A sociological study of the impact of the Corona epidemic on the quality of life of young women in Tehran

Fatemeh Rashidi[1]
Majedeh Gholipour*[2]
Ali Rahmani Firouzjah[3]
Akram Ashabi[4]

Abstract

This article deals with the sociological study of the impact of the Corona epidemic on the quality of life of young women in Tehran. The Covid-19 virus pandemic has had many economic and social consequences. The purpose of the current research is to study the impact of the Corona crisis on the quality of life of women. The theoretical literature of quality of life, social support, gender inequality and role system became the basis of the research hypotheses. Research hypotheses were tested using standard questionnaires of quality of life, Enrich marital satisfaction, Phillips social support and researcher-made questionnaires about the importance of role and compliance with physical/social distance. Research data were collected by survey method and through an electronic questionnaire in a random way and a sample of 397 young married women from Tehran, and were analyzed with spss and Amos software.

The findings of the research indicate that the effect of Corona on the quality of life of women is not the same and factors such as benefiting from the social support network, satisfaction with married life, and presence in virtual social networks allow the women of the research sample to, despite the high cost and The pressure of role in facing the corona crisis, to maintain their quality of life.

Keywords: Quality of Life; Covid-19 Pandemic, Social Support; Marital Satisfaction, Young Women.

1. Introduction

The overall gains in health and public health in the last century cannot hide the fact that health and disease are not uniformly distributed throughout the population. Research has shown that certain groups of people are healthier than

1. PhD Student of Economic Sociology and Development, Babol Branch, Islamic Azad University, Babol, Iran. Email: frashidi11@yahoo.com
2* Assistant Professor of Sociology, Babol Branch, Islamic Azad University, Babol, Iran. (Corresponding author) Email: Majede_gholipour@yahoo.com
3. Associate Professor of Sociology, Babol Branch, Islamic Azad University, Babol, Iran. Email: arf1348@gmail.com
4. Assistant Professor, Babol Branch, Islamic Azad University, Babol, Iran, Email: ashabiakram@gmail.com

others. These health disparities are related to larger economic and social patterns. Sociologists have tried to explain the link between health and variables such as social class, gender, race, age and geography (Giddens, 2016: 213). The research that has been done in the field of health inequalities has mostly focused on the difference between social classes or between deprived and non-deprived households; The differences between the health needs of men and women have not been taken into account, and how resources are distributed in the household, which often means the deprivation of some members in favor of others, has not been taken into account. Evidence suggests that when resources are limited, women do their part to provide well for their husbands and children. Women's health services at home are considered to be an inseparable aspect of the natural role of women's care in the family (Abbott and Wallace, 2015: 138).

Resilience in crisis conditions is not the same for all social groups, and marginalized groups in terms of class, gender, ethnicity, and race may suffer more than others. If the vulnerability of these groups is analyzed separately, the gender strain of vulnerability may be ignored due to the prominence of other strains such as age, class, and ethnicity. This vulnerability is doubled during the occurrence of unexpected events such as floods, earthquakes and natural disasters.

The spread of the corona virus is one of the recent unexpected events that has affected the human society. During the corona virus epidemic period, the special needs of women were firstly ignored and some health resources dedicated to serving women were eliminated, such as the services of health centers in the field of pregnant women care and reproductive health. This issue may have serious consequences in terms of complications related to pregnancy and maternal mortality. Secondly, women did not have any role in making decisions about this epidemic, and the entire decision-making process was under the responsibility of men and under male management, which can be one of the reasons for ignoring the special conditions and needs of different classes and groups of women.

Since women (especially in low-income countries) are more active in the informal economy, with the spread of the coronavirus, many women lost their

jobs, self-employed women became unemployed, and many women Those who worked in the private sector were subject to retrenchment or dismissal. In addition, with the death of men in poor families due to covid-19, surviving women will be added to the number of female heads of the household, who will face double problems to provide livelihood. The results of Ghafari et al.'s analysis (2013) show that although the number of non-medical study areas of quality of life in Iran has increased in recent years, their number of studies is very low compared to the field of medical studies. The amount of quality of life studies in Iran in the field of medicine is more than eight times the number of studies in the field of social sciences. This is while social science examines the quality of life with a more comprehensive view than medicine, the studied society is more diverse and the number of components of the quality of life in this field is more and wider in terms of content. These features can lead quality of life studies to a more detailed investigation of this construct.

Imani Jajarmi (2019) has investigated the impact of the epidemic of the Covid-19 disease on the social system and says that social distancing due to the epidemic has changed the existing social system in the society and these changes have had extensive social consequences that groups such as women, Children, immigrants and small business owners have suffered the most. In the period of the coronavirus epidemic, in addition to gender inequality, class inequality and poverty lead to women's greater vulnerability, which makes it possible for poor women to cope with the disease and the various consequences of the epidemic. Therefore, we question the different experience of women in dealing with the problems caused by Corona, so that vulnerable groups and suitable solutions for their problems can be thought of.

The spread of Corona threatens the physical health of men and women and reduces their mental health with stressful factors, and on the other hand, the spread of Corona and the recommendation of social distancing make interpersonal communication difficult. Therefore, we are dealing with the impact of the spread of Corona on the quality of daily life, and in this context, we consider women as the target group. Closing schools and keeping school-aged children at home and their virtual education completely changed the routine of family life and free time of married women with elementary school

children. The spread of Corona and the closure of many activities, including sports clubs, shopping centers, etc., reduces women's access to the urban environment, which in turn reduces the quality of life of women (Rahmani Firouzjah and Sohrabi, 2014). In this article, we want to know how the spread of the corona virus changed the quality of life of women. How do women face the impact of the Corona outbreak on their quality of life? Which social factors allowed them to be less affected by the impact of Corona and their lived experience during the outbreak of Corona is different from other women?

2. Review of Literature

Asgari et al. (2021) investigated the lived experiences of people with corona disease in personal, family and social relationships using a qualitative method and semi-structured interviews. The findings from the interviews were extracted and classified in three main themes: negative thoughts, feelings and emotions caused by the disease (individual relations dimension), changes in the behavior of family members (family relations dimension) and changes in the behavior of others (social relations dimension). In order to prevent the consequences of the Covid-19 disease, the main theme of the cohesion and strength of the family structure was achieved. The results of this research showed that the spread of the corona disease strongly affects the personal, family and social relationships of people, and in order to prevent and control the damage caused by it, the cohesion and strength of the family structure through related trainings and effective psychological interventions should be ordered.

Negin Mirzaei and his colleagues (2019) in examining sexual performance, mental health and quality of life under the pressure of the Covid-19 epidemic in pregnant and lactating women in Iran, asked patients to fill in three questionnaires: the hospital anxiety and depression scale, the index of women's sexual performance and Short-term health survey. The sample population was selected from women aged 14 to 26 years. The evaluation of three groups according to anxiety and depression and sexual performance index showed that all average values in pregnant women are lower than other groups. Also, the difference in grades in three groups was statistically significant. Mirzaei and

his colleagues conclude that the covid-19 epidemic increases the risk of depression and anxiety and reduces the quality of life in pregnant and lactating women along with the general public, and indicates the urgent need for psychological intervention in the maternal population during the epidemic.

Ghassab Mozafari (2019) has selected a special group of women, those suffering from osteoporosis, as the target group in the study of women's quality of life. This article is significant for us because it examines the impact of a restriction on the quality of life of women. The number of samples was 138 people and the data collection tool was Phillips Social Support Questionnaire - SF36 Quality of Life Questionnaire and demographic characteristics. According to the findings, the average age of the samples was 69.9, the majority of people were married and had 2 children, were housewives and illiterate, and had no specific underlying disease, and the reason for their hospitalization was femur fracture. The average score of women's quality of life was 63.28. According to the findings, there was a significant relationship between social support and quality of life. And according to the bivariate regression test, it is possible to predict the quality of life based on social support. There was a significant relationship between quality of life and social support with some demographic characteristics. Badamchi and Al-Barzi (2019) examines the situation of housewives active on Instagram during the Corona period with a qualitative analysis of Instagram content. The authors believe that the findings of this article promise the emergence of a new generation of "modern Iranian women"; The third generation of post-traditional-post-modern women, who are not like traditional women (part of the house), nor like modern women (part of the street), but are productive citizens in the "home-Instagram" and show a "feminine agency" that is within the framework of femininity. Humiliated traditional and modern times do not fit.

Ghafari and Shir Ali (2017) investigated the quality of life of people in Tehran in 2013 based on the standard questionnaire of the World Health Organization. The statistical population included citizens over 18 years old living in 22 districts of Tehran and the sample size was 1515. The findings and results of the research show that the total score of the quality of life in the range (0-100) was equal to 54 and the respondents evaluated their quality of

life as average. There is no significant difference between the variable of quality of life and the variables of gender and marital status in Tehran. But the age group of young people and people with university education have a higher quality of life. Khademi et al. (2017) investigated the relationship between social capital and the quality of life of women in Tehran in a survey with a sample of 351 people. The results of the statistical analysis of the data show that the higher the social capital of women, the higher their quality of life. According to the regression analysis, the dimensions of intragroup social capital predict the quality of life of women in Tehran city more than the structural social capital. The results of a survey by Nasiri Walik Nabi and Abdul Maleki (2015) about explaining the relationship between perceived social support and quality of life with the mediating role of perceived stress in women heads of households in Sanandaj city show that reducing stress increases the quality of life focused on physical and mental health and between There is a statistically significant relationship between perceived social support dimensions (family and important people) and quality of life.

Bokharai and Sharbatian (2013) measured the quality of life of women in Mashhad using the standard questionnaire of the World Health Organization. The sample size was 391 women aged 15 to 45. The results of the research showed that mental problems were the biggest concern of women and the average scale was lower than average. The results of the correlation test showed that social capital, social base, age, marital status, education level, and employment status respectively have the greatest effect on the quality of life of women in the studied society. In order to measure the quality of life of all 20-year-old women and most of the 14 districts of Isfahan city, Haghatian (2013) selected and studied 510 people by cluster sampling method. The results of the correlation test showed that between quality of life and social capital, social base, marriage, income; There is a significant relationship between employment and education. Rastegar Nasab et al. (2011) used the survey research method to investigate and compare the quality of life of working and non-working women in Mashhad city. The statistical population of this research was all working and non-working women living in Mashhad between the ages of 20 and 44; 49.7% were employed and 50.3% were unemployed. In

this research, they have examined concepts such as quality of life, employment, social, cultural, economic capital, life expectancy, and life satisfaction. Based on the obtained results, Rostagari Nesab and his colleagues conclude that in a society where there is high social capital between groups, the quality of life also increases. Also, the condition of working women has a positive effect on their quality of life, and working women have a higher quality of life than non-working women.

A survey on the situation of Italian pregnant women and new mothers during the Covid-19 quarantine period" is the title of a research by Viviana Stampini and her colleagues (2020), which was conducted as a virtual survey. The results of evaluating how pregnant women and new mothers cope with this quarantine in Various areas were classified: well-being and psychological support, physical exercise, eating habits, access to care, childbirth and women's care, infant care and breastfeeding. During the quarantine, 61.9% of pregnant women reduced their physical exercise and 79.8% reported that they ate in a healthy way. 94.2% of new mothers reported that they breastfed their babies during hospitalization, and no effect was detected by 56.1% of new mothers. While 36.7% and they have reported the negative impact of these measures.

Michele Carlo Scivi and his colleagues (2020) write in the article "Love in the time of covid-19, sexual performance and quality of life analysis during different social actions in a group of Italian women of reproductive age": Governments have taken restrictive measures to reduce the spread of corona have taken These actions can affect the sexual performance and quality of life of women with their husbands. They say that their purpose of conducting the research was to find out whether social distancing due to the Covid-19 pandemic had an effect on the sexual performance and quality of life of healthy women of reproductive age who live with their sexual partners. The data of this research was collected from two series of questionnaires, before the start of the social distancing plan and four weeks after the announcement of social distancing regulations, which were filled by 89 women. Eskivi and his colleagues emphasized that their research was the first experience in this regard and had a very limited sample population and did not include many cases in women's sexual relations, and concluded that; The covid-19 epidemic and

social distancing measures did not have a negative effect on sexual performance and quality of life in healthy women of reproductive age who live with their sexual partners.

"Covid-19 and Women's Triple Burden: Observations from Sri Lanka, Malaysia, Vietnam, and Australia" is an article by Helen McLaren and colleagues (2020) that uses the triple burden concept to theorize gender divisions in productive and reproductive work and community activities during disasters. Have. Events such as famine, war, natural disasters or disease outbreaks well show the increase of women's vulnerability to the worsening of gender burdens. Four illustrations of the relationship between COVID-19 and gender burdens, particularly in front-line work, unpaid care and social work, on the coronavirus and covid-19 pandemic, with a focus on Sri Lanka, Malaysia, Vietnam and Australia it has been shown. While gender roles are well established before the disaster, our analysis of the early months of the pandemic shows that women's burdens are increasing. We estimate that women will be more responsible until the pandemic is fully under control and for a long time after. Public policy and health practices have not adequately addressed the issue of the relationship between disease prevalence and gender.

One of the most important social harms that have always threatened women's quality of life is violence against women. Domestic violence is the most important type of violence against women and girls in all countries. Chuka Imzo (2020) has addressed this issue in a research entitled "Digital request and response to domestic violence and partner violence in the time of Covid-19". He says; One out of every three women and girls worldwide is victimized by an abusive spouse in emotional-sexual relationships. However, the current pandemic has increased cases of domestic violence against women and girls.

Linda L. Carly (2020) in a research entitled "Women, Gender Equality and Covid-19" reviews the existing literature on the effects of the Corona pandemic on gender and work roles and raises the question whether the pandemic has weakened the status, rights and advancement of women. or has provided opportunities to reduce gender inequality. She reviewed research on the effects of Covid-19 and similar pandemics in the past on gender equality, focusing on

job loss, the effects of essential jobs on health and well-being, increased household responsibilities for women and men due to the closure of schools and other social services, and the effects has studied teleworking on gender roles. The pandemic has created challenges for the advancement of women in the workplace in general. Women have lost their jobs more than men. Women are more likely than men to be in essential jobs that expose them to infection and psychological stress, and women have had more work disruptions than men due to increased time spent caring for children and other responsibilities.

Fodor and Reday (2009) examined life satisfaction in eight European countries, namely Finland, Sweden, England, the Netherlands, Germany, Portugal, Hungary, and Bulgaria, which were very different in terms of culture and level of development. In terms of life satisfaction, there was little significant difference between women and men, and women had more life satisfaction. Lee (2008) evaluated the quality of life in Taipei using subjective indicators. In this regard, 331 residents of Taipei city have been studied in order to survey the residents' subjective assessment of the quality of life. The results of this study show that marital residence, age, education and income affect different domains of satisfaction. In addition to that, social status, local belonging and satisfaction with the neighborhood have the greatest impact on satisfaction with the quality of life.

"Quality of life" was proposed for the first time in the book "Economics of Welfare" by the English economist "Arthur Cecil Pigou" in 1930, who paid more attention to material indicators. After World War II, two important events occurred. The first was related to the World Health Organization. At this time, the World Health Organization provided a broad definition of health, which included physical, mental and social health. This action of the World Health Organization led to many discussions about health and how to measure it. The second important event that after the Second World War provided the context for special attention to the quality of life was the discussion of vast injustices in Western societies (Ghafari et al., 2011).

Reif and Singer (1988) considered quality of life to include six components: 1- Self-acceptance, meaning self-respect based on awareness of one's strengths and weaknesses; 2- Having a goal in life, resistance and stability against

hardships and sufferings to achieve the intended goals; 3- Personal growth is achieved by developing all one's strengths and talents and acquiring new abilities that require facing difficult conditions and problems; 4- mastering the environment; Another component of the quality of life is having the world under control. It means that a person should be able to dominate his life and environment to a great extent; 5- Autonomy; This means that a person can act and live according to his standards and beliefs, even if it is against the beliefs and customs accepted in the society (Sadeghi Fassaei and Mir Hosseini, 2015).

"Quality of life means the feeling that a person has about his social, emotional and physical well-being. This feeling is influenced by how much a person has achieved personal satisfaction in different life situations. in other words; Quality of life is equivalent to a person's ability to realize his desired plans or plans. In fact, quality of life means that a person can organize his life in harmony with his values" (Jawaheri et al., 2009). The World Health Organization also defined quality of life in the 90s as a person's understanding of his position in life in the context of culture and It defines the value systems in which they live and in relation to their goals, expectations, standards and concerns.

One of the major differences between quality of life experts is their view on whether this concept is subjective or objective. On this basis, quality of life researchers can be divided into three categories. The first category is those who only pay attention to the mental aspect of quality of life. In their works, they either do not consider the objective dimension of the quality of life or place it at a very low level in terms of importance. The second group is those who, unlike the first group, objectively examine the quality of life, although the number of these people is very small compared to the first group. But the third group, whose number seems to be increasing day by day, are those who have a more comprehensive view of this concept and believe that the quality of life should be examined from two objective and subjective dimensions (Ghafari et al., 2011). Sadeghi Fassaei and Mir Hosseini (2015) define the quality of life in two objective and subjective dimensions by quoting Philipps: "In the objective dimension, the quality of an individual's life is to provide basic needs and to have material resources to meet the social demands of citizens, and in the

subjective dimension to have independence of action; "Increasing mental well-being includes pleasure-seeking, satisfaction, purposefulness in life and personal growth, growth and prosperity in the path of happiness and altruism, and finally participation in a wide range of social activities." (Phillips, 2006: 242).

Ghafari and Omidi (2008) define the quality of life based on the explanatory approaches that are divided into two categories: agentist and structuralist; Agentic approaches: these approaches are often based on methodological individualism and focus on society as an algebraic sum of people and emphasize the role of individual action in shaping processes. In other words, in these approaches, individual agency is at the center of the discussion about the quality of life. It means that it focuses more on the mentality, capabilities and capabilities of people than the social structural conditions or the surrounding environment.

Structuralist approaches: these approaches have two distinctive features compared to agentic approaches: firstly, they present a complete and comprehensive concept of quality of life that includes all areas that are effective in improving the quality of life, and secondly, they focus on society as a whole. These elements include autonomy, recognition and interdependence, and equality, which require factors such as security, citizenship, and democracy to be realized. In other words, the quality of life in its real sense cannot be conceptualized independently of the relations, relationships and common social bonds and interdependence in the field of distributive justice that guarantees personal and economic security, citizenship protection and human rights. Among the types of this approach, some emphasize on life conditions and quality of life, which includes objective and subjective conditions. Some also emphasize the cultural relativity of the quality of life (ibid.).

Basically, when talking about quality of life, one cannot ignore the subjective or objective element of quality because both are essential in the perception of the perceiver. Based on this model, objective quality of life indicators are elements of individual assessment of the entire environmental and economic situation. While the mental component must be related to

individual social values. Since sociology is the science of studying the creation of cohesion and social transformation, it should step into the field regarding the corona virus and its profound consequences and in the field of public health and health, governance, justice and economic well-being, social and gender equality in the period of corona outbreak, questions slow.

Elderly people feel the most physical effects of the corona virus. In terms of social effects, young people may be more affected by quarantine conditions. They have to give up their work and their education is jeopardized. During the pandemic, the stress of getting sick creates new psychological pressures. Public health emergencies affect the health, safety and well-being of individuals and communities. These effects may include a range of emotional reactions (such as distress or psychological conditions), unhealthy behaviors (such as substance abuse), and failure to follow public health guidelines (such as home quarantine and vaccination) in those who contract the disease. . Extensive research in disaster mental health has established that emotional distress is ubiquitous in affected populations, a finding replicated in populations affected by the COVID-19 pandemic. Mental pressures reduce mental health and, consequently, the quality of life.

Table 1: A summary of the theories used and the hypotheses derived from them

Theorist	Theoretical concepts	Previous research	hypothesis
Hawkins	Intimacy of couples and quality of life	Forday (2009)	The effect of marital satisfaction
McDonald's	Inconsistency of gender equality in individual-oriented and family-oriented institutions	McLaren et al., (2020), Carley (2020)	Precious role
Putnam	support network	Nasiri and Abdul Maliki (2015)	social support
Hortolanus	Perceived Social Support	Mozafari butcher (2019)	Observance of physical/social distancing
Connell	Limitation of face-to-face social communication	Pepe et al. (2020)	Access to virtual space
Wilding	The digital divide	Nasri et al. (2019)	Economic security

The quality of life, its dimensions and its constituent indicators and criteria are complex concepts, interrelated and mutually related with each other and with the general concept of quality of life. The quality of life in a society and for a person (woman) will not be favorable if there is no satisfaction with life for her and in general for the members of a society. Satisfaction with one's life is affected by other indicators such as economic security and formal and informal social support. Being accepted, feeling of belonging and being

supported by a network of friends or family can be a good support for married women during stressful moments of married life.
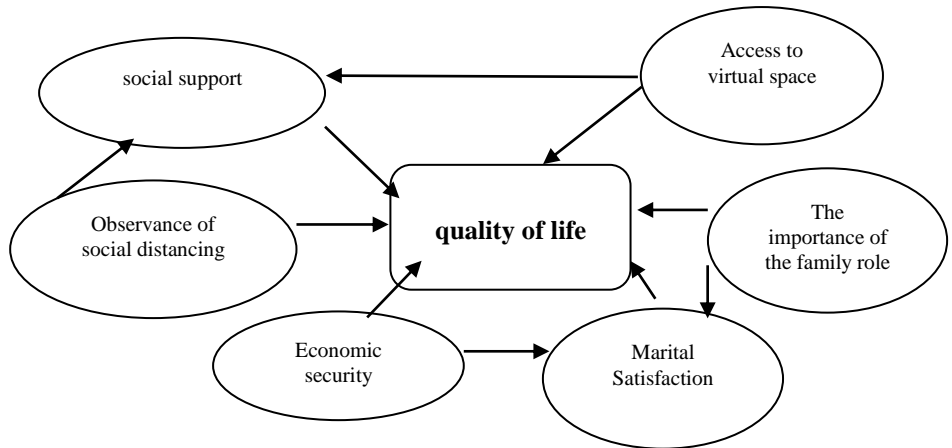

Figure 1: The theoretical model of the research

The support of social networks, formal and informal, not only helps the life satisfaction of society members, including women, but in normal and of course crisis situations, it can affect their stress and mental health. In theoretical discussions, social support is divided into two main types: 1) informal social support, which refers to the provision or exchange of resources by family members, friends, and neighbors. 2) Official social support that includes services or support provided by the government or government organizations (Safiri et al., 2014) The spread of Corona and the need for social distancing from family and friends, although access to the virtual social network has decreased to some extent. Face-to-face relationships compensated, but in general, it is expected that the spread of Corona and the observance of social distancing will reduce the amount of benefit of the person from informal social support.

The change in the quality of life of women during the outbreak of the Corona virus is not the same and depends on social factors such as class, marital status, age of children and employment on the one hand and social factors such as satisfaction with marriage, social support network (relatives and friends), access to virtual space and On the other hand, taking Corona seriously and observing social distancing have been different. The research hypotheses are: 1. The quality of life of women in the outbreak of Corona varies according

to the satisfaction of marriage. 2. The quality of life of women in the outbreak of Corona is different according to the benefit of informal social support. 3. The quality of life of women in the conditions of the outbreak of Corona is different according to the observance of physical/social distancing. 4. The quality of life of women in the conditions of the spread of Corona is different according to the importance of their family roles. 5. The quality of life of women in the conditions of corona outbreak is different according to the use of virtual networks. 6. The quality of life of women in the conditions of the spread of Corona is different according to their economic security.

3. Methodology

One of the suitable methods for covert research in sociology is survey. Survey research is a method of collecting data in which certain groups of people are asked to answer a number of specific questions that are the same for everyone. Therefore, the current research was conducted as a correlational survey. Statistical population of women aged 15 to 49 living in Tehran who are married and have children. Using Cochran's formula, 397 people were selected as a statistical sample by multi-stage cluster sampling. The sample size was determined using Cochran's formula. Statistical analysis of the data was done using spss software, and necessary statistical tests were used to confirm the hypotheses, such as Spearman and Pearson correlation analysis, and hypothesis testing, regression and path analysis were explained with their interpretation.

Table 2. Reliability of research variables

Variables	Cronbach's alpha coefficients
Marriage satisfaction	0.808
Benefit from social support	0.801
Observance of social distance	0.844
Physical health	0.795
mental health	0.760
Community Relations	0.746
Environmental health	0.769
Quality of Life	0.764

In the discussion of the validity of the measuring instrument, several different types of validity can be imagined, each of which deals with a different dimension of the measurement subject. But in this research we used face validity and structural validity. In this research, reliability was calculated by

calculating internal consistency between items with Cronbach's alpha test. To estimate the reliability of the questionnaire, Gronbach's alpha test was calculated in 40 questionnaires of the pre-test stage. Since the coefficients obtained for the desired variables in this research are above 74%, it can be concluded that the research tool is a reliable and reliable tool. The following table shows the Cronbach's alpha coefficient obtained for each of the research variables.

Quality of Life: a person's understanding of his life situation, which is influenced by the cultural and vibrational system of the situation in which he lives. Based on this, a person's goals, expectations, standards and desires are greatly affected by his physical and psychological condition, degree of independence, social relations and beliefs (Mirkhani, 2008). The dependent variable of quality of life using the World Health Organization quality of life questionnaire that measures four areas (physical health, mental health, social relationships and environmental conditions).

Marital Satisfaction: Marital satisfaction is actually a positive and enjoyable attitude that a husband and wife have regarding various aspects of marital relations (Moradi, 2009). In this research, it is the score that a person gets from the long form of the Enrich Marital Satisfaction Questionnaire.

Social Support: the amount of communication with relatives, neighbors and friends forms the family's social support network and has three dimensions: the number of people in the network, density and intensity of relationships.

The amount of use of virtual space: there are two types of media use: quantitative use, which is the quantity of media use, and qualitative use, which is the type of content used or the fields of using media services. The variable of benefiting from virtual space is measured according to the level of access and the type of internet usage. The first measures the quantitative dimension and the second the qualitative dimension of the use of virtual space.

Physical/social distancing: includes non-pharmacological infection control measures aimed at stopping or slowing the spread of highly contagious diseases. The purpose of physical/social distancing is to reduce the possibility of contact between infected people and healthy people in order to minimize disease transmission, complications and ultimately mortality. Actions such as

staying at home, avoiding gatherings and crowded public places and maintaining a distance of more than one meter with others along with a mask are part of the physical/social distancing measures.

The importance of family roles: Women are responsible for housekeeping and caregiving duties in the family. The most important caring role of women is motherhood. With the corona epidemic, kindergartens and schools were closed and women's care duties increased. In distance education, especially for primary school students, the role and intervention of parents, especially mothers, is very colorful.

Economic security: socio-economic base, the position that an individual or family obtains with reference to common average standards of cultural characteristics, effective income, material assets and participation in group-social activities (Cohen, 1998: 240). However, it is difficult and unreliable to measure people's socio-economic base in absentee surveys, and as a result, we focus on economic security because Corona caused the closure of many businesses, the loss of informal and part-time jobs, and many families with problems. He faced financial problems that also affect the quality of life.

4. Findings

One of the variables of this research is the burden of family roles, which is measured by indicators such as the number of children, the educational status of children, etc. The majority of respondents, 48.9% of them have one child, followed by 44.8% of them having 2 children and 4% of them having 3 children. Most of the respondents (56%) have access to virtual space through mobile phones. 31% via laptop; 7% accessed the virtual space through a personal computer and 6% through a tablet. One of the other questions asked to measure the amount of use of virtual space was how many hours a day do you spend on virtual social networks (WhatsApp, Instagram, Telegram, etc.)? On average, the respondents spent about 4 hours a day on the aforementioned virtual networks.

According to the findings of the research, the average index of marriage satisfaction (3.50) indicates an above average level of satisfaction among Tehrani married women. The minimum level of dissatisfaction (1.80) was low and the maximum level of satisfaction was (5.30). The skewness and kurtosis

obtained for Tehrani married women are -0.355 and -0.237. As a result, the data distribution is concentrated around the mean and has less dispersion.

According to the index of benefiting from social support, Tehrani married women have had a relatively high level of social support with an average of 4.16. The minimum and maximum benefit from social support from the point of view of the participants in this research is 2.52 and 5.78, respectively. On average, the amount of benefit from social support from the respondents' point of view is 4.16 and the standard deviation is 0.678. The skewness and kurtosis are -0.105 and -0.132, respectively, which indicates that the data distribution is higher than the normal distribution, the data distribution is spread around the mean and has less dispersion.

According to the findings of the research, the physical/social distance index with an average of (4.40) indicates that from the perspective of the participants in this research, observing social distancing is an important issue. The minimum and maximum amount is 2.43 and 5. Tehrani married women in compliance with health protocols; They have been average to high.

Table 3. Frequency distribution of respondents according to quality of life

Indicator	Mean	S.D	Kurtosis	Skewness	Minimum	Maximum
Physical health	3.2206	0.46216	-0.462	-0.854	2.14	4.14
mental health	3.3925	0.35384	0.127	0.122	2.33	4.67
Community Relations	3.3350	0.82844	-0.755	-0.023	1.00	4.67
Environmental health	3.5633	0.58398	-0.601	0.0284	1.88	4.75
Quality of Life	3.3779	0.42130	0.0533	-0.410	2.36	4.12

The quality of life index based on the plan of the World Health Organization (1991) and a 26-item questionnaire measured the four areas of physical health, psychological health and environmental health. Tehrani married women with an average of 37.3 have had an average level of quality of life during the outbreak of the corona virus. The minimum level of the mental health index was 2.36 and the maximum was 4.12.

Table 4. The relationship between contextual variables and women's quality of life

Test	variables	Correlation coefficient	Sig
Pearson correlation	Age	0.095	0.084
	Duration of marriage	0.685	0.020

The test of the quality of life of married women based on background variables showed that there was no significant relationship between the age of

Tehrani married women and their quality of life. This is while there was a significant and direct relationship between the duration of marriage and the quality of life of Tehrani women. This means that during the spread of the corona virus, with increasing age, the quality of life increases in terms of physical and mental, social and environmental health indicators.

Table 5. The relationship between socioeconomic status and women's quality of life

Test	variables	Sig
Anova	education	0.019
	Employment status	0.003

Social economic base is one of the variables that were measured with two indicators of education and employment status. Due to the multi-group nature of the variables of this index, one-way analysis of variance was used to measure this hypothesis. The results indicated a significant difference in the quality of life of Tehrani married women according to education and job status.

Table 6. The relationship between the use of virtual space and the quality of life

Test	variables	Sig	Result
Anova	How to access virtual space	0.171	reject
Anova	How to connect to the Internet	0.016	confirm
Anova	How to use the internet	0.004	confirm
Pearson Correlation	The amount of use of virtual networks	0.456	reject

Examining the use of virtual space and its relationship with the quality of Tehrani married women has been one of the other hypotheses. Based on this, the index of use of virtual space was measured in two qualitative dimensions (how to access virtual space, how to connect to the Internet, how to use the Internet) and in a quantitative dimension (the amount of use of virtual networks). The results of statistical tests showed that the quality of life of Tehrani women was different depending on how they connect to the Internet and how they use it.

In examining the variable sub-indices of the burden of family roles in relation to the quality of life; The findings showed that there was no significant difference in the quality of life of mothers who have kindergarten children. The quality of life of Tehrani married women has not been different in terms of children's access to a personal device, having a separate room for virtual education, the number of children, and the amount of children's homework.

The quality of life has shown a significant difference according to having a school child.

Table 7. The relationship between the burden of family roles and the quality of life

Test	variables	Sig	Result
T-test	Having a kindergarten child	0.154	reject
T-test	Having a school child	0.007	confirm
T-test	Child access to personal device	0.184	confirm
T-test	Having a separate room for virtual training	0.641	reject
Pearson Correlation	Number of children	0.204	reject
Pearson Correlation	Dealing with children's homework	0.115	reject

The relationship between the independent variables and the dimensions of the dependent variable (quality of life) has been measured using the Pearson test to test the research hypotheses. There is a significant relationship between marriage satisfaction and all dimensions of quality of life. In other words, with the increase in marriage satisfaction, physical health, mental health, social relations, environmental health and finally the quality of life of married women increases. The intensity of this correlation is in physical health and poor mental health index (0.181 and 0.229) and in social relations and environmental health (0.521 and 0.459). Also, in the quality of life, the intensity of correlation (0.515) is at an average level. Therefore, the hypothesis that marital satisfaction and quality of life are related is confirmed.

Table 8. Test of the relational hypothesis of independent variables with quality of life

independent variable	Pearson statistics	Physical health	mental health	social relations	environmental health	quality of life
Marriage consent	Coefficient	0.181**	0.239**	0.521**	0.459**	0.515**
	Sig	0.000	0.000	0.000	0.000	0.000
Benefit from social support	Coefficient	0.164**	0.282**	0.608**	0.410**	0.545**
	Sig	0.001	0.000	0.000	0.000	0.000
Using virtual networks	Coefficient	0.067	0.038	0.057	0.074	0.080
	Sig	0.181	0.452	0.260	0.141	0.112
Observance of social distancing	Coefficient	0.026	0.081	-0.164**	0.094	0.137**
	Sig	0.610	0.107	0.001	0.061	0.006
importance of family roles	Coefficient	0.055	0.010	0.068	0.110	0.089
	Sig	0.271	0.836	0.173	0.029	0.077
Social economic base	Coefficient	-0.075	0.109	-0.107*	-0.052	-0.068
	Sig	0.138	0.030	0.032	0.299	0.173

There is a significant relationship between the benefit of social support and the quality of life of married women in Tehran. This significance is also shown in all quality of life indicators. The intensity of correlation is observed in weak

physical and mental health indicators, moderate in environmental health and quality of life, and strong correlation in social relations (0.608). Also, the results indicated that there is no significant relationship between the use of virtual networks and the quality of life of married women in Tehran.

According to the findings, there is a negative and significant relationship between social distancing and social relations. This means that with increasing distance, the amount of social relations decreases to a weak extent. This is while there is a significant and direct relationship between social distancing and the quality of life of married women in Tehran, although the severity of this relationship is poorly estimated.

The relationship between the burden of family roles and quality of life has been tested and the results indicate that this relationship is not significant; Although there is a significant relationship between the burden of family roles and environmental health, this significant relationship is not observed among other indicators. Among the other variables tested is the relationship between socioeconomic base and quality of life, and the results indicate that this relationship between socioeconomic base and mental health is significant, and by strengthening it, the level of mental health has increased. The relationship between economic and social base and social relations shows a significant and negative relationship. It means that with the increase in the level of socioeconomic base, the level of social relations of Tehrani married women weakens.

Table 9. Multivariable regression (factors affecting the quality of life of women)

Variables	B	S.E	Beta	t	sig	Tolerance	VIF
Constant	1.061	0.220		4.816	0.000		
Marriage satisfaction	0.199	0.022	0.375	8.943	0.000	0.810	1.235
Benefit from support	0.242	0.026	0.396	9.490	0.000	0.818	1.222
social distance	0.094	0.032	0.121	2.995	0.003	0.874	1.144
Precious role	0.078	0.064	0.048	1.213	0.226	0.924	1.082
social networks	0.065	0.018	0.146	3.725	0.000	0.922	1.085
Economic-social base	1.061	0.023	-0.067	-1.745	0.082	0.961	1.040

R Square	R	Std. Error	F	sig
0.446	0.667	0.31612	228.52	0.000

Also, the simultaneous effect of independent variables on the dependent variable (quality of life of married women) was investigated. At this stage, the relationships of the research variables have been tested at the same time with the (Enter) method to investigate the effects of the independent variables on the dependent variables. Tolerance index and variance inflation factor (VIF) indicate that there is no multiple collinearity between the independent variables. The above factors explained a total of 0.044% of the variance of the quality of life variable, which is statistically significant (F=52.228 and Sig=0.000). From the total of independent variables, satisfaction with marriage, benefit from support, social distance and the amount of benefit from virtual social networks have a significant effect.
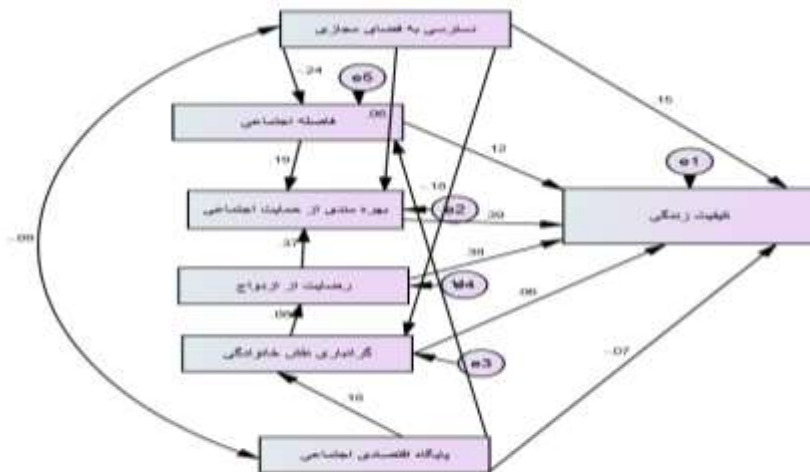
P =.005 DF= 6 CMIN= 12.088 CMIN/DF= 2.015 AGFI= .960

Diagram 2. Path analysis model of factors affecting quality of life

Table 10. Structural equation model fit indices

Model fit index	Sign	Amount	Desired limit	Results
Chi-square ratio to degrees of freedom	CMIN/df	2.015	3>	desirable
root mean square error of approximation	RMSEA	0.051	>0.08	desirable
Increasing fitness index	IFI	0.984	<0.90	desirable
Comparative fit index	CFI	0.983	<0.90	desirable
Economy ratio index	PRATIO	0.286	<0.50	desirable

The results of the model indicate that benefiting from social support (0.39) and satisfaction with marriage (0.38) in total direct effects have a significant

increasing effect on the quality of life of married women in Tehran. Considering that the main significance coefficient of the model's assumptions is outside the critical ratio (-1.96 to 1.96), therefore, the model's assumptions are confirmed.

The most important determinants of the quality of life of Tehrani married women were benefiting from social support (0.393), satisfaction with marriage (0.375), benefiting from virtual space (0.153) and physical/social distancing (0.120). Physical/social distancing has an inverse effect on the use of virtual space and indirectly affects the quality of life (-0.240). Also, the use of virtual space has directly had an inverse effect on the importance of family roles (-0.176). Physical/social distancing (0.186) and marriage satisfaction (0.371) have also had a direct effect on the benefit of social support and indirectly on the quality of life. The results related to the fit indices obtained from the implementation of the model showed that the calculated relative chi-score value (df/CMIN) is 2.015 and is less than 3. Also, the root mean square error of approximation (RMSEA) should be less than 0.08. In the presented model, this value is equal to 0.051. The amount of incremental fit index (IFI) and comparative fit index (CFI) should be greater than 0.90, which in the model under review is equal to 0.984 and 0.983, respectively. Therefore, according to the absolute, comparative and parsimonious fit indicators, it can be said that the collected data support the conceptual model well, and in other words, it can be said that the research model has a good fit.

5. Conclusion

Evaluating the quality of urban life is important along with quantitative and physical studies of cities because the quality of urban life includes psychological dimensions that include indicators such as satisfaction, happiness and security. The quality of life in a society and for a person (woman) will not be favorable if there is no satisfaction with life for her and in general for the members of a society. Satisfaction with one's life is affected by other indicators such as economic security and formal and informal social support. Being accepted, feeling of belonging and being supported by a network of friends or family can be a good support for married women during stressful moments of married life. A society can claim that the quality of life

indicators are balanced when all different social groups, including women, benefit from this opportunity fairly and equally. The quality of urban life depends on many factors, and the outbreak of the Corona crisis greatly affected the quality of urban life. Emphasis on quarantine, returning home and the phenomenon of "inevitable stay at home" occurred, which can be analyzed and investigated from different dimensions.

The results indicate that among the tested indicators; This relationship between economic security and mental health has been significant and by strengthening it, the level of mental health has increased. Meanwhile, economic security and social relations show significant and negative co-variation. It means that Tehrani married women with economic security have fewer social relationships for various reasons.

Among the results of this research was the confirmation of the existence of a relationship of solidarity and the effect of benefiting from social support on the quality of life of married women in Tehran. As Sarason et al. (2001, cited in Kalantari, Hosseinzadeh, Arani, Sakhaei and Imamalizadeh, 2014) investigated the role of social relations networks on well-being and reached the conclusion that people who are placed in social relations networks experience higher levels of well-being and tend to be healthier. The results of Hajian and Nikunjad's survey (2021) confirm the importance of social support in reducing stress and aggression of Tehrani teenagers during the outbreak of Corona. Also, the results of researches such as Kasab Mozafari (2019); Khademi et al. (2017) and Bokharai and Sharbatian (2013) show the effect of social support on the quality of life, which is in line with the results of the present research. Confirming the relationship and significant effect between marital satisfaction and the quality of life of married women in Tehran during the outbreak of the Corona virus was another result of this research. This finding is consistent with the results of Michele Carlo Scivi et al. (2020); Chuka Imzo (2020); Asgari, Chowdari and Eskandari (2021) and Mirzaei et al. (2020). According to this finding, the more positive and enjoyable the husband and wife's attitude is towards various aspects of marital relations; The qualitative and quantitative level of their quality of life will be higher during the spread of the corona virus

and as a result, they will have an easier time facing the critical conditions of the spread of the virus.

Another finding of this research was the confirmation of the significant effect of using virtual social networks and the quality of life of women in the conditions of the spread of the Covid-19 virus. Of course, this relationship was weak, but this finding is in line with the opinion of Kennedy (2000), who believes that virtual communication makes the relationship between women stronger and through the creation of imaginary communities, brings them together in a group and makes them powerful. It is also consistent with the findings of Badamchi and Alborzi (2019) regarding the effect of virtual networks such as Instagram on women's interactions during the Corona era.

Another issue that was of great importance in determining the quality of life at the same time as the spread of the Covid-19 virus; According to the findings of this research, there was a direct and significant relationship between these two variables. Michele Carlo Skivi et al. (2020) also confirmed in their research that the Covid-19 epidemic and measures limiting social distance did not have a negative effect on sexual performance and quality of life in healthy women. This is while Kate Power (2020) points out that the care economy has been neglected and points out that the income of most families is greatly affected by several main factors, such as the lack of permission to be physically present at the workplace and the lack of support from educational institutions. It has been found that this causes a decrease in working hours and an increase in stress, and caregiving roles are mainly the responsibility of women, and the Corona epidemic reduces the quality of life of this group of women. The relationship between the burden of family roles and quality of life was not confirmed, although the field observations of McLaren et al. (2020) and Carli (2020) reported the increase in the burden of women's gender roles in Corona.

Finally, it can be said that the spread of the corona virus does not change the quality of life of married women living in Tehran in the same way, and factors such as benefiting from social support, satisfaction with married life, presence in virtual social networks allowed the women of the sample society to And the pressure caused by the role, in the face of the crisis, to keep their way of life stable and not to reduce their quality of life. The outbreak of the Corona crisis

showed the fragility of the quality of life in big cities and the necessity of planning to achieve sustainable urban development. Strengthening informal and virtual social networks, reducing inequality, and improving indicators affecting people's life satisfaction should be taken more seriously than in the past in order to increase the capacity of the urban community to deal with future crises with social empowerment and higher social solidarity.

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