The Relationship of Spiritual Health with Family Integration and Identity Styles in Women with no or Bad **Head of the Household**

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Abstract

Background and Objective: Today, the number of abandoned women and the women with bad husbands is increasing in the world for different reasons. Most of these families have many problems leading them to be known as a vulnerable group that is faced with many mental problems. The present study attempts to examine the relationship between the three variables of spiritual health, family integration, and identity in the women with no or a bad head of the household.

Methods: The present study is descriptive-correlational. The statistical population of the study included the employed housewives with no or bad heads of the household (n=1013), who were under the support of the Welfare Organization of Alborz province in Iran in 2019-2020. Finally, 285 women were selected under four sub-groups: employed women with bad heads of the household, employed women with no head of the household, housewives with no head of the household and housewives with a bad head of the household. In this study, all ethical considerations were observed and the authors reported no conflict of interests.

Results: The findings showed that in the women with no head of the household, a significant and positive relationship existed between spiritual health and family integration (P<0.01, r=0.39) and there was a positive relationship between spiritual health and successful identity styles (P<0.01, r=0.24). Furthermore, the relationship between spiritual health and identity styles was statistically significant. In the housewives with a bad head of the household, the relationship between spiritual health and successful identity styles was significant at 0.05 and positive (P<0.05, r=0.24). In the employed women with a bad head of the household, spiritual health had a significant and negative relationship with the 'disturbed' identity style (P<0.05, r=-0.60). In the housewives with a bad head of the household, spiritual health was found to be significantly and positively correlated with family integration (P=0.01, -r=0.49).

Conclusion: The findings show that there is a significant and direct relationship between spiritual health and family integration and identity styles. Improving spiritual health in women with no or bad head of the household will be effective in reinforcing family integration; the fundamental effect of spiritual health as a major source of identity creation in the society particularly in a religious society such as Iran, will have a very important role.

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Summary

Background and Objective

Today, the number of abandoned women and the women with bad heads of the household is

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(i.e., Research on Religion & Health)

increasing in the world for different reasons. Based on the Welfare Organization's definition, the women who are responsible for taking care of their families includes those who are responsible for earning a living to meet their own and their families' material and spiritual needs (1). Most of these families have many problems turning them into a vulnerable group that is faced with many mental problems (2, 3).

Since religion, spirituality and spiritual health are important as influential factors in family integration and giving identity to individuals, the present study attempts to examine the relationship between the three variables of spiritual health, family integration, and identity in the abandoned women and the women with a bad head of the household.

Methods

Compliance with ethical guidelines: In order to observe the ethical guidelines, the participants' informed consent was obtained and they were assured that their information would be kept confidential.

The present study is descriptive-correlational. The statistical population of the study included the employed housewives with no or bad heads of the household (n=1013), who were under the support of the Welfare Organization of Alborz province in Iran in 2019-2020. Their range of age was from 18 to 50 with mean age of 38 and all of them were mothers in their family. Finally, based on Morgan's table, 285 women were selected and assigned to four groups: employed women with a bad head of the household, employed women with no head of the household and housewives with a bad head of the household.

The inclusion criteria of the study included being employed women and housewives with no or bad heads of the household and under the support of the Welfare Organization and the exclusion criteria included unwillingness to participate in the follow-up tasks, refusal to fill in the questionnaire and having mental disorder based on self-report. All the questionnaires were completed in one session and if the participants were illiterate, the researcher read the questions out to them. The collected data were analyzed by descriptive and inferential statistics using correlation analysis and hierarchical regression.

For data collection, three questionnaires were used including the Objective Scale of my Identity Base, Family Integration questionnaire, and Poltzin's Spiritual Health questionnaire.

Results

Based on the results, out of the 251 participants who completed the questionnaires, 45 had bad a bad head of the household and 206 had no head of the household. In addition, 3 were married and 208 were single. In terms of employment, almost half (51.4%) were employed and the other half (48.6%) were housewives. Out of them, 186 specified their income; almost half (43.3%) had an income lower than one million Tomans in a month. Besides, most of them (n=113) had either received education in school with no diploma or had a diploma (n=86).

The findings showed a significant and positive relationship between spiritual health and family integration (P<0.01, r=0.39). Furthermore, the relationship between spiritual health and identity styles was statistically significant. The relationship of spiritual health with successful identity styles was positive but negative with the other three styles. Overall, in the abandoned employed women, all the variables except the family integration had a significant relationship with 'disturbed' identity style. Spiritual health had no significant relationship with family integration and 'delayed' identity style in housewives with no head of the household. But the relationship between spiritual health and the successful identity style was significant at 0.05 and positive (P<0.05, -r=0.24). In addition, the correlation between spiritual health and 'disturbed' and 'premature' identity styles was significant and negative. In the employed women with a bad head of the household, spiritual health had a significant and negative relationship only with the 'disturbed' identity style. In the housewives with a bad head of the household, spiritual health was found to be significantly and positively correlated with family integration (P=0.01, -r=0.49) but this relationship was negative and significant with the 'disturbed' and 'premature' identity styles.

Conclusion

The purpose of the present study was to examine the relationship of identity and spiritual health with family integration in women. The findings revealed a significant and positive relationship between spiritual health and family integration. The results of the study by Hayati et al. about the women supported by Imam Khomeini Relief Committee also showed a significant and positive relationship between spiritual experiences and family integration (4). The results of another study on the relationship of spirituality and forgiveness with family integration and adaptability in the veterans injured in war showed that the variables

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of life meaningfulness, relationship with God, spiritual performance and development and social religious activities as the subscales of spirituality had a positive relationship with family integration. In this study, it was found that relationship with God and social and religious activities have a considerable role in predicting family integration and adaptability in the veterans and their families (5). The results of the present study are matched with those of Paziresh, who examined the role of spiritual experiences in family disintegration and reducing socio-behavioral harms to women (6).

Another finding of the study was that there is a relationship between successful identity style and spiritual health in employed women and housewives with no head of the household. In addition, religion and identity are two important factors in human social and individual life that can influence some aspects of individual life (7).

Improving spiritual health in women with no or bad head of the household, who constitute a large part of the population in the society, will be effective in reinforcing family integration; on the other hand, the fundamental effect of spiritual health as a major source of identity creation in the society particularly in a religious society such as Iran, will have a very important role.

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Ethical considerations

According to the authors, this article is obtained from the MA thesis of the first author entitled "the moderating effect of spiritual health on the relationship between identity styles in women and family integration: developing the methods of spiritual health in the formation of successful identities in women", which had been confirmed and approved by the department and research council of the Faculty of Literature, Human and Social Sciences of Islamic Azad University, Science and Research Branch on 2019/28/01.

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According to the authors, this study had no sponsor and was carried out at the first author's personal expense.

Conflict of interest

the authors reported no conflict of interests.

Authors' contribution

writing all sections of the article: first author; collecting and analyzing the data: second author.

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علاقة الصحة النفسية بالتماسك الأسري واشكالية الهوية وظاهرة التشرد والعنف الأسرى لدى النساء

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الكلمات الرئيسة:

التماسك الأسرى النساء المعرضات للعنف الأسرى النساء الأرامل أنماط الهوية

الملخص

خلفية البحث وأهدافه: تصاعد عدد الأسر التي تعيلها النساء أو الأسر المتعرضة للعنف الأسري في كافة أرجاء العالم في السنوات الأخيرة. ومعظم هذه الأسر تعانى من مشاكل عديدة تضعها في خانة الشرائح الإجتماعية الهشّة وتجعلها معرّضة للكثير من المشاكل والتحديات النفسية. تمدف هذه الدراسة رصد العلاقة بين ثلاثة متغيرات هي السلامة النفسية، والتماسك الأسري، وإشكالية الهوية لدى النساء الأرامل والمعرضات للعنف الأسرى.

منهجية البحث: تعمتد الدراسة المنهجية الوصفية الإرتباطية. والمجتمع الإحصائي الذي حرت عليه الدراسة هو ربات البيوت والأرامل العاملات المتعرضات للعنف الأسري والمدرجات تحت حماية المؤسسات الإغاثية الإجتماعية في مدينة كرج. وقد اختير ١٠١٣ إمرأة في عام ٢٠٢٠–٢٠١٩ لإجراء الدراسة. وفي الإختيار الأخير تم اختيار ٢٨٥ إمرأة وتم تقسيم هذه النساء إلى أربع فئات كالتالي: ١) النساء العاملات المتعرضات للعنف الأسري، ٢) الأرامل العاملات، ٣) ربات البيوت المتعرضات للعنف الأسري، ٢) ربات البيوت الأرامل. واستفادت الدراسة لجمع المعلومات من ثلاثة استبيانات في موقع هويتي الإلكتروني، واستبيان التماسك الأسري والسلامة الروحية لبولوتزين. تمت مراعاة جميع الموارد الأخلاقية في هذا البحث وإضافة إلى ذلك فإنّ مؤلفي البحث لم يشيروا إلى أيّ تضارب في المصالح.

المعطيات: اظهرت النتائج أنّ علاقة السلامة الروحية بالتماسك الأسري النساء الأرامل العاملات هي علاقة و $P<\cdot/\cdot$ ۱) و $P<\cdot/\cdot$ ۱) كما كانت لها علاقة إيجابية بمسألة انماط الهوية ($r=\cdot/\pi$ 9 و $P<\cdot/\cdot$ ۱) نام بالنسبة إلى ربات البيوت الأرامل فقد كانت العلاقة بين السلامة الروحية وأنماط الهوية علاقة $(r=\cdot/\tau)$ إيجابية بنسبة 8% وذات دلالة واضحة (P<./00) و P<./00) أما فئة العاملات الأرامل فقد كانت علاقة السلامة الروحية بانعدام الهوية علاقة سلبية يمكن الإشارة إليها $P<\cdot/\cdot$ 0). في حين كانت العلاقة بين السلامة الروحية بالتماسك الأسري لدى ربات البيوت المعرضات للعنف الأسري علاقة ایجابیة وذات دلالة واضحة $P<\cdot/\cdot$ و $P<\cdot/\cdot$ و ایجابیة وذات دلالة واضحة $P<\cdot/\cdot$

الاستنتاج: أظهرت النتائج أن السلامة الروحية لها علاقة مباشرة بالتماسك الأسري وأنماط الهوية. وتعزيز السلامة الروحية لدى النساء المعرضات للعنف الأسرى والنساء الأرامل، يمكنه توطيد أواصر الأسرة. إذن تأثير السلامة الروحية كمصدر من مصادر صناعة الهوية في المجتمع البشري وخاصة مجتمع ديني كالمجتمع الإيراني ذو أهمية كبيرة في توطيد وشائج الأسر.

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رابطهٔ بین سلامت معنوی با انسجام خانواده و سبکهای هویت در زنان بیسرپرست و بدسرپرست

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واژگان کلیدی:

انسجام خانواده زنان بدسرپرست زنان بیسرپرست سبکهای هویتی

چکیده

سابقه و هدف: امروزه پدیدهٔ خانوارهای زنسرپرست یا بدسرپرست به دلایل مختلف در تمام دنیا رو به فزونی است. بیشتر این خانوارها مشکلات عدیدهای دارند که موجب شده است قشری آسیبپذیر شناخته شوند و با مشکلات روانی متعددی روبهرو باشند. هدف از این مطالعه بررسی ارتباط بین سه متغیّر سلامت معنوی، انسجام خانوادگی و هویت در میان زنان بی سرپرست یا بدسرپرست خانواده بود.

روش کار: پژوهش حاضر از نوع توصیفی-همبستگی است. جامعهٔ پژوهش زنان خانهدار و شاغل بی سرپرست و بدسرپرست تحت پوشش بهزیستی شهر کرج به تعداد ۱۰۱۳ نفر در سال ۱۳۹۸-۹۹ بود. درنهایت ۲۸۵ نفر ذیل چهار گروه با گروهبندی زنان بدسرپرست شاغل، بی سرپرست شاغل، بدسرپرست خانهدار و بی سرپرست خانهدار انتخاب شدند. برای جمع آوری داده از سه پرسش نامهٔ سنجش عینی پایگاه هویت من، انسجام خانواده و سلامت معنوی پولوتزین استفاده شد. در این پژوهش همهٔ موارد اخلاقی رعایت شده است و مؤلفان مقاله تضاد منافعی گزارش نکردهاند.

یافته ها: نتایج نشان داد که در زنان بی سرپرست شاغل سلامت معنوی با انسجام خانواده رابطهٔ مثبت و معنادار $P<\cdot/\cdot$ ۱ و $P<\cdot/\cdot$ ۱ و با سبکهای هویت موفق رابطهٔ مثبت داشت $P<\cdot/\cdot$ ۱ و $P<\cdot/\cdot$ ۱. در زنان بی سرپرست خانه دار رابطهٔ بین سلامت معنوی و سبک هویت موفق در سطح $P<\cdot/\cdot$ ۱ مثبت و معنادار بود $P<\cdot/\cdot$ ۱ و $P<\cdot/\cdot$ ۱. در نمونهٔ زنان بد سرپرست شاغل سلامت معنوی تنها با سبک هویت آشفته رابطهٔ منفی و معناداری داشت $P<\cdot/\cdot$ ۱ و $P<\cdot/\cdot$ ۱. در نمونهٔ زنان بد سرپرست خانه دار سلامت معنوی با انسجام خانواده رابطهٔ مثبت و معنادار آماری نشان داد $P<\cdot/\cdot$ 1 و $P<\cdot/\cdot$ 1.

نتیجه گیری: یافته ها نشان می دهد که سلامت معنوی با انسجام خانواده و سبکهای هویتی رابطهٔ مستقیم و معناداری دارد. تقویت سلامت معنوی زنان بدسرپرست و بی سرپرست، در تقویت انسجام خانوادگی آنان مؤثر خواهد بود؛ تأثیر بنیادین سلامت معنوی به عنوان یکی از منابع اصلی هویت ساز و هویت بخش در جامعه به ویژه در جامعه ای دینی مثل ایران نقشی بسیار مهمی خواهد داشت.

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مجلهٔ پژوهش در دین و سلامت