International Journal of Community Medicine and Public Health
Rathi G et al. Int J Community Med Public Health. 2025 Sep;12(9):4126-4130
http://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040

DOI: https://dx.doi.org/10.18203/2394-6040.ijcmph20252862

Original Research Article

Health modernity: a study of women's knowledge in different domains of health

Garima Rathi*, Sumit Kumar

Department of Sociology, Chaudhary Charan Singh University, Meerut, Uttar Pradesh, India

Received: 07 July 2025
Revised: 12 August 2025
Accepted: 14 August 2025

***Correspondence:**
Dr. Garima Rathi,
E-mail: rathigarima2000@gmail.com

ABSTRACT

Background: Scientific understanding and accurate knowledge of etiology, cure, and prevention of diseases and maintenance of health is precisely known as 'health modernity'. This research piece examined the health modernity of women, focusing on the knowledge of women about different domains of healthcare.
Methods: The present study was conducted among women in Meerut city of Uttar Pradesh state in India. This descriptive study was carried out among 67 women of age-group 21-30 years. Data for the study was collected through in-depth face to face interview method with the help of self-structured interview schedule tool. The collected data were analyzed using appropriate statistical techniques and Microsoft Excel 2010.
Results: The results of this study showed that while knowledge about nutrition and family planning was relatively good among women, but in other domains of health modernity, maximum numbers of them had average knowledge. It was found that only in two domains (family planning and nutrition) majority of the studied women exhibited health modernity.
Conclusions: These findings provide insight into the scientific knowledge of health and its domains in the context of urban women. Thus, this study underscores the need for women to prioritize healthcare initiatives, provide correct health modernity education, and improve the existing healthcare infrastructure to meet the diverse needs of the present era.

Keywords: Health, Health modernity, Meerut city, Scientific understanding, Women

INTRODUCTION

Health is man's natural condition; health is his birth right. It is the result of living in accordance with natural laws pertaining to the body, mind and environment. These laws relate to fresh air, sunlight, diet, exercise, rest and relaxation, sleep, cleanliness, right attitude of mind, good habits and above all lifestyles.[1] In other words, good health is a prerequisite for the adequate functioning of any individual or society. If our health is sound, we can engage in numerous types of activities.[2,3]

Health is the core of modernity and development. Since the concept of modernity is concerned with development which in turn is concerned with the well-being of common man which decisively depends on health.[4] Health plays a crucial role in the overall development of human-beings, therefore the scientific and accurate knowledge of the causes, treatment and prevention of diseases and the maintenance of health becomes necessary. Thus, the scientific study of health and its different domains is called 'health modernity'.[5] Singh and his colleagues from department of psychology at Ranchi University had introduced the concept of health modernity as an extensible form of modernity. He defined it in the following terms as 'the scientifically correct knowledge of, attitudes to and practices in relation to different domains of health which include physical health, mental health, reproductive health, nutrition and diet,

child care, family planning and such other issues which are necessary and pre-requisite for the overall development of human-beings'.[17] To measure health modernity, Singh and his colleagues developed a scale which is known as 'health modernity scale'. A person with health modernity has scientific and rational attitudes to and knowledge of health and diseases which are also reflected in his/her behaviour and environmental conditions.[18]

Thus, the current study was carried out with the objective of knowing the socio-demographic details and assessing the health modernity among women. In the present study, the health modernity among women was measured through a health modernity scale which consisted of five domains of health and each domain had five items. Different domains of health modernity with their items are described as follows:

Physical health

Attitudes towards physical exercise, physical activity, physical ill health, physically good health, and correct body care.

Reproductive health

Knowledge of menstruation, menstrual hygiene, reproductive trait infections, pregnancy, and postnatal care.

Nutrition

Methods of cooking food, timing for taking food, frequency of food intake, patterns of food consumption, and food hygiene.

Family planning

Basics of family planning, contraceptive methods, contraception and healthcare, use of contraception for, knowledge of child sex determination.

Child Health

Breast feeding practices, diseases among children, hygiene practices, child nutrition, immunization.

METHODS

Study setting

The study was conducted in Meerut city of Uttar Pradesh state, India.

Sample and sampling method

This descriptive study was carried out among 67 women of age-group 21-30 years from period of October 2023 to December 2023. The inclusion criteria of the respondents were that woman should be 21-30 years of age and must have been living in Meerut city. Purposive non-probability sampling technique was used for the selection of respondents.

Data collection

Data for this study was collected through in-depth face to face interview method with the help of self-structured interview schedule tool. It had two parts. Part A consisted of socio-demographic details of the respondents and part B contained questions regarding health modernity. Health modernity questionnaire was used to collect knowledge of women regarding different domains which had twenty-five multiple choice questions. The knowledge levels were categorized as good (score≥20), average (15<score<20), and poor (score≤15). Each item was assessed on a scale of five-points i.e. strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree.

Data analysis

The collected data were analyzed using appropriate statistical techniques and Microsoft Excel 2010. Descriptive statistics were calculated to summarize socio-demographics and other key variables. The data were presented in suitable tables and figures.

RESULTS

The present study was conducted to know the socio-demographic details and to assess the health modernity level among women. The findings of this study are described in the following ways:

Part A: socio-demographic details of women

Table 1 indicates the socio-demographic information of women. More than two-third (67.16%) of the women were in age-group of 21-25 years. Most (82.09%) among them were unmarried and more than half (58.21%) of them were post-graduated. About 68.66% of the studied women were unemployed. More than half (58.21%) of them had a family income of more than 3,60,000 Indian rupees per annum. Around 61.19% of the respondents lived in nuclear type of family.

Part B: health modernity of women

Table 2 shows the knowledge level of women regarding health modernity domains. On physical health domain, most (61.19%) of the women had average knowledge and 22.39% of them exhibited good level of knowledge and 16.42% of the studied women had poor knowledge level.

On the domain of reproductive health, more than two-third (67.16%) of the study participants had average knowledge, followed by 20.90% with good knowledge

and 11.94% of them had poor knowledge in this domain. Majority (76.12%) of the women had good knowledge of nutrition and 17.91% of them were with average level, while 5.97% of the participants had poor knowledge of nutrition. In family planning domain of health modernity, more than half (50.75%) of women had good knowledge, more than one-third (35.82%) women had average knowledge, and 13.43% of them were with poor knowledge of family planning methods. More than half (55.22%) of the studied women had average knowledge of child health, while more than one-third (38.81%) had good knowledge and 5.97% had poor knowledge in the domain of child health (Table 2).

Table 1: Socio-demographic details of the studied women (n=67).

Socio-demographic variables	Frequency (%)
Age (in years)	
21-25	45 (67.16)
26-30	22 (32.84)
Marital status	
Unmarried	55 (82.09)
Married	12 (17.91)
Education status	
Under-graduation	19 (28.36)
Post-graduation	39 (58.21)
Doctoral degree	09 (13.43)
Employment status	
Unemployed	46 (68.66)
Employed	21 (31.34)
Family income (p.a.)	
Up to 1,20,000	11 (16.42)
1,20,001-3,60,000	17 (25.37)
Above 3,60,000	39 (58.21)
Type of family	
Nuclear	41 (61.19)
Joint	26 (38.81)

Table 2: Knowledge level of women regarding different domains of health modernity (n=67).

Domains	No. of items	Max. score	Poor (%)	Average N (%)	Good N (%)
Physical health	5	25	11 (16.42)	41 (61.19)	15 (22.39)
Reproductive health	5	25	08 (11.94)	45 (67.16)	14 (20.90)
Nutrition	5	25	04 (05.97)	12 (17.91)	51 (76.12)
Family planning	5	25	09 (13.43)	24 (35.82)	34 (50.75)
Child health	5	25	04 (05.97)	37 (55.22)	26 (38.81)

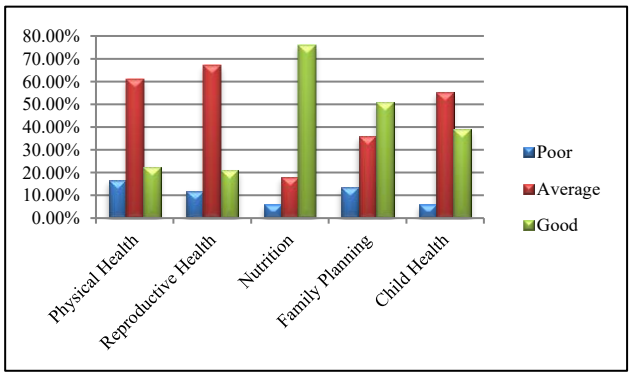

Figure 1: Levels of knowledge among women regarding different domains of health modernity (n=67).

Figure 1 presents the knowledge level of women regarding different domains of health modernity. It seems clear from the figure that majority of women had good knowledge about nutrition, whereas very less numbers of women had good knowledge in reproductive health domain of health modernity.

DISCUSSION

This was the study to assess the health modernity level among women in Meerut city of Uttar Pradesh state. In the present study, we found that only 22.39% of the participated women had good knowledge level in the domain of physical health. Similar findings were shown in a study by Jalihal et al which reported that only

20.83% of the respondents had the high level of awareness on exercise and physical activities.[6] While a study of Modi and Patel the results revealed that 85.75% of the studied women had awareness about the role of physical activity.[12]

In this study, only 20.90% of the women had good knowledge about reproductive health. Similarly, in a study by Jose et al. showed that only 19% of the studied women had adequate knowledge on reproductive health.[7] In another study conducted by Zalewska et al awareness of women on reproductive health was poor.[19] In our study, we found that majority 76.12% of studied women had good knowledge in the domain of nutrition. However, in the study of Parvati et al, the findings revealed that in all age-groups women had lack of knowledge in nutrition arena which was resulted into inadequate dietary intake among them.[13] In another study conducted by Krishna and Dhas, it was reported that majority of the women participants had unhealthy dietary pattern, but after providing nutrition related education, they showed increase in scores for knowledge and attitude towards nutrition.[10]

In the present study, more than half (50.75%) of the study participants had good knowledge of family planning. In a previous study by Goel et al in western India, the results showed that only 2.4% of the women had good level of knowledge regarding family planning methods.[4] Sah et al found that majority (83.5%) of married women had good knowledge and favourable attitude towards family planning.[16] Prachi et al showed that 98% of the study participants had knowledge about family planning.[15] In another study by Koroma et al, all the participants knew about family planning but 95% of them had a positive attitude towards contraceptives.[9]

In the present data, slightly more than one-third (38.81%) of the women had good knowledge level about child health. This is corroborated with a study of Jaiswal et al. in Uttar Pradesh, which reported that 57.36% of the study participants had antenatal care awareness.[5] In another study by Mani et al found that all the women in study had poor knowledge regarding pregnancy and child care.[11] While Patil and Patil in Karnataka showed that none of the respondents had good knowledge regarding child care.[14] However, Ganiga and Shetty revealed in their study in Mangalore (Karnataka) that majority of the respondents had good awareness about self and new born care.[3]

The limitations of this study are that it was restricted only to women in the selected part of Meerut city and carried out in one part of population.

CONCLUSION

This study highlighted the health modernity among women in terms of different domains of health. While knowledge about nutrition and family planning is relatively good among women, but in other domains of health modernity, maximum numbers of them have average knowledge. Thus, we can say that the studied women have health modernity only in two domains (family planning and nutrition). It is evident from the current study that there is need to explore the various barriers which hinder the scientific understanding of health. Hence, there is a need to organize structured awareness programs near the location of women, provide education on health modernity at school and college level, and improve the knowledge of women in various areas of health.

ACKNOWLEDGEMENTS

We would like to express our sincere gratitude to all study participants for their support throughout the study and being part of this study.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Akram M. Sociology of Health. Jaipur: Rawat Publications; 2014.
2. Cockerham WC. Medical Sociology. 7th edn. New Jersey: Prentice Hall; 1998.
3. Ganiga P, Shetty SS. A prospective study on awareness of postnatal mothers regarding self and new born care in a tertiary care centre in Mangalore, Karnataka. Int J Reprod Contracept Obstet Gynecol. 2021;10(1):239-44.
4. Goel P, Nebhinani M, Rani R. Knowledge and barriers towards use of family planning methods among women: a study from western India. Int J Community Med Public Health. 2020;7(11):4385-91.
5. Jaiswal S, Shankar R, Jaiswal SK. Antenatal care awareness among rural pregnant women of Uttar Pradesh, India: a community-based study. Int J Reprod Contracept Obstet Gynecol. 2022;11(7):1877-85.
6. Jalihal SC, Prasuna M, Reddy RG, Supraja T. A study on awareness level of rural women regarding health aspects in Telangana state. Pharma Innov J. 2021;10(9):272-5.
7. Jose MJ, Fathima FN, Joseph ST, Fernandez AC, Siangshai S, Vadakkan N, et al. Knowledge regarding reproductive health among women of reproductive age group in three sub-centre areas of a primary health center, Sarjapur, Bengaluru, Karnataka: a cross-sectional study. Int J Community Med Public Health. 2019;6(9):4082-7.
8. Kenchappanavar RN. Health modernity and educational intervention. Dharwad: Karnataka University; 1997.

9. Koroma AH, Fofanah EY, Osborne A, Williams SMT, Bangura C, Musa JA, et al. Assessment of knowledge, attitude and practice on family planning among women of reproductive age at hospital and clinic centers in the rural Western Sierra Leone. Afr J Reprod Health. 2022;26(6):15-21.
10. Krishna KUP, Dhas ES. A study on dietary habits of women faculty and impact of nutrition education. Int J Clin Biochem Res. 2022;9(1):79-85.
11. Mani MR, Johnson AR, Joseph J, Jyothis S, Joseph L, Cleetus RP, et al. Knowledge regarding pregnancy and child care among mothers in possession of mother and child protection card in a rural maternity hospital in Karnataka. J Med Sci Health. 2020;6(2):36-42.
12. Modi MR, Patel AM. Awareness among women regarding musculoskeletal disorders and role of physical activity. Int J Health Sci Res. 2022;12(3):212-7.
13. Parvati, Saroj S, Tiwari S, Gupta K. A study on health and nutritional problems of women in rural community. Int J Sci Develop Res. 2022;7(4):74-7.
14. Patil M, Patil S. Maternal health and child care knowledge among farm women and associated factors. Int J Adv Res Ideas Innov Tech. 2022;8(1):208-12.
15. Prachi R, Das GS, Ankur B, Shipra J, Binita K. A study on knowledge, attitude and practice of family planning among the women of reproductive age group in Sikkim. J Obstet Gynecol India. 2008;58(1):63-7.
16. Sah RB, Shah U, Jha N. Study on knowledge, attitude and practice of family planning among married women in the Rangeli municipality of Morang district, Nepal. Int J Innov Res Med Sci. 2018;3(4):1958-65.
17. Singh AK. Health modernity and its correlates in South Bihar. ICMR Report. Ranchi: Department of Psychology, Ranchi University, Ranchi; 1984.
18. Singh AK. Health Modernity: Concept and Correlates. In: Dalal AK, Mishra G, eds. New Directions in Health Psychology. New Delhi: SAGE Publications; 2011:357-388.
19. Zalewska O, Wszolek K, Piet M, Wilczak M, Wierzchowska KC. Women's awareness of reproductive health. Medicina. 2024;60(158).

Cite this article as: Rathi G, Kumar S. Health modernity: a study of women's knowledge in different domains of health. Int J Community Med Public Health 2025;12:4126-30.