



Anticipating Quality of Life of Working Women and Housewives Based on Power Structure, Collaboration and Family Functions

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ABSTRACT: The purpose of this research is anticipating quality of life regarding power, family collaboration and family functions. To achieve this goal, we used two sample societies of working women (150) and housewives (150) and the method of regional sampling in municipality districts of Bastak County. Also, questionnaires about power structure, family functions and quality of life were utilized for gathering data. Additionally, in order to analyze data descriptively we employed mean statistics and standard deviation and for inductive analysis, hierarchal regression test and independent t were used. Finding shows that family functions, collaboration and power structure may significantly help anticipating quality of life ($R^2 = 0.32$). Also, there is a significant difference between mentioned factors in working women and housewives ($p = 0.017$, $t = 2.4$ and $p = 0.005$, $t = 2.84$ respectively). Thus, we can claim that power structure and family functions are effective variables on life styles and women's job highly contributes on psychological state of families.

Keywords: Quality of Life, Power Structure, Family Functions, Collaboration, Working Women and Housewives.

ORIGINAL ARTICLE

INTRODUCTION

In essence, human is a social creature and the first social unit of him is his family. SanaeiZaker (1996, quoted by Nikouyie et al., 2005) says that family is a center of help; comfort, healing and curing where reduces the stresses over family members and flattens the way of growth and progression.

Relationship or, to put it more exactly, the healthy relationship is one component of the psychic health of people. In case of relationship, the more satisfied the couples, the psychologically healthier they are. The opposite of such issue is true as well. According to international standards, health does not exclusively include physical factors. World Health Organization (WHO) defines health as a state in which a person is psychologically, emotionally and socially healthy and no symptom of illness and sickness is observed. Thus, in assessing health, we should not concentrate merely on traditional health parameters such as rate of deaths and rate of sickness and the life qualities are required to be considered as well (Campos, 2002). Quality of life is one of the most important components of health concept (Park, 2007). It can be controlled simultaneously by environmental and physical factors.

Among effective factors in appearance of psychological disorders, family functions and emotional aspects of roles' interdependence in families, responsibilities and the way of reacting against problems have kept their central places among family members. Several researches have shown that family is the center of good health and ill

health (Sawyer et al., 1988). Risk of illness and psychological disorders will be reinforced, if roles and responsibilities of each member and home regulations are not clear, there is no coherent and firm emotional connection between members and functions of family are not fulfilled properly. Noller et al. (1991) think that lack of sentimental atmosphere and Kendall (2000) believes that anxieties and stresses at home and environmental factors are the crucial causes of psychological disorders of adolescence.

Implications of family as a social institution and social participation as a rudimental component of social life and a civil society are important subjects in the field of sociology. Study the connection between internal relations at home as the first sociability factor of people and social participation phenomenon is considered as an important fact in sociology of family (Saroukhani et al., 2010). Technological development and the resulting progressions can be one the main reasons of revolution in the structure and function of family. Lenkski (1981) believes that the trend of socialization and specialization of affairs in new societies has transferred an important part of service and generative responsibilities of homes and families to other organizations. On the other hand, the flow of development has weakened the traditional frame of power in family relations. Fathers do not have their standard positions in traditional families. However, this effect is more obvious in case of traditional roles of women. It seems that occupation of women and the trend of urbanization is another effective factor in

change of power structure at homes. The effect of power structure on family cohesion, quality of marriage life, marriage satisfaction and pathology of family has been emphasized in most researches (Coleman et al., 1986, Zolfagharpour et al., 2004).

So, the purpose of this research is responding to the two following questions:

Can the power structure, collaboration at home and family functions anticipate the quality of life?

Is there any significant difference between working women and housewives in terms of power structure, collaboration at home and family functions?

MATERIALS AND METHODS

The descriptive methodology is of correlation type and in terms of purpose it is fundamental. Research society includes all working women and housewives in Bastak County who have been selected by the method of regional sampling in 2012. Sixty women have been chosen (i.e. five regions of North, South, East, West and City Center). The volume of each sample was 150 people. Seventeen people from working women sample and nineteen people from housewives sample presented incorrect questionnaires. Thus, for equalizing the members of two groups, two women were randomly omitted and the volume of sample was reduced. Questionnaires of power structure, quality of life and family functions were used for collecting data. World Health Organization Quality of Life (WHOQOL) questionnaire has been designed for assessing the standards of life (World Health Organization, 1998). The brief form of it has twenty six questions and evaluates four areas of physical health, psychological health, social relations and environmental health (having 7, 6, 3 and 8 questions respectively) by 24 questions.

Nejat et al. (2006) standardized this scale over 1167. They calculated the stability of questionnaire for the healthy population by the method of Cronbach's Alpha: physical health: 0.70; psychosocial health: 0.73; social relation: 0.55 and environmental relations: 0.84. Stability coefficient was reported 0.7 after two weeks. These researchers used coefficient correlation of questions and the mentioned areas to explore the validity of questionnaire and structural factors. The results showed that all questions have high rate of correlation with their main domain. Questionnaire validity was calculated 0.8 by the method of Cronbach's Alpha. Family Function Questionnaire has 60 questions which have developed for assessing family functions by Epshtain, Baldwin and Bishop in 1983. This scale has 7 subscales including problem solving, relation, roles, emotional reaction, emotional blend, and general function and controlling. In Iran, this questionnaire was standardized by

Zadehmohammadi et al. (2006) over 494 elementary students' mothers. The validity of this scale for subscales and for total score was 0.74 and 0.80 respectively indicating acceptability of them. Also, the coefficient of Cronbach's Alpha for the total score was 0.94 and for subscale was more than 0.90. In this research, the stability coefficient of this questionnaire was calculated 0.67. Power Structure Questionnaire was cited by Zolfagharpour (2001). Nominal and content validity of this scale were confirmed by a number of family consultants. Its stability and validity coefficients were calculated 0.91 and 0.74 respectively by the method of Cronbach's Alpha.

RESULTS

Data were analyzed by SPSS v.16 Software. In this section, questionnaire data was statistically described, questions were tested and data was analyzed descriptively and inductively.

To anticipate the effect of quality of life variable through predictive variables (i.e. family functions, collaboration and power structure), hierarchal regression was employed for controlling the variables of age, education years and marriage duration (demographic variables). In first model, these variables and in second model, predictive variables were entered. Table 2 presents briefly the results of hierarchal regression analysis.

First Question: Can variables of power structure, collaboration and family functions anticipate the quality of life?

For answering this question and to control the effects of demographic variables (i.e. age, education years and marriage duration), a hierarchal regression has been used in order to anticipate the quality of life according to the variables of power structure, collaboration and family functions. Analysis results have been displayed in table 2.

As table 2 shows, demographic variables (i.e. age, education years and marriage duration) totally anticipate -0.01 of variance of life quality which is not a significant value. In table 2, by controlling the effects of these variables, predictive variables (i.e. family functions, collaboration and power structure) may anticipate 0.08 variance of life quality. It is a significant value but with low rate of predictability. Among predictive variables, family functions and collaboration predict quality of life with significant variance of 0.23 and 0.22 respectively. This rate is significant for both of them ($p < 0.001$). However, power structure can anticipate only the 0.01 of variance of quality of life. It is trivial and statistically insignificant ($p < 0.904$).

Second Question: Is there any significant difference between working women and housewives in terms of

collaboration, power structure, family functions and quality of life?

To answer this question, independent T-test has been used for comparing under-studied variables in two groups of working women and housewives. The results have been presented in table 3.

As table 3 shows, there is a significant difference between working women and housewives regarding family functions (p = 0.005). Since high score is an indicator of healthier function, mean index reveals that working women has healthier family function

than housewives. Also, there is a significant difference between working women and housewives with relation to the issue of collaboration (p = 0.017). Since the mean score of collaboration variable is higher in working women it reveals that collaboration is higher in working women' family than in housewives'.

On the other hand, no significant difference is observed between working women and housewives regarding power structure (p = 0.084). This is true for the variable of life quality as well (p = 0.682).

Table 1. Mean and standard deviation of power structure, collaboration, family function and quality of life

Groups	Variables	Mean	SD
power structure	Working Women	51.89	9.87
	Housewives	53.98	4.76
Collaboration	Working Women	32.56	9.57
	Housewives	33.98	4.83
Family Functions	Working Women	146.81	11.37
	Housewives	150.37	8.79
Quality of Life	Working Women	81.42	9.79
	Housewives	81.9	9.15

Table 2. Hierarchal regression for anticipation the quality of life according to the variables of power structure, collaboration and family functions by controlling the effects of demographic variables

Model	Parameters	B	beta	t	p
Model 1	Age	0.13	0.14	0.63	0.53
	Education Years	0.05	0.09	0.67	0.5
	Marriage Duration	-0.08	-0.08	-0.37	0.715
Model 2	Family Functions	0.21	0.23	3.74	<0.001
	Collaboration	0.22	0.22	3.7	<0.001
	Power Structure	0.01	0.01	0.12	0.904
Model 1	R²= 0.01 ; ΔR²= -0.01 ; F_(3, 258)= 36.91 ; p= 0.746 ; R²changed= 0.005				
Model 2	R²= 0.32 ; ΔR²= 0.08 ; F_(6, 255)= 404.89 ; p< 0.001; R²changed= 0.099				

Table 3. Score difference in Areas of collaboration, power structure, family functions and quality of life

Groups	Variables	Mean	SD	t	df	p
Power Structure	Working Women	32.56	9.57	-1.73	260	0.084
	Housewives	33.98	4.83			
Collaboration	Working Women	51.89	9.87	2.4	260	0.017
	Housewives	53.98	4.76			
Family Functions	Working Women	146.81	11.37	-2.84	244.4	0.005
	Housewives	150.37	8.79			
Quality of Life	Working Women	81.42	9.79	-0.41	260	0.682
	Housewives	81.9	9.15			

DISCUSSION

The purpose of this research is exploring the quality of life according to predictive variables such as family functions, collaboration and power structure and comparing working women and housewives in terms of family functions, collaboration, quality of life and power structure.

Results showed that family functions, collaboration and power structure can jointly predict the quality of

life. These results were along with findings (Hughs et al. 2009, mentioned by Kimiyayei et al., 2010, Kinsfogel et al. 2004; Behfar, 2003, Fazelinia, 2000).

According to previous researches, bad functions of family and role discrepancies would effect on children's performance (Fazelinia, 2000), psychological disorders (Behfar, 2003), problem solving and stress and problem of children in having relation with others (KineshFougel et al., 2004).

Other finding also revealed that there is a significant difference between working women and housewives about power structure and collaboration. In other words, working women do not differ from housewives in terms of housewives but collaboration in families of working women is higher. As Zolfagharpour et al. (2004) has said, women's level of education plays a crucial part in power structure at home. The more resources a person (particularly a man) possesses and the better job he/she has, the more power he/she would have in the process of decision making. In this case, Blad et al. (1960; quoted by Zolfagharpour, 2001) reached the same results. Accordingly, it is recommended that collaboration and power structure variables are improved in couples through family counseling services so that components like quality of life and marriage satisfaction would be increased. Training in this case before marriage can help preparing individuals to make a joint environment in their marriage lives and jointly make decisions.

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