



**International Journal of Biology, Pharmacy  
and Allied Sciences (IJBPAS)**

*'A Bridge Between Laboratory and Reader'*

[www.ijbpas.com](http://www.ijbpas.com)

---

**PREDICTING FAMILY FUNCTIONING BASED ON SOCIAL SUPPORT AMONG  
MARRIED WOMEN RESORTING TO HEALTH HOUSES OF DISTRICT 1 OF  
TEHRAN**

**NEGAR ROUSTA AND PANTEA JAHANGIR\***

**Department of Educational Sciences, Islamic Azad University, Roudehen Branch,  
Roudehen, Iran**

**\*Corresponding author: Pantea Jahangir, Department of Educational Sciences, Islamic  
Azad University, Roudehen Branch, Roudehen, Iran**

**E Mail: [Panteajahangir@yahoo.com](mailto:Panteajahangir@yahoo.com); Tel: 09123750263**

**ABSTRACT**

The present research seeks to predict family functioning based on social support for married women. The population includes all the women resorting to the Health Houses of district 1 of Tehran. Multi-staged random method was utilized for sampling. The questionnaires used in this research were Mc Master's family functioning and the Vaux social support inventories. The results indicated a correlation of 0.436 between social support and family functioning. The 19% variance determined for family functioning is explained by social support. The information about variance analysis shows that the role of social support in family functioning is significant in the level of 0.01. A linear relationship is also observed between the internal variables. A significant relationship in the level of 0.01 is observed between social support as the predictive variable and family functioning as the criteria variable. It may be asserted with 99% certainty that social support plays a major role in describing the family functioning.

**Keywords: Family Functioning, Social Support, Married Women**

**INTRODUCTION**

Family is the first social institution that fulfills the physical and mental demands of the individual. It is also the first development environment which can pave the way for

flourishing and developing people. Like any other system, a family is composed of many interacting components. These components taken together may result in independence and cohesion and form a flourishing family, or result in conflicts and disputes and form a broken family (1). Family is the first and the most important cradle for the development of various dimensions of people, especially their psychological dimension. Thus, the type of the interaction among members and family functioning can be of great significance in fulfilling this goal (2). Family functioning is one of the most important indicators which guarantees life quality and mental health of the family and its members. Any negative relationships between family members are considered to be the most important factors that cause and sustain mental and emotional disorders in the family. As the researches indicate, in those families where the relationship and interaction between members is based upon friendship, understanding and intimacy, all the members will be immune against life pressures. Family functioning is associated with the mental health of its members (3). Family functioning is an important feature of family which influences the physical, social and emotional health of the kids. As a matter of fact, what takes place in a family and its functioning

can be key factors in creating flexibility and reducing current and future dangers associated with unfavorable events and inappropriate conditions. Motivating and educating environments help kids learn and develop. On the other hand, adverse family environments can be really harmful to most of the developmental aspects of kids and their positive transition to adulthood (4). Healthy family functioning is similar to a developing interactive phenomenon. According to this approach, a normal family is one with a coherent structure which can pave the way for the development and prosperity of its members. It can also match itself to renewing environmental factors without being bothered and family members will show no complaints in this process (5). Family functioning is also deeply influenced by certain relationships between family members. The relationships established between kids and other family members especially parents have importance consequences on the physical and mental health of them (6). As family and wife and husband are considered as a single system, the relationship between members influences them, just as they influence one another (7). Marriage is an important tradition in all societies (8) and family is one of the most important social institutions which forms the

basis for establishing the society and sustaining human sentiments. Any failures in family performance will have negative consequences on the process of socializing and normalizing the children (9). Family functioning points to the systematic properties of a family. As a matter of fact, family functioning can be described in terms of the following factors: family's ability in coordinating or complying with the changes which have taken place during the life, resolving the conflicts, solidarity between members and success in disciplinary patterns, observing the boundaries between people and enforcing the rules and laws governing this institution in order to sustain the system of family (10). According to Apschtein (1983), family functioning patterns are more dependant upon family features and systematic methods and interactions between the members than the internal characteristics of every individual member. Family functioning patterns are shaped by the following 7 factors: communication, emotional involvement, role performance, problem solving, emotional support, behavior control, and general functioning (11). Thus, establishing healthy relationships between family members will have positive consequences in the society. We may well

say that family functioning has a direct impact on social functioning (12).

Various definitions about the concept of social support have been suggested in psychology texts. Social support is a critical need for every individual. Social support will result in a positive self-image, self acceptance, and a sense of value all of which pave the way for the individual's prosperity (13). Social support is supposed to consist of two branches, namely emotional support and instrumental support. Emotional support can be defined as an intimate and affectionate relationship, while instrumental support means providing services, aiding in activities, giving money and other helps that people might require (14). In fact, social support entails fulfilling all the demands and requirements of people like loving, trust, security and intimacy through social relationships (15). Thus, social support acts as a shield against highly stressful life events (16). Social support is also associated with reduction of anxiety, depression and other psychological factors (14). Social support is a set of general and exclusive supporting behaviors which remove the mental pressures from people and as the researches indicate, it can influence the mental, social and physical health of people. People with higher levels of social support will benefit from higher levels

of physical, mental and social health and comply more effectively with life stresses (17), (18), (19). Social support results in mutual commitments and will lead to the individual feeling being loved, cared about and gives them a sense of self-esteem and value, Self-esteem is the foundation of good life .And one of the normal personality features is to have self-esteem .(20).

Certain researches point to the relationship between family performance and social support. Kai, Chain, Bi and Shi (2006) studied the influence of social support and family functioning on the mental symptoms of Chinese families. Their results showed higher levels of stress among women than what was observed among men. Social and emotional support were other factors which affected mental health. Those women who benefited from less social and emotional support reported higher levels of anxiety and depression and this disrupted their family functioning (21). A study conducted by Kall, Paul, Tubro and Hass(2010) showed that family functioning is capable of effectively predicting the trust between the members, and trust has also a great impact upon establishing intimate relationship between members (22). Kim, Green Berry, Selters and Crous (2002) realized that social support and confrontational strategies act like a shield

and foil the influence of stressful factors on families and members. Considering the importance of social support concept in enhancing the relationships between family members, the present research seeks to answer this question as to how much family function can be predicted based upon social support variables.

### **MATERIAL AND METHOD**

This is a correlational research which seeks to predict family functioning based upon social support.

#### **Population, sampling and sampling method**

The population includes all those married women who have resorted to the Health Houses of district 1 of Tehran. Considering the descriptive type of research topic (correlational) and based upon the regression rationale, the sample was set to 200 people. This number was later increased to 250 so as to compensate for those who might pull out of the study. Multiple-stage sampling method was utilized. The married women who were fit for our research took part in this study. Out of 28 Health Houses in district 1 of Tehran, 5 were selected randomly and 50 people were chosen randomly from each Health House.

#### **About the research tools**

McMaster's family functioning inventory (FAD)

McMaster's family assessment device (FAD) for measuring family functioning has been designed as McMaster's model of family functioning. This device was first developed by Natan B. Epstain and Lawrence M. Baldwin and Dowan S. Bishop. This device includes 60 questions and 7 scales which assess 6 family dimensions, while 1 assesses the general dimension of family. Each FAD question is about one of the scales or dimensions which describe healthy or unhealthy family functioning. The 7 components of this scale are as follows: communication, emotional involvement, role performance, problem solving, emotional support, behavior control, and general functioning. Completely developed, this test was conducted on 503 people in 1983. The alpha range of its subset ranged from 0.72 to 0.92 which indicates a relatively good consistency (23). In Iran, ZadehMohammadi and MalekKhosrow (2006) conducted a research so as to study the psychological properties of this inventory. Thus, 494 mothers of elementary school kids in Tehran were selected to answer the questions. Cronbach's alpha coefficient for the whole inventory was 0.94, while the following values of Cronbach's alpha coefficients were

reported for micro-scales: 0.78 for general functioning, 0.72 for problem solving, 0.70 for communication, 0.71 for roles, 0.736 for emotional support, 0.66 for behavior control, 0.71 for emotional involvement. Each question in FAD is scored as follows: 1 for total agreement, 2 for agreement, 3 for disagreement, and 4 for total disagreement. Finally, the scores of all questions are added together and then divided into the number of questions. Thus, the score of each sub-scale will range from 1 to 4. The higher the score, the poorer the family functioning. The resulting scores are interpreted as follows: 1 means healthy, 2 means relatively healthy, 3 means relatively unhealthy and 4 represents unhealthy (24).

#### **The Social Support Apgar of Vaux et al (SSA)**

SSA was first developed by Vaux, Phillips, Hali, Thompson, Williams and Stewart (1986). This questionnaire is based upon Kob's theory of social support. Kob has defined social support as the level of affection, aid and attention one receives from family, friends and other people. This inventory consists of 23 questions which measure 3 areas of social support: family (8 articles), friends (7 articles), and others (8 articles) (25).

Reliability and Validity: Vaux et al. report that the internal consistency of the scale is 0.90. Cronbach's alpha coefficients were achieved for 3 micro-tests for assessing social support (family, friends, total): 0.90, 0.80, and 0.80 respectively (26). Vaux et al (1986) pointed to the significant correlation between social support assessment scores which indicated a reverse relationship between higher levels of social support and sense of loneliness (15). This inventory was first used by IbrahimiGhavam in Iran (1991). He conducted a research on 100 students and 200 college students in order to measure the validity of this device. The reliability coefficient for the groups of students and college students were 0.90 and 0.70 respectively. Two scores were defined for the questionnaire: 1 for yes and 0 for no. Likert form is scored as follows: 1 for total agreement, 2 for agreement, 3 for disagreement, and 4 for total disagreement. Higher levels of scores in both forms indicated higher levels of social support (27).

#### **Implementation method**

The goal of the research was explained to the participants and they were given some general information about how to complete the questionnaire. It was attempted to answer all the questions that the participants had in their minds. After their trust and confidence

was gained, the questionnaires were distributed among them. To facilitate the process of answering, they were provided with pencils and erasers.

#### **Data analysis method**

SPSS software was used to analyze the data. Frequency, average and standard deviation tables were used to describe the data in descriptive statistics and stepwise regression analysis was used for inferential statistics.

#### **RESULT**

The information concerning the education level of the participants showed that the majority of the participants had high school diploma (50.7%) while only 7.6% had PhD. Concerning the age of the participants, 45.2% of them were 31 to 40 years old, and 1.3% were younger than 20. As of the length of their married life, 32.5% reported an length of 16 to 20 years, while 6% had a married life of less than 5 years.

Information concerning the statistical indexes of the sample group:

Information concerning the micro-scales and total score of family functioning assessment is hereby represented. As you can see, the following average micro-scale scores were attained: 11.7 for problem solving, 14.7 for communication, 22.62 for roles, 17.4 for emotional responsiveness, 26.7 for emotional involvement, 26.23 for behavior control, and

31.24 for general family functioning. The total score for assessing family functioning was 150.77.

**Table 1- The statistical indexes of family assessment sub-scales**

statistical index sub-scale	average	standard deviation	skewness	Kurtosis
problem solving	11.7	1.33	0.217	0.207
communication roles	14.7	1.86	1	1.5
emotional responsiveness	22.62	2.07	0.273	0.145
emotional involvement	17.4	1.22	0.463	1.05
behavior control	26.7	5.05	0.964	0.147
general family functioning	26.23	2.73	0.365	0.998
total score	31.24	1.75	0.754	1.1
	150.77	8.87	0.3	0.32

**Table 2: Statistical indicators of social support inventory**

statistical index sub-scale	average	standard deviation	skewness	Kurtosis
friends	8.3	0.7	1.4	1.18
family	10.6	1.09	0.918	1.5
others	11.04	1.23	1.15	1.5
total score	30	1.85	0.73	0.05

The above-represented information deals with micro-scales and the total score of social support inventory. As we can see, the following average scores were achieved for each micro-scale: 8.3 for friends, 10.6 for family, and 11.04 for others. The total score for public support is 30.

### Inferential analysis of data

The information presented in the table 3 are just shown to check the normality of distribution. According to Kolmogorov Smirnov Test, the value of K is never significant, thus the normality of scores distribution is confirmed. Thus, parametric regression test can be conducted.

Based on these results, the correlation between social support and family

functioning is 0.436. 19% of the variance described for family functioning is determined by social support. The information about the variance level calculated shows that participation of social support in family functioning is significant in the level of 0.01. The results of variance analysis show a linear relationship between variables. It also turned out that social support can predict family functioning. In other words, there is a significant relationship between social support (as the predictive variable) and family functioning (as the criterion variable) in the level of 0.01. Thus, it can be asserted with 99% certainty that social support plays a major role in determining family functioning.

Table 3: The results of studying the normality of Kolmogorov Smirnov distribution

variable	K	P
family functioning	1.01	0.098
social support	0.563	0.975
tolerance	0.786	0.321

Table 4: Summary of regression analysis results

statistical index of the source	regression coefficient	standard error	standard regression coefficient	T	P	tolerance
fixed value	215.24	8.55	-	25.17	0.001	-
social support	-1.87	0.28	-0.39	-6.7	0/001	0.97

In studying the contribution of social support in predicting the family functioning of married women resorting to Health Houses of district 1 of Tehran, we arrived at the following conclusions:

The information presented in the table 5 shows that the correlation between social support and family functioning is 0.416. 17 percent of the variance described for family functioning is determined by social support. As the information in the table indicates, the supposed value of Durbin-Watson is 1.83. Keeping in mind the fact that Durbin-Watson value ranges from 1.5 to 2.5, we may conclude that errors are separate from one another and regression model can be used to test the hypotheses.

The information concerning the calculated variance analysis shows that participation of social support in family performance is significant in the level of 0.01. The results of variance analysis also indicate a linear correlation between variables.

The results represented in table 6 show that social support can predict family functioning. In other words, there is a significant correlation between social support (as the predictive variable) and family functioning (as the criterion variable) in the significance level of 0.01. Thus, the following regression equation can be formed:

Family functioning = 210.37 – (1/99) social support

Table 5: Indicators and statistics of regression analysis

correlation coefficient (r)	correlation coefficient square	revised correlation coefficient square	standard error	Durbin-Watson
0.416	0.173	0.17	8.08	1.83

Table 6: A summary of the results of regression analysis

statistical indicator of the source	regression coefficient	standard error	standard regression coefficient	T	P
constant value	201.37	8.34	-	25.2	0.000
social support	-1.99	0.27	0.416	-7.16	0.000

## DISCUSSION

The results of stepwise regression analysis showed that social support can predict family functioning. In other words, a significant correlation was observed between social support (as the predictive variable) and family functioning (as the criterion variable) in 0.01 level. The results of this research were in line with the studies conducted by Kai, Chain, Bi and Shai (2006: those women who benefited from less social and emotional support had higher levels of stress and, as a result, they would experience failures in their family functioning); Caul, Paul, Tuber and Hass (2010: family functioning is highly capable of trust between members and trust itself can predict establishment of intimate relationships between members); and Kim, Green Berry, Celters and Crous (2002: social support and confrontation strategies act like a shield and foil the influence of stressful factors on family compatibility and mothers' health).

Family systems approach believes that the development and behaviors of a family member is inseparably linked with the other people in family (28). Social support is defined as the preparedness of those the individual trusts and he feels being respected by them as a human being. Stressful conditions are considered to be important

psychological sources (29). As Koodzi et al. have found, the number of close friends, social support and social participation frequency have independent and positive correlations with self-assessed health (30). Reconsideration of papers has provided us with various longitudinal and cross-sectional evidences for the important role of social support in mental health. Among various types of social support, family support plays the most important role in regaining performance after stressful conditions (31). Social support has been acknowledged as one of the most prominent methods for dealing with loneliness and desperation (32). In this respect, the findings of the present research are in line with the results of the research. It has been made clear that receiving social support plays a major role in life satisfaction of people. Social support mostly refers to others' help to people in the cases of emergency. The so called "Others" whose helps are manifested in the forms of emotional and instrumental aids are very important (33). Berkman and Cavachi (2000) believe that social support creates a sense of intimacy through social support and family is deemed the most important factor in establishing a loving relationship and emotional support. In this area, one may point to the role of social networks and

relationships and gaining social support as an important factor to provide people with positive and rewarding experiences which will result in self-value (34). Social support is defined as information that lead one to believe he is loved, confirmed and valued by his family and the peers. In a broader sense, it belongs to a network of relationships and mutual duties (35). Social support is a process through which the believes of the supporting people about someone will be relegated to that individual and influence his self-efficacy (36) Social support is important in all stages of life, especially in crises(37). As a result of feeling valuable and being supported, family functioning will rise to a favorable state.

#### REFERENCES

- [1] Najafi, Badrobin (1996) Studying the relationship between family functioning and social popularity of the adolescents among their peers. M.A. thesis, Islamic Azad University, Roodehen Branch, not published.
- [2] Tourani, H.; Rashtiani, S (2008). The correlation between family functioning and psychological hardiness among Kangavar city high school students. *Educational science quarterly*, year 4, No. 12.

- [3] Fattahzadeh, A (2009). Comparing the life quality and functioning of family among happy and unhappy workers of Shazad refinery of Arak. M.A. thesis, Islamiz Azad University of Arak, not published.
- [4] Silborn, S., Zubrick, S., De Maio, J., Shepherad, C & Greeffin, J. (2006). The western Australian Aboriginal child health survey: Strengthening the capacity of Aboriginal children, families and communities. Perthicurtin University of technology and telethon institute for child health research [On-line]. available: [www.childhealthresearch.com.au/waachs/publications/](http://www.childhealthresearch.com.au/waachs/publications/).
- [5] Mousavi, Ashraf Sadat (2003). Applied family therapy with a systematic approach. Tehran: Al-Zahra University.
- [6] Ghamari, M.; Khoshnam, A (2011). Investigating the relationship between main family functioning and life quality among university students. *Family studies quarterly*, 7 (27), 343-354.
- [7] Jafari, A.; Sadri, J.; and FathiAghdam, GH. (2006). The correlation between family functioning and godliness and mental

- health and comparing it among male and female university students. *News and researches magazine*, 6 (22), pp. 107-116.
- [8] Madathil, J. & Benshoff, J. (2008). Importance of marital characteristics and marital satisfaction: A Comparison of Asian Indians in Arranged Marriages and Americans in Marriages of Choice. *The family journal*. 3, 222-230.
- [9] Saghi, M. H.; Rajai'ee, A (2008). The correlation between teenagers' comprehension of family functioning and their compatibility. *Thought and Behavior Magazine*, 3<sup>rd</sup> period, No. 82, 10-71.
- [10] MojarradKahani, A. H. and GhanbariHashemAbadi (2011). Assessing the effectiveness of group educational-mental interventions on the family functioning of those afflicted with mood disorders, *Family consultation and psychotherapy magazine*, 2, 392-412.
- [11] Sa'atchi, M.; Kamkari, K.; and Askarian, Mahnaz (2010). *Psychological tests*. Tehran: Virayesh publication.
- [12] Nasr Esfahani, N.; Etemadi, Ahmad; and ShafiAbadi, Abdollah (2012). Effectiveness of meaning-based education on the family functioning of married women. *Family consultation and psychotherapy quarterly*, (2), 209-221.
- [13] Maslow, A. (1954). *Motivation and personality*. New York: NY Harper.
- [14] AbdollahSoltaninejad, Ali Fathi-Ashtiani, KhodabakhshAhmadi, Hediye Sadat Mirsharafoddini, AlirezaNikmorad, MotaharePilevarzadeh. *Personality Factors Underlying Suicidal Behavior Among Military Youth Iran Red Crescent Med J*. 2014 April; 16(4):1-6
- [15] Raco, M. (2007). *Building Sustainable Communities, Spatial policy-place Imaginations and labor Mobility in post war Britain*. Bristol policy Press.
- [16] Vahedi, Sh.; Haghi, Habibollah (2011). Predicting meaning in the life of university students based upon imaginative social self-efficacy beliefs and social support. *Problems and issues in*

- psychotherapy counseling, year 10, No. 37.
- [17] Roberts, J.E., Gotlib, I.H & Kassel, J.D. (1996). Adult attachment styles and symptoms of depression: The mediating role of dysfunctional attitudes and low self-esteem. *Journal of Personality and Social Psychology*, 70, 310-320.
- [18] Bakhshi Pour, B.; Asadi, M.; Kiani, A., R.; Shir Ali Pour, A.; and Ahmad Doust, H (2012).The correlation between family functioning with marital conflicts of couples who are going to divorce. *Knowledge and research in applied psychology*, Year 13, No. 2, sequence 10, pp. 10-48.
- [19] Ghasemi Pour, M.; and JahanBakhshiGanjeh, S (2010).The correlation of social support and mental health among university students of Khorram Abad (in 2009), *Research and Science quarterly of LorestanUnivrsty of Medical Sciences*, period 12, No. 1.
- [20] Pilevarzadeh M, Mashayekhi F, Faramarzpoor M and Beigzade M.(2014).Relationship Between Critical Thinking Disposition and Self-esteem in Bachelor Nursing Students. *Biosciences Biotechnology Research Asia..* 11(2), 973-978.
- [21] Kai-Kuen, L.,Ching-Yu, C.,Bee-Horng., & Shih-Tien, H. (2006). Social support and family functioning on psychological symptoms in elderly Chinese. Department of family Medicine, National Taiwan University Hospital and College of Medicine.
- [22] Coll, K. M., Powell, S.,Thobro, P. & Haas, R. (2010). Functioning and the Development of Trust and Intimacy Among Adolescents in Residential Treatment. *Family Journal*, published by SAGE. DOI: 10.1177/1066480710372082.
- [23] Epstein, N. B., Baldwin, L. M., And Bishop, D. S. (1983), The McMaster Family Assessment Device. *Journal of Marital and Family Therapy*, 9: 171–180.
- [24] Zadeh Mohammadi, A.; Malek Khosravi, Gh (2006). The introductory study of psychometric features and validation of FDA, *Family studies*, 2 (5), 69 – 89.
- [25] Vaux, A., Phillips, J., Holly, L., Thomson, B., Williams, D & Stewart, D. (1986). The social

- support appraisals (SS-A) scale: Studies of reliability and validity. *American Journal of Community Psychology*, 14(2), 195-219.
- [26] Woody, D., III, & Woody, D. J. (2007). The significance of social support on parenting among a group of single low income African American mothers. *Journal of Human Behavior in the Social Environment*, 15, 183 -198.
- [27] Ebrahimi Ghavam, S (1991). Investigating the validity of the three concepts of source of control, self-esteem, and social support. A thesis submitted in partial fulfillment of the requirements for a degree of master of art, Islamic Azad University, Tehran Branch.
- [28] Carry, Ch. Theory and application of consultation and psychotherapy (seventh edition). (Translated to Persian by Seyed Mohamadi, 2008). Tehran: Arasbaran Pub.
- [29] Lee, M. K., Park, S., Lee, E.S., Ro, J., Kang, H. S., Shin, K, H., Lee, K. S., Chung, K. W & Kim, S. W. (2011). Prospective cohort study. *Support Care Cancer*; 19: 1379–92.
- [30] Kodzi, I. A., Gyimah, S. O., Emina, J. & Ezech, A. C. (2010) .Religious Involvement, Social Engagement, and Subjective Health Status of Older Residents of Informal Neighborhoods of Nairobi. *Journal of Urban Health*; 88:370-80.
- [31] Vandervoort, D. (1999). Quality of Social Support in Mental and Physical Health. *Current Psychology*; 18(2): 205–22.
- [32] Pehlivan. S., Ovayolu. Ö., Ovayolu. N. (2011). Relationship between hopelessness, loneliness, and perceived social support from family in Turkish patients with cancer. *Support Care Cancer*, 20, 733-9.
- [33] Bastani, S.; and Hikooi, M. (2007). Social capital of network and gender, investigating the structural, interactive and functional features of men's and women's social network in Tehran. *Social science magazine*, No. 87, 30-63.
- [34] Litwin, H. & Landau, R. (2000). Social network type and social support among the old-old. *Journal of Aging Studies*, 14(2), 213-28.
- [35] Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38, 300-314.

- [36] Krause, N. (2003). Social foundations of personal control in late life. In S. H; Zarit & L. I; Pearlin (Eds.), *Personal control in social and life course context* (pp. 45-70). New York: Springer Publishing.
- [37] Pilevarzadeh M, Hooseinrezaie H, Aflatoonian MR, Rafeti F and Mashayekhi F (2014). Women's Experiences and Knowledge of Breast Self-Examination: A Qualitative-Quantitative Study. *Biomedical & Pharmacology Journal*. 7(2), 611-618.