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Determinants of Social Health of Iranian Women Working in the Welfare Organization in 2021

Abstract

Today, considering that social health has different effects at both the individual and family level and at the social level, paying attention to women's social health as the first family and community health caregivers is very important. Social health, a factor for evaluating and recognizing how a person performs socially, is influenced by several factors and has been studied in various studies from different angles. The aim of this study was to investigate the social health status of Iranian women working in Welfare Organizations and to analyze the social, economic, cultural, and contextual determinants affecting its indicators in 2021.

The statistical population was Iranian women working in the welfare organization. Using Cochran's formula, the study's sample size was 138 people. Consisting of 80 questions were answered. Quantitative research data using univariate t-test, Pearson correlation coefficient, simple regression, and analysis of variance with SPSS software 25 items were analyzed.

The univariate t-test results show that most of the studied people have high social health. It claimed that the variable of patriarchal ideology, gender stereotypes in textbooks and mass media, and religiosity have a negative and significant relationship with all five dimensions of women's social health. The highest significant correlation is related to the relationship between patriarchal ideology and the dimension of social prosperity of social health, and the lowest significant correlation is related to the relationship between religiosity and the dimension of social cohesion. Also, it can be claimed that the variables of job rank, family social status, level of education and age of women, personal income, and amount of women's personal property has a positive and significant relationship with women's social health. The most significant correlation is related to the relationship between personal property and the social acceptance dimension of social health. The lowest correlation is related to the relationship between job rank and social adaptation. According to the analysis of variance, marital status, as a variable, has a significant relationship only with the social acceptance dimension of women's social health.

Keywords: *social health, working Iranian women, welfare organization, determinants*

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Introduction

1. Introduction and statement of the problem

According to the definition of the World Health Organization, health is the complete physical, mental and social well-being and not just being sick or disabled. In recent years, with the inclusion of the ability to have a useful life, socially and economically, this definition has become complete, and health is more intended as a means to an end that can be functionally expressed as a source. A resource enables people to lead a productive life individually, socially, and economically. Health is a positive concept that, in addition to physical abilities, emphasizes social and personal resources and facilities). Social health can be defined as the assessment of individuals about their social relationships, how others react to them, and how they interact with social and community institutions (Keys; Shapiro: 331). Social health represents a fundamentally public (as opposed to private) phenomenon that focuses on the social tasks that human beings face at the heart of social structures and societies. In the definition of the World Health Organization, social health is mentioned for the first time as one of the dimensions of health. Numerous studies have shown that the quantity and quality of people's relationships with others affect their physical and mental health. Social health, as one of the dimensions of health, is the ability to perform social roles effectively and efficiently without harming others; In fact, it is the evaluation of the situation and performance of the individual in society. Considering the development of human communication, identifying the factors that disturb the peace and health of individuals and the causes of social and psychological crises has become more important and, in turn, has increased the sense of individual and social need for social health.

On the other hand, its wide range, which includes all people, doubles the importance of studying social health and influencing factors. People with higher social health also have higher physical health. In such circumstances, a healthy family and society will be created, and the possibility of creating such a generation will be more realized. Also, people with higher social health can more successfully cope with the challenges of playing key social roles. They are more stable and cohesive and can participate more in collective activities. Thus social health will become a tool to prevent all kinds of deviations. Of course, suppose social health is reduced or lacking. In that case, irreparable complications and problems will occur (Modiri Safiri, Mansoorian, and 2017: 8). Therefore, social health is considered and measured by focusing on citizens in relation to

their interpersonal interactions and social participation. In fact, social health is a concept that is related to the relationship between the two concepts of health. And society emerges, given that society itself is a concept of credit and its external reality depends on each individual who has formed it, so the study of society should be studied and studied more than anything else members of society.

Meanwhile, the issue of women's health as half of the population is vital because women are the guardians of the next generations of society. Their importance often remains low and hidden behind the masculine management of society (Shokooh Navabi Nejad, 2006: 88). Women's social health is a necessary condition for the fulfillment of their social roles, and they can be more active in the family and society if they feel healthy and the society considers them healthy. Women's social health is one of the basic concepts in development and especially socio-economic development and welfare. Working women face their own problems and issues while performing their social roles, and sometimes their risk factors threaten them, which can undoubtedly cause their health to be at risk. The health of working women is not only valuable in itself, but their social health has a two-pronged function because if they are healthy, they will be able to better play their roles in their family and workplace. The importance of paying attention to the social dimension of development, as well as the WHO emphasis on social health, along with physical health, has caused the social health of women, especially working women, to become a common concern of sociologists and social planners in any society. Examining their social health status and related factors from various dimensions is important.

Since the social health of social service providers affects the quality of their services and the social health of their clients, and in Iran, the most important and effective organization providing social services to the people is the Welfare Organization, which has many female employees. It can be said that research on the important issue of the social health of women working in this organization is essential. Therefore, the present study seeks to investigate and answer the important question of the social health status of women working in the welfare organization and what factors affect this type of health.

2. Theoretical framework of research

Social health as the health of society or a healthy society: The most comprehensive model of the concept of social health belongs to Cory Keys, who believes that although social health since 1948 Global was considered as one of the several aspects of an individual's overall health, however, this concept is often assumed to be equivalent to macro-level social indicators, such as economic criteria (GDP, poverty rate).

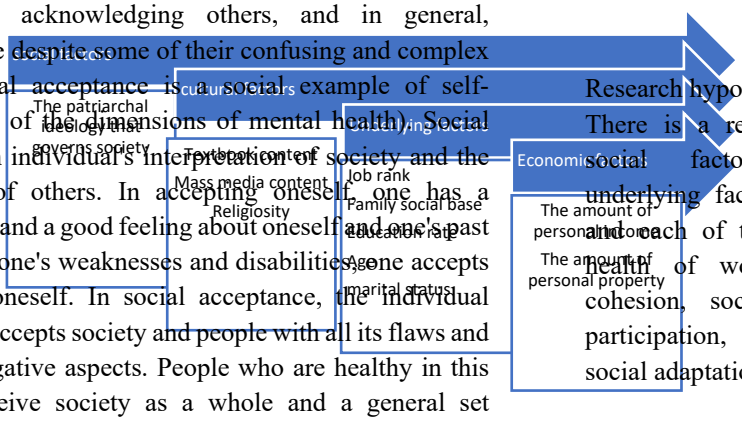
According to Keys what is missing from the social health literature is the recognition that individuals may evaluate their quality of life and their functions against social criteria. Keys believes that social health consists of several elements that show how and to what extent people perform well in their social life. For example, as a neighbor, colleague, and fellow citizen (Keys: 25), a person's personal life and performance cannot be assessed without considering social criteria. Good performance in life is more than mental health; it also considers social tasks and challenges. A socially healthy person performs well when he or she sees the community as a meaningful, understandable, and potential set for growth and prosperity and feels that he or she belongs to his or her social group and contributes to the community and its developmentbased on the social dimension and the level of social analysis, Keys has proposed five dimensions and basic indicators for social health.

Figure 1: Keyes Social Health Model (1998)

As can be seen in Figure 1, dimensions and basic indicators for social health include:

1. Social prosperity: Social prosperity means knowing and believing society is growing positively. Thinking that society has the potential to grow positively and can turn potential into reality, in other words, the belief that society is in control of its destiny and that it controls its evolutionary path with the help of its potential power. A person with personal growth believes that he is the creator of his destiny. Sees itself as constantly evolving and having potential forces that strive to nurture those forces (Keyes, 2004: 10), and people in society are flourishing in a way that promises optimal development, although this is not true for everyone (Keyes, 2004: 10) 2. Social cohesion: social adaptation means the belief that the community is understandable, rational, and predictable, knowing and being interested in the community and its implications. Healthy and social people are alert to the intrigues of the community. They feel that they can understand what is happening around them (Keys, 2002: 9). The meaning of cohesion is "evaluating a person by considering his association with the community around him" (Keys, 1998: 23). Sense of belonging can be a central aspect of health and therefore cohesion with others in the environment and the surrounding community should be the result of a shared experience of resemblance to others (Keys; Shapiro, 2004) 3. Social acceptance: having positive attitudes toward people, acknowledging others, and in general, accepting people despite some of their confusing and complex behaviors. Social acceptance is a social example of self-acceptance (one of the dimensions of mental health). Social acceptance is an individual's interpretation of society and the characteristics of others. In accepting oneself, one has a positive attitude and a good feeling about oneself and one's past life. Despite all one's weaknesses and disabilities, one accepts all aspects of oneself. In social acceptance, the individual believes in and accepts society and people with all its flaws and positive and negative aspects. People who are healthy in this dimension perceive society as a whole and a general set consisting of different people, accept others with all their flaws and positive and negative aspects and accept others as individuals. They have capacity and kindness, trust, and confidence. People believe that people can be diligent and effective. These people have a favorable view of human nature and feel comfortable with others. 4. Social participation is the belief that a person considers himself a vital member of society and thinks he has something valuable to offer to the world and his community. The feeling that people have something valuable to offer to society; these people try to feel loved and to share in a world that values them just because they are human (Keyes, 48: 2004). The social contribution shows how and to what extent people feel that what they do in the world is important and valuable to society and is considered social assistance. Social participation is also similar to the concepts of responsibility and self-efficacy. The self-employed person can perform certain behaviors and achieve certain goals. Social responsibility means creating specific commitments in relation to society. From the sum of these two concepts, social participation arises. Social participation, in general, means whether and to what extent one feels that what one does in the world or community is valued and effective in public welfare (Keyes & Shapiro, 2004).5. Social cohesion: cohesion or social solidarity means feeling part of society, thinking that a person belongs to society. Feeling supported and contributed to by the community. Social cohesion is the degree to which people feel something is common between them and those who make up their social reality, like their managers (Keys, 2004: 48-12). Thus, according to Keys, social health dimensions are composed of the following categories: social cohesion, social acceptance, social participation, social adaptation, and social prosperity.

The theoretical model of research



Research hypothesis

There is a relationship between the social factor, cultural factors, underlying factors, economic factors, and each of the indicators of social health of working women (social cohesion, social acceptance, social participation, social prosperity, and social adaptation).

3. Research Background Research explore social, cultural, and institutional barriers to female labor force participation in Lahore, Pakistan. The NVivo software program analyzed the data. Thematic analysis revealed that cultural, social, and institutional barriers affected female labor force participation. This study suggests that non-government organizations, governments, and society should play an active role in creating viable conditions for women to work.

studied the impact of gender inequality on female labor force participation and reviewed the existing literature about the impact of gender inequality on female force participation. This paper is based on secondary data. The paper has emphasized examining the influence of gender inequality on the participation of women in the workforce and their working conditions.

MoniqueWard and Grower (2020) summarize recent findings (2000–2020) concerning media's contributions to developing gender stereotypes in children and adolescents. Content analyses document that there continues to be an underrepresentation of women and a misrepresentation of femininity and masculinity in mainstream media, although some positive changes are noted. We offer several approaches for moving this field forward, including incorporating additional theories (e.g., stereotype threat), focusing more on boys and ethnic minority youth, and centering developmental milestones.

Chairozila and Bahiyah (2017) examine and reveal images of gender-stereotyped occupations from primary school English textbooks and uncover gendered attributes from these images. The textbooks investigate images based on how representational meanings reveal agentic and communal qualities. This study asserts that a more gender-equitable solution would be to give children a wider range of portrayals of men and women in order to communicate gender norms to children. Furthermore, parents, teachers, and schools must cooperate to encourage boys and girls at an early age to be interested in non-stereotypical options in subject choice.

Faragalla and Adriana (2020) framed around conceptualizations of gendered organizations and highlighted how cultural and social practices impact men and women differently. Our study found there are still organization practices that have profound gendered effects. Our study shows that there are contemporary human resource (HR) practices of recruitment, selection, and advancement; perceptions of visibility and invisibility at work; motherhood and childcare responsibilities; and finally, discourses of the glass ceiling that constitute organization and societal barriers that limit women's career progression. We explored these gendered constructions and suggested relevant HR strategies to aid women's advancement.

attempts to analyze how the social mindset of women being homemakers is one of the reasons that affect this. In addition, lack of education and job-oriented courses, lack of mobility, and discrimination at the workplace have acted as deterrents for women to come out to the public space for work. Legislations alone are not enough, and all stakeholders should join hands to close this gap.

4. Research method

Since this study examines the determinants of social health of working women, the unit of analysis of that person and its level of analysis is micro and is in the areas of women's sociology, social pathology, women's studies, gender sociology, and health sociology. The present study was a survey in terms of practical purpose and in terms of data collection and the size of the statistical population; a questionnaire was also used to collect data. The statistical population studied in this study was women working in the welfare organization whose number according to the census was 216 and the sample size after calculation using Cochran's formula, according to the sampling error of 0.05 and the confidence level of 95 / 0, 138 people were estimated. In the first step, the statistical population was divided into five groups based on job rank: service force, non-expert force, expert force, middle manager, and senior manager; then, in the second step, according to the required number of samples, random sampling from each group A simple questionnaire was administered based on the Keyes (2004) questionnaire, consisting of 80 questions (55 questions about independent variables and 25 questions related to the measurement of dependent variables).

In the present study, the face validity method, or the agreement of experts, was used to determine the validity of the research tool. The correlation between research items was determined through Cronbach's alpha test as 0.7.

5. Research findings

Descriptive findings

Demographic characteristics of the statistical sample of the present study are 1- Job rank (organizational position), 2- Socio-economic status of the family, 3- Education level, 4- Age, 5- Marital status, 6- Personal income, and 7- Personal property. The study of demographic characteristics of 138 women working in the welfare organization of the country based on job rank (organizational position) showed that the highest number of women in the professional rank of the expert force (82 people equals 59.4%) and the lowest number of women in The job rank was senior manager (6 people equivalent to 4.3%); based on the father's education (one of the measures of the family socio-economic status), the highest number of women with a father's education "under diploma" was 57 (41.3%); based on the monthly income of the husband / father (one of the measures of the family socio-economic base), the highest number of women with a monthly income of a husband / father between 5 and 10 million Tomans was 72, equivalent to 52.2%; according to the type of family home (one of the measures of the socio-economic status of the family), the highest number of women with the type of family home "living in a private home was 88 (63.8%); based on car / husband

ownership (one measures of socio-economic status of the family) the highest number of women with private cars was 115 people, equal to 83.1%; based on the education and employment status of the mother (one of the criteria of socio-economic status of the family) the highest number of women with education and employment of mothers 110 people (79.6%) had no university education and no job; the highest number of women with postgraduate education was 84 (61%) based on the level of education; 80 people were equal to 57.6%; based on marital status, the highest number of women was married and 98 people was equal to 7.2%; based on personal income, the highest number of women with personal income between 5 to 10 million Tomans, 75 people was 54.4%; and finally, based on personal property, the highest number of women with "two or more options" personal property was 83 (60.2%).

Analytical findings

Correlation test between independent and dependent variables

The results of the correlation analysis (Table 1) showed that there was a negative and complete correlation between independent variables (patriarchal ideology, religiosity, gender content of textbooks, and mass media) and the research-dependent variable (social health). From this perspective, the hypothesis of the research is approved. Based on this, it can be analyzed that the more patriarchal ideology, religiosity, and gender content of textbooks and mass media increase in society, the lower the level of women's social health. Of course, the strongest significant negative correlation is related to the relationship between patriarchal ideology and the dimension of social prosperity of social health with a correlation coefficient of -0.880, and the lowest significant negative correlation is related to the relationship between religiosity and social cohesion with a correlation coefficient of 669. It was also found that there was a positive and complete correlation between the independent variables (organizational position, family socio-economic status, level of education, age, personal income, and personal property) and the research-dependent variable (social health). This perspective confirms the Hypothesis of the research. Based on this, it can be analyzed that the higher the level of organizational position, socio-economic status of the family, education, age, personal income, and personal property of women, the higher their social health. The most significant positive correlation is related to the relationship between personal ownership and the social acceptance dimension of social health with a correlation coefficient of 0.895, and the lowest significant positive correlation is related to the relationship between organizational position and the social adaptation dimension with a correlation coefficient of 0.731.

Table 1: The result of the correlation test between social health and influencing factors

Variables		Social flourishing	Social acceptance	Social participation	Social adaptation	Social solidarity	Social health
Patriarchal ideology	Pearson correlation	0.880-**	0.865-**	0.844-**	0.830-**	0.835-**	0.866-**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000
Gender content Textbooks	Pearson correlation	0.722-**	0.721-**	0.751-**	0.745-**	0.760-**	0.745**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000
Religiosity	Pearson correlation	0.731-**	0.740-**	0.742-**	0.756-**	0.699-**	0.699**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000
Gender content Mass media	Pearson correlation	0.865-**	0.831-**	0.848-**	0.871-**	0.865-**	0.841**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000

Organizational position	Pearson correlation	0.765-**	0.766**	0.746**	0.731**	0.733**	0.755**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000
Socio-economic status of the family	Pearson correlation	0.802**	0.735**	0.745**	0.765**	0.856**	0.795**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000
Education level	Pearson correlation	0.798**	0.830**	0.819**	0.826**	0.811**	0.823**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000
Age	Pearson correlation	0.522**	0.575**	0.556**	0.439**	0.534**	0.553**
	Sig. (2-tailed)	0.445	0.426	0.623	0.811	0.826	0.921
Personal income	Pearson correlation	0.879**	0.846**	0.879**	0.891**	0.875**	0.881**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000
Personal Ownership	Pearson correlation	0.841**	0.895**	0.832**	0.831**	0.875**	0.855**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000

Regression analysis of predictors of women's social health

In this study, simple regression analysis was used to test whether the study's independent variables can predict the dependent variable, i.e., women's social health. Statistical indices for variables within the equation, such as regression coefficient b for raw scores and Beta for standardized scores and t-test, can be seen in Tables 2 and 3.

In path analysis, the path coefficient or beta (β) are the same numbers between variables or dimensions, which indicate that by increasing one independent variable unit, the dependent variable increases or decreases by several units. Also, to accept or reject the hypothesis, the coefficients t must be considered; if these coefficients are outside the range of 96 1.96, then that hypothesis is accepted. And textbooks have a negative and significant relationship with all aspects of working women's social health, and the study's first and second hypotheses are confirmed according to the obtained t-coefficients. The strongest negative relationship between patriarchal ideology and social prosperity of women's social health (-0.88) shows that for each unit of patriarchal ideology, 0.88 units, the social prosperity of working women decreases. The weakest negative relationship between the religiosity variable and the social cohesion dimension of social health Women was obtained (-0.62).

Table 2: Statistics of independent (non-demographic) variables of the regression model

independent variable	dependent variable	Path coefficient o
Patriarchal ideology	Social flourishing	0.88-
Patriarchal ideology	Social acceptance	0.86-
Patriarchal ideology	Social participation	0.83-
Patriarchal ideology	Social adaptation	0.79-
Patriarchal ideology	Social solidarity	0.78-
Gender content of textbooks	Social flourishing	0.68-
Gender content of textbooks	Social acceptance	0.69-
Gender content of textbooks	Social participation	0.75-
Gender content of textbooks	Social adaptation	0.71-
Gender content of textbooks	Social solidarity	0.77-
Religiosity	Social flourishing	0.64-
Religiosity	Social acceptance	0.75-
Religiosity	Social participation	0.77-
Religiosity	Social adaptation	0.78-
Religiosity	Social solidarity	0.62-
Gender content of the media	Social flourishing	0.80-
Gender content of the media	Social acceptance	0.75-
Gender content of the media	Social participation	0.78-
Gender content of the media	Social adaptation	0.86-
Gender content of the media	Social solidarity	0.84-

Based on the results in Table 3, since the value of the t-statistic for the variables of organizational position, socio-economic status of the family, level of education, age, personal income, and personal property is outside the range of 1.96 ‹, the hypothesis is confirmed, and since the regression coefficient

(β) is positive, with the increase of these variables, all dimensions of working health of working women increase by the regression coefficient. The strongest positive relationship between the variable of personal property and social acceptance of healthy women's social status was obtained (0.801). This result means that for every increase in personal property units, 0.801 units, the social acceptance of working women increases. The weakest positive relationship between the variables of the socio-economic status of the family and the social acceptance dimension of women's social health was obtained (0.320). Since the demographic variable (marital status) is nominal and cannot be averaged, the analysis of variance (ANOVA) was used to examine its effect on women's social health in this study. The results can be seen in Table 3.

Table 3: Statistics of independent variables (mean demographics) of regression model

Model	Non-standard coefficients		Standard coefficients	t	Sig.
	Regression coefficient (β or Beta)	Standard deviation	Beta		
Constant number	2.238	0.295	-	7.588	0.000
Organizational position Social flourishing	0.508	0.066	0.548	7.638	0.000
Constant number	2.392	0.325	-	7.351	0.000
Organizational position Social acceptance	0.466	0.073	0.478	6.353	0.000
Constant number	2.755	0.314	-	8.768	0.000
Organizational position Social participation	0.379	0.071	0.418	5.361	0.000
Constant number	2.390	0.340	-	7.022	0.000
Organizational position Social adaptation	0.460	0.077	0.457	5.993	0.000
Constant number	2.438	0.314	-	6.895	0.000
Organizational position Social solidarity	0.432	0.071	0.422	5.426	0.000
Constant number	2.286	0.304	-	7.520	0.000
Family base Social flourishing	0.490	0.068	0.528	7.248	0.000
Constant number	3.012	0.355	-	8.476	0.000
Family base Social acceptance	0.320	0.079	0.328	4.043	0.000
Constant number	2.530	0.310	-	8.152	0.000
Family base Social participation	0.425	0.069	0.467	6.161	0.000
Constant number	2.859	0.375	-	7.631	0.000
Family base Social adaptation	0.331	0.083	0.323	3.976	0.000
Constant number	1.308	0.280	-	4.667	0.000
Family base Social solidarity	0.698	0.062	0.693	11.202	0.000
Constant number	2.878	0.392	-	7.348	0.000
Education Social flourishing	0.358	0.088	0.330	4.075	0.000
Constant number	1.869	0.375	-	4.979	0.000
Education Social acceptance	0.580	0.084	0.509	6.894	0.000
Constant number	2.729	0.380	-	7.186	0.000
Education Social participation	0.382	0.085	0.359	4.486	0.000
Constant number	2.859	0.375	-	7.631	0.000
Education Social adaptation	0.331	0.083	0.323	3.976	0.000

Constant number	2.859	0.375	-	7.631	0.000
Education Social solidarity	0.331	0.083	0.323	3.976	0.000
Constant number	2.505	0.346	-	5.948	0.000
Age Social flourishing	0.540	0.077	0.516	7.032	0.000
Constant number	1.906	0.363	-	5.247	0.000
Age Social acceptance	0.567	0.081	0.516	7.028	0.000
Constant number	2.705	0.367	-	7.374	0.000
Age Social participation	0.384	0.081	0.375	4.712	0.000
Constant number	2.390	0.413	-	5.782	0.000
Age Social adaptation	0.435	0.092	0.323	4.740	0.000
Constant number	2.294	0.398	-	5.763	0.000
Age Social solidarity	0.473	0.088	0.417	5.352	0.000
Constant number	2.612	0.339	-	7.712	0.000
Personal income Social flourishing	0.433	0.078	0.428	5.522	0.000
Constant number	2.882	0.370	-	7.786	0.000
Personal income Social acceptance	0.363	0.086	0.341	4.233	0.000
Constant number	2.836	0.341	-	8.320	0.000
Personal income Social participation	0.370	0.079	0.373	4.690	0.000
Constant number	1.957	0.360	-	5.443	0.000
Personal income Social adaptation	0.556	0.083	0.497	6.682	0.000
Constant number	2.307	0.364	-	6.343	0.000
Personal income Social solidarity	0.491	0.084	0.447	5.829	0.000
Constant number	1.735	0.363	-	4.774	0.000
Personal property Social flourishing	0.597	0.079	0.544	7.567	0.000
Constant number	0.777	0.327	-	2.374	0.000
Personal property Social acceptance	0.801	0.071	0.395	11.264	0.000
Constant number	1.969	0.368	-	5.347	0.000
Personal property Social participation	0.536	0.080	0.499	6.708	0.000
Constant number	1.601	0.417	-	3.842	0.000
Personal property Social adaptation	0.598	0.090	0.493	6.606	0.000
Constant number	1.414	0.393	-	3.602	0.000
Personal property Social solidarity	0.655	0.085	0.550	7.681	0.000

According to Table 4, since the significant value or Sig is higher than the error level (α), i.e., 0.05, it is concluded that among the four groups of single, married, divorced, and widowed women in terms of the score of social prosperity dimensions, Social acceptance, social adaptation, and social cohesion there is no significant difference in social health. In fact, this means that the marital status variable does not affect these dimensions of the social health of working women.

Based on the Tukey post hoc test, it was found that the conditions of married women in terms of social health participation score are higher than other groups and are in first place; the next score belongs to single women, and divorced and widowed women obtained the lowest score. According to

these results, the variable of the marital status of women is related only to the dimension of social participation in the social health of working women.

Table 4: Analysis of variance (ANOVA) related to marital variabl

Variables	Constant number	Total power of the second	df	Average power of the second	F	Sig.
Marital status Social flourishing	Intra groups	1.629	3	0.543	1.031	0.381
	Intergroup	70.610	134	0.527		
	Total	72.239	137			
Marital status Social acceptance	Intra groups	7.589	3	2.530	4.696	0.004
	Intergroup	72.186	134	0.539		
	Total	79.775	137			
Marital status Social participation	Intra groups	1.747	3	0.582	1.152	0.331
	Intergroup	67.710	134	0.505		
	Total	69.457	137			
Marital status Social adaptation	Intra groups	1.825	3	0.608	0.941	0.556
	Intergroup	86.502	134	0.646		
	Total	88.326	137			
Marital status Social solidarity	Intra groups	2.598	3	0.866	1.407	0.244
	Intergroup	82.482	134	0.616		
	Total	85.080	137			

6. Conclusion

In this study, social health was assessed by focusing on working women in relation to social prosperity, social acceptance, social participation, adaptation, and social cohesion. The results of the present study showed that most of the respondents (59.4%) had an expert organizational position. Also, most of the respondents had a master's degree (61%), were married (71.2%), and were 40 to 50 years old (57.6%). Most of them had a monthly personal income of between 5 and 10 million tomans (54.4%) and several personal property items, including property, cars, savings accounts, and shares (60.2%). The fathers of most of the respondents had less than a diploma (41.3%) and a personal car (83.1%), and the income of the father/spouse of most of them was between 5 to 10 million Tomans (52.2%). Most of the respondents were at home. Some lived (63.8%), and most of their mothers had no university education or job (79.6%).

The findings of the present study showed that the variables of patriarchal ideology = 3.9541 (mean), gender content of textbooks = 3.3756 (average), and gender content of mass media = 4.1226 (average) from the perspective of women working in the welfare organization are high. Also, the variables of religiosity = 3.3558 (average) and social health = 3.5238 (average) are also at a high level. Findings show that there is a negative and complete correlation between independent variables (patriarchal ideology, religiosity, gender content of textbooks, and mass media) and research dependent variable (social health), and the patriarchal ideology variable among the independent variables of research is the most influential. Negative (first rank) in explaining the social health of working women. It was also found that there is a positive and complete correlation between independent variables (organizational position, socio-economic status of the family, level of education, age, personal income, and personal

property) and the dependent variable there is research (social health). The variable of personal property has had the most positive effect (first place) in explaining the social health of working women. The marital status variable is related only to the social participation dimension of the social health of working women. Social participation is higher than other groups (single, divorced, and widowed). This study's results on the hypothesis test based on the relationship between social factors and the level of social health of working women have acted to confirm it. The present study's findings showed that the ideology of patriarchy as a social factor has a negative and significant relationship with the social health of working women. The patriarchal ideology that governs society is one of the important components of gender inequality, which aims to protect the unequal situation between men and women, which divides human beings in society into upper and lower groups. The results of the present study are in line with the research conducted by, Ahmadi and Grossi (2004), and Tavakoli Vala (2006).

On the other hand, the results of this study on the hypothesis test based on the relationship between cultural factors and the level of social health of working women have confirmed it. The present study showed that there is a negative and significant relationship between cultural factors such as religiosity, gender content of textbooks, gender content of mass media, and the social health of working women. The school and the media play the role of software for the production and reproduction of the dominant ideology in society and are one of the most active institutions in the field of the superstructure (according to Marx). Gender characteristics are a set of characteristics that textbooks have tried to internalize and shape. Although textbooks are not the only factor in this field, they are one of the most important factors Textbooks are presented within a context of power. This texture, on the one hand, shapes children's attitudes about gender roles and, on the other hand, reinforces them. In this way, the messages presented by the books affect the minds and thoughts of students and lead to learning gender roles The mass media also use the tools of television, cinema, radio, newspapers, and the Internet to create societal stereotypes. They can increase or decrease gender inequality in society, affecting women's social health. This finding of the present study is in accordance with the results of the studies of component of culture is the prevailing religion in any society.

The importance of religion and religious teachings is such that many know the root of human thoughts and opinions in religion. Religiosity is a set of cognitions, feelings, and relatively stable and positive tendencies towards religion that exist in a normal, natural, social, and psychological state in a person and appear in his actions towards the attractive force (God) of the world, himself, society and history. Therefore, religiosity impacts society and its consequences, including women's social health. It is exactly the opposite because, according to the functionalist approach, religion unites society, strengthens social solidarity, and maintains social cohesion. Religion also strengthens the unity of the people of society. It intensifies their separation from members of other groups. Creating a collective spirit, religious enthusiasm, and public sentiment through collective rituals and ceremonies can provide the necessary grounds for bonding between members and social cohesion Belief in the positive effect of religiosity on social health. Still, the results of this study indicate the negative impact of religiosity on the social health of women working in welfare organizations.

The results of this study have been used to test the hypothesis based on organizational relationships, family socio-economic status, age, and level of education of working women as underlying factors and the level of social health of working women. The present study's findings showed a positive and significant relationship between these underlying factors and the social health of working women. This conclusion shows that by increasing parents' education level, family income, maternal employment, car ownership, and the type of residential house, which promotes women's social family status, people's access to resources increases and increases their social health. In this regard, the relationship between the socio-economic status of the respondents' families and their social health is consistent with the results of Keys (1998), Keys and Shapiro (2004). Keys (1998) stated that high socio-economic status improves social health. Contrary to Keys' view, however, Marxists associate social class with the degree to which they enjoy health. Other scholars believe that pursuing financial goals in life can lead to a decline in health, and the reason is that pursuing such goals reduces the chances of achieving other enjoyable goals (Tajuddin, 1396). It was also concluded that women's social health increases in all five dimensions with increasing age. This result seems reasonable given the age conditions among women because as women age, they feel happier and more satisfied with their lives, and their social health increases

Shiri, 2015 147 also based on the conclusions, a significant difference was observed between women's average social health level (in all four dimensions) with high job ranks and women with low job ranks. Therefore, according to the present study's findings, the average social health is different between women who are senior managers and women who have lower occupations. The level of social health of women with managerial positions is higher than those without managerial positions because of access to managerial positions. Appropriate will continue to connect women with society and meet their social, economic, and psychological needs, and at the same time, increase the social health of working women.

This finding is consistent with the results of Yazdanpanah and Nikvarz (2015) and Shiri Mohammadabad (2015). The results of this study on the hypothesis test on the relationship between the marital status of working women as one of the underlying factors and the level of social health of working women have acted to reject it. Based on the results of the present study, no significant difference was observed between the average level of social health and its dimensions among single and married women, widows, and divorced women working in welfare organizations. The average of the four groups differs in the "social acceptance" dimension, and married women scored higher in the social acceptance dimension. Thus, the variable of marital status has a positive effect only on the "social acceptance" dimension of social health. Still, the average social health among single and married women does not differ in the other three dimensions of social health (cohesion, adaptation, and social participation). This is in line with Marx and Lambert (1988), who argues that although marriage generally enhances women's social health, single people also experience certain aspects of health, most importantly, a greater sense of independence and personal growth than individuals. Married is appropriate because marital status creates social health for both women due to the situation it creates for married women (providing emotional and moral support in anxious moments) and single (sense of independence and failure to play multiple roles of mother, wife, and child). The group will have a positive impact.

This study's results on the hypothesis test based on the relationship between economic factors and the level of social health of working women have confirmed it. The present study's findings showed a positive and significant relationship between economic factors such as monthly income and personal property and the social health of working women. This conclusion is consistent with Chafts's theory.

The most important conclusion that can be drawn from the present study is that social health is more due to the improvement of the conditions of the society in which women live than to the improvement of individual conditions, no matter how much the structural conditions of the society improve. It can be expected that the level of women's social health will also improve. In fact, the promotion of social health is highly dependent on the promotion of social, economic, cultural, and contextual factors of society.

7. Policy recommendations based on the research hypothesis:

• To improve the level of women's social health, it is necessary to correct the ideology of
patriarchy in Iranian society.

• To improve the level of women's social health, It is necessary to remove gender stereotypes from textbooks, movies, and TV series and not introduce women as submissive and dependent beings whose only duty and purpose are to have children and raise children.

• In order to improve women's social health, new interpretations of religion should be made over time according to the current situation of women to answer their current women's problems.

•To improve the level of social health of women working in the country's welfare organization, managerial positions should be distributed based on meritocracy and not gender and relationships.

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