FOREWORD

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Medical Anthropology: Health, Inequality, and Social Justice, a new series from Rutgers University Press, is designed to capture the diversity of contemporary medical anthropological research and writing. The beauty of ethnography is its capacity, through storytelling, to make sense of suffering as a social experience, and to set it in context. Central to our focus in this series on health, illness, inequality, and social justice, therefore, is the way in which social structures and ideologies shape the likelihood and impact of infections and injuries, bodily ruptures and disease, chronic conditions and disability, treatment and care, and social repair and death.

The brief for this series is broad. The books are concerned with health and illness and with healing practices and access to care, but the authors illustrate, too, the importance of context—of geography, physical condition, service availability, and income. Health and illness are social facts; the circumstances of the maintenance and loss of health are always and everywhere shaped by structural, global, and local relations. Society, culture, economy, and political organization as much as ecology shape the variance of illness, disability, and disadvantage. But as medical anthropologists have long illustrated, the relationships of social context and health status are complex. In addressing these questions, the authors in this series showcase the theoretical sophistication, methodological rigor, and empirical richness of the field, while expanding a map of illness and of social and institutional life to illustrate the effects of material conditions and social meanings in troubling and surprising ways.

The books in the series move across social circumstances, health conditions, and geography, and their intersections and interactions, to demonstrate how individuals, communities, and states manage assaults on well-being. The books reflect medical anthropology as a constantly changing field of scholarship, drawing on diverse research in residential and virtual communities, clinics, and laboratories, in emergency care and public health settings, with service providers, individual healers, and households, with social bodies, human bodies, and biologies. Whereas medical anthropology once concentrated on studying systems of healing, particular diseases, and embodied experiences, today the field has expanded to include environmental disaster, war, science, technology, faith, gender-based violence, and forced migration. Curiosity about the body and its vicissitudes remains a pivot for our work, but our concerns are with the location of bodies in social life, and with how social structures, temporal imperatives, and shifting

exigencies shape life courses. This dynamic field reflects an ethics of the discipline to address these pressing issues of our time.

Globalization has contributed to and adds to the complexity of influences on health outcomes; it (re)produces social and economic relations that institutionalize poverty, unequal conditions of everyday life and work, and environments in which diseases increase or subside. Globalization patterns the movement and relations of peoples, technologies, knowledge, programs, and treatments; it shapes differences in health experience and outcomes across space; it informs and amplifies inequalities at individual and country levels. Global forces and local inequalities compound and constantly load on individuals to impact their physical and mental health, and their households and communities. At the same time, as the subtitle of this series indicates, we are concerned with questions of social exclusion and inclusion, social justice and repair, again both globally and in local settings. The books will challenge readers not only to reflect on sickness and suffering, deficit and despair, but also on resistance and restitution—on how people respond to injustices and evade the fault lines that might seem to predetermine life outcomes. Although not all of the books take this direction, the aim is to widen the frame within which we conceptualize embodiment and suffering.

Diabetes is considered the quintessential disease of modernity, reflecting incremental shifts in urban settlement, the availability and affordability of food, changes in food preference and dietary choice, physical activity, and genetic propensity. Worldwide, around 50 percent of all people with diabetes of any type live in the broad Asian region—the WHO (World Health Organization) regions of South-east Asia and the Western Pacific. In 2017, seventy-two million of these people are estimated to be living in India. Linked to this statistic, particularly in vast metropolitan centers such as Delhi, sugar-sweetened beverages and fast foods—Coca-Cola, KFC, McDonald's, and local variations on burgers, fries, and pizza—are pervasive, hallmarks of modernity and of India's place in a globalized world. As Lesley Jo Weaver shows, diabetes has become a "fashion" in modern India. People's bodies, and their bodily pathologies, are instantiations of this.

In writing of diabetes, in *Sugar and Tension: Diabetes and Gender in Modern India*, Weaver therefore addresses a health condition of real urgency. Once associated with wealth, indolence, rapacity, and high status, diabetes is now a disease most common among poorer people. With poverty, the capacity to manage diet, eat wisely, exercise, lose weight, monitor glucose levels, and adhere to medical advice is difficult, sometimes impossible. Further, diabetes is exacerbated by stress, but stress is part of the fabric of everyday life. It is also inherent in managing the condition. Diabetes demands constant monitoring, management, mindfulness, and increasingly high levels of care; without these measures to control blood glucose, the disease can lead to catastrophic complications. And, as Weaver illus-

trates, diabetes is a disease of class, age, and gender. Hence her focus particularly on women.

Sugar and Tension takes its title from the signs, symptoms, techniques of monitoring and management, causes, and comorbidities of diabetes. These terms have been adapted from English into vernacular languages and locally spoken English. Local Hindi speakers refer to diabetes as “sugar” or *shugar*. Women with high blood sugar relate their “sugar” to “tension”—indexing the hardships of everyday life and the demands of domesticity, of household cooking and cleaning, the care of infants, children, and elderly parents-in-law. These stressors often coexist with maintaining employment or building a career, managing the experiences of deeply distressing events, and dealing with other economic, interpersonal, and social factors that contribute to chronic stress. In urban Delhi, women are embedded in contemporary social, political, and economic contexts that determine their everyday lives; these structural factors shape the social production and meanings of the disease. For the middle-class women with whom Weaver worked—mostly not women who are desperately poor—the limited time and resources available to them, the lack of support from others within the family, and the negative meanings attached to self-care limit their capacity to deal with diabetes. Self-care conflicts with women’s own and others’ ideas about their roles within families, and with the labor involved as they seek to fulfill these roles. Domestic modernity thus works against women’s ability to care for themselves and so to control their disease.

As Weaver argues, this book is not “just” about diabetes. Rather, like any health condition, diabetes is an entry point into discussions of gender relations, family life, individual and social values, cultural norms, expectations, and conflicts. Drawing on both postmodern and the biocultural traditions in anthropology, *Sugar and Tension* illustrates the ways in which modernity and illness in India collide and overlap; how “tension,” sugar, and gender norms frame women’s daily lives; and how structural conditions produce and change the patterns of diseases, bodies, and health inequities.

SUGAR AND TENSION