Original Article

The Role of Women's Employment on Family Social Health; Case Study –Tehran, Districts 1, 2, 19 & 20

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Abstract

Introduction: Increasing women's employment and economic activity increases social welfare, productivity and enhance the quality of life. The aim of this study was to investigate the role of women's employment and social health of families in Regions 1, 2, 19 and 20 in Tehran.

Materials & Methods: This study was descriptive and causal - comparative or retrospective**.** The sample was selected using a multistage cluster sampling and by helping formulation Cochran was 384. Standardized questionnaire (Keyes) was used to measure social health. For data analysis, descriptive statistical criteria (mean, median, mode and standard deviation) and inferential statistics such as (chi-square test, t, and analysis of variance) were used.

Results: Findings showed a significant positive relationship between women's employment and social health of the family.

There are significantly and positively relation between Component of social health (social acceptance, social adaptation, social prosperity) and women's employment.

There isn't relationship between Women's employment and social cohesion and social participation.

Conclusion: Woman employment affects family social health. Managers must have attention to woman employment in their strategic plan to creating healthy social.

Keywords: Women's employment, Family, Social Health

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Introduction

Social health is a concept that is taken into consideration about 40 years ago along with physical and mental health. Today with the change of patient oriented approach and appearance of health oriented approach, health is no longer an axis with disease, on one side and individual's health, on the other side. Rather, the concept of health includes a continuum that needs first and foremost to be actively created, fostered and maintained by individuals, groups, communities, the environment and the society. In a holistic view, it can also be said that the role of indicators and socioeconomic and cultural factors along with other factors are crucial [1].

Social health is a dimension of every body's welfare which specifies how each person communicates with other community members or compromises with them, how others react or deal with him/her, and how he/she interacts with social institutions, practices and group ethics. It can be defined in proportion of compliance and coordination of the individual with community, its social support and the method used to create routine roles in the community [2].

Social health is perhaps the most complex and yet, most controversial aspect of health. World Health Organization (1948) defines social health as one of the key component of health; however, due to lack of valid tools, this concept is still a topic of political and social debate. Using biological samples, health studies have focused more on private aspect of the health, while individuals are within social structures and relationships [3].

Women are one of the most important social groups affected by and affecting the quality of life. Because this large social group communicates effectively with community groups in the society, it also plays an active role in social progress and its sustainable development in addition to personal and family duties.

Failure to use the potential of women, in various cultural, social, economic and political fields, makes it impossible to achieve development [4].

The perspective of women's employment has changed in recent years. In the new perspective, women are not just recipients of aid; they are also producer and participant and, at the same time, enjoy facilities identified in the development process [5].

The increasing participation of women in recent years in the production and activity fields has caused changes in the social structure and organization. But attention to this new event and understanding how women adapt to existing conditions by playing different roles than men, is an inevitable necessity to which researchers should give ample attention. The ability or inability of women of our society to perform

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several different roles and the effect of performing several roles on the quality of family social health today is the subject matter of several researches conducted in this regard [6].

Given the increasing number of women's employment and its role and profound influence on family health, in this study, we attempt to achieve appropriate solutions in this connection by examining the relationship between women's employment and social health of family.

Materials & Methods

This is an applied research in terms of objective and descriptive retrospective or causal comparative in terms of data collection. The study sample was composed of a number of 3,000,850 households in the city of Tehran according to the general population and housing census in 2012. It includes every family which is living in Tehran and in which employed and unemployed women in 2012 are present. Stage cluster sampling method in regions and districts was used. According to census of Statistical Center of Iran performed in 2012, the population of families residing in Tehran was 3,000,850. Cochran formula was used to determine the sample size:

By putting the numbers in the formula, the number 384 comes up which is the sample size. But to ensure more, a total of 450 questionnaires were distributed. Of these, 423 questionnaires were completed and returned by the respondents, of which 23 were incomplete and excluded from the analysis. Thus, the final analysis of data began with 400 questionnaires. Among these questionnaires, 180 were related to families where mother (wife) was considered employed and 220 households in which mother (wife) were employed outside the home. Keynes standard questionnaire on social health was used to measure the dependent variable (social health). To determine the validity of this questionnaire, two content validity and formal methods were used. Cronbach's coefficient alpha was used to establish the reliability of the research tools while the Cronbach's alpha was 0.80. Analysis of the data collected in this study was performed using SPSS software. To describe the data, descriptive statistical indexes including mean, standard deviation and variance, and inferential statistical indexes including chi-square test, ANOVA and mean difference t-test were used.

Results

Results of the study showed that 230 respondents equivalent to 5.57% lived in districts 1 and 2 and 170 respondents equivalent to 42.5% resided in districts 19 and 20. 168 respondents were male and 228 were female which represent respectively 42.4% and 57% of respondents.

Also, 180 respondents, equivalent to 45%, were employed and 220 respondents,

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equivalent to 5%, were unemployed. 16% had low social health, 63% had average social health, and 20.5% had high social health. The total amount of social health in the population was below average.

The results of the statistical tests showed that social health was lower in families in which mothers had less education.

Also, t-test results showed that the difference of social health amount between families where mothers (wives) are employed and those in which the latter are housekeeper was 2.681 which yielded a level of 0.008 that is significant with a confidence level of 99%.

The findings of the study showed that significant differences exist between the two groups in the amount of social health and there is a relationship between women's employment and the amount of social health of the family. In addition, the amount of social health in families in which women are employed is higher than that of families where the latter are unemployed. This result is true about the three factors that constitute social health, including social acceptance, social adaptation and social prosperity. Achieved significant levels of t-test were 0.000 for social acceptance, 0.019 for social adaptation and 0.015 for social prosperity, all of which are statistically significant. With regards to two other components namely social cohesion (with a significance level of 0.203) and social participation (with a significance level of 0.780), there were no significant differences between the social health of both groups. Therefore, the results of the t-test were also consistent with those of the chi-square test and confirm them (Table 1 and Table 2)

Overall, the findings of this study indicated the following:

- Average social health in Tehran is lower than normal.
- Social health in families where mothers (wives) are employed is higher than that of families in which the latter are unemployed.
- Women's employment has no effect on family social cohesion.
- Women's employment has no effect on family social participation.
- Women's employment has no effect on family social prosperity.
- There is no relationship between the number of family members and social health.
- There is a relationship between women's education and social health of families. In other words, in families where women's education is low, social health is lower than those in which women's education is high.

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Table 1- Means comparison test to check the social health differences and its dimensions in terms of women's employment

Social Health and its dimensions	Employment	Number of Respondents	Average	SD	T amount	Degree of freedom	Significance level
Social health	Employed	180	94.2	14.7	2.681	398	.0.008
	Unemployed	220	90.1	15.4			
Social	Employed	180	20.9	9.3	1.274	398	0.203
Cohesion	Unemployed	220	20.5	9.3			
Social	Employed	180	17.7	1.4	9.3	398	0.000
acceptance	Unemployed	220	16.07	3.4			
Social	Employed	180	19	9.4	-280	398	.0.78
participation	Unemployed	220	19.1	91.4			
Social	Employed	180	17.8	7.3	35.2	398	0.019
adaptation	Unemployed	220	16.9	5.4			
Social	Employed	180	18.7	6.4	45.2	398	0.015
prosperity	Unemployed	220	17.6	5.4			

Table 2 - Relationship between mother's education, social health and its dimensions

	Mother's education	Sum of squares	Degree of freedom	Mean square	F	Significance level
Social health	Intragroup	709.2418	3	236.806	508.3	015.0
	Intragroup	534.89366	390	830.229	180.0	910.0
	Total		393			

Discussion

The results of research proved the effectiveness of women's employment on family social health. In previous researches, similar results have been obtained by researchers. The results of research conducted by Tabarzadeh [7] on students' social health have shown a significant relationship between employment and social health. Also Hemati et al [8] has conducted a research on social health of Female-headed households in Roudehen which confirms the relationship between employment and social health of the family. While confirming this issue in his study, Keynes [9] concludes that even the employment status impacts the social health of women; although, the higher is the occupational status of women, and the better will be their social health level compared to men. Therefore, the reduction of occupational status has a negative role in

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their social health. In this research, there wasn't found any relationship between women's employment and social cohesion and social participation. However, the results of previous research, such as the Keynes research [9], prove a significant relationship between these two variables. It would be likely that one reason for this difference has been the different type of previous research population in which employment impact on social cohesion and social participation of women were reviewed and evaluated. While in the present study, the impact of women's employment on social cohesion and social participation of their family has been taken into consideration. It is likely that women's employment, increases their social cohesion and social participation, but have not much impact on social participation of their family members. Social acceptance and social adaptation are other components which had in this study a significant relationship with the employment of women. In addition, similar results were obtained in this manner by Tabarzadeh [7] Hosseini [8], Alizadeh [4], Azizi and Azarkamand [10], Bagheri et al [11], Jawaheri et al [12], Sadeghi and Emadzadeh[13], Cubillo and Brown [14], Fritzell et al [15], Stoilova [16], Shapira er al [17], Elamin and Omair [18], Yousefi and Barateli [19], Bartley [20], Worts [21], and Keynes [9]. Education was also one of these variables whose relationship to the social health of families was examined. The results showed that families, in which women had a lower education level, a lower level of social health was observed than those in which women had a higher education level. In other words, there was a significant relationship between women's (mothers') education and families' social health. This has also been demonstrated in previous researches such as the research conducted by Sadat Vahednia and Garmaroudi [22] and Hosseini [8].

Man is the axis of sustainable development. Sociology scholars' surveys show that only a society can develop in which all individuals have development capacity and identify appropriate methods to achieve development. The realization of this objective is possible only when women of a society, as half the workforce, maintain their position in the process of development.

In this regard, women should participate actively in the economic, political, cultural and social fields in addition to their central role in the family.

As the results of this study also showed, increased employment of women was one of the most important factors in the increase of family social health.

Thus creation of appropriate legal mechanisms in this field and providing for the guaranteed enforcement of these laws, culture building, and institutionalization of the involvement of women in society in macro policy making can be a basic step in creating a healthy family atmosphere and,

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finally, a healthy society which is one of the infrastructures of sustainable development.

Suggestions of this research are:

- Social health status in Tehran is not desirable, while social health in macro policy making and planning should have a special place. In this context, it is necessary in development plans and high level documents on health and also relevant institutions including Supreme Council of Health, that in addition to physical and medical dimensions, social aspects of the health are also considered in policies, strategies and guidelines. Appropriate measures must also be taken in this area. It is necessary to establish a national instrument of social health in which health dimensions and components, strategies for achieving the goals, and enforcement agencies are specified. And adopting appropriate policies to create jobs (which provide the possibility of employment for women, Implementation of special plans for enabling and education of women. In this regard, responsible institutions such as Radio and Television, Municipality, Social Welfare, Literacy Movement … increase awareness and education of illiterate or low-literate women by holding free of charge educational courses and new and modern economic activities must be developed. Reduction of the number of jobs based on petroleum industry (capital consuming and introverted economy) and increase of the number of industrial and service and even electronic occupations are among other solutions in this connection. Also Review of rules and. Facilitating and increasing the part-time jobs, teleworking, granting fringe benefits such as loans are other essential changes in the law to support employed women and encourage women entrepreneurship.

References

1-Kadkhodaee F,Lotfi Sh. Measure social well-being of the city high school students Shiraz and factors affecting it, Social Research Quarterly. 2012;5(20):184-207.(Persian).

2-Fathi M, Ajamnezhad R , Khakrangin M. Factors related to social health of teachers in Maragheh city. Welfare Social Research Journal. 2011;12(47):225-243 (Persian).

3-Samiei M. Social health of Iran: From social oriented definition to evidence oriented index. Quarterly of Iran Social Issues. 2010;1(2):33 (Persian).

4-Alizadeh M. The role of women's employment on development. Quarterly on Women and Culture. 2010; 2(5):49-59 (Persian).

5-Shaditalab J. Employment of women and the role of cooperatives. Quarterly of Social Sciences. 1995; 7(8):152-3 (Persian).

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6-Jarollahi A. The impact of women's employment on participation of couples in family affaires. Quarterly of Social Sciences. 2010;2:7-8 (Persian).

7-Tabarizade hadi A, Kaldi A, Mohagheghi Kamal S.H, et al. Investigation of social health of students. Social Welfare. 2007;8(30-31):171-189 (Persian).

8-Hemati E, Mahdavi M S, Baghaiee Sarabi A. The effects of social support on the health of women heads of households in Roudehen. Social Research. 2012;6(18):45-61 (Persian).

9-Keyes CM, Shmotkin D, Ryff D. optimizing well-being : The Empirical Encounter of Two Traditions. Journal of Personality and Social Psychology. 2002;82(6):1002 –22.

10-Azizi P, Azarkamand R. Study of the effect of education on women's employment with emphasis on Iran. Quarterly of Amayesh Geography. 2010;8:1-23 (Persian).

11-Bagheri M, Moltafet H , Sharifian H. Study of the effect of women employment on power pyramid in family. Quarterly of Family Studies. 2009;5(2):247-62 (Persian).

12-Jawaheri F, Seraj Zadeh SH ,Rahmani R. Analysis of the effect of women's employment on their life quality (case study: Women employed in Ministry of Agriculture). Women in Development and Politics (Women Studies). 2010;8(2):143-62 (Persian)

14-Cubillo L, Brown M. Women into educational Leadership and Management: international differences? Journal of Educational Administration. 2003;41(3):278-91.

15-Fritzell S, Ringback Weitoft G, Fritzell J, et al. From Macro to Micro: the Health of Swedish lone mothers during changing economic and social circumstances. Social Science and Medicine. 2007;65:2474-8.

16-Stoilova M. Post- socialist gender transformations and women's experiences of employment. Journal of Organizational Change Management. 2010;23(6):731-54.

17-Shapira T, Arar Kh, Aziaza F. Arab women principals empowerment and leadership in Israel. Journal of Educational Administration. 2010;48(6):704-15.

18-Elamin AM, Omair K. Males Attitudes towards Working Females in Saudi Arabia. Personal Review. 2010;39(6):746-66.

19-Yousefi A, Maryam B. Women, Employment and Higher education schoolings. Social and Behavioral Sciences. 2011;15:3861-69 (Persian).

20-Bartley M, Sacker A, Firth D, et al. Social position, social roles and woman health in England: Changing relationships 1984-1993. Social Science and Medicine. 1999;48:99-115.

21-Worts D, Sacker A, Mcmunn A, et al. Individualization, opportunity and jeopardy in American Woman's work and family lives: A multi-state Sequence Analysis. Advance in Life Course Research. 2013;18(4):296-318.

22-Garmaroudi Gh, Sadat Vahdaninia M. Social health: investigation of students' social skills. Payesh. 2005;5(2):147-153 (Persian).

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