she proceeded to tell me about herself ... that Sylvia couldn't stand up for herself and she had to stand up for her. Sylvia couldn't get angry because her mother wouldn't let her, but she got angry. She knew it was a sin to be angry, but people got angry so she got angry.

Mason became increasingly dependent on Wilbur for emotional and even financial support. She was eager to give her psychiatrist what she wanted.

"Once she got this diagnosis she started generating more and more personalities," Nathan says. "She had babies, she had little boys, she had teenage girls. She wasn't faking. I think a

better way to talk about what Shirley was doing was that she was acceding to a demand that she have this problem."

Wilbur began injecting Mason regularly with sodium pentothal, which was then being used to help people remember traumatic events that they had repressed. Under the influence of drugs and hypnosis, the very suggestible Mason uncovered her many personalities.

Reading through Schreiber's papers, Nathan says it becomes obvious that the writer knew that Mason's story was not entirely true. Memories of a traumatic tonsillectomy, for instance, morphed into a lurid story of abuse. And Schreiber seemed eager to pump up or even create drama where none existed. But if Schreiber had doubts, she suppressed them.

"She already had a contract and she already had a deadline," Nathan says. "She was in the middle of writing the book. So she had the dilemma all journalists have nightmares about — what if my thesis turns out to be wrong as I do my research but it's too late?"

At one point, Mason tried to set things straight. She wrote a letter to Wilbur admitting that she had been lying: "I do not really have any multiple personalities," she wrote. "I do not even have a 'double.' ... I am all of them. I have been lying in my pretense of them." Wilbur dismissed the letter as Mason's attempt to avoid going deeper in her therapy. By now, says Nathan, Wilbur was too heavily invested in her patient to let her go.

As for the real Sybil, people began to recognize Mason as the patient portrayed in the book and the film. She fled her life and moved into a home near Wilbur. Mason lived in the shadows until her death in 1998.

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SOCIAL ISSUES

Department Of Sociology

SES'S

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DE-CRIMINALIZING OF SECTION 377 : Issues and Concerns

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Homosexuality is mostly a taboo subject in Indian civil society and for the government. Section 377 of the Indian Penal Code made sex with persons of the same sex punishable by law. On 2 July 2009, in *Naz Foundation v. Govt. of NCT of Delhi*, the Delhi High Court held that provision to be unconstitutional with respect to sex between consenting adults, but the Supreme Court of India overturned that ruling on 11 December 2013, stating that the court was instead deferring to Indian legislators to provide the sought-after clarity. On 2 February 2016, however, the Supreme Court agreed to reconsider its judgment, stating it would refer petitions to abolish Section 377 to a five-member constitutional bench, which would conduct a comprehensive hearing of the issue. On 6 September 2018, a 5-judge constitutional bench of Supreme Court of India invalidated part of Section 377 of the Indian Penal Code making homosexuality legal in India. In striking down the colonial-era law that made gay sex punishable by up to 10 years in prison, one judge said the landmark decision would "pave the way for a better future." This ruling also apply to Jammu and Kashmir state under Article 141 of the Constitution of India and Delhi Agreement 1952, as section 377 of IPC and Ranbir Penal Code is pari materia and Judicial Pronouncements were extended to Jammu and Kashmir.

There are no official demographics for the LGBT population in India, but the government of India submitted figures to the Supreme Court in 2012, according to which, there were about 2.5 million gay people recorded in India. These figures are only based on those individuals who have self declared to the Ministry of Health. There may be much higher statistics for individuals who have concealed their identity, since a number of homosexual Indians are living in the closet due to fear of discrimination.

Homophobia is prevalent in India. Public discussion of homosexuality in India has been inhibited by the fact that sexuality in any form is rarely discussed openly. In recent years, however, attitudes towards homosexuality have shifted slightly. In particular, there have been more depictions and discussions of homosexuality in the Indian news media and in Bollywood. Several organisations have expressed support for decriminalising homosexuality in India, and pushed for tolerance and social equality for lesbian, gay, bisexual, and transgender people. India is among countries with a social element of a third gender. But mental, physical, emotional and economic violence against LGBT community in India prevails. Lacking support from family, society or police, many gay rape victims do not report the crimes.

Religion has played a role in shaping Indian customs and traditions. While injunctions on homosexuality's morality are not explicitly mentioned in the religious texts central to

Hinduism, the largest religion in India, Hinduism has taken various positions, ranging from homosexual characters and themes in its texts to being neutral or antagonistic towards it.

On 6 September 2018, consensual gay sex was legalised by India's Supreme Court.

The United Nations has urged India to decriminalise homosexuality by saying it would help the fight against HIV/AIDS by allowing intervention programmes, much like the successful ones in China and Brazil. Jeffrey O'Malley, director of the United Nations Development Programme (UNDP) on HIV/AIDS, has stated countries which protect men who have sex with men (MSM) have double the rate of coverage of HIV prevention services as much as 60%. According to him, inappropriate criminalisation hinders universal access to essential HIV, health and social services.

The de-criminalizing of Section 377 marks a historic change for all of us as Indians — gay, lesbian, transgender, asexual, even straight or otherwise. This is because we have now become a liberal country where loving someone is not a crime. But does this mean that we have overnight become a liberal society? Does decriminalisation of Section 377 mean that Indian society has become accepting of the LGBTQIA+ community?

The battle against bigoted mindset is just half won today. While we may now be a more liberal country with this historic decision, numerous Indians are still far from accepting LGBTQIA+ community as “normal”.

What is the way forward..??

Their closet life and struggle with dual identities doesn’t just stem from legal consequences of their sexuality. It stems from the social stigma around it. It stems from branding of an entire spectrum of sexuality as unacceptable, deviant and “unnatural” among their families, friends and peers. They stand at risk of losing their reputation, loved ones and social standing for being what they are. And decriminalisation of Section 377 does very little to solve their problem.

Even the members of LGBTQIA+ community who are out and proud aren’t immune to hostility and discrimination. They have it even worse. They are constantly shamed and humiliated for their sexuality. So the law may be gone, but the deep roots from which this law stemmed still remain underground, deep in people’s collective mindset. Does this mean that scrapping Section 377 doesn’t change anything? What does it mean for us as a society? What can we take from this decision that will help us mould a better, accepting and liberal social infrastructure? It could start by sparking a conversation.

While we may now be a liberal country, we are far from being an accepting society. The Supreme Court’s verdict should prompt us to be better allies to the LGBTQIA+ community. We should try to generate conversation on acceptance of spectrum of sexuality in our homes, and challenge the mindset which marginalizes this community. Changing the homophobic mindset of our society is what will make us a truly progressive society.

Establishing an LGBT-friendly workplace in India

In its judgment, the Court emphasized the fundamental right of homosexual persons to live with dignity, without the stigma attached to their sexual orientation, with equal enjoyment of

rights under India's constitution, and equal protection under the law. Responsibility now falls on businesses and corporates in India to draft inclusive policies for the workplace. This means implementing or reinforcing norms and rules that establish a safe and non-discriminatory work environment and promote diversity representation.

Creating an environment where homosexual and gender-queer employees feel safe and proud to work and are respected and treated with dignity must be identified as a key goal by all organizations. This requires having in place policies that are not just aspirational but intolerant of abuse, discrimination, and exploitation. Implementing them successfully often involves a combination of communal dialogue, training, and awareness.

However, at the outset, companies should cover sexual orientation in their policies, during employee on-boarding, and in the employee handbook. The company's position should remain consistent across the board, and be communicated via a clear and explicit non-discrimination policy that lays the ground for building an inclusive organizational culture.

Confronting regressive norms is important and a continuous process. It is imperative that organizations hold periodic seminars, workshops, sensitization programs, and diversity initiatives to promote greater participation, support, and understanding among employees.

Employees looking to access mental health and other support services should be able to approach their HR teams, and information about these should be made easily available to all.

Members of the LGBT community are also frequently traumatized as they go about their daily lives. This is more so in conservative societies like India, where the public space is often an extension of the home, and socio-cultural prejudices legitimize bullying and harassment.

Further, there is a difference between intellectually processing who are gay, lesbian, bisexual, transgender, and genderqueer folk and emotionally connecting with them as fellow beings. Discrimination generally emerges out of ignorance and unfamiliarity and changing old mindsets through meaningful interactions and sharing of experiences is equally necessary.

A way to achieve this is by hosting interactions with LGBT groups and having a support system in place within the organization. Just as what works best for women or addressing women's concerns at the workplace means having women take the lead, similarly, straight (heterosexual) persons cannot be expected to fully understand the depth of LGBT concerns.

Additionally, there should be no acceptance of behavior in the workplace that can be construed of as direct or indirect harassment; in other words, the removal of grey areas. As we well know, legal empowerment is only a tool to promote social change – the doing or undoing of it lies in the hands of people.

This is where HR departments and company policies play a crucial part, and need to actively foster environments where language at the workplace, chain-of-command, or decision-making responsibilities are open and respectful, and not based on gender or identity association.

With the Supreme Court establishing the legal rights of members of the LGBT community, affirmative action policies pursued by various companies can be more direct and transparent.

This is a breakthrough in of itself, but it also means that there is now a legal responsibility on the part of employers to foster an inclusive and sensitized workplace.

Such change requires continuous follow-up – it cannot be achieved through a single policy, action, or reaction.

Coming at this juncture then, drafting an LGBT-friendly policy only strengthens ongoing efforts to make workplaces in India more inclusive, safe, and harassment-free.