

Men and masculinities in times of chronicity



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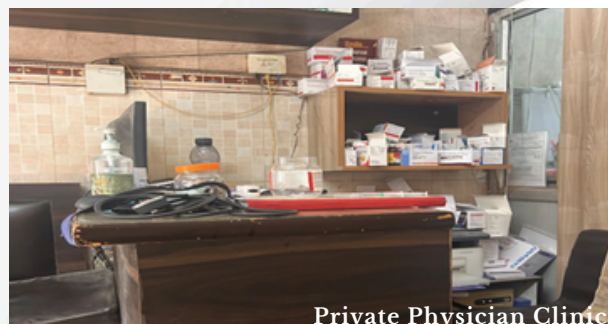
The Bollywood movie Mard, in the 80s, concretised the idea of an invincible and indestructible man, which is deeply entrenched in our Indian psyche and society. These complex norms, challenging to begin with, start crumbling under the weight of chronicity, which by its virtue digs into the core of self-perception and societal roles. I envisage my research set in East Delhi to explore how middle-aged men navigate the tensions between perceived and practiced masculinity when faced with comorbid conditions of Diabetes and Hypertension. A clinical ethnography, in nature, attempts to examine their health-seeking behaviours, coping mechanisms, medical device usage and the social pressures endured. I aim to entangle disability and masculinity studies along with health studies to understand how illness disrupts traditional notions of masculinity, reshaping everyday life and the self. The interviews are majorly set in a physician’s private clinic followed by GB Pant Hospital, both based in Delhi. The process of data collection, by its virtue, was enriching and highlighted the need for constant fluidity while indulging with human participants.

The dynamicity amplifies further in a clinical setting where participants are all patients in waiting charged with doubts and sickness. This process developed a new aspect of everyday field interactions in my work, where the compounder and doctor became key informants and made me find a space in their work setting.

A critical aspect that evolved further was understanding how men interact with clinical spaces and the medical apparatus that becomes a part of their daily lives. Delhi’s infamous air pollution, clubbed with its lack of green spaces and sedentary lifestyles, creates a perfect recipe for metabolic disorders like Hypertension and diabetes. These “silent killers” often go undetected until severe complications arise. From a medical humanities space, devices like sphygmomanometers and glucometers, viewed as the first point of care beyond a medical necessity, become a site of tension. The male self-perceptions of strength and self-reliance clash with the clinic’s demand for routine check-ups and regular monitoring.



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However, for men in my sample, work and financial responsibilities took precedence over their health, delaying accessing care and medical adherence. For them, their identities as caregivers and breadwinners won the race customarily. The research delves into three key themes: masculinity and vulnerability, coping mechanisms, and the renegotiation of masculinity within familial spaces. Methodologically, the study employs semi-structured interviews with patients, clinical observations, and WHO’s Quality of Life scale to capture the lived experiences of men grappling with chronic illness. By situating this research within the anthropological lens, I aim to highlight the practical, everyday challenges men face.

The challenges range from managing medication and financial stress to negotiating their roles in a society which values men at work. This research attempts to rethink how we understand masculinity in the context of health. With 1 in 5 men aged 30–35 reporting hypertension (NFHS-5), the stakes are high. By shedding light on the intersection of chronic illness, masculinity, and urban living, this study contributes to broader conversations about gender, health, and systemic neglect in cities like Delhi. It challenges us to move beyond the myth of the “Mard” and embrace a more nuanced understanding of masculinity—one that acknowledges vulnerability as a fundamental human experience.



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