

Problems of Female-headed households in Sistan Baluchistan province, Iran

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Abstract

Single-headed households are more vulnerable than other households. The aim of this study was to determine problems of female-headed households in Sistan Baluchistan province in 2010. This research was cross-sectional study. The study population included all women who were heads of households living in the province of Sistan Baluchistan referred to Welfare organization, Committee Emdad and health Care centers of Sistan Baluchistan province. Data collected by self administrative questionnaire and interview method. The content validity and its reliability were confirmed using equivalent forms. Questionnaires were distributed by Basij Center of Women in Iranshahr between mentioned centers in different parts of province. Data analyzed by SPSS-16. The Mean of women age was 40.5 ± 12.6 and mean of children number was 4.0 ± 2.5 . Also, 58.5% of women were female-headed households, 38.3% of them had inappropriate heads and others were self-head. 83.1% had income less than 3000 thousand Rials monthly and 69.6% of women were under support of insurance organizations. The children in 57% of families were deprived from education and 43.6% of children had behavioral problems. Results of this study showed female-headed households are extremely vulnerable and face many problems. To address and consider the problems of mentioned families is important task of government, organizations and responsible people.

Keywords: Family, Single-parent families, Vulnerable

Introduction

From the viewpoint of psychology, family is the basic unit for personality evolution and relationships between members (parents and children). Islam introduces family as a group consisting of individuals with civic, legal, and spiritual quality, whose initial core is the legitimate marriage of wife and husband [1]. The social changes over the past 30 years resulted in formation of different forms of family and lifestyle [2]. In this regard, some families are exposed to damages more than other families and are known as vulnerable families [3]. Of these families, the most important are single-headed or single-parent families which are unfortunately growing in today's societies. Per 4 families, 1 family is

vulnerable and the most common situation is the child custody by mother [4]. The Welfare Organization defines Female-headed households as women responsible for providing themselves and family members with material and spiritual sustenance [5]. Female-headed households include working head-of-household women (families in which the husband is permanently absent and the wife is the only legal householder like martyr's wife, divorced women, etc.), working women with unfavorable householder (families in which the wife is not officially householder and often dependent on the husband, but the husband cannot afford the living costs such as wives of addicts,

prisoners, missing men, disabled or handicapped men, veterans with high percentage of injury), and self-headed working women (head-of-household women who have never married, single girls who are living alone, and single girls whose family members like father, mother, brother, sister, etc. are dependent on her) [6].

These families are exposed to many tensions [7], complicated health problems [4], low income, and poor health and nutrition [2]. Based on McLanahan's study, in these families, the level of stress and health problems are high and the quality of family education is low [8]. They suffer poverty [9] and the low level of health in these families was attributed to the extensive stress and financial problems [10]. Goad carried out a study on divorced women and found that financial problem is their most important problem [4], and the heavy burden of economical difficulties on head-of-household women made them work for long hours with low incomes while need to leave your children home alone for 8-10 hours or to be brought to a child care, which itself imposed physical and mental problems to the mother and children. Behavioral problems in children of these families are more than those in other children as 12% of their children show negative behaviors at age 7 and working children are considered as the income source of the family which causes early physical and mental diseases, school deprivation, and waste of their future [11]. Indeed, these harms are more severe for children under age 7 [12]. Head-of-household women bear more stress and depression and have fewer familial relationships than other women. Life events cause more stress in these women [13]. Despite the fact that, according to Women's Bill of Rights, socially affected women and vulnerable women are entitled to appropriate supports to improve the cultural status of themselves and the community [14,15], single-head women are under the pressure of various, sometimes conflicting, roles, as they must endure the additional pressure arising from doing the paternal role. Even 8-9% of single-head women who marry again face with new roles and more problems [15]. Regarding the foregoing and lack of proper

statistics and information about Female-headed households and their problems in Sistan Baluchistan province, the present study was conducted to determine the problems of head-of-household women in Sistan Baluchistan Province in order to reflect the identified problems to the related authorities, especially support centers, and reduce women's problems as far as possible.

Method

In this descriptive cross-sectional study, all the head-of-household women in Sistan Baluchistan were the study population who had attended the organizations affiliated to the Welfare Organization, Imam Khomeini Relief Committee centers, and urban health-treatment centers during the sampling period (Apr. 21st, 2010 to Sep. 22nd, 2010). All the single and married women with Iranian nationality who were head of households could participate in the study upon completing the written consent form. The instrument for data collection was a researcher-made questionnaire and consisted of 8 demographic items, 15 items on economical, social, physical, and mental difficulties, and also 3 items on the common problems of their children. The questionnaire was designed and prepared regarding the objectives of the study, the professors' and experts' comments, and reading related literature. To determine the content validity, the questionnaire was submitted to 10 faculty members of the University of Iranshahr and their corrective comments were applied to the questionnaire. Then, the questionnaire was given to two 10-people groups and the reliability coefficient 0.85 was obtained through calculating Pearson correlation coefficient. Four hundred (400) questionnaires were distributed among above-mentioned centers in different cities of the province (Zahak, Iranshahr, Zahedan, Nikshahr, Khash, Chabahar, Sarbaz, and Saravan) By Basij Center of Women in Iranshahr, and 319 completed questionnaires were returned. An interview (face to face) was carried out in the health centers, Welfare Organization, and Imam Khomeini Relief

Committee by the researchers with the cooperation of Basij Center of Women of the province and the above cities. The collected data were analyzed using SPSS16 software and descriptive tests.

Results

The mean age, mean age at first marriage, and mean number of children of the women participating in the study were 40.5±12.6, 17.4±4.5, and 4.0±2.5, respectively. Most participants were from Zahedan with frequency of 37.9% and the fewest participants were from Zahak with frequency of 4.1%. Most of the studied women was uneducated with frequency of 42.3% and also 61.2% were housewife. The most common reason for being the head of household was husband’s death (39%). table1 depicts that 58.5% of the respondent were Female-headed households, 38.3% women with unfavorable householder,

and 3.2% self-headed women comprised. The monthly income of 83.1% of the families was less than 3,000,000 Rials and 41.5% of them were tenant. Of the participants, 56.3% were supported by Imam Khomeini Relief Committee and 14.1% were supported by the Welfare Organization. Also, 69.6% of the women were insured of whom 43.2% had rural insurance. Women who suffered the negative attitude toward them in their workplace comprised 25%. Furthermore, 35.5% and 24.7% of the women suffered neuropsychiatric diseases and musculoskeletal disorders, respectively. The mean age at first marriage was low and equal to 17.3±3.4 years. Of their children, 57% were deprived of school and the children working as a footboy 15.3%, beggar 12.9% and other professions 11.9%. The rest of children were jobless. Moreover, 43.6% of children had behavioral problems (Table 2).

Table 1 *Types of Female-headed households in Sistan Baluchistan Province*

Family type		Frequency	Percentage
Single-headed	Husband death	124	38.9
	Divorce	23	7.2
	Other reasons	38	11.9
Self-headed	Unmarried	11	3.4
Unfavorable	Worker husband	51	16
Householder	Imprisoned husband	36	11.4
	Addicted husband	13	4.1
	Missing husband	12	3.7
	Disabled husband	11	3.4
Total		319	100

Table 2 *Types of behavioral disorders in children of single-headed families in Sistan Baluchistan Province*

Behavioral disorder	Frequency	Percentage
School drop-out	121	40.8
Escaping school and home	55	18.6
Aggression	28	9.4
Nocturia	50	16.9
Hitting head to the wall	7	2.4
Isolation	25	8.4
Others	10	3.5
Total	296	100

Discussion

The results showed that most of studied women were illiterate or at a low level of education and housewife, and had no specific income. Also in a study in khomein, the Female-headed households comprised 96% with a low level of education, 50% with unsuitable jobs, 13% jobless, 64% with a low income and 24% without income [16]. A study by Carey in Peru showed the education level of head-of-household mothers as 3.8-6.4 years [17]. In a study conducted to examine mental health of head-of-household women supported by Welfare Organization of Tehran, 70% of women-headed families needed financial support and were considered as low-income people due to their low level of education and fewer employed members in the family [18]. The results of a study performed by rezaeighaderi introduced poverty as the biggest problem of Female-headed households as only 3.9% of them were employed and had access to an appropriate or inappropriate occupation [19]. Therefore, the above results agree with those of the present study.

In the present, the major reason of single-head household was husband's death, and the majority of families with unfavorable householder had worker husbands. In Rezaei's study, reasons of women supporter were husband's death 40%, illness and disability 24%, imprisonment 22% and divorce which comprised 14%, respectively [16]. Similar studies performed in India reported the reason for women supporter as husband's death 88%, divorce 6% and separation 6% respectively [20]. Also In another study in Tehran, The most common were those headed by widows (7.4%) and divorced or separated mothers (38.1%) [19]. these results conform to the results of the present study. The high frequency of addicted and imprisoned husbands in the present study can be attributed to the strategic position of the province and the high frequency of divorce in Tehran might be related to the social and cultural conditions. From the social viewpoint, one fourth of the studied women suffered the negative attitude toward them in their workplace. This proportion in Ahmadian's study increased to half [10]. A reason for the

Female-headed households to suffer psychological problems more than other women may be that these women are exposed to some negative social pressures such as the negative attitude toward widows, divorced women, and remarriage besides the economical difficulties [20].

Moreover, the results showed that many women suffer neurological, mental, and physical problems as in Crandall' study, 18% of mothers were clinically depressed and 33% of them had suicidal ideas [21]. The unfavorable economical condition has made Female-headed households and also their children become the most vulnerable people against social damages, so, their mental diseases like depression, anxiety, obsession, and aggression are natural [20,11]. The chronic and constant pressures experienced by Female-headed households may result in adverse physical and psychological consequences. Studies have shown that constant daily pressures have more serious psychological consequences than temporary acute pressures [18].

The results of the studies show that mean of mental health disorders in these women are significantly higher than that of the normal population. This indicates that the studied women are exposed to the risk of mental damages [22].

In the present study, 43.6% of the women's children suffered behavioral problems such as quitting school to earn a living, sleep fragmentation, aggression, and isolation. Studies show that children of single-parent families enjoy less social competence and show more behavioral problems. In these families, boys' educational functioning is weaker and they are more introverted [23]. Compared to the families in which both parents are present, mothers in single-parent families bear more mental pressure and feel less satisfaction. Head-of-household mothers suffer more social isolation and frustration due to bearing additional roles and negative social relationships, and such conditions lead them to outpouring of negative feelings and emotions which consequently results in children's misbehavior. Studies have shown that single mothers, who experience high

levels of economic deprivation, apply more harsh parenting methods [23, 24]. Children of these families are potentially exposed to problems such as working in grimy and informal jobs, social delinquency, educational deprivation, and malnutrition [20]. Furthermore, the results of the study by Choi in Winona State emphasized the presence of poverty and deficits in cognitive and behavioral development of these children [24].

Conclusion

The results of the present study revealed that most of the studied women were young or middle aged and unfortunately did not have appropriate jobs and high levels of education. Their monthly income was low and they were not financially supported by a certain entity. Perhaps, many of them had to involve their children in such situation, deprive them of school and make them work as footboys and beggars, or even make them marry early in order to earn a living. There are also many cases in which children are directed to delinquency and other deviances due to poverty and numerous problems. These families are very vulnerable and exposed to many problems. In this respect, paying attention to these families and assisting them are of special duties of the government, private institutions, and other people. However, assisting these families must be beyond financial support. In this regard, empowering and training Female-headed households are the possible important actions. Employment, training professions, and offering low-interest loans and facilities, for example for weaving carpets, buying land and encouraging farming, and so forth, may make a strong secure conditions in the society for them. Finally, similar studies are suggested to be conducted on the quality of the service and living facilities provided by welfare organization to the head-of-household women in Sistan Baluchistan province.

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Contributions

Study design: TST, NM

Data collection and analysis: MAR, T ST, NM

Manuscript preparation: MN

References

1. Helmseresht P, Delpisheh I. Community health nursing. First Ed. Tehran: Chehr pub; 2004. [In Persian]
2. Hoseini M, Rohani K. Family health nursing. First Ed. Tehran: Boshra Pub; 2004. [In Persian]
3. ILderabadi Eshagh. Note book of Community health nursing. 2th Ed. Tehran: Jameenagar salami Pub; 2004. [In Persian]
4. Basavanta B. Note book of Community health nursing. Translated by Hosein mirmohammad & Arbabi yosef heidarzadeh. First Ed. Tehran: Boshra Pub; 2003. [In Persian]
5. Shaditalab G, Vahabi M, Varmazyar H. Financial Poverty is only one dimension of poverty in female heads of households. *Seasonal Of social relief*2005; 4(17):26. [In Persian]
6. Mohammadi Zahra. Female-headed households. First Ed. Tehran: Cultural commission of women pub; 2009. [In Persian]
7. Forozan S, Biglerian A. Female-headed households. *Seasonal of women research*2003; 1(5):35-58. [In Persian]
8. McLanahan S. Fragile Families and the Reproduction of Poverty. *Ann Am Acad Pol Soc Sci*2009 Jan; 621(1):111-3. [4 screens]. Available at URL: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2831755> .accessed June13 2013)
9. Ariel Kalil, Rebecca M. Ryan Mothers' Economic Conditions and Sources of Support in Fragile. *Future Child J*2010 Fall; 20(2):39-61
10. Bozahrjamhari KH, Ahmadian N. Social and economical status in Female-headed households in around of Mashhad .2rd congress on Empowerment in Female-headed households. June 29-30, 2009. Tehran.
11. Bell A, Finch N, La Valle I, Sainsbury R, Skinner Ch. A question of balance: Lone parents, childcare and Work. First Ed. New York: Corporate Document Services pub; 2005 [4 screens]. Available at URL: <http://www.eprints.whiterose.ac.uk/73193/1/Document.pdf>. Accessed may15, 2012)
12. Jadidmilani M, Arshadifarokh M, Asadinoghabi A. Community health nursing.

- First Ed. Tehran: Andishehrafia pub; 2001. [In Persian]
13. Eric S, Jennifer R, Patrick R. Prospective Relations between Social Support and Depression: Differential Direction of Effects for Parent and Peer Support? *Journal of Abnormal Psychology* 2004; 113(1):155-15.
14. Shaditalab G, Kariminegad A. Poverty in female heads of households. *Seasonal Of Women Research* 2003; 1(2):26. [In Persian]
15. Shakoori A, Rafatjah M, Jafari M. Factors effect on women improvement .*Women in Development & Politics* 2008; 1(17):2-12. [In Persian]
16. Veisi R, Nazaktabar H. Social, economical and cultural status in Female-headed households in Mazanderan province. *Seasonal of social relief* 2007; 7(27):95-113. [In Persian]
17. Carey JW. The ethnographic context of illness among single-women-headed households in rural Peru Health Care Women. *Int J* 1993 May-Jun; 14(3):261-70 [4 screens]. Available at URL: www.ncbi.nlm.nih.gov/pubmed/8407617 htm. Accessed may10, 2012.
18. Hosseini A, Forozan A, Amiryar M. Study of mental health in women headed households related to Welfare organization in Tehran. *Seasonal of social research* 2008; 2(3):119-127. [In Persian]
19. Rezaeighaderi KH. Empowerment Indexes in Female-headed households. 2rd congress on Empowerment in Female-headed households. June 29-30, 2009. Tehran.
20. Kotwal N, Prabhakar B. Problems Faced by Single Mothers .*J Soc Sci* 2009; 21(3): 197-208.
21. Marie Crandall, Lakshmi Sridhar an, Carol Scherme. Depression and thoughts of death among disadvantaged mothers: Risk factors and impact on maternal and child health. *Archives of suicide research: official journal of the International Academy for Suicide Research* 2010; 14(3): 248-60
22. Mary AM, Skolnick A, Stephen S. All our families new policies for a new century 2th edi. New York: Oxford University; 2003.
23. Harber N. Comprehensive psychiatric nursing. 6th Ed. London: Mosby co; 2009
24. Choi JK. Nonresident fathers' parenting, family processes, and children's development in urban, poor, single-mother families. *Soc Serv Rev* 2010; 84(4): 655-77.