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# Modern social life and never-married women's health problems

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## ABSTRACT

This study explored the health problems of never-married women as they relate to modern social life. In-depth interviews were conducted with a purposive sample of 45 never-married women aged 30–50 working or living in Bangkok and having health problems. It was found that never-married women in this modern era have experienced a variety of illnesses, such as “office syndrome” symptoms, chronic illnesses, and psychological and psychosomatic symptoms. Their social life resulted from the response to the context of modernity and was made through careful thought and deliberation. Whichever choice of social life they make, the consequences may lead them to a state of illness, distress, anxiety, and paranoia. These choices involve work, living conditions/environments, and intimacy aspects of their modern social life. This is the result of procuring by “husky modernity” which seems to be merely a “husk” or superficial modernization and changes so rapidly, but there is no core and it is full of double standards of traditional and new norms that have mixed together and fight against each other. Supporting health-related knowledge and information exchange within the network coupled with experience sharing essential for living in the modern society will enable them to sensibly decide on a path to good health.

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## Introduction

This modern society should be called the “risk society” because of the unpredictability of the threats provoked by techno-industrial development and ecological crisis (Beck, 1994; Giddens, 1991; Jones, 2003a, 2003b). Moreover, drastic

changes in daily life over the past century are fueling the growing burden of chronic diseases, and may be central to the rising rates of depression (Hidaka, 2012). In addition, people in modern society report high levels of modern health worries, with higher levels being reported in females (Rief et al., 2012). Women, especially single women, as a group of the population can be affected by the context of modernity because they have

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a change in lifestyle in terms of opportunity, freedom, decision making, and other aspects. At the same time, they have to encounter risks to their lifestyle and self-identity which can result in health problems.

Empirical evidence in the literature on single women in early and later life shows that this group of women struggles with health problems, death, other severe injuries and accidents, and adjustment (Gardner & Oswald, 2004; Hokby, Reimers, & Laflamme, 2003; Manzoli, Villari, Pirone, & Boccia, 2007; Prior & Hayes, 2001; Shkolnikov et al., 2006). The causes of their health problems can be associated with the open global economy as a precious acquisition offers them opportunity, creativity, autonomy, and wealth that leads to forms of anxiety, rootlessness, stress, and strains (Giddens, 2002; Hutton & Giddens, 2001). Furthermore, their unique lifestyle in terms of the conflicting roles between family life and work (Cummins, 2005; Pavalko, Gong, & Long, 2007) may be particularly distressing for single women, especially young women, who are constantly encouraged to work on their self-identity and to make the right choice for their future (Wiklund, Bengs, Malmgren-Olsson, & Ohman, 2010).

Single women are not only troubled by the stressors of modernity, but also the stressors of their singleness (Reynolds & Wetherell, 2003). Their social world also includes awareness of the changing reality as they become older, a reminder that they are on a different (deviant) life path, and displacement in their families of origin (Sharp & Ganong, 2011). They are often faced with an economically disadvantageous position and have to negotiate their housing, transportation, and leisure activity decisions in an environmental landscape marred by their fears of assault from men (Chasteen, 1994). These conditions also make them face many other problems such as psychological illness, normal sadness, depressive pathologies, and a sense of disconnection (Handerson, 2012).

To better understand the impact of this modernity context on health, it is helpful to take a look at the case of the modern social life of never-married women in Bangkok, Thailand—a city central to the development of the country and becoming part of the modern world economic system with a high proportion of single women (Jones, 2003a, 2003b; Tan, 2010). This study explored never-married women's health problems, which resulted from their social life. This relation is clearly linked to their response to the context of modernity.

### **Theoretical perspective on studying modernity in recent times**

This study tries to apply Anthony Giddens' perspective on "Modernity and self-identity" as a guideline to explain the health problems of never-married women which have resulted from their response to the context of modernity in Thai society. Giddens (1991) attempted to point out the characteristics of today's society as a stage of late modernity or high modernity and emphasized the people living in such a period as a reflexive agency who can liberate themselves from the control of the social structure that has been influential in traditional society in order to have or choose their lifestyle and identity; this process is called "the self-reflexivity process" (Giddens, 1990). However, modernity in this era can,

at the same time, create new forms of conflict, risks, and problems of righteousness.

There are three processes to build the dynamism of modernity: 1) *separation of time and space*: time and space with respect to the social life of an individual are separated, but at times are brought together through new forms of communication and transportation. The consequence is the emergence of a new pattern of social interaction; 2) *disembedding of social system*: the modern lifestyle requires us to experience interaction with strangers through an abstract system. There are two patterns: first, a symbolic token such as a money exchange system and credit system; second, an expert system which needs to rely on credible experts. These two components rely on "trust"—not trust in the individual, but trust in the ability of those abstract systems; 3) *institutional reflexivity*: reflexivity occurs at the individual and institutional levels. Knowledge dissemination on what is right or wrong and the limitations of the expert system lead to the emergence of awareness and consideration of the expert system. This process will eventually change the institutions relevant to those expert systems.

According to self-identity, Giddens (1991) stated that individuals have to analyze and assess surrounding phenomena—actions, thought, being, or speech. However, there is an occurrence of dilemma of self; on one side, self seems to have more freedom and clear targets, and high value, while on the other side, it seems to be less in control, vague, and degraded.

In the current study, such concepts are used as a guideline to describe the structure of modern society influencing many aspects of never-married women's lives in this era, while self-reflexivity is a key factor that causes never-married women living in similar life contexts to have different lifestyles or impacts conducive to building self-identity which is an individual characteristic, and finally, leads to their health problems.

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## **Methodology**

This qualitative study mainly employed the case study method through in-depth interviews used in conjunction with non-participant observation to explore the health problems of never-married women and to note their social life patterns in work, living conditions/environments, and intimacy aspects.

The sample was selected from women who identified themselves as having never been married, aged between 30 and 50 years, and working or living in Bangkok. They were at the time having health problems or illnesses, which refer to physical and mental disorders and discomfort. The Bangkok metropolitan area was selected for the case study because people in Bangkok experience a distinctive pattern of interaction, which is different from that in other areas of the country. Social relations of the people living here are developed through different channels and formats of interaction, thus leading to opportunities, but at the same time being filled with risks in terms of insecurity and occupational risks.

The respondents were selected purposively. The preliminary step was conducted by completing a questionnaire survey on the World Wide Web sent via e-mail to selected primary samples to collect general information, such as

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