

## **The Cute, The Bold and the Beautiful: Popular Discourse and Medicalization of Everyday Experience**

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### **Abstract**

This study examines how the discourses on health that appears on popular health magazines published in the regional language of Malayalam effectuate the ways in which individuals govern their own body. The study specifically problematizes how these discourses construct ideal bodies of a 'child', 'men' and 'women'. Whether its men, woman or child, it is risk which was effectively communicated through these discourses. To reduce the potential risk of getting sick in the future, the popular magazines prescribe dietary practices, fitness programs, diagnostic techniques, medicines or Yoga. They also brought in the everyday life experiences of children that were never matters of medical science before, like how to bathe, how to brush, when to smile, when to stand on their own, when to study and how to study, to the domain of medical consultation. I have also argued that the health magazine is increasingly becoming a site for marketing not just biomedical equipment and its paraphernalia but also an array of products like artificially concentrated food, toiletries, cosmetics, fitness-objects and so on. Though these products are outcomes of politically designed market centered research, it is presented as a result of scientific research and essential for the advancement for the wellbeing of people. Moreover, these magazines help in marketing 'risk' and selling healthy lifestyles far more effectively than the health educators.

**Keywords:** Discourse, public health, risk, Kerala, personal care, body

### **Introduction**

The present study attempts to address the question how the discourses on health that appears on popular health magazines, published in the regional language of Malayalam, effectuate the ways in which individuals govern their own body. The study specifically problematizes how these discourses construct ideal bodies of a 'child', 'men' and 'women'. Whether its men, woman or child, it is risk which was effectively communicated through these discourses. To reduce the potential risk of getting sick in the future, these popular magazines prescribe dietary practices, fitness programs, diagnostic techniques, medicines or Yoga. They also brought in the everyday life experiences of children that were never matters of medical science before, like how to bathe, how to brush, when to smile, when to stand on their own, when to study and how to study, to the domain of medical consultation. I have focused on the stories published in two widely circulated health magazines in Malayalam, *Arogyamasika* and *Arogyam*. A close reading of such stories forces to argue that the health magazines are increasingly becoming a site for marketing not just biomedical equipment and its paraphernalia but

also an array of products like artificially concentrated food, toiletries, cosmetics, fitness-objects and so on. Though these products are outcomes of politically designed market centered research, it is presented as the result of scientific research and essential for the advancement for the wellbeing of people. Moreover, these magazines help in marketing 'risk' and selling healthy lifestyles far more effectively than the health educators. Methodologically, the study proceeds taking inspiration from the discourse analysis developed by Michel Foucault, a French philosopher and social scientist. Apart from the introductory part, the present article has three parts. In the first part I will discuss how the popular health magazines narrativized and idealized body care, in the second part, idea child body and in the final part, gendering and aestheticization.

### **Body Care/Personal Care**

A cursory review of the five major health magazines published in Malayalam would reveal that they all devote major share of their space to create a health consumption culture. Across class and gender differences they address people to educate them that the 'personal care' beginning from very birth to till death is essential. However, the personal care is reduced to the practice of aestheticization of one's body. That is, it suggests that 'personal/body care' must began with the birth of a child and it should progress through the naughtiness of the adolescence, the romantic and vibrant days of youth, at the time of becoming a responsible spouse, during the middle age in order to resist ageing and till the time of requiring special care at the threshold of death. By 'body care' or 'personal care', I mean promotion of "health-related consumer culture privileging bodily appearances, youthfulness, vitality, health and beauty, and aesthetization of everyday life associated with consumer culture".<sup>1</sup> The narratives in the popular health magazines individualize people and put them under surveillance to produce an aesthetic body for consumption, or as a product having a high 'market' value. The magazine articles discursively construct a 'generalized scientific knowledge and promotes the products as the signifier of a whole lifestyle to an active subject who is enterprising and self-caring.'<sup>2</sup> The discursive effect of such a construction would be the individual desire and pursuance for such an ideal body with a self-legitimization appealing to some moral rules.

The key theme in the stories coming up in the popular health magazines is that all individuals are potential risk bearers and therefore, they all must correct their body in advance to avoid any possible future threat. Approximately 40% of the cover stories that appears in the health magazines are on the theme of 'care' than 'cure'. Among the former, stories on body care constitutes over 50%. The magazines speak for people of all age groups and for both genders. The dominant message communicated through such articles is that having an aesthetically appealing body is tantamount to having good health. Therefore, periodically special issues are published discussing the ways to perform breast care, skin care, hair loss, and dental care/cosmetic dentistry. I will pick up a few such reports published in *Arogyamasika*, the leading Malayalam popular health magazines published by Mathrubhumi group of publishers, and will discuss them below.

### **Child Care as Body Care**

In this section I would discuss about the discursive construction of a healthy child. The magazines under review, by resorting to various genres of literary production (like stories, essays, scientific reporting), first sets up a universal standard on how a child should look like. Then prompts its readers to think that, if one has not achieved the universal standard the magazines prescribe (through the

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writings of qualified doctors or similar specialists), one must undergo medical correction. However, a close reading of these prescriptions and warnings would reveal that they are not based on scientific evidence but a product of market promotion research. The point to be noted here is that rather than ill health of children the question of whether a child has the standards set by the intervening agencies, matters for prescribing medical intervention. Early interventions, if possible, at embryonic stage itself, is advocated so that the new born will have the correct weight, color, quantity of hair, intelligence, proportion of limbs and body, sometimes even the 'smell of a baby'. Secondly, if a baby is born without the 'ideal standard', then correction could be possible only through the consumption of health care products that the market suggests/promotes. Interestingly the health consumption goods are not lifesaving, but largely they are oriented towards beautifying the body.

I quote from an article:

*'Child mortality was 120/1000 during independence whereas it had declined to 70/1000 in all India and it became 11/1000 in Kerala... Maternal mortality is 1/1000 or less than that in Kerala... [These] figures says that the state [of Kerala] is successful in health but are these sufficient indicators to say that state is successful?'*

The report continues reproducing the speech of the keynote speaker from an international conference

*'...during the inauguration of International Conference for Child Disease in 2005, the wife of the Egyptian president asked: 'should reduction in infant mortality be alone our goal for nation states?... Though infant mortality is very low the appearance of communicable epidemics like malaria, cholera... and new diseases like hepatitis a, b, c, d, e, f and AIDS are also making the situation riskier for everyone especially the children... Fetal therapy and fetal surgeries are giving us new hope... Similarly, through human genome project hereditary diseases can be diagnosed and thereby it can be prevented in advance.'*<sup>3</sup>

Kerala's high health index shows that it is not the real situation in the contemporary society that initiates discussion on body care of the child, but inherent in these discourses is the potential to colonize your present by indicating that your future is at risk if you have not got the ideal body. While reading such stories one could get the impression that every individual requires a proper medical monitoring from the stage of an embryo till his/her death. The main reason given for this recommendation is to protect individuals from the 'risk' of getting diseases in the future. Every individual is recommended to undergo a series of medical procedures to make sure that he/she is 'fit' in terms of biomarkers and not in terms of mere deformities because of diseases out of which an individual is unable to perform certain functions.

Though the stories in these health magazines may apparently look very casual or containing useful instructions for mothers, they are producing the 'risks' involved in life if the babies are not grown according to the discursively constituted universal ideal model of the growth scale of a child. They even advocate for gene therapy for achieving the narrativized ideal/universal standards. Two articles which appeared in *Arogyamasika* titled 'the stories told by genes' and 'the first successful case in gene therapy'<sup>4</sup> advocate gene therapy for correcting the new born baby in the early days of the birth itself. A case of gene therapy done on a newborn baby has been projected to explain how an embryo can be created through gene therapy. Correcting the body to achieve the discursively created universal

standards through gene therapy is in the offing and its potential in creating healthy individual is connotatively stated. To substantiate how it is disseminated among the reading public in Kerala, I quote

*“What is so enthusiastic for the medical field while listening to the research findings of chemical composition of chromosome 22? Is it that it consists of 544 genes? Or it is constituted with 330 lakhs chemicals? No... but the finding that any structural disordering of this chromosome may lead to almost 35 diseases and various other symptoms would have been a shock to many... it is reported that this disorder may lead to various diseases like cancer, schizophrenia, deafness, heart diseases and many other diseases... The human genome project, started in America during 1990’s and involved in understanding the chemical composition of various chromosomes, came out with those findings... So far these research group found out genes responsible for almost 1200 diseases...the sickle cell anaemia in Wayandu district in Kerala is also due to disorder in chromosome 11 that killed many adivasis....”<sup>5</sup>*

Following Foucault, I would read this as an intervention into the existence of the human being. He views such interventions and subsequent production of texts as medicalization of an individual. This medicalization has been legitimized on the reason that in the contemporary world, all are under ‘risk’. The way to get out of the risk is through early advance interfering on the human body.<sup>6</sup>

I would add that in such discourses, the human body is conceived as an object for medical intervention. When objectifying so, the medical discourses are, firstly, discursively creates an ideal standard, an index for beauty and a body susceptible to diseases. Then the same discourse sets the means for medical intervention to achieve the standard by correcting the body. Here the individual is a passive body lying before the correcting eyes of the Western medical technology. More important is the fact that, here both the disease and cure are generated in and through these discourses.

### **‘Achu’ the Model Child: Outcome of Gene therapy and Ideal ‘Mother’**

The two consecutive volumes of *Arogyakeralam* published as special issue on child care contains an interesting story written by two gynecologists working at the Medical College, Kozhikode. The story is titled ‘*Achuvinte akulathakal*’ (Worries of Achu), where a new-born baby who is depicted as the ideal healthy baby (named Achu) expresses his worries about the health condition of other babies born along with him. The narration is a dramatic monologue that begins while Achu was a five-month-old fetus. By birth, Achu is an ideal baby having the stated body standards. He has got morally correct behavior which is expressed narrating his own body structure at the time of birth. He is born as a matured baby (not premature) with required weight, and his Apgar score <sup>7</sup> is nine, which means his heart, brain, and lungs are functioning properly. He is born ideal because his mother has also got the ideal body shape/structure, suggested by the modern western medical system, for a woman. But the other babies lying around Achu lack, in one way or other, the ideal standard, and therefore they suffer. One has got wrinkled skin and poor weight; the other one has black skin, suffers from lungs disease and was born prematurely; the third baby is born overweight and is pale as a result of diabetics. Thus, goes the narration of comparison and contrasting of other babies with the ideal Achu. At some points, the deformity of others is traced back to the uncaring attitude of their respective mothers, perhaps with the latter’s’ obesity, high blood pressure or diabetics. The worries of Achu emerge out of seeing the non-ideal body of his fellow children and the possible risk they have in the future.

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Achu is worried about the future of these children born with deformities. Connotatively, it says that such children will suffer and will not be a good 'product' having adequate value, or are doomed to become incompetent to survive in this world. All emerge from the internalization of the discursively constructed 'ideal' as 'real' and the consumption and competition as the rules of the present. Such a perception has links with other stories that appear in the *Arogyamasika* (or any similar popular health publications), where an ideal could be produced by correcting the embryo in mother's womb using the western medical system. With such a vision in mind, the magazine publishes articles on what a pregnant woman must do to give birth to a child who in future will have good teeth, skin, eyes, intelligence and the like.

The surveillance of the child is emphasized by providing an index for monitoring the growth of a child. The index lists in chronological order the age and the corresponding body growth that the child needs to have at various points of his/her development. The stories in the magazine narrativize that the growth should be monitored continuously and if it is not progressing in accordance with the index external intervention is required to correct the body. For example, the index depicts that the new-born must smile at her mother when the former becomes two-month-old. The smile at mother is an indicator of the baby's mental development in the allopathic index, the smile is a sign of the baby's capacity to identify his/her mother. The essay connotatively says that if the baby does not smile identifying his/her mother, then it is something to be noted, especially with regard to the child's brain development. Likewise, the essay continues, at the fourth month, the neck of the baby must have enough strength to lift on its own since it is the period of starting observing things and eye movements. The index continues to identify the age at which the child should acquire abilities like moving things, holding things, throwing things, eventually speaking and so on. The essay suggests that the index indicates not only the growth of the body, but also the growth of the mind and of intelligence. For the promoters of this perception, any variation from the given growth marker is a symptom of faulty growth and could be an indicator of health risk and both demand an early detection and correction. The body is thus asked to be an object which requires continuous monitoring and whenever things go against the set standard, it needs medical intervention. The health discourses in the popular health magazines have thus set an indicator and that indicator has become the truth. People are asked to look at these indicators and believe they are infallible and any observation to the contrary requires correction.

Moreover, the everyday life experiences of children that were never matters of medical science before, like how to bathe, how to brush, when to smile; when to stand on their own; when to study and how to study, are all brought within the domain of medical consultation. All these are brought under consultation in order to find whether there are any deformities (like hearing problems, learning problems and so on) with the child from the beginning. It is not only particular symptoms or diseases that come into discussion but even children writing examinations are also included in the list as a medical object. I quote:

*It is time for examination fear ... The fear leads to fever and it spreads like chikunguniya especially among parents ... The fear of parents actually weakens the students mentally and physically... there are high chances of mental stress and anxiety during the time of examinations... here are some tips to reduce those tensions... Exercises like walking, swimming may reduce tension... select separate space for study purpose... Even one chair and table would be enough...reduction in sleeping hours doesn't help study.... Increase*

*concentration by practising yoga, meditation, swimming and the like...Parents should not pressurize children during exam time... Meanwhile they should not be reluctant in taking children to doctor in case they find children disturbed or upset during the exam period... They should give them nutritious food and easily digestible food during study days...<sup>8</sup>*

This article should be read along with a few advertisements appeared in the same issue of *Arogyamasika*. As I said, the important theme discussed inside the text are the ways to remove fear of facing examination. It argues that anxiety may cause a memory problem that further weakens the intelligence of the students and may badly affect preparing for and writing the examinations. Therefore, they should do something to keep the memory strong. Of course, the article does not suggest any medicine to improve the memory power. But, interestingly, the back cover of the issue contains the advertisement of an *Ayurvedic* medicine with the leading slogan, ‘Do you forget what you have studied?’ and it prescribes their product which they claim, is highly effective for increasing the memory power of the students. Thus, through medicalization of every experience of children, further commodification of human species is happening. All these market-oriented (and not oriented to the well-being of the human being) health programmes and their promotions are legitimized stating that they are meant to produce healthy citizens for the future.

### **Gendering and Aestheticizing**

In this session I will move from the discussion on the discursive construction of the ideal body of a baby to that of fixing of ideal matured male and female bodies. Since the main readers of the popular health magazines in Malayalam are lower middle class and middle-class readers of all gender, its pages are often stuffed with stories of becoming handsome and beautiful, or more precisely, the production of a handsome and bold male body and a beautiful and gentle female body. The articles objectifying the body of both women and men proceeds with the assumptions that both should be made suitable for consumption, especially the female body. Discussions on how to care for the body thus becomes oriented towards regenerating one’s natural body as a commodity that has more appeal and value for (sexual) consumption. I begin by quoting a description appeared in one of the articles in *Arogyamasika* on how a female body should look like. The given description however comes under the garb of a ‘healthy female body’. What should be noted here is the apparent masculine perception from which it has been written and legitimized.

*‘Iru kannukalkkumidayil mattoru kanninu sthidhi cheyyanulla sthalam undavanam. kannu thurannu pidikkumbol krishnamanikku ner mukalilayi purikom valayan thudanganom. Kanninte ulkkolinu nere ayirikkanom purikom arambhikkendathu. mookkinte vashattheyum kanninte puratte konineyum bandhippichu oru ner rekha varachu veliyilekku neettiyal athu thodunnathuvare mathi purikangalilekku neelam. ithokkeyundenkil kannukalkku bhangiyundennu parayum’.<sup>9</sup> (The gap between the eyes should be broad enough to accommodate a third eye. The eyebrow should start over the inner corner of the eye, and begin its arch right above the iris. An imaginary line connecting the side of the nose and the outer corner of the eye, extended further, should limit the length of the eyelashes. Eyes with these characteristics merit to be called attractive.)*

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*'Mukhattitne keezh bhagatte veendum moonnu bhagangalayi thirichal athil adyatteyum randamatteyum bhagangal thammil cherunnidethu melppallukal kanappedanam.melttadiyile munnile pallukal arennamundu.Ee arennattinum koodi ekadesam 48 mudhal 52 vare millimeter veethiyundayirikkum.Chirikkumbol vaykkonukal thammilulla akalattinte ekadesam 60 percentage ayirikkanam ithu.Ennal chirikku Bhangi koodum'. (The upper layer of teeth should be on the dividing line between the first and second parts when the lower portion of the face is divided into three equal imaginary parts. The six teeth on the upper jaw should together have about 48 to 52 mm width, and this should ideally be 60 per cent of the distance between the corners of the mouth. This would enhance the attractiveness of the smile and make her goddess of beauty and prosperity). 'Vaykkoninum pallukalkkum idayilayi oru vidavundakunnathu yuvathwattinte lekshanamayi karuthappedunnu'.<sup>10</sup>*

*'Mel thadiyile mun nirappallukal keezhchundinu samanamayi krameekarikkappettal athu streetwattinte uttamodhaharanamayi karuthapedunnu. ithine smile curve ennu vilikkarandu. ittarathil oru valavillenkil athu powrusha lekshenamayi soochippikkam. Jyothikayum gopikayum chirikkumbol mona kananavum. bhavanayum kavyayum chirikkumbol mona kannunnilla. mona kanatta chiriyanu kooduthal nallathu'.<sup>11</sup> (The visible teeth on the upper jaw, if they are arranged along a curve (known as the 'smile curve') complementing the lower lip, are considered a perfect sign of femininity. On the other hand, lack of such a 'curve' may be read as a masculine trait. Jyothika (cine star in Malayalam) as well as Bhavana (cine star in Malayalam) expose their gum as they smile. Bhavana (cine star in Malayalam) and Kavya (cine star in Malayalam) do not. A smile without showing the gum is always better.)*

The above quotations show that description of these sorts is not appearing random, but is rather a consciously chosen and dominant way of health promotion<sup>12</sup>. Along with such a description could be seen the depiction of means to achieve such ideal standards of body. The services available at the new generation health clinics are repeatedly valorized here. For example, see the orientation the special issues on the dental care. The special issue on cosmetic dentistry contains a number of articles suggesting various means to beautify teeth and several tips to make individuals more publicly presentable, that is, it emphasizes on the support one could get from the science of dentistry to make his/her smile more beautiful and attractive so that she/he could win over others. It argues that a beautiful smile instills a sense of self confidence and thereby boosts individuals' personality. Also, good health is represented as a confidence gained through the beautiful smile. Such articles, as in the case of other issues, accompany advertisements of institutions doing various advanced cosmetic surgeries including treatments like orthodontics, smile design, pedodontics (special care for children), bad breath therapy, geriatric dentistry etc.<sup>13</sup>

The popular health magazines, on the other hand, are silent about who set the standard and on what rationale, whether there is any scientific base for such an idealization, whether those who do not have the standards set are sick; and those who have the standards set are healthy. Further, what accompanies such articles are promotional writings (as well as advertisements) of a number of cosmetics and 'body clinics. However, all these writings appear either in the name of scientific medicine or medical care

delivering institutions devoted to cure the female body and correct it to be the ideal, appealing and aesthetic.

Unlike the female body, the male body has not received much attention in any of the popular health magazines. It is also a fact that, the personal/body care interventions on the male body too does not improve much when compared to the female. Citing both these aspects as a reason, *Arogyamasika* has come out with a twin issue covering various aspects of making the male body bold and handsome.<sup>14</sup> But interestingly, the articles that appeared in the two volumes themselves expose the contradiction and the market interests of the popular health publications. The discussion on male health begins by stating that, despite the lower life expectancy of males (all over the world, including Kerala) their health has not received much medical attention when compared to females and children. Even the discipline andrology (the magazine laments that andrology still remain as a branch of urology in Kerala) which deals with male health problems came into being much later than gynecology and pediatrics. The essay also wonders why this has happened to the male, despite them being dominant in the world throughout history.<sup>15</sup> The paradox shows that it is not the real health issue that determines what should be taken for discussion, but what has more market value. Aesthetization of female body has more market, and the care of the children comes next to it. Preparing the male body through cosmetics and surgical intervention has acquired very less market value and therefore, they have not got any presence in the popular magazines. Though these magazines say that the life expectancy of male is less when compared to the female, they are not undertaking any enquiry into that. The twin issue is basically interested in discussing what personal/body care could do to make the male body appealing to the aesthetic eyes of beholders and not their healthy well-being. Therefore, the essays in the volumes are vital to understand how male health is discursively constructed.

In the popular magazines masculinity is displayed in the broader chest muscles with six-packs. His body is often compared and contrasted with a female body to establish how a man should look like. In fact, one of the articles in the issue distinguishes between men and women on the basis of breasts, hair structure, chances of baldness, body mass index and other behavioral traits. In short, health problems of men explained through these two volumes are reduced to issues of bodily appearance. Throughout these two volumes, men's health is often situated as a site with symbolic significance in social and sexual interaction. While presenting men's health in this manner, individuals are increasingly constructed as active consumers of health advice, as responsible citizens with an interest in and a duty to maintain their own well-being both to improve health and fight disease. It also constructs a socially appropriate and acceptable body form, the demands for which are ever increasing under the conditions of late modern consumer culture.<sup>16</sup>

### **Concluding Observations**

In conclusion, personal/body care has increasingly become the means to establish that one is healthy. Here the personal/body care is not done through taking periodical preventive medicines and treating the sick or the sickness-prone individuals, but by aestheticizing the visible body and its public presentation. Here, the popular magazines discursively define how a female and male body should look like. Deviation in the set index of the aesthetic body has been visualized as sick and therefore needs urgent medical intervention. The set pattern is increasingly becoming the way to identify the normal body. It also advises the individual to do medical monitoring on a routine basis to make sure



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that they are 'normal' and have not deviated from the idealized normal. Thus the 'human body' has been constituted equivalent to any other exportable commodity by evaluating its 'fitness' and beauty, which I would read has emerged out of the intervention of the new market interests into the discipline of medical science. The concern of modern bio-medical research is to develop the perfectly 'fit' human species and not just help them to live their life longer and healthier but also *free* from deformities or diseases. Here I would argue that if 'sick bodies' were the concern of Western medicine in the colonial period, in the late 20<sup>th</sup> century and in the present century, 'healthy bodies' are their priority. If curing organs that were affected by diseases was the primary concern of the earlier medical practices, correcting the body or disciplining the body through practicing medical advice along with various fitness programs to maintain an ideal body is the present concern. As I said earlier, the human body has become an object for medical intervention, and not a subject that determines its well-being.

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7. APGAR stands for Appearance, Pulse, Grim face, Activity and Respiration. This is usually checked after one minute of the birth of the baby and after five minutes. If the score is 10 then the baby is considered to be normal (medically fit) and those below 7 needs medical attention.
8. This article was jointly prepared by a child psychologist and psychiatrist practising in medical institutions in Kerala. *Mathrubhumi Arogya Masika*, 2008, March.
9. *Mathrubhumi Arogya Masika*, February 2006, p.21.
10. *Mathrubhumi Arogya Masika* February 2006, p.21.
11. *Mathrubhumi Arogya Masika* February 2006, p.21.
12. For instance, an article on dental problems suggests that gum problem is more prevalent among various other dental issues. Therefore, it suggests 10 ways through which gum problems can be avoided or controlled. I quote, 'Proper brushing especially before sleeping in the night...clean your teeth with new cleaning materials like floss; consult dental specialist once in 6 months'. *Mathrubhumi Arogya Masika*, February 2008.
13. *Mathrubhumi Arogya Masika*, Feb 2006, p.1.
14. *Mathrubhumi Arogya Masika*, Editorial, 2008 May.
15. I quote from the articles that initiated a discussion about masculinity in the special issue on men's health. "Power always lies with men throughout history, in all religion but they are far behind in terms of health and life expectancy...though Japan had highest life expectancy, male life expectancy is 77 compared to

female life expectancy rate of 83.4; in Zambia it is 36.7 in comparison to female life expectancy of 37.2; 61.8 in India comparison to female life expectancy of 63.5; and in Kerala male life expectancy is 70.9 in comparison to female life expectancy of 76...according to world famous Geriatriist Dr Hassad, men have much less immunity compared to women...Men are fragile according to Dr Kremer...breathing problems like asthma is more prevalent among boys...heart diseases are known as men's diseases...gynecology , science of women developed with more specialization and turned into major super specialty area ... pediatrics also developed as super specialty... whereas andrology still remains an unimportant subfield of urology...lots of platforms and magazines discuss women's issues in Kerala but none deal with men's issues in Kerala..."Mathrubhumi Arogya Masika May 2008 (Twin Issues)

16. This is an idea developed by Mike Featherstone, which is found cited in Paul Crawshaw's article, 'Governing the Healthy Male Citizen: Men, Masculinity and Popular Health in Men's Health Magazine', *Social Science and Medicine*, 65, 2007, pp. 1606-1618.

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