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Individual consequences of having work and family roles simultaneously in Iranian married women

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ABSTRACT

Because of the paucity of studies about the consequences of women's work and family responsibilities in Iran, in the present study the authors used a qualitative approach to begin to provide in-depth answers to the following question: What are the consequences of having work and family responsibilities in Iranian married women? Data were obtained from 29 participants using individual in-depth interviews conducted with 17 participants in addition to two focus groups ($n = 6$ per group), all conducted in the second half of 2014. All of the participants were Iranian nationals, married, and held a full-time job outside the home. Five main themes were derived from the study: "promotion of self-esteem and social status," "facing difficulties," "effort and dedication," "unfulfilled needs and non-optimal health," and "restless mind." Participants reported achieving a number of advantages for themselves and their families as a result of working outside the home; but, they also had many problems with the potential to impair various health aspects, including physical, reproductive, and mental health. Thus, it is important for Iranian health-care providers to consider the effect of the work-family interference on women.

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Introduction

Similar to western countries, in Iranian society, women's participation in the workforce has increased over recent decades (Karimi and Nouri 2009). The increase in dual-career families has caused difficulties for some women who combine paid work and family life. Such difficulties are prevalent and have been associated with health and health-related consequences (Lallukka et al. 2013). The potential health implications of multiple roles have also become the subject of

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much academic interest. Researchers have increasingly gone beyond simply investigating whether having such multiple roles is associated with health status in order to clarify the context in which particular social role health relationships emerge (Aycan 2008).

Despite the global importance of work–family issues, which calls for studies in distinct cultural contexts, work–family research has been mainly conducted in Western societies. In one review, it was found that 75% of work–family studies have used samples only from among U.S. workers (Casper et al. 2007). Work and family issues are related to cultural beliefs, norms, and values, especially with respect to gender roles (Yildirim and Aycan 2008). For some families, additional social norms, such as religious ones, further shape gender roles and propriety of women's outdoor work (Pedersen and Minnotte 2008). All of these factors can affect the individual consequences arising from concurrent work and family responsibilities. It is important to understand the work–family issues of culturally diverse groups around the world. Such knowledge is important, because we cannot rely on the existing work–family research, which is largely from Anglo societies only, to provide recommendations for other legal and cultural contexts (Casper et al. 2011).

Theoretical background

Several contrasting views have emerged in the research literature concerning the association between multiple roles and wellbeing. Hypotheses about role conflict, role strain, and scarcity (Bolorizadeh, Tojari, and Zargar 2013; James 2013) have claimed that women in paid work roles are more likely to be at the risk of poor health because of greater work load, high demands, high responsibilities, and stress associated with multiple roles (Yildirim and Aycan 2008). In contrast, the role enhancement model has highlighted the potential social and psychological benefits of parents holding occupations (Haar et al. 2014). The role accumulation perspective has proposed that higher self-esteem, income, and social support associated with paid work are beneficial for women's health (Ahrens and Ryff 2006; Nabavi and Shahryari 2012).

Research findings about the consequences of having multiple roles have been contradictory. A cohort study by Grice et al. (2007) demonstrated that work–family conflict was negatively associated with mental health, but was not significantly associated with physical health. A cross-sectional study by Kerman Saravi, Montazeri, and Bayat (2012) represented lower scores for physical health and higher scores for mental health in working women compared with the non-working ones. Other cross-sectional studies have shown that having multiple roles can create work–family conflict that leads to lower wellbeing and family satisfaction (Rashid et al. 2012), increased use of sleep medication in women (Lallukka et al. 2013), alcohol abuse, and depressive symptoms (Hashim et al. 2012). These quantitative studies have reported the consequences of having

concurrent work and family roles, but have not investigated why these consequences occur.

In qualitative studies, negative affectivity, stress, fatigue, exhaustion, chaos, rushed eating, self-sacrifice, as well as feelings of guilt, and concern for children have been experienced by working women (Bruening and Dixon 2007; Grady and McCarthy 2008; James 2013; Tavangar, Alhani, and Vanaki 2012). The number of qualitative studies about the consequences of having concurrent roles is relatively few. One review showed that only 1% of studies about work and family had a qualitative approach (Eby et al. 2005). Very few studies have been performed about the consequences of concurrent roles among Iranian women (Kerman Saravi, Montazeri, and Bayat 2012; Kord, Attaran, and Mansourian 2012).

As recently as 2013, women's participation in the workforce was minimal in the Middle Eastern countries (including Iran) compared with other developing or middle-income regions; but, the economic participation of women has been showing an upward trend. Women's workforce participation rate in Iran increased from 14% to 17% from 2000 to 2013 (The World Bank 2015).

Iran is an Islamic society with cultural, social, and Islamic values and beliefs that can affect individuals, potentially as a result of the concurrent roles of women. Because of the upward trend of women's participation in the workforce and paucity of studies on the consequences of women's work and family responsibilities in Iran, and to provide an in-depth examination of the issue, the present study was designed to explore lived experiences of Iranian employed married women to provide answers to the following question: What are the consequences of concurrent work and family responsibilities? This phenomenon has been previously described through quantitative data without the in-depth explanations that are only possible in qualitative studies.

Methods

Overview

Conventional content analysis (Graneheim and Lundman 2004) was used for the in-depth and rich exploration of experiences and feelings of the employed married women about the consequences they experienced of concurrent work and family responsibilities. Conventional content analysis is generally used with a study design when the researchers aim is to describe a phenomenon. Researchers avoid using preconceived categories; instead, they allow the categories and names for categories to flow from the data (Hsieh and Shannon 2005).

Study participants

A purposeful and maximum variation sampling method (to represent a variety of occupations, ages, levels of educational attainment, number of children, and employment history) was used. The inclusion criteria were: (1) Having Iranian nationality and living in Bushehr Province, Iran; (2) being in a marriage; (3) having a full-time job outside the home; and (4) having a working spouse. Participants were recruited in their workplaces in different areas of Bushehr Province. From the beginning through the completion of data collection, the sixth author met 70 working married women in their workplace (e.g., private and public offices, shopping centers, educational centers, factories, health centers, etc.), out of whom 50 (71%) women were eligible (while trying to obtain the maximum variation in the sample in terms of the above-mentioned characteristics) and invited to participate in the study. If the women were willing to participate in the study, the time and place of the interview were determined according to their convenience. If the women did not want to participate in the study, someone else with the same characteristics was selected. Data were obtained from 29 participants (58%), including in-depth individual interviews with 17 participants and two focus groups, each of which included six participants. Variations in the characteristics and convenience of the women in the sample were also considered; the participants in each of the two focus groups were nearly similar in terms of social level.

All of the participants were informed about the purpose of the study, interview procedure, nature of the questions, and right to refuse to participate or withdraw at any time without any consequences. Written informed consent was attained from each participant. The participants were assured of the confidentiality of their personal information. To respect the confidentiality, the names of the participants were replaced with pseudonyms while reporting the results.

Sample sizes in qualitative studies should not be so large to make it difficult to extract in-depth and rich data. At the same time, the sample should not be so small to prevent from achieving data saturation (Onwuegbuzie and Nancy 2007). In the present study, the sample size was relatively small; yet, we believe it was adequate to answer the research question due to the extensive in-depth interview. No new information was obtained during the two last individual interviews and focus group discussions, at which time the data were considered saturated.

Data collection

After approval of the study protocol by Research Council of Tehran University of Medical Sciences, data collection began using the semi-structured in-depth interviews followed by the focus group discussions. These two forms of data collection were used to provide methodological triangulation and enhance

data reliability. The interview questions were derived from the related work-family literature (James 2013). The interviewer (the sixth author) traveled to the cities of residence of each interviewee to conduct individual interviews. The convenient location for each participant, such as workplace, home, park, or mosque, was selected for the interview. Two focus groups were conducted in a prayer hall in Borazjan city, Bushehr Province. Coordination of time and space for the group discussions was conducted by phone. The transportation cost of the participants in the focus groups was paid by the research team. Duration of the interviews varied from 30 to 70 minutes. Durations of the focus group discussions were 110 and 100 minutes. Gathering and analysis of data were continued until data saturation.

Data analysis

Data analysis was performed according to the method recommended by Graneheim and Lundman (2004). All interviews were audio-taped and transcribed verbatim at the earliest possible time after the interviews. Data analysis was started after the first interview. Each individual interview or focus group discussion was considered the unit of analysis. Data analysis was initiated with reading all data repeatedly to achieve immersion and obtain a sense of the whole. We considered a meaning unit as words, sentences, or paragraphs containing the aspects related to each other through their content and context. The label of a meaning unit comprised a code. Data were read word-by-word and highlighting the meaning units from the text that appeared to capture the key thoughts or concepts. Next, the researchers approached the text through each making notes of the first impressions, thoughts, and initial analysis. As the process continued, the codes were developed and, then, sorted into categories based on the relations and linkage of different codes. The emergent categories were used to organize and group the codes into meaningful clusters. Depending on the relationships between subcategories, the large numbers of subcategories were organized into a smaller number of categories that were internally homogeneous and externally heterogeneous. Each interview was coded independently by the primary analyst (the sixth author) and two other researchers (the first and third authors). Agreement among the coders was used to examine similarities in the data and control coding quality. More than 85% of the codes were consistent among the three researchers. All stages of analysis, including the initial coding process as well as creation of subcategories and main categories, were independently conducted by these three researchers, and disagreements were discussed until a consensus was achieved.

Other strategies for the trustworthiness of this study included: methodological triangulation and member checking (Anfara, Brown, and Mangione 2002). For member checking, the participants were given the opportunity to check their interview document for the accuracy of recording and meaning.

Then, the transcribed data with initial codes were returned again to each participant to ensure the correct understanding of the participants' statements. Data collection and analysis were conducted in the second half of 2014. MAXQDA 10 software package was used for data management. An example of the content analysis process is provided in [Table 1](#).

Results

The participants in this study ranged in age from 24 to 50 years old ([Table 2](#)). The duration range of their work experience was within 1 to 25 years. The mean number of children each participant had was 1.86 ± 1.30 . Five main themes were derived from the analyses of the studied data ([Table 3](#)) and are described below.

Table 1. Example of content analysis process.

Theme	Sub-theme	Code	Meaning unite
Restless mind	Regret	Regret of being employed	P11: If I knew, as a result of being employed I have a lot of trouble, I would never become employed. P13: If my husband had enough income, I would not work at all.
	Feeling guilty	Feeling guilty for failing to motherhood	P12: I blame myself. I feel guilty. I do not pay enough attention to my husband and son because I work outside the home.
	Public concern	Concern for the baby	P11: Most of all, I'm worried about my daughter. I'm at work and she is at home.

Table 2. Demographic characteristics of the participants.

Age of participants (Mean \pm SD), years	Participants in individual interview	36.6 \pm 6.9
	Participants in focus groups discussion	33.3 \pm 6.6
	All participants	35.1 \pm 6.8
Work experience (Mean \pm SD), years	Participants in individual interview	9.2 \pm 5.4
	Participants in focus groups discussion	8.5 \pm 6.1
	All participants	8.9 \pm 5.6 years
Educational levels (frequency)	Secondary school	4
	High school diploma	5
	Associate degree	3
	Bachelor	10
	Master degree	5
	PhD	1
	Doctor of Medicine	1
Number of children (frequency)	No children	2
	Had a child	12
	Had two children	8
	Had three children	4
	Had four children	2
	Had six children	1

Table 3. Themes and related sub-themes.

Theme	Sub-theme
Promoting self-esteem and social status	—
Facing difficulties	—
Effort and dedication	Self-sacrifice
	Attempt to resolve opposition
Unfulfilled needs and non-optimal health	Intentional ignorance of physical needs and health
	Insufficient attention to reproductive health and needs
	Conflict due to poor performance in religious duties
Restless mind	Regret
	Feeling guilty
	Public concern

Promoting self-esteem and social status

The participants explained that working outside the home had helped improve their individual and family status in terms of economic and social positions. Most participants stated that they worked to secure their family's future so as to provide for the welfare of their children:

I work for the family. My children go to special schools. If I don't work, I will not have any money to enroll them in such schools. (Susan, teacher, 36 years old)

Some participants with higher levels of education and higher occupational status asserted that they worked to achieve social identity and to prove their ability to work. Financial independence was mentioned as the benefit of working outdoors by most women:

If I work, I'll find social identity. I am much more involved in social activities than a housewife. More social communications and ... (Aram, head of library, 35 years old)

I work. It means that I've the ability to work outdoors [outside the home]. All women can be employed, just like men. (Nahid, head of midwifery ward, 50 years old)

I'm financially independent because I work. I am not dependent on my husband economically. (Kimia, police, 31 years old)

Facing difficulties

Most participants explained that it was difficult for them to perform the family and work roles simultaneously. Some of the participants also stated that their husband's lack of cooperation in helping with housekeeping and lack of empathy have played an important role in creating such a situation:

I work from 8:30 a.m. until about 1:00 p.m. and then 5:00 to 9:00 p.m. But, it does not affect my housekeeping duties. I have to do certain tasks that have been identified for women. There is no discount. My husband does not do anything

for me at home. It is difficult for me to fulfill my family and work demands. (Azam, salesperson, 45 years old)

Effort and dedication

Most participants explained that they tried to maintain both family and work roles at all costs.

Self-sacrifice

To compensate for the lack of time and energy, most of the participants would sacrifice. They have ignored their own interests. They also reported that they had no leisure time. They preferred involvement in work and family to their own interests:

I try to handle my husband emotionally and sexually. I deal with my daughter. I do housework. I try to do my job well. I don't have time for myself. I must make sacrifices. (Puneh, director of a private school for computer technology training, 42 years old)

Attempt to resolve opposition

Some participants faced their husband's opposition with their jobs. They explained that if their husbands expressed opposition with their employment or conditions of employment, they would do their utmost to continue their work and keep their jobs. Opposition of the husbands and trying to fix these oppositions had a negative physical or psychological effect on them. Leyla was a laboratory staff person. Her husband believed that women should not be out of the home at night. Leyla tried to obtain her husband's consent; but, her efforts were in vain. About her actions to continue working outside the home, she stated:

My husband disagreed my night work; oh, a strong opposition. My explanation didn't convince him. On the pretext of illness, I got an exemption from night work. A physician certified that night work is harmful for me. I really did not want to do it, but it was the only way to keep my work and family. (Leyla, 30 years old)

My husband tells me, "Don't work, stay at home, and handle me and the kid. I don't like to lose my job. I tried to get my husband's consent; so, I decided to take more care of him. Under any circumstances, I satisfy his demands. Even though I am too tired, I will accept his request for having intercourse. (Pary, office employee, 29 years old)

Unfulfilled needs and non-optimal health

Most participants explained that, due to role pressure from work and family obligations, they were not in a healthy condition and could not meet their needs in various aspects, such as physical, reproductive, and religious practices.

Intentional ignorance of physical needs and health

Most women reported that they were faced with a series of health problems, such as chronic fatigue and exhaustion, lack of sleep, digestive problems, and lack of attention to their nutrition:

I'm always tired; chronic fatigue. Sometimes, because of fatigue, I wish I would die and become alive again. If I die, I will rest. (Zohreh, faculty member, 35 years old)

I work on two shifts every day. I also do housework; I'm often tired. I sleep very late at night. I don't sleep during the daytime. I'm deprived of sleeping. (Nasrin, repairperson and salesperson of a clock shop, 36 years old)

Some women reported a decrease in sexual desire and sex enjoyment. Two participants explained that, despite the fatigue and lack of sexual desire, they had to accept their husbands' demands for intercourse:

I do not want to have sex; but, my husband has sex appeal [drive] and I have to accept. I do not enjoy sex, because I am tired of working outdoors [outside the home] and doing house chores. I act without pleasure. No desire. Do you understand what I mean? (Hajar, executive director, 30 years old)

The findings also highlighted that women avoided having more children. They said that it was difficult for them to work outside home and to deal with the children simultaneously. Two of the participants stated that they had elective abortions:

I'm actually too scared to have another baby, because I work. (Susan, teacher, 36 years old)

Two years ago, I found out I was pregnant. I aborted my baby. Working outdoors [outside the home] and caring for children are very difficult to do at the same time. (Aram, head of library, 26 years old)

Some participants stated that, due to the pressure of family and job responsibilities, they had not paid enough attention to the specific needs of pregnancy. They explained that they had not received adequate support to deal with work and family responsibilities during their pregnancy. They also explained that, in spite of having pregnancy complications, they had felt that they had to continue to work:

I was 8 months pregnant. My doctor said that the fetus was suffering from growth retardation. He said that I had to stop working; but, I couldn't give up my job. My baby weighed 2 kg at birth. (Kousar, physician, 38 years old)

Some participants who were employed in the private sector were concerned that, if they gave up, they would lose their jobs. They found little support from the workplace authorities:

I was pregnant. I had severe nausea and vomiting during pregnancy, but I had to work. If I gave up, I would be fired. Sometimes, I didn't go for prenatal care. I

didn't pay attention to my nutrition which was very important for my baby. (Hamideh, secretary, 26 years old)

Some participants explained that they did not perform religious duties in a timely manner and, sometimes, they forgot their religious practices. Zeynab who was a child care provider had been raised in a religious family. She said:

I say my prayers too late. Sometimes, I forget to pray. Work, family, and handling all the responsibilities make me unable to do my religious duties. (Zeynab, 30 years old)

Restless mind

Our findings also emphasized that most participants did not have inner peace. They had many negative feelings and emotional and intellectual concerns, such as regret, feeling guilty, and public concern.

Regret

Some participants reported that they were sometimes regretful of being employed because of the problems related to concurrent tasks. Three participants explained that they were regretful of being employed due to lack of appreciation from their family members:

If I knew that employment would impose so much pressure on me, I would never become employed. I am exhausted. I work hard; but, my family does not appreciate, especially my husband. (Kimia, police, 31 years old)

Feeling guilty

Most participants expressed feelings of guilt arising from failure in family responsibilities. In addition, some of them had a guilty feeling because of reducing job performance:

I blame myself. I feel guilty. I do not pay enough attention to my husband and son, because I work outdoors [outside the home]. (Nushin, hairstylist, 28 years old)

I have family responsibilities and work outdoors [outside the home] as well; sometimes, I don't do my job well. I feel guilty. (Zahra, seamstress, 35 years old)

Public concern

Most participants stated that they were not happy and relaxed. They were worried about leaving their children. They were concerned about the care of children by caregivers:

Sometimes, I leave my two kids at home alone; at such time, I am very concerned. (Fateme, nurse and supervisor, 42 years old)

When I'm at work, I'm worried about whether the childcare provider takes good care of my kid. (Farahnaz, school principal, 44 years old)

Three participants expressed concerns about the loyalty of their husbands to remain faithful to their marriage, as they did not pay attention to them as much as possible:

I'm worried that my husband may not remain faithful to me. I do not pay much attention to him. I do not have time and I'm tired. If he betrays me, I will be destroyed. (Nushin, hairstylist, 28 years old)

Discussion

Based on the study's results, the participants reported that working outside the home had a number of advantages for them and their families; but, it had been difficult for them to manage family and work responsibilities simultaneously. Due to work and role pressures, many of them reported that they were not in a healthy condition and could not meet their needs in various aspects. They reported negative feelings as well as emotional and intellectual concerns. Lack of appreciation and support, especially from the husbands' side, and lack of support from their workplace had played a role in creating these problems.

The findings showed that participants worked outside the home to improve their individual and family status in terms of economic and social positions. These findings were consistent with those from the quantitative study by Ahmad-Nia (2002) in Tehran, Iran. In the present study, the participants with different levels of occupation and education explained that they worked to improve family status; but individual advantages as a reason to work were mentioned by participants with higher education and higher job status. It seems that perspectives of this study's participants of Iranian employed women to work outdoors were a combination of collectivistic and individualistic (Haar et al. 2014). In fact, women chose to work outside the home to benefit themselves and their families. To achieve these advantages, they sometimes experienced negative consequences.

In the present study, most participants said that it was difficult for them to perform work and family roles simultaneously. They preferred work and family to themselves and made sacrifices to maintain their work and family obligations. These reported experiences were consistent with those reported in previous studies (Emslie and Hunt 2009; Grady and McCarthy 2008; James 2013). Based on the present study, some participants faced other problems in working outside the home, which included opposition by their husbands to their employment, job type, or working conditions. In Iranian culture and Islamic values, husband's satisfaction is important and he is allowed to forbid his wife from working at a job that endangers the dignity of the family or the woman. No fixed and clear rule exists for defining the dignity of the families everywhere; therefore, the ethics, traditions, and habits of each society define whether a job suits a family and its well-being or not (Mohammadi et al. 2015). Participants in the present study

allocated time and energy (physical and mental) to overcome opposition from their partners; as a result, they experienced the shortage of time and energy.

Most of the participants reported experiencing a variety of physical problems. Most of the quantitative studies have shown that work–family conflict is associated with poorer physical health (Bruening and Dixon 2008; Canivet et al. 2010; Kerman Saravi, Montazeri, and Bayat 2012; Lallukka et al. 2013). However, findings from some studies did not show physical health differences between non-working mothers and (paid) working mothers. (Ahmad-Nia 2002; Grice et al. 2007). These findings are not consistent with the results of the present study. This contradiction could be due to differences in the type of study design, nature of the research population, cultural influences, and in the role of support systems.

Women's experiences showed that inadequate participation of husbands in household chores increased the negative consequences of having work and family roles simultaneously.

In the Iranian society, men's participation in household tasks is not the norm yet (Namayandeh, Yaacob, and Juhari 2010). It seems that men's attitudes toward gender roles play an important role in the situation of working women (Ahmad-Nia 2002; Grice et al. 2007). Some women have accepted the new role of working outside the home; however, the community and their husbands have not accepted new roles for men inside home. Iranian women, who already have their traditional function as housewives, have to do additional responsibilities as an employee out of home (Rastgar Khaled 2006).

Some women in our study reported that they had many responsibilities which influenced their reproductive health status. Diminished sexual desire, avoiding additional children, and pregnancy complications were reported by some participants.

Sexual relationships play an important role in the stability of marriage. Decreased time spent by partners together and sexual dysfunction can affect marital satisfaction (Bodenmann, Ledermann, and Bradbury 2007). In the Iranian culture, women often accept their husband's sexual requests. Their reward in return for their husband's sexual satisfaction will be: spiritual satisfaction resulting from God's satisfaction and stability of their marriage (Raisi et al. 2015). Due to the impact of fatigue on women's sexual desire and women's commitment for positively responding to sexual demands of their husbands, mutually enjoyable sex is often reduced, which can affect the marital life (Mohammadi et al. 2015).

Pregnancy is a part of most women's lives. One cohort study showed that limitations in physical function, restrictions in vitality, and prevalence of depressive symptoms increased over the course of pregnancy (Haas et al. 2005). For a woman who has both family and work roles, pregnancy can cause additional pressure (Niedhammer et al. 2009).

Some women in this study had limited the number of children they had by any means, including abortion. Selective abortion is illegal in Iran, which can make it unsafe and endanger women's health. Across the advanced industrialized nations that constitute the OECD (Organization for Economic Cooperation and Development), the average length of job-protected (and mostly paid) maternity leave is 14 months (Han et al. 2008). In Iran, maternity leave has recently increased from 6 to 9 months, but is still less than the global average; also, no paternal leave is available. Many private businesses do not have paid maternity leave, which may adversely affect the health of working women.

Inadequate attention to religious needs was expressed by some participants. Religious activities and beliefs have been positively correlated with subjective wellbeing (Clark and Lelkes 2005). In Iran, religion plays a very important role in people's lives. Many social activities take place in religious ceremonies. Religious practices and attending religious ceremonies reduce tension (Khodayarifard et al. 2013).

In the present study, most participants reported negative feelings as well as emotional and intellectual concerns in relation to their work outside the home, such as regret, feeling guilty, and concern about family. In the Iranian culture, for most women, family is a major priority (Rastgar Khaled 2006). Based on the Islamic values, the main area of responsibility for women is to deal with the family (Mohammadi et al. 2015). If they could not perform the family duties, some of them would experience feelings of guilt. They spent a lot of time and energy for their families. As a result, some of them reported not having enough time and energy to perform their job properly. These are the causes of concern, discomfort, and lack of mental relaxation for working women. In the study by Bruening and Dixon (2007), mothers reported experiencing feelings of guilt as a result of the stress placed on them by others or by themselves to succeed as a parent and a coach.

Because of the physical and psychological consequences of having multiple roles simultaneously, some women regret being employed. If women conclude that the problems of working outside the home are more obvious than its benefits, they may leave their jobs.

It seems that conflict between work and family roles and its consequences may be associated with the cultural and social structures. Men's attitudes about gender roles and women's working are an important factor in determining health of working women. If husbands of working women have traditional attitudes, they will not participate in household tasks and they will not support their wives. Karimi and Nouri (2009) expressed that most of Iranian women are solely responsible for domestic tasks, and at the same time have to bear pressures from both home and work responsibilities. Furthermore, attitudes of women about gender roles influence the work-family linkage. Iranian working women may have egalitarian attitudes; but, the traditional structure of beliefs

about domestic responsibilities has been largely changed. This attitude can be a source of stress for women (Namayandeh, Yaacob, and Juhari 2010).

Finally, married women in our study reported achieving a number of advantages for themselves and their families by working outside the home. It seems that women, by working outside the home and proving their abilities, have sought to reduce inequalities between women and men. They have challenged the gendered division of labor, by choosing to work. As a result, they report a number of problems that have the potential to impair various aspects of their health including physical, reproductive, and mental health (Mohammadi et al. 2015).

Study limitations

Limitations of this study included those of qualitative research, such as use of small, purposively selected convenience sample, which could limit the generalizability of the results to all Iranian women. Another limitation was the relatively low participation rate that could have resulted in participation bias, making the results less generalizable. A final limitation was that part-time working women as well as women having paid work at home were excluded from the study, which could further limit the generalizability of results. Part-time work and paid work at home are used as ways to balance work and family life. For the future, doing qualitative research on these groups and comparing their experiences with those of full-time working women in terms of the consequences of having work and family roles simultaneously as well as exploring women's experiences in different subcultures are recommended to deepen the understanding about this issue.

Conclusions and future directions

With regard to the increasing number of working women in developing countries and the negative consequences of concurrent multiple roles in women, facilitation efforts and support measures are required to improve the status of working women. Trying to adjust men's attitudes toward gender roles through various educational and counseling programs is crucial for reducing men's opposition with women's employment and increasing men's participation in doing family duties. Establishment of adequate childcare centers as well as centers for providing domestic workers can reduce the problems of employed women. Creating social support centers for working women and family-friendly organizational policies as well as adopting labor laws for women with regard to the physiological characteristic and socio-cultural context of each society could improve the status of working women.

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