Iranian Evolutionary Educational Psychology Journal
IEEPJ
University of Hormozgan
Online ISSN: 2588 - 4395
Homepage: https://ieepj.hormozgan.ac.ir

Power Structure in the Family and Its Relationship with the Mental Health of Married Female Teachers

Hossein Safari[1], Naser Haghi[2]

1. Assistant Professor, Department of Social Sciences, Payam Noor University, Tehran, Iran, h.safari@pnu.ac.ir
2. Assistant Professor, Department of Sociology, Islamic Azad University, Parsabad Moghan Branch, Parsabad, Iran

Article Info

Article type:
Research Article

Article history:
Received 08 Sep. 2025
Received in revised form 12 Oct. 2025
Accepted 11 Nov. 2025
Published online 01 Mar. 2026

Keywords:
Family power structure,
Mental health,
Married female teachers,
Power relations,
Decision-making,
Gender roles

ABSTRACT

Objective: This study examined the relationship between family power structure and mental health among married female teachers, with a specific focus on the effects of power relations construction, power domain, and power exercise methods.

Methods: A survey design was employed. The study population consisted of married female teachers living in Tabriz in 1404, from whom 150 participants were selected using chain sampling. Data were collected using the Family Power Structure Questionnaire developed by Mahdavi and Sabouri (2003) and the Mental Health Questionnaire by Keys (2002). Data analysis was conducted using regression analysis in SPSS version 27 to test the research hypotheses.

Results: Findings indicated that the prevailing family power structure among participants was relatively democratic, balanced, and bidirectional. All three subscales of family power structure had a significant positive effect on women's mental health. Among these, the method of power exercise showed the strongest effect (β = 0.34), followed by power domain (β = 0.29) and power relations construction (β = 0.24).

Conclusions: The results highlight the importance of balanced and participatory power relations within the family for promoting women's mental health. Strengthening women's mental health requires attention to both behavioral and cognitive dimensions. Behaviorally, increased participation of women in decision-making processes is essential. Cognitively, educational workshops and counseling programs can raise couples' awareness of the positive effects of equitable power structures. Future studies are recommended to examine mental health among other groups of women using both quantitative and qualitative approaches.

Cite this article: Safari, H. & Haghi, N. (2026). Power structure in the family and its relationship with the mental health of married female teachers. *Iranian Evolutionary Educational Psychology Journal*, 8 (1), 1-14.
DOI: https//doi.org/ 10.22034/8.1.1
© The Author(s).
Publisher: University of Hormozgan.
DOI: https// doi.org/ 10.22034/8.1.1

Introduction

There are various definitions of mental health. According to Jahoda, mental health is a state of psychological maturity and refers to the maximum effectiveness and satisfaction achieved in individual and social interactions. It includes positive feelings and responses toward oneself and others. According to the Canadian Mental Health Association, mental health involves three

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

categories of attitudes: attitudes toward oneself, attitudes toward others, and attitudes toward life. Attitudes toward oneself include control over one's emotions, awareness of personal weaknesses, and satisfaction with simple pleasures. Attitudes toward others include a sense of belonging to a group, a sense of responsibility toward the human and material environment, and an interest in long-term and intimate friendships. Attitudes toward life include acceptance of responsibilities, motivation to develop one's abilities and interests, the ability to make personal decisions, and motivation to perform tasks effectively. In general, mental health means that an individual does not behave in ways that contradict social and cultural norms, is able to establish appropriate relationships with the social environment, and can perform daily activities effectively (Sadeghi et al., 2011).

According to estimates by the World Health Organization, the prevalence of mental disorders and the range of depression are increasing in developing countries (Moghadam Tabrizi, 2005; Barzan et al., 2012). In these countries, mental illnesses are rapidly replacing infectious diseases (Sadeghi et al., 2011). Iran is also a developing country, and statistics indicate that mental health conditions in Iran are at a critical level and are a matter of concern (MIGNA, 2014; Momtaz News, 2016). Research findings show that the prevalence of mental disorders in Iran varies between 11.9% and 30.2% (Hemati & Rahimi Aliabad, 2014).

Moreover, studies indicate that mental disorders and depression are approximately twice as common among women as among men. The lifetime prevalence of depression among women is about twice that of men, placing women at greater risk. Women also experience higher rates of anxiety disorders and may develop such disorders at any age (Sepehrmanesh, 2008).

The importance of health, particularly women's mental health, can be examined from several perspectives. First, health is one of the fundamental prerequisites of social welfare systems, as societies aim to achieve a healthy population through the provision of health services (Rezaei & Zeidabadi, 2014). Among health indicators, mental health is one of the most important measures of a society's well-being (Sadeghi et al., 2011). Second, women's health is a fundamental pillar for achieving a healthy society because women constitute half of the population. Consequently, the health of society depends on the health of women (Barzan et al., 2012). In other words, women's health guarantees the health of families and communities, and achieving overall health goals and improving quality of life requires attention to women's health (Shayan et al., 2014).

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

Third, health is a necessary condition for fulfilling social roles (Nasiri et al., 2011). Mental health is associated with improved individual and social functioning, and its promotion can increase efficiency in both personal and social domains (Sadeghi et al., 2011).

Women play a central role in raising the next generation (Sepehrmanesh, 2008). If a mother suffers from mental disorders, she may lose the ability to perform her roles effectively, and this condition may negatively influence the social, emotional, and cognitive development of children (Behdani et al., 2005). The health status of women significantly affects the health of children (Shayan et al., 2014), and children born to mothers with mental disorders are more likely to develop mental health problems themselves (Sadeghi et al., 2011). Fourth, since women make up half of a country's population, their health constitutes one of the foundations of development. Therefore, understanding their health status can provide a basis for effective planning and policymaking aimed at development and progress (Ghorbani & Golchin, 2008). Greater attention to women's mental health is an undeniable requirement for achieving sustainable development (Nasiri et al., 2011).

The mental health of married women is influenced by various factors, one of the most important being the structure of power within the family. According to Max Weber, power refers to an individual's ability to impose their will on others despite resistance (Zare Shahabadi & Mandani, 2013). Power is also defined as the potential ability of one member to influence or control the behavior of another (Mokhtari et al., 2013). In this study, power refers specifically to final decision-making authority. Based on decision-making power and power structure, families can generally be classified into two types: democratic families and authoritarian families. In democratic families, interactions between spouses are reciprocal and symmetrical, and both partners participate in decision-making (Zare Shahabadi & Mandani, 2013). In authoritarian families, interactions are one-sided and asymmetrical, and decision-making is unilateral, with either the husband or the wife dominating family decisions.

Examining power structures in families is important for several reasons. First, the distribution of power within the family is related to marital satisfaction and women's mental health (Zolfagharpour et al., 2004). Imbalance or inequality in family power can lead to psychological maladjustment and divorce (Safiri & Arasteh, 2007). Second, women play a fundamental role in

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

the socialization of children within the family, which is one of the most important institutions of society (Mokhtari et al., 2013; Amini et al., 2013). Researchers today believe that children raised in safe and calm families where mothers enjoy mental health tend to grow into healthy and active individuals. A woman can perform her roles more effectively when she experiences marital satisfaction and is not subjected to a repressive family environment (Mokhtari et al., 2013).

Research findings suggest that power structures and decision-making patterns in Iranian families have changed compared to the past, and the distribution of power between spouses has become more balanced and symmetrical, with more democratic decision-making styles emerging (Malmir & Ebrahimi, 2020). Accordingly, and in line with the purpose of this study, the research question is whether the structure of power within the family plays a role in the mental health of married women.

Mental health is one of the most important indicators of individual and social well-being, and women's mental health plays a critical role in the health of families and communities. Despite its importance, research and statistical reports indicate a growing prevalence of mental disorders in developing countries, including Iran. Women are particularly vulnerable to mental health problems, as the prevalence of disorders such as depression and anxiety among women is significantly higher than among men. Since women perform vital roles within families—especially in childrearing and maintaining family stability—their mental health has direct and indirect consequences for the health of children and the overall functioning of society.

Among the various factors affecting the mental health of married women, the structure of power and decision-making within the family is considered an important determinant. The distribution of power between spouses can influence marital satisfaction, emotional well-being, and psychological stability. When power relations within the family are unequal or authoritarian, women may experience reduced autonomy, increased stress, and lower levels of psychological well-being. Conversely, more democratic and balanced power structures may enhance marital satisfaction and promote better mental health outcomes.

Although some studies suggest that family power structures in Iranian society have gradually shifted toward more balanced patterns of decision-making, the extent to which these changes influence the mental health of married women remains unclear. Therefore, it is necessary to investigate the relationship between family power structures and the mental health of married

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

women in order to better understand how decision-making dynamics within families may affect women's psychological well-being. The central question of this research is: Does the structure of power within the family play a significant role in the mental health of married women?

Material and Methods

This study is applied in terms of its objective, as it aims to contribute to the improvement and promotion of the mental health of married women. In terms of the nature of the data, the research adopts a quantitative approach, since the required data were collected from participants using structured questionnaires and converted into numerical scores representing each measured concept.

Regarding the method of implementation, the research employs a survey design. In this approach, questionnaires were distributed among the selected sample of married women and completed by them in order to gather the necessary data. The statistical population of this study consists of married female teachers in the city of Tabriz in 2025 (1404). The sample size was determined using the Cochran formula, resulting in a sample of 150 participants.

Participants were selected using a chain (snowball) sampling method, as a precise sampling frame for the population was not available.

Instrument

The primary instrument for data collection was a standardized questionnaire consisting of three sections: Demographic characteristics of the respondents, Questions related to the family power structure and Questions related to mental health

Family Power Structure Questionnaire: To measure the structure of power within the family, the Mahdavi and Sabouri (2003) questionnaire was used. This instrument contains 36 items designed to assess the power structure within the family. The questionnaire measures the following dimensions: Structure of power relations, Domains and areas of power and Methods of exercising power. Items were measured using a five-point Likert scale ranging from:

1 = Strongly disagree

2 = Disagree

3 = No opinion

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

4 = Agree

5 = Strongly agree

Based on the total score obtained from the questionnaire: Scores 36–72 indicate a non-democratic power structure in the family, Scores 72–108 indicate a moderately democratic power structure, Scores above 108 indicate a more democratic power structure.

Mental Health Questionnaire

To assess women's mental health, the Keyes Mental Health Questionnaire (2002) was used. This questionnaire includes 14 items and measures mental health based on a six-point Likert scale. The instrument consists of three main components: Emotional well-being, measured through three scales: happiness, interest in life, and life satisfaction, Psychological well-being, measured through six scales: self-acceptance, environmental mastery, positive relations with others, personal growth, autonomy, and purpose in life. Social well-being, measured through five scales: social contribution, social integration, social flourishing, social acceptance, and social coherence.

Interpretation of scores is as follows: Scores 14–28 indicate low mental health ,Scores 28–56 indicate moderate mental health and Scores above 56 indicate high mental health.

The validity of the Keyes mental health questionnaire has been confirmed through face validity and construct validity, and its reliability has been reported with a Cronbach's alpha coefficient of 0.85 (Khalili, 2015). The family power structure questionnaire has also demonstrated acceptable validity through exploratory factor analysis, and its reliability has been reported with a Cronbach's alpha coefficient of 0.70 (Mahdavi & Sabouri, 2003).

Based on the objectives of the study and the measurement level of the variables, data analysis was conducted in two stages:

Descriptive analysis: Descriptive statistics, including means and standard deviations, were used to describe the status of the respondents with respect to the study variables.

Inferential analysis: To test the research hypotheses, bivariate regression analysis was applied to examine the relationship between family power structure and the mental health of married women. All statistical analyses were performed using SPSS version 27.

Ethical Considerations

Ethical principles were carefully observed throughout the research process. Participation in the study was voluntary, and respondents were informed about the purpose of the research before

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

completing the questionnaire. Informed consent was obtained from all participants. The anonymity and confidentiality of participants' information were guaranteed, and no identifying information was collected. Participants were assured that the data would be used solely for scientific and research purposes, and they were free to withdraw from the study at any stage without any consequences. Additionally, the results of the study were reported honestly and without manipulation of the collected data.

Results

To describe the demographic variables, descriptive statistics including mean, mode, standard deviation, and range were used. The results are presented below.

Table 1. Description of Demographic Variables

Variables	Mean	Std. Deviation	Mode	Range	Maximum	Minimum
Teaching Level	–	–	Primary School	–	Primary School	High School
Age	38	9.34	29	19	48	29
Education	–	–	Bachelor's Degree	–	Bachelor's Degree	Master's Degree

According to the findings presented in Table 1, most of the women teach at the primary school level. The average age of the participants is 38 years, while the most frequent age reported is 29 years. In terms of education, the majority of the women hold a Bachelor's degree.

In addition, mean and standard deviation were used to describe the main variables of the study. The results are presented below.

Table 2. Description of Main Research Variables

Variables	Mean	Std. Deviation
Family Power Structure	88.56	6.81
Mental Health	54.19	5.44

Based on the results shown in Table 2, the mean score for family power structure is 88.56, indicating that the family power structure among married female teachers is moderately democratic. This suggests that the participants experience a moderate level of shared power relations and decision-making within the family.

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

Furthermore, the mean mental health score is 54.19, which indicates that the mental health level of the studied women is moderate to relatively high, suggesting that they generally experience a satisfactory level of psychological well-being.

To test the research hypotheses, regression analysis was used. In this study, the aim of regression analysis was to examine the effect of the sub-dimensions of family power structure on women's mental health. Before testing the hypotheses, the assumptions of regression analysis were examined. The significance level of the Kolmogorov–Smirnov test for all variables was greater than 0.05, indicating that the research variables follow a normal distribution. In addition, the Durbin–Watson statistic was 1.88, indicating the relative independence of residuals and the absence of autocorrelation. Therefore, the assumptions required for regression analysis were satisfied.

Hypothesis 1: The structure of power relations has a significant effect on women's mental health.

Table 3. Regression Analysis of the Effect of Power Relations Structure on Women's Mental Health

R	R^2	F	Sig. (F)	Beta (B)	t	Sig. (t)
0.24	0.08	8.58	0.001	0.24	2.90	0.001

According to the results shown in Table 3, the correlation between the structure of power relations and women's mental health is 0.24, which is statistically significant. The correlation is positive and direct, indicating that the more balanced and horizontal the structure of power relations, the higher the level of women's mental health. The significance level of the F-test is 0.001, which is lower than 0.05, indicating that the regression model has an acceptable fit. Based on the beta coefficient (0.24), the structure of power relations has a positive and significant effect on women's mental health.

Hypothesis 2: Power domains have a significant effect on women's mental health.

Table 4. Regression Analysis of the Effect of Power Domains on Women's Mental Health

R	R^2	F	Sig. (F)	Beta (B)	t	Sig. (t)
0.29	0.08	9.02	0.001	0.29	3.31	0.001

As shown in Table 4, the correlation between power domains and women's mental health is 0.29, which is statistically significant. The relationship is positive and direct, suggesting that as the distribution of power domains becomes more balanced and mutual, the mental health of women

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

increases. The F-test significance level is 0.001, which is less than 0.05, indicating a good model fit. The beta coefficient (0.29) also shows that power domains have a positive and significant effect on women's mental health.

Hypothesis 3: The method of exercising power has a significant effect on women's mental health.

Table 5. Regression Analysis of the Effect of the Method of Exercising Power on Women's Mental Health

R	R^2	F	Sig. (F)	Beta (B)	t	Sig. (t)
0.34	0.12	5.04	0.001	0.34	2.74	0.001

According to Table 5, the correlation between the method of exercising power and women's mental health is 0.34, which is statistically significant. The relationship is positive and direct, indicating that when the exercise of power within the family is more mutual and participatory, the mental health of women improves. The F-test significance level (0.001) indicates that the regression model is statistically significant and reliable. Based on the beta coefficient (0.34), the method of exercising power has a positive and significant impact on women's mental health.

Discussion

The main objective of this study was to examine the effect of family power structure on women's mental health. To achieve this goal, three hypotheses were tested. The results of the first hypothesis indicated that the structure of power relations has a significant effect on women's mental health; therefore, the first hypothesis was confirmed. According to this finding, the more balanced and horizontal the structure of power relations, the higher the level of women's mental health. This result is consistent with the findings of Farahbakhsh et al. (2012). The explanation for this finding lies in the development of positive thoughts and emotions. When the structure of power relations is balanced and reciprocal, and women occupy an equal position in the hierarchy of power and authority, they are more likely to develop a positive self-concept and marital satisfaction. These positive beliefs and pleasant emotional experiences ultimately contribute to better mental health among women (Farahbakhsh et al., 2012).

The results of testing the second hypothesis showed that power domains have a significant effect on women's mental health, and thus the second hypothesis was also confirmed. This finding is consistent with the research of Pina and Bengtson (1995). One explanation for this finding is that

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

when women participate in different domains and areas of power within the family, they are more likely to feel emotional support from their husbands and experience greater marital satisfaction. These positive emotional experiences can enhance women's psychological well-being and mental health (Pina & Bengtson, 1995).

The results related to the third hypothesis indicated that the method of exercising power significantly affects women's mental health, and therefore the third hypothesis was confirmed. According to this finding, the more mutual and participatory the method of exercising power, the higher the level of women's mental health. This result is consistent with the findings of Soleimani et al. (2015). One possible explanation is that when the exercise of power within the family is reciprocal and participatory, marital conflicts and relational problems tend to decrease, allowing couples to maintain better psychological well-being and emotional stability (Soleimani et al., 2015).

In summary, the analysis of women's mental health in this study focused on the influence of three main factors: the structure of power relations, the domain of power, and the method of exercising power within the family. The findings demonstrated that all three subscales play a role in shaping women's mental health. Among them, the method of exercising power showed the strongest influence on women's mental health. A balanced and horizontal power structure within the family can foster positive self-perception, marital satisfaction, and feelings of emotional support among women, which ultimately contributes to improved mental health.

Despite its contributions, this study had several limitations that should be considered when interpreting the findings. Data were collected through self-report questionnaires, which may have affected the accuracy of responses, as some participants might have been reluctant to provide completely honest answers. In addition, the study employed a cross-sectional and non-experimental design, which limits the ability to establish clear causal relationships between the variables. Another limitation relates to the length of the questionnaires, which increased the time required for completion and may have influenced the precision and attention of participants' responses. Furthermore, the study focused specifically on married female teachers, which restricts the generalizability of the results to other groups of women or broader segments of society.

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

Based on the findings of this research, several practical and research recommendations can be proposed. From a practical perspective, strategies aimed at improving women's mental health should focus on enhancing women's participation in family power structures. Encouraging shared decision-making and balanced authority within the family may strengthen women's sense of support, autonomy, and psychological well-being. In addition, organizing educational workshops and seminars for couples can help increase awareness about the importance of balanced power relations and promote more equitable and constructive patterns of interaction within families.

From a research perspective, future studies are encouraged to address the limitations of the present research. Researchers may employ qualitative methods such as in-depth interviews to gain a deeper understanding of women's experiences regarding family power relations. Conducting longitudinal or experimental studies would also help clarify the causal relationship between family power structure and women's mental health. Moreover, future studies could use shorter measurement instruments to reduce participant fatigue and improve response accuracy. Finally, it is recommended that similar research be conducted among different groups of women and diverse social populations in order to enhance the generalizability of the findings.

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Payam Noor University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

Funding

The authors did (not) receive support from any organization for the submitted work.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

References

Amini, M., et al. (2013). Entry of women into employment and its impact on their decision-making power within the family. *Women and Society Quarterly*, 1, 1–27.

Barzan, H., et al. (2012). Investigation of factors affecting women's mental health. *University of Guilan Quarterly*.

Behdani, F., et al. (2005). Investigation of obstetric and psychological factors affecting women's mental health after childbirth. *Journal of Gorgan University of Medical Sciences*, 7(2), 46–51.

Farahbakhsh, F., Moein, L., & Sahami, S. (2012). The relationship between family power structure and self-concept and mental health of primary school female teachers in Darab. *Journal of Woman and Family Studies*, 4(16), 49–63.

Ghorbani, A., & Golchin, M. (2011). Mental health status of women referring to health centers in Qazvin province. *Journal of Qazvin University of Medical Sciences*, 15(1), 57–62.

Hemati, R., & Rahimi Aliabad, A. (2014). The relationship between social support and mental health. *Iranian Journal of Social Sciences Studies*, 11(42), 105–119.

Khalili, A. (2015). Psychometric properties of the Keyes mental health questionnaire (Master's thesis). Islamic Azad University, Central Tehran Branch.

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

Mahdavi, M. S. (2003). Examining the structure of power distribution within the family. *Journal of Women's Studies*, 1(2), 28–67.

Malmir, M., & Ebrahimi, M. (2020). Typology of power structure in the Iranian family. *Strategic Studies of Women*, 22(77), 7–22.

Moghadam Tabrizi, F. (2005). Factors affecting the mental health status of employed women in Urmia (2002–2003). *Urmia Nursing and Midwifery Faculty Quarterly*, 3(3), 93–100.

Mokhtari, M., et al. (2013). Family power structure and suppressive tendencies arising from it based on emotional energy and women's economic status in Abdanan city. *Family Research Quarterly*, 33, 99–124.

Momtaz News. (2016, June 25). Statistics of mental health in Iran. Retrieved from http://www.momtaznews.com

Movahed, M., et al. (2012). A study of background factors related to the structure of power distribution in the family: A case study of married women in Shiraz. *Quarterly Journal of Social Studies and Research*, 3, 159–178.

Nasiri, B., et al. (2011). Hope, life satisfaction, and mental health among women in the Republic of Turkey. *Women's Research Journal*, 2(2), 133–155.

Nayebi, H., & Golshani, M. (2013). The effect of women's available resources on their decision-making power in the family: An empirical study in Babol. *Women in Development and Politics*, 1, 135–152.

Pina DL, Bengtson VL. (1995).Division of household labor and the well-being of retirement-aged wives. The Gerontologist. 35(3).

Rezaei, F., & Zeydabadi, R. (2014). Comparison of mental health among male and female athletes in open and indoor sports facilities. *Sport Management and Motor Behavior Research Journal*, 10(20), 77–84.

Sadeghi, R., et al. (2011). Mental health status and related factors among women referring to healthcare centers. *Journal of Health and Care*, 13(4), 1–9.

Safiri, K., et al. (2010). Explaining the relationship between the cultural capital of employed women and the type of spousal relationships within the family. *Women in Development and Politics*, 1, 7–29.

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

Scientific, Educational and Health News Database. (2014, October 14). Statistics of mental health in Iran. Retrieved from http://www.migna.ir

Sepehrmanesh, Z. (2008). Mental health and its related factors among young women in Kashan. *Academic Jihad Scientific Information Database*, 31–41.

Shayan, A., et al. (2014). The relationship between spouse abuse and mental health among women experiencing domestic violence referred to the forensic medicine center in Shiraz. *Journal of Education and Community Health*, 1(4), 51–57.

Soleimani, M., et al. (2015). The relationship between family power structure, marital conflicts, and mental health among retired male employees of the Alborz Education Department. *Iranian Journal of Ageing*, 10(4).

Tavassoli, A., & Saeidi, V. (2011). The effect of women's employment on the power structure in families of Eyvanki city. *Women in Development and Politics*, 3, 133–144.

Zare Shahabadi, A., & Mandani, R. (2013). Factors affecting women's decision-making power in families of Sepidan city. *Women in Development and Politics*, 2, 275–293.

Zolfaghari-Pour, M., et al. (2004). The relationship between family power structure and marital satisfaction among employed and housewife women in Tehran. *New Findings in Counseling Research*, 11, 31–46.

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]