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Investigating the Relationship Between Literacy and Health Level in Rural Women Case Study; The Rural Women of Kermanshah, Iran

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Abstract

Health promotion and protection of public health is an important element of a society's development. Considering women's health is important as the foundation of families' and societies' health. Women's health includes physical, psychological, social, cultural, emotional and spiritual well-being influenced by physiological, social, economic and political factors. One of the most important social factors affecting women's health is literacy or education level. This factor is very important especially among rural women as those having less accessibility to various facilities. The present study is an applied, extensive, micro level and a cross-sectional study. The research's methodology is field study performed with survey techniques by using questionnaire in order to collect data. The statistical population in this study consists all upper 18-aged rural women in Kermanshah, which 382 subjects of them were studied using multi-stage sampling as the case study. The findings suggest that there is a significant relationship between women's literacy and health level in all aspects. This means that as women's literacy level is increased and various modern technologies are used, physical problems, social dysfunction, depression, anxiety and insomnia/sleeplessness is reduced. As a result, as the levels of education or literacy are enhanced, women's health will have a significant increase in all dimensions. It is essential that authorities in the field of women's health do not only concentrate their programs on urban health, rural health should be paid more attention. They also should provide higher levels of education and familiarity with new technologies for rural women.

Keywords

Health, Women's Health, Education/Literacy, Rural Women, Technology

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1. Introduction

The new century has brought new ideas. A strong belief is that a nation cannot be assessed only by economic growth, but also a sense of satisfaction, security and social satisfaction is also important. In a sustainable society, equality, education, health and other human rights and also basic needs are considered as the requirements of a society and its development indicators.

Health is an issue defined in all cultures and societies. Its definition relatively refers to a common sense of people's health and culture (Sajjadi et al., 2005, p. 244). But, physical dimension is often considered, while growth and excellence of a society depends on the aspects of physical, psychological and social health. The World Health Organization (W. H. O) defines health as a state of complete physical, mental and social well-being, not merely as the absence of diseases. Today, by changing disease-oriented approaches and the emergence of health-oriented perspectives, health is not only

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considered on the basis of people's health and disease, but also includes a concept of a continuous health, which, firstly, it is not passive and requires growth. Secondly, individuals, groups, communities, environment and whole society should be active and involved in growth. Thirdly, it should be paid attention, by a macro-oriented approach, to the role of determining economic, social and cultural indicators and factors along with risking and protective factors on physical-mental health.

The effects of social factors and models are revealed on its performance in long-term, given that a large part of todays' diseases form (both mental and physical) in the developing countries are in an intense relationship with these factors (wool Cook, 2001, p. 7). Problems such as poverty, failure in school, living in a poor physical environment and high level of insecurity in a society (such as violence and accident) and factors such as negative life events like separation from parents, loss of a job or forced migration are social factors having a significant impact on mental health. As a result, as people's mental health is decreased, their efficiency will be decreased, which leads to making problems both for people and society. When people do not have a good mental health, they will not have efficiency and effectiveness. And efficient human force as one of the main factors of a society's development is faced with a serious shortage. Therefore, in addition to individual level, mental health issue should also be known as a major social problem, then, risk factors should also be studied.

2. Problem Statement

Several factors such as economic, cultural, political, social, and geographical, etc. are involved in the development of a society. But what is important is that all the macro-level factors or structures can perform well in order for people in these structures to have a decent physical and mental health because a healthy mind is in a healthy body. People's health is affected by several reasons on the one hand, which is considered as one of the most important indicators for the development of societies and on the other hand, can play a major role in the development of a society.

Many health experts and policy makers agree on the view that a significant portion of the determinants of human health are placed out of psychological frameworks and hygienic cares. These mainly include accessibility to adequate housing, accessibility to pure water and proper sewage disposal system, efficient system of collecting waste disposal and healthy and safe working environment, food security, access to services such as education, health, social welfare, public transport services and many other factors, which are summarized under the title of social factors (Ibanez, 2011, 113-17). Convenient and universal access to these services as the concept of social equality and justice is an important step in the elimination of health inequalities. It is an issue that should be noted by a country's macro-management planners and managers. According to the World Health Organization's report in 2010, about 5.6 percent of gross domestic product has been cost for health and the Iranian government in the health sector has cost about 336 the U. S dollars for each Iranian (World Health Organization, 2010).

Distributing costs and providing equal opportunities for all of these features along with investment in health infrastructure and providing appropriate conditions not only can improve health status of a society, but also can prevent health costs from increasing. In this context, regarding to the importance of prevention in proper management of health, we need to identify socio-economic factors affecting the health status of people and among various social groups. Therefore, the study of health information should be taken into account to evaluate its impact on health and distribution of hygienic health inequalities as well as the level of health. Investigating the distribution of health indicators and the degree of compliance with variables such as literacy is important.

The attention to women's health as a foundation for healthy families and societies is very important. Women's health includes physical, psychological, social, cultural, emotional and spiritual well-being influenced by physiological, social, economic and political factors. One of the most important social factors affecting women's health is literacy or education level. This factor is very important especially among rural women as those having less accessibility to various facilities. In this regard, this paper aims to investigate the relationship between literacy level and social health of rural women.

3. Theoretical Basics

Freud believed that consciousness is a special feature essential for mental health. It means that what may be causing the problem in unconsciousness should be conscious. According to Freud, an ordinary man has successfully lived stages of psychological-sexual growth and has not been overly sustained at any stage. He believed that few people act based on norms and everyone is so unusual. Freud divided unconventional/unusual men into two groups of neurotic and psychotic men and considered anxiety as the core of mental diseases. According to him, the defensive mechanisms used by healthy, neurotic and psychotic people are different. Healthy people use defensive mechanisms such as altruism, humor, piety and asceticism and pollution (Nejat, 2008, 168; Shafi Abadi & Naseri, 2001).

Adler's vision towards human is holistic, phenomenological,

social and purposeful. He believes that healthy people can liberate themselves from the mostly imaginary targets and face with reality when necessary (Shafi Abadi & Naseri, 2001, p. 25). Adler believes the choice of responsibility and meaningfulness of concepts in lifestyle and believes that people are different in lifestyles. The main driver of human is behavior, goals and expectations from the future. The purpose of human is the need for adaptation and response to it. Healthy people, according to Adler's, know about their concepts and objectives, do not act based on deception and pretense. They are charming and lively having a positive and social relationship with others. These people also have friendly and good family relations and know their place in family and social groups well. A healthy person in life is purposeful and goal-oriented pursuing these goals. One of the other features of psychological health is that healthy people used to investigate the natures and objectives of their own perceptions and fix mistakes. Such people are creator not suffered from their own emotions. Physical creation and innovation is the other feature of these individuals. Healthy people avoid key wrongs such as absolute generalization, incorrect and impossible goals, misunderstanding and unnecessary expectation of life, reduction or denial of their efficacy and wrong values and beliefs (Khodarahimi, 1995, 98).

Ericsson believes that mental health is primarily the result of strong performance of "I". "I" is a title and concept indicating the ability for fabricating adaptively and compromisingly a person's actions and experiences and for inter-regulating spirit and also organizes person's experiences. As a result, it protects people from the pressures of "I". When human developments and social organizations are coordinated well, certain abilities and talents are raised in any stages of psychosocial development (Khodarahimi, 1995, 113).

Maslow calls healthy people self-thrived, then, suggests that those demanding fulfillment will meet lower levels of needs such as physical needs, safety, belonging, love and respect. They are not psychotic and neurotic and have not pathological and other disorders. They are also considered as matured and healthy models. With maximum use of all their features and abilities actualize themselves. They know who and what they are and know where to go (Ganji, 2000, pp.15-16).

According to Berne's dialog analysis, a healthy person having three characters of childish "I", matured "I" and parental "I" are compatible and coordinated with each other. Healthy people receive more social approval for appropriate behaviors from the environment and around. The other implicit criteria about healthy human characteristics, due to Skinner's view, is that man should use science, not to predict, but to be master over the environment. In this sense, a healthy person is able to use most of the scientific principles to perform each procedure in order to achieve useful results, and rules subjective concepts such as desires, purpose-orientation and goal-orientation out (Khodarahimi, 1995, 130).

Glaser believes that every person has an imagined identity, so it makes sense of relative success or failure. He knows identity as an image, which may completely be coordinated or uncoordinated with the others' image about a person. At the beginning, every child's identity is an identity of success, but at the age of four or five, the identity of failure is appeared. In other words, identity formation of failure is coincided with the age a child starts school. At this age, children create and develop social, speaking and rational skills enabling them to assess their identity through two dimensions of success or failure (Shafi Abadi, 2001, 76-78).

Bond and Corner in their theory raised multiple factors associated with mental health and life quality. These factors include:

-*Personal satisfaction*: if a field is considered as an important one, it will be the field of general satisfaction of life. Personal satisfaction has been the main part of life quality in America for more than 4 decades.

-*Physical environmental factors:* physical environmental standard is one of the important factors in life and health quality. The quality of living area is evaluated with housing and presence or absence of basic facilities such as indoor toilet, hot water, heating system, etc.

-*Social support*: Families' and societies' supportive networks have been considered as the fundamental aspects of social environment whether in preliminary or contemporary societies. This issue not only shows the importance of social and family networks in our social structure, but also attracts the attention of policy-makers of social care.

-*Socioeconomic factors*: considering global consumer culture as an appropriate culture and people's response to it, income and wealth will be believed as the major factors affecting human health, which means the list of life basic necessities is rising.

-*Cultural factors*: cultural differences emanating from different social bases attributable to age, sex, categories listing status, education level, ethnic and religious backgrounds are identified and examined in social sciences. When mental health is being conceptualized, these factors (age, sex, etc.) often appear similar and uniform, but in fact these factors as much as reflect individual differences in social and cultural groups will show these differences among groups.

-*Personality factors*: personality and psychological structure is mostly directed to mental health. Personality factors indirectly and through affecting mental health will impact on

the quality of people's lives.

-*Personal independence factors*: they are dependent on personality factors but independent from physical and social environment. Personal independence factors include the ability to make decisions, personal control and discussion of physical and social environment (Bond and Corner, 1389, 17).

4. Research History

- Noori et al. (2003) conducted a study entitled "Mental Health in Head Housewives". The study examines the health status of head housewives supported by the Welfare Organization in Tehran, which 180 head housewives were selected using random – quota method. The results showed that the scores' mean of mental health (SCL-90-R) and its nine-feature in the experimental group was significantly higher than the scores of the test in the Iranian normal society suggesting these women are at risk for mental health.

-Qorbani & Golchin (2011) performed a study entitled "The mental health status of women consulting with the health centers of Qazvin". The study aimed at evaluating the health status of women's health among the health centers of Qazvin. This cross-sectional study was conducted in 2008 on 1531 women consulting with the health centers of Qazvin province who completed the General Health Questionnaire. Results showed that 38.5% of women did not have a good mental health. The prevalence of mental disorders for the age group of 20 to 29 year-old (32.6%) and the married group (75%) was more than the other groups. There was a significant relationship between age, education and physical symptoms' subscale ($P = 0.025$) as well as age and depression ($P <0.01$).

- Soleimani Zadeh et al. (2006) completed a study entitled "Evaluation of mental health of the university centers in Bam City". This cross-sectional study was conducted to determine the prevalence of mental disorders among the students of university centers in the city of Bam in 2003. 530 subjects were selected by systematic random sampling and then the R-90-SCL test was performed on them.

The study showed that 25.1% of the students had psychiatric disorders, which the prevalence of mental disorders among female students with 25.4% was more than the male students with 24.7%. The prevalence of mental disorders in people with age group under 21, native, divorced and those who were not satisfied with their field of study and also had been suffering from a physical illness was more than the other groups. The mean and standard deviation of the female and male students' scores was 40.43 and 51.49, and 37.39 and 55.36, respectively. The t-test on the mean and standard deviation of the students' scores did not show significant differences between male and female students ($p> 0.05$). Mean scores on the scale of sensitivity in interpersonal relationships, anxiety, hostility, phobic anxiety and psychosis among the males was more than the female students. And in physical scale, the symptoms of obsession, depression, paranoid beliefs among the female students was more than the males. There is a significant difference between the two groups in the scales of obsession, depression and psychosis ($P <0.01$) and the other scales were not significantly different between the two groups ($P> 0.05$).

- Veenstra (2000) in a study titled "Social Capital, SES, Health, and an Individual-Level Analysis" has dealt with examining the relationship between individual-level elements including social capital - trust, commitment and identity in socio-mental dimension - and health. Analyzing the secondary data, he concluded that repeating social relationships with colleagues, the tendency toward religious activities and participating in clubs and associations has a significant and positive relationship with the individuals' health. But trust and commitment did not show a significant relationship with health and civic participation (total scores gained from participating elements) almost did not show a correlation with health. The central and main result of Veenstra revealed that, despite extensive researches, there is still a little evidence about the compound effects of social capital on health.

5. Research Hypotheses

There is a significant relationship between literacy level and mental health of the rural women (dimension of physical symptoms).

There is a significant relationship between literacy level and mental health of the rural women (dimension of anxiety and insomnia).

There is a significant relationship between literacy level and mental health of the rural women (dimension of social dysfunctions).

There is a significant relationship between literacy level and mental health of the rural women (dimension of depression).

6. Research Methodology

The present study is an applied, extensive, micro level and a cross-sectional study. The research's methodology is field study performed with survey techniques by using questionnaire to collect the data. The statistical population consists all the upper 18-aged rural women in Kermanshah, which 382 subjects were selected based on Cochran formula as the sample size. "Random cluster sampling" was selected regarding to the extent and distribution of the samples in a

wide range of subjects in the field. In this study, a number of villages in Kermanshah were selected randomly by using cluster sampling, then, the final sample was randomly extracted.

Goldberg Health Questionnaire (GHQ) was used to collect information about women's health in this study. The questionnaire (GHQ) is a test with a multiple and self-administered nature designed to assess discrete non-mental disorders, which can be found in different conditions of a society (Goldberg & Williams, 1998). General Health Questionnaire was adjusted by Goldberg at the first time. The main questionnaire has 60 questions, but 30, 28 and 12-question short forms are used in different studies (No need to mention other versions of the scale, just describe the version used) (the study uses the 28-question form).(According to researchers, different forms of GHQ have a high validity and reliability and 12-question form is about efficient as the form having 60 questions (Mari and Williams, 1996). Homodiant et al. performed General Health Questionnaire , Emotional Balance Scale and the Questionnaire of Amsterdam's Memoir on a sample in Amsterdam and reported the correlation coefficient equaling 0.60 (Taqavi, 2001). In this study, General Health Questionnaire was assessed based on three methods including test-retest, bisection method and Cronbach's alpha, which reliability coefficients were 0.70, 0.93 and 0.90, respectively (Noorbala et al., 2009).

The reliability of 28-question General Health Questionnaire in Iran determined by test-retest method was 0.88. Noorbala et al. (2001) performed validating the general health questionnaire on 879 subjects among the families supported by the health centers of Medical Sciences and Health Services of Iran, Tehran and Shahid Beheshti University by using cluster sampling method and the reliability coefficient was higher than 0.80.

Goldberg's Mental Health Questionnaire has four dimensions including physical symptoms, anxiety and insomnia, severe depression and social dysfunction, each one having 7 questions. The health questionnaire uses four-point Likert scale and the reliability for physical symptoms, anxiety, severe depression and social dysfunction is 0.79, 0.82, 0.84 and 0.82, respectively.

7. Data Analysis

7.1. Health's Descriptive Statistics

Table 1. Distribution of the respondents based on mental health's components

Variables	Descriptive indexes		Components' condition				
	Mean	SD	Never	Low	High	Very High	Total
Physical Symptoms	2.86	1.10	28	102	146	106	382
Anxiety & Sleeplessness/insomnia	2.77	1.20	39	110	130	103	382
Social Dysfunction	2.82	1.17	19	127	136	100	382
Severe Depression	3.01	1.20	35	75	120	152	382
Mental Health	2.86	0.95	30	87	102	131	382

Since the variable is examined by four-point Likert scale, so the variable is measured in 4 levels of never, low, high and very high. The findings suggest that among the mental health indicators/indexes, the lowest level of health is related to the variable of anxiety and insomnia. It shows that the respondents in terms of physical symptoms are nearly (X = 2.77) in a good health. The highest level of health is also related to the variable of anxiety and insomnia, which the respondents are in a high health condition (X = 3.01) regarding to the variable of depression showing that the respondents are slightly depressed. The overall rate of the respondents' mental health is approximately higher than the average (X = 2.86).

Table 2. distribution of the respondents based on educational level.

Variables	Descriptive indexes		Components' condition					
	Mean	SD	Very Low	Low	Medium	High	Very High	Total
Educational Level	3.07	0.91	32	90	126	59	61	368
			8.69	24.45	34.23	16.03	16.57	100

Table 3. Kolmogorov-Smirnov's test for assessing normality of the variables.

Sub-Variables		Research's Components/Variables				
		Educational/Literacy Level	Physical Symptoms	Insomnia & Anxiety	Social Dysfunction	Depression
Number		382	382	382	382	382
Normal Parameters	Mean	3.07	2.86	2.77	3.83	3.01
	SD	0.91	1.10	1.20	1.17	1.20
Kolmogorov-Smirnov Values		1.63	1.88	1.54	1.92	1.99
Sig Level		0.77	0.86	0.67	0.10	0.17

Table 2 shows that the largest number of the respondents (34.23) has a moderate level of literacy. The lowest number of the respondents (8.69) also has a very low literacy level. Overall average of literacy among the rural women is moderate (3.07).

7.2. Kolmogorov-Smirnov's (KS) Test

There are some preconditions to use parametric tests including 1) data normality 2) data randomness. Single-sample Kolmogorov-Smirnov test was used to assess the factors' normality as follows;

H_o: data have a normal distribution

H_1: data have not a normal distribution

According to Table 3, it can be concluded that since the significance level of all the variables is higher than 0.05, so we can say the variables are normally distributed. Parametric tests can be used to analyze the hypotheses.

8. Testing Hypotheses

Testing Hypothesis 1: there is a significant relationship between literacy level and mental health of the rural women (dimension of physical symptoms).

Pearson correlation coefficient is used to test this hypothesis. Pearson test performed at the confidence level of 0.95 and error probability of 0.05. Results are shown in the below table.

8.1. Formulating Hypothesis

H_o: p = o

H_1: p ≠ o

Table 4. Pearson correlation coefficient test for assessing literacy level and mental health (dimension of physical symptoms).

		Physical Symptoms
Literacy Rate	Severity of the Relationship	-0.23
	Sig Level	0.031
	Numbers	382

There is a significant relationship between literacy level and mental health (physical symptoms) regarding to the sig value calculated between the two domains that is equal to 0.031 and since this number is less than 0.05. There is a negative and reverse relationship with a moderate severity due to the severity correlation of -0.23. It says that as literacy level is increased, physical health symptoms are decreased (physical condition gets worse). So, the hypothesis is confirmed.

Testing hypothesis 2: there is a significant relationship between literacy level and mental health of the rural women (anxiety and insomnia).

Pearson correlation coefficient is used to test this hypothesis. Pearson test performed at the confidence level of 0.95 and error probability of 0.05. Results are shown in the below table.

8.2. Formulating Hypothesis

H_o: p = o

H_1: p ≠ o

Table 5. Pearson correlation coefficient test for assessing literacy level and mental health (dimension of anxiety and insomnia).

		Anxiety And Insomnia
Literacy Rate	Severity of the Relationship	-0.30
	Sig Level	0.001
	Numbers	382

There is a significant relationship between literacy level and mental health (anxiety and insomnia) regarding to the sig value calculated between the two domains that is equal to 0.001 and since this number is less than 0.05. There is a negative and reverse relationship with a moderate severity due to the severity correlation of -0.30. It says that as literacy level is increased, anxiety and insomnia is decreased. So, the hypothesis is confirmed.

Testing hypothesis 3: there is a significant relationship between the literacy rate and mental health (social dysfunction) of the rural women.

Pearson correlation coefficient is used to test this hypothesis. Pearson test performed at the confidence level of 0.95 and error probability of 0.05. Results are shown in the below table.

8.3. Formulating Hypothesis

H_o: p = o

H_1: p ≠ o

Table 6. Pearson correlation coefficient test for assessing literacy level and mental health (dimension of social dysfunction).

		Social Dysfunction
Literacy Rate	Severity of the Relationship	-0.41
	Sig Level	0.000
	Numbers	382

There is a significant relationship between literacy level and mental health (social dysfunction) regarding to the sig value calculated between the two domains that is equal to 0.000 and since this number is less than 0.05. There is a negative and reverse relationship with a moderate severity due to the severity correlation of -0.41. It says that as literacy level is increased, the level of social dysfunction is decreased. So, the hypothesis is confirmed.

Testing hypothesis 4: there is a significant relationship between the literacy rate and depression of the rural women.

Pearson correlation coefficient is used to test this hypothesis. Pearson test performed at the confidence level of 0.95 and error probability of 0.05. Results are shown in the below table.

8.4. Formulating Hypothesis

$$H_o: p = o$$

$$H_1: p \neq o$$

Table 7. Pearson correlation coefficient test for assessing literacy level and mental health (dimension of depression).

		Depression
Literacy Rate	Severity of the Relationship	-0.36
	Sig Level	0.000
	Numbers	382

There is a significant relationship between literacy level and mental health (dimension of depression) regarding to the sig value calculated between the two domains that is equal to 0.000 and since this number is less than 0.05.There is a negative and reverse relationship with a moderate severity due to the severity correlation of -0.36. It says that as literacy level is increased, the level of depression is decreased. So, the hypothesis is confirmed.

9. Conclusion

As mentioned earlier, considering women's health is important as the foundation of families' and societies' health. Women's health includes physical, psychological, social, cultural, emotional and spiritual well-being influenced by physiological, social, economic and political factors. One of the most important social factors affecting women's health is literacy or education level. This factor is very important especially among rural women as those having less accessibility to various facilities.

Given the importance of discussing the health of rural women, the study seeks to investigate the relationship between literacy level and health of the rural women in the villages of Kermanshah. Literacy level was the independent variable and the four-aspect of mental health including physical symptoms, anxiety and insomnia, social dysfunction and depression were the dependent variables, which the relationship between them was examined in the study.

Results of the descriptive statistics indicate that the respondents in terms of physical symptoms are nearly (X = 2.77) in a good health. The highest level of health is also related to the variable of anxiety and insomnia, which the respondents are in a high health condition (X = 3.01) regarding to the variable of depression showing that the respondents are slightly depressed. The overall rate of the respondents' mental health is approximately higher than the average (X = 2.86). The largest number of the respondents (34.23) has a moderate level of literacy. The lowest number of the respondents (8.69) also has a very low literacy level. Overall average of literacy among the rural women is moderate (3.07). Test results for the hypotheses' testing also showed a significant correlation between literacy and mental health of women in all the four dimensions, as the following;

There is a significant relationship between literacy level and mental health (physical symptoms). There is a negative and reverse relationship with a moderate severity due to the severity correlation of -0.23.

There is a significant relationship between literacy rate and mental health (anxiety and insomnia). There is a negative and reverse relationship with a moderate severity due to the severity correlation of -0.30.

There is a significant relationship between literacy rate and mental health (social dysfunction). There is a negative and reverse relationship with a moderate severity due to the severity correlation of -0.41.

There is a significant relationship between literacy rate and mental health (dimension of depression. There is a negative and reverse relationship with a moderate severity due to the severity correlation of -0.36.

The findings show a relationship between literacy and mental health, which as mental health is increased, literacy level is also increased, which is consistent with Bond's and Corner's theory and the findings of Noori et al. (2003), Qorbani and Golchin (2011).

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