The Role of Family in Sanitary Socialization (The Case of Shiraz City)

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ABSTRACT

This study aimed to investigate the role of family sociological in sanitary socialization and by using the approaches and theories of medical and sociological has been trying to achieve scientific cognition in this regard. From this perspective a review of subject conceptual space of the proposed theory and associated with the subject due to the subject of interdisciplinary nature for explaining the subject of theories the sociology, medical sociology social psychological has been used and with regard to hypotheses that of these theories have being getten, was trying to investigating the role of family sociological in sanitary socialization. With survey methods application and by using the questionnaires technique on 608 people of household heads in city of shiraz through multi-stage cluster sampling with 0.05 error level and percent of 0.95 confidence coefficient have been selected, information and the required data were collected. the results obtained from data analysis and multiple regression perform indicates that the family social awareness variables, cultural capital, health literacy, family sensitivity on health issues, accessing to communication means, educative style, family value structure on sanitary socialization promoting have have affected. In interpretation independent variables seven have been able to explain the rate 42% of the sanitary socialization variance.

INTRODUCTION

In opinion of many sociologists, health and sanitation the same size is social issue as the biological issue is in to these sociologists, the health of a population is formed by its population Social characteristics.

What can be mentioned in connection with this research is ensuring the health, socio-economic situation of person and so in versus social conditions has effected on person health. Health is one of the main components and undeniably the how living and is the important factor in providing growth and sublimity opportunities and at the same, typical, studies of sociological orientation which is taken, formed around the sanitary issues, health and illness, during the few recent decades with the advent social medicine and medical sociology.

The issue of family role relation and sanitary socialization, today has enjoys the high importance both theoretically and practically, to the extent that evaluation of family socialization and health area social network and family Placement as the fundamental element in education and health promotion during the few recent decades the attention of Scholars, experts and enthusiasts to areas of sociology and sanitary has been placed because individuals placement in connection networks caused that sanitary behavior as the social actors have the particular importance.

It must be said family especially parents have the heavy responsibility against the training of basic concepts of social life to their children. Including basic and applications concepts during the Socialization of children in the family can be noted the sanitary concepts and its applications during social life.

Also, other personal and social behaviors are formed based on social learning of sanitary behaviors patterns in the field of public and personal sanitization with the adoption of family sanitation and healthy cultural beliefs.

The country of Iran has a large gap with international standard with considering health and demographic indicators such as, life expectancy, mortality and the population proportion to physician, (Zanjani and Koushesh, 1992).
(Who) in its latest report announced the sanitary system level of performance in Iran fifty, and sanitary level eighth and overall performance of the health system in Iran among the states of the world ranked 93. Sanitary situation in Iran, has improved compared to two decades ago. Iran by the establishment of a primary sanitary services broad network, could supply the public sanitation prevention service, in result are significantly reduced mother and child deaths levels and interestingly, life from birth time was increased. and children under ago 5 of in the year of 2000 in compared with year 1970 that died from each neonate 1000,122 people and from neonate 1000 under 5 age,191 people, to arrange 28.6 and 35.6 of live births thousand has been reduced.

Studies in recent few decades have shown that, most of the diseases and disabilities in periods of middle-age and adulthood, is due to the abnormal perceptions of sanitary behaviors in initial periods of life. Concepts perception and secondary and primary preventions behaviors applications and how individual and social encounters with disease and sanitary patterns implementing in family affect the ability of children health socialization.

The research that further has been done by researchers in communities health department education and medical sociology section investigate the importance of socialization role in sanitary behaviors of society and health area inequalities, Society health promotion Patterns. In following some of these researches are mentioned.

In fact, the importance of this issue in developing communities increases when one family as one of the effective element of social behaviors have been considered as important point and due to this reason during the social and cultural developments, also the access to therapeutic resources and technologies, the concept of health and sanitation has been changed during the past few decades.

Research method in present study is with regard to the topic, objectives and research questions, descriptive, surveying and documents. Unit of analysis in this study is the heads of households the city of Shiraz that this study is paid to survey and examination of attitudes of the heads of households the city of Shiraz about the role of family and related factors with its in rates of sanitary socialization. research statistics society that makes up all of the households the city of Shiraz, so their numbers are 428251, and 383 people were selected based on sampling and usage of Cochran formula as the Statistics sample that with attention to research validity and stability Increase necessity to rate of a Second to Calculated Sample according to Cochran formula added and finally, the sample size was increased to 608 persons.

For gathering the information in the research, the library of the questionnaire method was used. Also the Coronbach alpha was calculated to use questionnaire (0.89) that indicates the questions of questionnaire have higher consistency and reliability. To test research hypotheses the Chi-square statistical coefficients, pearson correlation coefficient, path analysis, multiple regressions were used.

Testing hypotheses:

Regarding that, for testing most of research hypotheses, pearson’s correlation coefficient was used. this point must be said that based on the nature of the hypothesis pearson was used. it is noted that in the simple regression amount the beta (b) coefficient between the independent and dependent variable is equal to r pearson. on this basis and in examination of every single hypotheses the amount the pearson can speak in hypotheses interpretation about the probability of the amount of independent variable affect the dependent. however, in doing the multivariate regression analysis effect the amount of an independent variable on the dependent because of different presence the other independent variables from the effect amount of every single each of independent variables on the dependent variables will be.

Table 1: The relationship between the family type and the sanitary Sociability.

<table>
<thead>
<tr>
<th>significance level</th>
<th>Coefficient of chi-square</th>
<th>independent variable</th>
<th>dependent variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.46</td>
<td>0.52</td>
<td>family type</td>
<td>sanitary Sociability</td>
</tr>
</tbody>
</table>

The obtained findings namely chi-square amount and its significant level shows that between the type of family and sanitary socialization, there is no statistically significant association, this means that respondents’ sanitary socialization based on the nuclear or non-nuclear of their families have no significant differences and it can be said that the nuclear family have medium or high Sanitary socialization than Stem and extended families.

For testing the relation between other variables and sanitary socialization the Pearson coefficient has been used. These variables include socio-economics of respondents, pubic and scientific awareness of families, cultural capitals of families, health literacy of families, the sensitivity of families on treatment and prevention, access to mass media, parenting styles, the use of urban cultural centers, mothers’ educations, and parents’ age. based on obtained results, in mentioned table, there is a significant relation between all variables as independent variables and sanitary socialization as dependent variable. it means the higher the value of estimated Pearson test is, it can be said that and thus the research hypothesis will be confirmed.

Although in previous page, Beta coefficient of regression or in another word path coefficient have been analyzed and interpreted, there are some striking points that will be analyzed. Regarding the Beta coefficient of regression, the explained amount of variance equals 42 percent that in social research and disciplines of this
value has been taken into account. It means that seven variables of all independent variables could explain 42 percent of health socialization variance. The amount of explained, adjusted variance and precise fitting equals 0.415. In another word, the reasons of changes in sanitary socialization in Shiraz to level 42 percent is due to independent variable of current research including sensitivity of families on health and sanitary issues, parenting style, health literacy, access to social media, cultural capitals, health literacy, social awareness of families and structural value of families.

Table 2: the relationship between independent variables with sanitary socialization.

<table>
<thead>
<tr>
<th>Confirm or reject hypothesis</th>
<th>significance level</th>
<th>Pearson coefficient</th>
<th>Independent variable</th>
<th>Dependent variable</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed</td>
<td>0.01</td>
<td>0.11</td>
<td>Socio-economic status of families</td>
<td>sanitary socialization</td>
<td>1</td>
</tr>
<tr>
<td>Confirmed</td>
<td>0.000</td>
<td>0.19</td>
<td>Public and scientific awareness of families</td>
<td>sanitary socialization</td>
<td>2</td>
</tr>
<tr>
<td>Confirmed</td>
<td>0.000</td>
<td>0.41</td>
<td>Cultural capital of families</td>
<td>sanitary socialization</td>
<td>3</td>
</tr>
<tr>
<td>Confirmed</td>
<td>0.00</td>
<td>0.54</td>
<td>Health literacy</td>
<td>sanitary socialization</td>
<td>4</td>
</tr>
<tr>
<td>Confirmed</td>
<td>0.000</td>
<td>0.57</td>
<td>Sensitivity of families to treatment and prevention</td>
<td>sanitary socialization</td>
<td>5</td>
</tr>
<tr>
<td>Confirmed</td>
<td>0.000</td>
<td>0.42</td>
<td>Access to mass media</td>
<td>sanitary socialization</td>
<td>6</td>
</tr>
<tr>
<td>Confirmed</td>
<td>0.00</td>
<td>0.29</td>
<td>Parenting style of families</td>
<td>sanitary socialization</td>
<td>7</td>
</tr>
<tr>
<td>Confirmed</td>
<td>0.00</td>
<td>0.13</td>
<td>Structure value of family and parents</td>
<td>sanitary socialization</td>
<td>8</td>
</tr>
<tr>
<td>Confirmed</td>
<td>0.01</td>
<td>0.16</td>
<td>The use of urban cultural centers</td>
<td>sanitary socialization</td>
<td>9</td>
</tr>
<tr>
<td>Confirmed</td>
<td>0.00</td>
<td>0.25</td>
<td>Mothers’ education</td>
<td>sanitary socialization</td>
<td>10</td>
</tr>
<tr>
<td>Confirmed</td>
<td>0.01</td>
<td>-0.11</td>
<td>Parents’ age</td>
<td>sanitary socialization</td>
<td>11</td>
</tr>
</tbody>
</table>

Table 3: regression of multivariable.

<table>
<thead>
<tr>
<th>Adjusted R Square</th>
<th>R Square</th>
<th>R</th>
<th>sig</th>
<th>F</th>
<th>Sig</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.415</td>
<td>0.42</td>
<td>0.65</td>
<td>0.00</td>
<td>62.61</td>
<td>0.000</td>
<td>41.81</td>
</tr>
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<td></td>
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<td></td>
<td></td>
<td>0.01</td>
<td>0.10</td>
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<td></td>
<td></td>
<td>0.01</td>
<td>0.12</td>
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<td></td>
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<td></td>
<td>0.002</td>
<td>0.15</td>
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<td>0.000</td>
<td>0.33</td>
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<td></td>
<td></td>
<td>0.00</td>
<td>0.13</td>
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<td></td>
<td></td>
<td></td>
<td>0.00</td>
<td>0.17</td>
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<td></td>
<td></td>
<td></td>
<td>0.01</td>
<td>0.09</td>
</tr>
</tbody>
</table>

Constant coefficient or intercept value equals 41.81. It means if the effect of independent variables are ignored and the value of X is zero, socialization of sanitary in the population studied will be 41.81.

F ratio is significantly reduced due to the exclusion of relevant variables that are shown statistically. In this method (backward), the last variable that is out of the equation has the highest decline on R-squared. (saaii, 2002: 175) it is obvious that in this case important variables will be known and will stay in the last equation.

The above table shows the effect of simultaneous independent variables on dependent ones. That through the regression of multivariable, the effect of each independent variable can be specified. Among the independent variables, sensitivity of families on sanitary issues with regression coefficient of 33 percent has the highest influence on sanitary socialization.

It means for one unit of change in the sensitivity of family sanitary issues, 33% changes has been estimated for sanitary socialization among families in Shiraz. It means any reactions to sanitary issues are sensitive, 33 percent chance it affects sanitary socialization and both learn about sanitary issues, some diseases and meet health behaviors.

And then along with other independent variable, parenting style with 17 percent can affect sanitary socialization.

In addition to the above two factors, health literacy rate 15 percent, and access to social media to 15 percent have an impact on sanitary socialization. Cultural capitals, families’ awareness and structural value of families affect socialization respectively 12, 10 and 9. Although other variables like socio-economic, the rate of using cultural centers and age have little effect on dependent, its little effect have not been statistically significant. Thus based on empirical model, regarding the effective factors on socialization, when the families are more
sensitive to sanitary issues, have logical parenting styles, have health literacy and have access to communication means for prevention of issues related to health and hygiene, the formation of sanitary socialization can be observed in formation of sanitary urban communities.

The test analysis model using multivariable regression and analysis path:

![Image of a diagram showing the test analysis model using multivariable regression and analysis path.]

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Conclusion:

As the vast majority of professionals and experts declared that families have an important and effective role in rate of individuals’ socialization. And on the other hand, it plays an important role in health promotion of critical stage of childhood and adolescence that can promotes the individuals’ characteristics, attitudes, skills and their awareness.

Gaining sanitary knowledge, healthy and sanitary attitudes and behaviors happens in different fields of inner families and school ages. Other hand, the value of education and health programs will depend on the effectiveness of these programs. Educational content and quality of education in general individuals’ socialization of a society to great extent is affected by careful planning and application of appropriate educational tools which can play particular role in advancing the goals of socialization in general and socializing in particular. The roles of parenting style including rational, free, dictatorship in modern and traditional or nuclear, extended and stem families represent scientific and practical styles in traditional and modern families in sanitary socialization and shows solution for them.

The conducted research represents this fact that if families and their members as the huge part community do not have enough attitudes and Proper sanitary behavior, at the end the will not be able to manage healthy families and deliver aware and sociable children.
Attention has been paid to increasing awareness of sanitary issues through training and familiarization of sanitary information with internalizing approach and multidimensional perspective to this topic along with mobilizing facilities in all stages.

Making an effort in promotion of citizens’ awareness in the field of public and specialized awareness in sanitary fields has been considered in formation and promotion of important healthy sociability regarding the complexity of social life. In this regard, gaining information has been the base of programming in a free and democratic society. Since some of the peoples’ rights are knowing and awareness of current events in the society especially healthy issues as well as having information about healthy issues in all political, sociable, cultural and economic sections. The optimal of public participation in health issues requires knowledge of medical health outcomes within and outside the country. And fulfillments of mission information require organization, regulation and promotion of awareness of information resources and clarification of information community and create positive, practical attitudes toward gaining information among citizens and family members.

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