



Women's Health Modernity

A Qualitative Study on Experiences and Perspectives from Working Women in Meerut city

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Abstract: Health and Working life are closely associated with each other. Health has an important aspect as health modernity which is basically defined as the 'correct and scientific knowledge of and attitudes to health matters'. Previous studies have focused on health modernity and health status of different groups among population. The aim of this paper is to explore the extent of health modernity among working women.

For this study, qualitative methods are chosen for investigating women's experiences. We are carried out in-depth interviews with 25 working women for collecting the data. Through the thematic analysis, we have analyzed the data. The women have shared their knowledge about health matters in the field of health modernity and understood myths and misconceptions regarding health matters. Five main themes are identified: (1) awareness of physical health; (2) Knowledge regarding reproductive health; (3) correct knowledge of nutrition level; (4) attitude towards family planning; and (5) knowledge of child care.

We have found that most of the working women have correct and scientific knowledge only of nutrition level and family planning dimension of health modernity. Thus, this study shows that economic independency of women has less influence on their health modernity i.e. on correct and scientific knowledge of health matters. Therefore, there is need to provide correct and scientific knowledge in the field of health along with economic independency.

Keywords: Health, Health Modernity, Working Women, Scientific Knowledge.

I. INTRODUCTION

Good health is an essentially requirement for satisfactorily livings. Health and work are closely associated or interlinked. Work participation is in itself health promoting on both individual and societal levels. Women constitute half of the population and also part of potential workforce (Gjellestad et. al, 2024). Women are always at work. The condition of health of a person is influenced by the intake and utilization of nutrients and food. There are many such factors viz. types of works, workplace, working environment, work load etc. which are effective in the development of health (Krishna & Dhas, 2022). Health modernity is one

of the essential features of health. This term is first introduced by A.K. Singh. In the simple ways, health modernity refers to the correct and scientific knowledge of and attitude to health matters which a person has. Just as the health conditions of a person are affected by his/her social and economic environment in the same way, health modernity is also influenced. Hence, the main purpose of this study is to understand health modernity from the perspective of working women.

There have been a few researches done on this topic:- A.K. Singh (1984) surveyed the extent of health modernity among the people in South Bihar and revealed that the extent was very low in low socio-economic status group, Hindus & Muslims, and rural people. Suraj (1992) measured the extent of health modernity in Dharwad district of Karnataka. He found that there was no positive impact on urban dwelling, caste, religion, income, and education on health modernity of sample populations, but marital status influenced significantly. Sharma & Dhilon (1997) studied health modernity among rural women in Kangra district of Himachal Pradesh. The results revealed that women had considerable degree of fatalism about various health matters. Basu & Sidh (2008) examined the net effect of work status on women's health and whether the effect persists after controlling for the influence of socio-economic factors. The results showed that though both work status and socio-economic factors influence health status, but the latter are more important. Dey & Shrivastava (2011) mainly assessed health modernity attitudinal and health modernity behavioural scale among wwomen in Sagar district of Madhya Pradesh. The study showed that around 40% of women have 'very poor' health modernity and they believed certain myths and ignorance.

Parashar et. al (2018) aimed to find the correlates of life satisfaction (LS) among working women of the health sector. Results revealed that the prevalence of overall satisfaction among working females in this study was 39.3%. Females were highly satisfied with their job, but the satisfaction level in health and the economic domain was low. Nandhini & Sheeba (2020) compared the health status of working women in day and night shifts of Coimbatore district. This study found that the impact of nutrition education was statistically proved. There was no significant difference between their body mass indexes. But there was a significant difference between their hemoglobin levels, blood pressure levels, nutrient intake, and impact of nutrition education. Shah (2020) studied work-life balance and its implication on the health of working women in India. The findings showed that overall, women were in good health and were satisfied with their home and work life on average, however, they seemed to experience some work-life conflict. Krishna & Dhas (2022) studied the health status of women faculty. The results revealed that about 34.3 percent were not doing any exercise due to lack of time. Most of them walk as their regular physical activity. Regarding beverages consumption, majority consumed tea. Symptoms like fatigue, shortness of breath, backache and weakness were found. Some have obesity in their heredity most of them preferred allopathic treatment.

Farsole & Baid (2023) compared the quality of life of working and non-working women. The results of this study revealed that there was no significant difference in quality of life of working women and non-working women. Yadav & Kumari (2023) studied mental health among working women and housewives. The findings showed that there was a significance difference of mental health with respect to positive self-evaluation among the housewives and the working women of the district. Also, there was a significance difference of mental health with respect to perception of reality among the housewives and the working

women of the district. Gjellestad et al. (2024) aimed to explore experienced associations between women's health and female participation in working life. This study found that the teachers shared a variety of experienced health issues within the field of women's health and perceived barriers in the work environment. Rathi et al. (2025) studied health modernity among urban women in Meerut city of Uttar Pradesh and results showed that majority of women had low level of health modernity except on nutrition and diet dimension.

II. OBJECTIVES OF THE STUDY

The objectives of this study are to find out the profile characteristics of women and to deepen the understanding of health modernity extent among working women.

III. METHODOLOGY

3.1 Study Design

A qualitative inductive approach is chosen to explore the extent of health modernity among the respondents. The data material consists of in-depth interviews with 25 working women.

3.2 Data Collection

This study is conducted in a region in the Southern part of Meerut city in Uttar Pradesh state. The data are collected through in-depth interview method which was semi-structured in nature. Interviews were conducted over the period of October 2023- December 2023. An interview guide was developed based on areas of profile characteristics and health modernity extent. The first author has conducted the interviews, and each interview is lasted for 30-40 minutes. Locations used for interview were depending on the wish of the respondents.

3.3 Data Analysis

The interviews with working women are analyzed through thematic analysis method. There are five main themes identified which included several sub-themes. Examples of the analysis process from raw data to themes are given in table-1:

Table-1: Quotations, Sub-themes, and Themes

	Quotations	Sub-themes	Themes
1.	We know physical exercise is important not only for men but also for women as well.	Area related to physical exercise	Awareness of physical health
2.	I do not know about the bleeding among women due to intake of oral pills.	Areas of delayed pregnancy	Knowledge regarding reproductive health
3.	We know that a special diet is necessary during pregnancy.	Diet during pregnancy	Correct knowledge of nutrition
4.	I believe that birth of son is necessary to keep continuity of family.	Birth of son	About family planning

5. Whether mother's milk is enough for child till 6 months after birth or not. Child nutrition About child care

IV. RESULTS

In the light of the objectives of this study, the findings are described in the following tables. Table-2 represents the profile characteristics of the working women.

Table-2: Profile characteristics of women

Profile Characteristics		No. of respondents (n=25)	Percentage distribution (%)
1. Age	21-30	21	84
	31-40	03	12
	41-50	01	4
2. Marital Status	Unmarried	18	72
	Married	07	28
3. Education Level	Primary	00	00
	Secondary	02	8
	UG	08	32
	PG & above	15	60
4. Family Type	Nuclear	21	84
	Joint	04	16
5. Income Earning (per month)	Up to 10k	02	8
	10k to 30k	06	24
	Above 30k	17	68

In the present study, the data gathered from 25 working women reveal that majority of the women belong to age-group 21-30 years and are unmarried. More than half (60%) of women have PG and above level of education and 84% women live in nuclear family. Majority of the women earn above Rs.30,000 per month.

Five main themes are identified under the health modernity extent: (1) Awareness of physical health; (2) Knowledge regarding reproductive health; (3) Correct knowledge of nutrition; (4) Attitude towards family planning; (5) Knowledge of child care (Table-3). The analysis of information, which is obtained through interviews from the respondents, is done under the following headings:

1. Awareness of Physical Health

The women have described the knowledge of and awareness towards physical health in the context of health modernity. Physical ill health is sometimes considered normal and doctors can cure it. Several women agree with it. Regarding physical exercise, many women have told that they knew how important physical exercise for maintaining good health but few among them does any exercise. Several respondents

disagree with the statement that good or bad health depends on the body constitution rather they say that until and unless we would not take care of it our health status cannot be balanced.

Table-3: Themes and Sub-themes from the analysis

Themes	Sub-themes
1.Awareness of Physical Health	Areas include physical ill health, physical exercise, good or bad health
2.Knowledge regarding Reproductive Health	Sources of indiscriminate sex and sexual diseases, prevention of & protection from sexually transmitted diseases, delay in pregnancy
3.Correct knowledge of nutrition	Balanced diet during pregnancy, problems related to food and eating habits
4.Attitude towards Family Planning	Determination of sex, about girl child birth, birth of son & continuance of family, need of son for performing last rituals of life
5.Knowledge of Child Care	Nutrition of child, diseases among children, prevention & protection of child from diseases.

2. Knowledge regarding Reproductive Health

Women have described that indiscriminate or forceful sexual activities could be the source of sexual diseases. Further they have told that these sexually transmitted diseases could be prevented through correct and right knowledge of performing sexual activities. They proceed and say that there are several methods (such as condoms, oral tablets, etc.) to protect from these diseases. Regarding delayed in pregnancy, several women have told that consuming oral tablets could be resulted into the bleeding for women.

3. Correct knowledge of Nutrition level

Pregnancy is the most precious state in the life of a woman. During pregnancy, several precautions are taken by woman and by her family members. Many women have agreed that pregnant woman need special diet, on the other hand, some women have explained that it is necessary that there should be special food for pregnant woman.

Many women are aware that eating less food or eating more food both lead to make person ill. In this way, there should be balance in our diet pattern. Our food pattern or eating habits are changing day by day which is resulted into several health related issues. They have correct knowledge of nutrition and about balanced diet.

4. Attitude towards Family Planning

Family planning is defined as having the freedom and responsibility of all the couples and the individuals to decide the number of children they desire and having knowledge, education and tools for this purpose. When the question asked regarding the sex determination of a child. Many of them have responded that it is purely depend on sperm of the father because of XY chromosomes present in father. Several women have explained that there is no such difference between girl child and boy child these days, but yet most of them prefer to say that the birth of a son is necessary for performing last rituals of life and for the continuance of the family.

5. Knowledge of Child Care

Child care refers to ‘adults taking responsibility for younger children and looking after them on a daily basis’. Many of the women do not have proper knowledge of infant nutrition and diet matters. When the questions asked regarding diseases among children, less numbers of women have proper awareness and knowledge about them and that’s why less number of women properly prevent and protect their children from several diseases.

V. CONCLUSION

The present study is aimed to find out the profile characteristics of working women and assess their understanding of health modernity. Findings are revealed that majority of women fall in young age group (21-30 years), are unmarried, and have post-graduation & above level of education. They live in nuclear family and earn more than 30,000 rupees per month. We have found that most of the working women have correct and scientific knowledge only of nutrition level and family planning dimensions of health modernity. In remaining dimensions, they have less correct knowledge which is a major issue of concern. Thus, this study shows that economic independency of women has less influence on their health modernity i.e. on correct and scientific knowledge of health matters. Therefore, there is need to provide correct and scientific knowledge in the field of health along with economic independency.

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