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Sugar and tension. Diabetes and Gender in Modern India

LESLEY JO WEAVER

New Brunswick, Camden, and Newark, New Jersey, and London, Rutgers University Press, 2019

Lesley Weaver in her book, *Sugar and Tension: Diabetes and Gender in Modern India* examines women's experiences of type-2 diabetes in India's capital Delhi amidst country's ongoing transitions. Weaver asks why and how women are and are not compliant with biomedical diabetes care; and what informs their choices regarding self-care (p. 5). Simultaneously, the book provides an account of the effects of 'domestic modernity' on Indian womanhood. Suffering from increasing burdens, educated but home-staying women with diabetes lack possibilities for self-care due to their role as family carers. The book draws on ethnographic and semi-structured interviews and conversations with an impressive number of 280 women with and without type-2 diabetes, and doctors. In addition, it draws on quantitative data gathered and evaluated by the author on the women's social and biomedical (body measurement, blood sugar and depression) indicators. Although Weaver defines her research participants as "middle class", the book accounts for life-stories and narratives of illness among a wider socio-economic category of women in Delhi – from a busy professional holding a high position in her job, to an owner of a large bungalow in Delhi's posh area, to a domestic worker.

The analytic chapters of the book explore how biomedical demands and realities of the disease that overlap with neoliberal constitution of an individual self, are hardly compatible with women's accounts and experiences of illness. Chapter 3 on 'balance' explores why their biomedical records are similar, whilst the patient's social experiences diverge, and provides an account of the multifaceted 'work' women do to enact a balance between 'good' diabetes management and other life priorities, often falling beyond their control. We meet Kalpana, an old woman successfully 'managing' her diabetes due to a strong extended family support and daily care; and Sita, a domestic worker, whose busy schedule impedes regular meals and who often runs out of money for needed medicines. The fourth, central Chapter, examines women's mental health and its relationship to diabetes. Weaver unpacks 'women's ideas' about an idiom of *tension* reported by them in their accounts of illness causation, and distress in everyday family settings through a story of Manpreet. Manpreet's narrative about diabetes and tension is underlined by contestations

regarding her daughter-in-law, money, familial care and obligations, and efforts to let go of the worries.

By means of interviews and surveys, Weaver develops a diagnostic descriptive tool - a scale – to compare biomedically defined symptoms of ‘tension’ to ‘clinical depression’, concluding that tension is not the same as depression/distress/anxiety. Yet, this quantitative data shows that women with ‘good’ diabetes have higher levels of tension/depression than women with ‘bad’ diabetes. Weaver also shows that women with low income have less stress than high-income women, and (problematically) suggests that poor women are more ‘accustomed’ to stress (p. 90). This process of “being accustomed”, however, is not evidenced by the book’s ethnographic data, and the assertion is presented at the expense of more nuanced approach to mental health among the poor women and account of their experience, and how this experience can be read along and against the biomedical reading of mental health (e.g. Das 2015; Pinto 2014). Weaver concludes by posing a question why ‘women with diabetes didn’t have more stress than those without the illness?’ (p. 94).

The subsequent chapters examine how women practice the ‘habitus of self-sacrifice’ and ‘self-denial’ to accommodate their families at the expense of their own wellbeing and diabetes control. While being detrimental for women’s health from practitioners’ point of view, such practices, sometimes translate into ‘resilience’ in terms of women’s mental health. Good life with diabetes, defined as ‘ability to function well physically and psychologically’ (p. 129) does not necessarily correspond with doctor’s expectations for good control. The conclusion includes recommendations for health policy regarding diabetes in India.

Weaver provides a valuable contribution to understanding the gendered aspects of chronic illness in contemporary India. Her attention to the domestic sphere, notions of femininity and gendered roles is a welcome contrast to existing accounts of diabetes focused on clinical and public settings (e.g. Mol 2008; Solomon 2016). However, the analysis in the book presents a common problem in the interlinked study of gender, family and illness: How to account for women’s disadvantages without essentialising the heteronormative gendered differences, and diminishing women’s agency. That said, Weaver also provides valuable new insights into what appears evasive production of ‘syndemics’ of diabetes and mental health. Biomedical practitioners avoid diagnosing diabetes patients as “depressed” or send them to mental health professionals. Yet, simultaneously, they prescribe drugs for mental health amidst the pervasive discourse of depression being widespread among women afflicted with diabetes.

The analysis in the book could be furthered by critical anthropological engagement with the evident cultural biases of biomedicine's conceptions of diabetes. The central concepts, such as *choice, care, self, experience, family, sacrifice, balance, morality*, while at times, engaged persuasively, are not placed within the conceptual debates in anthropology (e.g. Das 2015; Fassin 2012; Good 1994; Mol et al 2010; Mol 2008; Zigon and Throop 2014). In most of the chapters, the biomedical epistemologies and clinical understanding of what constitutes 'good diabetes', 'good life', 'good control', 'self-care' serve as a reference points for the analysis of the women's responses (cf Good 1994). 'Good diabetes' or 'care' here is often defined as 'good' blood sugar levels, and 'good life' as positive evaluations of mental health at the expense of women's own concepts and accounts.

Overall, the book's comprehensible language and style nicely introduces chronic illness and gender in India to students and those unfamiliar with the country. Medical practitioners and health professionals less interested in conceptual and epistemological debates in anthropology, might also find the book informative.

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