Developing a masters curriculum for University of Welfare and Rehabilitation in Tehran/Iran by exploring social support and social network in Iranian women with children under school age

A project submitted to Middlesex University in partial fulfilment of the requirement for the degree of Doctor of professional studies

Fereshteh Ghazi-Isfahani

National Centre for work Based Learning Partnerships

Middlesex University

August 2008

Content   **page**

Chapter Six

Appendices:

Appendix 1: Honorary professorship

Appendix 2: Memorandum of Intent

Appendix 3: Approval of MDX

Appendix 4: Research questionnaire

Appendix 5: Diary guidelines

Appendix 6: Programme hand book

Abstract

The purpose of this project was to:

- Develop a postgraduate curriculum for Health care professionals to be used by University of Social Welfare and Rehabilitation (USWR) in Iran based on the needs of mothers in Iran. The developed curriculum used selected findings of research completed by me who explored social support and family networks offered to Iranian women with children under the school age.

- Create a research data base for information to be use by all researchers on women and women health by students who will be taking the created curriculum during their research and dissertation modules in USWR in Iran.

The research conducted used mixed methodology approach /triangulation by means of both qualitative and quantitative research methods. A focus group was employed to gain information and further understanding to the meaning of social support and family network from perspectives of those mothers. Following the focus group a questionnaire was devised in conclusion with the findings of the focus group which were building blocks for the questionnaire and informed by literature. Six hundred questionnaires were distributed surveying mothers of three different social classes, living in various parts of Tehran. The questionnaires were distributed at a number of health care clinics using purposive sampling technique. The inclusion criteria for the selection of the research category, was that the mothers had to have a child/children under the school age, and in addition be willing to complete the questionnaire in the clinic.

Following the survey 24 self selected mothers from the same group were asked to commence on documenting a two week diary. They were provided with guidelines and instructions on how to complete the diaries. The resulting quantitative data was analysed with the use of SPSS and the qualitative data used narrative data analysis arriving at themes. The two sets of data were crossed referenced for outcomes, in order to comprehend the general data collected and form triangulation conclusions.

Recommendation was made for future research.

Acknowledgment

I would like to thank the following people who have helped me in the completion of this research and developmental project.

My supervisor Dr Jenny Naish, for all her assistance, help and, guidance.

My consultant at the final stage of the work Dr Paul Gibbs

My research team colleagues, Dr Bell, Dr Sharifian and Dr Shiani.

Thanks goes to:

Dr Joghataei, Chancellor of University of Social Welfare and rehabilitation for his support and help.

Professor Margaret House and Mr Richard Beaumont for all the help in supporting the work and the link between Iran and us and travel to Iran to establish the link.

Mrs Lesley Marks who travelled with me to Iran.

Dr John Foster for his assistance in quantitative data analysis.

Ms Janet Holmshaw for her assistance in qualitative data analysis.

All mothers taking part in the project.

Research assistants who helped in data collections.

Iranian statistician who helped entered the data in to SPSS in Farsi and translated it into English.

Last but not least my daughter Tania who inspired me to do this project with her own PhD also being my critical reader, my husband Nasser who had to put up with me travelling to Iran and the expenses related to it.

Thanks again to all parties involved.

In the loving memory of my mother Mrs Iran Ghaem-Maghami
Who died on the 22nd June 2006.

She went back to live in Iran as a woman in need of health and social care.

Her staying in Iran inspired me to establish the academic link which resulted in this project.

Chapter One:

Introduction

In this chapter, I will present an overview and summary of the work undertaken within this research and development project, in addition, explain the rationale behind the work. This project will draw upon my experiences and knowledge gathered throughout my intensive involvement in Iran, during this very uncertain political period to illustrate clearly what has been achieved. My involvement started with a trip to Tehran after many years of being a UK resident. The purpose of this trip was to explore the life and conduct of Iranian universities and familiarise myself with their work and functioning. I was introduced to the Chancellor of The University of Social Welfare and Rehabilitation (USWR) through a friend, subsequently the USWR became my preferential choice to undertake my exploratory work. This included conducting seminars on research, clarifying the educational provisions within the UK, especially within Middlesex University (Mdx), and also training them on how to develop research proposals for PhD applications. My emphasis was to work with various groups within the University to create a pathway for them to establish academic links and develop a working rapport with Mdx. It was hoped that these foundations, would lead to the achievement of a joint research project and joint programme/s.

My involvement increased to the point that I made two to three trips to Tehran every year; I also attended and presented papers in their national and international conferences. Throughout these visits my relationship with the University strengthened, hence, I was invited to become an honorary professor (Appendix 1), this is a significant accomplishment therefore; I was extremely flattered to be given such a privilege, which enabled me to deliver educational sessions for their academic team and serve on their advisory committee of educational research. In addition, their Chancellor became a visiting professor at Mdx. This is not a standard achievement; this was a result of intense and vigorous work and efforts with the University, to establish such a close rapport and high level of respect. Without a doubt this process was made easier with my ability to communicate and converse with all departments and relevant members of the University in their own language; Farsi. We were very fortunate in that we had no language barriers

to overcome, although my Farsi was not at a competent level, however, we managed to communicate perfectly and get straight to the topics of investigation swiftly and efficiently. In addition, I noticed that the Iranian University was keener and more enthusiastic to work with an establishment that had Iranian personnel, as it meant that they had no issues of translation and there was a mutual understanding and awareness of cultural issues, for instance; the code of conduct amongst men and women, addressing issues such as; hand shaking, greetings, women wearing head-covers and seating arrangements in the meetings.

I will attempt at short to describe and present an explanation of the concept of internationalisation and examine how this has been perceived by Iranian educational institutions. Following on from this, I will illustrate the level and nature of my own involvement. For the purpose of this project, I will examine my involvement with one particular university that delivers programmes and conducts research in health, and social welfare and rehabilitation, which has similarities to our own School of Health and Social Sciences (HSSC) at Mdx. I will demonstrate how the development has progressed and how the research was planned and funded. Finally, I will put forward a draft Master's curriculum in women's health. The latter was requested from me by the chancellor of the USWR, this was carried out at the same time, seeing as the research had already been funded. I was hoping perhaps the information gained from the research and the selective findings would possibly assist me in writing the module/s and its learning outcome/s (Appendix 6). The rationale for this work was to establish a strong academic link and collaborative work with Iran which would in essence, benefit both educational establishments and be in accordance with Mdx's aim as seen in the corporate plan (www.mdx.ac.uk/corporateplan).

Purpose:

The purpose of the project was to explore the concept and practice of the internationalisation of education. In this respect internationalisation is perceived as a reactive response towards the pressures of the competitive environment, and an outcome to proactive responses towards international prospects (Alexander 1995).

The focus of the project was:

To work with the USWR as a partner, to undertake research into social support/networks of Iranian mothers with children under school age thus, to draw upon the selective findings if at all possible, in order to help with the development of a curriculum for a Master's level educational programme.

The aims of the project were:

- Explore social support and social networks of Iranian women with children under school age.

- Develop a Master's level curriculum for the USWR in women's health for healthcare professionals and perhaps use part of the information gained and the selective findings from the research, to assist with the writing of the module/s and their learning outcome/s (although this was not the initial aim of the project, but something that was desired by me).

- Personal and professional development by working on this project in Iran, which could be utilised and transferred to other educational settings in Iran as well as other countries.

The research conducted was funded by the USWR in Iran. The research team consisted of four members, two researchers from the USWR; Dr Sharifian and Dr Shiani, one other colleague from Mdx, Dr Bell and me. I was the project leader, who was responsible for negotiating funding for the research, in addition to working with Dr Bell to prepare and write the proposal and ensure it passed through the research committee of the USWR, through the Chancellor for approval. I made numerous trips to Tehran and successfully managed the team. There were three dominant factors that required attention and negotiation, these were; funding: This involved the negotiation of raising financial support from the USWR, in order to fund the research and contribute to the costs associated with the project. In order to attain this support, I had to travel to Iran on a few occasions to try and convince the Chancellor that a research project of this nature, would help raise the recognition of the establishment and once published, it would place the USWR in a prominent position on the International academic map. Access: I needed to negotiate ease of access to the University and to be able to utilise the USWR's premises to use it as a base for conducting the research and a forum to gather the research team together. We also required access to their associate clinics, as they were necessary to recruit a research sample for data collection purposes. Obtaining Visa permission: this

element was a requirement for my colleague, who was British, as she needed a visa to be able to enter and work within the country. In order to obtain this visa, the USWR had to act and sign as a sponsor and sent a special invitation. These were all factors that were resolved with ease on my part.

Furthermore via negotiation, I managed to delegate the work to the necessary researchers and ensure all work was carried out efficiently, this was successfully achieved by constant travelling back and forth to be on top of all progressions at all times, by producing frequent progress reports and by efficient timetabling. The developed curriculum (which was a separate request from the Chancellor) will be presented to the Chancellor of USWR for consideration and application. Taking into account, the current political situation, I am aware that this can only be presented for consideration. The application and execution will not be within my remit; however if the USWR decide to employ the programme, I will assist them in implementing that process as efficiently as possible.

The proposed plan for this project was based on a foundation of personal learning concerning the value of education and its impact on an individuals' experience and achievements. This project aims to provide a rationale for the exploration of the research area and to portray the level of work undertaken so far. My motivation for undertaking this project is simply my enthusiasm for the subject and the fact that I have been inspired by the work that I have been able to complete so far. It is also worth mentioning that my mother (a woman with health and social needs) after years of living abroad, decided to return to live in Tehran. Upon reflection and observations made concerning her lifestyle in Tehran, and comparing it to the UK and USA standards, I became aware that there are many elements that are either missing or inefficient compared to the provisions of the western world, hence I recognised that these issues regarding health and social care must be addressed.

Below are some assumptions that underpinned this project, devised through personal observations and findings from reading a variety of existing work conducted by students at the USWR (Mohseni, Tabrizi & Seyedan, 2004; Ahmad Niya, 2002; Rastegar Khaled, 2004); this was my only source of reference, due to a lack of an extensive existing research database:

- Families are the primary source of support.

- The word "support" has no significance amongst the women, as they have not seen any tangible or substantial outcomes arising from any previous support provided.

- The men's responsibilities tend to be solely directed at bringing in money for the family.

- Recruiting women with children to educational programme/s.

- Women are not utilising their educational accomplishments to the maximum.

- Those women, who are able to work outside the home, are experiencing problems with child care. Due to a lack of trust amongst unfamiliar individuals, lack in ability to feel at ease and convey specific requests and ultimately finances.

- Finances and housing are of a great problem and burden.

- Friends and neighbours do not play a significant role in Iran.

- Health and social care are not supported by one another.

Mdx has created an eminent international profile for itself, with its fast and rapid expansion worldwide (www.mdx.ac.uk/services/internationaleducation). It has become internationally recognised for its work in teaching, research and overseas involvement; these achievements have been noted in print on countless occasions (local and national daily papers). Whilst conducting this project, I have had the opportunity to challenge the USWR's methods of delivering educational programmes, in addition to the conduct and utilisation of their research. In addition, I have been able to present a proposal for research on "Exploring Social Networks and Social Support for Mothers with Young Children in Tehran".

I was hopeful that the selective findings of this research and the information gained could be incorporated into the development of the curriculum in women's health, as was requested from me by the Chancellor of the USWR. The two requests that the Chancellor stipulated were; to conduct a funded research project in order to strengthen the collaborative relationship and to place the USWR on the international academic map by publication, the second task was to write a curriculum at a Master's level for healthcare professionals. The curriculum model was based on an existing model used for the Society of Orthopaedic Medicine (SOM), seeing as the existing model is a successful and validated MSc programme, the same template was used. This curriculum was jointly

planned and devised by SOM and Mdx, in which I was the programme leader. Therefore I had a significant input in writing and validating the programme as a whole. When writing this curriculum, only a few selective research findings were used to assist the writing of the modules and/or learning. As the research requested was based on social support and family networks amongst women with children under the school age, I suggested to the Chancellor that a curriculum in women's health might be more appropriate, as the information gained by the research and its selective findings may help in writing the module/s and clarify the learning outcomes within different module/s. The initial aim was never based upon the intention to utilise the findings of the research, in order to develop the curriculum it was merely a suggestion that I had put forward. My intention was to expand my own personal and professional knowledge, considering the fact that women's health was not my specialized subject area, therefore, I anticipated that the selective findings would be of some assistance/s.

Although this project was concentrated on the collaboration between the two universities and the overall development of a complete course, the concept of internationalisation was prominent as the suggested curriculum was based upon Mdx's model which was an existing British established model of higher education. This process included a means to transfer a British curriculum into Iran based upon the Iranian educational environment and position. This required an increased ongoing relationship with the Western educational establishments and society. The following are a few issues that the Iranian University wished to address and pursue, in an attempt to make beneficial improvements:

- The need for expanding into international market's in order to import and export its higher education.
- The existence of a number of successful undergraduate programmes with not many post graduate programmes to progress to for healthcare professionals.
- The lack of similar and/or a solid curriculum at a postgraduate level where healthcare professionals can advance to.
- The acceptance of the home country towards change/s in their delivery of postgraduate education.
- Making the choice of the research and curriculum by their request.

<u>Background</u>

Iran like many other Middle Eastern countries encompasses its own unique characteristics; like other developing countries the level of higher education is different to that of the UK, these differences include a lack of resources, an approval system for programmes and finally a very hierarchical model of management. The differences in higher education and the manifestation of the current political uncertainties within the area can present hurdles and obstacles in the progression of work. Consequently, these had a direct impact on the planning and conduct of the project. Planning is a process which takes time, effort and money. For example if one embarks upon the process of planning a certain project, by the time one receives an answer to proceed, there might be a number of influential factors prohibiting the implementation and application of the project. These factors could be external and outside the researcher's control, these might include; changes in directorates, government policies, political changes and last but not least, gaining permission to travel, visa and insurance. I however, was fortunate by having dual nationality, which was a big advantage, as this enabled me to travel back and forth to Iran with ease; although despite this, it was still not an easy task!

Over the last five years I have been heavily involved with promoting Mdx in Iran. This has resulted in several Memorandums of Intent (Appendix 2) and the formation of a successful working relationship between Mdx and the Universities and Ministries in Iran. In order to progress with the working relationship, Mdx had to be placed on the approved list of universities of the Ministry of Higher Education and research in Iran. On the 11th February 2003 a meeting took place at Mdx, with the Educational Attaché of the Iranian Embassy, Dr Shams, where all directorates from HSSC were present. The meeting was a success and Mdx was placed on the Iranian Ministry of Higher Education and Research's list of approved universities. Subsequently, I had to forward papers to Dr Shams at the Embassy to show our university's mission, vision and recorded working and grading level. On the 17th July 2003 the approval of Mdx (Appendix 3), was sent to me by the Iranian education attaché, which I forwarded to the executives through the former Deputy Vice Chancellor, Academic Professor Ken Goulding. We developed a close working relationship and several visits were made to Iran to discuss and negotiate the way forward.

During my visit to Iran in November 2003, I was accompanied by Lesley Marks our Regional International Director. The visit to Iran was to Tehran only; this was undertaken partly as a result of the visit made in 2002 by Margaret House and Richard Beaumont of the HSSC. The contacts and the indefatigable work I had undertaken, laid the groundwork for the extensive discussions and meetings held during this one short week. We were greatly assisted by the Middle East Association (MEA), which has its headquarters in central London. The MEA held a UK Trade Mission in Tehran, which we joined, and as a result this allowed us to gain access to a number of interesting organizations – both British and Iranian. We made several contacts which were used for the expansion of our academic work and instigated a number of further visits to and from Iran.

Iran

Iran has a population of approximately 65 million, with around 50% under the age of 20 (Iranian Census 2004). Its major centres are Tehran (6m), Mashad (1.9m), Isfahan (1.2m), Shiraz (1.1m) and Tabriz (1.1m). The United States has named Iran a "state sponsor of terrorism" (CNN News) but other reports state, "contrary to local fears, it is highly unlikely that Iran will be a military target in the post-September 11th US military campaign" (Al Jazeera News, 2004). It is also thought to be unlikely that Iran, whilst willing to protect its fellow Shia in Iraq, would be drawn into any conflict with US forces during the Bush campaign in Iraq.

The younger generation clearly want a change from the ultra-conservative regime, which imposes hejab on women (including visitors from overseas), prohibits alcohol and maintains strict restrictions on the population (Shahidi, 2004). Education is the most important aspect of the Iranian population's life (Shahidi, 2004). For instance families are prepared to sell their houses to pay for their children to enter university. Furthermore, education plays a vital role within life throughout Iran, for example, if any young man wishes to get married the first thing the girl's family tends to ask, is the level of education of the potential groom, as opposed to the level of financial support. Therefore, there is an abundance of university entrants every year as too many young people take the entrance examination in the hope of being amongst the select few who are accepted, but

regrettably, there is a shortage of places available. The demand is too high and the universities find it problematic to accommodate all the applicants.

As a result, in response to the levels of high demand, a number of private universities have opened which often claim to have some form of link with overseas universities. This is an enticing tactic and is not necessarily the truthful in all cases. Not all of these private universities have been approved by the Iranian Ministry of Education and therefore have no association with overseas institutions. Consequently, students undertake courses held in these private universities, and after finishing, are frequently told that certain institutions fail to acknowledge or accept their qualifications. Nevertheless, this 'looks attractive' to some individuals and their families to merely have a qualification on paper to show a degree of education and it can also appear to be a representation of prestige. Acknowledging this, it was necessary for me to attempt to publicly tell the partners that there is a strong need and requirement to follow the correct procedures and regulations. To some, this was wasting time as they wanted to start work immediately and publicise their link with our University. However, it soon became apparent that they would have to wait until we obtained our approval. All universities in Iran show a higher entry percentage of women to men. Iranian women tend to enter universities and get higher and postgraduate education, but for some reason not all use and utilize their qualifications obtained. Our research highlighted that many women fail to maximise on their achievements.

The Iranian market is a rapidly growing educational market, which unfortunately has suffered from being suppressed and shut away from the rest of the world for over twenty years. The role of women in Iran has fluctuated immensely and has experienced speedy changes throughout time. From personal observations, Iranian women are educated and appear to be hard workers but their potential has not been fully utilised or capitalised due to external demands, strains and anxieties that have been enforced upon on them by families as well as various employing authorities, our research highlighted the same features. The political situation in Iran is constantly changing, and as a result, this has had a direct effect not only on the Iranian population, but also on the work that I had anticipated to carry out. It was expected that the proposed educational development will, in a small way celebrate the linking of the two countries.

I feel that my role has been crucial in the progression and facilitation of the achievement made over the last five years, linking Mdx with a number of universities in Iran not only the USWR. Hence, my personal involvement was highly supported by many different establishments throughout Iran. Through the nature of the work encompassed within this project, the Iranian Government is making attempts to modify their practices from the preference of sponsoring individual students and scholarships awarded for higher degrees, to a newer system of employing their own in-house programmes which have secure established links with various western universities. Within the development of a sound curriculum that meets the requirements of Iranian students and their sponsors, there is the opportunity to focus on a more individualised type of programme that assists the development of a closer link between the two countries and universities. However, this is all dependent on the fluctuating political situation.

It is intended that this project will address the key issues within this educational development, and the established links will be of benefit to the students and help them by providing a more intensive research-based programme and finally, their curriculum will be much more applicable to their place of work and delivery of care. These issues will be addressed throughout the design of the named curriculum. Before the development of the curriculum a research project was undertaken by me to identify certain components which need to be included in the programme itself through selective findings. This was not the intension of this project but it was hoped that the research and the information gained about the status of women might assist in the development of the module/s within the curriculum.

This project is primarily concerned with using research as a platform to gain an insight into social support and family networks amongst Iranian women, and if at all possible to utilise the information acquired to inform the development of the proposed curriculum through selective findings. The role of this research will contribute to the body of knowledge in terms of; how women perceive themselves within the society; the source of their support; and who they network and engage with. Perhaps, to some extent, it will also explore the role of men within the family and their contributions at home. This research aims to lay the foundations for further research across Iran. It also aims to establish a database which can be added to by subsequent work.

<u>Introduction to the project:</u>

This project addresses the notion of how internationalisation (this will be defined in the literature review chapter) is developed and addressed within Iranian education and how a Master's curriculum may be developed, based upon information learnt from the research conducted inside the country to uncover more about the culture and the support which is available or could potentially be offered and accessible to women with young children. The internationalisation of education is the desired outcome of the Iranian educational establishments, especially as they will be able to claim that it was based on an approved model (frequent visits to the UK by educationalists and the invitation of educationalists to Iran).

The preliminary stage of this project was to get Mdx approved by the Iranian educational authority. In order to do this, I had to familiarise myself with the educational institutions and individuals at different levels; from management to researchers as well as educationalists. Developing this link required me working from 'within' by improving relationships, getting to know people and sharing how they can improve the quality within their university. My involvement over the past five years has resulted in some very interesting work however; unfortunate uncertain political situations have somehow delayed the further progression of work that was initially planned. The Iranians are prone to experience a variety of obstacles and difficulties due to the divisions that appear to act as barriers between them and the western world. These barriers can also be evident to foreign individuals who plan to establish themselves within Iran. It has been argued that Iran is responsible for these difficulties, due to the fact that its population has been locked away from rest of the world for several years; hence, it is thought that the society is not as up-to-date with certain traditions or codes of conduct in certain fields, however, this can be said to be a biased stereo-type, this project examines these issues further. Cultural differences, religion and way of life all play an influential role throughout all aspects, these are revealed subsequently.

This project aims to develop links between Mdx and at least one other educational establishment (USWR) in Iran, to test part of findings in order to make some effective application of the joint work planned for a Master's in women's health. Communication and relationship building are the most important factors concerning this joint work.

Literature provided me with an insight into how; interpersonal communication and interaction between two services can eventually emerge into a healthy outcome (Altschul, 1972; Macilwaine, 1983; Donati, 1989; Chiesa, 2000). Obholzer (1994); in addition it highlighted how organisations must address the unconscious processes that sustain the problematic functioning of employees in human services if meaningful behavioural changes are to be achieved, and this is the underlying requirement that is needed to change behavioural patterns at work: this is not evident in Iran.

Planning research and development involves setting appropriate strategies and measurements to answer questions or solve problems and plan future developments in accordance with findings. For all the above, great commitment, dedication and passion are necessary, which can be very time consuming and furthermore require political and local stability. I felt that I was the only one who could make this partnership work, equipped with certain advantages and fortunate circumstances in my favour, these added to the efficiency of the project work. This proved to be accurate, with my successful completion of the project. This was based on the assumptions of completing the research, seeing as circumstances were subject to political and managerial changes, as we were faced with a situation where management could decide to terminate the research and refuse to give the go-ahead. I possess all the qualities mentioned above, but stability at an international, governmental and institutional level was beyond my control. Despite all the governmental and political changes in Iran, I managed to establish a close link with the USWR. This was not an easy task but I feel the relationship did develop and respect was earned from both sides.

Given the rise in numbers of individuals pursuing higher education, especially at postgraduate levels, and considering the shortage of places and courses available in Iran, meeting those demands was an added bonus which helped smooth out the working relationship. Many universities in Iran are forced to cancel planned progressions due to the rapid mobility of personnel, especially at the top management level. I observed this scenario frequently, as on my follow-up visits, certain individuals had moved on and policies had been changed. Whilst it had taken me a good few years to establish myself in three educational establishments in Iran, this resulted in a development which hopefully might set trends for others to follow, as well as future Mdx work in Iran. This work focused on allowing everyone to recognise the need for research and development.

Nevertheless, it was important for me to prioritise areas and work; therefore I had to form an allegiance with those who were primarily interested and willing to establish this link. The USWR recognised the mutual benefits of this proposal and agreed allocations of funding and resources. However the funded research was approved by the Chancellor of the USWR, and again it is important to mention it was hoped that the selective findings of this research might help the development of the curriculum although this was not the primary aim but it was intended and hoped for by me, to be of some assistance. As previously mentioned, the concept of the internationalisation of education was based on the importation of a model of a British curriculum which is hoped to change and bring different way/s of educating healthcare professionals in accordance with trends and practices in Western countries. There was a need for the USWR to conduct certain preliminary research in the hope that the research may emphasise that certain gaps were present within the educational curriculum for particular group of healthcare professionals which needed to be addressed if a new curriculum was to be written.   In the following part, I propose to give some background of the two Universities for further clarification.

Background to the two universities:

I feel it is important to provide some basic information regarding the two universities that will form the basis of my developmental work in the two countries of Iran and the UK. There have been a number of issues regarding the expansion of Mdx which are extremely relevant to the links between the two universities.

Mdx as a young university has managed to establish a solid foundation. Mdx has a very sound reputation nationally and internationally (www.mdx.ac.uk). It has been reported that it has the highest number of overseas students in the UK (national and local daily papers). The university delivers very broad and diverse programmes at undergraduate, postgraduate and research degree levels. Its quality assurance report is one of the highest in the country and has been praised for the high quality of teaching and care that it delivers to its students (New QAA ref to being No 2). Its mission statement refers to the university's aim of becoming a global university and its objective of being culturally and internationally diverse. Its international reach corporate plan states that Mdx wants to progress from being primarily a large domestic regional university to becoming a global university. It also takes pride in utilising the diversity in culture of its international staff

to serve the student body in different parts of the world. Mdx in its plan states that, whilst they are committed to widening the participation and serving the higher education needs of their local communities, they will build on their domestic strengths by expanding places for international postgraduate and work-based learning (WBL) initiatives in London and around the world.

Mdx has developed a great presence and high prestigious profile around the world (anecdotal evidence). This has helped to better serve its home students by enabling them to be educated alongside foreign students. This eliminates certain stereotypes that locals might have of different cultures and nationalities and allows students of all cultural backgrounds to study in harmony and develop real and true understandings and perceptions of foreign traditions and cultures. This equips the student body with certain insights and preparations for the global economy. By expanding globally, Mdx can be an intellectual and commercial bridge between other countries and the UK. Other important factors in Mdx's international expansion are: the expansion and re-enforcement of new technology, globalisation and competition in generating transformations amongst national and international markets for higher education. Mdx has opened its entry gate for higher education by means of adult learning, taking on mature students, WBL as well as Accreditation of Prior Learning (APL). The development of long life learning as a response to employer and employee change in the knowledge-based economy, new economy, modern and diverse patterns in the world economy; looks to universities to make an increased contribution to developing the work force across the world. (www.mdx.ac.uk/service/internationaleducation).

To date Mdx has:
- 11 offices worldwide
- Each office is responsible for marketing and recruitment in the region concerned
- Each office is run by a Regional Director and his or her staff
- The office provides a counselling service to students wishing to study at Mdx and their families
- The services include: professional education counselling, advice about programme content, accommodation, campus facilities in London and Dubai, application procedures,

acceptance or rejection, student visa applications, pre-departure briefing and advice on life in London

- Mdx also has a campus in Dubai in the UAE where Mdx programmes are offered at an undergraduate level, where the first graduates had their graduation in November 2006. This campus is also looking to plan future postgraduate programmes and the MBA programme already started this year.

- Mdx's WBL programmes are one of the unique features of the university; the Institute for Work Based Learning is placed within Mdx and offers national and international programmes. Internationally it offers full programmes in Hong Kong, Cyprus, Ireland, Malaysia, Greece and the UK. MDX's "Global Campus" provides e-learning at a postgraduate level in Computing Sciences, at learning support centres in Egypt, Cyprus, Hong Kong, China, Singapore and the UK.

Mdx's Dubai campus is in close proximity to Iran and there are plans to expand within Iran. Therefore, the link with Iran will be a promising way of expanding even further within the Middle Eastern market. Iran is a rapidly growing market, its 65 million plus population lends itself to be categorised as 'a high demand' market. The prominent role of education within the Iranian culture, once again, is one of the most motivational and important factors regarding the desire and need to link the western educational forum to the Iranian educational forum. Thus, links with Iranian educational establishments will enhance and broaden the international work of Mdx and adhere to its *strategic* statement.

Iranian educational establishments have their own specific missions and visions but the most important factors appear to be of a cultural and religious dimension (Iranian Ministry of Education). From a cultural point of view, the Islamic Republic of Iran has been on the border of Iranian and Islamic cultures. Iranian cultures and civilisations bear 2500 years of history. Currently the influence of the Muslim religion seems to have high priorities; and is significant when planning any educational programme in Iran to have an insight into the current educational system operating in Iran. As can be seen within the description of the education system in Iran outlined below; the system is very much a 'prescriptive system' up to the university level. At a university level, although prescriptive, places become much more restricted in numbers and acceptance levels decrease. Therefore, there is a tendency to seek further and higher education outside the

country. Planning to develop a model of a British curriculum seems to be advantageous to all parties concerned. I feel it is essential to show the Iranian educational system, which portrays a broad overview of how the system is equal to British standards in terms of different stages.

Iran educational system
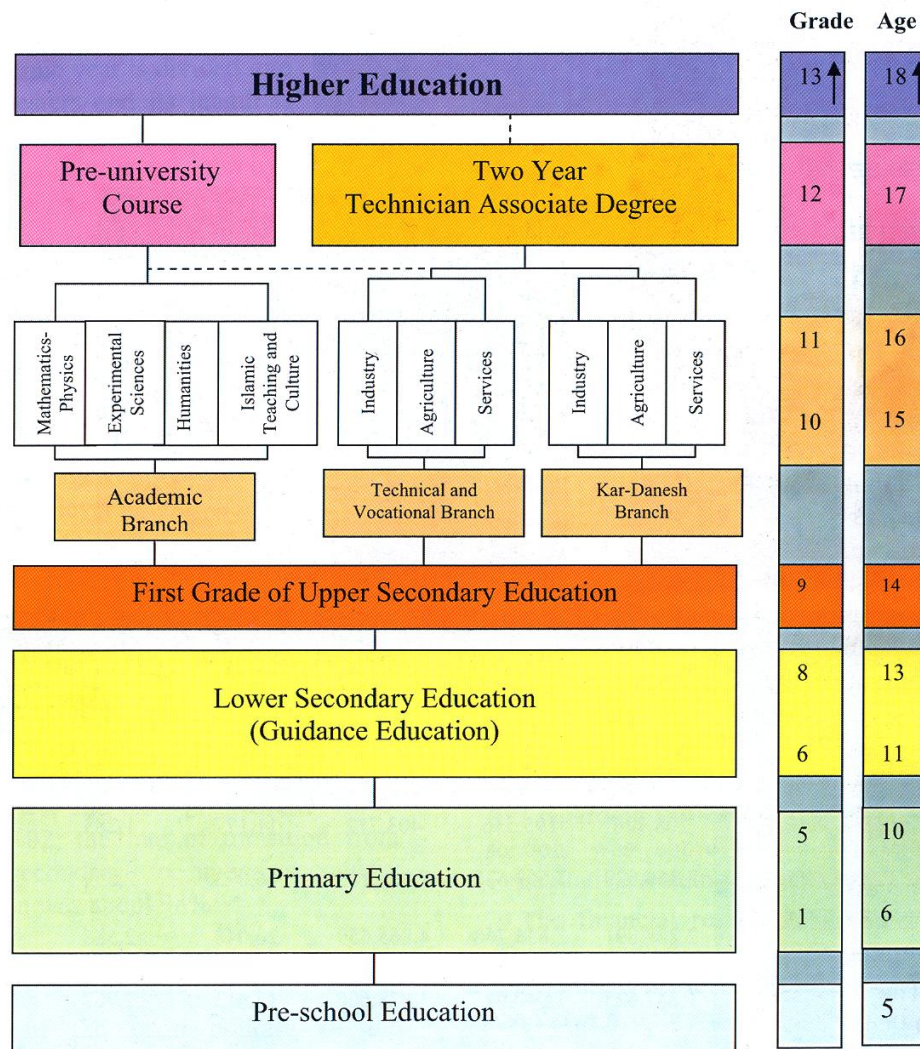
Overall Comments

Despite several attempts made by the government to reform the educational system in Iran, still a number of challenges exist. These challenges include a sound planning of a different format of curriculum which takes on board the notion of evidence-based

practice and interprofessional models of curriculum. It is hoped the planned research and proposed curriculum will be one way of addressing a fragment of these challenges.

I hope that within this chapter, I have managed to discuss and illustrate the two different approaches to education and their implementation in the UK and Iran which are diversely different from one another. In addition, hopefully I have identified the need to import and export certain educational ideas and models. The education model in Iran as can be seen above, is very much an adhoc approach and based on what the ministerial establishments feel at the time, these perspectives are in great need of modification and modernisation, in order to change and become a well-managed education (Analavi, 1999).

Chapter Two

Terms of reference/objectives and Literature review

Aim:

My overall aims for the project are to explore the concept of internationalisation from an educational aspect, with special emphasis on Iran, Iranian women and their social culture. The concept of internationalisation in this context is defined as what is going on internationally that helps certain countries become leaders in education and operate internationally. I attempted to explore perceptions of internationalisation and to develop links with an Iranian university through a collaborative research project. The latter aim was to develop a curriculum on women's health which recognised the role of women in Iran, hence, utilise the information gained from research to help support and assist the proceeding work. To develop an accessible and acceptable curriculum it was essential to make sense of what social support and social networks mean in Iran which appeared different when referring to existing international literature.

The research questions that needed to be addressed whilst conducting the research were:

- What kinds of social support exist for families with young children in Tehran?
- Who provides support? Does this always come from within the household itself? From close kin or extended family?
- Do "friends" offer social support?
- What is the Link with institutions or other types of formal support? What is the context?
- Will the selective findings from this research be used in order to help write module/s and/or learning outcome/s?

Literature review process:

Literature is a fruitful source of concepts, theories and methodology on the topic area (Punch 2005). To assess the subject area within this study a number of different topics

were explored and their relevance to Iran directly or indirectly considered. Having done a comprehensive search using the following databases, specific keywords were used for searches around the subject areas of:

- Internationalisation
- Globalisation
- Education

An additional body of literature relevant to the research project was also examined.

- Mothers and mothering
- Social network
- Social support
- Provision of care

The databases used were:

- CINAHL
- MEDLINE
- AMED
- COCHRANE LIBRARY

Since the purpose of the project was programme development, rather than the production of new knowledge the literature review was limited but focused. I have predominantly concentrated on the work of authoritative researchers, but additionally used a growing body of research from Iran through looking manually at different educational establishments as there were no data bases available in Iran which provided me with knowledge about issues relevant to the aims of the research and the development project.

Within this chapter I will attempt to provide an overview of literature relating to internationalisation, globalisation, motherhood, social networks and social support. This will to some extent provide a platform for the research undertaken but in particular will inform the project in relation to international movement and its basis within education. A number of themes emerged from the literature review which were discussed and considered before the project started.

Globalisation and internationalisation:

Globalisation describes developments in the world economy, which entice formerly distinct economies closer together. This trend has expanded beyond the economy and in this case, extended towards education. The notion of globalisation is proposed as a catalyst of radical economic, political, educational and social change (Salehi-Sangari & Foster, 1999). Globalisation can portray increasing cultural and social proximity between various countries. In order to change trends in developing countries, and to transfer a curriculum to Iran is vital in understanding the notion of globalisation and the need for being part of the international market in order to import and export education. Recent environmental changes mean it is imperative to be aware of differing cultures worldwide. It is necessary to incorporate many diverse cultures into everyday social, professional and academic lives, if we are to achieve and accept a 'global culture' or at least an array of universal variables (Keillor, Bush and Bush, 1995). Globalisation allows different societies to compare and contrast national cultures, education and traditions in the hope of a common understanding and appreciation. The commencement of a homogeneous global education system is capricious; however the escalation of cultural interaction has challenged the supreme strength of traditional, often formerly secluded cultures.

Due to rapid electronic exchanges of information and reduced travel times between locations, globalisation can produce solidity of time and space. This means that "distances' as we know it, appear to have minor bearing and have become an insignificant barrier to communications. Furthermore, by reason of remarkable innovation in the transmission of information, knowledge that was previously confined to precise geographical areas is now far more accessible. Since knowledge, has become less place-bound and more universally accessible.

The internationalisation of education is much less complicated and the advantages are numerous. The home country has the ability to exploit its full potential and enjoy further growth, whilst enjoying the benefits of scale and scope. Equally, in return, the "host" university can learn from partnership and diversify their portfolio through the transfer of information and knowledge.

Internationalisation and education:

The wide variety of motives behind internationalisation, have been studied in depth by many authors (Alexander, 1990; Williams, 1991; Quinn, 1999; Yoshino, 1966; Treadgold and Davies, 1988), through observation and empirical research. Morganosky (1993, p.527) asserts that when there are inadequate growth opportunities in the domestic market, it is reasonable to expect that retailers (in our case an educational establishment) will be attracted to "expansion opportunities in international markets." Therefore, internationalisation can be perceived as a reactive response towards the pressures of the competitive environment, and an outcome of proactive responses towards international prospects (Alexander, 1995).

However, this means that the market is now saturated and educational establishments are required to explore markets further a field. As educational business becomes increasingly globalised, there is an increasing pressure on the UK like many other countries to internationalise and rationalise their expansion. From the "parent country" point of view the expansion of internationalisation of education, is often assumed as an obvious and advantageous move. This adds to the rapid growth of globalisation in the world economy and education and influences what should be taught and where to conduct business (Bailey, 1995; Sharma and Roy, 1996). This creates supply-led pressures, and hence educational programmes are "sold" to meet the needs of a specific market. However, government policy in the purchasing country may act as a restraint and can be directly related to the political, economical and social foundation of the specific country which is not similar to the Western country.

On the other hand, some pressures to internationalise are demand-led as many countries feel the need to 'modernise' their way of education and thinking. The result of such 'demand-led' pressures has great impact on the rapid movement and expansions of universities in overseas market. The inevitable consequence of such expansion has been the import of diffuse "best practice" from the West with the attendant problem of local differences and practices (Howe & Martin, 1998).

There are a number of ethical and moral questions which tend to arise from activities such as taking money from the needy nations to subsidise home students and the quality

of such provision is often less than it should be (Times Higher Education Supplement, 1996). Such worries have been investigated by the Quality Assurance Agency (QAA) which have and are currently auditing overseas courses by British universities. Business courses in particular, have been one of the most successful routes of entry to any overseas market, as they tend to be cost-driven and often lead to programmes that are little more than pre-packed portfolios of management courses (Huczynski, 1993). Even worse, they can be uncritical and decontextualised presentations of Western managerial fads and fashions (Pascale, 1990).

It is evident that the impetus for internationalisation stems from a range of forces such as, competition, a desire to boost competitive advantage and expand into other consumer markets (Walters, 1989). Education is increasingly consumer driven with the demands of consumer purchasing no longer restricted to one university or country. Consumers have numerous places to choose from since competitive forces create an array of choices for them. Therefore educational establishments must ensure that they deliver the best quality education at the right place and time and their primary concern should be what is right for the market.

According to Mudambi (1994) "Education faces a multitude of strategic choices, with varying levels of risk, profitability and societal impact." (p.32). Universities need strategies if they wish to manipulate external opportunities and exploit them to their advantage. However, it can be noted that strategic choices have become more complex as a greater number of influential factors must be taken into consideration. Traditional boundaries have been intersected and therefore in-depth operational decisions must be considered (Johnson, 1987). When expanding internationally, universities must make cautious but informed decisions concerning programming, operational functions, logistics, and many more. Robinson and Clarke-Hill (1990) identified key choices that must be considered when expanding past the domestic market into an international territory. The initial concern for universities is to ensure that correct strategic decisions have been made in order to enjoy competitive advantages (Walters, 1989). Decision makers should primarily concentrate on exploiting the opportunities they encompass, to create a successful future, as opposed to continuing with current strategies that entail what has occurred in the past (Henderson and McAdam, 2001; Guba and Lincoln, 1989).

Once a university has expanded internationally, its capabilities are reflected through their working practices. Therefore, educational establishments must consider the extent to which they need to adapt. It is imperative that universities consider the need to modify rather than attempting to transfer a standard format from one country to another completely unchanged. The failure of British universities to recognize the need for adaptation in a host country, can result in failure and a waste of organizational resources. Modifications necessary to comply with cultural norms can be rather expensive, but unfortunately some academic establishments perceive the need for adaptation as an insult and believe their product will be as successful overseas as it is in the domestic market (Henderson and McAdam, 2001). Consequently I tried to transport and import Mdx's Master's curriculum to Iran but also took on board the special educational needs of the host country, as I believed that the developing countries are in need of managed education (Analavi, 1999).

Iran has now opened its gates to the outside world and is in position to 'shop around' for its educational needs. Based on the literature available it seems that the implementation of anything new especially in a country which is currently undergoing radical changes, requires careful planning. For this very reason I have used my professional relationship with the host university and planned valuable research which could be the platform and foundation for planning and implementation of an MSc in women's health and social welfare.

This part of the literature review has a dual purpose in underpinning the research project while at the same time exploring the implications of varying social factors on the potential recruitment of female students and their ability to undertake university education. The review draws upon literature relating to social support for families of young children across the world. Many of these studies relate to research about mothers, and often to mothers living in single parent households (May, 2004). 'Social networks' continue to be a feature of social life which is researched extensively (Mitchell, 1969; Wellman, 1999). The notion of 'social capital' or related forms of capital (Reay, 2004) has also become prevalent in much western research on households, social networks, social support and the links to health (e.g. Ziersh et al, 2005; Domínguez & Watkins, 2003). The review includes international literature from 1994 to the present published in English, Farsi and French. It particularly draws upon a small body of literature from Iran.

Mothers and mothering

This is huge body of literature and the focus has been narrowed to that which is broadly applicable to Iran and Iranian women. A number of research studies from different parts of the world suggest that having the first baby is a life-crisis, a turning point, a rite of passage that involves huge physical, psychological and social adjustments (Oakley, 1981; Barclay et al., 1997; Ball 1994; Singh & Newburn, 2000a; Miller, 2005). Considering this from an individual perspective, experiencing motherhood is a very complex process as women may run a whole gamut of emotions, from negative feelings of loss: loss of identity, sleep and control over their lifestyle and physical state: aloneness, low self-esteem, to positive feelings of excitement, love and fulfilment (Oakley, 1981; Rogan et al 1997; Barclay et al., 1997; Ball 1994).

Research shows that this transition to motherhood brings with it physical and emotional changes for individual women with approximately 50-70% of mothers experiencing the 'baby blues' and some 10-15% suffering from postnatal depression. Women also report substantial physical morbidity which is largely unreported to health professionals and lasts well beyond the six week routine discharge by the GP (McArthur, Bick et al., 2001).

From a social perspective, Miller's (2005) recent study is useful in reminding us how the transition to motherhood is viewed differently in different cultures. Miller provides evidence from different geographical and cultural settings (UK, Bangladesh & the Solomon Islands) to suggest the notion of "different and sometimes competing 'cultural scripts' that shape ways of knowing about reproduction and childbirth in different cultural contexts" (Miller, op cit, p.27). She suggests that the ways in which these cultural scripts "translate into types of *authoritative knowledge* and related practices provide us with the means to map the different cultural terrains of childbirth and motherhood. In so doing, they highlight cultural reference points that become even more important as boundaries are increasingly blurred by processes of globalisation." (Miller, op cit, p.45).

Social networks, social support

Social support and social networks are concepts when translated to Farsi that can be interlinked, but yet each could still be viewed separate. These terms are western concepts

that are rarely considered or debated in Iran since in the Iranian culture; norms around the family and gender and caring responsibilities are very different. However in the absence of literature in an Iranian context, there are important elements to be gained from international literature.

What kinds of support are given?

Social support as observed personally within the Iranian culture is generally regarded as a more practical and financial concept or is viewed as a simple gesture of making a routine visit or a telephone call to and from a family member or a close associate, as observed by Sharma (1986) amongst Indian women. Rastegar Khaled (2004) found that social support helps to illuminate conflict in families and at the workplace. The social support and family networks are an important part of the Iranian culture and family life, even though they are not defined on the same outlines as the European countries.

Different kinds of support are discussed in the literature for example; practical, financial, emotional and informational. Wallman's (1984) work on household resources considers the following 'tangible' resources (housing, services, and goods/money) as well as 'intangible' resources (time, information and identity) as relevant to social support. Bell (1994a, 1994b, 1995, and 1998) has stressed the importance of time as a resource, especially for practical and emotional aspects of childcare. There are clear links between these different factors, as well as between what Wallman identifies as the two kinds of resources; for example, giving (tangible) practical help may also provide emotional ('identity') support to someone. However, our key interest here is on the provision of social support, broadly defined, rather than on support-based which is mainly related to goods or finances.

It is also important to look at the social or cultural context in which support is being given. For example, in much recent western research there is an assumption that mothers need childcare support to enable them to be employed outside the household. However, some researchers have been surprised to discover their respondents maintaining a 'traditional' division of labour i.e. woman at home, man employed (Vincent, Ball & Pietkainen, 2004). This kind of assumption affects the kind of research carried out and the researchers' conclusions.

Lokshin's (1994) study of women's childcare choices in Russia, shows that mothers' "labour force participation and working hours are responsive to changes in the price of childcare and hourly wages. …family allowance transfers - intended as a means of reducing poverty - do not have a significant effect on a household's choice of childcare arrangements. Replacing family allowances with childcare subsidies may have a strong positive effect." (p.13).

Motherhood in Iran and the Iranian culture is something inevitable, as once you get married this is seen as an expectation from the family and the individual. It is therefore important in the current project to explore the situation as it is perceived by families in Tehran, and to record mothers' own views about what kinds of support are actually required, without making inappropriate assumptions. We do need to take into account whether or not women are employed outside the home and also the family's migrant status, if applicable (*as developed in our questionnaires*), in order to explore some of the issues that arose by the above pieces of research.

Who gives support?

Researchers such as Gottlieb (1981) first began to make significant use of the idea of social networks related to social support and community health. In the 1980s network techniques were also applied successfully in areas of research where informants sought information or problem-solving. Sharma (1986) describes the management of 'household status' through network contacts by Indian women, while Morris (1985) considers local social networks to domestic organisations in Britain, and Hill (1989) examines their impact on childcare.

"Who gives" support is a notion, embedded within the social and cultural structures prevalent in society (Birch, 1998). For example, Hyun, OK, et al., (2002) note that especially in the USA and Hong Kong the key research focus in this topic area has been on support between couples/ husband and wife. In other geographical areas, the research emphasis has been on the role of the mother-in-law especially in patriarchal societies, or mothers' own mothers as givers of support. Researchers such as Wheelock & Jones (2002), in northern England, Salaff & Greve (2004) among Chinese immigrants in Canada, have investigated the role of kin, as providers of support, and have found that

kin-care is preferred by parents for their younger children. Others have looked at the support given by 'close friends' and highlight the importance of what have been termed as 'weak ties' in support networks Granovetter (1973) and Carrasco, Rose, Charbonneau (1999). However, social networks are not static, and change dynamically over the span of family life. Bost et al., (2002) have considered the structural and supportive changes in couples' networks across the transition to parenthood.

Bell (1994) in her doctoral study showed the importance of female links between mothers in one local area to their social support. Such links were often perceived to be quite instrumental although they were sometimes defined as 'friendship' (particularly when the researcher asked for a definition). However, these friendships were often distinguished from 'real' friendships which might involve the whole family, not just the mother. Weak ties could include sporadic links to acquaintances, occasional use of formal, professional or institutional links as key givers of support. Bell (1994a) draws a distinction between support from kin both inside and outside the household, support from those identified as 'friends' and support from other mothers in the locality, typically women who had children of a similar age to the respondents. These 'local' networks were highly gendered: in other words exclusively female.

Dominguez and Watkins (2003) point out that, "Many analyses of social support networks exclude professional, institution-based relationships with social workers and service providers" (p.121). They therefore include considerations of these kinds of institutional network links in their study alongside consideration of kin and friendship based networks. Taggart, Short and Barclay, (2000) considered the role of volunteer support workers for mothers in an Australian context. However it is important to record, the source of necessary support for families in Iran, in addition to considering the support within and outside the household, including support from friends, wider kin or institutional contacts, all of which are relevant. This would also enable us to consider the important role of health and other professionals in mobilising support where it is needed.

This literature review did not intend to discuss the relationship between social support and health other than to recognise a positive correlation, and to highlight the need for further research in an Iranian context.

Literature from Iranian sources

Gaining access to Iranian research literature was very difficult due to the absence of bibliographic databases. However, visiting different university libraries and different educational establishments enabled manual searches of the existing literature. All the works were written in Farsi so it meant assessing which would be suitable before translation. Students visiting or connected with different establishments were taught to do the first search and by preparing a list of titles, it was possible to pick those which had relevance. These mainly consisted of research undertaken by academics and/or professionals and dissertations completed by previous students.

Having reviewed the available research, it was apparent that no direct study had been conducted, although some literature did exist in relation to social support, social networks and poverty. These were directed towards women and mothers and therefore had some relevance. These studies about women/mothers have paid attention to different types or aspects of social support, and have indirectly mentioned social support and social networks in the framework of problems faced by women and mothers. According to this, the literature review was divided into three parts: literature relating to women/mothers, employment issues faced by women and research related to social support.

Literature related to Women/Mothers

During recent years many questions have been asked with regards to the influences resulting in mental and/or emotional disorders in women. The conclusions derived from these sources point to the fact that there is an interactive and complex relationship between mental disorders in women and their social conditions. In other words, the epidemiological studies in Iran and other countries around the world show that there is a higher prevalence of mental disorders (two to three times) amongst women who have social problems (Mohseniye, Tabrizi, & Seyedan, 2004).

In light of this issue, a study has been conducted on the social origins of mental disorders in women, focusing on depression. This study consists of a survey using a questionnaire using women aged 20-60 years old living in Tehran, the result of this survey was that depression in women has many influencing factors that have complex causal relationships

with each other. The most important aspect is that these mental conditions have all been related and linked to social status, which has a close relationship with social systems and structures. For example, women's unequal access to valuable family resources, gender divisions of labour, the type of power relationship in the family. Accompanied by their social and economic status, these are significantly influential in women's mental conditions (Mohseni, Tabrizi & Seyedan, 2004).

Unequal access to different resources of social supports, show their impact in other ways as well as mental conditions. One of these consequences is double poverty of women-headed households. The majority of data and statistics in the country identify womanised poverty, especially in women-headed households. The figures in the analysis carried out by Kamali (2004) clearly highlights that although this problem is far reaching and extremely complex, the social support given to this issue barely scratches the surface of these problems.

Many studies have been done surrounding the issues related to women-headed households. The new poverty paradigm has paid attention to the factors affecting the deprivation of women-headed households. Gender is another important factor that results in the lack of access to resources. Other important factors in this paradigm include employment and income, these results in limited support and social support networks access to social capital. Research has identified however, that poverty among women-headed households has decreased over the last three decades. When considering the figures available on poverty in female-headed households, we can see this factor is due to illiteracy, smaller family units and fewer employed family members. According to Shaditalab & Gerayee- Nejad (2004), women-headed households are part of "the poorest of the poor". A number of studies looked into the role of mothers and their performance in taking care of their children. The conclusions of these studies showed the positive impacts of literacy, training and awareness of the mother's positive actions in their children's nutrition (Keshavarsi & Alavi-naeini, 1998).

Mothers' employment and can be an effective solution to reducing poverty (Bahramitash, 2003). Bahramitash (2003) discusses female employment in Iran, showing how this has increased during the 1990s since the Revolution. The impact of employment on Iranian women's health (comparing employed and non-employed mothers) has been researched

by Ahmad Niya (2002) (see also Kian Thiebbaut, 1999). In an earlier study of Iran, Ghorayshi (1996) suggests, "a complex relationship between paid-work and women's position in the family. Working women are disadvantaged and face difficulties, but paid-employment enables them to enhance their position at the micro-level. However, women's ability to negotiate for change is limited when they occupy unequal position within sexual division of labour, face a tension between traditional and modern values, and have to rely on their family and personal relationships to perform their multiple tasks." (p.23).

Numerous studies in the West relating to the relationship of women's employment and their health, confirms the positive impact of work on their health, furthermore a similar pattern is observed in Iran. The result of research carried out by Ahmad Niya (2002) in Iran, shows that paid working conditions, or self employment has a direct link to the individual's physical and mental health. However in Iran, with the dominance of religion and traditions in the Iranian culture, there is a great emphasis on women's household chores, rather than the women's role outside the house and employment (Ahmad Niya, 2004). Some studies portray the positive impact of women's employment/involvement in their children's educational patterns, social life and recreational activities strengthening the bond between mothers and their children (Nofel, 1997; Jom'eh Khaledi, 2001; Soltanizade, 1994).

However, in spite of the positive impacts of employment on women's health and the improvement of their children's situations, a number of research studies show that employed women face numerous obstacles. One would assume that there is room for a role that reduces these problems by appropriate social support and networks for mothers and women in Iran.

Farjadi (1992) discovered that one of the major problems faced by employed women/mothers is the lack of free personal time, that they can devoted to themselves due to their duties in doing household chores. This had a significant impact on their mental and physical well being. The fatigue as a result caused conflicts between them and their spouses, as well as not paying enough attention to their children's health, nutrition and education. It could be argued that problems facing employed women are not insurmountable. For example, providing, "formal" social support through nursery

facilities for taking care of children, reduction of working hours and the presence of social workers in the workplace (Asadzadeh, 2003; Zahirabadi, 1994).

It has also been reported that employed women/mothers not only face problems in family situations but also in work situations (Ahmad Niya 2002). These problems are the low wages, higher expenses for employers, lack of job diversity or employment opportunities which are compounded by lack of experience and expertise among managers and the persistence of negative attitudes. An additional barrier is perpetuated in the negative opinions in some families leading to limited participation of women in society. Conversely the women's role in the home, in the production of agricultural products and services and their hidden contribution to the wider economy is ignored (Sadegi, 1997).

Social support and social networks

The increasing number of families, in which both husband and wife are employed outside the home, is a contributing factor to social changes in Iran. This type of lifestyle despite its advantages for the purpose of role combination, places an increased pressure on women. The origin of these pressures such as conflicts between work and family are mainly influenced by the traditional work division at home and the acceptance of more responsibilities, both inside and outside the home environments.

Rastegar Khaled's (2004) on social support research conducted, showed that 67.5% of respondents experienced 'high' or 'very high' tension between work and family. However, when comparing the average responses between women and men, the results indicated that these conflicts, especially relating to mental pressures was higher for women than men. This result is different for women and men. In other words, while work had a higher impact on decreasing the conflict for men, the family support showed a higher impact on decreasing the conflict of family and work for women. Therefore, it can be concluded that in the current cultural and social conditions of the Iranian society, the mechanism of conflict and the role that receives support, plays an important part in work and family situations therefore decreasing the pressures for the employed husband and wife who are completely affected by the traditional gender pattern of role division. As noted the family support has a higher impact on decreasing this conflict for women (ibid.).

The impact of social support has been proven to have an effect not only on women and mothers, but it has also had a snowball effect on their children. Akhondi (1997) indicates a positive relationship between social support and all social and pupils' compatibility.

The relationship between social support and the social situation of mothers has been studied by other researchers. Mousavi (2002) showed that women with social support were better-off economically. This research also indicated that social support has an impact on increasing the level of social trust which is an important dimension of social capital. Mousavi (2002) argues that women working within the non-governmental sectors of the Iranian economy confront a variety of problems. These include job insecurity, social insecurity, a lack of employment legislation and regulations, and an absence of welfare facilities and negative attitudes of society towards employed women. This leads to low motivational levels for work, especially amongst those employed in non-governmental (private) sectors. However in general, the strength of social support tends to increase economic expectancy and social trust amongst the employed women in these sectors. (Ibid.)

Further research by Hashemi-Nasrehabadi (1994), showed a relationship between social support, self-confidence and perceptions of internal or external control and ability to confronting issues which might cause stress (Ravesh hay-e Moghabeleh-ie). The research showed, that the more social support women received, the more they felt they had the confidence and ability confront certain behaviours and address the influential causes of environmental stress. Individuals who have extended relationships with other people, benefited from a longer, healthier and productive life. Golrezaie (1996) stated that there was a clear relationship between social support, self-confidence and depression, consequently, identifying social support decreases depression through increasing self-confidence.

The selection of Iranian literature reviewed on the problems of women and mothers and its relationship to social support and social networks, highlighted that social support either in an objective format or in the form of perceived support from formal and/or informal sources, plays an important role on reducing tensions, conflicts, individual and family problems and/or illnesses (Hemmati, 2003). In studies reviewed, the positive impact of having strong social support had a positive influence on the health of women

and children. The positive impacts of social support in working environments appear to work by weakening stress factors and have the potential to improve the situation for Iranian women (Golrezaie, 1996).

The review of direct and allied literature available and obtainable in Iran showed that family is the main source of support for women and mothers. This confirms that family support has a great impact on improving the overall performance and the situation of women and mothers.

Implications for the development project:

Globalisation and internationalisation from an educational point of view suggests a tendency for Western countries to cash-in on their expertise, transport and export education to other countries which have been tailor-made for their own specific country. Important aspects such as culture and the application and relevance of the content, can often be lost, not suitably addressed or often changed and modified to suit different environments, hence there is frequently a failure to establish the right platform to base links and establish/promote education to other countries. With regards to the internationalisation of education, it is not merely a simple task of utilising and transferring an existing model and expecting it to work in another culture. It has to be adapted, matured, changed to suit the culture and be applicable to the context of that society.

 Iran has a profile of 70% young people who are looking for university education and the evidence suggests that more women seek higher education than men. However, as for women all over the world those who are the bearers and the educators of the future generation, feel over burdened with the numerous diverse roles they have to play. The Iranian educational body and Iranian women have a strong desire to modernise themselves and their ways of thinking, through education.

However, literature suggests that the implementation of anything new in countries which have undergone radical changes, needs precise and careful planning. The evidence suggests that if women are to be encouraged to participate in university education, the

absence of social support needs to be taken into consideration. Although the Iranian society is ever-changing, dramatic changes take time; hence it is importance of considering the primary roles of women as mothers and homemakers. The main source of social support in Iran, tends to come from close family members, therefore, this has a direct impact on the emotional and physical aspects of childcare support and in turn impacts the woman's ability to work/study outside of the home. Unlike the UK or USA, networks of friends are not relied upon for childcare and this suggests the need for a more formal provision of childcare by universities, so the mothers can make time to attend to their studies. In addition, given the expansion of technology, it should be possible to provide programmes which fit more comfortably with women's roles as carers. Perhaps the involvement of the Iranian women in university education will in time evoke some social change. However, it is important that even the most liberal educational programmes, which are offered by British university's, to acknowledge and respect the norms and values of the Iranian culture and work with it to provide women with the 'best of both worlds'. The programmes offered might encourage students to establish sisterly networks between themselves. The university might also plan to provide classes at more 'family friendly times', and to give the opportunity to learn from positive role models.

The following were uncovered from the existing literature:

- Poverty of host/local literature to built upon.
- The concept of globalisation and internationalisation is very much needed and requested for by the Iranian universities in order to progress with the needs of the new generation and the demands placed on them nationally and internationally.
- Being a mother and a woman seems to be a role that brings alongside with it daily routine work at home and making sure all is well at home.
- Social support does not appear to be a significant part of life and not much attention is paid to it by women in Iran.

Chapter Three: Methodology

Research Design

A statement of the precise research Problem:

It is my assumption from personal observation with reference to the work carried out by Mohseniye, Tabrizi and Seyedan (2004), that social support and social networks are the two concepts which are frequently disregarded in certain countries like Iran. This is contributed to the fact that people are much more concerned with and place a high emphasis on certain activities relating to daily living, rather than concentrating on required issues like support. It is once again apparent, from personal observation that the dominant role of woman in Iran is to raise children and maintain and keep the family unit together. Based on this personal reflection I contribute the above to the lack of information and training available to healthcare professionals in Iran. Where appropriate, if education at an advanced level was available to healthcare professionals and if they were allowed to put into practice what they have learnt, I feel this would without doubt encourage them to see care as beyond the immediate medical intervention. Consequently, this would have a great impact in giving them increased confidence levels to explore other aspects of the individual's lives, as opposed to merely the physical domain. Their education would draw on a well and thoroughly prepared curriculum which would carry with it modules on various aspects. However, I would argue that healthcare professionals are not to blame and can not be held responsible for their inappropriate educational levels, as the root of the problem must be addressed and identified in order for progressive steps to be taken and advancements implemented; with the hope of modifying the current situation. Policies are extremely influential when it comes to addressing the quality of care and recognising certain necessities which often require funding and correct direction from top-level decision makers.

The decision for healthcare services comes from the Ministry of Health but the educational part lies within the command of the Ministry of Education. The consequence of this is that the two sides lack communication with each other. In order to ensure that women's needs are to some extent understood, the USWR decided to commission this research. This research will therefore investigate and explore the social support and

family networks amongst families with young children under the school age in Tehran. This will focused with a view to utilise some of the selective findings, in the hope that they can be implemented in future progress and identify those that might be able to be incorporated within the master's curriculum, which subsequently, will provide a deeper understanding of the manner in which healthcare professionals deal with families. The problem in this context lies with the lack of communication and coordination between the different organisations in Iran, which in turn creates poverty in the correct educational input at appropriate levels, which should strive to motivate and give confidence to professional's to deliver an increased level of holistic care.

Identification of the research question to be answered by this study:

The combination of time spent in Iran and the results concluded from the focus groups, emphasised and highlighted a tremendous lack of attention when considering social support. It was evident that certain members of the family and even healthcare professionals failed to recognise the struggles and issues that mother's had to face, hence, the significant lack of social support for mothers with young children. The lack of support was apparent, but the reasoning for this was even more apparent, how could support be provided when the actual 'need' for the initial support was not obvious? It was also evident that the issue was frequently dismissed by the mothers themselves, seeing as they were often too occupied with the 'textbook' role of being a mother and a wife. Therefore this research aims to highlight this concern from the mothers' perspectives (this was presented to us whilst having a focus group of mothers before starting the research in 2005).

The actual research questions asked during this research were:

- What kinds of social support are needed by families with young children in Tehran?
- Who provides support? Is the source of support always from within the household itself? From close kin or extended family?
- Do "friends" offer social support?

- What is the link between healthcare professionals and other types of formal support? What is the context?

Research design:

Research can be seen "as an organised, systematic and logical process of inquiry, using empirical information to answer questions or test hypothesis" (Punch, 2005, p.7). Having established the research questions, the design of the research is vital in ensuring the necessary data is collected and analysed therefore, it can answer the questions posed. A sound research design ensures that the information obtained is relevant to the research problem and all data is collected by objective and economic procedures (Chisnall, 1992). The overall principle is ensuring that the research design enables the researcher to answer the research questions and whether the answers are accurate, unbiased, objective and interpretable (Polit and Hungler, 1991). The research design can be referred to as a "framework" or "blueprint" for completing the research project (Malhotra, 1993, p.91).

Considering the paucity of academic research into social support and family networks within the Iranian community, and the recognition of the lack of training available, in addition to the recognition of the necessity to employ advanced education for healthcare workers; the nature of this research study can be classed as exploratory. Exploratory research is usually undertaken when there is a lack of information available about the research subject. In certain cases it is undertaken in order to provide a basis for further research, for example to define certain concepts, to formulate hypotheses or to operationalise variables; in other cases it is undertaken to gain information on the issue *per se* (Sarantakos, 1998).

I have chosen to use a mixed methodology research design, involving both qualitative and quantitative data collection. Two simple definitions of the terms are presented to clarify an initial understanding of the two types of research; "*Quantitative* research is empirical research where the data are in the form of numbers. *Qualitative* research is empirical research where the data are not in the form of numbers" (Punch, 2002, p.3). While quantitative data copes with numbers, qualitative data is associated with meanings. These

'meanings' are depicted through language and actions; these meanings are a mode of identifying distinctions within this research and identifying the needs and awareness of those requirments (Dey, 1998). However, these definitions are only useful as a base to understanding the noticeable distinction, as the differing research types, refer to a 'way of thinking' or a particular style of data collection or even a variety of methods. There is much more to them than merely consisting of either numerical or non-numerical data as each tend to compliment and assist the other when reaching conclusions (Punch, 2002).

Qualitative research is especially useful where little is known about the area of study and the particular problem, setting or situation, because the research can reveal processes that go beyond surface appearances (Holloway and Wheeler, 2000). This research orientation can in addition, provide fresh and new perspectives on known areas and ideas (Strauss and Corbin, 1990). Qualitative research develops theory inductively (Cormack, 2000). The quantitative approach to research is influenced by *positivism* and uses objective measurement and subjective ratings that can be quantified or measured. In addition, the approach can also be described as *reductionist*, since it reduces complex phenomena into simple units of analysis.

Both methods tend to treat its analytic categories differently. The quantitative goal is "to isolate and define categories as precisely as possible before the study is undertaken, and then to determine, again with great precision, the relationship between them" (McCracken, 1988, p.16). The qualitative goal is to isolate and define categories during the process of research.

There is sufficient academic verification, which will argue that one orientation could potentially be more suitable than the other, as the many strengths and weaknesses are weighed out. However, it is safe to propose that a mixture of both orientations is wise, this principle is commonly accepted, as provisions are made for both analysis and the generation of valuable results. Fielding and Fielding (1986) endorse this view and support a mixture of both qualitative and quantitative orientations, "There is a growing recognition that research requires a partnership and mixture of techniques, there is much to be gained from collaboration rather than competition between different partners" (Fielding and Fielding, 1986, cited in, Dey, 1993, p.4).

It has also been noted that these differing approaches often complement each other and can also contribute to more valuable and reliable results through means of triangulation. This approach to combining qualitative and quantitative methods; mixed methodology 'triangulation', has been described by Robson (2002) as, "Checking the results of a qualitative method with those of a quantitative method (or vice versa)" (p.372). Mixed methodology tends to add validity and credibility to the research.

The use of mixed methodology has been argued to provide several advantages:

- This kind of approach can be seen to increase the extent and richness of the type of data collected for exploration (Goodwin and Goodwin, 1984).

- Data obtained in two or more different ways can be used for the purpose of cross validation (Goodwin and Goodwin, 1984; Silverman, 1992).

- Combining approaches enable multi-purpose research to be done in a most efficient and effective way (Reichardt and Cook, 1979).

- Mixed methodology allows increased flexibility in exploration which may undergo change during the period of research (Huck, Cormier and Bounds, 1974).

This research employed a mixed methodology, by firstly gaining an awareness of an informant's experience of a phenomenon from their perspective using a focus group and then using the findings to create a questionnaire that was employed to gain data from a larger sample of respondents. It has been proposed that "neither qualitative nor quantitative have universal applicability, but qualitative methods can be used to determine the plausibility of quantitative research" (Cahill, 1996, cited in Milliken, 2001, p.75). The integration of both qualitative and quantitative approaches can often increase the value of the research, Nancarrow *et al.* (1996) endorse this opinion and believe that the combination of the approaches can truly add value and boost the reliability of the research (Milliken, 2001).

The two research techniques are not mutually exclusive and it has been noted that researchers often utilise a combination of both (Remenyi *et al.*, 1998). It can be suggested that when a study is solely qualitative, it can be advisable to incorporate some simple quantifications (Gheradi and Turner, 1987; Silverman, 1985). These descriptive quantifications, statistics and figures, may contribute to the study as background material

and aid by creating a foundation for the study (Alvesson and Sköldberg, 2000). Qualitative research can also develop the feasibility of quantitative research (McDaniel and Gates, 1993, p.190). It has been suggested that the argument between qualitative and quantitative orientations, illuminates the necessity for a third conjoint approach (Allen-Meares, 1995).

The quantitative approach, typically adopts the deductive process and the opposing qualitative approach, utilises an inductive process. The paradigms associated with the approaches are different and this can be the fundamental, influential factor in the decision to choosing an approach. It is generally accepted that the positivist paradigm is associated with the quantitative approach and the relativist paradigm is linked to the qualitative orientation. It has been contended by many that the choice of paradigm is more important than the choice of approach, hence the decision confirming the paradigm, will in turn influence the choice of orientation (Hyde, 2000). Guba and Lincoln (1994) have stated that, "Although [this] … implies that the term qualitative is an umbrella term superior to the term paradigm (and indeed, that usage is not uncommon), it is our position that it is a term that ought to be reserved for a description of types of methods. From our perspective, both qualitative and quantitative methods may be used appropriately with any research paradigm" (p.105).

As mentioned above, researchers opting to use the quantitative approach, commonly employ a deductive research process, this is regarded as a "theory building process, starting with observations of specific instances, and seeking to establish generalisations about the phenomenon under investigation" (Hyde, 2000, p. 2). Hence, we can presume that qualitative researchers frequently adopt an inductive research process, which is considered to be a "theory testing process which commences with an established theory or generalisation, and seeks to see if the theory applies to specific processes" (Hyde, 2000, p. 2).

However, it is frequently observed that some researchers exploit both the deductive and inductive processes within their research. For example, the qualitative approach would adopt a typically inductive process; however, deductive processes can also be combined with them. It has been suggested by Kirk and Miller (1986) that the combination of

inductive and deductive processes, constitute significant and prominent qualitative research, "The fieldworker...is continuously engaged in something very like hypothesis testing...He or she draws tentative conclusions from his or her current understanding of the situation...Where, for anticipated reasons, this understanding is invalid, the qualitative researcher will sooner or later...find out about it" (p.25, cited in, Hyde, 2000, p.4).

Subsequently the data collected will be related to the phenomenological approach. This approach is inductive in nature and is concerned with theory generation, as opposed to theory validation. The phenomenological approach is a qualitative method of conducting research, when the researcher examines the phenomena from the subjects' point of view and distinguishes the "essence" of the human experiences regarding that phenomenon (Creswell, 2003). Hence, whatever data is collected, will reflect the 'lived experience' of the individual. Therefore, I am merely borrowing the lived experiences of the individuals and am exposing it to in-depth analysis.

Initial suggestions for the research design:

This was debated and discussed fully with the other research team members and justification for design was arrived at which will be discussed fully.

Justification for research design:

The rationale for the research approach was based on the literature review undertaken. As mentioned in the previous chapter, literature obtained from the Iranian sources clearly demonstrated a poverty of research in this area. The research used from other sources showed that the notion of social support and family networks has a foundation within the culture and is part of the norms of the society that one lives in. In the past, researchers had used different designs to attempt to answer their research question/s. I felt that the concepts stated by others in previous research were too broad, and after reflection of preceding work carried out in Iran; it became apparent that a mixed methodology

approach would be advisable. With increased examination and further reflection, it became clear that the research topic was too big to address by merely using just qualitative or quantitative research, as this would still result in a number of unexplored areas.

In the field of social science research, two main paradigms are recognised (Burns 2002). The first is the scientific paradigm which follows the empirical tradition, by using quantitative research methods. The second is the naturalistic paradigm which follows a phenomenological modality, this uses qualitative research methods. Each paradigm has important implications for conducting research. The choice of paradigm used, depends on what the researcher is trying to establish. In this research, the quantitative method was adopted (scientific paradigm); the survey was used as a means of gaining expert consensus about the issue under investigation, whilst clarifying and obtaining facts and figures. Burns (2002) identifies four other principles that underpin the quantitative approach; objectivity, reliability, generality and reductionism. The main quantitative data collection method employed was a questionnaire.

In addition, the qualitative data collection method employed was secondary analysis of the data collected by the means of diaries and their content analysis. Qualitative research methods look at issues through the subject's eyes. This research approach is used as a vehicle for studying the empirical world from the perspective of the subject, not the researcher (Duffy, 1987), and gives good insights into individuals' understanding and perceptions (Bell, 1995). Entering the natural setting is the best way to gain accurate knowledge of social facts, for example, the mother's individual perspectives. Hence, this makes the approach highly appropriate for this study. The individual's subjective experiences of a social phenomena within their naturally accruing contexts is emphasised with a focus on understanding the personal meaning and interpretations that individuals attach to the events they are involved in (Burns 2002). The use of diaries with a self selected sample was the qualitative method adopted to gain detailed understandings of the area of enquiry by emersion into the social phenomena of interest as there is currently very little research done in this area in Iran. This was carried out with a view to improve the reliability and validity of the study by triangulation (Burns 2002).

My role as the practitioner/researcher and also leader, endorsed that it was imperative for me to be in control of all aspects of the research and plans at all times and to be in command of how to orchestrate this work. An additional feature of this role that was particularly suited to me, was the fact that I was in an advantageous position, considering I had a good understanding of the two dominant languages and was familiar with the two cultures.

The division of labour was an issue that required carefully planning in order for the team to have a sense of accomplishment and worth, it was important for them to feel that their skills and abilities were utilised to their full potential. I designated the majority of the data collection to the Iranian members, seeing as they had direct access to the subject. This was agreed by them and they were enthusiastic to be of assistance as it seemed feasible to them. My British partner was also keen to be part of the whole process addressing the family map which she had devised in her previous research and to identify how it can be used again in a different setting. However, her results were not used for the conclusions of this project, as they were collated for her own personal publication. The methodology was proposed and agreed by the team to be of combined/mixed methodology, which was informed by the literature review. The literature review clearly highlighted a lack of Iranian research and those reviewed were mostly of a quantitative nature. Additional Western literature was examined, which displayed both qualitative and quantitative elements.

Study sample:

Sampling should be both appropriate and adequate; appropriateness means that the method of sampling corresponds to the aim of the study and helps the understanding of the research topics; if the sampling strategy is correct and adequate relevant information and sufficient data is gathered (Morse, 1991). Two samples exist within this study, a quantitative study sample and qualitative study sample. A convenience sampling approach was used to recruit participants to the quantitative component of the study and a self selected sampling approach was used to recruit participants for the qualitative component of the study.

Quantitative sampling:

The quantitative sample consisted of 600 participants who agreed to complete the desk survey questionnaire. These participants were a convenience sample group who fitted the inclusion criteria of the study, 'mothers with children under the school age' living in the designated geographical areas. In deciding the sample size the following principles were considered; adequate numbers to provide relevant data for analysis in order to answer the research question/s, to address possible diverse views and contradictions (Malterud, 2001).

Qualitative sampling:

Self selected sampling was used by randomly asking a selection from the 600 mothers who participated in the survey, whether or not they were willing to help with the next stage of our data collection, which comprised of completing a two week routine diary. The mothers, who were selected, were from different designated areas for this stage (Bowling, 1992). This approach was adopted in order to gain an insight into family networking and a realistic perspective of current social support within the families. They were informed that all information will be strictly confidential and were asked to give verbal consent in front of their healthcare professionals. They were also instructed that they could stop doing the diaries at any time they wish to, without any termination of their healthcare provisions. Qualitative research with its flexible and inquiring nature allows the researcher to make an informed judgment of the matter of sample size by taking account of a rich and in-depth understanding of the respondents' experiences (Lane et al 2001). It was decided to present 24 mothers with a diary for two weeks, which they had to complete. The participants were chosen to represent different geographical sections which represent different social classes. Participants were chosen by the individuals conducting the desk survey questionnaire and based on the criteria given to them.

Sampling:

Inclusion criteria:

Any woman was eligible to participate in the study, providing she was a mother with a child and/or children under the school age (7 years), living in the designated geographical area of Tehran. This study included both employed and unemployed mothers, from different social classes, and had no age restriction.

The sample was collected from the population living in Tehran who portrayed the true characteristics of that population; the USWR staff collected the sample from eight identified districts in North, South and Central Tehran, reflecting the following different social classes:

◊   north districts 1 , 3 reflecting upper class

◊   central districts 7, 8, 11 reflecting middle class

◊   south districts 16, 19, 21 reflecting lower class

Official statistical information was obtained and used on demography and employment rates of women, social economic status proved to be the most important criterion.

After clarifying the districts, the researchers created different blocks by cluster sampling and randomly sampled within. The total population of all these districts of mothers with children under seven was 1,250,000.

The sample was chosen according to formula $n = (Nt2pq)/ (Nd2+t)$, where:

n= size of sample

N = no of women with children under 7 in Tehran

t = co-efficient 95% = 1.96

d = confidence interval = 0.04

p = probability of having maximum .05

q = not having criteria maximum .05

(pq should be 1, 100%)

According to this formula, 600 respondents were selected and the questionnaires were completed by interview (giving a 100% response rate).

Data collection and research tools:

This study placed great emphasis and importance on mothers and how they see social networks and social support offered to the family. The data collection methods consisted of:

1) INITIAL FOCUS GROUP: The intention was to obtain information and data which could be used to devise an in-depth questionnaire (Appendix 4). This represented the first stage of our data collection.

2) SURVEY: using questionnaires. The questionnaire was devised using the information gained from the focus group and it aimed to collect quantitative data and demographic facts and figures.

3) SELF-REPORT DIARIES (Appendix 5): these were used to look at the interactions within the family, their communication/s and daily activities, together with any social support. The data from this part of the study will form the qualitative method of obtaining rich data that will assist with cross tabulation.

As previously mentioned, in order to undertake this research, combined quantitative and qualitative approaches appeared to offer the greatest scope for acquiring both depth and breadth of data and thus a rage of data collection strategies were adopted.

The data collection was undertaken by research assistants who were current students of the USWR. As part of their programme which they undertook, they completed a research methods training module. The Iranian researchers, alongside their supervisors who also partook in the team, trained the research assistants to recruit and distribute the research tools. They were also supervised to conduct the tasks, whilst under observation of the supervisors to ensure consistency and accuracy.

The ethical issues relating to the methodology and use of certain data collection methods was one that needed to be addressed and this was to guarantee no mother took part in this

research without giving her full informed consent. Furthermore, seeing as we were using research assistants who were current students of the USWR, this needed to comply with all ethical guidelines, as we did not want the students to feel that their efforts were being used for purposes that were not made clear to them, therefore we required their full consent. The ethical issues related to this research are addressed fully in chapter four.

Chapter Four:

Project activity
Initial Focus Group:

Kitzinger (1994) defines a focus group as a group discussion that is conducted in order to discuss and explore issues and acquire insight into what has been experienced. The application of focus groups to collect information has received plenty of attention and is widely adopted by many researchers for different purposes. Focus group interviews are used to achieve breadth (rather than depth) of information. The focus group was adopted within this research, with the expectation that it would stimulate a joint description of the phenomenon as the interviewees could get ideas from other participants in the group. By using the dynamics of the group, I wanted to provide an opportunity for the participants to "consider their own experiences in the context of others' experiences, and possibly to be stimulated to further elaborate on these together" (Patton, 2002, p386). With regards to this research, a focus group was used to obtain information on social support and family networks to assist and establish the foundations for devising a questionnaire and gain insight into the specific culture under investigation; in addition, the focus group members also helped to pilot the questionnaire, which was guided by the information gained from the focus group. The focus group can and will bring the researcher closer to the research topic through discussion with key individuals (Clark, 1999).

Focus groups are valuable for developing insights into the perceptions and points of view of people who have common characteristics related to the research topic and for appreciating the variation in people's experiences (Morgan, 1998). Furthermore, focus groups inform the researchers about the language and terminology that particular groups of people use regarding the construct under investigation (Morgan, 1998). Finally the focus group's social nature often stimulates stories and insights that would be missed otherwise (Hughes & DuMont, 1993). This method and means of gathering information and data often reveals unexpected additional issues related to the construct of the further methods of data collection through the conventional means of literature reviews or expert advice, in this case, this was very instrumental in developing the questionnaire. Focus

groups are seen as more time efficient and practical, as opposed to individual interviews for understanding the construct in question (Fontana & Frey 2000).

The limitations of using focus group could be the visibility of over talkativeness of some members which can disadvantage the information flow. At the same time those who feel shy, might be those who could provide the most important and detailed information, but feel uneasy and lack the confidence to speak out and do so. Sarantakos (1998) describes some of the problems of focus groups as:

- Norms and circumstances within the group may force group members to hide their real responses.
- Data recording might be of a problem.
- Direction of the group may change because of certain members' discussion.
- Participants might feel the need to please the leader.
- Keeping discussions on track might be another limitation.
- Group participants may have their own agenda and mislead the leader.
- Findings of focus groups are not usually representative; therefore other method/s of data collection may be necessary within the research.
- Loss of control compared to individual interviews.
- Group effects, Krueger (1998) discussed participants who attempt to dominate the group and flow of discussion.
- Analyses of data as focus groups generate a large amount of data which is recorded. One has to have a means of analysing the data obtained, which is more difficult than individual interviews (Krueger, 1998).

When running the focus group we faced a few of the limitations mentioned above, but they were obstacles that were easily overcome. We noticed that it seemed a bit challenging at times to keep the discussions on track; due to a lack of collective understanding of the language. This affected the flow of conversation and communication was broken up at times and there were a number of pauses, in order to clarify and ensure accurate comprehension of certain points via precise translation. The second limitation we faced was associated with using the data collected from the focus group. We noticed that the findings were not fully representative; hence an additional method of data

collection was required. Therefore we adopted the use of surveys by means of a distribution questionnaire in order to provide richer data and obtain more productive data for analysis.

The focus group assembled for this research, consisted of twenty mothers randomly selected who were working at the USWR from differing departments and academic backgrounds. They were invited by one Iranian researcher at the canteen in the University, during their lunch break by informing them about the research and asking if they would be willing to help and take part in the focus group. Their verbal consents were obtained at the start of the focus group in the presence of all four researchers. They all had children under the school age and depended upon different facilities to care for their child/children whilst they were working. They were invited to discuss their own opinions and issues concerning the various support needs. The group members were asked to give consent to be part of the focus group and for the group discussion to be tape recorded. Three researchers were present during the group discussions. I conducted the focus group, one Iranian researcher was in charge of taking field notes and tape recording the interview and the other English researcher was observing and noting the non-verbal communication. It was very challenging to conduct a focus group in Farsi and to remain focused ay all times. However, this obstacle was professionally overcome; there was one member in the team who I asked to assist with translating, which allowed me time to think. The group participants were very interested and eager to help. Within the group, one participant had a hearing difficulty; therefore the questions that were presented to her and in addition her responses had to be addressed using sign language, we were very fortunate that another member of the group was able to assist us in this respect.

The focus group was tape recorded, transcribed and translated into English. The translation was prepared and transcribed fully by myself, I presented a section of the transcription to another member who had a good understanding of Farsi and English to confer and assess the quality of translation to ensure validity and accuracy of the translation. However there were certain disadvantages that were experienced by opting to use a focus group. As stated by Fontana and Frey (2000), the most important aim of a focus group is described as "understanding the language and culture of the respondents" (p.654). This was not fully achieved, as one of the researchers was unable to relate to the culture, and also had difficulties with the language barrier, as she could not speak or

understand a word of Farsi. This had to be addressed by direct translating at the time of the session, therefore creating pauses and gaps within the progression of the group time, in addition, it created a certain level of awkwardness as things were not as comfortable and smooth as they would have been if all parties spoke and understood the same language. The flow of conversation was broken at times, whilst waiting for all parties to catch up and understand. The most important advantage of this focus group was that the researchers presented to the group members/informants were all women, therefore the female respondents could feel at ease opening-up and conversing with the researchers on a 'woman-to-woman basis', in addition the researchers portrayed an image of humble learners with the intent to gain a realistic insight. Therefore, there were no barriers or obstacles that would have normally been present if any males had been present within the group, due to religious and cultural divisions between males and females.

Using a focus group as the sole research method can be restrictive; hence this research used a focus group to gain insight and understandings, as a preparatory foundation to plan additional stages of the research process. Therefore, the value of this focus group as an ancillary method was considerable. The use of this focus group, as a foundation and a building block proved to be the pilot stage of the rest of the study. Bloor et al., (2001) claims as a rough guide, a group of six to eight individuals appear to operate well without having much disruption and non-attendance. Our focus group exceed the suggested number of participants, this was due to the willingness of a bigger number of women who wanted to participate and it would have seemed ungrateful or even rude to not allow them to participate, so at times I was faced with the challenge of enticing the non-contributors to respond, as well as stopping the extremely vocal ones. As recently observed by a number of researchers (Fontana and Frey, 2000), focus groups have been a fashionable research method, but however, it is felt that difficulties lie with recruitment and analysis, concluding that focus groups are not necessarily a cheap and quick alternative to individual interviews. The focus group in my case was advantageous in that I could investigate the topic and invite group participation, whilst gaining the domestic privacy of the subject.

<u>Survey:</u>

The proposed survey design was a descriptive cross sectional survey which is mainly quantitative, with regards to data collection. The important features of a survey are listed below:

- Collection of data in a standardised form from a large number of individuals. In our case mothers with young children.
- Can include a selection of representative samples of individuals from known populations (Robson, 2002)

The design for the survey method usually follows a standard format. This process starts off by devising a questionnaire based on the original research question/s. This should take on board the issues that must be answered and the elements for analysis in order to draw conclusions which will be generalisable. In this research the aim was to identify what social support and family networks mean to mothers with children under school age. The questions in the questionnaire, were tailored in order to answer the research questions, which were based on a number of facts and figures relating to demographic data, in addition to more specific elements about what the mothers did, who they were, where and what their lifestyle consisted of and who they turned to for any level of support (Creswell, 2003). It is felt that surveys tend to increasingly resemble a research strategy, as opposed to a tactic or specific method (Robson, 2002). It has been said that, whilst conducting a survey, emphasis is not placed on the research question but on the design of instrument. The questionnaire design for surveys requires good common sense and understanding of the subject and appreciation of the terms utilised. Robson (2002) defines the central features for surveys as:

- Quantitative in design.
- Collection of data from relatively large sample.
- Representative sample from the population.

People view surveys as a way to generate large amounts of data in a fairly rapid and quick manner. However, the reliability and validity of surveys are very much dependent on a well piloted questionnaire. Surveys are a sound non-experimental quantitative design

and can be implemented for any research purpose, explanatory, descriptive, or emancipatory (Robson, 2002).

The justification or rationale for the survey method is that it can provide information about a wide range of "people characteristics" and of the relationship between certain characteristics. The survey was a means of including all the mothers who completed the questionnaire within the investigative sample and collating the results systematically for analysis of any significant patterns and themes.

This survey sought to obtain and examine:

- Demographic data
- Education
- Number of children and, level/ presence of child care
- Household and the type of housing
- Employment
- Attitude towards neighbourhood, social support and environment
- Health status

The questionnaire was formulated around themes that emerged from the literature review and focus group. A pilot study was carried out with the same individuals who participated in the focus group, who were subsequently asked to further participate in piloting the questionnaire in both Farsi and in English to establish the validity and reliability. In addition, this was also for clarification purposes, to ensure that the language was understood by the entire group. Changes were made to those questions which were difficult to understand and those which were unclear, furthermore, some had to be deleted as nobody had responses to them and they seemed to provide no meaning. The sequence of some the questions were also modified.

Self-Report Diaries:

For this part of the research, 24 mothers who were part of the initial 600 who participated in the preliminary survey, volunteered to assist with additional in-depth data collection,

by completing the diaries. This required them to complete a diary over a period of 15 days, consisting of all events occurring within that time and all contact that was made between themselves and any individuals. This would be between the hours of 7am-10pm. The volunteers were given a pre-designed diary and the research assistant explained the process fully. They were given a telephone number to contact if assistance was required or in case of any problems. In gratitude for giving their time to assist and support us, they were given a book on childcare and/or a blanket as a gesture of appreciation.

The diary as a means of narrative data collection is where research respondents are asked to keep a record over time that is collected and analysed (Burns & Grove, 2002). This narrative method of obtaining more in-depth information allows the participant to keep a record of daily events. This method is particularly useful where 'private'/personal events are taking place which would otherwise not be easily observable by the researcher e.g. in the case of family events or childcare (Bell, 1998), within the home environment. A diary which allows recording shortly after an event is more accurate than obtaining the information through memory recollection during an interview. However, one disadvantage can be that keeping a diary may in some cases alter the behaviour or the daily routine of the subject under observation. A limitation could be that a massive amount of data is usually generated, which requires a reduction in volume of raw information (Patton, 2002). Furthermore, the inability to read handwritten texts and finding words and sentences which have geographical and/or individual meanings, can be a challenge. Therefore some valid data could be missed or lost due to not being able to read and/or understand them. This potential limitation was taken into account, when using the diaries; we managed to overcome this aspect by reading and re-reading the transcripts a number of times and went through the written records with a fine tooth-comb to ensure there were no sections uncovered. The parts that were confusing or difficult to understand were forwarded to another colleague who had a greater understanding of the language in order to ensure precise consensus was reached.

Quantitative measurements and data collection:

Quantitative data was collected through the distribution of 600 questionnaires which were devised and piloted in both languages; English and Farsi. The quantitative outcomes

consisted mainly of demographic data concerning the individuals themselves and their partners, their education, number of children, employment, type of housing, childcare, mode of transportation, finances, and support and health status.

Qualitative measurement and data collection:

This research placed a great emphasis and importance on mothers and how they perceive social networks and social support levels within the family. A qualitative research approach allows the researcher to explore the particular perspectives of the respondents in their own words; this was achieved via the focus group and the use of diaries (Simmons, 1995). In addition, qualitative research exploits analytical categories in order to describe and explain social phenomena (Pope et al, 2000). Qualitative data was collected after the completion of the questionnaires, by means of diary recordings for two weeks. The purpose of this exercise was to elicit the participant's experiences and feelings as was written and described in their diaries. The format for the diary was to inform the researcher about the activities as well the various interactions occurring within and outside the family environment.

Qualitative data analysis:

Qualitative data analysis is an inductive process; hence, I endeavoured to attain a clear understanding of what social networks and social support actually means and signifies to mothers (Pearson, 1997). According to Sarantakos (1998), qualitative research is based on the principles of interpretive science, therefore analysing qualitative data that brings together the collection of data in such a way that it can not be quantified, but instead illustrates the depth of the experiences that occur in real life. Sarantakos (1998) describes a five-step model for analysing qualitative data this involves; Transcription, Checking and editing, Analysis and interpretation, Generalisation and Verification. This framework was adopted to analyse the diaries.

<u>Division of Labour:</u>

The proposal for the funding of this project was originally devised and written by Dr. Bell and myself. The entire negotiation process between the Iranian partner and The School of Health and Social Sciences was undertaken by me. The research did involve additional supplementary multiple data collection methods, including staff interviews and family mapping which were not integrated into this work as they were carried out by other researchers involved in the peripheries of the research. Dr. Bell was interested in including the family map into the research report, with the application and analysis she prepared, this appeared alongside the staff interviews that were administered by the Iranian researchers and the analysis that their research team produced. All of these segments were included in the general research report submitted to the funding body (USWR).

It was agreed that the questionnaire will be distributed by the staff and/or postgraduate students of the USWR as they have direct access with the practice area. This work was conducted under the supervision of the two research team members based in Iran. The diaries and instructions associated with their completion, in addition to gaining informed consent from the participants was also carried out by the Iranian research team members.

<u>Ethical Issues:</u>

The dominant ethical principal governing this research was that the research participants should not in any way come to harm as a result of this research. The participant's full informed consent would be obtained at the outset; this was done by informing the individual about the research and research protocol and sought their informed consent verbally in front of the other researchers, giving them the choice to either participate or decline (Bowling, 2002). The consideration of ethical guidelines was essential, when participants could be viewed as vulnerable or are undertaking some form of healthcare. In the context of this research, the participants were mothers who were dependent on support and care, therefore could be depicted as 'dependent and vulnerable' and hence subjecting those to certain types of research investigations raised a variety of ethical considerations. I believe that it was imperative for this kind of group to be offered the

choice of participating in the research if they wished to and to be provided with a fully informed understanding of what was expected from them without any pressure.

Iran fails to encompass a recognised Local Research Committee (LREC). Therefore, the permission to conduct the project was attained by submitting an ethical clearance form to the programme planning panel of work-based learning at Mdx. This approval granted permission for the research to be conducted as part of a doctorate in professional studies. Furthermore, this gave assurance that the proposal was actually reviewed. Specific access to participants was negotiated with the USWR, who had a research committee who approved and examined all proposed research protocols. This research was granted approval from the panel who then forwarded it, to the Chancellor of the USWR who funded the research. However, there was one condition, which requested that the final report must be translated into Farsi in the required format (no internal papers or minutes are allowed to be taken out of the USWR, therefore I do not have a copy to include in the appendix) and to be submitted to the Chair, alongside the Chancellor.

The first duty of the researcher/s was to ensure that care delivery did not stop or diminish in any way and therefore no harm came to the individual/s. All participants were told by the researchers that taking part in this research will not have any impact on their care as they were all connected to health clinic/s. The participants were all consumers of some kind of healthcare and/or health intervention; therefore participation was purely on a voluntary basis and would have no repercussions. This was a very important factor and all parties had to feel secure and comfortable with what was expected and required of them. Throughout the data collection process, action was taken to protect the participants' basic human rights. Data collection was conducted by reflection and help from the following ethical principles:

- Respect for autonomy: This meant that the participants had the freedom as autonomous agents to agree to take part in this research without external control (informed consent). Therefore they were all asked to self select themselves for any stages of the data collection process and were also allowed to withdraw from the research at any stage without penalty or any impact on their care. Their consent was obtained verbally in the presence of two researchers.

- Right to privacy: This was managed through giving the individuals freedom of time to determine when they agree to complete the questionnaire and/or start the diary. They were informed of the extent and circumstances under which private information is shared or withheld from others.

- Right to anonymity and confidentiality: This was based on a principle of respect for the subjects' identity so that they could not be linked with their individual responses. Confidentiality meant that no name was used in the questionnaires and diaries, as a result only codes were assigned to each data collection tool. Furthermore, they were assured that the tape recording of the focus group and all questionnaires and diaries would only be accessed by the researchers and all will be kept under strict lock and key in Iran at the USWR and at the end of the study all documents will be destroyed.

- Right to treatment and protection from discomfort and harm: This was based on the principle of beneficence. This was promoted through ensuring no stress was caused to any participant by taking part in the study. No promises of personal benefit were given, avoiding deception. But as a gesture of good will and appreciation, a book on mothering and motherhood and/or a blanket was given to each participant to thank them for their support and participation within the study (Beaucham & Childress, 2001).

Throughout this research all ethical principles were adhered to, this comprised of obtaining verbal consent at all stages of the data collection process, confidentiality that no-one will be able to identify the participants, voluntary participation and the option to withdraw at any time if they wished to. Iran does not have a Local Research Ethics Committee (LREC); therefore I tried my best to adhere to the generic ethical principles which are adopted when conducting any research in the UK. I took these principles and adapted them where necessary but in general they were reasonably transferable and I was able to use the same guidelines with this research project. Using the employees of the USWR was an element that needed careful ethical consideration, hence they were all informed that all data collected will be anonymous and they have the self government in deciding to participate and withdraw at any time, should they wish to do so. Seeing as I was the first person to set-up the Educational Ethics and Research Committee before joining Mdx at The College of Nursing and also taught ethics related to research at a master's level, I was approached by a few educational establishments in Iran to help them in setting up research and ethics committees in their own institutions. Primary advice had

been given and if the political situation permits further travel to Iran, this will be followed up.

Summary of project activities:

The project activities commenced with a focus group consisting of mothers working in different departments undertaking different jobs within the USWR, in order to gain some background knowledge and obtain information. From the information gathered in the focus groups, a questionnaire was devised, piloted and translated to Farsi for the next stage of the data collection process which consisted of a survey. The questionnaire was distributed amongst 600 mothers who attend healthcare clinics in different parts of Tehran to obtain some quantitative data relating to the main research question/s. The final stage of the research data collection, consisted of the recruitment of a sample of 24 mothers, taken out of the 600 who initially participated in the survey, through random selection and those who self selected themselves by volunteering to do a two weeks pre-design diary of daily activities; this diary was to include all types, levels and amounts of support they experienced and received from different sources and communication with others.

Chapter Five:

Project findings:

Data analysis

Quantitative data analysis:

The use of computer aided data processing software Statistical Package for Social Science (SPSS) was decided to be the most suitable way to analyse the quantitative data. Initial descriptive statistics were produced at the USWR and some of these findings are reported below. Due to the nature of the sample and its relatively large size, inferential statistics were also produced from the data. The team had been informed by the work of Eaton (1997), in ensuring that the data was collected in a format that allowed it to be analysed by SPSS. Two-tailed Chi-Squared tests or a One-Way ANOVA were used; i) to explore the impact of local area-based social class upon key study variables; ii) to examine responses to structured (Likert scale) questions on attitudes towards neighbourhood and local support; iii) to suggest predictors of Physiological and Psychological Illness.

Three questions were addressed by means of statistical analysis.
- The differences in the study variables across area designated social class
- Predictors of Physiological Illness
- Predictors of Psychological Illness

DEMOGRAPHICS

Six hundred women living in different districts of Tehran took part in the study and completed questionnaires. Of these, 25 were interviewed in more depth, including the use of network diagrams, (these will not be included in this research report as these were not carried out by me) and these women also completed diaries.

Demographic data relating to the sample is shown in table 1. There were 600 women in total with a mean age of 30.5 years (SD= 6.1). The women's' ages ranged from 18-45 years and

over 50% were younger than 30 years. The majority (n=370, 62%) were born in Tehran. 96% of the sample (n=579) were currently married. Over two thirds (n=407, 68%) lived in close proximity to their relatives. One third of the sample was upper, middle and lower class respectively. Social class was based upon an Iranian model including job, location, finances and profession as distinguishing factors.

Table 1: Demographic Data

Age

Mean	30.5
Median	30.0
SD	6.1
Mode	30.0
Range	18-45

Place of Birth

In Tehran	370 (62%)
Outside Tehran	230 (38%)

Social Class

Upper	199 (33%)
Middle	199 (33%)
Lower	202 (34%)

Marital Status

Married	579 (96%)
Divorced	10 (2%)
Widowed	4 (0.5%)
Second Marriage	7 (1.5%)

Living near Relatives

Yes	405 (68%)
No	195 (32%)

Tables 2 and 3 relate to housing and educational status respectively. We asked women what housing type their family occupied, the largest proportion (n= 346, 58%) either owned or lived in a flat. Families were slightly more likely to rent than to own their own house; there were as many families sharing a house with the husband's parents as there were families owning a house themselves.

Table 2: Housing Situation for the 600 Women Surveyed

Type of Housing	No	%
Rented flat	159	26
Flat (owners)	187	31
Shared flat with own parents	12	3
Shared flat with husband's parents	29	5
Rented house	70	11
House (owners)	60	10
Shared house with own parents	18	3
Shared house with husband's parents	62	10
Other	2	1

Table 3- Educational Status of the Women Surveyed

Category of Education	No	%
No formal education	10	2
Primary school level	51	8
Guidance school	16	3
High school level (diploma)	70	11
Pre-university	9	2
University degree	266	44
Postgraduate level (taught)	160	27
Doctorate/ research degree	18	3

Table 4 Educational Status of the Husbands of the Women Surveyed

Category of Education	No	%
No formal education	15	3
Primary school level	48	7
Guidance school	9	2
High school level (diploma)	98	16
Pre-university	5	1
University degree	211	36
Postgraduate level (taught)	174	29
Doctorate/ research degree	40	6

The majority of the both samples were educated at above university level (n=429, 74%) (n=391, 67%) (Wives: Husbands). The educational levels of both samples were broadly similar. Generally this was a well-educated sample.

Children's gender and age

See tables 5 and 6 both are landscaped documents.

Table 5: Number of Children in Households

	First Child		Second Child		Third Child		Fourth Child		Fifth Child		Sixth Child		Total Number of Children
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	
Male	287	48	170	52	51	50	11		5	45	1	50	525
Female	313	52	160	48	51	50	16		6	55	1	50	547
Total	600		330		102		27		11		2		1072

Table 6: Age of Children According to Household Size.

	First Child		Second Child		Third Child		Fourth Child		Fifth Child		Sixth Child	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Male	7.3	5.3	6.3	4.9	6.3	4.5	9.0	5.6	8.0	4.9	17	_
Female	7.5	5.2	6.3	5.0	6.5	5.0	7.3	5.5	4.0	1.8	16	_
Total	7.4	5.2	6.3	4.9	6.4	4.7	7.9	5.5	5.0	3.6	16.5	

The vast majority of the sample (n= 585, 98%) lived with their parents. Of the 11 who lived separate from their parents; 9 lived in Tehran and 2 lived outside Tehran. Virtually all the households (n= 598, 99%) consisted of families where children lived with their natural parents. Of the 4 children who were not with their natural parents, 2 were males and 2 were females. One of each fell within the following categories; brother's child, sister's child, husband's child and daughter of brother's wife. The statistics relating to the ages of children not living with their natural parents were as follows: males (n=2) (16, 5.6, Mean, SD); females (n=2) (5, 4.2, Mean, SD). Very few mothers reported that there were other children living with them who were not their own.

We asked mothers to report whether they used any form of CHILDCARE, and how frequently and requested details on which types were used. Only 40% of the sample (n=240) used any form of childcare. Of these (n=134, 58%) used childcare regularly, (n=96, 41%) occasionally and (n= 4, 2%) provided an "other" response.

Table 7 shows the types of childcare used. 245 participants provided a response to this question. The majority (n= 131, 54%) had childcare provided by their friends or family. Eighty two (34%) used either a private nursery or nursery provided by their employer. The rest used a nanny or provided "other" as their response.

Table 7: Types of Child Care Utilised by 245 Women:

Type of Child Care Used	Number	%
Nanny	24	9
Employer's nursery	26	11
Private Nursery	56	23

Care From Relatives or Friends	131	54
Other	8	3
Total	245	

The responses to the "reasons for choosing childcare" were in the form of a semi-structured question. The responses were collapsed to allow easier analysis. Table 8 shows these replies and the collapsed categories are provided in the legend to the table. Only 223 women replied to this question and the majority of responses (n=140, 65%) were cost/convenience or employment related. Table 7 showed that the main types of childcare drawn upon were the support provided by relatives or friends. The main categories of relatives or friends providing this are shown in Table 9. The vast majority (n= 299, 90%) were provided by female relatives. A far larger response rate was obtained when the women were asked to rate how satisfied with the quality of care they used regularly (n= 454, 76%). 359 respondents (79%) were very satisfied/satisfied with their current regular child-care.

Table 8: Reasons provided for choosing Child Care

Reasons Provided for Choosing Child Care	Number	%
Employment-related	44	22
Distance-Related	28	12
Cost/Convenience- Related	96	43
Child Education/Development- Related	28	12
Other Reasons	27	11
Total	223	

Employment Related**-** "I am employed"; "employment/quads"

Distance-Related- "Far From Relatives"; "Geographical proximity of relative/nursery

Cost/Convenience- related- "Trust"; "Cost"; "No choice"; "Easy"; "No Need for Other Type" "Have No Other Choice"; "Better Than Other Methods"; "Cheaper"; "When I Want To Go Out"; "At Home To Be Under My Supervision"; "Don't Trouble Anyone Else"; "Don't Have Anyone Else"; "Take Care Of My Child And Help."

Child Education/Development –Related "Child Education"; "Twins/Small Age Gap Between Children"; "Preparation for School"; "Necessary For His/Her Age"; "Working/Child Education"; " Too Young For Nursery."

Other Reasons- "Using Experience of Older People"; "To become sociable"; "Better than Nanny"; "My Husband Help So I Have To"

Table 9: Types of Relatives/Friends Providing Child-Care

Relatives Providing Child Care	Number	%
Mother	162	53
Mother in Law	82	26
Sister	35	11
Husband	7	2
Neighbour	2	1
Friend	2	1
Other	15	4
Total	305	

Table 10 shows who makes the decisions regarding childcare in the family. The response rate to this question was 98% (n= 589). In (n= 532, 91%) of

cases the mother was involved in making the decisions but only made the sole decision on (n=227, 38%) occasions.

Table 10: Types of People Making Child-Care Decisions

Types of People Making Child Care Decisions	Number	%
Self	227	38
Husband/Spouse	48	7.5
Both of Us	299	50
My Eldest Son	1	0.5
My Mother and I	4	2
Mother in Law	3	1.5
My Father	1	0.5
Myself, My Husband and My Husband's Family	3	1.5
Myself, My Husband and My Own Family	3	1.5

	Number	%
Total	589	

Only (n= 126, 21%) had problems with caring for their children. Respondents were asked to reply via a semi-structured question and the responses have been collapsed for ease of analysis once more. The results are shown in Table 11. The legend provides information of how the responses were collapsed. Over half (n= 86, 68%) were either child/mother related problems.

Table 11: Reasons Given by n= 127 for the Problems Presented Relating to Child Care

Types of Problems Relating to Child-Care	Number	%
Employment-Related	12	9
Child- Related	49	39
Relatively- Related	9	7
Mother- Related	37	29
Structural/Resources/Cost-Related	20	16
Total	127	

Employment- Related- "Employment"; "I'm Forced to Leave My Job"

Child- Related-:"Bed Wetting"; "Very Naughty"; "My Child's Illness"; "Too Attached To Me"; "When He's Not With Me I Am Too Worried; "Twins"; "Too Many Children, Too Little Space"; "Worried About Future And Child's Health"; "Young Age of Children"; "Gets Ill Too Much"; "Too Inquisitive"; "Child Does Not Get On With Siblings"; " Gets Sick When Goes To Nursery"; " My Child Is Too Jealous"; "My Son is Nervous."

Relative- Related:- "My Husband And I Don't Agree Over Child's Upbringing"; "My Mother Gets Tired"; "My Sister Got Married"; "Embarrassment Of Parents"; "Mother in Law Interfering In Education"; "My Children Don't Understand"; "Don't Have Good Relationship With Child's Father"; "My Daughter Is Unhappy About My Marriage"

Mother- Related:- "Lack of Experience In Teaching The Child"; "Get Tired"; "I'm Employed And A Student"; "Lack Of Information Regarding Child's Behaviour"; "After Divorce My Child Is Between Two Families"; "Too Much Work, Too Little Time"; "Giving Mixed Messages"; "Which Way Is The Best Way"; "Want To Be Involved In My Child's Upbringing"; "In The Early Morning, Difficult To Wake Up"; "Not Having Good Prospects"; "I'm Alone My Child Does Not Have A Father"; "Badly Sleeping at Night"

Structural/Resources/Costs- Related: "Financial Resources"; "Lack Social Facilities"; "Problems In Teaching And High Costs"; "Nursery Is Better Than Staying At Home"; "Don't Pay Much Attention To Him/Her In Nursery"; "Government Allowances For This Purpose"

Household data.

594 (98%) households, nominated the first adult as males. Of these (n= 567, 95%) were the interviewees husband.

109 (18%) nominated a second adult. The majority were female (n= 63, 58%). Table 12 shows the types of second "adults". Over two thirds (n=68, 66%) were either in-laws or children of the couple.

Table 12: Categories of Second Adult in the Household

Categories of Second Adult	Number	%
In-laws	44	40
Husband	5	4
Husband's Siblings/ Siblings Partner	18	16
Children From Previous Relationships	1	1
Interviewee's Parents	8	7
Interviewee's Siblings	5	4
Interviewee's Children	24	22
Total	109	

69 households (12%) had a third adult. The majority (n=40, 58%) were males. These categories are shown in Table 13. Once more in-laws of the couple form the largest category.

Table 13: Categories of Third Adult in the Household

Categories of Third Adult	Number	%
In-laws	24	34
Husband	3	4
Husband's Siblings/ Siblings Partner	19	27
Maternal Aunt	1	0.5
Husband's Niece	1	0.5
Interviewee's Parents	3	4
Interviewee's Siblings	6	8
Interviewee's Children	14	20
Total	69	

There were (n=39, 6%) households who had a fourth adult. Again the majority of these were males (n=23, 59%). Table 14 shows the relevant categorisations. Nearly two thirds of this group consisted of husbands' siblings or their partners.

Table 14: Categories of Fourth Adult in the Household

Categories of Fourth Adult	Number	%
In-laws	5	13
Husband	2	5
Husband's Siblings/ Siblings Partner	22	60
Husband's Niece	1	0.5
Interviewee's Parents	1	0.5
Interviewee's Siblings	5	13
Interviewee's Children	3	7
Total	39	

20 households (3%) had a fifth adult, (n= 14, 70%) were females. Table 15 presents these categorisations. Half of this group were husbands siblings/partner or their children.

Table 15: Categories of Fifth Adult in the Household

Categories of Fifth Adult	Number	%
In-laws	2	10
Husband's Siblings/ Siblings Partner/Children	10	50
Interviewee's Parents	2	10
Interviewee's Siblings	3	15
Interviewee's Children	3	15

Total	20	

Table 16 shows the length of time the household had lived in the current address. This was a largely stable population with (n= 368, 61%) having been resident at their current address for more than two years. Perhaps, reflecting the young age group of many families.

Table 16: Length of Time Household Had Lived At Current Address

Length of Time	Number	%
Less than One Year	82	14
One –Two Years	148	24
Two- Five Years	186	31
Five –Ten Years	104	17
More Than 10 Years	78	13
Total	600	

Employment

Only 130 of the women were employed outside the home, (n=129) gave details concerning the number of hours worked per week. The following were the relevant statistics (35.9, 15.5, Mean SD). Types of work were collapsed into the categories provided by the United Kingdom Office of National Statistics and are shown in table 17. The majority of those who replied

(n= 96, 74%) were either in professional/associate professional/technical occupations.

About one-fifth of women were employed outside the home. Interestingly, many more women used child care (n=240)

Table 17: Types of Work of Women Survey (n=130)

Types of Work	Number	%
Manager and Senior Officials	0	
Professional Occupations	11	8
Associate Professional and Technical Occupations	85	66.5
Administrative and Secretarial Occupations	2	1
Skilled Trades	4	3
Personal Services	10	7
Sales and Customer Services	17	14
Process Plant and Machine Operatives		
Elementary Occupations	1	0.5
Total	130	

Table 18 shows the position/level of work. The categories have been collapsed as before. The three categories which most women claimed they fulfilled were as follows; professional occupations (n=57, 45%), administrative and secretarial occupations (n= 35, 28%) and managers and senior officials (n= 10, 13%).

Table 18: Level of Work of Women Survey (n=126)

Types of Work	Number	%
Manager and Senior Officials	10	13
Professional Occupations	57	45
Associate Professional and Technical Occupations	7	5
Administrative and Secretarial Occupations	35	27
Skilled Trades	6	5
Personal Services	5	4
Sales and Customer Services	3	2
Process Plant and Machine Operatives	0	0
Elementary Occupations	3	2
Total	126	

The mean travelling time to work in minutes was (n=125) 44.9 (SD= 28.4). Just over one-fifth (21%) of the sample replied to this question relating to the modes of transport used to get to work. The results are shown in table 19. 79 women (61%) travelled to work by their own car, bus or taxi. Just over a quarter drove to work this is despite the fact that (n= 208, 34%) claimed they were able to drive.

Table 19: Modes of Transport Used to Get to Work (n=129)

Modes of Transport	Number	%
Walk	8	7
Car	37	28
Bus	21	16
Train	6	4
Taxi	36	27
Other	21	16
Total	129	

Finally the participants were asked how supportive their employer was towards their childcare responsibilities. Of those that replied (n=75, 59%) felt their employers were either not supportive or provided little support. The following statistics applied to the other categories moderately supportive (n=27, 21%)- very supportive (n= 12, 9%). 80% (n= 472) thought the question was not applicable.

Data Relating to Husbands

The vast majority (n=587, 98%) of husbands were employed outside the home. The mean number of hours worked per week was 62.3 (SD=18) indicating that they would only be at home rarely. The range of hours worked were 2-126. Table 20 shows the types of work for (n=576, 96) respondents (One individual described himself as retired). Once more the responses were collapsed only on this occasion a further category of being

self-employed was added) Nearly three-quarters (n= 416, 72%) described themselves as having work that fitted within the category of being a Associate professional/technical occupation or being self-employed.

Table 20: Types of Work For Husbands of Women Survey (n=577)

Types of Work	Number	%
Manager and Senior Officials	0	
Professional Occupations	28	4
Associate Professional and Technical Occupations	140	23.5
Administrative and Secretarial Occupations	2	0.5
Skilled Trades	25	3
Personal Services	42	7
Sales and Customer Services	0	
Process Plant and Machine Operatives	12	2
Self –Employed	276	48
Elementary Occupations	52	12
Total	577	

The husbands were also asked about the "level" of their work. These replies are shown in table 21. The responses have been collapsed as before. On this occasion 528 (88%) of the relevant sample replied. Over two-thirds of the sample was employed in professional occupations, associate professional/technical occupations and skilled trades. The mean time in minutes taken to get to work was 44.6 (SD=29.0) (40, 3-180 Median, Range).

Table 21: Level of Work of Husbands Survey (n=528)

Types of Work	Number	%
Manager and Senior Officials	39	7
Professional Occupations	126	24
Associate Professional and Technical Occupations	113	21
Administrative and Secretarial Occupations	0	0
Skilled Trades	127	24
Personal Services	37	7
Sales and Customer Services	79	15
Process Plant and Machine Operatives	3	1
Elementary Occupations	4	2
Total	528	

Table 22 shows the modes of transport used by the husband to get to work, (n=563, 93%) provided a reply to this question. Over two-thirds of the sample travelled to work via road i.e. car, taxi or bus (n=388, 68%). There was one question relating to how financially comfortable the family was. Over 70% (n= 423) stated they were moderately comfortable. The next most

prevalent category was "comfortable" (n= 137, 23%). Only (n=40, 6%) described themselves as "not comfortable."

Table 22: Modes of Transport Used to Get to Work (n=563)

Modes of Transport	Number	%
Walk	46	8
Car	246	44
Bus	70	12
Train	28	5
Taxi	72	13
Other	101	18
Total	563	

Attitudes towards Neighbourhood, Support and Environment

A series of questions were then asked concerning attitudes towards the neighbourhood, social

support and the surrounding environment. The responses are shown in table 23. Only (n=224, 37%) felt they knew most of the people in their neighbourhood and a similar number (213, 36%) did not consider themselves to be a "local" person. However in contrast to this (n= 316, 53%) felt they would be missed if they moved out of the area. The issue of trust was important with (n=326, 54%) of those surveyed stating they would find it difficult to trust anyone in the neighbourhood. Thus it is not surprising that only (n=78, 13%) had neighbours who helped with childcare and only (n=88, 14%) helped their neighbours with childcare. The majority (n=330, 55%) stated they help someone they considered to be a friend with their childcare and (n=343, 56%) felt they would only be called upon to provide childcare if they could be considered to be a friend. However, over 80% (n=501, 83%) felt they spent sufficient time with their children.

Table 23: Attitudes towards Neighbourhood, Support and Environment (n=600)

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I know most people in this neighbourhood	56 (9%)	168 (28%)	114 (19%)	4 (32%)	70 (12%)
I think of myself as a "local" person in this neighbourhood	56 (9%)	272 (45%)	59 (10%)	173 (29%)	40 (7%)
If I moved away hardly anyone would notice	45 (8%)	145 (24%)	92 (15%)	239 (40%)	77 (13%)
I find it difficult to trust many people in my neighbourhood	65 (11%)	261 (43%)	94 (16%)	154 (26%)	23 (4%)

My neighbours often help me with child care support	5 (1%)	73 (12%)	52 (9%)	264 (44%)	204 (34%)
I often help with other neighbours with child care support	8 (1%)	80 (13%)	62 (10%)	254 (42%)	193 (32%)
I would only help someone I considered to be a friend with child support	53 (8%)	283 (47%)	85 (14%)	130 (21%)	47 (8%)
Other people seek my help with child care support only if they consider me to be a friend	57 (9%)	286 (47%)	87 (14%)	127 (21%)	42 (7%)
I believe that I spend enough time with my children	300 (50%)	201 (33%)	52 (9%)	44 (7%)	3 (1%)

Health Related Questions

80% (n=483) of the women surveyed replied that they considered themselves to be in good physical health. The varieties of physical ailments the remaining (n=117, 20%) women suffered from, are listed in table 24. 91 ailments were described in total and they have been collapsed for ease of analysis. The largest category related to surgery and pain but no category exceeded 28% of those conditions stated. 110 women stated that they had sought professional help with these problems (n=90, 82%).

Table 24: Types of Physical Health Problems for Women Surveyed.

Types of Physical Health Problems	Number	%
Headache/Migraine Related	15	16
Gynaecological/Pregnancy Related	16	17
Surgery/Pain Related	25	28
Anaemia/Tiredness	15	16
Slipped Disk	9	10
Liver/Kidney Related	5	3
Other	7	8
Total	91	

Others include tongue ulcers, eye infections, heart problems, muscular weakness and lung infections.

Finally the interviewees were asked about their emotional/psychological health. On this occasion (n=157 26%) felt they were not in good psychological/emotional health. Table 25 shows the replies given when the women were asked to specify their emotional/psychological problems. The majority (n=105, 81%) used the word emotion for their identified conditions such as depression, anxiety, stress, nervousness or anger related. 153 women replied to the question asking whether they had experienced any professional help with an emotional/psychologically related problem. Only (n=47, 30%) replied that they had.

Table 25: Types of Physical Health Problems for Women Surveyed.

Types of Psychological/ emotional Health Problems	Number	%
Condition specifically described as "emotionally related"	50	38
Family/Partner- Related	8	6
Depression/Anxiety/Stress/ Nervousness/Anger -related	55	42
Bereavement	7	6
Psychosomatic	7	6
Others	2	1
Total	129	

Others = Obsession and Multiple Sclerosis

Research question 1.

What is the impact of area based social class upon the study variables?

The designation of the social class of an area was based on the Iranian model encompassing job, location, finances and profession. In order to answer this question both two-tailed Chi-Squared tests and One-Way ANOVA were used entering whether an area is, upper, middle or lower class as the dependent variable (?) (see table 1). Where statistical significance was

present (i.e. $p \leq 0.05$) a general factorial ANOVA was assembled to test whether significant variables were maintained. The controlling variables are as follows:

a) Age
b) Marital Status (Married versus Not- Married)
c) Proximity to relative (Yes or No)
d) Housing Type (Owned v Rented v Shared)
e) Own level of education (Graduate v Non Graduate)
f) Husbands level of education (As above)
g) Number of children in the household
h) Number of adults in the household
i) Whether childcare was used
j) Whether the woman was employed
k) Occupational Status of Husband (Rated according to categories presented in table 20)

Statistics is only presented for those variables significant within the ANOVA analyses.

Age

There was a significant relationship between age and social class area that remained significant in controlling additional factors ($F= 15.6$, $df= 1, 12$, $p < 0.001$). Women who lived in lower class areas were more likely to be of a younger age. The relevant statistics are presented below:

	Mean	SD
Upper Class	32.4	5.3
Middle Class	30.1	7.2
Lower Class	29.1	5.1

A number of variables contributed significantly to this relationship.

a) The number of young children in a household ($F= 146$, $df= 1, 12$, $p < 0.001$). There were more young children in lower class areas

	Mean	SD
Upper Class	2.5	1.3
Middle Class	2.6	1.4
Lower Class	2.8	1.5

b) The number of adults in a household (F=14.2, df= 1.12, p < 0.001). The trend was similar to that above, there were more adults living in lower class households

	Mean	SD
Upper Class	2.3	0.9
Middle Class	2.3	1.1
Lower Class	3.0	1.9

c) Whether the women surveyed used childcare (F= 12.9, df= 1, 12, p < 0.001). In general there was no relationship between childcare and age (t= 0.250, df= 596, p=0.803). However there was a significant association between childcare and the class of household (Chi-square= 23.9, df= 2 p < 0.001). In the upper class area (n=107 53%) of women used childcare compared to the following (n=61, 30%) (Middle Class) and (n=72, 35%) (Lower Class)

d) Whether the women surveyed were in employment (F=34.0, df= 1, 12, p < 0.001). There was a significant relationship between this and age. Women who worked, tended to be older (n=127) (32.8, 7.6, Mean, SD) (n= 469) (29.9, 5.4, Mean, SD) (Working: Not Working) (Two Tailed Independent Sample t test) (t= 4.9, df= 596, p < 0.001). This was a function area class status. (n= 61, 41%) of women in upper class households worked compared

to (n= 48, 31%) in middle class households and only (n= 18, 8%) in households that were lower class.

There was not a significant relationship between marital status and designated class of area or living in close proximity to a relative and designated class of area.

Housing Status

Initially there was a significant relationship between housing status and area designated social class (Chi-Square=37.0, df=4, p < 0.001). The results are shown in table 26. The largest number of owned properties, were found in upper class areas whereas lower class areas had the highest prevalence of shared accommodation and the lowest prevalence of owner occupation

Table 26: Area Designated Social Class and Housing Status:

Type of Housing	Upper Social Class Area		Middle Social Class Area		Lower Social Class Area		
	Number	%	Number	%	Number	%	Total
House/Flat Owner	100	50	81	40	66	32	247
Rented House/Flat	57	28	97	48	75	37	229
Shared House/Flat	41	22	21	12	61	30	123
Total	198		199		202		

This significant relationship was lost on controlling for variables previously mentioned (F=0.430, df=1, 13, p= 0.651). There were 3 variables which were significant in the interaction indicating that they played a greater role in the link between social class and housing status.

These were:

Number of Children in a Household: (F= 11.2, df= 1, 13, p= 0.001). Following a One-Way ANOVA a significant interaction was found, (F=7.2, df=2,596, p= 0.001) Owners of property had more children than both (These statistics are following post-hoc computations).

Those who rented (2.9, 1.5, Mean, SD) (2.4, 1.3, Mean, SD) (Owners: Renters) (0.42, 0.12, Mean Difference MD, SEM) (p=0.001) (0.163-0.672 95% CI) (CI are shown for mean differences).

Those who shared (2.9, 1.5, Mean, SD) (2.4, 1.2, Mean, SD) (Owners: Sharers) (0.48, 0.15, Mean Difference MD, SEM) (p=0.002) (0.183-0.792 95% CI) (CI are shown for mean differences).

Number of Adults in a Household: (F=49.4, df= 1, 13, p < 0.001). Following a One-Way ANOVA a significant interaction was found (F=60.4, df=2, p < 0.001). Sharers of property had more adults living with them than both (These statistics are following post-hoc computations).

Those who owned: (2.3, 1.05, Mean SD) (3.65, 2.2 Mean, SD) (Owners: Sharers) (1.3, 0.14, MD, SEM) (p < 0.001) (1.04-1.59 95%CI).

Those who rented (2.15, 1.05, Mean, SD) (3.65, 2.2, Mean, SD) (Renters: Sharers) (1.5, 0.14, Mean Difference MD, SEM) (p< 0.001) (1.21-1.77 95% CI).

Proximity to a Relative (F= 6.9, df=1,13, p = 0.009): This association was significant (Chi-square=40.2, df= 2, p < 0.001). Those who shared accommodation (n= 112, 91%) were more likely to live in close proximity to their relatives than owners (n= 158, 63%) and renters (n=135, 58%).

Educational Levels

a) Women Surveyed

There was a significant relationship between designated area social class and graduate level education (Chi- square= 132.7, df=2, p < 0.001). The greatest number of graduates were in the upper class areas (n= 191, 96%); this compares to (n=159, 80%) (Middle) and (n=94, 46%) (Lower). This association was significant following statistical controls (F= 19.1, df= 2, 13, p < 0.001). Once more there were 3 other variables which were significant in the interaction:

Whether husband was a graduate: (F=138, df= 1, 13, p < 0.001). 87% of the graduate women surveyed also had graduate husbands, (Chi-square= 23.2, df=1, p < 0.001).

Number of Children in a household: (F= 30.6, 1, 13, p < 0.001). Graduate women had a smaller number of children in the household (2.4, 1.2, Mean, SD) (3.3, 1.7, Mean, SD) (Graduate: Non-Graduate) (Two-tailed independent sample t test) (t= 7.68, df= 598, p < 0.001).

Whether childcare was used: (F= 6.6, df= 1, 13, p= 0.010). Graduate women (n=204, 85%) were more likely to use childcare than non-graduate women (n= 36, 15%).

b) Husbands of women surveyed

There was a significant relationship between designated area social class and graduate level education (Chi- square= 124.3, df=2, $p < 0.001$). The greatest number of graduates were in the upper class areas (n= 189, 95%); this compares to (n=146, 73%) (Middle) and (n=90, 44%) (Lower). This association was significant following statistical controls (F= 15.7, df= 2, 13, $p < 0.001$). Once more there were 3 other variables which were significant in the interaction:

Whether the wife was a graduate: (F=138, df=1, 13, $p < 0.001$) this data has already been discussed above.

Occupational Status of Man: (F= 34.8, df=1, 13, $p < 0.001$). Being a graduate was associated with having an Associate Professional and Technical Occupation (n=125, 89%) (n=15, 11%) (Graduate: Non-Graduate) (Chi-square=75.6, df= 7, $p < 0.001$).

Number of Children in a household: (F= 4.2, df= 1, 13, p=0.041). Graduate men had a smaller number of children in the household (2.4, 1.2, Mean, SD) (3.1, 1.8, Mean, SD) (Graduate: Non-Graduate) (Two-tailed independent sample t test) (t= 4.88, df= 598, $p < 0.001$).

Number of Children/Ages of Children

Following univariate analysis none of the above related variables were significant ($p > 0.1$ on all occasions). However a different picture emerged for the number of adults in a household.

Number of Adults in a Household

There was a significant difference in the number of adults in a household. This data has been previously presented and lower class households have more adults than upper or middle class households (F= 15.8, df= 2, p <

0.001). This interaction remained significant upon statistical controls (F= 7.71, df= 2, 13, p < 0.001). Four variables were also significant within the ANOVA analysis.

Age: (F=15. 5, df= 1,13, p < 0.001). The signifcant difference in age across different area based social class groupings has been previously described. Lower class households tend to be younger.

Housing Category: (49.4, df=1, 13, p < 0.001). This data too has been previously presented; shared households had more adults living within them

Whether the household used childcare: (13.8, df=1, p < 0.001). Those households that used childcare had more adults living with them (2.7, 1.6, Mean, SD) (2.4, 1.2, Mean, SD) (Used Child Care: Did Not Use Child Care) (t= 2.75, df=590, p=0.006).

Whether the woman surveyed worked: (7.7, df=1, 13, p=0.006). The households where women did not work, were larger but the relationship was not significant, following univariate analysis (2.3, 1.2, Mean, SD) (2.6, 1.4) (Worked: Did Not Work) (p=0.122).

Whether Childcare was used

There was a significant relationship between childcare and area-designated social classes (chi-square=23.9, df=2, p < 0.001). Upper class women (n= 107, 53%) were more likely to use childcare compared to both middle (n=61, 31%) and lower (n=72, 35%) class women. This relationship remained significant on statistical controls (F= 11.4, df= 2, 13, p < 0.001). A number of variables were also significant in the interaction:

Graduate status of the woman surveyed: (F=6.61, df=1, 13, p=0.010) this data has already been presented: Graduate women were more likely to use childcare than non-graduate women.

Number of Children in a Household: (F=6.75, df=1, 13, p=0.010) the data relating to the number of children has also been presented. Lower class households had more children. Following univariate testing, a relationship between childcare and number of children was not significant (p=0.596).

Number of Adults in a household: (F= 13.8, df= 1, 13, p < 0.001). This data has been previously presented. Those households that used childcare had more adults living with them.

Age: (F=14.1, df=1, 13, p < 0.001). This relationship was not significant following univariate testing (30.6, 5.4, Mean, SD) (30.5, 6.5, Mean, SD) (Child Care: No Child Care) (p=0.803).

Close Proximity to Relatives: (F=9.25, df=1, p=0.002). Those women who used childcare (n=178, 74%) lived in close proximity to their relatives, compared to those who had no childcare (n=62, 26%). (Chi-square= 7.9, df=1, p=0.006).

Whether woman surveyed worked: (F=55.3, df=1,13, p < 0.001). Women who worked (n= 108, 85%) were more likely to use childcare than those who did not (n=19, 15%).

The number of women that were employed

There was a significant relationship between this variable and area–designated social class (Chi-Square=29.9, df=2, p < 0.001). Women from upper class areas (n=61, 30%) were more likely to work than women from

middle (n=48, 24%) and lower class (n=18, 9%) areas. This result remained significant following statistical controls (F=6.18, df=2, 13, p=0.002) and a number of variables contributed significantly to the interaction:

Number of Children in the Household: (F=6.13,df=1, p=0.014). Following univariate testing the result was not significant (p=0.161). The households where the women worked had fewer children (2.4, 1.2 Mean, SD) (2.6, 1.4, Mean, SD) (Working: Not Working).

Number of Adults in the Household: (F=7.72, df=1, 13, p=0.006). The households where women did not work had more adults but the interaction was not significant following univariate testing (p=0.122). This data has been previously presented.

Occupational Status of Women Surveyed: (F=1417.6, df=1, 13, p<0.001). This relationship was significant following chi-square tests (Chi-Square=137.1, df=7, p < 0.001). The majority of women were working in professional occupations and administrative and secretarial occupations.

Occupational Status of Husbands: (F= 7.9, df=1, p=0.005). This interaction was also significant (Chi-Square=14.9, df=7, p=0.036). Where the women and husband were both working; the husband was less likely to be self-employed.

Age: (F=36.2, df=1, p< 0.001). Women who worked tended to be of an older age. These results have been previously presented.

Proximity to Relatives: (56.8, df=1, p < 0.001). The relationship between proximity and whether the woman worked or not was significant (Chi-Square= df=1, p < 0.001). Women who worked were more likely to have a relative in close proximity (n=108, 85%) (n=19, 15%) (Close Proximity: Not Close Proximity).

Proximity

There was not a significant relationship between close proximity to relatives and area based social class.

Occupation Status of Husband

There was a significant relationship between the husband's occupational status and area-designated social class (Chi-Square=111.8, df=14, p < 0.001). The results are shown in table 27. The most notable finding is that those from lower classes were the most likely to have elementary occupations. This result lost significance on controlling for confounding factors (F=0.74,df=2,13, p=0.474). 3 interactions were significant in the interaction:

Graduate status of the husband: (F=34.8, df=1, p < 0.001). Being a graduate was associated with having an Associate Professional and Technical occupation. This data has been previously reported.

Number of Children in the Household: (F=5.56, df=1, p=0.019). The households where the husbands were in "Personal Services" had fewer children (2.0, 1.1, Mean, SD) than those in professional occupations (2.8, 1.3, Mean, SD) (p=0.010), self-employed (2.6, 1.5, Mean, SD) (p=0.017) and elementary occupations (2.7, 1.7, Mean, SD) (p=0.039) following post-hoc tests.

Whether the Wife was Working: (F=7.90,df=1, p=0.005). Where the husband and wife were both working; the husband was less likely to be self-employed. This data too has been previously reported.

Table 27: Occupational Status of Husbands Sample according to Area-Designated Social Class:

	Upper Class		Middle Class		Lower Class		
	No	%	No	%	No	%	Total
Professional Occupations	16	8	9	5	3	2	28
Associate Professional and Technical Occupations	43	22	56	29	41	21	140
Administrative and Secretarial Occupations	1	0.5	1	0.5			2
Skilled Trades	1	0.5	9	5	15	8	25
Personal Services	27	14	4	2	11	5	42
Process Plant and Machine Operatives			1	0.5	11	5	12
Self –Employed	98	51	103	54	75	38	276
Elementary Occupations	5	3	7	4	40	20	52

Occupation Status of Women Surveyed.

There was a significant interaction between whether a woman worked and area-designated social class (Chi-Square=69.2, df=14, p < 0.001). The results are shown in table 28. Women in lower class areas were less likely to work and women from upper class areas were most likely to have professional occupations or to be self-employed. This relationship remained significant on statistical controls (F=3.04, df=2, 13, p=0.049). There was only one significant confounding variable; whether the woman worked (F=1401.9, df=1, p < 0.001). This data has been previously presented.

Table 28: Occupational Status of Women Sampled according to Area-Designated Social Class:

	Upper Class		Middle Class		Lower Class		
	No	%	No	%	No	%	Total
Professional Occupations	9	7	1	0.5	1	0.5	11
Associate Professional and Technical Occupations	30	23	41	31	14	11	85
Administrative and Secretarial Occupations			2	1			2
Skilled Trades	2	1			2	1	4
Personal Services	6	5	4	3			10
Self –Employed	15	12	2	1			17
Elementary Occupations					1	0.5	1
Not Working	137	52	149	63.5	184	87	470

Responses to Structured Questions:

The results are shown in table 29, the general trend is lower scores indicate greater satisfaction/less isolation. As can be seen, there was a significant interaction between area-designated social class and the responses to the structured questions. Each will now be considered in turn.

1. **I know most people in this neighbourhood**

Women from lower social class areas knew more people in their neighbourhood than upper class and middle class women ($p < 0.001$)

following post-hoc tests. This remained significant following statistical controls (F=5.27, df=2, 13, p=0.005). 2 variables contributed significantly to this interaction:

Graduate Status of the women surveyed: (F=4.60, df=1, p=0.032). Graduates knew less people in their neighborhood (n=444) (3.24, 1.12, Mean, SD) (n=156) (2.64, 1.31, Mean SD) (Graduate: Non-Graduate) (Two-tailed Independent Sample t test) (t=5.53, df=598, p < 0.001). (0.6, 0.1, Mean Difference, SEM) (95% CI 0.39- 0.82).

Number of Children in the Households: (F=5.23, df=1, p=0.023). To test this interaction, Pearson product moment correlations were computed. There was a statistically significance but not a strong association (- 0.14, p=0.001), indicating that households with more children were more likely to know people in the neighbourhood.

2. <u>I think of myself as a "local" person in this neighbourhood.</u>

Women from lower social class areas were more likely to consider themselves to be local to their neighbourhood than upper class (p=0.009) and middle class women (p < 0.001) following post-hoc tests. This remained significant following statistical controls (F=3.52, df=2, 13, p=0.030). 3 variables contributed significantly to this interaction:

Number of Children in the Household: (F=4.02, df=1, p=0.045). To test this interaction, Pearson product moment correlations were computed. There was a statistical significance but again not a strong association (r= - 0.14, p=0.001), indicating that households with more children were more likely to think of themselves as a "local".

Number of Adults in the Household: (F=5.42, df=1, p=0.020). The correlation was (r= - 0.12, p= 0.003). This is also statistically significant but

not a strong association (r= - 0.14, p=0.001), indicating that households with more adults were more likely to think of themselves as a "local".

Proximity to Relatives: Those individuals who lived in close proximity to their relatives were more likely to consider themselves to be a local in their neighbourhood. (n=405) (2.70, 1.14, Mean, SD) (n=195) (2.94, 1.17, Mean SD) (Close Proximity: Not Close Proximity) (Two-tailed Independent Sample t test) (t= - 2.39, df=598, p=0.017). (-0.24, 0.1, Mean Difference, SEM) (95% CI -0.24 -0.04).

3.   If I moved away, would anyone notice?

On this occasion higher scores indicate a greater sense of isolation. Women from lower social class areas were more likely to feel that if they moved away, hardly anyone would notice than upper class (p < 0.001) and middle class women (p = 0.001) following post-hoc tests. This remained significant following statistical controls (F=10.0, df=2, 13, p < 0.001). There was one other variable that contributed to the interaction; the number of adults in the household (F=5.94, df=1, p = 0.015). The correlation was (r= 0.15 p < 0.001). Households with more adults were more likely to see themselves as more isolated within their neighbourhood.

4.   I find if difficult to trust many people in my neighbourhood.

On this occasion lower scores also indicate a greater sense of isolation. Upper class women were less likely to trust people within in their neighbourhood, than middle (p=0.002) and lower (p=0.004) class women were. However, this interaction lost significance upon statistical controls (F=2.78, df=2, 13, p=0.063). No variables contributed significantly to the regression.

**5.	My neighbours often help me with childcare support**

The neighbours of upper class women were less likely to help with childcare support than those of women from middle (p < 0.001) and lower (p=0.028) class households. This remained significant upon controls (F= 7.12, df= 2, 13, p= 0.001). One interaction was the graduate status of the women surveyed; (F=12.0, df=1, p=0.001). As previously mentioned, graduates knew less people in their neighbourhood and were less likely to receive help with childcare support (n=442). (4.07, 0.90, Mean, SD) (n=156) (3.75, 1.14, Mean SD) (Graduate: Non-Graduate) (Two-tailed Independent Sample t test) (t= -3.45, df=596, p=0.001). (0.32, 0.09, Mean Difference, SEM) (95% CI 0.49- 0.13).

**6.	I often assist other neighbours with childcare support**

Middle class women were more likely to offer childcare support to neighbours than upper
(p < 0.001) and lower (p= 0.019) class women. This remained significant following statistical controls (F=6.54, df=2, 13, p=0.002). One variable was significant in the interaction, this was the graduate status of the women surveyed: (F=4.73, df=1, p=0.030). Graduates knew less people in their neighbourhood and were less likely to offer help with childcare support (n=442) (3.97, 1.02, Mean, SD) (n=156) (3.74, 1.05, Mean SD) (Graduate: Non-Graduate) (Two-tailed Independent Sample t test) (t= -2.44, df=595, p=0.015). (- 0.24, 0.09, Mean Difference, SEM) (95% CI - 0.43- - 0.04).

**7.	I would only help someone I considered to be a friend with child support**

Middle class women were more likely to offer childcare support to someone they did not consider to be a friend than upper and lower class (p < 0.001 on both occasions). This remained significant following the regression (F=10.2

df=2, p < 0.001). No other variables contributed significantly to the interaction.

8.   **Other people seek my help with child care support only if they consider me to   be a friend**

Middle class women were more likely to be asked to provide childcare support to someone they did not consider to be a friend than upper and lower class (p < 0.001 on both occasions. This remained significant following the regression (F=11.7 df=2, p < 0.001). No other variables contributed significantly to the interaction.

9.   **I believe that I spend enough time with my children**

Upper class women felt that they spent more time with their children then middle class
(p < 0.001) but not lower class women (p=0.282). This remained significant following statistical controls (F=50.3, df=2, 13, p < 0.001). Whether the woman worked also contributed significantly to the result (F=21.7, df=1, p < 0.001). Women who did not work were more likely to believe they spent enough time with their children. (2.35, 1.15, Mean, SD)
(1.59, 0.78, Mean, SD) (Working: Not Working) (t=8.62, df=596, p < 0.001) (MD=0.76, SEM=0.09) (95% CI 0.58 – 0.93).

Table 29: Responses to Structured Questions

	Upper Class		Middle Class		Lower Class		Stats	
	Mean	SD	Mean	SD	Mean	SD	F	P
I know most people in this neighbourhood	3.32	1.26	3.27	0.89	2.68	1.29	18.3	< 0.0001

I think of myself as a "local" person in this neighbourhood	2.82	1.17	3.01	0.99	2.52	1.24	9.43	< 0.0001
If I moved away hardly anyone would notice. *	2.87	1.25	3.27	0.92	3.64	1.21	22.5	< 0.0001
I find if difficult to trust many people in my neighbourhood *	2.46	1.18	2.80	1.00	2.77	1.04	6.16	0.002
My neighbours often help me with child care support	4.19	1.06	3.79	0.83	3.98	1.04	8.34	< 0.0001
I often help other neighbours with child care support	4.10	1.12	3.70	0.89	3.94	1.05	7.55	0.001
I would only help someone I considered to be a friend with child support *	2.59	1.15	3.07	1.05	2.52	1.12	14.3	< 0.0001
Other people seek my help with child care support only if they consider me to be a friend *	2.50	1.16	3.03	1.01	2.53	1.10	14.5	< 0.0001
I believe that I spend enough time with my children	1.54	0.79	2.26	0.97	1.45	0.80	52.7	< 0.0001

- higher scores equate to less satisfaction/more isolation

Research question 2

Predictors of Physiological Illness:

117 women replied that they had not been in good physical health. More upper class women (n=50, 25%) had physiological illness than middle (n=34, 17%) and lower class (n=33, 16%) women (Chi-square= 6.04, df=2, p= 0.049). This result was not sustained following statistical controls (F=2.54, df=2, p=0.079). 2 variables were significant within the interaction:

a) *Marital Status:* Fewer married women (n=109, 19%) had physiological illness' than non-married women (n=8, 38%) (Chi-Square=4.79, df=1, p=0.029).

b) *Number of Children in the Household:* There was a significance but not a strong association (r=0.08, p=0.031). Indicating the households with more children, were associated with more physiological illnesses.

A further logistic regression was conducted entering the responses to the structured questions, in addition to all the variables tested in the ANOVA analysis. The predictors were marital status and number of children in the household as before.

Marital Status: B=2.38, SE=0.84, df=1, p=0.005). Odds Ratio; 10.8. Unmarried women were 10.8 times more likely to suffer from physiological illness than married women.

Number of Children: B=0.14, SE=0.07, df=1, p=0.047) OR 1.17. Each child in the household increased the likelihood of physiological illness by 1.17 times.

Predictors of Psychological Illness:

156 women replied that they had suffered from some form of physiological illness. There was a significant interaction between this and area-based social class following univariate testing, (Chi-Square=8.07, df=2, p=0.018). Upper class women (n=60, 33%) were more likely to suffer from psychological illness than middle (n=40, 20%) and lower (n=52, 26%) class women. This result remained significant on statistical controls (F=3.12, df=1, p=0.045). There was one variable that was significant in the ANOVA-proximity to relatives (F=3.85, df=1, p=0.050).

Not surprisingly, women who live in close proximity to their relatives (n=93, 23%) were less likely to suffer from psychological illness than those who did not (n=64, 33%). (Chi-Square= 6.95, df=1, p=0.006). The logistic regression was then computed as before; social class did not emerge as significant in the regression. The significant variables in the interaction were as follows:

Occupational Status of Husband: (B=0.94, SE=0.45, df=1, p=0.038). If the husband worked in a skilled trade, they were less likely to suffer from psychological illness; 1 individual did not respond to both questions (n= 18, 7%) (n=6, 93%) (No Psychological Illness: Psychological Illness) the odds ratio was 2.55.

Proximity of Relatives: (B= -0.48, SE=0.21, df=1, p=0.021). The data has been previously presented (OR 0.62).

I find if difficult to trust many people in my neighbourhood: (B= - 0.206, SE= 0.09, df=1, p=0.032) (OR= 0.81). Those who suffered from psychological illness were more likely to find it difficult to trust people in their neighbourhood (2.46, 1.06 Mean, SD) (2.76, 1.08, Mean SD) (Psychological Illness: No Psychological Illness) (t=2.91, df=1 p=0.004).

Sketch of Each Area:
Upper Class

- Older women
- More likely to work
- More likely to use child care
- More likely to be owner occupiers
- Better educated households
- Higher Status employment for both wife and partner

- Greater likelihood of physiological illness
- Greater likelihood of psychological illness

Middle Class

- Less likely to offer childcare support
- If they did offer childcare support less likely to be restricted to family and friends
- Compared to other two groups felt they did not spend enough time with their children

This group seems to be squeezed between not having sufficient resources to obtain childcare and having insufficient family and friends to help provide this.

Lower Class

- Less isolated
- Younger
- Larger families
- Less likely to work
- More likely to share accommodation
- Greater proximity to relatives
- Less educated.

Qualitative data analysis:

Qualitative research also uses analytical categories to describe and explain social phenomena (Pope et al 2000). I translated each of the diaries from Farsi into English and part of the transcription and the translation of the dairies in Farsi and English were given to another colleague who has a good

understanding of both languages to translate for verification of correct translation and the accuracy of content analysis.

Qualitative analysis aims to transform and interpret data in a rigorous manner, but there is no simple consensus as to how this can be done. Thorne (2000) maintains that the data analysis is the most complex and mysterious of all the phases of a qualitative project. Because data collection and analysis processes tend to be concurrent (Thorne 2000), it is best to begin to analyse the data as soon as the initial data has been collected. This allows questions to be refined and new avenues of inquiry to be developed so that appropriate data can be obtained (Pope, Ziebland & May, 2000).

Qualitative data analysis is an inductive process; I tried to attain a clearer understanding as to what social networks and social support means to mothers (Pearson 1997). According to Sarantakos (1998) qualitative research is based on principles of interpretive science, therefore analysing qualitative data brings together the collection of data in such a way that it can not be quantified but shows the depth of experiences in real-life. Sarantakos (1998) describes a five step model for analysing qualitative data. This involves; transcription, checking and editing, analysis and interpretation, generalisation and verification. This framework was used to analyse the diaries. Each diary was transcribed and translated into English, then read, coded and re-read and the codes were sorted into themes by the researchers. The themes were organised into concepts in order to provide full descriptions of the experiences. Also part of the transcriptions and translations of the dairies in Farsi and English were given to another colleague who has a good understanding of both languages to translate for verification of correct translation and correct interpretation of content analysis.

My intention in obtaining qualitative data was to find out the depth and level of childcare assistance requested from close relations and the amount of

formal/nursery care. In this report numbers rather than percentages are used for the qualitative report due to small numbers.

Three themes emerged as I looked across the diaries. These were:

- What use they made of own family/husband's family for childcare.

- What use they made of friends/neighbours for childcare as opposed to formal/nursery care.

- How available the husbands were, did they contribute much to childcare?

The total number of subjects who participated in completing the diaries for the two week period was 24 women, who were divided by three class/areas. There were eight areas of Tehran; the areas chosen were areas where the USWR had links with health centres. These were:

- Areas 1& 2 = Upper class

- Areas 3, 4 & 5 = Middle class

- Areas 6, 7 & 8 = Lower class

Diary data analysis: Summary of key themes:

The diary study included women from eight areas of Tehran that were chosen in vicinities where the USWR had links with health centres. These were:

- Areas 1& 2 = Upper class (Group 1 - 7 women)
- Areas 3, 4 & 5 = Middle class (Group 2 - 8 women
- Areas 6, 7 & 8 = Lower class (Group 3 - 8 women)

24 women took part in the diary study over a two week period. Their diaries focussed mainly on the sorts of daily activities that the women were involved in: childcare, housework and socialising. To a much lesser extent the diaries also included entries of a more reflective nature, touching upon the women's feelings and relationships. The key themes from the diaries are presented below:

Childcare

A key theme from the diaries was the issue relating to childcare arrangements. Two women from each of the groups 1 and 2; took their children to a nursery. Women in group 1 were more likely to mention other people helping them out with childcare (over half of the women in this group), whereas only one or two women in the other groups recorded this. The people mentioned most often with regards to helping with childcare were husbands, parents, sisters, parents-in-law and sisters in-law. Neighbours were occasionally mentioned across the three groups.

"*Today when we were in the shop for carpets my mother was looking after Arian all the time so I could comfortably look for a carpet". (Group 1)*

"For one hour my landlord's daughter came to play with my son. This was a big help for me. (Group 2)

Household tasks

All of the diaries from Group 3 included entries about the daily household tasks that they carried out: housework, shopping, cooking, cleaning and sewing. This was less common in the diaries from women in group 2 (5/8), and group 1 (3/7). There was also mention of when someone else helped out with housework especially the husbands.

"With my sister's help I did most of the shopping for the kitchen and took it home" (Group 2)

"7.30pm we got home with my husband's help we prepared dinner and attended to children" (Group 1)

Work

Only one woman from Group 1 worked outside the home; half of the women from Group 2; and most of the women (6/8) from Group 3. Although almost half of the women were in full or part time employment outside the home, work was rarely mentioned in the diaries except for giving the times of going to work. Only two women wrote about something they had done at work, and only one woman wrote about seeing a co-worker outside work.

"12.45pm, Left for work as I was pm shift (that is 2 – 10pm). 2pm telephoned my daughter and my mother".

"2pm left office. 3.30pm got home. 4.30 – 8.30 pm started spring cleaning". (Group 2)

Social activities

Social activities were one of the most common themes recorded in diaries of women from all three groups. For all of the women their social life centred on visiting, or being visited by, family members: their parents, siblings and in-laws, often for meals and occasionally trips out. There were a few entries regarding visits taking place with others, for example friends or neighbours (two women from each group) only one woman wrote about going out with a co-worker.

"9 am: Husband's sister picked us up and we went for a picnic to Lashgarak (outside Tehran)" (Group 1)

"My parent in law invited us to park for dinner they prepared everything we were very happy" (Group 3)

"5–7pm went tone of my friend's houses with children. En route I called at my sister's" (Group 2)

Other activities:

A number of other activities were mentioned, mainly by women in Groups 2 and 3. These included activities carried out by themselves, such as studying, swimming, going for walks, reading, working on the computer and watching TV (recorded by over half of women in groups 2 and 3, and two women in group 1). Some activities also involved their children or their husband and children. For example, walking to the park, (again about half of women in groups 2 and 3 but only one woman from group 1). None of the women mentioned going out with their husbands alone.

"6.30pm returned home. I have exam tomorrow so I studied a bit" (Group 3)

"7.30 – 9pm went to cinema with my husband and children to see film 'Flower stem for a bride' Iran film" (Group 2)

Feelings

Whilst the diaries' main focus was on women's daily activities, there were some entries of a more reflective nature. For instance there was some mention of the woman's own feelings in about half of the diaries from all three groups. Most often this involved feeling happy about something happening, especially with regards to the family. For example:

"Because my mother and sister came to see me in Tehran and they will be staying with me for a few weeks I am very happy" (Group 2)

Sometimes more negative feelings were mentioned in response to family members' actions or family events. For example:

"My parents in-law were a bit cold towards me this upset me a bit" (Group 3)

"In the (family) party I did not enjoy my self much also my husband does not relax with family" (Group 1)

Women rarely reflected upon themselves, or their feelings about themselves in their diaries. Only one woman from each of the three groups included an entry about themselves in the two week diaries.

"Whenever the family gather together especially when the gathering is a religious forum, I help and I feel very happy as I am a person with feeling and emotion regarding these issues." ((Group 2)

"I seek help quite a bit as I love learning things" (Group 3)

Spiritual activities

The diaries also included some mention of the spiritual aspects of women's life, especially for women in Group 3. This was more likely to refer to public gatherings for prayer and Quran reading and competition. Over half of the women in Group 3 included these in their diaries, whereas only one or two women from other groups did so. Similarly, only women in Group 3 wrote about their own private prayer (again in half of diaries for this group).

"8.30 – 11am went to cultural centre for prayer and Koran competition" (Group 2)

"It was Thursday I did the public prayer it was great to be there and see so many others showing their love to the "Emam" people were from all different part of the country and the atmosphere was great" (Group 3)

"6pm my brother came to us, then I did my prayer" (Group 3).

Relationship with husband

Although comments about the husband's role in helping with childcare and housework were recorded in the diaries of women from all three groups, only the Group 1 diaries included more specific commentaries about women's relationships with their husbands. For example:

"8.30 – 9.30, discussion with my husband regarding, our child upbringing." (Group 1)

"This AM I had an argument with my husband over putting Nappy on the child of course my husband is a nervous man and children get hurt by this, and I am obsessed hence the child has nappy" (Group 1)

"Today my dear husband helped me with the work around the house. I felt that we were one next to each other and trying for our life. It was very enjoyable." (Group 1)

Other support

As well as recording help with childcare and housework, the women's diaries also included entries about other types of support, for example: emotional, psychological and financial. These entries occurred more often in Groups 1 (3/7) and 2 (3/8), and only one diary in Group 3. The main people giving support in this way were the women's family, in-laws, friends and neighbours. Only one woman mentioned help from an outside agency.

"Today I had a bit of a problem with my husband. One of my friends who are a few years older than me gave me some advice and my problem was solved." (Group 1)

"Today at 7pm I went to my sister in law and borrowed 150,000 Rials so we can live as my husband has got no salary. I thanked her and that was a great help to us. I hope I'll be able to repay her one day" (Group 2)

"My neighbour collected my ration for oil for which I am grateful"

"Today I spoke to a counsellor on the phone about some of my daughter's behaviour and sought solutions." (Group 1)

Health

There were a few diary entries regarding health. Only two women spoke about not feeling well. However, there were several entries of visits to GP, clinic, dietician and dentist.

Similarly, with regards to children's health there were only two entries regarding children running a temperature, and a few more about visits to health centres, clinics etc for check-ups and vaccinations.

"Meeting health centre staff for the measurement of health & weight of my child; help and support was given." (Group 1)

In this group the daily housework is routine and in regular basis. Housework is seen as the women's task. Women work outside the house in capacities such as hairdressers. They love learning and seeking advice from people around them such as neighbours, friends and family. Religious practices are a large part of their lives and socialisation. Friends and family are noticed but not as much as the other two groups.

Summary of discussion and analysis:

This study was the first joint project of its kind to explore the social support and family network in Iranian families with children under the school age, using and adapting some of the research findings from other parts of the world.

There is a significant paucity of Iranian literature in this field. The study used a big sample (600 mothers) from different social class areas of women based on the Iranian categorisation of social class. The study did not set any hypothesis but set out research question for exploration purposes. Not writing hypotheses was my intention, but on reflection and analysis, especially the quantitative analysis, it became apparent that having hypotheses would have been of a great assistance and it would have directed the research by having dependent and independent variables to measure. As an educationalist, researcher and negotiator I wanted to explore certain concepts to form a foundation to propose a Master's curriculum which would enable healthcare professionals who mostly consisted of doctors, nurses, psychologists and social workers to recognise needs, and hence assess those needs based on special knowledge gained from obtaining extra qualifications.

A mixed research methodology was chosen by means of conducting a survey and in-depth use of pre-set diaries for the purposes of collecting qualitative data. A purposive sampling was utilised, and random selection was implemented, to gain more objectivity within the survey part of the project. Self selected sampling was used to obtain qualitative data by means of completing diaries. 600 questionnaires were distributed with a 100% response rate; this was conducted as a desk survey.

Qualitative data from the diaries were analysed using Miles & Huberman (1994), arriving at themes which were cross referenced for deeper understandings with the quantitative data analysed using chi-squared and ANOVA.

The links between social support, family networks and health are clearly complex processes affected by the economic, social and cultural settings being researched. As noted earlier, social support comes in different forms, and issues such as the need to be involved in 'reciprocity' is shown in research literature to be a source of stress in some social settings or for particular people e.g. single mothers (Nelson, 2000). We did not find evidence of extensive or meaningful female friendship/support networks identified in other urban settings (Bell & Ribbens, 1994). However, the results noted by the mothers' diaries, suggested that whilst the situation may appear "isolating" to outsiders, many women had extensive telephone and/or face to face contact during the day, especially with (female and male) relatives. Ceballo & McLloyd's (2002), study of 262 poor, African American single mothers, showed how stressful environmental conditions can influence relations between mothers' social support and their parenting strategies.

The average age of mothers participating in this research was of 30 years. The data showed that the majority (62%) of the women were born in Tehran and carried on living in Tehran. 66% were from the upper and middle classes. 96% were married and only 10% divorced, which seemed to be a change in the trends to pre-revolution circumstances, as divorces were more common especially in upper and middle classes. 68% of women had relatives living close by and this could have contributed to the fact that the majority were from Tehran and continued to live in Tehran, even after getting married. Mohseni, Tabrizi and Seyedan (2004) suggest wider social factors like women's unequal access to valuable family resources, gendered divisions of labour, the type of power relationship in the family and women's social and economic status, all have significant impacts on women's mental health, and thus affect their families.

31% owned their own property and only 26% lived in rented places. Only 41% lived with parents and in-laws. This again shows that the younger

generation are separating themselves from families to have their own independent lives. However, amongst these, a bigger proportion; 62% lived with their husband's parents. Women who lived in close proximity to their own relatives were also less likely to suffer from psychological illnesses. As might be expected, we also found that those who suffered from psychological illness were more likely to find it difficult to trust people in their neighbourhoods. However, this survey was unable to show conversely, whether proximity to relatives might generate stress or other difficulties within the household. If so, this could have had significant implications for the children's welfare. On cross referencing with the qualitative data obtained from the diaries, it appeared that acts of support were recorded with assistance in childcare and housework, these included emotional, psychological and financial help. The main people giving the support were the woman's own family and their in-laws. Only one woman mentioned help in the diary from an outside agency.

Research evidence does not always suggest direct links between positive social support and enhanced health, although Ziersh et al., (2005) do put forward links between health outcomes and social capital. They view social capital as complex, multi-faceted and capable of being measured at an individual or community level. They point out that methodologically, the link is dependent on the measures of social capital and health used. In their Australian survey of "neighbourhood life", Ziersh et al's results showed that those with stronger neighbourhood connections were in a better state of mental health. Mauthner's (1995) research on post-natal illness (depression) queries whether this is connected to a lack of support from others in the community or to 'feeling different' and being unable to accept support.

Other significant findings noted that 74% of women had university education, in which 27% were at a post-graduate level. This supports my statement in the introductory chapter; that the Iranian culture places great emphasis on education but the application of this is yet to be researched. The educational

status of the husbands of the women surveyed, showed a lower percentage who were university educated compared with the women, only 65% of the husbands were educated at a university level. There is an evident relationship between the graduate status of the women surveyed and the area designated social class, but this feature is also related to having a graduate husband, a smaller number of children and the greater accessibility and use of childcare. In addition, there is a visible relationship between the graduate status of the husbands of the women surveyed and the area designated social class, but in-turn, this can be said to be representative to having a graduate wife, a smaller number of children and also a greater likelihood of having an associate professional and technical occupation.

Work situations again revealed very interesting results. Although a vast majority of women were highly educated, the percentages that were actually in employment were low. Furthermore, those who were employed, were mostly professionals or working in occupations of a skilled nature. The choice to not work outside the house is sometime perceived as women not wanting to be dominated by the opposite sex and feel under social pressure. Women from upper classes were more likely to work, due to a number of influential factors, such as; having fewer children and more adults in households, having either a professional or administrative/secretarial occupations, and having husbands who were not self-employed. In this survey it was observed that mothers with at least one child aged 7 years or under, were fairly polarised in terms of class, employment and possible implications for family welfare, this confirms some aspects of earlier studies (Mohseni, Tabrizi, and Seyedan, 2004; Kamali, 2004).

The use of available childcare resources either paid or unpaid was recorded in the questionnaire and this was subject to whether or not the parents were employed. Those women who used childcare services were more likely to be graduates, working, and living in close proximity to their relatives, slightly older, have fewer children and more adults living within their household

than the proportion of women who opted not to use childcare facilities. The diaries revealed that upper and middle class women used nursery facilities more than the lower class, these tended to draw upon their husband, parents, sister and parent's in-law, neighbours' support. The childcare decisions were made jointly by the mothers and their husbands but the mothers had a bigger voice.

Analysis of qualitative data revealed that the daily household tasks were: shopping, cooking, cleaning, looking after the children and sewing. This was more common in the lower class than the upper and middle, furthermore, the husband was the one who helped out with the housework. The length of time lived at same address showed that big majority changed their place of residence frequently. This is a norm especially for those living in rented accommodation. This is because the landlords tend to charge higher rents when getting in new tenants. The number of self owned property was higher in the upper class families, and shared property was more in lower class families. The relationships and variables significant between the social class and housing were:

The number of children within the household; those who owned their own houses/property, tended to have more children.

The number of adults in the household; those who shared property had more adults living in, and those who shared with others, lived in closer proximity to their families.

Housing type; this relates to the size of the property and household and to a lesser degree relies upon proximity to relatives rather than area designation of social class.

Age; we found that as the age increased amongst the mothers, they tended to favour living in closer proximity to their other relatives.

Social Class; Qualitative data showed only one woman from the upper social class, worked outside the house, compared to half of the women from the middle class, whilst a big majority from the lower social class worked outside the house, this could be due to the fact that there is an obvious need for greater financial support.

Transportation; the transport system in Tehran is mostly over ground and predominantly consists of the use of cars, buses and taxis. Taxis are reasonably cheap and a big percentage of those who have cars, use their cars for getting to work and back, on their way to these routes, many tend to carry extra passengers to make additional money. The Metro is now becoming more operational in Tehran and being used more and more, but it still has very limited services in some areas.

Husbands' jobs; the majority of the husbands were not working professionals and the majority were self employed from being a company director to taxi drivers. The overall significant relationship between the husband's occupational status and area-designated social class was lost following statistical controls. When explaining the correlation between their educational achievements and their occupations, graduates appeared to be more likely to be in associate professional and technical occupations. Those who worked in personal services had fewer children than those in professional or elementary occupations or self-employed. Finally, in households where the women surveyed worked, their husbands were less likely to be self-employed.

Health related help; the diaries only showed two women who spoke about not feeling well, however there were several entries of visits to GP, clinic, dietician and dentist. The question of psychological health related problems, revealed that 26% felt not in good psychological health, but this was referred to as emotional health, like anxiety, depression, nervousness and anger. Data showed out of all those not feeling good only 30% sought help.

Social activities; these were addressed within the diaries and the most common themes revolved around visiting or being visited by family members. There were only a few entries logging visits made by others such as friends and neighbours.

Spiritual aspects; these were mentioned frequently especially amongst women in the lower class group. This was more likely to refer to public gatherings for prayer and Quran reading. This only appeared in one or two diaries of women in the upper and middle classes.

Other activities; those mentioned in the dairies were mainly by women in middle and lower classes and these included those activities such as studying, swimming, going for a walk, reading and working on the computer.

Age; the questionnaires analysis of age showed that the lower class women were younger, had younger children and more adults were living in the household. No relationships were identified between childcare and age, however more women in the upper class used childcare.

Work; those women who worked were of an older age and were of an upper class.

Relationship with husband; this level of support was mentioned in the diaries but emphasised more on helping with childcare rather than the other aspect of relationships.

Feelings; the emotions of the women were entered in the diaries but were mostly revolved around the women being happy about something that has happened or will be happening. The women rarely reflected upon themselves or their true inner feelings about others.

Chapter six:

Conclusion and, recommendation

Conclusion:

This study was undertaken as part of our ongoing educational research with the Iranian Educational Institutions, more specifically with the USWR where a strong relationship was developed. The specific rationale for this study, which needed to be addressed, seemed to focus on the creation of a proposal to implement and introduce changes to the existing/new curriculum on Women's Health. My intention was to improve at least one programme, which might possibly act as a foundation or model for future development. When embarking on a project of this nature, one must be aware that it is not plausible to accomplish all that one aspires to achieve concerning such a broad and diverse topic, however, I was fortunate in being able to achieve my initial aims and objectives, considering the limitations I had faced regarding time and resources.

The over all aims of this project were:
- The exploration of available social support and family networking of Iranian women with children under the school age.

- The development of a Master's level curriculum in women's health for the USWR which used the selective findings of the research within the learning outcomes of the module/s.

Many significant observations stemmed from this study, which in-turn relate back to previous predictions that I had made. For example, I had assumed that higher education standards in Iran were motivated by the current demands and requests of potential student groups, potential professional needs and vacancies, and the deficit of current knowledge. However, I discovered that existing ministerial hierarchy perceptions and opinions were the dominant influential force behind deciding upon the components of the programmes and modules offered. In addition, another assumption that I had made concerning social support, was that social support consisted of more than a simple telephone call or polite invitation from a family member to gather family around for a dinner or social event (Nelson 2000). My assumption was that family and social support must consist of more comprehensive help, assistance and guidance for all family members (in particular for women) and that the 'family unit' would work and function as a team, that would portray a solid unity for all to rely upon.

It was evident that the traditional Iranian culture and customs had undergone a significant change after the revolution, and that standard social values had altered vastly. Hence, in order to be able to evaluate and explore the topic to its full merit, I feel longer time and higher funding would have been essential. It became apparent that the locality of the research deemed to be restrictive; I felt that the research could have benefited from a larger regional sample group. If the study had been spread across the country it might have produce more varied and fruitful results as opposed to those produced solely in the Tehran catchment areas, although Tehran's population reflected the characteristics of the country.

Putting forward this proposed Master's curriculum was a starting point for further development by the USWR. I believe that if the USWR successfully manages to deliver the proposed Master's programme in Women's Health,

this will enable the students, whom in effect, will be the prospective healthcare professionals, to empower Iranian women to establish themselves and strengthen their status within the community and modify and modernise their expectations after studying the outcomes and findings of this research. Research of this nature and the planning of educational programmes of this kind, can set a platform for future planning and delivery of educational agendas. I specifically chose to eliminate certain findings that had appeared from the research as I purposely felt the need to exclude them in the development of the proposed curriculum as this could have been interpreted and seen as making too many changes to the Iranian educational culture and be perceived as too radical and pro-western. Therefore they would not have been implemented or applied to the system. Hence only a selection of the findings were utilised in the learning outcomes of some modules, as declared in the aims and objectives at the outset of this project. The specific research components of this proposed Master's curriculum were intended to infuse confidence amongst the students and enhance their research and evaluation methods and techniques. The findings from this project identified that there was poverty in the current research database, consequently, the research method and proposition modules will equip the students with an extensive understanding of the methodology and its application and subsequently, assist in identifying the needs for future research.

The student's academic work undertaken within the research and proposition modules would in essence, contribute to the establishment of a new and improved research database. This accordingly, will strengthen the research literature relating to this topic, enabling other researchers to access the available resources. As previously mentioned and found within this research, the absence of a research database, proved to be a restrictive factor in the past, seeing as there was no significant database to draw upon. Under the circumstances, I was trying to build a solid research base to assist in planning a new, innovative curriculum, that to date had never been provided for in Iran. The proposed curriculum and its modules that were produced, as shown in Appendix 6, clearly indicate in detail how my selective research

findings contributed to the creation and development of this curriculum. In addition, I was aware of the current political uncertainty within the Middle East, which did not create a very hospitable or cooperative environment for us to work with, therefore, this situation did not permit me to perform more extensive work and spend more time in Iran.

However, in hindsight, looking back at the results achieved, the findings were of great value and rich data was produced from good, solid work. The exploration of the status of women and the information gained from this research together with the selective findings certainly helped with the development of a new curriculum of studies, it helped to devise the modules and their learning outcomes. These were included in the research module, with specific learning outcome/s for students to help the establishment of a research database. The dissertation module builds on the research methods module and further advances the creation of a solid database. The specialist Women's Health module drew upon some other selective findings like the lack of support, women's roles in society, setting up of a support group, and other issues related to work and utilisation of educational achievement.

Following the completion of this research, I have been commissioned to put together and produce a PhD programme on a distance learning basis, for a group of 11 PhD students taken from the National Security Department in Iran. I have since, placed and created a team of research active members of our school to help deliver this as a full programme, incorporating distance learning modules.

With regards to research that had previously been undertaken (before our involvement) on social support and the existing support systems for women with children under the school age, and the analysis of the data collected during this study in conjunction with references made to prior literature, these significantly demonstrated a clear lack of support. My data analysis explicitly portrays how the lack and understanding of support must urgently be addressed. As within the quantitative results, the data demonstrated that 41% of the mothers either lived with their parents or their in-laws, out of this

41%; a significant 62% lived with their in-laws. Whilst with the younger generation, results showed that they tend to favour separating themselves from their immediate families (their sources of existing support). In order to demonstrate maturity, in creating and building their own independent lives, consequently, this leads to the increasing lack of daily family support for these women and furthermore, we found that the younger mothers are not actively replacing this source of support by means of other types of assistance (Nelson 2000). Hence, the learning outcomes, within the Community Health module were devised to address this issue, and to promote the education of these mother's in the various sources of support available to them.

The results indicated that the women were not able to distinguish or identify what type or level of support they needed, as they were not conversant with the various forms of available support. By means of cross-referencing we were able to distinguish, that the comments made in the diary entries, reinforced this point, as the majority of mother's perceived 'support' as merely a simple, comforting telephone call or contact, checking up on how they were doing and gathering for collective meals. They did not realise that 'support' could be of a greater level and actually contribute to easing the situations that they were challenged with everyday. Therefore the Women's Health module, which is one of the core components of the curriculum, contributed to the final development of the Master's curriculum, in order to assist the healthcare professionals in empowering the mother's and encouraging them to seek support and assistance, via sisterly/support groups and meetings and to revaluate the options and possibilities of seeking additional guidance from their families.

Therefore, the Community Health module is a specific aspect of the curriculum which directly relates back to my primary objective, which addressed the need and lack of support, by producing a course to fulfilling this deficiency. This deficiency can be attributed to a symptom of modesty and insecurity that certain women might possess, as there might be an air of

'embarrassment' surrounding the act of asking for help, and furthermore, women in general are not empowered to seek social support beyond looking towards the immediate family or discussing issues with family. Therefore, the Women's Health module is essential for showing healthcare workers how to enlighten and encourage younger mothers seek and pursue all available possibilities.

In addition, it was also observed that the role of women within the family, acted as an important factor of analysis. Although vast percentages of women were highly educated, as can be seen from our data; 74% of the women had university degrees and 27% had reached a post-graduate level. Despite their academic success and talents, a large majority of the mother's chose to, or were persuaded by superiors, to spend more of their time at home, conducting household tasks; cooking, cleaning, etc., as opposed to utilising their educational skills and attributes to their full efficiency, this can be attributed to tradition or religious influences (Ahmadnia, 2004).

The proposed curriculum perhaps will address this issue, so that healthcare providers can begin to encourage mothers to seek alternative options and make the most of self-help groups or other means of support to actually acquire the social support needed. It is essential for the young mothers to be aware, so that they can utilise their potential and academic achievements, whilst also seeking social support from outside sources to help with childcare and find possible solutions to juggling both responsibilities at the same time. It is a known fact that mothers across the world can at times find it hard being in employment and a full-time mother (Kamali, 2004), however, there are ways and means of fulfilling both jobs with an even balance. The proposed curriculum assists the healthcare workers with a way to help mothers to identify these possibilities. In addition, eliminating the factor of employment that can contribute to the stress of a mother, it can also been seen that single mothers can also find it hard finding sources of social support as they have to face challenges alone (Ceballo & McLloyd, 2002).

Recommendations for future research and potential academic work:

The selective findings of the data illustrated a number of interesting issues which were translated into recommendations for future research, these were:

• Proposed Master's curriculum for Women's Health (Appendix 6) which encompasses broad research and other components. Perhaps this could become a model for future programmes to follow suit. This will help to create a substantial and thorough literature database (This relates to learning outcome 8 in research methods module, learning outcome 6 in proposition module and learning outcome 8 in dissertation module). The lack and absence of Iranian literature was one of the weaknesses of this research.

• Create more interprofessional dimensions to the delivery of women's healthcare. Subsequently, enabling professionals to recognise each other's roles, hence, the field of practice will be more open to evaluations and various applications. Schön (1991) has noted that professionals work in a complex and changing environment and argues that the knowledge that professionals acquire during their education and work does not always equip them fully, to deal with uncertain situations that they might face within practice. It is felt that the benefit of understanding each other's roles and working together, assist in better delivery of care overall. This can be achieved within the same university once the proposed curriculum has started and evaluated for its improved delivery of education. I have been advised that this is what the university intends to do in order to steer towards their plans for the future. This also would enable the healthcare professionals to work together more as a team rather than in their own individual corner/s.

• Empower all women, not just young mothers, through means of increased discussions and group sessions, and to be able to use and utilise their skills and capabilities to the maximum, as opposed to just managing the home. (this relates to learning outcome 9 within community health module)

- Empower women as a whole, to use their education and educational qualifications to get jobs and become part of a corporate culture and furthermore to gain more vocational qualifications and to use these in order to set-up recognised professional bodies.

- Have a support group and/or sisterly group for women and healthcare workers to be able to discuss and share matters, with the aim to help each other and become a user-group voice at a governmental level for policy making. This can be encouraged through the proposition module within the proposed curriculum and utilisation of action research following its cyclical approach involving a spiral of cycles of planning, acting, observing and reflecting to bring about change (Robson 2002).

- Plan the same comparative research across Iran to capture what social support and family networks mean in other parts of country, as each region is so different. (This relates to dissertation module)

- Attempt to lobby parliamentary members and those in power, with the view to encourage research by questioning them and gaining an insight into their opinions, hence evaluating and proposing new ways of addressing issues. (This relates to learning outcomes 4 & 5 in prevention of social health and promotion of community health)

- Encourage the educational institution to look and/or revise the notion of internationalisation when they plan links with other countries. My contract with the Iranian National Security for the 11 PhD students can become a model for others to follow.

- Propose a locally based validation of programmes rather than a ministerial and government based approach.

- Allocate a trial period for programmes to run the course of time, in order to evaluate any teething problems and to frequently review the programme, as done in the UK.

- Plan social support education at a school level, in order to equip the young women, in educating and preparing them for their future roles in adulthood and motherhood. (This relates to learning outcome 1 in prevention of social ill health and promotion of community health in relation to women)

- To develop methods that educate and empower women in encouraging and motivating the husbands or the men of the family to have a more active daily role in the home and to support the family unit in ways further than solely being associated as the money-maker and "bread winner", the male element of support would in essence add a totally different dimension to the concept at hand (Rastegar Khaled, 2004).

Limitation:

The findings of this work were limited due to the lack of a broad regional sample, the sample was localised to Tehran only, and hence no other region of the country was used as a comparison (Burns 2000). In hindsight, I do not consider this sole district, to be an accurate representation of the entire female population of Iran; consequently the results could not be generalised (Burns & Groves 2002). Another influential limitation of this study was the shortage of time that I was able to spend in Iran. If circumstances had permitted me to have spent more time in Iran, I believe it would have been more beneficial to the study, as I would have been able to supervise and partake in the data collection process. If I was present during the data collection, I obviously would have had the opportunity to witness the interactions and would have had a sounder analysis of the non-verbal aspects that might have added a certain depth or richness to the data (Wengraf, 2001). For that reason, the meaningful ethnographic component of understating the real world in order to improve social support and family networks was an element that I was unable to observe first-hand; hence, my conclusions, had to be devised from the data which had been collected by others, as this was an external element that I could not control. However, if I

was present during the data collection stages, my presence might have influenced their responses and could have been attributed to my subjective nature. Hence, getting the data collection sourced outside, eliminated any form of bias and ensured objectivity.

The final limitation observed, is associated with the methodology of this study, there was a distinct lack of direct Iranian literature which proved to be an obstacle in forming a sound foundation to build on for this work. The use and application of certain terms which needed to be translated, was another weakness within this study as some did not have direct relevance to the Iranian culture.

Reflection:

My journey as a part-time student undertaking a DProf began in 2003, with the initial work that I had embarked upon in Iran. My initial plan was to capture that work, and develop it to create a joint PhD programme, with the hope that our University and the USWR would become partners in this joint venture. However, the political situation in the Middle East terminated that original idea. As discussed, at the time I was looking into developing the Iranian market and forming a link between Mdx and other academic establishments. Whilst proving to be extremely challenging for me, my role by its very definition, afforded me the label of an expert in Iran and the Middle East without any appropriate position within Mdx.

The previous links that I had formed and the knowledge base that I had developed of Iran were all created at various stages of my life. These all stemmed from when I was a child living in the country, but since childhood I had not spent sufficient time in Iran to be able to say that I had a sound understanding of the culture, but it did not take long before I could adjust to a comfortable level. Hence, I would not say that my perceptions or insights would have been fully reflective of the country, in addition I would also

emphasise that my understanding of the Farsi language was relatively border-line and not at a competent level. Undertaking the challenge of developing the Iranian market, upon reflection has been a task which has helped me develop both on a personal scale and a professional level, it had filled a gap for me, as I was of an opinion that, my domestic market (Mdx UK) was unable to offer me any new challenges; I felt that I had saturated all possibilities and there was no potential for further growth. This fresh option for undertaking this study seemed to provide me with a creative challenge and was tremendously enjoyable and certainly more demanding than any previous work.

The understanding and academic recognition of this work, and in addition, it's applicability in support of my DProf, has at times been nerve-wracking, especially in a region where there seemed to be an air of danger and so much uncertainty. On many occasions I was told not to persist with this work and at times I was on the verge of forfeiting the study due to anxiety and apprehension. Nonetheless, I realised that my passion and desire for achieving something of benefit for my birth country (Iran) and my domicile country (UK), proved to win the battle of nerves and seemed to overshadow the advice to give up. Consequently, developing confidence within my own determination and decision-making has been one of the most significant transitions for me as a student and as the key individual who developed and completed this project. The desire for undertaking the responsibility for accomplishment of this project, and the effort for completing my DProf on a part-time basis was another big challenge. Being responsible for all the Master's programmes in the Health Research module, research degree co-ordinator and programme leader, plus having plenty more responsibilities within the school and university, at times brought on a huge strain, and extra demands that I had to meet presented me with moments that were viewed as "make or break" moments for my plan of work. Despite all the challenges and demands set upon me, the most valuable lesson that I have learnt, was the importance of self-maturity through engaging in such a project.

Throughout the course of this project, I have discussed several other possibilities regarding research work and additionally embarked upon further supplementary work in Iran. This involved arranging for Mdx to boast a presence in Iran by appointing an agent out there and launching a recruitment campaign, these were both established during my visits to Tehran, which I made on two occasions with some other colleagues from the Regional Gulf Office. Our last visit to Tehran in June 2007 was a trip that had to be aborted immediately, due to an unforeseen incident which could have been much more damaging than anticipated at the time. This distressing factor, was valuable in underpinning the development process of one's own personal strength and abilities to deal with a crisis situation. In addition to learning how to improvise on the spot to prepare an exit strategy with care and caution; as I had to think and move quickly in order to help myself and another colleague exit the country without delay, back into the safety of another country.

Before undertaking this course of study most of my learning and work was based upon teaching, research and management within the one institute where I was employed. Undertaking this project necessitated an investigation of previously unexplored perspectives within areas that were challenging yet uncertain, and working with diverse groups of people. Educational psychology and the movement from 'the known to the unknown' were fundamental in all that I accomplished (Quinn, 1995). I was fully prepared for the specific requirements necessary for embarking upon such a project in a country which was so dissimilar to where I had lived and worked, but discovered later on, that I was not consciously prepared for certain elements and issues that were gradually uncovered throughout the progression of the project. One explanation for this might be the fact that the notion of 'internationalisation of knowledge' was taken for granted from the outset; we actually found that this concept is not fully applied worldwide. Reflecting on the process of doing this project reawakened my awareness of what might be needed in order to progress fully with elements and topics that are so distinct and different to normal daily activity within one's work.

This has resulted in revisiting and developing my thought and planning process for future development and research overseas. This will be invaluable for future work and any other ventures.

During the development of the curriculum, much emphasis was placed upon evidence based practices, and the need for future research within the host country. Without a doubt, it is apparent that evidence based practices are crucial to ensure the planning and implementation of effective healthcare intervention. It would however, be impossible to change the individual and particular norms of the specific society under investigation, with just one proposal, this is a procedure that needs to frequently be followed up and chased for any change to take place. Although the limitations of this project must be considered, the proposed plan for the curriculum will provide a direction for future development of similar programmes. For that reason, the conclusion of this project, does not mean that the aspect of advancing and establishing solid relationships between the two universities has been concluded or accomplished to the full, hence further development is in the pipeline and this is merely the starting point for future joint work.

Critical reflections on methodology/methods

After an extensive and thorough search of existing literature, and upon reflection of the methodological underpinning relating to this study, it became apparent, that a perfect methodological fit did not exist. There was a paucity of Iranian literature available to underpin and set a rationale for my selected methodology. Exempt from being able to draw upon Iranian literature, I had to be as resourceful as possible, in drawing upon the available literature, from other countries and parts of the world, which lacked any illustrative relations with Iran. These sources gave a broad indication of what had been investigated in the past and I was able to gain a valuable comprehension of the aspects under investigation, but none of these were directly applicable to my country specific study involving Iran. I was unable to draw fully upon these specific features within the literature as the cultures and societal values were so diverse in different societies, especially

the behaviour and role of women in opposite sides of the world. Consequently, the literature was not abundantly utilised to underpin the methodology for this research.

The initial choice was to commence with a mixed methodological approach, this was reinforced when the focus groups were completed, as it became evident that this type of design will assist to produce rich and in-depth data, which was essential in gaining true meaningful insights and deeper understandings of the subject under investigation. Following this style of research design, instigated the vital use of both languages, as well as relying upon others to reconfirm my understandings of the data gathered and analysed. This type of research strategy may be useful for future research where timescales are not restricted and work could be conducted on a full-time basis, in addition residency in Iran would be an extremely advantageous factor in allowing ease of access and consequently, more research could be done. Another alternative would have been to have more researchers like myself. This would have assisted the efficient performance of the research as it would have laid the path for an easier collective passageway and division of labour, as language barriers would not have been an obstacle or delaying factor.

In conclusion, this research identified an initial lack in social support amongst Iranian mothers and highlighted the lack of strong family networks offering assistance to the young mothers. Hence, the development of the Master's curriculum was shown to be essential in providing the healthcare workers with a platform to creating more awareness and educating the mother's on the importance of social support and the available options, thus in general, creating a generic strategy to reduce the low levels of support observed. In essence the ideal outcome of this study would be to see an increase in empowerment and strength within the young mother's and for them to see that life does not need to be such a struggle for them on at least one aspect.

Reference:

Ahmad Niya, S. (2002) Women's work and health in Iran: a comparison of working and non-working mothers *Social science & medicine*, Mar 2002, Vol.54, No.5, pp.753-766

Ahmad Niya, S. (2004) The work impact on women's health, *Social Welfare Quarterly*, Spring, Vol.3, No.12, pp. 157-178.

Akhondi, A. (1997) *Relationship between perceived social support and pupils' compatibility in Tehran,* University of Tarbiyat Modarres, Unpublished MA Thesis.

Alexander, N. (1995) "Retailers and International Markets: Motives for Expansion", *International Marketing Review*, Vol. 7, No.4, pp.75-85.

Allen-Meares, P. (1995) "Applications of qualitative research: let the work begin", *Social Work Research,* March.

Altschul, A. (1972) *Patient Nurse Interaction*. Churchill Livingstone. Edinburugh.

Alvessom. M, Skoldberg. K (2000) *Reflective methodology*. Sage London.

Analavi, F. (1999) *Effective human resource development.* Ashgate: Aldershot. Argyris, Chris & Donald Schan, Theory in Practice (Jassey-Bass, 1974).

Asadzadeh, E. (2003) *Problems of working women in Abbas pour faculty of water and power industry,* University of allameh Tabatabaie, Unpublished BA thesis.

Bahramitash,_R. (2003) Islamic fundamentalism and women's economic role: the case of Iran *International journal of politics, culture and society*, summer, Vol.16, No.4, pp.551-568

Bailey, E.K. (1995) ''An academic model of excellence for international business education'', *Journal of Management Development*, Vol14 No, 5. Pp50-60.

Ball, S. (1994) 'P*olitical Interviews and the politics of interviewing'* In Geoffrey Watford (editor) researching the powerful in education. London, UCL Press.

Barclay. L, Everitt. L, Rogan. F, Schmid. V. & Wyllie. A (1997) Becoming a mother-an analysis of women's' experience of early motherhood. *Journal of Advanced Nursing*. Vol 25. pp 719-728.

Bear, H., Lovejoy, F., and Daniel, A.(2003) How working parents cope with the care of sick young children *Australian journal of early childhood*, Dec, 28 (4):.53-57

Beaucham, T., & Childress, J. F. (2002) *Principles of Biomedical Ethics*, 4th ED. Oxford University Press Inc;

Bell,   J. (1995) *Doing Your Research Project: A Guide for first time researchers in educational and social science* (2nd Ed), Buckingham, Open University Press.

Bell, L. (1994a) *My child, your child; mothering in a Hertfordshire town in the 1980s*, University of London (External) Unpublished PhD thesis

Bell, L., and Ribbens, J. (1994b) 'Isolated housewives' and complex maternal worlds; the significance of social contacts between women with young children in industrial societies *Sociological Review*, 42 (2): 227 - 262

Bell, L. (1995) 'Just a token commitment? Women's involvement in a local babysitting circle' *Women's Studies International Forum*, Vol.18, no.3, pp. 325 - 336 (Special issue) "Women in families & households; qualitative research".

Bell, L. (1998) "Public and Private Meanings in Diaries: Researching Family and Childcare" in Ribbens, J. and Edwards, R. (Eds.), *Feminist Dilemmas in Qualitative Research: public knowledge & private lives*. London: Sage

Birch, D. (1998) Identifying sources of social support. *Journal of public health* 68: 159 -161

Bloor, M., Frankland, J., Thomas, M., and Robson, K. (2001) *Focus group in Social Research*. London: Sage.

Bost, K. K., Cox, M. J, Burchinal, M.R. and Payne, C. (2002) Structural and supportive changes in couples' family and friendship networks across the transition to parenthood *Journal of marriage and the family*, May, 64 (2): 517-531

Bowling, A. (2002) *Research methods in health* (2nd Ed) Buckingham: Open university Press.

Brittain. L, (2002) From tradition to formal thinking: the development of the Lichfield Victoria birth centre. *MIDIRS Midwifery Digest* .Vol 12, Number 1, pp 113-115.

Burns, R. B, (2000) *Introduction to research methods. Sage. London*

Burns, N., and Grove, S. K. (2002) *The practice of Nursing research.* Conduct, Critique and, Utilisation. London W.B. Saunders

Cahill, D. J. (1996), "When to use qualitative methods: a new approach", *Marketing Intelligence and Planning*, June, Vol.14, no.6, pp.16-20.

Carrasco, P., Rose, D., and Charbonneau, J.   (1999) [The establishing of weak ties: a bridge for the adaptation of migrant mothers of young children from Central America]
La constitution de liens faibles: une passerelle pour l'adaptation des immigrantes centro-américaines mères de jeunes enfants à Montréal Canadian *ethnic studies*, 1999, .XXXI, (1):73-91.

Ceballo, R., and McLoyd, V. C. (2002) Social support and parenting in poor, dangerous neighbourhoods Child *development*, Jul-Aug, Vol.73, No.4, pp.1310-1321

Chiesa, M. (2000) *At a Crossroad between Institutional and community Psy*chiatry: An Acute admission Ward. In. Observing Organisations: Anxiety, Defence and Culture in Health Care. Eds.

Chisnall, P. (1992) *Marketing Research* (4th Ed), London, McGraw-Hill.

Clarke, A. (1999) Focus group interviews in health-care research. *Professional Nurse*, 14, 6, 395

Cormack,   D. (2000) *The Research Process, Nursing* (4th Ed), Oxford, Blackwell Science Ltd.

Creswell, J. W. (2003) Research Design: Qualitative, Quantitative, and Mixed Methods Approaches (2nd Ed), Thousand Oaks, CA, Sage.

Dey, I. (1998) *Qualitative Data Analysis: A User-friendly Guide for Social Scientists*, London, Routledge.

Domínguez, S., and Watkins, C. (2003) Creating networks for survival and mobility: social capital among African-American and Latin-American low-income mothers *Social problems*, Feb, Vol.50, No.1, pp.111-135

Donati, F. (1989) A Psychdynamic Observer in a Chronic Psychiatric Ward. *British Journal of Psychotherapy*. Vol 5, p317-329.

Duffy, M. (1987) "Methodological Triangulation: a vehicle for merging quantitative and qualitative methods", *Image*, Vol.19, no.5, pp.130-133.

Eaton, N. (1997) 'parametric data analysis', *Nurse Researcher*, 4, (4), p 17-27.

Farjadi, S. (1992) Family, woman, employment: *A study on problems of working women in Planning and Budget Organisation,* Tehran University, Unpublished BA thesis.

Fielding, N., and Fielding, J. (1986) *Linking Data*, London, Sage.

Fontana, A., and Frey, J. H. (2000) "The interview: from structured questions to negotiated text" in N. Denzin and Y. Lincoln (eds), *Handbook of qualitative research*, 2nd ed. Thousand Oaks, CA: Sage. Pp645-72

Gheradi, S., and Turner, B. (1987) *"Real men don't collect soft data"*, Quaderno 13, Dipartimento di Politica Sociale, Universitá di Trento.

Ghorayshi,_P. (1996) Women, paid-work and the family in the Islamic Republic of Iran *Journal of comparative family studies*, Autumn 1996, Vol.XXVII, No.3, pp.453-466

Golrezaei, M. H. (1996) *Relationship between Socio-economic background, social support and self-confidence and depression among students of Tehran University,* University of Tarbiyat Modarres, Unpublished M.A. Thesis.

Goodwin, L., and Goodwin, W. (1994) Qualitative versus quantitative research or qualitative and quantitative research? *Nursing Research* 33(6), p378-380

Gottlieb, B. (1981) *Social networks and social support*. London Sage.

Granovetter, M. (1973) The strength of weak ties American *journal of sociology,* 78:1360 - 1380

Guba, E. G., and Licoln, Y. S. (1994) "Completing paradigms in qualitative research", in Denzin, N. K. and Lincoln, Y. S. (Eds), *Handbook of Qualitative Research*, Sage, Thousand Oaks, CA,

Guba, E. G., and Lincoln, Y. S. (1989) *Fourth Generation Evaluation*, Newbury Park, CA, Sage.

Hashemi-Nasrehabadi, T. (1994) *The study of relationship between the source of self-confidence control and social support by confronting methods among students of Tabriz University,* University of Tarbiyat Modarres, Unpublished M.A. Thesis.

Hemmati, R. (2003) *Effective factors on men's domestic violence against women in Tehran*, University of Shahid Beheshti, Unpublished MA thesis.

Henderson, J., and McAdam, R. (2001) "Decision Making in the Fragmented Organisation: A Utility Perspective", *Management Decision*, Vol. 39, No. 6, pp. 461-469.

Hill, M. (1989) The role of social networks in the care of young children *Children and Society*, 3**,** (3): 195 -211.

Holloway, I., and Wheeler, S. (2000) *Qualitative Research for Nurses*, Oxford, Brackwell Science.

Howe, S., and Martin, G. (1998) Internationalisation strategies for management education, *Journal of Management Development*, Vol 17 No, 6. pp 447-462. MCB University Press.
Huck, S., Cormier, W., and Bounds, W. (1974) *Reading statistics and research*. New York: Harper and Row

Huczynski, A. (1993) *Management Gurus: What Makes Them and how to Become One*, Routledge, London.

Hyde, K. (2000) "Recognising deductive processes in qualitative research", *Qualitative Market Research*, Vol.3, no.2, pp.82-90.

Hyun, O. K., Lee, W., Yoo, A. J., Cho, B. H., Yoo, K. H., Miller, B. C., Schvaneveldt, J. D., and Lau, S. (2002) Social support for two generations of new mothers in selected populations in Korea, Hong Kong, and the United State*s Journal of comparative family studies*, Autumn , Vol.XXXIII, No.4, pp.515-527

Johnson, G. (1987) *Business Strategy and Retailing,* Chichester, John Wiley and Sons.

Jom'eh khaledi, M. (2001) *A comparative study between educational progress and sociability of children of working and non-working mothers.* University of Tehran, Department of Social Sciences, Unpublished BA. thesis.

Kamali, A. (2004) Women: Double poverty, *Social Welfare Quarterly*, Vol.3, No 12, pp. 181-201

Keillor, B. D., Bush, R. P., and Bush, A. J. (1995) marketing-based strategies for recruiting business students in the next century. *Marketing education review*, Vol 5 No.3.

Keshavarsi, A., and Alavi-Naeini, A. M. (1998), The Study of awareness, attitudes and performance of mothers visiting the health centers in Kashan about supplementary nutrition of their 6-24 months old children, *Iranian Health Journal*, Vo. 27, No. 3 & 4. pp. (The number of pages have to be checked again)

KianThiébaut,_A. (1999) [The Iranian working mother in the family, state and society] La mère active iranienne entre famille, état et société. *Revue des mondes musulmans et de la Méditerranée*, 1999, No.85-86, pp.163-184

Kirk, J., and Miller, M. L. (1986) *Reliability and Validity in Qualitative Research*, Newbury Park: CA, Sage.

Kitzinger, J. (1994) The methodology of Focus Groups: the importance of interaction between research participant. *Sociology of Health and Illness* , 16, 1 105

Krueger, R. A. (1998) *Moderating Focus Groups: Focus Group Kit.* Sage, Thousand Oaks. CA.

Lane, P., McKenna, H., Assumpta, R., and Flemimg, P. (2001) 'Focus group methodology', *Nurse Researcher*, Vol 8, No3, p45-59

Lokshin, M. M. (2004) Household childcare choices and women's work behaviour in Russia *Journal of human resources*, Fall 2004, Vol.39, No.4, pp.1094-1115

Macilwaine, H. (1983) *The Communication Pattern of Female Neurotic Patients with Nursing staff in Psychiatric unit General Hospitals*. In. nursing Research: Ten Studies in patient Care. Ed. Wilson-Barnett. Ch1, P1-24. Wiley. Chichester.

Malhotra, N. (1993) *Market Research: An applied orientation*, London, Prentice Hall.

Materud, K. (2001) "Qualitative research: standards, challenges and guidelines", *The Lancet*, 358, p 483-488.

Mauthner, N. (1995) Postnatal depression: the significance of social contacts between mothers Women's *studies International forum*, 18 (3): 311 - 323

May,_V. (2004) Meanings of lone motherhood within a broader family context *Sociological review*, Aug 2004, Vol.52, No.3, pp.390-403

McArthur, C., Winter. H., Bick. D., Knowles. H., Lilford. R., Henderson. C., Lancashire. R., Brounhaltz.D., gee. H. (2001) effect of redesigned community postnatal care on women's health 4 months after birth: A cluster randomised control trial. *Lancet* Vol 359, Issue 9304. pp 378-385.

McCracken, G. D. (1988) *The long interview*. Books. Google.com

McDaniel, C., and Gates, R. (1993) *Contemporary Marketing Research* (2nd Ed), West Publishing Company.

Middlesex University (2007) www.mdx.ac.uk, www.mdx.ac.uk/corporateplan, www.mdx.ac.uk/services/internationaleducation .

Miles. M. B., & Huberman. AM (1994) *Qualitative data analysis* (2nd ed) Thousand Oaks, CA: Sage.

Miller, T. (2005) *Making sense of motherhood*. Cambridge: Cambridge University Press

Milliken, J. (2001) "Qualitative research and marketing management", *Management Decision*, Vol.39, no.1, pp.71-77.

Ministry of Science. (2003) *A Glance at Higher Education in the Islamic Republic of Iran.* Ministry of Science, Research and Technology, IRI.

Ministry of Education. (2003) *Education in Islamic Republic of Iran.* Ministry of Education, IRI.

Mitchell, J. C. (1969) *Social networks in urban situations*. Manchester University Press

Mohseni, Tabrizi., and Seyedan, F. (2004) The social origin of women's depression, *Women's Research Quarterly, s*ummer, Vol.2, No. 2. pp. (The number of pages have to be checked again)

Moragan, D. L. (1998) The *focus group guidebook*. Thousand Oaks, CA: Sage.

Morganosky, M. (1993) *"International direct marketing: a perspective by US retailers*", 7th International Conference on Research in the Distributive Trades, Institute for Retail Studies, University of Sterling, 6-8th September.

Morris, L. (1985) Local social networks and domestic organisation *Sociological Review,* 33 (2): 327 - 342

Morse, J. M. (1991) *Qualitative nursing research: a contemporary dialogue*, Newbury Park, California: Sage

Mosavi, S. Y. (2002) *Social Problems of employed women in non-governmental section*, Presidential Office, Center of Women and Family Affairs.

Mudambi, S. M. (1994) "A Topology of Strategic Choice in Retaling", *International Journal of Retail and Distribution Management,* Vol. 22, No. 4, pp.32-40.

Nancarrow, C., Moskvin, A., and Shankar, A. (1996) "Bridging the great divide- the transfer of techniques", *Marketing Intelligence and Planning*, June, vol.14, no.16, pp.27-37.

Nelson, M. (2000) Single mothers and social support: the commitment to, and retreat from, reciprocity *Qualitative sociology*, 23 (3): 291 – 317

Nofel, M. (1997) *Impact of women's work on sociability of their children*, University of Allameh Tabatabaei, Unpublished MA thesis.

Oakley. A, (1981) *'Interviewing women: A contradiction in terms'* in H.Roberts (editor) doing feminist Research .Routledge. pp 30-61.

Obholzer, A. (1994) *Managing Social Anxieties in Public Sector Organizations*. In The Unconscious at Work: Individual and Organization

Patton, M. (2002) *Qualitative Evaluation & Research Methods*, 3rd edition, London Sage.

Pascale, R. (1990) *Managing on the edge: How Successful Companies Use Conflict to Stay Ahead,* Viking Penguin, London.

Pearson, L. (1997) 'qualitative analysis: the principles of data presentation' *Nurse Researcher*, 6, (1), p85-92.

Polit, D., and Hungler, D. (1991) *Nursing Research: Principles and Methods* (4th Ed), London, Lippincott.

Pope, C., Ziebland, S., Mays, N. (2000) 'Analysing qualitative data. Qualitative research in health care', *British Medical Journal*, 320, p114-116.
Punch, K. (1999) *Introduction to social research quantitative and qualitative approache*s (2nd ed.) London: Sage

Punch, K. F. (2005) *Developing Effective Research Proposals*, London, Sage.
Quinn, B. (1999) "The temporal context of UK retailers' motives for international expansion", *The Service Industries Journal,* Vol. 19, No. 2.

Quinn, F. M., 1995. *The Principles and Practice of Nurse Education*. 3rd edition. London: Chapman & Hall.

Rastegar Khaled, A. (2004) Relationship between work and family: Gender differences in

Receiving social support, *Women's Research Quarterly*, summer, Vol. 2, No. 2.

Reay, D. (2004) *Gendering Bourdieu's concept of capitals? Emotional capital, women and social class* IN Adkins, L & Skeggs, B *Feminism after Bourdieu.* London: Blackwell/ the Sociological Review

Reichardt, C., and Cook, T. (1979) Beyond Qualitative versus Quantitative methods in T. Cook & C. Reichardt (EDs) *Qualitative and Quantitative methods in Evaluation Research*. London, Sage.

Remenyi, D., Williams, B., Money, A., and Swartz, E. (1998) *Doing Research in Business and Management: An Introduction to Process and Method*, London, Sage.

Robinson, T., and Clarke-Hill, C. (1990) "Directional growth by European retailers", *International Journal of Retail and Distribution Management*, Vol. 18, No. 5, pp.3-14.

Robson, C. (2002) *Real world research*. London, Blackwell

Rogan. M. T., Satbuli. UV, Le Doux. JE, (1997) Fear conditioning induce associative long-term patentiation in the amygdale. *Nature.* Dec 11; 390(6660): 552-3.

Salaff, J., and Greve, A. (2004) Can women's social networks migrate? *Women's studies International forum* 27: 149 - 162

Salehi-Sangari, E., and Foster, T. (1999) Curriculum internationalisation A comparative study in Iran and Sweden. *European Journal of Marketing*, Vol 33 No. 7/8, pp. 760-771

Sarantakos , S. (1998) *Social research,* Second Edition, London, Macmillan.

Sadeghi, S. H. (1997) *Financial Problems of women-headed households*, Presidential Office, Center of Women and Family Affairs, Report No. 1.

Schon, D. A. (1991*) the reflective practitioner, How professionals link in action*. Aldershot: Ashgate

Shahidi, S. (In Press) *Education in Iran. Encyclopaedia of the World and its People*. Brown Publishing Group, USA.

Shahidi, S. (2004) *UK Collaboration with Iran on Higher Education*: Learning from experience and facing changes. Unpublished paper for British Council conference.
Shaditalab, J., and Gerayee-Nejad, A. (2004) Poverty among women-headed households, *Women's' Research Quarterly*, Spring, Vol. 2 No. 1.

Sharma, B., and Roy, J. A. (1996) "Aspects of the internationalization of management education", *Journal of Management Development*, Vol 15 No, 1. P.5-13.

Sharma, U. (1986) *Women's work, class and the urban household: a study of Shimla, North India.* London: Tavistock

Silverman, D. (1985) *Qualitative Methodology and Sociology*, Aldershot, Gower.

Silverman, D. (1992) *Qualitative Methodology and Sociology*, Aldershot: Gower
Times Higher Education Supplement (1996), "Opinions", 5July.

Simmons, J. (1995) 'Form paradigm to method in interpretive action research', *Journal of Advanced Nursing*, 21, (5), p 837-844

Singh. D, Newburn. M, (2000) Becoming a father: Men's access to information and support about pregnancy, birth and life. *National childbirth trust with fathers direct,* London.

Soltanizadeh, R. (1994) *The impact of mother's work on children's educational pro*gress, Al Zahra University, Unpublished BA thesis.

Strauss. L, Corbin. J, (1990) *Basics of qualitative research*. Sage, Newbury Park, California.

Taggart, A. V., Short. S. D., & Barclay. L (2000) She made me feel human again: an evaluation of a volunteer home-based visiting project. *Health & Social care in the community,* Blackwell Synergy.

Thorne, S. E. (2000) Data Analysis in Qualitative Research. *Evidence Based Nursing.* 3, 68-70.

Treadgold, A. D., and Davies, R. L. (1988) *The Internationalisation of Retailing*, Harlow, Longman.

Vincent, C., Ball, S., and Pietikainen, S. (2004) Metropolitan mothers: mothers, mothering and paid work Women's *Studies International Forum*, 27: 571-587

Wallman, S. (1984) *Eight London Households London*: Tavistock

Wellman, B. (1999) *Networks in the global village*; life in contemporary communities. Bouldor, CO: Westview

Walters, D. W. (1989) *Strategic Retail Management*: A Case Study Approach, Hemel Hempstead, Prentice-Hall.

Wengraf, T. (2001) *Qualitative research interviewing*. London. Sage.

Wheelock, J., and Jones, K. (2002) 'Grandparents are the next best thing': informal childcare for working parents in Urban Britain Journal *of Social Policy*, 31 (3): 441-463

Williams, D. E. (1991) "Differential firm advantages and retailer internationalisation", *International Journal of Retail and Distribution Management*, Vol. 19, No. 4, pp. 3-12.

Williams, D. E. (1992) "Retailer internationalisation: an empirical inquiry", *European Journal of Marketing,* Vol. 26, No. 8/9, pp. 8-24.

Yoshino, S. (1966) ''International opportunities for American retailers'', *Journal of Retailing*, Vol. 43, No. 3, pp. 1-10, 76.

Zahirabadi, N. (1994) *Cultural and social problems of married female working nurses*, Azad University, Unpublished BA thesis.

Ziersch, A., Baum, F., MacDougall, C., and Putland, C. (2005) Neighbourhood life and social capital: the implications for health *Social science and Medicine*, 60, :71 - 86

Appendix one

Dr F. Ghazi

Honorary Professorship Letter

Memorandum of Intent between

University of Social Welfare & Rehabilitation

And Middlesex University, London, UK

Middlesex University Letter of approval from
Ministry of Science, Research and
Technology in Iran

QUESTIONNAIRE FINAL DRAFT   <u>**Key number**</u>

<u>**Demographic data**</u>

1.   Age (years) ….

2.   Place of birth ……………………………………

3.   Where do you live? District …………. ……………….

4.   Marital status:

Married	
Divorced	
Widowed	
2nd marriage	

5.   Do you live near your relatives?

Yes	No

6.   Housing type   *Please tick one*

Rented flat	
Flat (owners)	
Shared flat with own parents	

Shared flat with husband's parents	
Rented house	
House (owners)	
Shared house with own parents	
Shared house with husband's parents	
Other ………………………………..	

<u>Education</u>

Please tick one
7.   Please state *your* highest level of education

No formal education	
Primary school level	
Guidance school	
High school level (diploma)	
Pre-university	
University degree	
Postgraduate level (taught)	
Doctorate/ research degree	

Please tick one
8.   **Please state *your husband's* highest level of education**

Not applicable	
No formal education	
Primary school level	
Guidance school	
High school level (diploma)	
Pre-university	
University degree	
Postgraduate level (taught)	

Doctorate/ research degree	

<u>Children</u>

9.   Please state the age and sex of all your own children

……………………………………………………………………………………………………

10.   Do each of your children live with you ?

Yes	No

11. If NO, where do they live?

……………………………………………………………………………………………………….

12.   Are any other children (not your own) living with you in this household?

Yes	No

13.   If Yes please state their age and gender ……………………

14. Do you use any form of child care for your children ?

Yes	No

15.
If Yes, is it used regularly or occasionally?

Regularly	Occasionally

16. Which of these types of child care do you use?

.

Nanny	
Employer's nursery	
Private nursery	
Care from relatives or friends	

What is the reason for choosing this child care?

…………………………………………………………………..

17.If you use relatives or friends, please say which one(s) you use.

Mother	

. Mother –in -law	
Neighbour	
Friend	
Spouse	
Other please specify ……………………………………	

18   How satisfied are you with the quality of the care you use *regularly*?

1 Very satisfied	2 Satisfied	3Neither satisfied nor dissatisfied	4 Dissatisfied	5 Very dissatisfied

19. In your family, who makes the decision about which child care to use?

…………………………………………

20   Do you have any other problems with caring for your children

Yes	No

21. If yes, please state…………………………………………………….

Your household

22.   Please state number and gender of all adults living in household and who they are.

……………………………………………………………………………..

…………………………………………………………………………….

23.   How long has your household lived at this address?

Less than one year	
One to two years	
Two to five years	

More than five years	

Employment

24   **Are you employed outside your home?**

Yes	No

If YES,

25   **Number of hours worked per week (average) …………………..**

26.   **Type of work …………………………………………………….**

27.   **Position or level of work…………………………………………………**

28.   **Traveling time to work ………………………………………….**

29   **How do you travel to work?**

Walk	
Car	
Bus	
Train	
Other	

30.   **Do you drive?**

Yes	No

31.   **How supportive is your employer about your child care responsibilities?**

.

Very supportive	
Moderate	
Not supportive	

32   Is your husband employed outside your home?

Yes	No

If YES,

33. Number of hours worked per week (average) ……………………………..

34. Type of work………………………………………………………..……

35. Position or level of work ……………………………………………………

36. Traveling time to work …………….

37.   How does he travel to work?

Walk	
Car	
Bus	
Train	
Other	

38. How comfortable is your family financially?

1 Comfortable	2 Moderate	3 Not comfortable

Attitudes towards neighbourhood, social support and environment

Please give your opinions about the statements below:

39   I know most people in this neighbourhood

1.Strongly agree	2 Agree	3Neither agree nor disagree	4 Disagree	5 Strongly disagree

40   I think of myself as a 'local' person in this neighbourhood

1.Strongly agree	2 Agree	3Neither agree nor disagree	4 Disagree	5 Strongly disagree

41   If I moved away hardly anyone living around here would notice

1.Strongly agree	2 Agree	3Neither agree nor disagree	4 Disagree	5 Strongly disagree

42   I find it difficult to trust many people in my neighbourhood

1.Strongly agree	2 Agree	3Neither agree nor disagree	4 Disagree	5 Strongly disagree

43.   My neighbours often help me with child care support

1.Strongly agree	2 Agree	3Neither agree nor disagree	4 Disagree	5 Strongly disagree

44.   I often help other neighbours with child care support

1.Strongly agree	2 Agree	3Neither agree nor disagree	4 Disagree	5 Strongly disagree

45.   I would only help someone I considered to be a friend with child care support

1.Strongly agree	2 Agree	3Neither agree nor disagree	4 Disagree	5 Strongly disagree

46.   Other people seek my help with child care support only if they consider me to be a friend

1.Strongly agree	2 Agree	3Neither agree nor disagree	4 Disagree	5 Strongly disagree

47. I believe that I spend enough time with my children

1.Strongly agree	2 Agree	3Neither agree nor disagree	4 Disagree	5 Strongly disagree

Health status

In the past year have you

48.   Been in good physical health ?

Yes	No

49   If NO, please state what kind of health problem you have

………………………………………………………………………………….

50.   Have you sought any professional help with this problem?

Yes	No

In the past year have you

51.   Been in good psychological and emotional health?

Yes	No

52.   If NO, please state what kind of problem you have………………………

53   Have you sought any professional help with this problem?

Yes	No

In the past year have you

54. Experienced any other problems

Yes	No

55.   If Yes, please specify

………………………………………………………………………………

56.   Have you any further comments to make about this survey?

THANK YOU FOR YOUR PARTICIPATION IN THE SURVEY

با سلام و سپاس از همکاري شما با طرح پژوهشي «شبکه‌هاي حمايت اجتماعي از خانواده‌هاي داراي فرزند کمتر از 7 سال» خواهشمند است با صداقت و دقت به پرسش‌ها پاسخ دهيد.

دانشگاه علوم بهزيستي و توانبخشي

1-چند سال داريد ؟ سال ....

2-در کجا متولد شده‌ايد ؟ تهران☐   غيرتهران☐

3-در کدام منطقه از شهر زندگي مي‌کنيد ؟
....
....

4-لطفاً نحوه زندگي خود را با همسرتان مشخص فرمائيد .
داراي همسر☐   از همسر جدا شده☐   همسر فوت شده☐
ازدواج مجدد☐

5-آيا محل سکونت فعلي شما به خانواده‌تان نزديک است ؟   بله☐
خير☐

6-نوع مسکن خود را مشخص نمائيد .
خانه استيجاري☐   آپارتمان اجاره‌اي☐
خانه ملکي☐   آپارتمان ملکي☐
خانه مشترک با والدين همسر☐   آپارتمان مشترک با والدين☐
خانه مشترک با والدين☐   آپارتمان مشترک با والدين همسر☐

ساير موارد ذکر شود .
....
....
....

7-لطفاً بالاترين سطح تحصيلات خود را بگوئيد ؟

آموزش قبل از □ تحصیلات غیررسمی (سوادآموزی یا نهضت سوادآموزی)

دانشگاه □

ابتدایی □ فوق دیپلم و لیسانس □

راهنمایی □ فوق لیسانس □

متوسطه و دیپلم □ دکتری □

8-لطفاً بالاترین سطح تحصیلات همسر خود را بگوئید ؟

رابطی ندارد □

آموزش قبل از □ تحصیلات غیررسمی (سوادآموزی یا نهضت سوادآموزی)

دانشگاه □

ابتدایی □ فوق دیپلم و لیسانس □

راهنمایی □ فوق لیسانس □

متوسطه و دیپلم □ دکتری □

9-لطفاً سن و جنسیت تمام فرزندان خود را بفرمائید ؟
....
....
....
...
....
....
....
...
....
....
....
...

خیر □ 10-آیا همه فرزندانتان با شما زندگی می‌کنند ؟ بله □

11-در صورتی که با شما زندگی نمی‌کنند ، کجا زندگی می‌کنند ؟
....
....

12-آیا فرزند دیگری (غیر از فرزندان خودتان) با شما در این خانه

خیر □ زندگی می‌کنند ؟ بله □

13-اگر بله ، لطفاً سن و جنسیت آنان را ذکر کنید ؟
....
....

14-آيا شما براي مراقبت و نگهداري فرزندتان از شيوه‌اي خاص
استفاده مي‌كنيد ؟ بله ☐خير ☐

15-اگر بله ، لطفاً مشخص كنيد كه بطور مرتب يا گاهي از آن شيوه
استفاده مي‌كنيد ؟ مرتب ☐گاهي ☐

16-از كدام يك از شيوه‌ها براي نگهداري از فرزندتان استفاده
مي‌كنيد ؟
☐استخدام پرستار ☐مهدكودك محيط كار
☐مهدكودك خصوصي ☐مراقبت توسط خويشاوندان و نزديكان
چرا ؟
....
....
....

17-در صورتي كه از خويشاوندان و نزديكان كمك مي‌گيريد ، لطفاً
بفرمائيد چه كسي يا كساني هستند ؟
☐مادر ☐مادر شوهر ☐همسايگان ☐دوستان
☐همسر
ديگران لطفاً ذكر فرمائيد .
....
....
....

18-تا چه حد از كيفيت مراقبت از شيوه‌اي كه بطور مرتب استفاده
مي‌كنيد ، راضي هستيد ؟
☐كاملاً راضي ☐راضي ☐تا حدي راضي ☐ناراضي
☐كاملاً ناراضي

19-در مورد شيوة مراقبت كودك در خانوادة شما تصميم‌گيرنده چه كسي
است ؟
....
....
....
...

20☐- براي مراقبت از كودكتان آيا مشكلي ديگري داريد ؟ بله
☐خير

21-اگر بله لطفاً توضيح دهيد ؟

175

....
....
....
...

....
....
....
...

22-لطفاً تعداد و جنسيت همه بزرگسالاني كه در خانه با شما زندگي مي‌كنند و اينكه چه كساني هستند را بفرمائيد ؟

....
....
....
...

....
....
....
...

....
....
....
...

23-چه مدتي است كه در اين خانه / محل زندگي مي‌كنيد ؟

□كمتر از يكسال   □يك تا دو سال   دو تا پنج
□سال   □بيش از پنج سال

24-آيا شما در خارج از منزل كار مي‌كنيد ؟ □بله   □خير

25-اگر بلي ، بطور متوسط چند ساعت در هفته كار مي‌كنيد ؟ ......
ساعت

26-چه كار مي‌كنيد ؟

....
....
....

27-موقعيت شغلي خود را مشخص كنيد ؟

....
....

28-چه زماني را براي رفتن به محل كار خود صرف مي‌كنيد ؟

....
....

29-چگونه به محل کار خود مـي‌رويد ؟

با اتوبوس □   با اتومبيل □   پياده □

مترو □

ساير :

....

....

....

30-آيا شما رانندگي مـي‌كنيد ؟ بله □   خير □

31-رئيس شما چه مقدار در مورد مسئوليت مراقبت از كودك به شما كمك مـي‌كند ؟

زياد □   كم □   اصلاً □

32-آيا شوهر شما خارج از منزل كار مـي‌كند ؟ بله □   خير □

33-اگر بلي ، بطور متوسط چند ساعت در هفته كار مـي‌كند ؟

....

....

34-چه كار مـي‌كند ؟

....

....

....

35-موقعيت شغلي شوهرتان چيست ؟

....

....

..

36-شوهرتان چه زماني را براي رفتن به محل كار خود صرف مـي‌كند ؟

....

....

37-شوهرتان چگونه به محل كار خود مـي‌رود ؟

با اتوبوس □   با اتومبيل □   پياده □

مترو □   ساير □

38-بطور كلي وضعيت مالي و رفاهي خود را چگونه ارزيابي مـي‌كنيد ؟

خوب □   متوسط □   بد □

لطفاً نظر خود را در مورد عبارات زير بفرمائيد .

177

39-من اكثر افراد را در همسايگي خود مي‌شناسم .

مخالف ☐ تا حدي موافق ☐ موافق ☐ كاملاً موافق ☐

كاملاً مخالف ☐

40-من خود را به عنوان يك فرد «محلي / بومي» در اين همسايگي مي‌بينم .

مخالف ☐ تا حدي موافق ☐ موافق ☐ كاملاً موافق ☐

كاملاً مخالف ☐

41-اگر من از اين جا بروم ، به سختي كسي از همسايگان متوجه مي‌شود .

مخالف ☐ تا حدي موافق ☐ موافق ☐ كاملاً موافق ☐

كاملاً مخالف ☐

42-من تصور مي‌كنم اعتماد كردن به اكثر افراد در همسايگي دشوار است .

مخالف ☐ تا حدي موافق ☐ موافق ☐ كاملاً موافق ☐

كاملاً مخالف ☐

43-همسايه‌هاي من اغلب در مراقبت و نگهداري از فرزندم به من كمك مي‌كنند .

مخالف ☐ تا حدي موافق ☐ موافق ☐ كاملاً موافق ☐

كاملاً مخالف ☐

44-من اغلب به همسايه‌هايم براي مراقبت و نگهداري از فرزندشان كمك مي‌كنم .

مخالف ☐ تا حدي موافق ☐ موافق ☐ كاملاً موافق ☐

كاملاً مخالف ☐

45-من فقط به كسي كه دوستم باشد براي مراقبت و نگهداري فرزندش كمك مي‌كنم .

مخالف ☐ تا حدي موافق ☐ موافق ☐ كاملاً موافق ☐

كاملاً مخالف ☐

46-افراد ديگر اگر با من دوست باشند براي مراقبت و نگهداري از فرزندم به من كمك مي‌كنند .

مخالف ☐ تا حدي موافق ☐ موافق ☐ كاملاً موافق ☐

كاملاً مخالف ☐

47-من فكر مي‌كنم وقت كافي داشته باشم كه با بچه‌هام بگذرانم .

مخالف □   تا حدي موافق □   موافق □   كاملاً موافق □

كاملاً مخالف □

48-آيا در سال گذشته از نظر جسماني خوب و سالم بوديد ؟ بله □   خير □

49-اگر نه ، لطفاً بفرمائيد چه مشكلاتي به لحاظ سلامتي داشتيد ؟
....
....

50-آيا شما براي حل مشكل سلامتي‌تان از متخصصان كمك گرفتيد ؟ بله □   خير □

51-آيا در سال گذشته به لحاظ سلامت روحي و رواني خوب بوديد ؟ بله □   خير □

52-اگر نه ، لطفاً مشكلات خود را به لحاظ سلامت بفرمائيد ؟
....
....

53-آيا براي حل مشكل از متخصصان كمك گرفتيد ؟ بله □   خير □

54-در سال گذشته آيا شما مشكلات ديگري داشته‌ايد ؟ بله □   خير □

55-اگر بله لطفاً مشكلات خود را توضيح دهيد ؟
....
....
....
...
....
....
....
...

56-در صورتي كه موضوع يا پيشنهادي در مورد پرسش‌ها داريد ، مطرح فرمائيد .
....
....
....

DIARY   - Guidelines

We are asking you to keep this diary for 2 WEEKS (14 DAYS) starting from   [date]

We only ask you to write your first name and the district where you live (not your address) so that what you write can be kept **confidential.**

1) Please write on the **left hand page** of the diary **each day:**
Your activities (<u>morning</u> 7 am – 12am; <u>afternoon</u> 12 to 5pm; <u>evening</u> 5pm to 10pm)
This includes: *activities at home* e.g. cooking; housework; telephoning; receiving visitors; caring for children. *Outside activities* e.g. shopping; visiting people; taking children to nursery; traveling to your work, employment time at work, as a student at university
Please also tell us **how long** in total you spent on each activity
EXAMPLES
Morning   7 – 12am   **Date**: March 8th 2005 (*please write in the date*)
Cooking – 15 minutes
Telephoned (my sister) – 10 minutes
Caring for (2) children at home – 30 minutes.
Taking children to nursery at workplace -.30 minutes
At work – 4 hours

2) Please write on the **right hand page** of the diary **each day**
Who you have seen or telephoned today. You **do not need to give the name**, just say what kind of person and what their connection is with you
EXAMPLE:
My sister (I telephoned, morning)
My mother (visited my house, evening)
My female neighbour who has a child the same age as my son (cared for my child while I went to the shop (morning)
Doctor at the hospital (I took my child for an appointment (afternoon)
You can add <u>what they did (the information in brackets) if this if not already clear from the left hand page</u> <u>'activities')</u>

3) Finally, please use the space at the **bottom of the right hand page** to tell us **your own thoughts or any issues** about the support you got or gave to others today, including any links with health professionals
EXAMPLES
"Today I was very busy and had too many things to do. I wanted to go out but no-one was able to care for my son."
"Today was a happy day, my sister visited me with her two children"
IT WILL HELP US IF YOU CAN FILL IN YOUR DIARY EACH DAY. IF YOU ARE BUSY AND MISS A DAY IN THE DIARY, PLEASE TRY TO FILL IT IN THE NEXT DAY OR AS SOON AS YOU CAN.
MANY THANKS FOR PARTICIPATING IN THIS PROJECT

DIARY   **COVER PAGE**   **Questionnaire key number** ……………
                                                                (Researcher to add)

YOUR NAME (FIRST NAME ONLY) …………………………………….

DISTRICT OF TEHRAN WHERE YOU LIVE …………………………………………

*DETAILS FROM QUESTIONNAIRE***:**

ARE YOU EMPLOYED OUTSIDE YOUR HOME?

Yes	No

DO YOU DO ANY WORK FOR PAYMENT IN YOUR HOME E.G. CRAFT WORK?

Yes	No

IF YES, ABOUT HOW MANY HOURS A WEEK DO YOU SPENT ON EITHER OR BOTH OF THE TWO ABOVE?

……………………

HOW MANY CHILDREN DO YOU HAVE?

BOYS   / AGES   GIRLS /AGES

………………………   ………………………..

DIARY – ACTIVITIES   AND TIME SPENT ON THEM   **DATE** ……………

Morning 7 am – 12am

Afternoon 12 to 5pm

Evening 5pm to 10pm

WHO YOU HAVE SEEN OR TELEPHONED TODAY?

YOUR OWN THOUGHTS OR ANY ISSUES ABOUT THE SUPPORT YOU GOT OR GAVE TO OTHERS TODAY, INCLUDING ANY LINKS WITH HEALTH PROFESSIONALS

<u>This is only a basic draft written for submission to USWR to consider and complete parts.</u>

<u>The core reading use is those that can be obtained in Iran or online as not all books are easily accessed.</u>

<u>Some option modules used the foundation that are practiced in Iran in writing curriculum and are already written by the USWR.</u>

<u>Some modules are also will be added to this if they agree to precede which will be those that has to be included in their curriculum.</u>

MSc Women's health Programme Handbook

Programme leader:

Student Name:

Students with disabilities:

We will do our best to respond promptly. To help us, please be as specific as you can and include details of your disability.

University of Social Welfare and Rehabilitation (USWR) is the university who as its name says deals with all those with disabilities therefore they have extensive facilities with this regard.

Purpose and status of your student handbook

The purpose of this handbook is to provide you with information about your programme of study.

The programme conforms to University of Social Welfare and Rehabilitation Regulations and this handbook should be read in conjunction with the University Regulations Your comments on any improvements to this handbook are welcome - please put them in writing (with the name of the handbook) to the Programme Leader.

Names of all individuals involve in running the programme with their titles and address.

Contents

2007 Academic Calendar – MSc Women's health

NB – Shaded rows relate to option modules

Date	Activities
	Enrolment completed
	Programme begins
TBC May/June	**ASSESSMENT BOARD**
	Graduation ceremonies for

Introduction to the University of Social Welfare and Rehabilitation

This part will be inserted by USWR

Introduction to the School within the University of Social Welfare and Rehabilitation

.
This part will be inserted by special unit/school of the USWR.

The MSc Women's Health Programme

The MSc women's health is validated by the USWR and Ministry of higher education and science in Iran. The USWR will be delivery all components of this programme

This draft has bee produced and will be completed by the Iranian academic team within the USWR

If you as students do not finish the programme they only will be given a transcript of what they have done

Transcripts
You will be issued with a transcript by USWR.

Documents held by the USWR
USWR holds reference copies of the following documents for consultation by the students and staff:

- The Memorandum of Co-operation for the programme. This is the formal agreement between the University and any other establishment may enter in to this collaboration.

Criteria for Admission to the Programme

Students wishing to undertake the MSc in women's health programme require:

- A relevant professional and/or medical degree at BSc level or above
- Successful entry examination
- Successful interview after submission of application

Programme Leader's Welcome

Welcome to the USWR MSc in women's health programme. We aim to offer you the opportunity to build on your existing knowledge, skills and experience and to develop mastery in women's health practice. We hope that you will have a stimulating and successful time whilst on this programme.

The value of the programme lies in the commitment of the students and the teaching team to work towards enhanced clinical effectiveness, through the development of the women's health approach, and its continuing integration into your existing practice. This handbook provides you with a guide to the programme, and the way in which it is organised, delivered and regulated

Please remember that all members of the programme team are here to help you, and do not hesitate to contact us if you feel that we might be of assistance. Good luck in your studies!

Programme Staff List and Contact Details

This will be added by USWR

Teaching, Learning and Assessment Strategy

The University of Social Welfare and Rehabilitation (USWR) aspires to becoming a true learning community based on the principles of collaboration, dialogue, equality autonomy and responsibility between all stakeholders.

USWR values learning wherever and whenever it takes place.

At the centre of the learning process is the student who is recognised as a unique individual who will have their own motivation to learn and preferred ways of learning.

A variety of Teaching, Learning and Assessment (TLA) methods will continue to be necessary in order to meet the needs of a diverse student population. These will be seen through themes developed:

Theme 1

Enhancement of the quality of the student learning experience of learning, teaching and assessment, with a particular view to the needs of an increasingly diverse student body.

Theme 2

Support for the development in students of greater learner autonomy and engagement with study.

Theme 3

Support and encouragement of open and flexible approaches to learning and assessment.

Theme 4

Support for and the development of practice/placement/service learning to meet the needs of students, practitioners/employers.

Design and Organisation of the Programme

Programme design

This programme is designed to provide a flexible framework within which you can construct a postgraduate programme which meets your personal, professional and academic needs, whilst also incorporating the needs of your clients and the organisation within which you work.

Students undertake a research methods module and up to two other option modules, prior to undertaking the research dissertation. This is In accordance with UK's higher education regulations.

Programme Structure

The structure of the proposed joint programme is as follows:

60 credit from the curriculum or other curriculum within the USWR which will be useful for the student of their own profession	(60 credits - Level 4) Entry requirement This can be considered by USWR if they want to use APL otherwise students will be doing equal ant to this from the option modules		*Equivalent to UK university PG Cert*
Option choice 1 (20 credits - Level 4)	Option choice 2 (20 credits - Level 4)	compulsory Research methods module (20 credits - Level 4)	*Equivalent to UK university PG DIP*
	compulsory Dissertation (60 credits - Level 4)		*MSc*

Progression through the programme

All modules will be graded on the University grading scale, any module that is failed may be re-submitted *once* only, and the maximum grade that can be achieved on a re-submission is pass. All modules must be passed, and no compensation of a failed module is permissible on this programme.

The University grading scale is the one that is in practice for all programmes within USWR.

In accordance to UK university regulations following successful completion of the Postgraduate Diploma stage (achievement of 120 credit points) you may proceed with your research dissertation. You may decide not to complete the full MSc programme, and provided you notify the Programme Leader, in writing, of your decision, you will be given a letter from the USWR to say this is what you have completed.

Final award

Classification of MSc awards for Merit require the dissertation to be at grade "A" or "B" or better, and that 50% or more of the remaining graded credits at master Level should be at high grade, with no more than 20% of the credits more than one class below (border line pass).

Classification of MSc awards for Distinction require the dissertation to be at grade "A" or better, and that 50% or more of the remaining graded credits at Level 4 should be at grade "B" or better, with no more than 20% of the credits more than one class below ("C" or lower).

The title of your final award will be either **MSc Women's Health.**

Assessment and Progression

An explanation of the University grading scale will be given to all students and is in accordance to Iranian grading regulation.

When you undertake a module that is assessed by more than one component, the module handbook will specify whether or not ALL or SOME components have to be successfully passed, and will also detail how the aggregated grade is agreed.

All modules have to be successfully passed in order to complete the programme. A failed module cannot be compensated.

Accreditation of Prior Learning (APL)

This is something that USWR may decide on.

Regulations

Assessment board

An assessment board will meet once a year to ratify students' results and to record their progress through the programme. The Board comprises the Programme Leader, Module Leaders and the External Examiner. The Board will be chaired by a representative appointed by USWR management.

Plagiarism

Plagiarism is the presentation of a body of material (written, visual or oral) by a student, as his or her own work, which is wholly or partly the work of another. In fact, plagiarism extends to cover one's own work previously assessed or published, which is also required to be properly referenced.

Taking unfair advantage over other authors, students or oneself in this way is considered by the University to be a serious offence.

Infringement of assessment regulations and appeals

This needs to be written by the USWR

Accessing your own Records including Module Information

Your records and information on modules are available from the USWR student record section or you may contact the relevant individual Module Leader(s).

Submission of Course Work and Feedback to Students

Submission of course work

You will be given explicit instructions by your Module Leaders for the submission of course work with dates for submission. All work should be submitted to the Administrative Director for onward distribution to appointed markers.

Electronic receipt of coursework

Please note that electronic submission of coursework is not permitted unless this has been done at USWR.

Feedback on coursework

All forms of assessment are part of the learning process. You should be provided with either individual or collective feedback on your assessed work.

All students will receive individual written feedback on all coursework submitted for this programme. This will be available from the Module Leader following the publication of results. When an assessment board and the subsequent publication of results does not occur within six

weeks of the work being submitted, students will be given provisional written feedback, although the grade awarded is subject to ratification at the Assessment Board.

Feedback on examinations

All students will receive individual written feedback on all examinations taken on this programme. This will be available from the Module Leader following the publication of results. When an assessment board and the subsequent publication of results does not occur within six weeks of the work being submitted, students will be given provisional written feedback, although the grade awarded is subject to ratification at the Assessment Board.

Comments on examination scripts and marks

Coursework will not be returned to the student. Feedback is on designated feedback sheets – no comments will be recorded directly on the work being assessed.

Dissertations

Dissertations will be independently marked by two members of academic staff from USWR, one of whom will usually be the student's academic advisor.
A random selection of dissertation will be externally moderated by the external examiner.

Marking, second marking and marking moderation

There must be a University-wide policy for the anonymous marking of assessed work, as far as is practicable

An internal moderation panel will be convened by the Module Leader immediately prior to selection of a sample of work being forwarded to the external examiner.

Copies of Assessed Work

Where available, Module Leaders will be able to arrange for students to view past examples of assessed work.

Attendance Requirements

You should attend all scheduled parts of your modules and should perform all prescribed activities
(This should be in accordance with USWR regulation) .

Quality Assurance of your Programme

To ensure the highest standards and quality USWR should write regulation on quality assurance procedures, which include those procedures related to programme approval, monitoring and review. A key feature of these processes is the input from external subject experts who ensure that awards of USWR are comparable to those of UK universities as well as Iranian, and that the programme curriculum, teaching, assessment and resources are appropriate.

Students also have a very important role in enhancing programmes, feeding back on a regular basis via feedback forms, Boards of Study, and other mechanisms. Student feedback also plays a major role in programme monitoring and review.

.

Feedback from Students

Boards of Study
The purpose of the Board of Study is to provide a forum for discussion between you and staff involved in all aspects of your programme.

The programme should hold a Board of Study meeting once each year, The membership of the Board comprises:

- Students
- Subject/programme leader
- Academic staff aligned to the delivery of the programme or modules

You should be aware of the function of the Board of Study, and should be clear that you can raise any matters of concern.

Minutes are made of the discussion and decisions of each Board meeting, and these are circulated to members with outcomes. The minutes of the meeting are included with the Programme Annual Monitoring Report for consideration by the University. The points raised at the meeting are carefully recorded for issues arising, and the actions taken upon them are fed back to members as they are taken.

Terms of reference
Full terms of reference of Boards of Studies should be available to all.

Dates
To be arranged.

Module evaluation forms and programme evaluation questionnaire
Each module is evaluated separately and your contribution to improve the delivery of each module is welcomed. Module feedback forms are completed at the end of each module and are completely anonymous. Module forms examine each module in some detail.

Programme questionnaires will also be distributed that invite comment on your programme in general.

The aim of this feedback process is to elicit your views on the quality of modules, and your experience of being a student on your programme of study.

You can expect to receive a report on any issues that have been identified. The report would also describe the measures taken to resolve any problems. All reports will be an item for discussion during Boards of Study and will, where necessary, be reported upon during the annual monitoring process. The whole feedback process will also be reviewed on a regular basis, to ensure that it is effective in helping to provide a good quality experience for students.

Suggestions and Complaints

The USWR welcome your suggestions on how we might improve your experience on the programme, even when this takes the form of a complaint about a service, a member of staff or another student.

If you have a suggestion or a complaint about any aspect of the programme, raise it with the person concerned in the first instance. If you are not satisfied with the outcome you can progress the matter, in writing, through the Module Leader, Programme Leader or the University Administrative Director.

All complaints will be:
- treated seriously and with fairness
- dealt with without undue delay, and in as straightforward a manner as possible
- treated consistently across the University or institution
- dealt with and resolved, wherever possible in an informal way
- Progressed through stages leading, if necessary, to a formal stage.

Career Opportunities

Successful completion of these skills based MSc will enable the student to seek promotion in clinical practice or to move to research. In addition the possession of a nationally recognised MSc is highly marketable for private practitioners.

Subject Advice, Educational Guidance and Student Support

You are expected to be independent and to take responsibility for your own academic progression but your Module Leader and tutors/advisors will direct your studies and advise you on the work you need to cover in any given module. You will be given contact details and best times for contact by your individual tutors/advisors on each module.

International Student Support

International students will enjoy the same level of support as Iranian students

Information for Students with Disabilities

If you have any physical difficulty, long term medical condition, sensory impairment or specific learning difficulty (e.g. dyslexia) you are encouraged to make your situation known at the earliest opportunity to ensure due provision is made. Support will include advice on programme related study needs. Confidentiality will be respected and relevant details will only be disclosed with your permission.

Learning Resources

Access to learning resources at USWR will be provided where required.
You may also have access to learning resources through your place of employment and you are encouraged to explore local support.

Student Membership of the University

This needs to take on board USWR model

Health, Safety and Welfare

The University has responsibilities under the Health and Safety at Work, to ensure that risks to health and safety are properly controlled.

All students are expected to take reasonable care of their own health and safety and that of other people.

Abbreviations:

This needs to be addressed by USWR in Farsi

The section on programme Specification is not compulsory but is good if USWR have it. This shows the reader a clear map of the programme so it has been done partially to be completed by the USWR

Programme Specification and Curriculum Map

1. Awarding institution	USWR
2. Teaching institution	USWR
3. Programme validated by	Ministry of higher ed and research
4. Final award	MSc Women's health
5. Programme	Women's health
6. UCAS code (or other relevant coding system)	N/A
7. Relevant QAA subject benchmark group(s)	??Health subjects/professions
8. Academic Year	2007

9. Reference points
• The Research did pre writing this programme "Social support and family network".
• **USWR needs to write in here**

10. Educational aims of the programme
The overall aim of this programme is to maximise the students' intellectual and professional skills enabling the development of critical and informed approaches in the application and integration of women's health into their existing clinical practice. Whilst enhancing knowledge and skills it also aims to empower the student to develop their abilities to learn from reflection before, on, and in practice whilst refining their competence as a lifelong learner.

11. Programme outcomes - the programme offers opportunities for students to achieve and demonstrate the following learning outcomes.	
A. Knowledge and understanding of: (Needs to be written by USWR)	**Teaching and learning methods** Lectures, seminars, demonstration and supervised practice are used to develop the required knowledge and skills **Assessment** Knowledge and understanding is assessed through critical reflection, practical examinations and vivas.
B. Cognitive (thinking) skills 1. Critical reflection before, on and in the practice of women's health 2. Integration of theory and practice 3. Critical appraisal of the practice of women's health within a multi-disciplinary context *MSc* 4. Advanced problem solving	*Teaching and learning methods* Cognitive skills are taught through seminars, supervision and peer support **Assessment** Cognitive skills are assessed through reflective case studies, the research proposal and the dissertation
C. Practical skills 1. Research skills 4. Project management skills 5. Creation of new tenets of practice	**Teaching and learning methods** Practical skills are taught through demonstration, supervised practice and individual and group tutorials **Assessment** Practical skills are assessed formatively through peer and self assessment and summatively through practical examinations, the dissertation proposal and report
D. Key skills 1. Communication and leadership within the interprofessional team 2. Multidisciplinary teamwork 3. Effective learning 4. Information technology 5. Numeracy 6. Personal and career development	**Teaching and learning methods** Key skills are taught in module related workshops, seminars, and through individual tutorial support **Assessment** Key skills are self and peer assessed formatively within the modules and summatively assessed through critical reflection on self development

12. Programme structures and requirements, levels, modules, credits and awards
12. 1 Overall structure of the programme
This is a programme that can be undertaken on 2 years basis.

The programme will consist of the following:

Research Methods

Modules of women's' health and any other which is compulsory from Iranian MSc regulation.

Dissertation module Individual supervision/workshops; 540 study hours
Compulsory; included in fee

COMPULSORY	OPTIONAL	PROGRESSION REQUIREMENTS
• Research Methods		module must be passed
MSc		
• Dissertation		modules must be passed

13. A curriculum map relating learning outcomes to modules
USWR must write this section.

14. Criteria for admission to the programme.
Students wishing to undertake the MSc in women's health programme require: • A relevant professional medical qualification • Successful in passing the entrance • Successful interview

15. Information about assessment regulations
The University and School Assessment Policies apply to this programme. Programme specific requirements are: • The pass mark for all modules • No compensation of a failed module is allowable

16. Indicators of quality
•

17. Particular support for learning
• **All learning facilities of USWR will be included here** • Each student will have a designated academic advisor • Each student will have a designated clinical advisor

18. Methods for evaluating and improving the quality and standards of learning.
• All modules are formally evaluated by both staff and students • Boards of studies

- External examiner appointed to the programme

19. Placement opportunities, requirements and support (if applicable).
N/A

20. Future careers: how achieving the qualification will support future career development
Successful completion of this MSc will enable the student to seek promotion in clinical practice or move to research. In addition the possession of a nationally recognised MSc is highly marketable for practitioners.

ANNEXE 1
Curriculum map for MSc women's' health
This map shows the main measurable learning outcomes of the programme and the modules in which they are assessed.

	Module	Code	Programme outcomes																								
			A!	A2	A3	A4	A5	A6	A7	B1	B2	B3	B4	B5	B6	C1	C2	C3	C4	C5	C6	D1	D2	D3	D4	D5	D6	D7
4																												
	Research Methods					X					X	X						X				X	X	X	X	X		X
	Other modules			X	X						X	X															X	X
	Dissertation						X				X		X					X	X	X	X		X	X		X	X

Programme learning outcomes   **These needs to be completed**

Knowledge and understanding		Practical skills	
A1		C1	
A2		C2	
A3		C3	
A4		C4	
A5		C5	
Cognitive skills		Key Skills	
B1		D1	
B2		D2	
B3		D3	
B4		D4	
B5		D5	
B6		D6	

Programme Planning

Principles of programme planning

In the process of programme planning five characteristics can be identified, and the programme you plan, with guidance from your academic advisor, should be:

- *Individualised* - building on your existing knowledge, skills and experience and utilising your professional development portfolio to do this. Recognising the uniqueness of each individual, the programme aims to be as flexible as possible.

- *Negotiated* - your pathway through the programme will be planned in negotiation with your programme Leader and the programme team.

- *Needs-led* - recognising the multiplicity of needs, your personal and professional needs, the needs of your client group and the needs of the service within which you work.

- *Contractual* - you will develop your programme plan on a partnership basis between yourself, the Programme Leader and the programme team, each of whom has equal rights and responsibilities to have their needs and opinions noted and considered.

- *Developmental* - in that not only you as an individual develop new knowledge and skills in your chosen pathway, but also that your practice environment develops alongside yourself. This will ensure that your programme is of benefit not only to you but also to your profession, your client and the organisation in which you work. In addition, engaging in the learning community with students, practice mentors and peers will encourage development within the programme team, and enhance the dynamic nature of the programme to the benefit of all that are involved.

Personal Development Planning

This needs to take on board National and local interpretation

Module Information

Core modules

Research Methods

 Dissertation Module

Option modules

Example of these module are in the hand book. More to be develop by USWR.

Module Code:
Module Title: Research Methods
Level: **Master**
Credit points: **20 English credits**
Pre-requisites: Successful completion of a undergraduate research module or demonstration of equivalent knowledge
Teaching hours: 45
Teaching/Learning Strategies: Lecture, Seminar, Workshop
Total study hours: 180
Module Leader:

Rationale and aims

This module is designed to provide a critical overview of the methodologies used for research in the subject areas related to health care, and to equip the student to apply this knowledge in the planning of their dissertation work. The module affords students opportunities to appreciate the strengths and weaknesses of published work in their specialist area, or in health care in general. Students will learn in groups and will explore philosophical, ethical and methodological differences which underpin the knowledge and research base of health care work. Workshops will allow the student to develop a proposal for their dissertation work, to consider its adequacy and limitations, and justify the approach taken

Learning outcomes

On completion of the module students will be able to:
1. Critically examine the nature of knowledge in their subject area
2. Demonstrate the ability to critique published work in their subject area
3. Critically consider ethical issues relating to the generation of evidence
4. Critically appraise the appropriateness of different approaches in health research and interagency collaboration
5. Identify an area of relevant enquiry for individual dissertation work , select a suitable method for investigation, and justify the choice made
6. Construct a research proposal demonstrating an appropriate approach, design and process, with achievable outcomes
7. Critically appraise the relevance of proposed research to their subject area
8. Promote and advertise the setting up of research data base in Iran

Outline of content

The content outlined below will be specifically shaped to the health subject area of the programme on which the student is registered:
- Epistemological, political and philosophical issues in the generation of evidence
- Research paradigms
- Research designs
- Data collection methods
- Data analysis methods
- Reliability, validity and triangulation of data

Teaching, learning and assessment strategies

A variety of approaches appropriate to adult learners, and which encourage collaborative work will be utilised. This will include lectures, seminars, group work, personal tutorials and presentations. You will be expected to demonstrate achievement of your learning outcomes by construction of a 4000 word research proposal to investigate a specific, clearly stated research problem which meets the requirements for either the MSc or MA dissertation. You must include a critical review of current evidence and should document the methodological approach chosen, giving reasons for the choice and discuss the ethical considerations and limitations as well as the strengths of the chosen method/approach.

Core reading
Argyrous. G. (1997) **Statistics for Social Research** Hampshire: Macmillan
Burns.R.B. (2000) **Introduction to Research methods** London: Sage
Bowling. A (2002) **Research methods in health** (2nd Ed) Buckingham: Open University Press
Lieblich. A. Et al. (1998) **Narrative Research, Reading, Analysis and Interpretation** London: Sage
Sarantakos. S. (1998) **Social Research** (2nd Ed) Hampshire: Macmillan
Silverman. D. (2000) **Doing Qualitative Research- A Practical Handbook.** London: Sage

Subject related key reading will be recommended by the teaching team Iranian reference will be added

Module code:
Module title: Community health
Level: Master
Credit points: 20
Pre-requisite:
Teaching hours   45
Teaching/Learning Strategies
Total study hours: 180
Module Leaders

Rationale and aims
This module in community health is designed to develop cognitive and theoretical skills essential to the advancement of the community health and can be measured within the community at large. The module aims to develop the knowledge of the community health in the theory, application and practice with particular reference to women it further aims to enhance constant critical reasoning and evaluation in the application of health education for women. It should be noted that this module is One of the modules already used in the USWR and has been developed further.

Learning outcomes
On completion of this module students will be able to: -

1. Demonstrate a high level of knowledge and understanding of the community health relation to women and their family
2. Carry out expert assessment of women in order to accurately identify the tissue in relation to women's health Demonstrate mastery of the handling skills required to women's health
3. Critically evaluate the effects of social interaction, support and communication
4. Extrapolate and integrate the advanced knowledge and skills required to undertake independent health promotion teaching in relation to social and family support
5. Explore environmental, economical, educational and social issues that impact on women's health
6. critical evaluation of individual family and their needs
7. compare international social health and what may be starting step in Iran by setting up support /sisterly group
8. Critically look at quality of life index and its application to Iranian women
9. Promote the setting up of support group

•
Teaching and Learning Strategy
This module will use a range of teaching/learning strategies includinglectures, demonstrations, group work, case studies and tutorials.

Assessment
Formative assessment: Tutor feedback throughout module
• Summative assessment: A 4000 word assignment which has been approved by USWR

Core reading:
Brink, s. & Zeesman, A. (1997) Measuring social wellbeing: An index of social health for Canada, Applied research branch, Strategic policy, Human Resources Development Canada.
Naidos, J & Wills, J (2000) Health promotion 2nd ed, London Baillierc Tindoll.
Taylor-Shaw (1999) Measurement of community Health: The Social Health Index, University Press of America.

Subject related key reading will be recommended by the teaching team and Iranian references will be added

Module code:
Module title: Prevention of social ill health and promotion of
                                           community health in relation to women
Level: Master
Credit points: 20
Pre-requisite:
Teaching/Learning strategies:
Total study hours: 180
Module Leader:

Rationale and aims
This module intends to make students review all different type of community ill health such as lack of social support, what the help available are and their meaning. Review and develop the manual skills of health practitioners and (or those with an equivalent overseas qualification) as applied in practice in women's' and community health medicine.

Learning outcomes
On completion of the module students will be able to: -
   1. Critically evaluate their experiences in social support and family network
   2. Extrapolate and inter-relate a comprehensive knowledge base into advanced practice of community and women's health medicine
   3. Demonstrate advancement in their mastery of handling skills in the performance of health education, social support and family network
   4. Critically discuss and debate current theory underpinning community and social support for creative and innovative approach to practice
   5. Take the lead in promoting the practice of related to community and in particular women's social support and networking
   6. Demonstrate knowledge of stress and anger management
   7. Critically evaluate different conflict resolution scheme
   8. Plan awareness of information, education and communication routes for women through support group
   9. Present good practice of health promotion and prevention of social ill health

Teaching, learning and assessment strategies
This module will use a range of teaching/learning strategies including lectures, demonstrations, group work, presentation, case reports and tutorials. Students will demonstrate achievement of the learning outcomes by producing an assignment that is in two parts, both of which must be passed: -
* A 2,500 words reflective essay that demonstrates the way in which the learning outcomes have been achieved and have enhanced clinical practice
* Objective structured clinical examination

.

Core reading
Egger, G. Donovan, R. & Spark, R. (1993) Health and Media, principles and practices for health promotion, McGraw Hill, Rosenville.
Rappaport, J. Seidman, E. 92000) hand book of Community Psychology, Kluwer Academic/Plenum Publishers New York.
Rosenbaum, DP. Lurigio, AJ. (1998) The prevention of crime, Social and Situational Strategies, West/Wadsworth, Belmont.

Subject related key reading will be recommended by the teaching team and Iranian references will be added

Module code:
Module title: Proposition Module
Level: 4
Credit points: 20
Pre-requisites
Teaching hours: Negotiable
Teaching/Learning strategies: Individual supervision
Total study hours: 180
Module Leaders:

Rationale and aims
This module provides students with the opportunity to carry out a practice-based project, situational analysis or literature review. The topic for the proposition work must be agreed in advance with the Module Leader(s). The student will take responsibility for their own learning through self-directed study and supervised preparation

Learning outcomes
On completion of this module the student will be able to:
1. Demonstrate a high level of knowledge and understanding of their proposition topic/project
2. Critically analyse, in depth, their chosen topic/project
3. Critically evaluate the relevance of their chosen topic/project to their programme
4. Identify areas for future work and development
5. Publish the final work and invite others to learn from it
6. add to the setting up of data base for research

Outline of content
There is no standard syllabus for this student directed module. Students are required to prepare a proposition proposal before starting the module. Each student will be invited to discuss their proposal with the Module Leader(s).

Teaching, learning and assessment strategies
Individual, self-managed work, supported with regular meetings with project. Regular communication with Module Leader(s). The assessment for this module is a 4000 word report of the project, situational analysis or literature review

Core reading
Bowden. J. (2000) **Writing a Report: How to Prepare, Write and Present Powerful Reports (5th Ed)** Oxford: How To Books
Hart. C. (1998) **Doing a Literature Review: Developing the Social Science Research Imagination** London: Sage
Lock. D. (1997) **Gower Handbook of Project Management** Aldershot: Gower
Phelan. & Reynolds. P. (1996) **Argument and Evidence: Critical Analysis for the Social Sciences** London: Routledge
Sharp. J. (2002) **The Management of a Student Research Project** London: Gower
Smalzer. W. (1996) **Write to be Read: Reading, Reflection and Writing** Cambridge: University Press

Subject related key reading will be recommended by the Module Leaders and Iranian references will be added

Module code:
Module title: MSc Dissertation
Level: 4
Credit points: 60
Pre-requisites:
Teaching hours: Negotiable
Teaching/Learning Strategies: Individual research supervision, Workshops
Total study hours: 540
Module leader:

Rationale and aims

This dissertation allows you to undertake research with a programme related focus, in your area of practice. This involves a critical review of available literature and research, the development of a pertinent research design, utilising an appropriate paradigm, to engage in fieldwork in the health care setting. A central aim of the dissertation is the acquisition of mastery in the chosen area of study, and to develop the skills necessary to support this. By participating in peer learning communities, students will experience the critical community in which they will be expected to engage as postgraduates

Learning Outcomes

On completion of their dissertation the student will be able to:
1. Engage in project management, by implementing a research programme
2. Share learning and support fellow students through debate and discussion within the peer learning community
3. Undertake required fieldwork, collect and analyse data
4. Communicate the findings in an appropriate manner
5. Recognise the limitations of the study, and make recommendations for further research
6. Identify the implications of the study for the wider professional/interprofessional and academic context
7. Demonstrate a critical understanding of the values that inform anti-discriminatory practice
8. Contribute to setting up of research data base by adding this dissertation to data base established.

Outline of content

No standard syllabus for this supervised rather than taught module

Teaching, learning and strategies

Individual, self-managed with regular individual and group tutorials (by arrangement). Regular communication with academic advisor and/or clinical advisor. This dissertation involves undertaking the research project proposed in SOM 1, and submitting a 12000-15000 word report in accordance with University guidelines

Core reading

Denscombe. M. (2002) **Ground Rules for Good Research** Buckinghamshire: Open University Press
Fitzpatrick. J. Secrist. J. & Wright. D. (1998) **Secrets for a Successful Dissertation** London: Sage
Rudestam. K. (2001) **Surviving your dissertation: A Comprehensive Guide to Content and Process** London: Sage
Sharp. J. & Howard. K. (1998) **The Management of a Student Research Project** (2nd Ed) Aldershot: Gower
Sweetman. D. (2000) **Writing Your Dissertation: How to Plan, Prepare and Present Your Work Successfully** (3rd Ed) Oxford: How To Books
Usherwood. T. (1996) **Introduction to Project Management in Health Research** Buckingham: Open University Press
Walliman. N. (2001) **Your Research Project: A Step-by-Step Guide for the First-time Researcher** London: Sage

Iranian references will be added