



## Review Article

### **Margins to Movements: Social Innovation and Diffusion of Alternative Communities in Arundhati Roy's The Ministry of Utmost Happiness**

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#### **ABSTRACT:**

This paper examines Arundhati Roy's The Ministry of Utmost Happiness through the lens of Everett Rogers' Diffusion of Innovations theory, focusing on how marginalized communities generate and disseminate social innovations that challenge dominant power structures. The novel portrays alternative communities—formed by hijras, political dissidents, Dalits and Kashmiri voices—as innovative social systems that resist exclusion and reimagine belonging. These communities function as grassroots innovations that emerge from lived experiences of oppression, gradually diffusing their values of care, coexistence and resistance across hostile social environments. Applying key concepts of diffusion theory—innovation, communication channels, opinion leaders, time and social systems—the study analyses how narrative acts as a medium for transmitting counter-hegemonic ideas to wider audiences. Characters such as Anjum and Tilo operate as change agents, facilitating slow but transformative social adoption. The paper argues that Roy's novel redefines innovation not as technological advancement, but as ethical, communal and political imagination, demonstrating literature's potential to mobilize social change from the margins to collective movements within postcolonial India's fractured public sphere. Such narratives invite readers to rethink justice, citizenship, empathy, solidarity and inclusive futures globally.

**Keywords:** Survival, Hijra, Culture, Identity, Community

#### **Margins to Movements: Social Innovation and Diffusion of Alternative Communities in Arundhati Roy's The Ministry of Utmost Happiness**

Arundhati Roy, a praiseworthy Indian novelist and activist, was born in the year 1961 at Shillong Meghalaya in Bengali. In her childhood age itself she wanted to become a writer. She freed herself from familial relations and stayed in a small hut with her own beer-bottle selling business. There she observes the impacts of Marxism, Hinduism, Christianity and Islam in India which pushed herself to be an activist. The story The Ministry of Utmost Happiness by Arundhati Roy is a rich, complex novel that follows the intertwined lives of people living on the outskirts of Indian society.

The protagonist Anjum, a transgender woman who creates a peaceful home for society's outcasts in a Delhi graveyard and Tilo, a mysterious woman drawn the chaos of the Kashmir conflict, in which

how many human beings and their lives were lost. Moreover, the description of the social injustice, violence in the conflict, Hindu-Islamic conflict was well-knotted. Blending personal stories with political realities, the novel explores themes like identity, social injustice, gender and resistance.

In the context of Social Ecological Theory, DOI typically refers to Everett Rogers' Diffusion of Innovations theory. Everett Rogers who was an American communication scholar and sociologist, best known for developing the Diffusion of Innovations (DOI) theory. He first published this theory in 1962 in his book Diffusion of Innovations, which went on to become one of the most cited works in the social sciences.

Everett Rogers' Diffusion of Innovations (DOI) theory is a foundational framework that describes how new ideas, technologies, practices, or products are adopted and spread within a social system over time. According to Rogers, "diffusion is the process by which an innovation is communicated through certain channels over time among the members of a

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social system" (5). Rogers viewed diffusion as a social process, emphasizing that individuals and organizations take up innovations at different rates based on several key factors. Central to the theory are five attributes that strongly shape adoption: relative advantage that is the perceived benefits compared to what already exists, compatibility which is the degree to which it aligns with values, needs and past experiences, complexity it defines how simple or difficult it is to use, trialability in which the opportunity to experiment with it on a limited basis and observability which is the visibility of its results to others. According to Minishi-Majanja, M. K., & Kiplang'at, J. Diffusion of Innovations (DOI) theory, "... is essentially a social process in which subjectively perceived information about a new idea is communicated" (213).

The theory also identifies five adopter categories that represent how different groups embrace change: innovators who are the adventurous risk-takers who try new things first, early adopters who are influential opinion leaders who help spread acceptance, early majority are those who adopt after evidence of success is clear), late majority who are cautious individuals who wait until most others have adopted and laggards who are the resistant individuals who adopt last, if at all. Adoption across these groups generally follows an S-curve pattern, beginning slowly with innovators, rising sharply as the majority adopts and finally tapering as laggards come on board or resist permanently. Beyond innovation characteristics and adopter categories, DOI highlights the role of communication channels and social networks in the diffusion process.

Information typically spreads through interpersonal relationships, trust and influence, with innovators and early adopters playing a crucial role in reaching wider audiences. Rogers also underscored that diffusion is shaped by the larger social system, including cultural norms, institutional settings and leadership structures and that time is an essential factor, since adoption rarely happens all at once but evolves progressively.

Taken together, Rogers' theory offers a thorough explanation of why some innovations achieve widespread adoption while others struggle. By examining the interaction between innovation traits, adopter groups, communication dynamics and social

environments, DOI has become highly influential across fields such as public health, education, agriculture, business and technology. It provides valuable guidance for designing strategies that not only promote adoption but also ensure that innovations are sustained over time.

Social Ecological Theory emphasizes that human behavior is shaped by multiple layers of influence, including individual characteristics, social networks, organizational structures, community norms and policy environments. In contrast, Diffusion of Innovations explains how new ideas, practices, or technologies are adopted and spread throughout a social system. When combined, these theories provide insight into how change occurs across ecological levels. For instance, the adoption of a health intervention or policy is rarely uniform; it depends on factors such as its perceived benefits, cultural compatibility, ease of use and visibility of outcomes.

Viewed through an ecological lens, DOI illustrates how adoption unfolds at each level individuals testing new behaviors, social groups shaping attitudes, organizations guiding implementation and communities or policies reinforcing sustainability. Together, the two frameworks offer a more complete understanding of both the influences on behavior and the mechanisms through which innovations diffuse across society.

The novel *The Ministry of Utmost Happiness* depicts traditional surgeries, Unani or herbal medicine, faith healing, hijra rituals and alternative social structures as forms of innovation in which ways marginalized groups survive outside mainstream systems. The cultural and traditional practices, medicine and healing practices, surgical innovations and social innovations are woven in a well-structured manner.

The hijra community is central to this portrayal, with Anjum's transformation involving the castration surgery, a practice carried out by community specialists outside the formal medical system. Roy narrates, "Anjum was led into the Khwabgah, the home of the hijras... she saw grown men who had gone under the knife and seen their genitals removed, and she saw others who had not..." (24). Alongside this, hijras maintain rituals such as

blessing weddings and births and the existence of gharanas which means communal houses, reflects their longstanding cultural identity.

Anjum's decision to build a guesthouse in a graveyard is itself a radical cultural innovation which transforming a place of death into a sanctuary for outcasts, including orphans, Scheduled castes, abandoned children and animals "This place where we live, where we have made our home, is the place of falling people" (28). The novel also highlights funeral and mourning traditions, especially Muslim burial rites, juxtaposed with other Indian practices to explore how different cultures navigate death.

Medicinal and healing practices form another layer of innovation insisted in Roy's narration. After her surgery and subsequent health struggles, Anjum turns to Unani and herbal remedies drawn from hijra networks of knowledge, rather than modern hospitals. Roy also depicts faith healing at shrines, where spiritual blessings intertwine with physical recovery, showing how medicine and belief coexist.

At the same time, she contrasts this reliance on traditional systems with the privileged access the elite enjoy in modern allopathic hospitals, underscoring social inequalities in healthcare. Surgical practices, particularly the castration surgery, are presented as both bodily and cultural transformations. Though often risky and painful, this surgery symbolizes rebirth into hijra identity, while Anjum's later struggles with hospital bureaucracy reveal the systemic exclusion marginalized communities face in modern medicine.

Finally, Roy explores profound social innovations through alternative forms of kinship and belonging. The Khwabgah, a hijra household and later Anjum's graveyard guesthouse, become models of chosen families that replace rigid bloodline hierarchies. The novel also embraces hybrid religious practices, blending Hindu, Muslim and Sufi traditions, suggesting that survival and resilience often emerge through syncretism. In this way, Roy reimagines community, medicine and tradition as spaces of both resistance and renewal.

In *The Ministry of Utmost Happiness*, Arundhati Roy portrays how the hijra community emphasizes the traditional ritual of castration surgery, as a

crucial rite of passage for anyone seeking full acceptance within their fold. Roy explains, "She knew all about bodies that didn't belong to the people they were attached to" (109). Carried out beyond the bounds of formal medicine, this procedure is seen not only as a bodily transformation but also as a form of spiritual rebirth. Roy shows that the community regards Nirvan less as a medical act and more as a sacred initiation that confers legitimacy, identity and belonging.

At the same time, she exposes the risks and hardships like its pain, danger and lack of safety, they tied to this tradition which thereby revealing the tension between cultural practices and the vulnerability of those who submit to them. The traditional castration surgery can be examined through Everett Rogers' Diffusion of Innovations (DOI) theory.

Within the community, Nirvan functions as an 'innovation' that has already diffused and become entrenched, shaping identity and belonging. Its relative advantage lies in the social legitimacy and spiritual rebirth it promises, while its compatibility with long-standing religious and cultural beliefs, especially those linked to Bahuchara Mata who is a Hindu goddess widely revered in Gujarat and closely connected with the hijra community. She is worshipped as a symbol of fertility, chastity and protection and her mythology often intertwines with questions of gender and sexuality.

One popular legend recounts that she cursed men who tried to violate her, leaving them impotent, while blessing those who chose chastity or renounced traditional masculinity. Because of these associations, hijras regard her as their patron deity and the practice of Nirvan (castration surgery) is often understood as both an initiation rite and an act of devotion to her. The deity reinforces its acceptance.

The surgery is also marked by observability, since undergoing it visibly distinguishes a hijra as complete in the eyes of peers. However, the complexity and danger of the procedure, performed without modern medical safeguards, highlight the risks involved and its trialability is nonexistent, making it an irreversible choice.

Roy's narrative, when read through Diffusion of Innovations shows how cultural pressures ensure the adoption of Nirvan despite its hazards, illustrating the powerful role of tradition and community norms in sustaining practices that may conflict with modern medical knowledge. In *The Ministry of Utmost Happiness*, Arundhati Roy integrates Unani and herbal medicine into the narrative as a way of highlighting cultural memory, healing and resistance. Roy explains. "Hakim Sahib believed that Unani medicine was not merely a system of healing but a way of remembering. Each herb carried the memory of a land, a climate, a people who had survived conquest, exile and erasure" (54). The novel frequently returns to the streets and neighborhoods of Old Delhi, where Unani hakims have long practiced and where herbal remedies are still sold in bustling bazaars.

A hakim is a physician who practices Unani medicine, a traditional healing system with roots in ancient Greek medicine that was later enriched by Arab and Persian scholars. The term hakim comes from the Arabic word for 'wise' or 'one with wisdom,' reflecting the respect traditionally accorded to such healers. Hakims treat illness by focusing on the balance of the body's four humors such as blood, phlegm, yellow bile and black bile and believe that restoring this balance leads to health. Their methods include prescribing herbal remedies, regulating diet, recommending regimental therapies like massage or cupping and sometimes performing minor surgical techniques.

In South Asia and the Middle East, hakims have long been regarded as both doctors and wise men, combining medical skill with cultural knowledge and spiritual authority. They continue to hold significance in many communities, especially where traditional systems of care coexist with modern medicine. Through characters like Anjum, who inhabits the Khwabgah and later the graveyard, Roy shows how marginalized communities often rely on traditional healing practices rather than impersonal state institutions.

Unani medicine in the novel is not treated merely as an alternative to modern biomedicine, but as a living tradition tied to the history of Delhi's Muslim culture and the continuity of everyday life. Its presence represents a more intimate, humane form

of care, one that attends not only to the body but also to the soul, memory and identity of those who are excluded or wounded by society.

In this way, Unani and herbal medicine function both as practical remedies for illness and as metaphors for the possibility of communal healing in a fractured world. Here in the novel, Arundhati Roy highlights Unani and herbal medicine as part of the cultural and social fabric of Old Delhi. Through characters who live on the margins such as Anjum in the Khwabgah and later in the graveyard.

Roy presents traditional healing as a source of comfort and continuity in a rapidly modernizing, often alienating world. The presence of hakims and herbal remedies reflects the endurance of older systems of knowledge, deeply tied to history, memory and community identity. Unlike modern hospitals that appear bureaucratic and detached, Unani medicine is depicted as intimate and personalized, offering not just physical treatment but also emotional and spiritual healing. It becomes a symbol of resilience, survival and the ways in which marginalized groups sustain themselves through traditions that honor their lived experiences.

From the perspective of Rogers' Diffusion of Innovations (DOI) theory, the novel demonstrates how traditional practices like Unani medicine persist because they remain compatible with the values, culture and daily realities of certain communities. While modern biomedicine represents innovation, its perceived complexity, lack of accessibility and limited cultural fit slow its adoption among marginalized groups.

In contrast, Unani healing continues to thrive because it is seen as trustworthy, observable in its effects and consistent with long-standing social practices. In this way, Roy's narrative illustrates how the diffusion of medical systems depends not only on scientific effectiveness but also on cultural acceptance and social context.

Arundhati Roy doesn't set up faith healing as an organized medical innovation, but she weaves in spiritual, religious and traditional belief systems that serve as healing or at least as solace in the face of suffering, marginalization and trauma. Shrines,

pilgrimages, spiritual intercessions and the strength drawn from belief are frequent motifs.

For characters with few formal resources, faith becomes one of the tools of survival: an internal innovation of mindset, a refuge, a means by which individuals cope with loss, injustice, identity crises and bodily or emotional wounds. In this sense, faith healing is diffused among characters in ways that resemble Rogers' model: it gains credibility through compatibility with culture and belief, through observability which means others seeing relief from grief or psychic burden, through trialability refers that pilgrimage, prayer, offerings tried by many and through interpersonal communication like stories, hearsay, rituals at shrines.

Everett M. Rogers in his book *Diffusion of Innovations* enumerating the types of innovations as "The five attributes of innovations are (1) relative advantage, (2) compatibility, (3) complexity, (4) trialability and (5) observability." Through Rogers' five attributes of innovation in the *Diffusion of Innovations* theory. It offers a clear relative advantage over institutional systems such as hospitals, courts, or state mechanisms by providing immediacy, emotional relief, spiritual comfort and a sense of belonging especially for marginalized groups like hijras or communities facing communal violence, who often find it more trustworthy and accessible. Its compatibility lies in the fact that shrines, martyr figures, interfaith rituals and traditional Muslim spiritual practices are already woven into the cultural and religious fabric of daily life, making faith healing deeply resonant.

Unlike biomedical systems, it is low in complexity, requiring neither advanced training nor costly infrastructure, but instead relying on familiar practices like prayer, pilgrimage, or ritual that are easy to understand and perform. Its trialability allows individuals to experiment with faith-based healing by visiting shrines, offering prayers, or engaging in rituals without full commitment, testing whether it provides relief or meaning.

Finally, its observability ensures that the outcomes, such as visible consolation, communal solidarity, emotional resilience, or even perceived physical recovery, can be witnessed by others, reinforcing belief in its efficacy. Taken together, these qualities

explain why faith healing in Roy's novel continues to spread and persist: it is advantageous, culturally compatible, simple, open to trial and observable in its effects, making it a powerful coping innovation in contexts where formal systems often fail or exclude.

In *The Ministry of Utmost Happiness*, hijra rituals are portrayed as powerful social innovations as unique cultural practices that affirm identity, create belonging and enable survival for a deeply marginalized community. As Serena Nanda observes in her work *Neither Man Nor Woman*; "It is emasculation that sanctions the hijras' ritual role as performers at marriages and births." (29) which underscores how a ritual act becomes an innovation in social practice, enabling hijras to transform a marginalized status into a position of recognized ritual importance.

As per Serena says, Roy portrays rituals such as the naming and rebirth ceremonies when someone enters the hijra household, the ceremonial blessings offered at weddings or newborns and shared mourning or celebration at shrines and festivals which reconfigure religious and cultural traditions into forms that both sustain hijra identity and offer economic and social livelihood.

When examined through Everett Rogers' *Diffusion of Innovations* theory, the reasons these rituals persist and spread become clear that they offer a relative advantage by granting hijras recognized roles in society as blessing life-cycle events and thereby gaining respect and income where other avenues are blocked; they show compatibility with broader Hindu, Muslim and syncretic practices, making them resonant with both hijra and non-hijra communities; they are low in complexity, relying on well-known forms of ritual, song, prayer and performance, which are accessible and familiar; they allow trialability, since individuals may observe, or partially engage with, such rituals before fully embracing the hijra identity or its ritual roles; and their observability is strong, as the effects may include blessings received, spiritual legitimacy, communal solidarity which are visible in public spaces and life events.

In *The Ministry of Utmost Happiness*, Arundhati Roy shows how marginalized people like hijras,

Dalits, Muslims, Kashmiri activists, women and the urban poor build alternative social structures to survive and create meaning in a society that excludes them. One of the most striking is Anjum's graveyard community, where she transforms a neglected cemetery into a space of refuge for abandoned children, animals and people in need. This graveyard becomes not only a home but also a living counter-institution which is an "innovation" in social care that thrives outside formal state systems.

Similarly, the hijra khwabgah which symbolically referred as the house of dreams which provides a parallel household structure, offering shelter, identity and rituals of belonging. Activist collectives in Kashmir, as well as informal solidarity networks in Delhi's streets, also function as social structures that redistribute care, solidarity and resistance. These are not officially recognized systems but grassroots innovations that arise precisely because formal state, medical and legal institutions fail to provide dignity or wellness for the marginalized.

When analyzed through Everett Rogers' Diffusion of Innovations (DOI) framework, these social structures reveal multiple layers of innovation. Their relative advantage lies in providing safety, recognition and belonging where mainstream institutions deny it. Their compatibility is high because they are rooted in existing cultural traditions such as graveyards as sacred spaces, hijra rituals of blessing, kinship as care, but reimagined to meet present needs.

In terms of complexity, these structures are relatively simple based on accessible practices of hospitality, caregiving and ritual which lowers barriers to participation. Their trialability is evident: marginalized individuals can temporarily seek shelter, observe the practices and gradually decide to become part of these communities.

Finally, their observability is strong, as their outcomes are visible in the flourishing of those once

excluded with the nurtured children, the sick tended and the socially invisible rendered visible again. These alternative structures also illustrate the layered diffusion of innovation: at the micro-level, individuals adopt and adapt rituals of care; at the community level, networks like the hijra household and the graveyard shelter form; and at the societal level, the visibility of these structures challenges dominant narratives of exclusion.

Rogers' theory thus helps to explain not just the persistence of such innovations but also their transformative potential and explore how marginalized groups, through adaptive social practices, generate parallel systems of wellness that gradually diffuse as viable models of resilience and belonging.

Wrapping up with all of social innovations in Arundhati Roy's *The Ministry of Utmost Happiness*. It abounds with social, cultural and emotional innovations born out of the resilience of marginalized communities. Among the most remarkable is Anjum's conversion of a graveyard into a sanctuary, transforming a space of death into one of life, refuge and solidarity.

The hijra rituals of naming, rebirth and blessing similarly reinvent cultural traditions as instruments of identity and survival. Practices such as faith healing and the use of Unani or herbal medicine emerge as alternative strategies for well-being in contexts where formal institutions fail to offer care. At the same time, grassroots political movements in Kashmir and Delhi serve as innovations in resistance, establishing parallel social frameworks that

Roy's narrative makes clear that innovation is not limited to technology or medicine, but can emerge through social rituals, sanctuaries and practices of care. Such forms of innovation spread across communities precisely because they echo lived experience, fostering hope, dignity and belonging in places where mainstream systems withhold them.

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