

Relationship between Social Security and Educational Level with the Social Health of Women in Nurabad Mamasani County

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ABSTRACT:

Background and Objective: The present study was conducted with the aim of examining the relationship between social security and educational level and the social health of women in Noorabad Mamasani. **Method:** In terms of purpose, this study is applied, and in terms of method, it is descriptive-correlational. The statistical population of the study consists of women aged 18–50 residing in the city of Noorabad Mamasani, which, according to the latest census (2016) obtained from the Statistical Center of Iran, comprises 27,996 individuals. The sampling method used in this part of the study is simple random sampling, and the sample size, calculated using Cochran's formula, is 384 individuals. The instrument used in this research is a questionnaire. The statistical procedures were performed using SPSS version 22 software. **Findings and Conclusion:** The findings of the study indicated that there is no significant relationship between the two variables of social security and the social health of women in the city of Noorabad Mamasani. Additionally, there is a positive and significant relationship between educational level and the social health of women.

Keywords: Social Security, Educational Level, Social Health, Noorabad City

INTRODUCTION:

The social health of women, particularly mothers, is a foundational concept in development and is closely related to socio-economic welfare and development. Women are responsible for raising future generations, yet their importance has often been overshadowed and obscured by male-dominated management structures (Keyes, 1998). Given the importance of health to people, all social groups face specific problems and issues and, at times, are threatened by risk factors. Women are no exception, and during their daily activities, they encounter factors that can undoubtedly pose risks to their health. At the same time, being healthy is an extremely important issue for most human beings, and individuals constantly strive to achieve it (Safavi et al., 2009). Therefore, women's health is not only valuable in itself, but also enables them to perform their social and individual roles effectively when achieved. In this context, women's social health is a critical issue that has posed many challenges in contemporary societies. Health is a necessary condition for fulfilling social roles, and individuals can only function effectively when they both feel healthy and are perceived as healthy by society (Vedadhir et al., 2008:134). Social health refers to mental, individual, and social well-being, in which citizens possess motivation and a positive spirit, ultimately leading to a

healthy and vibrant society. Nurabad Mamasani is one of the traditional cities in Fars Province, characterized by tribal and traditional lifestyles and the strong persistence of customs and traditions. Tribal culture has formed the foundation and structure of its social system, and, based on sociological indicators, it is shaped by values, beliefs, and people's emotional attitudes toward the system, which has led to the formation of a tribal structure in this city. In many traditional areas of this city, patriarchal, male-dominated systems remain prevalent (Mirzammohammadi et al., 2011).

In Iran, despite existing shortcomings especially in deprived regions appropriate steps have been taken in the field of physical health. However, what is noticeably lacking across all domains is sufficient attention to the psychological, behavioral, and social dimensions of individuals. This neglect, in the era of communication and globalization, has increased vulnerability to psychological problems, suicide, smoking, drug use, running away from home, academic failure, and other social harms, all of which significantly affect social health and require special attention. Social transformations indicate that the nature of diseases and disorders is changing, and an epidemiological transition is occurring rapidly, leading to mental, behavioral, and social disorders becoming the main threats to health by 2020 (Ghorbani et al., 2014). However, there is no

official, precise data on Iran's global ranking in social health. Based on available indicators, Iran ranked 93rd in entrepreneurship and opportunity, 120th in governance, 57th in education, 126th in safety and security, 128th in personal freedom, and 111th in social capital (including cohesion and participation) among 142 countries in 2014 (Kadkhodaei & Lotfi, 2013). A study analyzing social health status using 39 indicators across Iranian provinces showed that Yazd Province had the highest level of social health. At the same time, Kohgiluyeh and Boyer-Ahmad, Hormozgan, and Sistan and Baluchestan ranked among the lowest (Zamankhani et al., 2016).

Social health is one of the dimensions of overall health, yet it has received limited attention in both research and implementation. Only a limited number of studies in Iran have addressed this issue. Social health includes various dimensions, but all researchers agree that there is no comprehensive definition. Each researcher has examined it based on their own selected dimensions (Nikvarz, 2009:6).

The components of social health in the present study include social flourishing, social adaptation, social acceptance, social participation, and social cohesion. Social health plays an important role in ensuring the dynamism and efficiency of any society (Hatami, 2009:5). Since an essential condition for the growth and development of any society is the presence of knowledgeable and creative individuals, and considering the major role of social health in all individual, family, and social domains, proper and comprehensive planning for ensuring social health is essential (Piran, 1997:1). In Nurabad Mamasani, various social problems such as unemployment, honor-related issues, poverty and deprivation, loneliness, cultural problems, family conflicts and disorders, stress and psychological pressure, mental illness, emotional deprivation in families, and economic and social difficulties threaten the social health of individuals, especially women in the region (Nurabad Mamasani and Rostam News Agency, 2017). Given the above, this study aims to investigate the relationships between social security, educational level, and social health among women in Nurabad, Mamasani city.

Theoretical Foundations of the Study

Social Health

Social health refers to an individual's evaluation and perception of how they function within society and the quality of their relationships with other people, relatives, and the social groups to which they belong (Larson, 1996). Larson (1996) defines social health as an individual's report of the quality of their relationships with others, close contacts, and social groups of which they are a member. Social health involves relationships among individuals, or social connectedness. It includes enjoyment of being among friends and receiving support from family, relatives, and friends (Sam Aram, 2012:26). An individual's social health refers to that dimension of well-being which is related to how a person interacts with others, how people respond to them, and how they engage with

social institutions and cultural norms (Ronald, 1995). Empirically, the concept of social health has its roots in sociological literature concerning social deviance and alienation. Social health refers to the quality of the relationship between the individual and society, in which individuals are not absorbed into rigid social frameworks, and conditions are conducive to the development of social deviations. In such a situation, extreme individualism may place personal desires in opposition to social life (Akbarian et al., 2009).

Components of Social Health

Social Flourishing

Social flourishing occurs when an individual believes that society is gradually progressing and possesses potential capacities for positive transformation. When the individual perceives the future of society as hopeful (Farsinejad, 2004:88), individuals who possess this dimension of social health perceive society as a whole composed of diverse individuals and trust others as capable and benevolent actors. They believe that people can be active, efficient, and influential (Ghazi Tabatabaei et al., 2001).

Social Adaptation: Social adaptation refers to the perception of the quality, organization, and functioning of the social world, equivalent to the concept of "environmental mastery." It involves perceiving the world as logical, intelligible, and predictable. Healthy individuals show interest in social structures and feel capable of understanding surrounding events. They do not deceive themselves by imagining an idealized world; instead, they enhance their understanding and interpretation of life experiences (Mahdavi & Hashemi, 2010:18).

Social Acceptance: Individuals who maintain a positive attitude toward their own personality and accept both the positive and negative aspects of life are considered to have psychological and social health. Social acceptance refers to an individual's perception of society in relation to the characteristics of others. It includes acceptance of others, trust in people's inherent goodness, and a positive view of human nature, all of which contribute to a sense of comfort in social interactions. Those who accept others tend to conclude that people are generally constructive. Just as mental health involves self-acceptance, acceptance of others can also lead to social health (Hezarjaribi & Arfaei Aindin, 2011:315).

Social Participation: Social participation is a belief through which individuals perceive themselves as vital members of society and believe they have something valuable to contribute to the world and their community. These individuals strive to feel valued and to participate in a world that recognizes their existence simply because they are human. Social participation is closely aligned with the concept of purpose in life within mental health frameworks (Hosseini, 2008:34). Social participation is also similar to concepts such as responsibility and self-efficacy. It generally refers to the extent to which an individual feels that their actions are valued by society and contribute to collective well-being.

Social Cohesion: Social cohesion refers to the feeling of belonging to society, the sense of belonging to the community, and the perception of being supported by society and of contributing to it. It reflects the extent to which individuals feel that they share something in common with others who constitute their social reality, such as their neighbors (Sam Aram, 2008:7).

Cultural factors affecting social health:

One cultural factor affecting women's social health is religious beliefs. Undoubtedly, religiosity will be a crucial prerequisite for improving individuals' social health. Religion and the level of religiosity are among the most influential factors in all aspects of human existence, including the social dimension. There are many examples in this case. Many people turn to religious beliefs and institutions, using them positively to cope with crises, make life meaningful, foster hope, and promote health. The importance of religion, religious beliefs, and institutions for humans and their individual and social lives is quite obvious. Religion exists in various forms across every known culture and usually plays a central role in individuals' lives. In recent years, religion has been considered by many behavioral scientists as one of the most important variables affecting the behavior and mental states of individuals, to the extent that some introduce religion as a fundamental factor in individual and social health (Sam Aram, 2012: 27).

Another cultural factor affecting women's social health is how they spend their free time. Free time includes activities an individual chooses based on their interests, motivation, and freedom of action, and despite their diversity and differences, they meet social needs. There is a significant correlation between social health and the amount of free time spent. People who spend more time in their free time have high social health. Free-time activities can be a good source of health. Participation in sports competitions as a way to spend free time helps a person stay balanced and regulate their emotions. The health benefits of leisure activities are that when people engage in them, they do something they can do well, which makes them feel happy and healthy. Leisure time creates a sense of freedom from anger and tension in the individual and enables him to expand his intellectual horizons (Jafari et al., 2004). According to Blanco and Diaz (2007), sports, as one of the leisure activities, are considered an important form of social control and have many educational goals. By studying and summarizing more than 200 articles and research on physical activities in schools, Kane pursued nine goals, including moral development and the acquisition of social competencies. He played a fundamental role in their growth and development. Boot et al. (1999) showed that participation in leisure-time physical activities increases individuals' level of commitment and reduces the likelihood of committing antisocial behaviors, such as delinquency and violence.

Social Security:

Social security is defined as “complete peace of mind and freedom from any danger or concern” (Navidnia, 2009: 21). From a sociological perspective, the feeling of security is a social product, meaning that all social institutions play a significant role in its formation. Accordingly, all components of society, including governance and law enforcement, play an essential role in its production and enhancement (Hezarjaribi & Arfai, 2012: 129). Security concerns the survival of society members, and any physical or material factor threatening societal survival is considered a security threat (Sam Aram, 2008: 19). Social security is associated with the preservation of life; therefore, factors threatening the continuation of life must be eliminated or reduced. Any disruption to social order can be considered a threat to society. Social security refers to conditions in which individuals' peace of mind regarding threats to life, property, livelihood, housing, education, and all material and spiritual values is relatively ensured within the framework of national laws (Aghasi et al., 2009: 175). According to Giddens, social security includes arrangements for preserving human life and ways of living. Latt defines social security as protection of life, property, honor, and dignity, as well as the assurance of psychological and emotional peace (Navidnia, 2003: 132).

Social security is directly related to the quality of life. The absence of security can create disorder in which individuals are unable to exercise informal control over their community, leading to increased crime and greater fear. Feelings of insecurity lead individuals to engage in excessive self-protection, reduce social participation, and increase distrust of others (Esmaeili Tarzi, 2013). Social security is particularly important for ensuring social and psychological health and reducing social harms; thus, peace, welfare, development, the flourishing of talents and creativity, and the attainment of human perfection are achieved under conditions of social security.

Attitude toward Education:

Since individuals, due to the social stratification system, attain different levels of education, educational inequality leads them to different social positions with varying privileges, rewards, opportunities, and resources, which in turn affects their health. In other words, an individual's success in the social hierarchy provides conditions and characteristics that can influence their health. Higher education improves health through better economic status, occupational conditions, psychological and social resources, and lifestyle. Low educational attainment is associated with poor social health, while poverty, unequal income distribution, unemployment, lack of social security, and low literacy are among the factors that affect it (Keyes & Shapiro, 2004).

Keyes (1998) reported that education can affect individuals' health, especially social health. Even research in this field has shown that health is positively related to higher education. Considering this issue, it can be pointed out that changes in values and lifestyles,

as well as the importance of education among individuals, especially women, who feel more valuable and satisfied with increasing education, and this feeling of value and satisfaction itself leads to the health of the individual in various dimensions, especially in the social health dimension. Through education, the individual develops his abilities at different levels, which in turn improve his sense of control and mastery of self-direction, communication habits and skills, writing, reading, searching, discussing, and analytical skills, and ultimately increase his ability to control life events and consequences. Education makes the individual pay more attention to problems and try to solve them logically (Sam Aram, 2012:39).

Research Background:

Enayat and Maveddat (2013), in an article examining the relationship between social capital and mental health among female-headed households (a case study of Shiraz), argue that having a job alone does not necessarily lead to improvements in women's social health. What is important are the substantive components of employment, including job type, desirability of working conditions, and the social and psychological capabilities (job outcomes) associated with employment, which influence social health. Employed women who benefit from financial independence, strong social relationships, and high levels of social support have higher social health.

Afshani and Shirmohammadi (2016), in a study titled "Investigating the Relationship between Life Satisfaction and Social Health of Women in Yazd City," have shown that the level of social health and life satisfaction of respondents was at an average level. There is a positive and significant relationship between life satisfaction and the dimensions of social health (social cohesion, social participation, social acceptance, social flourishing, and social adaptation). Among the dimensions of social health, the social acceptance component has the strongest relationship with women's life satisfaction, while the social flourishing variable has the weakest.

Kadkhodaei and Lotfi (2013), in a study examining the assessment of social health among female high school students in Shiraz using a multi-stage cluster sampling method, found that students differed across various social health indicators. The findings indicated that variables such as parents' education level, quality-of-life indicators, and socio-economic status significantly affected students' social health.

Serajzadeh (2013), in a study titled Religion and Health, examining the effect of religiosity on health among a sample of students, conducted as a survey, confirmed the main hypothesis that there is a relationship between the level of social health and the type of guardianship. It was found that divorced women have the lowest level of social health.

Moghaddasi Jafari and Jafari (2006) conducted a study titled Critique of the Empowerment Approach of Women Heads of Households under Welfare Coverage. In this study, researchers studied 195 women in

Kermanshah city. This study used a survey and a questionnaire. The study found a significant, positive relationship between social capital and social health. There is also a positive correlation between the total social health score and all components of family social capital. This study also showed a significant, positive relationship between the income variable and social health.

Blanco and Diaz (2007), in an article titled Social Order and Mental Health, examined the relationship between dimensions of social health as an indicator of social order with other aspects of health, such as depression, self-esteem, perceived health, deprivation, the level of anomie and social interactions, positive and negative emotions, and satisfaction. The results showed that there is a positive and significant relationship between the dimensions of social health, as indicators of social order and deprivation, the level of anomie, and positive and negative emotions.

METHODS:

The present study is applied in terms of purpose and descriptive correlation in terms of method. The statistical population of this study is women aged 18-50 living in the city of Nurabad, Momsani, totaling 27,996 people according to the latest census (2016) from the Statistical Center of Iran. The sampling method adopted for this part of the study was simple random sampling, and the sample size was 384 people, determined using the Cochran formula. The instrument used in this study is a questionnaire. A researcher-made questionnaire was used to measure the research variables. The research questionnaire questions were designed based on the study's theoretical framework, the concepts and variables used in the research hypotheses, and similar research conducted within and outside the country.

Table 1: Cronbach's Alpha Coefficients of Research Variables

Variable	Dimensions	Cronbach's Alpha
Social Security	—	0.81
Education	—	0.75
Social Health	Social Actualization	0.71
	Social Acceptance	0.75
	Social Adaptation	0.72
	Social Cohesion	0.77
	Overall	0.81

Based on Table 1, the Cronbach's alpha values for all variables are at an acceptable level, indicating that all variables have sufficient reliability. Data analysis was conducted using SPSS version 22 software.

Research Hypotheses:

Hypothesis 1: It is assumed that there is a significant relationship between social security and women's social health in the city of Nurabad Mamasani.

Hypothesis 2: It is assumed that there is a significant relationship between educational level and women's social health in the city of Nurabad Mamasani.

Findings:

According to the research findings, the respondents in the sample ranged in age from 18 to 50, with a mean age of 33.97. Also, of the 384 individuals analyzed, 35.2 percent were single, and 59.6 percent were married women. Divorced and widowed women accounted for 3.1 percent and 2.1 percent of the total respondents, respectively. The Lur ethnicity constituted the highest frequency, comprising 61.2 percent of all respondents. Respondents with Persian ethnicity ranked second with 29.2 percent. The lowest frequency was among the Turkish ethnicity, with 7.3 percent of respondents. In addition, 2.3 percent of the respondents belonged to other ethnic groups. The educational status of the female respondents was categorized into four educational levels. Women with associate and bachelor's degrees constituted 50.5 percent of the total respondents. Women with a high school diploma accounted for 27.3% of respondents. Furthermore, 15.6 percent of women had a master's degree or higher, and only 6.5 percent of the total respondents reported primary or middle school education. The respondents' housing status was classified into four categories: owned, rented or mortgaged, organizational housing, and others. 61.5 percent of women owned their homes. 34.1 percent lived in rented or mortgaged houses, and only 2.1 percent lived in organizational housing. Table 2 presents the descriptive statistics for the independent variables.

Table 2: Descriptive statistics of the independent variables

Variable	Mean	Standard deviation	Minimum	Maximum	Number of observations
Social security	11.21	3.18	5	23	384
Education level	30.71	7.55	8	40	384

As shown in Table 2, the mean of social security is 11.21, and its standard deviation is 3.18. The number of observations for this variable is 384. The minimum and maximum values of social security are 5 and 23, respectively. The mean education level is 30.71, and the standard deviation is 7.55. The number of observations for this variable is 384, and there are no missing cases. The minimum and maximum education levels are 8 and 40, respectively.

Table 3: Relationship between social security and women's social health variables

Variable	Pearson correlation	Significance level
Social security	-0.083	0.113
P > 0.05		

Social security	-0.083	0.113
P > 0.05		

Table 3 indicates the absence of a relationship between social security and women's social health in Nurabad Mamasani. The obtained correlation coefficient is -0.083, and the significance level is 0.113. The results indicate that there is no significant relationship between social security and women's social health in Nurabad Mamasani, and the hypothesis of a relationship between the two variables is rejected.

Table 4: Relationship between education level and women's social health variables

Variable	Pearson correlation	Significance level
Education level	**0.332	0.001
**P < 0.01		

Table 4 shows the relationship between women's education level and social health in Nurabad city. The correlation coefficient obtained was 0.332, and the significance level was 0.001. The results indicate a positive and significant relationship between education level and women's social health, and the researcher's hypothesis has been accepted at a level greater than 99 percent.

CONCLUSION:

The present study aims to examine the relationship between social security and educational level with women's social health in Nurabad, Mamasani city. The social security variable has 5 items. The average social security was 11.21, indicating that the level of social security is below average. The minimum and maximum scores respondents obtained for security were 5 and 23, respectively. The education level variable was operationalized in 8 items. The women's responses ranged from 8 to 40. The average obtained was 31.71, which is higher than the average, and respondents believe that proper education leads to self-confidence, proper child-rearing, a healthier lifestyle, empowerment, and the ability to face problems effectively.

The aforementioned hypothesis that there is a relationship between social security and women's social health in Nurabad Mamasani city was rejected. In many sociological studies, social security has been found to have a significant relationship with social health; however, in this study, the focus is not on the relationship between security and social health. Perhaps one reason women do not pay attention to the security category is that research items mostly cover life security and do not address financial security, job security, etc., and this reductionism is less noticeable in a society that prioritizes life security, and respondents have passed this category.

The hypothesis that there is a relationship between the level of education and the social health of women in the

city of Nurabad, referred to as Momsani. In explaining this hypothesis, it can be said that higher education leads individuals to acquire new attitudes, which in turn give them more knowledge and experience in dealing with problems. Also, society expects educated individuals to have a greater capacity and to be more active in interactions between society and individuals. Such people will make greater efforts to be present in various areas of role-taking and adopt a more hopeful, positive view of the future. So, it can be expected that higher education will bring a more desirable level of social health. Some studies, such as those by Abdullah Tabar et al. (2008), Ramezani (2013), and Keyes (1998, 2004), have also reported the effect of education on social health.

The limitations of the study include the lack of cooperation from some respondents and the heavy financial burden of the thesis, which, in bad economic conditions, made it difficult to obtain funding and led to the costs of this research being multiplied.

Considering the relationship between education and social health, it is suggested that educational opportunities be provided, especially to women, so that they can showcase their talents. In this study, women believed that they had abilities and that society should pay attention to them. Society's attention to women includes attention to women's abilities, which entails attention to the education of this gender. Therefore, by observing educational justice, the possibility of education at any stage should be provided to everyone.

Conflict of interest:

I have no conflict of interest.

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