



IMPACT OF MODERN LIFESTYLE ON WOMEN'S HEALTH

Swati kumari

Research Scholar, St. Joseph's University, Bangalore.

Abstract

Sociologists of health sectors have been constantly challenged the knowledge-based health promotion approaches that emphasize lifestyle change, their day to day activities on an individual note. Their actions on social determinants of health are more beneficial. These critiques have mainly focused on the issue of obesity. Although there is a growing body of research linking poverty, obesity, and poor health, few studies have focused on the challenges that vulnerable populations face in terms of health and lifestyle.

In this quantitative study, 15 in-depth interviews with young underprivileged women were conducted in order to monitor their attitudes towards health care by identifying socioeconomic variables that motivate them to pursue a health regimen and weight loss regimens. Using concepts of habitus, practical sense, and their choice of the selecting important factors for their health he created a novel approach to life.

Introduction

Despite progress in gender equality, health equity and women's health in the 25 years since the Beijing conference, global statistics continue to have a troubling sight. Over 800 women still die each day in pregnancy and child birth, most violence against women still occurs, affecting 1 in every 3 women globally, women in total persist for 70% of healthcare and social workers, but they are much less effective at work and are paid less than men, and depression is twice as prevalent among women as men. The Covid pandemic also affects women and girls, as it worsens existing inequalities and had limited the access to essential health care and support services.

Current health promotion initiatives were taken related to obesity which encouraged people to maintain a healthy lifestyle in order to reduce the chance of developing a variety of chronic illness associated with obesity, such as diabetes and high blood pressure. Such initiatives are based on the desire with responsibility of individual for one's health. Women has been facing a lot of criticism in the field of health inequalities, owing to its conception of human health and lifestyles because it stops the social structure and social inequalities as key determinants of well-being.

It has been into question traditional knowledge-based on their behaviour and their approaches to health care, instead need for more inclusive approaches that emphasize collective action on various social determinants of wellbeing. Although individual-based and structure-based approaches are based on distinct research areas that have been related to the biomedical and the social sciences of health, respectively, they have emerged.

Women's Lifestyle, It's Impact on Their Health and the Disease Risk Factors

The public health agency, in collaboration with the Canadian institute for health information, has recently published a paper highlighting the various aspects of the "obesity epidemic," including its prevalence, determinants, contributing factors, as well as its health and economic implications.



This study was followed by a slew of newspaper editorials and health bulletins around the world that discussed the health risks associated with obesity and issued cautions about the consequences of disregarding general health guidelines. These forums regularly publish mortality and morbidity statistics about the social and economic consequences of obesity in the workplace. These publications, public health bulletins, and accompanying newspaper editorials are part of a slew of obesity-related messages so broad that any adult female living in the world would be able to ignore the warning about the obesity epidemic or the common health recommendation for women at risk of overweight/obesity. Lifestyle disorders are linked to prolonged exposure to three modifiable lifestyle habits — smoking, unhealthy diet, and physical fitness — that result in the development of chronic diseases, such as heart disease, stroke, diabetes, obesity, chronic obstructive pulmonary disease, and some forms of cancer.

These illnesses used to be referred to as "western diseases" or "diseases of wealth" in industrialized countries; however, they are now classified as non-communicable and chronic diseases as part of the degenerative diseases group. Chronic disease can result in loss of independence, years of illness, or death, and can place a huge economic burden on health services. According to the world health organization (who), 61% of all deaths, 35 million, and 49% of the global disease burden were due to chronic diseases in 2005. By 2030, the number of global deaths due to chronic diseases is predicted to rise to 70%, while the global burden of disease will rise to 56%. The increase is expected to occur in india and other regions. In 2000, the world health assembly adopted a resolution on the prevention and control of chronic illnesses.

It encouraged its member states to develop national policy frameworks, taking into account sound public policies as well as fiscal and taxation strategies for healthy and unhealthy goods. The number of people who are sick in a region as a result of chronic illnesses; promote effective treatment; and develop recommendations for cost-effective screening, diagnosis, and treatment of chronic illnesses, with particular emphasis in developing countries.

Maintaining a healthy weight, exercising regularly, following a healthy diet, and not smoking are believed to have an effect on reducing the chance of developing the most common and deadly chronic diseases by up to 80%. This article further emphasizes the current public health recommendations for the maintenance of healthy lifestyle habits, and because the origins of these habits are often found in the early stages of life, it is especially important to start early in teaching important lessons about healthy living. Despite the well-known benefits of a healthy lifestyle, only a small number of adults follow such a pattern.

In fact, the numbers are decreasing. Unfortunately, there is no general awareness of the connection between fitness and lifestyle. Many people are unaware that a lifestyle shift is a significant contributor to the development of chronic diseases as causes of increased mortality and morbidity. Lifestyle is - generally considered a personal issue. Lifestyles are, however, social practices and ways of living adopted by individuals that reflect personal, social, and socioeconomic identities.

Reproductive health

The ovaries of a woman make the most of her estrogen before menopause, but fat tissue makes only a small amount of it. The most estrogen comes from fat tissue after menopause. Having more fat tissue after menopause can raise estrogen levels and reduce the chance of breast cancer. Overweight women also have higher blood insulin levels. Higher insulin levels have been attributed to certain diseases, including breast cancer. The association between weight and breast cancer risk isn't straightforward. For example, women who gained weight as an adult have a higher risk of breast cancer after



menopause. The risk of being overweight or obese before menopause is much lower for women. The reasons for this aren't exactly clear. On different forms of breast cancer, weight can have different effects.

For example, being overweight after menopause is associated with an increased risk of hormone receptor positive breast cancer. Evidence is growing that regular physical activity reduces breast cancer risk, especially in women past menopause. The main question is how much activity is needed. Regular physical fitness has been shown to reduce breast cancer risk, particularly in women post menopause, according to research. The key question is how much effort is required. According to some studies, even a few hours a week can be helpful, but more seems to be better. It's uncertain how physical fitness can reduce breast cancer risk, but it could be due to its effects on body mass, inflammation, and hormone levels. Adults should engage in 150 to 300 minutes of moderate to 75 to 150 minutes of vigorous exercise each week, according to the American Cancer Society. It is recommended to reach or exceed the upper limit of 300 minutes.

Consumption of Alcohol

Drinking alcohol use is clearly linked to an increased risk of breast cancer. The danger increases with the amount of alcohol consumed. Women who drink 1 alcoholic drink a day have a small (around 7% to 10%) risk increase than those who do not drink, while women who drink 2 to 3 drinks a day have a 20% increase. Alcohol is also linked to an increased risk of other forms of cancer. It is best not to drink alcohol. Women who drink should not drink more than 1 glass per day.

Ectopic fat deposits are more closely related to obesity-related health problems, such as type 2 diabetes mellitus, cardiovascular disease, hypothyroidism, arthritis, etc. Our study sought to determine the association of various risk factors in obesity development and the role of ectopic fat/visceral fat in predicting cardiovascular disease risk in various age groups among urban adult academic professionals in West Bengal. For anthropometric, blood biochemical, and question-based measurements, 650 females with the academic career in urban places were randomly selected.

The pandemic response has focused on women. Women account for 7 out of every ten health and care workers in many countries, but they account for only about one fourth of global health leadership roles, and they account for a significant amount of wage disparities. Equal pay is necessary and necessary, as is acknowledging unpaid health care work. It is also a significant step toward increasing the number of women in health and care leadership.

To increase the number of women health and care workers in leadership and decision-making roles, who has launched the gender equal health and care workforce initiative. It promotes equal pay and recognition of unpaid work, and it aims to help those who protect us by providing secure and decent working conditions, such as access to personal protective equipment, covid-19 vaccinations, and protection against sexual harassment and violence at work.

Health concerns and diseases

For decades, non-communicable diseases have been the leading cause of death among women, accounting for three out of every four deaths among women. In the coming decades, this burden is expected to rise dramatically, particularly in poorer nations. Non-communicable diseases must be managed and addressed in a way that addresses the specific needs of women and girls.



Conclusion

Physical fitness is a crucial predictor of diseases, health risk factors leading to deaths worldwide, but women and girls are generally less active than men and boys as a result of harmful gender stereotypes that limit both their mobility and equal participation in physical activities such as swimming, sports and many other such activities. Obesity in women, particularly during pregnancy, contributes to the health risks of their children and perpetuates health disparities across generations. To tackle the problem of non-communicable disease and other health related factors we need more time and investment in the health sector that affect women in general.

Women and girls are unable to access high quality health services and achieve the highest possible level of wellness because of

- gender gaps between men and women
- social norms that limit opportunities for study
- paid employment
- an exclusive focus on women's reproductive health
- real experience of physical, sexual, and emotional abuse.

Although poverty is a significant obstacle to positive health outcomes for women, poverty also place a greater strain on women wellbeing for example, inadequate feeding habits such as malnutrition and the use of unhealthy cooking fuels which risk health concerns.

References

1. <https://www.un.org/sustainabledevelopment/gender-equality/> 2018 May-June;
2. Pettiford B. Creating a Better State of Health for Women. *N C Med J*. 2016 Nov-Dec;77(6):385-387. Doi: 10.18043/nmc.77.6.385. PMID: 27864483.
3. Wigert H, Nilsson C, Dencker A, Begley C, Jangsten E, Sparud-Lundin C, Mollberg M, Patel H. Women's experiences of fear of childbirth: a metasynthesis of qualitative studies. *Int J Qual Stud Health Well-being*. 2020 Dec;15(1):1704484. doi: 10.1080/17482631.2019.1704484. PMID: 31858891; PMCID: PMC6968519.
4. Lawton J, Rankin D, Hartnell S, Lee T, Dover AR, Reynolds RM, Hovorka R, Murphy HR, Hart RI; AiDAPT Collaborative Group. Healthcare professionals' views about how pregnant women can benefit from using a closed-loop system: Qualitative study. *Diabet Med*. 2023 May;40(5):e15072. doi: 10.1111/dme.15072. Epub 2023 Mar 7. PMID: 36807582.
5. Ujhelyi Gomez K, Goodwin L, Chisholm A, Rose AK. Alcohol use during pregnancy and motherhood: Attitudes and experiences of pregnant women, mothers, and healthcare professionals. *PLoS One*. 2022 Dec 1;17(12):e0275609. doi: 10.1371/journal.pone.0275609. PMID: 36454984; PMCID: PMC9714863.
6. Hoga L, Rodolpho J, Gonçalves B, Quirino B. Women's experience of menopause: a systematic review of qualitative evidence. *JBIS Database System Rev Implement Rep*. 2015 Sep 16;13(8):250-337. doi: 10.11124/jbisrir-2015-1948. PMID: 26455946.