



Study and comparison of mental health of women who are working caretaker and ordinary women in Sari city, 2010

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ABSTRACT

The aim of this study is Study and comparison of mental health of women who are working caretaker and ordinary women in Sari city, 2010. The research method is comparative – causal one. Statistical population in this study is 12500 working caretaker women and ordinary women from Sari. Statistical sample in this study is 380 working caretaker women and ordinary women who are randomly selected and given them questionnaire, statistical method used is descriptive and including frequency, percent, average, mean, standard deviation and variance, also deductive statistical methods like T-test and analysis are used. Applied device is mental health questionnaire.

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Introduction

Caretaker women of family are of vulnerable groups of society and some factors such as divorce, death, addiction of partner, inability and leaving wife through migration perfunctory men or cause to more vulnerable of Iranian families. Based on formal statistics of Iran, loss of family caretakers causes to emotional and economical poverty. (Ghafari, 2003)

Nowadays 29% of families in preliminary village are without protective families or working caretaker women. (Madani, 2002)

Caretaker women of family are of vulnerable groups of society and some factors such as divorce, death, addiction of partner, inability and leaving wife through migration perfunctory men or cause to more vulnerable of Iranian families. These groups are women who are called caretaker women of family or self caretaker in society and deal with so many problems and barriers in the life and massive urban problems make irreparable damages to them. Attending to problems of this group and studying all aspects of their problems and presenting true guidelines for supportive this group are some of responsibilities of respective institution and social services organization. Unfortunately, in our society life of women after leaving the husband due to death, divorce has uncertainty and dangers like protecting children lonely and difficultly, economical problems, living alone with depression and disappointment, also negative prospective to society against divorced women they have crucial problems in social relation and presence in society. Women have their own problems. In sociological view, term of family caretakers is one descriptive word and family caretakers is one person who has considerable power against other family members and causally is oldest member of family and economical responsibilities of 8 is his or her (Bianon, 1996)

Based on definition of State Welfare organization, family caretakers are women who provide mental and physical needs of their families. (Khosravi, 2001, 25)

In one category, family caretakers are divided into several basic groups:

First group]- families that have no man are not constant and wife is widow due to death of divorce of husband and girls who don't get married and live alone and protect their family. Second group: families that man is absent or migrant, wanderer or soldier and women have to provide families' needs and children. Third group working families that man is present and women generally are responsible her life and children (Chant, 2001, 25) Regarding to census 2006, level of women' share in protecting families is 9.3 % that it was 8.3% in 1996 and during one decade it shows growth one %. So yearly 60000 women in the country become no caretaker (center of Iran census, 2006)

Figures relating to age structure of women show that 26% of them in the group are 25 to 44 years, 38% in family caretakers 5-4 and 32% in 65 and over. On the other hand, whatever women' age increase, possibility of putting them to family caretakers are high (center of Iran census, 2006).

Main reasons are based on two events, first event, and death of husband that 70 % women are in this group and second event is divorce that 5 % in cities and 2% in villages are relating to this group.

Among urban family caretakers, 43.6% are literal and this rate in rural places is 76.8 %. In urban society 31.4 % 3 and 44.2 % in rural society of women has independent income and other women rely on family members' other helps or alimony helps (center of Iran census, 2006).

Now State Welfare organization as responsible to women affairs covered 147000 family caretakers. Level of monthly income for them is 30000 (for families more and 2 or 5 persons) and it seems that it is very low.

All types of family caretakers are including widow women, divorced women (containing women who live alone after divorcing or going back to parent home and work for providing their needs, wives of migrant addicted men, wives of prisoner men, soldier, wives of unemployed men, wives of migrant men, wives of soldier men (old women), self caretaker girls (girls who don't get married) wives of unable men.

According to expose increasingly growth of family caretakers (one of most important reasons for increasing divorce statistic), studying these problems is necessary.

Now more than 400 plans of independent of Imam Khomeini relief Foundation are performed that 73 % of these plans in small villages and cities and 27% in other places are performed and among them 23.3% persons are family caretakers. Yearly between 12000 to 15 000 families reach to financial independent with implementing this self reliance and in the end of 2003, about 2.2 million families (16% families) are under continuous and organized support of 5 and State Welfare Organization. Martyr institute and poor and lam duck people institute and more over, at least 208 million people use social support in cross section and sample case. More than 66 % of families under supporting social services and 68% families and people with sample services of State Welfare Organization earn substances in the way of continuous pays and mental helps , providing hygiene , service within insurance of treatment for poor people , compromising with principles of general insurance of medical services in country and earning and optimizing and securing of settlement, condition and instructional opportunity of employment and economical self reliance , earning needs and devices in different levels of public training and university educations, earning needs and marriage possibilities and establishing needs and help to liberty and delivering qualified prisoner and main fields of common services in State Welfare Organization are including women , derelict children , rural old persons over 60years and low income rural and urban families that basic matter of support and society. One of State Welfare Organization measures is implement of planning enforcement of families with increasing individual and bulk abilities of women through providing principles for improving accessibility to economical, social and cultural opportunity and employment market and decreasing sex inequity. Required services in this plan are to pay continuous incomes and help aided debt of settlement and enforcement of finding work programs, enforcing insurance services and consultative services, training life skills, promoting general knowledge and correcting false beliefs as cultural barriers for earning family caretakers' rights, challenging with violation against them. Social welfare of family caretakers decreases discriminative behavior of employers against them. Social welfare of family caretakers is not considered. If problems of these women are compared with welfare indexes, we show spread gap. For example indexes that are used for measuring social welfare are including hygiene, training, employment and individual economical position, contribution, social opportunity, biophysical environment social disorder. Poverty problems in family caretakers is higher than families with me caretaker. Main economical has indirect and direct effect on cultural social and economical position on families. All women suffer resulting from supportive umbrella and social, financial earnings among about 1700 family caretakers in Iran, only 28274 persons have women social insurances (center of Iran census, 2006)

Moreover, time poverty is main barrier for them researches show that these women use more time for working; such a case causes to make time poverty in cultural, instructional children. Theoretical views: in psychological extent, Adams, Somers and other psychologists believe that family caretakers in different roles expose against problems like stress, anxiety, mental disease and depression (Bianon, 1997). In sociological domain, advocates of women ship theories of poverty believe that family

caretakers with so many problems like inaccessibility to proper work opportunity lower level of education between women and their children, increasing delinquency in structural, operational view and Parsons View. Children expose different domains (Mc Coven 1990, 78)

Durkheim, Saluki, and Rene King believe that absence of which spouses particularly man cause to make disorders and defect and probably in families. Based on this view family caretakers are opposite with natural and traditional; form of both parent families and indeed, introducing this group of advocates of class view, consider vulnerably in deviation (Robertson, 1993, 136)

Depression: depression called most popular disease in now century that is main source diseases, anxiety and distress are mental moods that without attending affect on our actions and behavior, so many times after doing works, we become passive of actors and reactions. Recent life positions affect us and distinct with life psychology. depression is one of most important disorders relating to mental health that today evolve , but however , we able to call it as "mother disease " is more effective , because we hold perception of making medical depression .

All people suffer depression bitter events. Now it is clear that familiar and genetic histories increase level of depression. Also continuous increasing tensions and loss proper mechanisms for challenging depression interfere in both biological and psychological factors and this disease is not merely on medical, biochemical disorders. Depression signs: depression has different mental and physical signs like, disappointment, anxiety, inattention, problems of memory. Negative thoughts, delirium, sense of "no one like me". I am so woeful. One of physical signs of depression is increment and decrease of aptitude and tire, irregularity, menstrual disorders elimination or decreasing sexual desire , weight , sleep problems (,)remained that depression is rarely sense of sorrow and one humor and eliminated during several hours or during several days people how suffer depression have crucial depression disorder cause making depression; so many factors can have main role in depression like inheritance(genes), prone personality of people (meticulous, emotional, panicky , inflexible people) unsuitable event of life (missing parent , parent behavior punish ,physical misusing and unpredictable , nervous stress and pressures(that are pointed in first section to dangers) intellectual pattern , physical chronic disease and in proper environment of life (dim , wet house, improper and dark decoration, lock of pleasurable devices , lock or regular entertainments, shortage of welfare) one of above factor can be reason of depression .all factors are out of our control like hereditary factors or officious life events , but other factors like decreasing nervous pressures increasing pleasurable programs, controllable intellectual proper patterns and changing life environment that suggest main guidelines .

Type of depression: Depression is divided to 4 degrees: 1- mild depression, 2- mean depression, 3- intensive depression, 4- very intensive depression of course, other categories are available for different kinds of depression and just pointed out: bipolar depression (mania) (the mood that a person is very happy and active; other time he is depression and upset and season depression (in season the light is low like autumn and winter have depression mood) depression of being mother, depression after delivering and men appose (3 last cases appear because of hormone changes in women).

Mental hygiene: Mental hygiene includes studying principles and methods of life by using life methods or accepting it cause mental health and preventative of suffering mental diseases or complete abilities for presenting mental and physical roles are not just lack of diseases or lag (Ganji, 1997)

Islamic theories: Criteria of mental health in Islam are monotonous, conduct, Rede and maturity. Achieving to least growth is permission for doing transactions and intervention in property and doing independent works and ability to live independently (Hussein, 1992,)

Behaviorism school: It believes that mental health is depend to simulates as well as environment, whatever other schools of mental diseases are considered . In view of behaviorism, it is behavior like other that is acquired. So in view of behaviorism mental health is behavior adjust with given environment and normal behavior. This school believes that unhealthy behavior like other behaviors are taught by encouragement, so mental health is behaviors that are taught. (Ganj, 1997)

Psychoanalysis school: Psychoanalyst believes that individual personality include three elements: character, Me , super Me. Character is natural element of personality and existence birth and source of all natural forces is person and follow gaining pleasure . Superior Me start since early childhood and follow idealistic and integrity principle that is behavioral conscience. He forms after birth with growing child. Me is truth principle and analyst knows and become unsuitable. In point of psychoanalysis, mental health is warranted in the way that me is compatible with truth. Also natural shocks are controlled and other say that me make balance among three elements of personality (character, me, super me) it means that me should make balance among conflicts of character and Super Me. (Ganji, 1997)

Biologist school: Medical psychoanalysis view have important for determining mental disease by physiological disorders and phenomenon and has vital balance about person. According to this view mental health includes balance system that works well. If balance is eliminated, mental disease appears. So we can resemble behavior like pendulum that fluctuates between two poles of disease and mental health put between them. It is possible that pendulum doesn't work and it is time to appear problems of unsuitability with truth of daily life truth. Mental health is make by healthy performance of tissues such body organizations. Every disorder in nervous system and in chemical processes of body bring mental disorders. (Ganji 2001)

Psychoanalysis treatment: Psychoanalyst tried to eliminate current conflicts among three levels (character, Me, Super Me) and return for them selves. In this way, every body informs unconscious conflict and as a result he feels that he predominates on his self and improve his self confidence and sense of dominance. For this reason psychoanalyst take help of free reminding and interpretation of asleep.

Behaviorism treatment: They use training principles to correct unsuitable behaviors. This view points problematic behavior not their reasons. Behaviorism physician provide unsuitable behavior and list of compatible behavior. It decreases frequency in first group and increase it in second group. They get principles of classic condition or respondent or action and using techniques of regular sensitivity via aversion. (Ganji, 2001)

Humanism treatment: Behaviorisms believe that humans are free for whatever they want and are responsible for their selections. This group tries to solve potential abilities and have very high values review of performed studies:

In one study that is performed by Salari Abbas in the title "effect of lack of father on behavioral disorders of children in primary level under State Welfare Organization in 1994 show that basic problem is to find the effect of lack of father on behavioral disorders of children in primary level" and survey other factors like gender, age of child mother's education and age and loss of father. Research sample is including 160 girls and boys and relief Foundation that are selected clustery from 4 instructional areas 11, 15, 17, 20. Among 12 hypothesizes, 4 hypothesis are confirmed and derivate : there is no meaningful relation among variables of children age , order of birth, age of child mother's education and age and loss of father and even being or not father has no effect on children under relief Foundation economical conditions is main factor. Mothers of those children undertake main load of life and they don't have enough interaction with children, father of qualified children. Physical and mental is not effective and their mothers suffer anxiety and depression and so their children suffer mental disorders.

In year 2002, research in the title ' studying economical social problems of family caretakers under State Welfare Organization of Khomein city is performed by Fatemeh Rezaiei. Recent study is performed by purpose of achieving due information relating to social economical position of family caretakers for enforcing respective activities relating to these families. Statistical society was 50 families of 15 -65 year family caretakers under State Welfare Organization of Khomein city.

Research method is measuring and information are derivate by q and gained following results ; 69% of them have high education and 34 % were in semi important works and 165 of them don't work , 64 % have low income and 24 % have no income, 80 % are family caretakers with mediate and low social economical basis . 32% have reason of caretaker due to death of man, 22% have unable and patient husband, 18% have prisoner husband, 12% divorce and 16% are other cases. Results of other research in the title " study social policies around family caretakers' rights is performed by Ghorbanian and show laws' infirmity in accessibility divorced women to rights such as dowry, salary and alimony for keeping children that are problems of family caretakers, results of study in the title " studying employment position of widow women performed by Nazanin Tadayon Najaf Abadi show that problems and barriers of employment for State Welfare Organization in Tehran is relating to all country. Position of women and their personality are influenced by cultural system and society values in all areas of country are most important barriers. study on social mental damages of family caretakers results of plan by Khosravi Zohreh form of economical problems ,lock advice for admission training economical affairs of family , negative social views against family caretakers concern about future of children and frequency of role self reliance and making employment relieve Foundation from research Ghodrattollah Dost Mohammadi show making and enforcing proper professional opportunity for family caretakers in Semanan during years 2002-2003 and professional technical training of relive Foundation eliminate their effective problems. Rey Dick and Stuart (1994) studied about American 600 family caretakers and found that family caretakers contribute in entertaining activities and have high metal health

Research method: in this study, used research method is descriptive that performs semi-experimental method.

Measurement device: because main focus of depression in this study, gathering information is performed by Beck Test,

"depression beck test" includes 124 questions and formed based on 36 different aspects of depression.

Sampling method: because of field operation and decreasing statistical cost, cluster sampling and one sample with low productive volume of cluster sampling in comparison with outspread sampling units in the form of unit to unit are performed, in measuring first sampling is selected in diff areas of Sari city is based on division of municipality areas.

Statistical population: Statistical population in this study is 12500 women who are working caretaker and ordinary women in Sari city, 2010 that after gaining level of aggregation of sections ad urban rural areas and using statistical principles relating to sample size is calculated by following internet link to determine sample size <http://www.surveysystem.com/sscalc.htm> And then cluster multistage sampling method are used for selecting members: size of population is 1250 working caretaker women and ordinary women in Sari city

Confidence Level= %95

Confidence Interval=5

N= number of sample(Sample size needed) that by substituting mentioned values in formula is 373 and for more reliability 380 women are selected as sample, based on statistical, 8% working women of Sari are family caretakers therefore number 40 family caretakers and 350 ordinary women are selected. Then estimated size is allocated to each one rural ad urban areas.

Research hypotheses: it seems that there is meaningful diff between level of depression of working caretaker women and ordinary women

Meaningful device: in methods of gathering information of all testers' questions and individual interview is most common device that used in method of gathering information. In this study, used device is of mental health.

This questionnaire has 28 items that is designed by Goldenberg Gooier for sampling psychological non psychotics' disorders. It evaluates position of disorder and irritation with relying on psychological and so problems and answers are multiple choices. in all choices, low grades show healthy and high grades is due to unhealthy and inconvenience in person this questionnaire includes 4 sub scales and each one have 7 quetions. This scale contain physical signs question 1-7, anxiety, disorder of sleep(questions 8-14), disorder in so many performance (15-22) and finally severe depression(22-28quetions)

Validity and reliability: Goldenberg Warbeck Val (1970) reported correlation coefficient of general health with result of medical evaluation and magnitude of disorders 80%. Also correlation of test (GHQ) with SCi-90 is equal 785. In other research (1978) it is reported that correlation between GHQ, PSE or questionnaire in present position is equal 76%. Researches in Iran show validity of questionnaire in the good and excellent level. For which sample, sensitivity and traits of this test report cut point 23 is 89.5% and 82% respectively.

Reliability: coefficient of reliability with reexamining is 55% and coefficient of interior adjustment of questionnaire reported 85% in Iran and in Yaghubi research (1995), it is 88%.

Method of scoring: 5 methods of scoring suggest that according to obtained researches, best methods of scoring is Likert sample methods of scoring, cut point of this test is 23, women who is score in this test is under 23 is healthy and they whose score is over 23 need to next needs.

Statistical method: it is t-test.

Statistical analysis:

Assumption1: it seems that is meaningful relations between level of anxiety and sleep disorder of working caretaker women and ordinary women.

According to scores of table above in free grade 118, t obtained of T test is high that t values of table in the level 99% and higher than t values in level 95% we conclude that statistically there is meaningful relation between level of anxiety and asleep disorder of working caretaker women and ordinary women and signs of anxiety in working caretaker women high than ordinary women.

Assumption2: it seems that is meaningful relations between level of social performance and sleep disorder of working caretaker women and ordinary women.

According to scores of table above in free grade 118, t obtained of T test is high that t values of table in the level 99% and higher than t values in level 95% we conclude that statistically there is meaningful relation between level of social performance and sleep disorder of working caretaker women and ordinary women and signs of social performance in working caretaker women high than ordinary women.

Assumption3: it seems that is meaningful relations between level of depression and sleep disorder of caretaker women high than ordinary women.

Assumption3: it seems that is meaningful relations between level of depression and sleep disorder of working caretaker women and ordinary women.

According to scores of table above in free grade 118, t obtained of T test is high that t values of table in the level 99% and higher than t values in level 95% we conclude that statistically there is meaningful relation between level of depression and sleep disorder of working.

According to scores of table above in free grade 118, t obtained of T test is high that t values of table in the level 99% and higher than t values in level 95% we conclude that statistically there is meaningful relation between level of depression and sleep disorder of working caretaker women and ordinary women and signs of depression in working caretaker women high than ordinary women.

Discussion and conclusion:

In assumption 1: it seems that is meaningful relations between level of anxiety and sleep disorder of working caretaker women and ordinary women.

Obtained results show that statistically there is meaningful relation I the level 5% between anxiety and sleep disorder of working caretaker women and ordinary women and signs of anxiety and disorders in working caretaker women are high than ordinary women.

In assumption 2: it seems that is meaningful relations between level of anxiety and sleep disorder of working caretaker women and ordinary women.

Obtained results show that statistically there is meaningful relation I the level 5% between social performance and sleep disorder of working caretaker women and ordinary women and signs of social performance and disorders in working caretaker women are high than ordinary women.

In assumption 3: it seems that is meaningful relations between level of depression and sleep disorder of working caretaker women and ordinary women.

Obtained results show that statistically there is meaningful relation I the level 5% between depression and sleep disorder of working caretaker women and ordinary women and signs of

depression and disorders in working caretaker women are high than ordinary women.

As results and findings of research show, this study with investigating and comparing of mental health of women who are working caretaker and ordinary women problems of them. on the other hand , results and study social cultural instructional problems and findings of study Fatimah Rezaiei and study on social mental damages of family caretakers results of plan by Khosravi Zohreh form of economical problems ,lock advice for admission training economical affairs of family , negative social views against family caretakers concern about future of children and frequency of role self reliance and making employment relieve Foundation show that without making cultural social bed , proper family caretakers we don't have excellent and health society

Also results research of Zohreh Khosravi about so mental damages. a in this pathways but main different is in family caretakers 's problems that in of Zohreh Khosravi 's view they are in economical problem for promoting professional level that is basis of all economical discussion and family caretakers 'problems are relating to lack of self confidence and primary formula and formal trainings.

Welfare factor is effective in depression level and shows that family caretakers in worst situations have first requirements of life, even they don't have suitable financial position and due to poverty their children keep away formal and informal training. according to whatever said briefly most important factors depression of family caretakers in Sari are lack of financial emotional mental support for continuing their life, lack of positive view for again marriage their life, uncertainty of proper and necessary society and growth concern and problem family caretakers, lack of supportive guidelines in administrative systems and lack of skill and expert in job.

Suggestions:

1-It should be eliminated every gender theories that prevent promoting professional situation of family caretakers and stop men who are low eligibility for taking high works in organization and society go toward development .

2-Training family caretakers is necessary to informal effects knowledge in the family and society and knows they can grow better children, control population. For family caretakers, government should provide3 facilities to provide their bilateral role in side and outside of home.

3-In work environment should be exerted by employment and work rule and family caretakers situation are eligible have equal right to acquire high grade problem. society should know that home work is not duty of women and take salary fordoing it

4-Recognizing abilities of family caretakers could be done by making organization that they use their interest to emerge their talent and use ultimate application of them.

5-Presenting technical and professional training of State Welfare Organization and relief Foundation for making and enforcement of proper professional opportunity for family caretakers.

6-Increasing training with communicative devices such as TV so on that can increase scientific, political and social view of family caretakers

7-Giving debts for providing space of self reliance for enforcing professional opportunity in working caretaker women.

Guidelines:

1-Establishing consultative centers and presenting cultural, instructional and social services for women and family members via social servers and increasing sense of self confidence and

knowing abilities and hide capabilities of working caretaker women.

2-Organizing different insurances such as life insurance and so on for warranting future life and facilitating application of life insurance working caretaker women

3-According to insufficient support of society and government, it is necessary to correct rules for eliminating present problems. Moreover it is necessary to adopt social rules in insurance and other welfare services. If in correcting rules and presenting guidelines for eliminating women's problems with approach enforcing women , so it helps working caretaker women to be depend supportive cycles at short time and then economical independent in life in suitable level

4-Recognizing working caretaker women in every place, city and village and presenting necessary trainings in self employed skills by attending instructional periods and methods in workshop operationally and exerting in neighborhoods.

5-Recognizing social servers and increasing self confidence and knowing hide abilities and capabilities of working caretaker women

6-Recognizing , supporting and providing damaged women (unable , elderly, caretaker women) for achieving social justice

7-Enforcing supervision and guarantying exerting rules and regulations in derelict women and children in programs of social economical development

8-Making culture and promoting again marriage of widow women

9-Informing and supporting pedagogy responsible to present instructional services and particular consultation for solving children problems in these families and providing emotional and instructional needs

10- Promoting knowledge and training families , girls and women in crucial events like being widow, inability of husband by increasing power of management women in challenging these crisis

11- Empowering working caretaker women in different social , cultural and economical aspects

12- Establishing groups and supportive councils and serving to working caretaker women with aims of finding job, spending free times

13- Constant supervision on work regulation of working caretaker women

14- Empowering children of working caretaker women

15- Adopting necessary gimmicks to organize work environment in governmental and non governmental grounds

16- Recognizing entrepreneur's women and working caretaker women and priority of giving facilities to them.

17- Giving facilities to women learners to make employment for them

18- Establishing supportive box of working caretaker women in making independence and self reliance and activating cooperative groups of working caretaker women

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Table 1-description statistical data of level of anxiety and disorder

Signs of anxiety and sleep disorder	Caretaker women working			Ordinary women								
	Standard deviation	number	Average	Standard deviation	number	average						
	4.67	30	6.89	3.71	350	6.12						
T test	df = 118 free grade 2.84 d= calculated t											
Table of distribution T	<table border="1"> <thead> <tr> <th>df</th> <th>0.05</th> <th>0.01</th> </tr> </thead> <tbody> <tr> <td>118</td> <td>1.87</td> <td>2.82</td> </tr> </tbody> </table>						df	0.05	0.01	118	1.87	2.82
df	0.05	0.01										
118	1.87	2.82										
Comparison	2.84 < 1.87 validity level 95% : 2.84 < 2.23 validity level 95% :											
Result	Assumption is confirmed											

Table 2-description statistical data of level of anxiety and disorder

Signs of anxiety and sleep disorder	Caretaker women working			Ordinary women								
	Standard deviation	number	Average	Standard deviation	number	average						
	3.86	30	6.89	3.23	350	4.56						
T test	df = 118 free grade 2.89 d= calculated t											
Table of distribution T	<table border="1"> <thead> <tr> <th>df</th> <th>0.05</th> <th>0.01</th> </tr> </thead> <tbody> <tr> <td>118</td> <td>1.73</td> <td>2.79</td> </tr> </tbody> </table>						df	0.05	0.01	118	1.73	2.79
df	0.05	0.01										
118	1.73	2.79										
Comparison	2.89 < 1.73 validity level 95% : 2.89 < 2.79 validity level 95% :											
Result	Assumption is confirmed											

Table 3-description statistical data of level of depression and disorder

	Caretaker women working			Ordinary women								
	Standard deviation	number	Average	Standard deviation	number	average						
Signs of anxiety and sleep disorder	3.89	30	5.78	3.18	350	4.74						
T test	df = 118 free grade 2.83 d= calculated t											
Table of distribution T	<table border="1"> <thead> <tr> <th>df</th> <th>0.05</th> <th>0.01</th> </tr> </thead> <tbody> <tr> <td>118</td> <td>1.68</td> <td>2.54</td> </tr> </tbody> </table>						df	0.05	0.01	118	1.68	2.54
df	0.05	0.01										
118	1.68	2.54										
Comparison	2.83 < 1.68 validity level 95% : 2.83 < 2.54 validity level 95% :											
Result	Assumption is confirmed											