CHAPTER IV

MAKING A HEALTHY LIFESTYLE:

PRODUCTION OF 'HEALTH' THROUGH POPULAR MAGAZINES

'Lifestyle shopping has been used "to refer more specifically to consumption practices and lifestyles that are indicative of the playful and style conscious arena of identity performance and bricolage (construction or creation of a) among urban, middle class young shoppers interested in malls and designer labels rather than these more environmentally focused and ethnically identifying forms of shopping."'

- Kevin Hetherington

'At present, medicine connects with economy by another route. Not simply in so far as it is capable of reproducing the work force, but also in that it can directly produce wealth in that health is need for some and a luxury for others. Health becomes a consumer object, which can be produced by pharmaceutical laboratories, doctors, etc., and consumed by both potential and actual patients. As such, it has acquired economic and market value.'

- Foucault

In this chapter, I intend to look into yet another discursive field through which a notion of health is produced and disseminated within the larger Kerala society and how it results in the creation of a new social psyche. The notion of health represented through popular health magazines that emerged in the middle of the 1990's is the central focus of this chapter. The idea of health that these popular magazines disseminate is increasingly becoming the concept of health in the contemporary public sphere of Kerala. Their representations are highly influential in shaping the preferences of people, in expressing their interests, and in objectifying their concerns. In a sense, these discourses constitute a new subjectivity where health is not conceived as a condition of
ensuring the well-being of the human being. Instead, it is a way to create adherence to technologies, personal/body care/aesthetization, and other aspects of conspicuous consumption. Therefore, the idea of good health that the popular discourses constitute is considered an important site and understanding its discursive strategies is seriously required.

The stories in popular health magazines create a notion of ‘good health’ largely defined by the modern market. Such ideas are continuously reproduced in different discursive fields to constitute what the market suggests is the ideal model and the one people must prefer. This has been done by often concealing the real market interest of maximization of profit by objectifying the human body. This market logic is very much integral to the new lifestyle consumerism. In that sense, popular magazines depict individuals and their health as something to be consumed. Perhaps the increasing space given to life-style diseases and personal care in these magazines must be read in this background. It is a fact that the appearance of popular magazines on health and the appearance of ‘personal/body care health products’ have emerged simultaneously. By reading some selected popular magazines, I try to discuss whether these magazines are really concerned about the health and well-being of the people or whether they are becoming yet another instrument for disseminating the new market logics. I would also enquire into the nature of dissonance between the idea of health that these popular magazines and the Legislative Assembly (Chapter V) and academic (Chapter III) discourses produce.

Knowledge of health produced by the popular health magazines is becoming part of modern society’s concern with self-development and the construction
In contemporary Kerala, people rely on health magazines and accept their suggestions as an index for shopping for the 'health care products'. These magazines present themselves as the 'total world' that covers problems of all (irrespective of age, gender) and of all kinds (irrespective of diseases and curative practices). Often, the suggestions of these health magazines remain in the form of dietary guidance, fitness programmes, suggesting stimulant drugs, and space for advertising (post)modern diagnostic services available at various institutions, curative care components including services and products available in advanced countries that have more symbolic and curio values. In these health magazines health is an object for marketing all kinds of new products and not a subject laboring to create well-being among human beings. What effect this 'popular health production' could have on creating the notion of health in contemporary Kerala would also form part of my enquiry.

Emergence of Health Magazines in Kerala

Though health related articles appearing in popular magazines are not new to Kerala society, I am concerned with new generation health magazines exclusively dealing with health issues that appeared in the late 1990's in Kerala. I will discuss the emergence of health magazines and its background in this section. In Chapter two, I discussed the history of the introduction of Western medical practices in Kerala. The indoctrination of the Western medicine among the people of Kerala has a long history. To disseminate the advantages and life-saving effects of Western medical practices, colonial as

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well as the post-colonial Kerala mainly utilized school textbooks and pamphlets. They narrated stories directly or indirectly related to the invention of medicines, its scientificity, concerns of hygiene, various epidemics and ethics of medical practitioners. Likewise, Malayalam newspapers, periodicals (which include pulp publications that have became the subject of criticism as a product of the culture industry) and women’s magazines like Vanitha, Grihalakshmi, etc, have also occasionally discussed health issues in detail. Almost all Malayalam television channels too have similar programmes telecasting now. Regular columns appearing in the periodicals mentioned above like manasasthrajnanate marupadi, doctorodu chothikkam, chodyangalku marupadi, etc have received popular attention because of their focus on discussing personal (private) health issues.

But perhaps magazines dealing with psychological problems were the first to appear as exclusive health magazine in Malayalam. They include Psycho (the first Malayalam magazine on Psychology) and Manasasthram. Both (they claim) have a good circulation in Kerala and a wide readership as well. The publisher of Psycho states that the magazine had started publishing in the year 1969. They had to stop the publication several times, only to restart it again. Periodic paradigm shifts in psychology as a branch of knowledge is stated as the reason for the interruptions in the continuous publication. Of course, before the appearance of this exclusive magazine for psychology, a few articles were published in Malayalam newspapers and magazines. Such independent and sporadic publications in the then leading Malayalam newspapers and other periodicals has a history of 50 years. Whatever may be
their nature, psychology as a branch of knowledge that concerns the mental health of the people emerged in Kerala only in the post-colonial period.\textsuperscript{72}

However, it is evident that literate contemporary Kerala reads popular publications on health in excess. In the pre-1990 the discussion on health in popular magazines remained in a few articles occasionally published in the leading dailies and periodicals. But by the middle of the 1990s there began to appear exclusive magazines for health like \textit{Mathrubhumi Arogyamasika} (Mathrubuhumi Publication), \textit{Manorama Arogyam} (Malayala Manorama Publication), \textit{Ayurarogyam} (Kerala Kaumudi Publication), \textit{The Complete Family Health Magazine Arogya Mangalam} (Mangalam Publication). All of them are offshoots of leading Malayalam newspaper publishers. Another interesting aspect is that the circulation figures of these health magazines have begun to outnumber those of the more culturally-valued (but still popular) weeklies and magazines.\textsuperscript{73} These health magazines mainly focus on personal care issues centered on Allopathic medical practices. But recently a magazine discussing alternative curative practices named \textit{Vaidhyasasthram} has also begun publication. The emergence of the health magazines, both the mainstream and alternative, and the overall content of these texts, represent health as something anchored on the individual physical and mental condition. Therefore, these writings assume that correcting the individual body would lead directly to healthy citizens. The advertisements that appear in the magazines too require examination. Advertisements do not appear randomly, but always accompany an article or two that indirectly promote the very personal care products advertised. This unstated relation forces us to think

\textsuperscript{72} This itself requires an independent research. Since my concern in this chapter and the thesis as a whole is different, I will not enquire further into this aspect here.

\textsuperscript{73} For example, the circulation of \textit{Mathrubhumi Arogyamasika} outnumbers \textit{Mathurubhumi Illustrated weekly} in the total circulation. The same is the case with the Malayala Manorama publications with the \textit{Manorama Arogyam} outnumbering the \textit{Bhashaposhini}.  

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that these magazines primarily serve as a space for advertising new consumer health products objectifying the human body.

As I have already mentioned, for the present research, I focus only on the new generation health magazines which came up during the late 1990’s in Kerala. They are not an exclusive publication meant to discuss a single medical practice, or a particular kind of disease. Rather they cover all, and are for all. Though there are many such magazines, here I focus on ‘Mathrubhumi Arogyamasika’ since it was the first among these new health magazines and also has the largest readership and circulation.

**Arogya Masika: Context and Structure**

The context in which the *Mathrubhumi* publishing company decided to come up with a health magazine is the understanding that there is an alarmingly increasing concern and fear among Malayalees about their health which keeps on increasing with the advancement of the technological oriented new medical science. They took it as their responsibility to keep the lay public informed about latest medical researches in order to reduce peoples confusion by providing them proper information about new discoveries and facilities available within the modern medical system. Thus, they began publishing *Mathurubhumi Arogyamasika* in March 1997 with the slogan ‘Ariviloode Arogyam’ (health through knowledge). The magazine states that though the people of Kerala rank highest in literacy and education in India, health education among them is inadequate. It also states that Kerala society lacks proper information on latest and fast developing medical science. Publishing such information through the magazine would help different sections of the society to live longer and healthier. Thus, it is declared that its primary concern is to disseminate information and update Malayalees about current
discoveries and research findings in modern medical science. (Of course, the absence of a Malayalam health magazine and its market potential could have been one of the motivations, though they obviously do not state that).

In the first year of its publication, *Arogyamasika* had a circulation of 25,000 copies. But in its 12th year (that is, in 2008) of publication, its circulation had crossed 2,00,000 copies.* It is reported that during the six month period between December 2007 and May 2008 alone, the magazine acquired 17,495 new subscribers. The publisher of the *Arogyamasika* claims that despite the appearance of a number of similar new health magazines from other major publishing companies the readership of *Mathrubhumi Arogyamasika* has witnessed a continuous increase and it remains the most popular health publication in Malayalam. Publishing twin issues dealing with a leading cover story is another sign of its rising popularity. The comprehensiveness and wide range of the articles that appear in the magazine has been pointed out as one of the reasons for it remaining the market leader in Malayalam health publications.

Each issue of the magazine projects itself with a cover story. Apart from that there are articles on other issues, most often oriented towards establishing how a healthy body must look like. The magazine also contains regular columns like the drug diary, *chikilsanubhavam* (experiences of treatment), *vaidya drishti* (Ayurvedic remedies), child health, *prathikaranangal* (responses), doubts on lifestyle, *marunnum manthravum* (medicine and magic) to name a few. In course of time some of them are replaced by a new column, but

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75 Editorial, 2008 May, Mathrubhumi Arogya Masika. (From here onwards please read MAM as Mathrubhumi Arogya Masika)
whether it is new or old columns the perception and way of dealing with health issues and specifically individual’s bodies remain consistent.

Approximately 25 percent of the total pages of an issue of the *Arogyamasika* contain advertisements. The products that appear in the advertisements include ‘over the counter’ medicines from allopathic and *Ayurvedic* systems, toiletries, provisions, health tourism, specialties and modern technologies available in various hospitals. Advertisements on toiletries and provisions incarnate here as objects having high medicinal value.\(^{76}\) It is significant to notice that the advertisement of various institutions offering specialized services like infertility treatment, ultramodern diagnostic technologies, superspeciality hospitals conducting expensive and intricate surgeries or other treatments, is often accompanied by cover stories that project those medical conditions as a major problem faced by Kerala society. Thus, they overtly or covertly state that these facilities are imperative for human existence.\(^{77}\)

\(^{76}\)All issues of this magazine contain very interesting advertisements for toiletries and various other provisions by explaining how they can help an individual enjoy his/her life unaffected by lifestyle diseases. These advertisements are inserted in appropriate spaces. For instance, a special issue with a cover story on heart attack contain an advertisement on “Premier Magic Oven” with the captions ‘Drain fat.. From your heart…’.It also tells the readers that they can cook without oil by using this oven; Long life green tea is recommended as something which has got comprehensive medicinal value for all types of lifestyle diseases that prevent cancer, restricts blood cholesterol, controls high blood pressure, lower blood sugar, suppresses ageing, deters food poisoning, fights viruses and so on (Refer MAM, 2000 Dec). Similarly, Sumana tooth paste is recommended for complete protection of enamel with 100% glycerin, is another advertisement of tooth paste included in the dental care special. Various types of bathing soaps, hair oils and shampoos and other toiletries are advertised in a similar manner MAM, Feb 2006.

\(^{77}\)To extrapolate, one of the issues of *Arogyamasika* which appeared with a cover story on heart diseases (*Hridayarogyam*) also contains advertisements about hospitals which provide service for the same. This issue contains a series of articles on different ways in which heart attacks can happen and how to prevent or diagnose those conditions. Various advertisements on facilities available in Kerala and other parts of India where heart procedures can be performed; about various utensils through which we can control fat intake thereby reducing chances of heart diseases illustrate the relation between the cover story and advertisements. For example, one article describing how an ideal human heart should be proportionate to the weight of the body appears with an advertisement of Kovai Medical centre and hospital.’
example, the drug diary column of one of the issues of Arogyamasika discusses various aspects of obesity. The article identifies lifestyle as the main reason for obesity. It also asks people to change their lifestyle and urges them to do regular exercises to reduce obesity. But interestingly the same story suggests an allopathic drug available in the market as the easy solution to reduce obesity. Next to this column appears an advertisement on the allopathic medicine as well as other medicines to reduce over weight (for example, the issue contains an advertisement of an ayurvedic medicine named ‘medowin’ and the advertisement claims that it is a 100% herbal safe medicine which would reduce obesity within 21 days). Yet another issue of the Arogyamasika appeared with the cover story ‘health @ school’. This special issue contains articles detailing the ways to make children physically fit and competitive to survive in the modern world. The issue features the photograph of a girl child wearing uniform and having an apple in one hand with a big glass of milk on the other standing near a pile of medical text books. It apparently gives the impression that she belongs to upper middle class family and having knowledge of modern medicine. On the back cover of the same issue we can see another photograph of an upper middle class nuclear family consisting of a man, his wife and two children (a son and a daughter). This is an advertisement of a company marketing white-oats with a statement that regular consumption of the oats will make the kids competitive in the

How to save a life in 5 seconds’ is the caption for this advertisement. It also adds that the world’s fastest ‘64 slice volume cardiac CT’ (it can identify the changes in heart beats in 5 seconds which is very useful while doing heart surgeries and has no side effects) is available only in this hospital. Similarly it gives information regarding who all should do ‘angiogram’? Accordingly, all those who are above 40 years, those who are over weight, have work pressures, smoke, possess blood pressure, have excess cholesterol, or have a sedentary lifestyle, or show congenital risk of cardiac diseases should get themselves examined. MAM April 2007.

78 MAM, June, 2008.
79 ‘Health @ School’, MAM, June, 2008.
contemporary world. It not only projects the upper middle class image as the ideal model for Kerala, but through such advertisements, the health magazine is becoming an ideal site for marketing the market. The central logic of the market like competition, producing the ideal individual (or family), economy for the future benefit, all roll on to the cover first and then dovetails with the advertisement, thereby, both appropriates truth value to their pronouncements. Or in other words, the health discussion and the advertisement now get a similar value. The magazine thus becomes, as Beetham argued, not only commodities themselves but also important means of commodification and product promotion.\textsuperscript{80}

The magazine appears to cover all health aspects of an individual belonging to both genders and all age groups. The overall composition of the first issue of Arogyamasika itself reveals the way the magazine classifies people and the areas of health it is interested in discussing through its internal space. It is interesting to note the titles of the articles; it covers all critical periods in a human life, more precisely the production of a healthy female/mother. For example, if we rearrange the articles in an order, it will run like the following; a discussion on ‘love as a disease’; and health issues involved in child marriage. Both set the background for a further discussion that labels both these as ‘unhealthy’ practices. Then the discussion discursively produces what is healthy, which in short, is a ‘ideal individual body’. The second discussion starts with an article on the ‘techniques for preserving a female body’, then it moves to a discussion on ‘tips for the first night’. ‘Common misunderstandings about sex’ is discussed before moving to a discussion on


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‘be a confident mother’ and this latter discussion dovetails with thoughts on ‘monthly care during the pregnancy period’. Neo-natal care has been specially looked into which supplements articles like ‘dental care for children’. From the titles and the treatment of these subjects, it is evident that the new-generation health magazine is not targeting persons who are ill, but rather a common (wo)man and is interested in making them an ideal body continuing its consumption by the male-dominant or masculine market. Normal human beings are discursively constructed as endowed with potential for sickness and one that requires precautionary or anticipatory treatment. No matter what their gender or age, the potentially sick require health education. Thus, each and every individual, whether he/she is normal or pathological, is brought under the gaze. Michael Foucault defines this situation as ‘undefined medicalization’, by which he means medicine functions outside its traditional field as defined by the patient's needs, pain, symptoms and malaise. Medicine has shifted from being clinical to being social as it has gone beyond being concerned with diseases to being involved in screening populations, sexuality, health promotion and delinquency.81

Health Priorities of Popular Magazines

The magazine I am closely following (i.e., Arogyamasika) for the analysis has so far produced 144 issues (till October 2008). Each issue carries a cover story, a

81 The team of medical and biological experts makes every aspect of life and its fundamental events a subject of medical intervention. According to him, during 20th century medicine is imposed on the individual whether ill or not, as an act of authority. I quote' if the jurists of 17th and 18th centuries are considered to have invented a social system that had to be governed by a system of codified laws, it might be argued that in the 20th century, doctors are in the process of inventing a new society , not of law, but of the norm. What governs society are not legal codes but the perpetual distinction between normal and abnormal, a perpetual enterprise of restoring the system of normality. For further details refer, Michael Foucault, The Crisis of Medicine or the Crisis of Antimedicine? Foucault Studies, 2004.
few regular columns and other articles. A cursory review of the cover stories of the magazine will prove that over 20 percent of the issues are devoted to discuss sex and reproductive health. The issues containing cover stories on ‘lifestyle diseases’ have crossed more than 45 percent of the total issues. If we add the issues discussing mental health (which is often presented in the magazine as a lifestyle disease of a different kind) along with it, then issues with lifestyle diseases occupy 50 percent of the total discussions. There are nearly 35 issues dealing with ‘body/personal care’. Meanwhile, ‘diseases of poverty’ get six percent coverage only. If we move from cover stories to the nature of articles, there also we could easily find that the pattern followed is the same. Why do lifestyle diseases and sex and reproductive health occupy the major share of the magazine page? Is it a true reflection of the current morbidity and mortality rate of Kerala? Or is it something motivated by the political economy of health (in the way Foucault defines and discusses it) where circulation of money is discussed involving the health of the body as a consumer object, produced by drug companies and doctors and consumed by patients on the one hand, and health as a product is marked by inequality, profit making, doctors becoming functionaries of drug companies, self-regulating subjects?

Here, I quickly resort to a brief discussion on the morbidity status of Kerala and then will compare and contrast it with the message the popular health magazine gives so as to understand whether the impressions created by these magazines are critical issues for the larger population. An analysis of the disease patterns for the year 2003 suggests that acute respiratory infections, Weil’s disease, pulmonary tuberculosis and diarrheal diseases are the major diseases in the state and major causes of mortality as well. In the year 1995, pulmonary tuberculosis was the main cause for death. Acute respiratory
infection, pneumonia and diarrhoeal diseases occupied second to fourth position in the list.\textsuperscript{82} This shows that the otherwise called 'diseases of poverty' (and not the lifestyle diseases) affect Kerala society more. But surprisingly, discussions on the diseases of poverty have very little space in these health magazines. Moreover, for \textit{Arogyamasika}, the public health problems that had traumatized the common people in Kerala recently like chikunguniya, leptospirosis, and dengue fever are mere monsoon diseases and the eradication of those are the responsibilities of the Local Self Government, which they can do by preserving a clean premise.\textsuperscript{83} The lack of interest in discussing the real issues of the spread of these diseases and confining the burden of responsibility on the shoulders of the Local Self Government (thereby on the people themselves who elect these bodies and which decides their health needs) could be ruled by the larger market interests. That is, to prevent the spread of these diseases and to cure the affected, there is little to sell and hardly anyone to advertise.

All these, in short, indicate that the choice of the issues for discussion in the health magazines is not accidental, but conditioned by the contemporary discourse on health where market interest is the determining logic and dominant power. The magazine addresses only those issues with which they can communicate the idea that health is something which can be consumed and should be consumed by individual who has high purchasing power. Thus, those who have purchasing power will be addressed more and those who do not have the same are indoctrinated with the notion that what the


\textsuperscript{83} Refer articles, 'Fever will Continue after a Break' in MAM, August 2007;'Health during Monsoons' in MAM, July 2008;'Be vigilant about Monsoon Diseases' in MAM, July 2001.
market says is the truth and is essential. The fundamental logic of the market is to make profit, where well-being has only a marginal role. This may be the context in which the common people and their diseases get largely excluded from the discussions in popular health magazines. This also shows the class interest of these types of magazines. The class which has more purchasing power is the targeted reader. Therefore, it is not health, rather it is 'lifestyle' which matters to them.

Moreover, the health magazines convey such an idea not out of the blue; rather the practice of reducing everything on to the individual is the underlying paradigm from which the whole discourses are produced. Therefore, the individual, his/her body, and correcting his/her body to become a product to be consumed by the open society matters more. While writing from such a perception only sex and reproduction, lifestyle diseases and body care come first. To substantiate this argument, I will discuss how the magazine makes statements about the categories of diseases and what emerges out of these discourses in the remaining part of the chapter.

1) Lifestyle Diseases

Lifestyle diseases appear to become more widespread as countries become more industrialized. But in our case, it is not real industrialization, rather the transformation of the society having the lifestyle of an industrialized developed world. They are also called diseases of longevity or diseases of civilization because they increase in frequency as a state become more 'developed like' and people live longer. They are different from other diseases because they are potentially preventable and can be lowered with changes in diet, lifestyle, and environment. The generally-accepted classification of lifestyle diseases include Alzheimer's disease, atherosclerosis, asthma, cancer,
chronic liver disease or cirrhosis, chronic obstructive pulmonary diseases, type 2 diabetes, heart disease, nephritis or chronic renal failure, osteoporosis, acne, stroke, depression and obesity. As I discussed earlier, the major share of the total space of the *Arogyamasika* has been devoted to discussing lifestyle diseases.

A critical discourse on health in popular magazine is that despite its higher health consciousness and better accessibility to advanced treatment facilities, the morbidity rate of Kerala is increasing due to the changes in lifestyle and food habits. According to the magazine, diabetics is the most prevalent diseases. Therefore, *Arogyamasika* comes out with eight special issues discussing diabetics.\(^8^4\) It discursively produces that diabetics is not a simple disease. It is the root cause for many other major health troubles like cardiac problems, blood pressure, kidney, and obesity. These writings caution individuals about the high risk involved from having diabetes and recommend periodical check-ups after the age of 30 for every individual. This diagnosis and check-ups are essential because once the individual is aware of the disease, it can be corrected. The high risk groups include people of all ages. A series of articles introducing the multiple diagnostic equipments that a person can handle independently suggests that diagnosis of the disease at an early stage is very crucial for future 'care'.\(^8^5\) These articles state that diabetes cannot be cured, but can it always be controlled if the individuals are aware of it. The subtitle of this special issue itself suggests that diabetics is caused by the individual's lifestyle and the individuals themselves are solely responsible

\(^{84}\) Editorial, MAM, April 2006.

\(^{85}\) It also introduced technologies available for testing and monitoring the diabetic level like 'continuous glucose monitoring system', glucometer, medicines like various forms of insulin injections, and Bayatta injection.
for their disease. Articles on diabetics reiterate that medicines have very limited role in controlling the disease.

An interesting dimension of these articles is that they all covertly identify the root cause for the disease as the dispositions of the affected individual himself; his body constitution and lifestyle are his own choice. That is, it separates the society (whether it is industrialized or 'developed like' Kerala society) from being a constituent in conditioning the human being the way he/she is. What makes people think their current lifestyle is the ideal and how they become so has not been looked into and, perhaps, is relieved from being a cause for the diseases. That is, the ideological interpellation of the capitalist society has been relieved from being the critical element in constituting a particular kind of lifestyle and thereby the sickness-prone human being. Michael Foucault's analysis of power/knowledge will help us to understand how medical ideas of the moral character of diseases operate at an everyday level. To him, the institution of medicine disciplines individuals and exercise forms of surveillance over their everyday life in such a way to produce a 'moral being' who could produce and constrains their own action being subject of its disciplinary power. This is evident in the discussion on lifestyle diseases.

Before going into further analysis, I will provide excerpts from a few articles to show the perception of the popular articles.

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86 According to Michael Foucault, just like the ethical systems of ancient civilizations produced the self through practices of self subjection, a range of preventive health policies and measures should be seen as an extension of these self regulatory activities in contemporary society.

87 A medical clinic is not coercive in the violent or authoritarian sense because they are readily accepted as legitimate and normative at the everyday level. But it exercise a moral authority over the individual by explaining individual 'problems' and providing solutions for them. Institutions like religion and medicine exercise hegemonic authority because their coercive character is often masked and disguised by their normative involvement in the troubles and problems of individuals. They are coercive, normative and voluntary.
a. If you can follow a disciplined life it is not difficult to get out of the clutches of diabetes...once you reach 30 years get the sugar test done once a year to make sure that you are free from diabetes...

b. It is very crucial that to control diabetes, the patient should himself/herself take care for it. They have to monitor it themselves. Continuous glucose injections, tablets, insulin injections, proper controlling of diet, physical exercises, avoiding mental pressure etc. are very important to control diabetes. For this you need concentration and calm mind... job pressure, financial constraints, studies, other problems in life, are all main reasons for this...

c. Once it comes to you it will not leave you throughout your life...but it can be controlled given that you give treatment and complete attention to your disease... and the patient cannot ignore this as it is their responsibility... Monitor it properly and treat it scientifically then you can lead a normal life... a diabetes patient has a major role in the success of its treatment...actually patients themselves have to monitor the disease... and controlling is not mere through injecting insulin or taking medicines but scientific ordering of medicine, food and exercises are essential components

While discussing other lifestyle diseases also, the perception is not different. For example, take the case of special issues on heart diseases. There are eight exclusive issues (including a twin-issue) dealing with the diseases of the heart. It has been said that the reason for bringing out the twin issue was due to the mounting demands from the public. The overall perception of the articles discussing cardiac problems also places the fundamental reason for the disease on the individual self solely and their way of life.

The articles that appear in the Arogyamasika advise individuals to undergo regular health check-ups. This suggests that even if one is not yet diagnosed positive for lifestyle diseases through various modern diagnostic technologies, individuals can control their disease by continuously monitoring the blood sugar level by using a 'continuous glucose monitoring system'. This device could be attached to the skin of severe diabetic patients to monitor the

88 For further discussions on diabetes, refer MAM April, 1997; MAM, June, 2000; MAM, July, 2000; MAM December, 2004, MAM, April 2006 (Twin Issues on diabetes).
variations of glucose in the blood stream so that a proper diet can be suggested accordingly. The basic intention behind prescribing these medical technologies is always projected as fundamental to 'health promotion and prevention strategies.' Within this approach, the early diagnosis of diseases through regular check-ups is promoted as a major aspect of health consumption. Moreover once the individual is identified with the disease, a regimen of tablets and injections is recommended for its control even though they may have serious limitations in controlling the disease. Such a suggestion is often contrary to the otherwise given suggestion that changing the existing lifestyle (rather than consuming the contemporary health market) itself is sufficient to control lifestyle diseases. The continuous monitoring through modern diagnostic technologies is thus becoming a means to find biomarkers,89 which then would convert the knowledge on the subtleties of the human body as a permanent mark, where thereafter the desired pharmaceutical companies and diagnostic industries could intervene. At the same time, the cause of disease is attributed to the individual and his/her lifestyle and therefore responsibility to care for the body also lies with the individual. Thus, throughout these health promotion discourses, 'risk' is made internal to individual body and his/her quality. Therefore, taking risks is often viewed as a foolish act and they are perceived with contempt. In such stories, the risk takers are depicted as irrational new sinners.

89 A biomarker is a substance used as an indicator of a biological state. It is a characteristic that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes, or pharmacological responses to a therapeutic intervention. Here sugar level in the blood is considered as a potential threat to various other organs in the body and for the same reason even if doesn’t affect any organs those who cross the borderline risk loosing their ‘normal’ status. They then become targets for continuous medical consumption in an effort to regain their ‘normal’ status.
The other major lifestyle diseases dealt with in detail through these magazines are blood pressure, kidney diseases, cancers, obesity and so on. It is interesting to observe that in the popular discourses these lifestyle diseases are both causes and outcomes. For instance, obesity\textsuperscript{90} can lead to kidney problems, blood pressure, and heart attack and the in the same way, blood pressure can lead to obesity. Similarly the main reasons identified for stroke is also high blood pressure, diabetes, alcoholism, smoking, increase in blood cholesterol, lack of exercise and mental pressure. We have already seen that diabetes is a state that cannot be cured and can only be controlled. The solution to most lifestyle diseases therefore comes in the form of dietary practices, fitness programmes, behavioral therapy along with most modern medical treatments. Even then, medicines have very little role in controlling whereas diagnostics has a very important role because it helps them to identify one’s own ‘ill health’. In a way, the magazine is communicating that modern medicine has made tremendous achievements in identifying disease and by giving this latest information, now it is the individual’s responsibility to cope with the situation by giving equal weightage to both medicines and personal efforts to reduce disease prevalence. It is not surprising that most often, failure in treatment is attributed to lifestyle than therapeutic effect. Mind and mental tensions are often identified as factors responsible for the failure of treatment. Thus, whether it is the mind or the ordering of the physical body, individuals are made responsible for their, often unavoidable, circumstances and modern

\textsuperscript{90} Obesity itself is projected as a cause for various other diseases and it is also the outcome of medication for other diseases. But the solutions offered to reduce obesity from the medical front are quite disturbing; inserting a silicon balloon inside stomach (aamashayam) that would remain for 6 months so that food intake can be reduced and later on this balloon has to be removed. This has been experimented with in Umberto hospital, Rome, and doctors expect that this treatment will be widespread soon. This issue also suggests 10 ways to reduce obesity. \textit{Arogyamasika}, February 2006, p 80.

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life situations. All these are oriented to changing the individual lifestyle, including dietary practice and ways of presenting his/her own body and so on.

By often suggesting that individuals engage in physical exercise such as jogging, power walking, aerobics, gym work, sports and other purposefully-chosen form of exercise, individuals are asked to govern their own healthy lifestyle practice in the name of freedom. But, following Foucault I argue that, they are practices implicated in the everyday exercise of power over the self, or technologies of the self. Here, disciplinary power is exercised through a 'form of rationality (particular truths and logics about healthy living) that are implicit in the processes of self examination, self care and self improvement' (Fullager, 2002, 70).

2). Body/Personal Care

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"(Featherstone 1991). All popular health magazines in Kerala devote a good share of their space to create such a health consumption culture. They address people from all walks and encourage them to begin the practice of caring for the body or doing what is now widely known as 'personal care' from the time of the very birth of a child and continue the practice of aesthetizing till he/she reaches the threshold of death. 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. The popular literature individualizes and put an individual under surveillance to produce an aesthetic body for consumption, or as a product having a high ‘market’ value. The magazine articles that could be classified under this category appeal to 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.’ Here, ‘the pursuit of the ideal of health, fitness, youthfulness and beauty occurs in a moral form.’

The popular health magazines begin in-depth discussion on this aspect by discursively constituting people as potential risk bearers and then suggesting ways to correct their body in advance to avoid a possible threat that may come in the future. Approximately 40% of the cover stories are on ‘care’ than ‘cure’ within which body care itself constitutes more than 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 equivalent to having good health. Therefore, periodically special issues are published discussing the ways to perform breast care, skin care, hair loss, dental care/cosmetic dentistry. I will pick up a few such reports published in Arogyamasika and will discuss them below.

2. (a) Child Care as Body Care

First, I will analyze the discourses on producing a healthy child. The discourses, by resorting to various genres of literary production (like stories, essays, scientific reporting), first sets up a universal standard on how a child

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should look like. Then if one has not achieved the standard they suggest, the ways to reach that universal level through medical correction is proposed. The point we should notice here is that it is not the ill health of the child that matters for medical intervention, but the question of whether the baby has the standard set by the intervening agencies themselves. Early interventions, if possible at embryonic stage itself, is advocated so that the new born will have the correct weight, colour, quantity of hair, intelligence, proportion of limps 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. Interestingly the health consumption goods are not life saving, but largely they are oriented towards beautifying the body. The real politics and the hidden agenda behind the promotion of personal/body care will become clearer if we look into the statistics of child mortality in Kerala. The health index would prove that, it is not the poor health indicators like high infant mortality that motivate these magazines to initiate the discussion on consuming health care products, but rather the force of market interests. 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... figures says that the state 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 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,

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cholera... and new diseases like hepatitis a, b, c, d, e, f and AIDS are also making the situation more risky 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 by injecting normal genes.92

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 pointing to the 'risks' involved in life if the babies are not growing according to the discursively constituted universal ideal model of the growth scale of a child. Health magazines even advocate gene therapy for achieving these ideal/universal standards. Two articles which appeared in Arogyamasika titled 'the stories told by genes' and 'the first successful case in gene therapy'93 advocate gene

93 "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
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. I read this as an intervention into the existence of the human being or what Foucault says, 'a complete medicalisation of an individual stating the reason that everyone is always under ‘risk’ in the modern world and which could be prevented through advance interfering on the human body'. Here the human body is an object for medical intervention. Hence it is that medical discourse first 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.

The two consecutive volumes published as special issue on child care contains an interesting story written by two gynecologists working at Calicut Medical College. 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 foetus. 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 a matured baby (not

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 anemia in Wayandu district in Kerala is also due to disorder in chromosome 11 that killed many adivasis...’. MAM, March, 2000, pp 46-50.
premature) with weight of 300 grams, his Apgar score \(^94\) is nine, which means his heart, brain, and lungs are functioning properly. He is born ideal because his mother has got the ideal body shape, suggested by the modern western medical system, required 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 prematurally; 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 are 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.

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.

\(^94\) 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.
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 the child needs to have at various points of his/her development. The stories in the magazine suggest 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 says that the new-born must smile at her mother when the former reaches two months. The smile at mother is an indicator of the baby’s mental development since 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 anything observation to their 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 exams are also included in the list as a medical object. I quote:

It is time for exam fear ... The fear leads to fever and it spreads like chikunguniya especially among parents ... The fear of parents actually weaken 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...95

This article should be read along with a few advertisements from the same issue of Arogyamasika. As I said the important theme discussed inside the text are the ways to ‘remove fear of exams’. 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 exam. 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

95This article was jointly prepared by a child psychologist and psychiatrist practising in medical institutions in Kerala. MAM, 2008, March.
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 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. Monitoring is fundamental here. Hence the Kerala government programme called ‘Health @ School’, which is designed to correspond to the Global School Health programme of the WHO, demands a complete documenting of the health of a child entering school. The questions they ask are interesting to note. A newspaper report stated that thus students entering school must furnish details that includes whether he/she has taken all preventive vaccination, details of the date on which he/she smiled for the first time, sat for the first time, stood independently for the first time, started walking first etc. It also employs various fitness evaluation techniques (like standing for 10 seconds in a single leg) to know the physical and mental growth of the child. Moreover, it has been stated that the details of the health check-up done at school admission will be recorded in the school transfer certificate. This in effect means students will be subject to continuous evaluation and monitoring for correction thereafter. Another dimension this certificate would thus have is that, thereafter, the student will be evaluated and ranked not only on the basis of performance in the studies, but also in terms of ‘early detected deformities’ which is nothing but discursively constructed biomarkers. In short the attempt here is to construct children as ‘fit’ and ‘competitive’ for a modern market and

96 ‘Health check-ups before entering first standard, Plan for Making Comprehensive Health Report’ published in Malayala Manorama Newspaper, December 3rd Wednesday, 2008. The cardinal feature of this programme would be preventive vaccinations and routine medical camps. The programme was jointly initiated by the National Rural Health Mission, Health and Education departments of the Government of Kerala and the Sarva Shiksha Abhiyan Project.
for which mere performance in terms of studies is not considered to be enough. So the effort of the government is to ensure that all students who reach the 12th standard of the school would be physically and mentally fit, and healthy so that they would become ‘good citizens’.

2. (b) Gendering and Aestheticising

So far I have revealed how the discussion on the health of children in popular health magazines. Another dimension of health discourses of magazines is the production of a handsome and bold male body and a beautiful and gentle female body. The major perception of 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 of how a female body should look like. The given description however comes under the garb of a ‘healthy female body’ and clearly the underlying perception is of a male.

‘Iru kannukalkumidaiyil mattoru kanninu sthidhi cheyyanulla sthalam ‘undavanam. kannu thurannu pidikkombol krishnamanikku ner mukalilayi purikom valayan thudanganom. Kanninte ulkkolinu nere ayirikkanom purikom arambhikkendathu. mookkinte vashatteyum kanninte puratte konineyum bandhippichu oru ner rekha varachu veliyilekku neettiyal athu thodunnathuware mathi purikangallekku neelam. ithokkeyundenkil kannukalkku bhangiyundennu parayum’.

(There should be space between the eyes, just enough for a third one. 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.)

'Mukhattitne keezh bhagatte veendum moonnu bhagangalai thirichal athil adyatteyum randamatteyum bhagangal thammil therunjidethu melppullikal kanappedanam.melltadiyile munnil pallikal arennamundu.Ee arenmmattinum koodi ekadesam 48 mudhal 52 vare millimeter veethiyundayirikkum.Chirikkumbol vaykkonukal thammilulla akalattinte ekadesam 60 percentage ayirikkalam 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). 'Vaykkoninum pallukalkkum idayilayi oru vidavundakunnathu yuvathwattinte lekshanamayi karuthappedunnu'.98 (It is considered a mark of beauty to have a gap between the corner of the mouth and the teeth.)

'Mel thadiyile mun nirappullikal keezhchundinu samanamayi krameekarikkappettal athu streetwattinte uttamodhaharanamayi karuthapedunnu. ithine smile curve ennu vilikkarandu. ittarathil oru valavillenkil athu powrusha lekshenamayi soochhippikkam. Jyothisayum gopikayum chirikkumbol mona kananavum. bhavanayum kavyayum chirikkumbol mona kannunnilla. mona kanatta chiriyanu kooduthal nallathu'.99 (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 sans the gum is always better. )

The above quotations show that description of these sorts is not accidental, but is rather one of the dominant ways of health promotion100. Next to such a description could be seen the ways to ensure that the body to reach such ideal standards. How the new generation health clinics helps one to become beautiful is repeatedly mentioned. For example, see the orientation the special issues on dental care have. The special issue on cosmetic dentistry contains a

100 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’. MAM, February 2008.
number of articles suggesting various means to beautify teeth and the tips to make individuals more publicly presentable that is, it emphasizes the support one could get from the science of dentistry to make your smile more beautiful and attractive so that you can win others over. It argues that a beautiful smile instills a sense of self confidence and thereby individuals’ personality and 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.101

Popular health magazines, on the other hand, are silent about who set the standard and on what rationale, whether there is any scientificity to 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 promotion writings (as well as advertisements) of a number of cosmetics and ‘body clinics’. They all appear either in the name of medicine or medical care delivering institutions meant 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.102 But interestingly, the articles that appeared in the two volumes themselves expose the contradiction and the market interests of the popular

102 MAM, Editorial, 2008 May.
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 gynaecology and paediatrics. The essay also wonders why this has happened to the male, despite them being dominant in the world throughout history. 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 be done to make the male body appealing to the aesthetic eyes and not their healthy well-being. Therefore, the essays in the volumes are critical to understand how male health is discursively constructed.

103 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 Geriatrist 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..."MAM May 2008 (Twin Issues)
In the magazines masculinity manifested in the broader chest muscles with seven steps is considered as the signs of a healthy male. 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 restricted to issues of bodily appearance. In short, 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 as argued by Featherstone.104

In short, 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 aestheticing the visible body and its public presentation. Here, they clearly define how a female and male body should look like. Deviation in the set index of the aesthetic body has been discursively considered as sick and therefore needing 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 that they are ‘normal’ and have not deviated from the 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 i.e. 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\textsuperscript{th} 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 indigenous medical practices, correcting the body or disciplining the body through practicing medical advice along with various fitness programmes 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.

2 (c). Reproductive Health, Sex, and 'Mother Machine'

The WHO defines reproductive health as "a state of physical, mental and social well-being in all matters relating to the reproductive system at all stages of life. It implies that people are able to have a satisfying and safe sex-life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, and the right to appropriate health care services that enable women to safely go through pregnancy and childbirth". (WHO Website) The magazine under review apparently would not reject such a definition; rather they reiterate this idea through several essays published in their special issues dealing with reproductive health. But,
often in the name of discussing reproductive health, they are engaged in the exploitation of the sexual desires of people to increase readership or in producing the female body as a ‘mother machine’ or in establishing problems like infertility as a major problem in Kerala which occurs basically due to lifestyle of individuals.

Arogyamasika has published several issues with cover stories on sex, sexuality, male sexuality, female sexuality, infertility, female infertility, male infertility and the like, but often repeating similar ideas. The ‘common’ difficulties for having good sex and how to prepare one’s body to maximize sexual satisfaction are a major theme of discussion. Here, it is very obvious that marriage and family relations are merely reduced into the matter of sexual satisfaction or dissatisfaction. That is, marriage and family as social institutions have now been reduced into objects to be studied within the disciplinary boundaries of psychology, andrology, gynaecology, and sexology. The increase in the number of divorces and infertility issues are often quoted to legitimize the need of the interventions of these experts on the matters of family and marriage. This has resulted in the introduction as well as establishment of more private institutes for sexual and marital health in the recent years, with a new team of specialists called sex therapists, sexologists and andrologists.

The health magazines and other media have increasingly established that enjoying sex has become a problem now and is a domain that requires medical attention. Studies have shown that this is a new phenomenon in Kerala and is more constructed than real. It has also been noted that social structural changes and the ideology disseminated through media have a significant, perhaps the critical role in creating such a subjectivity among the Malayalee.
That is, the extreme individualization, on the one hand, and the discursive effect of making statements on health, on the other, created new subjects in Kerala and by internalizing the discursively constructed idea as the scientific truth people often tend to act according to its prescription. A majority of them are not really problems of sex and reproductive health, but problems that arise out of the uncertainties created by the contemporary social order or the dissatisfaction emerging out of the failure to understand that their desire is something created by the recently emerging sex-health-market and not out of their innate or real desire. I am not ruling out that Kerala is devoid of sex and reproductive health problems. Instead, I argue that the recent projection and the alarmingly increasing medicalization of sex and sex-life are emerging out of human misrecognition. Till recently, if there were any such problems, kinship and social relations extant in Kerala would have mitigated it within its dynamics.

Though there is a whole lot of academic literature on fertility changes in Kerala, none of them identifies infertility as a major health problem and low fertility is often projected as an indicator of development, progress or modernity. Even the large data sources like the National Family Health Survey (NFHS) and Reproductive Child Health (RCH) survey do not contain information on reasons for infertility in Kerala. Meanwhile, a few studies have shown that the low fertility rate is a problem in contemporary Kerala. But such studies attribute the reason to increasing literacy rate and higher average age of marriage than any biological problems. Despite this situation, popular health magazines propogate the impression that infertility is a major problem in Kerala and the main reason for infertility is improper maintenance of body and its unattractive presentation. Now let me examine how they have
problematized infertility and how they legitimize the need for medical intervention onto this matter.

"Roughly 10% of the married women are facing the problem of infertility according to some statistics... sexual problems are identified as the main reason for infertility...Therefore an analysis of sexual problems is very important ...".105

The medical science and the popular heath magazines here are also setting up a standard on when and how to prove ones fertility. The essays in popular health magazines constitutes that if one is not able to conceive in 6 months or at least by one year after marriage, the couple must go for an IUI (intrauterine insemination) or IVF (In vitro fertilization) or EXE (expanding embryos) tests. These writings also promote as well as prompt people to undergo treatments like ART, MVF, ICSI very soon. The overall orientation of the writings is that if one does not get pregnant within 6 months of marriage, she (seldom he also) needs a thorough medical check up. These writings often sideline many other factors and human social conditions to arrive at such a directive. Increased medicalization by treating the human being as an object and making the later an inert object that requires technological intervention has been repeated in the essay and through repetition both are made legitimate. Health discourses also categorizes individuals who are facing the problem of infertility as 'un successful' and 'incomplete' beings and technology-based treatments are offered in order to make an individual 'complete'.106

The popular health writing, while asking women to act immediately if she has not conceived in a year's time turns the table when the case of the recent technologically advanced infertility treatment comes. Here they ask people to

106 Though infertility is curable, 50% of infertile individuals undergo one or other type of depression. The feeling of incompleteness is the reason behind such anxiety.
be tolerant to get the result. Moreover, the failure of such treatment has been reduced to individual anxiety and tension, or in other words, the problem of the individual, and not the failure of the prescribed technology. To illustrate the paradox in popular writing I quote from an essay that came in Arogyamasika. Since the quote is self-explanatory, I will not engage in a detailed discussion.

The modern and the very recent treatments for infertility are now available in Kerala as well. Couples should first learn about the treatments available for infertility, its success rates, and accept the chances of failure. You may need to wait patiently for the result of such costly treatments. You may have to repeat treatments again and make your mind stable so that you will not loose your heart when it fails even after repeated treatments... Then only we can reduce the tensions and anxieties during check ups and treatment... Even the medicines given for infertility may lead to depression and anxiety... You should be able to realize both types of depression and anxiety differently... It is not a fiction that chances of pregnancy is high if you are mentally free from all anxieties and tension... Mental tensions leads to significant changes in various chemical compositions and hormones like cortisol, prolatin and these changes are highly correlated with infertility'.

Arogyamasika has so far published more than 15 issues dealing with aspects of reproductive health like gynecology, antenatal care, neonatal care, postnatal care, child health and so on. Essays in these issues target pregnant mothers. It discursively constitutes pregnancy and giving birth as a disease (or a problem) and advices women on how to deal with pregnancy, discusses the mental and physical changes the mother could have during pregnancy that could affect the embryo, instructs them to go for a thorough check-up every month to make sure that the foetus is safe and healthy. On the whole it would not be unfair to say that marriage, marital life and sexual life are under medical surveillance for the cause of reproduction.

Further, an overall dimension of these writing is that they proceed with the assumption that women are born to become mothers, or mother machines as I refer to them, that is, a machine to produce child according to the desires of the masculine society. The medical intervention for correcting and conditioning is prescribed at the earliest if she cannot prove her reproductive capacity immediately. While making such serious statements, the popular health discourses are reducing the reason for infertility onto the individual and excluding all other factors, including external sociality in influencing a good environment for a healthy (reproductive) life. Though these discourses have the garb of addressing both genders, primarily it is objectifying the female body only. Infertility is represented as an individual (or female) medical problem and 'effectively depoliticizes it and deflects attention from other potential causes of infertility such as environmental pollution, work hazards, smoking and iatrogenically produced conditions'.

It constructs women as 'mother machine' and as Gena Corea argued (The Mother machine) that, the ultimate aim of the new reproductive discourses is to replace the biological mother with a medically manipulative object. It reduces women as an object of pleasure, a child bearer and a mistress. The new technological interventions suggested by the popular writings on health, following Gena Corea, I argue that they are part of a series of types of body management that have emerged over the past two decades 'rendering women's bodies more mobilizable in the service of changing utilities of dominant agencies. Their aim is less to eliminate the need for women than to make their bodies even more useful. They enhance utilities of women's bodies for multiple shifting needs' (Ibid 83).

To sum up this chapter, popular health magazines discursively constitute the individual bodies as a signifier of success or failure (in the consumer market) to survive and as a source of the capital generation. A critical (both overtly and covertly presented) message is that one must discipline his/her body and mind through various means like technological correction of limbs to attain a constructed ‘beauty standard’ and should transform the reproductive body to an object of pleasure generation. Further, these writings disseminate the male-dominated vision that women are the child-birthing mother machine. Deviations from any of these aspects are construed as a problem and, therefore, require intervention of modern medical technologies (significantly, not science). The essays in the health magazine offer solutions to all aspects of everyday life of an individual beginning from the stage of embryo, till his/her death. I have also argued that the health magazine is increasingly becoming a space or a new avenue for marketing not just biomedical equipments and its other paraphernalia’s but for artificially concentrated food products, toiletries, cosmetics, fitness products and so on. Though these products are often promoted based on politically designed market centered research it is offered as a result of the scientific advancement for the well being of people. Moreover these magazines help in marketing ‘risk’ and selling healthy lifestyles far more effectively than the health educators.

While representing health in this manner, the human body and health are reduced to a mere consumer good. By this I mean, the consumption of various ideas generated by the market as the means to manage or order individual bodies and consumption of medical facilities at both institutional, product and personal levels. All these together produce a particular notion of health, that, it is not the relief from the diseases which matters but that how to discipline a body to become normal and attractive which is important. The popular health
magazines address the middle class and also attract the lower class into the lifestyles of the former. Studies have proved that the lifestyle of the middle class has been made society sick and under risk. The popular health magazines by promoting the middle class lifestyle (in the name of making people critically aware) constitute the people under the directives of neo liberal risk-oriented cultures and then ask them to undertake the responsibility of managing their health and well-being on their own.