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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.

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

health condition, their job, and their willingness to participate in the study. The e-mail list was derived from the snowball technique by asking through work networks. In total, 139 *never-married women* participated via this step of selection. Second, telephone screening and pilot interviews were used to obtain detailed information on the prospective sample members and then to select the participants according to the sampling criteria and their willingness to participate in the research. In total, 45 *never-married women* were selected for this study.

The data collection, using in-depth interviews and non-participant observation, was undertaken over approximately eight months from February to September, 2012. All participants received both written and oral information about the research project prior to giving their consent for participation. Qualitative content analysis was carried out in this study. The data obtained from the interviews and observations were grouped and categorized to understand the patterns and were summarized as key points. The data were interpreted carefully from the viewpoint and meaning of the participants, not from the standpoint of the researcher or from a strict theoretical framework.

Results

All the never-married women in this study had completed at least a Bachelor's degree. They were involved in both the private and public sectors, and were self-employed in various fields such as banking and finance, education, research, agriculture, transportation, communications, tourism, insurance, medicine and public health, and fashion. Some never-married respondents were the head of the family and provided financial support to the family and were working both at the office and also taking the main responsibility at home.

Never-married women in this study have experienced a variety of illnesses. Many experienced more than one type of abnormality, and at present, still experience some. The development of information and communication technology (ICT) is an important variable that affects health phenomena in the form of the spread of new types of diseases and illnesses developed by the same behavior patterns in modern societies across the world, such as "office syndrome" symptoms, irritable bowel syndrome (IBS), (living with) chronic illnesses, and the impact on mental health in the form of psychological and psychosomatic symptoms. Whichever lifestyle choice they face, the consequences may lead them to a state of distress. These lifestyles are expressed in working lifestyle, general living conditions, and in the intimacy aspects of their social life.

Working lifestyle and never-married women's health

Work patterns of never-married women in this study are likely to involve some hard work, which is brought home to be completed. Since most of it is high-tech related work that is not fixed within the workplace or during working hours, it clearly involves not only a greater workload and longer working hours but also more competition at the organizational level. Owing to information diffusion, more pressure

and high expectations are placed on staff at the operational level. Additionally, unclear job descriptions result in an unclear workload, thus resulting in more responsibilities being assigned to never-married women other than the work designated by the job position. The human resources development system still has limitations in terms of promotion in which educational qualifications or degrees are taken into account, and/or the remuneration provided is inconsistent with the workload. They must also work under management and control mechanisms.

Both the modern working system and culture such as the patronage system, master-servant system, and seniority system are not only rooted in Thai society but also influence a Thai's working life. The other limitation never-married women in this study have to face is to work under a monitoring and quality assurance system. Its direct impact includes a greater workload, more work procedures, longer working hours, and interdepartmental relationships.

Moreover, never-married women's work in this study is undertaken within a risk environment. They are at risk of unsteady income and jobs, and risks from either an accident or any unexpected danger by any mode of travel. The instability of income/job, welfare, job position, especially when they are getting older, gives them feelings of anxiety and the risk of career change. These working conditions directly push them to work hard and undergo intense stress and this then affects their physical health, by way of office syndrome symptoms and chronic diseases, and mental health in the form of psychological symptoms and psychosomatic symptoms. These kinds of illness were also found in never-married women in the categories aged 30-40 and 41-50 years.

General living style and never-married women's health

Modern society affects changes in never-married women's way of life in terms of family patterns. In this study, never-married women who live with a companion as a family are likely to separate themselves from their immediate family. Increased privacy and individuality result in more time spent on oneself. They guard their own privacy and feel less the influence of others on them. However, their pattern of living is still influenced by the traditional values or beliefs in Thai society, especially the value placed on wealth and social stratification which push them into the same lifestyle traps.

Each system affects their lives and stability in life such as the credit and loan system. In reality, easy access to these systems also means being more easily in debt. Some of them have to live their lives with a burden of long-term debt because of buying goods in installments. The saving system for stability in life today is still a type of risk system, because it is one type of profit-seeking investment. The more benefit you expect, the higher risk you take; however, many never-married women in this study were willing to trade for those risks. Many are patiently saving by cutting down on expenses in order to save some money for such investments. Due to today's transportation system, they are constrained to buy their own vehicle and to undertake more financial burden in exchange for their safety. Moreover, life with a dependency on

technology in modern society not only makes never-married women become a target group of technology users who spend their time on personal and social affairs depending more on technology but also changes interaction patterns. As a result, life equipped with the convenience provided by technology is more likely to make them ill. Illness associated with the neck, back, arms, and eyes are examples of the impact from using technology, especially computers and smart phones, to achieve multitasking.

Living in a metropolitan society, never-married women have to face multiple risks, both in the context of modernity and their single status. The risk referred to as stranger danger is in the form of either face-to-face interaction or by phone, and getting to know someone of the opposite sex. In this study, most never-married women were living with members of their family of orientation or relatives, while some of them rented or had bought a place and were living alone. Thus, they are at risk of not only choosing their housing which seems to have lots of limitations in terms of suitability and safety but also of being responsible for household management when there are no male family members in the household. They are most afraid of being raped or being a victim of crime and have to live with this fear merely because they are “women” who are considered the weaker gender and can easily be taken advantage of. As a result, they are under stress and pressure. Additionally, living among strangers in modern society creates anxieties, stress, paranoia, and the potential to become an assault victim.

Intimacy lifestyle and never-married women's health

Never-married women in this study have low pressure and expectations for marriage as well, making never-married women with considerable self-confidence stay single or sometimes “need” to be single, as there is no better choice to make them change to a new status. However, the open and clear boundary or space for individuality of never-married women enables many of them to reserve privacy for themselves and try not to have anyone intrude on their private lives. Consequently, they hesitate to build intimate relationships with anyone because they are uncertain of themselves and whether they can sacrifice or decrease their “me time” for their spouse.

However, they are confined to traditional rules/norms and, at the same time, are controlled/monitored or guided by new norms that try to change their way of thinking and life perspective. Roles of education and rearing practices of their families make some never-married women fight against family ideologies. Some choose to follow, but some choose to reject in the belief that their lives belong to themselves and they have to live with what they themselves choose. Consequently, never-married women in this study embrace a new ideology of their way of life which is a byproduct of ideology of capitalism—seeking wealth for stability in life by depending on money in lieu of men.

Moreover, a decision to have an intimate relationship with someone is full of risk and uncertainty which can occur in every relationship stage. The anxieties and uncertainties in having an intimate relationship occur not only in their partner but also in themselves in changing themselves for others and

in the fear of the unbearable feeling of losing the relationship in the future, thus making them hesitant, anxious, and unconfident to begin the relationship. Meanwhile, a romantic relationship between never-married women and their partner does not make them feel stability in life and also makes them lose an opportunity to meet and date with someone who will be a good mate in the future. Moreover, marriage does not guarantee happy couples or having someone by your side with each member of the couple caring for the other for life, so many never-married women are anxious or uncertain about their choice of marriage. Simultaneously, they are worried about how their future life would be if they stayed single and whether they will have enough courage to tackle the situation at that time, whereas never-married women who decide to cohabit with their lover (before marriage) are worried about the big, unpredictable change in their lives and increased burden they have to shoulder including the risk of starting a family.

As a result, never-married women who said they were absolutely single and did not care at all about marriage are likely to be hesitant, anxious, and distressed to form an intimate relationship with someone. On the other hand, never-married women who are not ready to be single and try to maintain a relationship with their lover, also experience illness because of stress and anxieties about married life, life changes after marriage, and pressure for adaptation to the partner, which affect their mental and physical health.

Discussion

There are many key issues that should be discussed from various aspects in this study, including the influence of modernity on social life context, the response of never-married women to the modernity context, and the specific modernity context in Thai society.

Influence of modernity on social life context

One important key to driving modernity today is information and communication technology (ICT) which influences every lifestyle context of the people in society—work, travel, housing, and recreation, among others. ICT has created the state of transcendence of time and space, or time-space distantiation, as it was called by Giddens, because activities by humans are not fixed by time and space any more, but can be performed by connecting through ICT at any time and in any place (Giddens, 1990). This condition impacts on never-married women's health problems because it creates longer periods of sedentary activities. Due to the disproportionate amount of time allocation, never-married women have developed a behavioral pattern of doing several activities at the same time, such as working as well as chatting with friends via a social network, working while eating, working while traveling, or using technology for relaxation. Eventually, the behavioral pattern developed in the same manner across the world, in turn, causes the same illness pattern. One obvious example is “office syndrome” symptoms. Almost every single woman used to experience this kind of illness; varying levels of illness depended on lifestyle, and awareness of and responses to

illness. In addition, such behavior is likely to lead to other chronic diseases which occur among people of a working age, such as gastritis, gastroesophageal reflux disease (GERD), cystitis, or irritable bowel syndrome (IBS), mainly caused by lifestyle habits depending on ICT.

Moreover, regarding risk and uncertainty in modern society, society in this era is a society full of opportunities as well as different types of risks. Life in a big city like Bangkok provides a kind of opening up of opportunities for never-married women. Since every single woman has to unavoidably live her life in risky surroundings all the time in all areas, whether in public places or even in a private zone like her own home and residence, she tries to manage risks in the most careful manner. This is the sense of a risk society that Beck (1994) considered.

Role of self-reflexivity

In this recent society, a person or group of people have more opportunity to increase their self-consciousness and can be a critic of both themselves and the society around them. People can liberate themselves from the control of the social structure that has been influential in traditional society in order to have or to choose their lifestyle and identity. For Giddens, this process is called “the self-reflexivity process” (Giddens, 1990, 1991).

In this study, the self-reflexivity process plays an important role because, without this function, the social structure of modernity cannot be the single determinant of a never-married women's health status or social lifestyle. Modernity creates conditions, whereas self-reflexivity monitors and responds to conditions. The response patterns are the real factors determining health problem(s) and social life which are made through careful thought and deliberation. The self-reflexivity process in the context of modernity will create their identities through their social lifestyle. This group of never-married women has specific identities in various aspects under each aspect of social life reflecting their choice of social life and links to their health and illness experience. This supports the fact that people in modern society have high concerns and anxiety about aspects of modernity affecting their health called, by Rief et al. (2012), modern health worries. In this sense, self-identity also plays an important role contributing to the stressors of modernity in the same way as the stressors do, as explained in the study of Wiklund et al. (2010).

Specific modernity context in Thai society

The difference in the social context between the phenomena happening in society that Giddens mentioned and the context of Thai society may be considered. The application of Giddens' concept framed under a different socio-cultural context affects a different explanation of the phenomena. One of the key issues is that Giddens views late modern society as a society in which people are relatively free from traditional institutions that used to be a strict framework for leading people's lives in the society. People in modern society seem to be forced to make their own lifestyle choices by trying to build or discover their self-identity, but at the same time, are under the control

of an abstract system or expert system instead. The same case occurs in Thai society; individuals are under new norms in the form of an abstract system or expert system which they are not forced to follow, but are willing to follow within the framework of an abstract system or expert system because of trust. It may not be trust in such systems at the individual level, but at the level of the social group having an influence on such an individual.

The findings show that never-married women, in many cases, do not trust or are dissatisfied with those systems, but they cannot avoid them. Even though they have a reaction against the systems, they cannot refuse to follow since the systems are defined and trusted by authoritative personnel, as clearly can be seen in the case of the monitoring and quality assurance system that has been implemented within organizations. Evidence-based information reveals that only a few are satisfied with and trust such a system, but they have insufficient authority to transform the system because power relationships in Thai society provide never-married women with little opportunity for bargaining power and system transformation. Life under the influence of an abstract/expert system may not be based on trust. In practice, individuals in Thai society are not yet free from the hold of traditional institutions.

As a result, never-married women in Thai society do not have full freedom or cannot form self-identity as they wish, as can be clearly seen in the case of building intimate relationships in which a never-married women's decision making is shaped by traditional family ideologies or influence, thus resulting in a hard time spent fighting with their own ideology instilled by the modern educational system which focuses on making individuals struggle, be responsible for their own lives, and achieve success in life, whereas according to traditional family ideology, males and females are made for each other and should be together to make a perfect match.

Consequently, never-married women have a difficult time in making a decision on such matters. Besides the issue concerning relationships, the role of traditional institutions also overlaps with the modern system in the work context; for example, the master–servant relationship which assigns never-married women to be under the control of a new form of management system, together with a deeply embedded patronage system in Thai society, is difficult to transform.

Another obvious example is the variety of management systems implemented to increase organizational effectiveness and efficiency. From the never-married women's viewpoint, these systems lead to an increased workload, longer working hours, increased stress, and pressure at work. These systems seem to be much more beneficial at the organizational level than at the individual level. In reality, they are monitoring tools used to ensure that the employee's work fulfills the most worthwhile mission of the organization. It is therefore not surprising that many never-married women are distressed to work under a monitoring and quality assurance system from which they do not think they can reap real benefits. This is a reflection of the power relations in Thai society where power is still central to people who have a high social status.

Conclusion and Recommendations

The study findings have shown that never-married women's health problems not only are clearly linked to their lifestyle but also result from a lifestyle under the influence of modernity. However, modernity does not directly impact on never-married women's health, but rather does so indirectly through the response or the self-reflexivity process of never-married women toward modernity. Their social life resulting from the response to the context of modernity is polarized into two paths. On one side, they feel strong and do not care about society, are mindful to work, enterprising, and do not need marriage. At the same time, they also feel weak, sensitive to and care about surrounding people, suffer from work, are hesitant, and need to be married. Whichever choice of social life they face, the consequences may lead them to a state of illness, distress, anxiety, paranoia and risk. These choices must be faced within the work, living conditions/environments, and intimacy aspects of their modern social life.

From the work aspect, the characteristics of work in modern society focus on competition to increase productivity and health in single women is correlated with their risk of losing an opportunity to meet performance indicators which causes never-married women to suffer from illness. For some never-married women, work is a main source of income, stability in life, and provides assets for them to survive in a society in which they must largely rely on themselves and support their family members. So, this group of women has to work in haste or under pressure to fit into a timeline and under a strict monitoring system, which results in working hard and undergoing intense stress until they are ill. Although many never-married women are unhappy with their work, they do not want to be unemployed or at risk by having to look for a new job. Meanwhile, work for another group of them means honor, success, and proof of value of life; therefore, they place importance mainly on working to achieve the target and the accomplishment of work. So, for this group of women, the main cause of tension in working results from concentration to attain a goal and the intention to produce their best work; finally, they must exchange this achievement for a negative impact on their health.

In general, life in modern society requires self-reliance, self-control, and self-management which cause illness in never-married women. Never-married women who can make their life easy, experience illness because their lives in modern society in the context of independence and high privacy give them the feeling of freedom as well as loneliness and the fear of the danger that may occur. Moreover, life equipped with convenience provided by technology is more likely to make them ill since they cannot separate their personal life/space from other aspects of their lives, thus having less time for relaxation. Another group of women who said life is difficult have to live under stress and pressure since their increased self-reliance makes many of them take on added burdens as the head of the family whose burdens may be somewhat more than looking after themselves because of the relocation of married family members in the household. Their health problems result from the increased

burden of responsibility in taking care of themselves together with their family members and decreased time in self-care and relaxation.

Moreover, intimate relationship patterns in modern society focusing on life satisfaction without the intention of entering into a committed relationship and the feeling of instability can cause anxiety and grief in the relationship for never-married women both through having a mate/partner and not having a mate/partner and are conducive to illness. Never-married women who either decide or expect to remain single or select a marriage partner have anxieties and health impacts due to their relationship status.

Apart from the development and improvement of systems that are beneficial to never-married women's health and life, providing resources or supporting them with resources is equally important because resources play a key role in demonstrating the ability to respond to the systems. The greatest opportunity for supporting never-married women in resources is to provide information and create networks beneficial to their health and life. The large amount of health information is scattered, and its reliability cannot be guaranteed. Therefore, building an information society specifically for never-married women or creating a single women's network in various areas for information exchange and experience sharing essential for living in a risk society is an interesting channel/option. Since never-married women must be self-reliant, information or networks linking to good living is an alternative to dependency for them.

Conflict of interest

No conflict of interest.

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REFERENCES

- Beck, U. (1994). The reinvention of politics: Towards a theory of reflexive modernization. In U. Beck, A. Giddens, & S. Lash (Eds.), *Reflexive modernization: Politics, tradition and aesthetics in the modern social order*. Stanford, CA: Stanford University Press.
- Chasteen, A. L. (1994). "The world around me": The environment and single women. *Sex Roles*, 31, 309–328.
- Cummins, H. A. (2005). Mommy tracking single women in academia when they are not mommies. *Women's Studies International Forum*, 28, 222–231.
- Gardner, J., & Oswald, A. (2004). How is mortality affected by money, marriage, and stress? *Journal of Health Economics*, 23, 1181–1207.
- Giddens, A. (1990). *The consequences of modernity*. Stanford, CA: Stanford University Press.

- Giddens, A. (1991). *Modernity and self-identity: Self and society in the late modern age*. Cambridge: Polity Press.
- Giddens, A. (2002). *Runaway world: How globalization is reshaping our lives*. London, UK: Profile Books.
- Handerson, G. (2012). Why the way we are living may be bad for our mental well-being, and what we might choose to do about it: Responding to a 21st century public health challenge. *Public Health*, 126, S11–S14.
- Hidaka, B. (2012). Depression as a disease of modernity: explanations for increasing prevalence. *Journal of Affective Disorders*, 140, 205–214.
- Hokby, A., Reimers, A., & Laflamme, L. (2003). Hip fractures among older people: Do marital status and type of residence matter? *Journal of the Royal Institute of Public Health*, 117, 196–201.
- Hutton, W., & Giddens, A. (2001). Fighting back. In W. Hutton, & A. Giddens (Eds.), *On the edge: Living with global capitalism*. London, UK: Vintage.
- Jones, G. W. (2003a). The flight from marriage in South-east and East Asia. In *Asian MetaCentre research paper series*, no. 11. Singapore: National University of Singapore.
- Jones, P. (2003b). *Introducing social theory*. Cambridge, UK: Polity Press.
- Manzoli, L., Villari, P., Pirone, G. M., & Boccia, A. (2007). Marital status and mortality in the elderly: A systematic review and meta-analysis. *Social Science & Medicine*, 64, 77–94.
- Pavalko, E. K., Gong, F., & Long, J. S. (2007). Women's work, cohort change, and health. *Journal of Health and Social Behavior*, 48, 352–368.
- Prior, P. M., & Hayes, B. C. (2001). Marital status and bed occupancy in health and social care facilities in the United Kingdom. *Public Health*, 115, 401–406.
- Reynolds, J., & Wetherell, M. (2003). The discursive climate of singleness: The consequences for women's negotiation of single identity. *Feminism & Psychology*, 13, 489–510.
- Rief, W., Glaesmer, H., Baehr, V., Broadbent, E., Brähler, E., & Petrie, K. J. (2012). The relationship of modern health worries to depression, symptom reporting and quality of life in general population survey. *Journal of Psychosomatic Research*, 72, 318–320.
- Sharp, E. A., & Ganong, L. (2011). "I'm a loser, I'm not married, let's just all look at me": Ever-single women's perceptions of their social environment. *Journal of Family Issues*, 32, 956–980.
- Shkolnikov, V. M., Jasilionis, D., Andreev, E. M., Jdanov, D. A., Stankuniene, V., & Ambrozaitiene, D. (2006). Linked versus unlinked estimates of mortality and length of life by education and marital status: Evidence from the first record linkage study in Lithuania. *Social Science & Medicine*, 64, 1392–1406.
- Tan, J. (2010). Social relationships in the modern age: Never-married women in Bangkok, Jakarta and Manila. *Journal of Comparative Family Studies*, 41(5), 749–765.
- Wiklund, M., Bengt, C., Malmgren-Olsson, E., & Ohman, A. (2010). Young women facing multiple and intersecting stressors of modernity, gender orders and youth. *Social Science & Medicine*, 71, 1567–1575.