

Social Barriers to Accessing Welfare Services for Women with Ineffective Male Heads of Household in Tehran

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ABSTRACT

Purpose: This study aimed to identify and analyze the social barriers that hinder women with ineffective male heads of households in Tehran from accessing welfare support and services, with the goal of informing targeted interventions to enhance their social and economic empowerment.

Methods and Materials: A mixed-method design combining qualitative and quantitative approaches was employed in the second half of 2023. The qualitative phase utilized semi-structured, in-depth interviews with 17 experts and 20 Delphi panel members, including lawyers, social workers, psychologists, and sociologists, selected through purposive, snowball, and convenience sampling. Colaizzi's content analysis method and Atlas.ti software were used for coding and theme development. The quantitative phase involved a cross-sectional survey of 250 women selected via convenience random sampling from female-headed households under the Welfare Organization of Tehran, meeting specific inclusion criteria. Data were analyzed using SPSS 27 and Smart-PLS 3, with reliability and validity confirmed through Cronbach's alpha, composite reliability, AVE, Fornell-Larcker test, and structural equation modeling.

Findings: Structural equation modeling revealed significant positive relationships between access to welfare services and key components, including social participation ($\beta = 0.67$, $p < 0.05$), social skills ($\beta = 0.944$, $p < 0.05$), technical and vocational skills ($\beta = 0.727$, $p < 0.05$), family and emotional support ($\beta = 0.938$, $p < 0.05$), physical and mental health ($\beta = 0.946$, $p < 0.05$), and social health ($\beta = 0.939$, $p < 0.05$). The overall model demonstrated strong explanatory power ($R^2 = 0.677$) and a high goodness-of-fit index ($GOF = 0.717$), indicating robust alignment between the theoretical constructs and empirical data.

Conclusion: The findings highlight that improving welfare access for women with ineffective male heads of households requires integrated strategies that address not only economic needs but also social, emotional, health, and skill development dimensions. Enhancing inter-agency coordination, expanding skill-based programs, and strengthening family and community support systems are essential for sustainable empowerment.

Keywords: Women with ineffective male heads of household, social support, social services, social barriers

1. Introduction

The empowerment and welfare of female-headed households have long been a critical area of concern in social policy, development studies, and gender equality discourse. Across the globe, female-headed households represent a particularly vulnerable demographic, often facing intersecting socio-economic, cultural, and legal barriers that limit their ability to access resources, participate in decision-making, and achieve sustainable livelihoods (Malhotra & et al., 2009; Törnqvist, 2009). While progress has been made through international initiatives and national policy reforms aimed at reducing gender inequality, structural challenges persist, especially in contexts where socio-cultural norms, legal frameworks, and institutional mechanisms do not fully support women's autonomy (Sripati, 2024; Syamanta, 2024).

Female-headed households are often disproportionately affected by poverty, unemployment, and limited access to welfare services. In many countries, the feminization of poverty is closely linked to systemic inequities in education, employment opportunities, and social protection systems (Hashemi et al., 1996; Koparanova, 2012). Women who become heads of households due to widowhood, divorce, separation, migration of spouses, or the incapacity of their partners frequently bear the double burden of caregiving and economic provision (Balali, 2014; Shrestha, 2024). These challenges are compounded in societies where patriarchal norms persist and where social support networks are weak or eroding (Mitiku, 2023; Moradi & Karami, 2023).

The role of social participation, vocational and technical skills, family and emotional support, and physical, mental, and social health in empowering female-headed households has been underscored in multiple studies (Barari et al., 2012; Faramarzi & et al., 2011). For instance, access to education and skill-building programs has been found to enhance women's capacity to secure stable employment and to engage more effectively with social institutions (Shiani, 2010; Shrestha, 2024). However, these opportunities are often unevenly distributed, with rural and marginalized women facing additional barriers due to geographic isolation, inadequate infrastructure, and discriminatory practices (Aibak, 2023; Panda, 2011).

The intersection of gender-based discrimination and socio-economic disadvantage is particularly pronounced in contexts of disability, where women with disabled spouses or women with disabilities themselves are often excluded from mainstream employment and welfare systems

(Mahmoudi & et al., 2018; Mohammadi & et al., 2022). Such exclusion frequently results from a combination of inadequate legal definitions, insufficient enforcement of supportive legislation, and stigmatizing cultural attitudes (Handy, 2024; Soleimani et al., 2022). In many cases, the criteria used to determine eligibility for welfare services fail to account for the lived realities of these women, thereby creating systemic gaps in support (Sripati, 2024; Syamanta, 2024).

From a legal and policy perspective, gender justice frameworks advocate for the elimination of discriminatory laws and the implementation of measures that actively promote equality and empowerment (Handy, 2024; Syamanta, 2024). These approaches emphasize that achieving substantive equality requires both structural reforms and targeted interventions that address the specific needs of vulnerable populations. In the realm of welfare and social security policymaking, however, gaps remain in aligning these frameworks with effective implementation strategies (Moradi & Karami, 2023; Soleimani et al., 2022). For example, the lack of coordination among governmental and non-governmental organizations often leads to inefficiencies and missed opportunities for holistic service delivery (Balali, 2014; Barari et al., 2012).

International development perspectives further highlight the importance of women's economic empowerment as a driver of broader social and economic gains (Koparanova, 2012; Törnqvist, 2009). Economic independence not only improves women's individual well-being but also contributes to intergenerational benefits, such as improved health and education outcomes for children (Hashemi et al., 1996; Malhotra & et al., 2009). Yet, as several studies have noted, economic empowerment cannot be achieved in isolation from other dimensions of well-being, including social health, emotional stability, and community belonging (Afshani & Fatehi, 2016; Khossravi & et al., 2012).

Gender-based violence (GBV) and insecurity present additional and often under-addressed challenges for female-headed households (Mitiku, 2023; Truman & Morgan, 2022). In contexts where women's safety is compromised—whether in domestic, public, or conflict settings—their ability to participate fully in economic and social life is severely constrained (Kamatchi & Zade, 2024; Sripati, 2024). This underscores the need for integrated safety and security frameworks that not only protect women from harm but also empower them to seek justice and exercise their rights (Handy, 2024; Kamatchi & Zade, 2024).

Research also points to the critical role of community engagement and social capital in enhancing the resilience of female-headed households (Barari et al., 2012; Shiani, 2010). Social participation, whether through formal organizations or informal networks, can provide women with access to information, resources, and collective bargaining power (Aibak, 2023; Balali, 2014). However, the benefits of such participation are often mediated by socio-cultural norms, which can either facilitate or hinder women's involvement (Panda, 2011; Soleimani et al., 2022).

In Iran, the socio-economic status of female-headed households has been the subject of considerable scholarly attention, particularly in relation to the role of welfare organizations and targeted support programs (Afshani & Fatehi, 2016; Faramarzi et al., 2011). The Imam Khomeini Relief Committee and the State Welfare Organization, for example, have implemented various initiatives aimed at providing financial assistance, vocational training, and psychosocial support to women in need (Mahmoudi et al., 2018; Mohammadi et al., 2022). While these programs have had measurable impacts, evaluations indicate that their effectiveness is often constrained by limited budgets, bureaucratic inefficiencies, and insufficient tailoring to the specific needs of different subgroups (Moradi & Karami, 2023; Soleimani et al., 2022).

The literature also emphasizes the interconnectedness of different forms of capital—economic, social, human, and cultural—in shaping women's empowerment outcomes (Koparanova, 2012; Malhotra et al., 2009). Education, for instance, enhances not only women's employability but also their confidence, decision-making capacity, and ability to navigate institutional systems (Panda, 2011; Shrestha, 2024). Similarly, vocational and technical training can provide women with marketable skills, but without accompanying measures such as childcare support, transportation assistance, and anti-discrimination policies, these skills may not translate into sustained employment (Afshani & Fatehi, 2016; Faramarzi et al., 2011).

Moreover, the psychosocial dimensions of empowerment—such as self-esteem, resilience, and social connectedness—are increasingly recognized as essential components of sustainable well-being (Handy, 2024; Khossravi et al., 2012). Women who have strong family and emotional support networks are better able to cope with economic shocks and personal crises, highlighting the importance of integrating psychosocial support into welfare programs (Mahmoudi et al., 2018; Mohammadi et al., 2022). This holistic perspective aligns with global

development agendas that advocate for multi-dimensional approaches to poverty reduction and social inclusion (Koparanova, 2012; Törnqvist, 2009).

Technological innovations are also opening new avenues for enhancing women's security and empowerment. AI-based tools, for example, are being deployed to improve women's personal safety and access to emergency support services (Kamatchi & Zade, 2024). Such technologies can be integrated into broader welfare frameworks to address both immediate safety concerns and long-term empowerment goals (Handy, 2024; Sripathi, 2024). However, their effectiveness depends on ensuring accessibility, affordability, and cultural appropriateness (Aibak, 2023; Moradi & Karami, 2023).

This study builds upon the extensive body of literature on female-headed households, gender justice, and social welfare, situating its analysis within the broader framework of socio-economic empowerment and social support systems (Soleimani et al., 2022; Syamanta, 2024). By examining the social barriers to accessing welfare services among women with ineffective male heads of households in Tehran, it seeks to contribute to both theoretical understanding and practical policy design. In doing so, it acknowledges that empowerment is a multi-dimensional process, shaped by the interplay of individual agency, social structures, and institutional frameworks (Malhotra et al., 2009; Törnqvist, 2009).

The significance of this research lies in its potential to inform targeted interventions that address not only the economic but also the social, emotional, and legal dimensions of women's empowerment.

2. Methods and Materials

This study employed a mixed-method qualitative–quantitative approach with a descriptive phenomenological design and was conducted cross-sectionally in the second half of 2023. To understand and explain the phenomena under investigation, the research utilized qualitative data obtained from in-depth and semi-structured interviews with selected participants, documentary evidence, and field observations, as well as quantitative data and demographic information from the sample population collected through a researcher-made questionnaire with acceptable reliability (above 0.70) for generalizing the results to the entire statistical population. The aim was to examine the social barriers to accessing social support for vulnerable women within the Welfare Organization of Tehran.

The interview questions were designed based on previous studies and credible scientific sources, addressing various topics such as social and economic challenges. Each interview lasted between 20 and 40 minutes, and data analysis was conducted using Colaizzi's phenomenological method. In this study, 17 experts in the interview phase and 20 experts in the Delphi phase participated, including lawyers, social workers, psychologists, and sociologists who were specialized, experienced, and knowledgeable about social, legal, health, welfare, and social service issues.

For data processing, the interviews were reviewed multiple times to fully comprehend the participants' experiences. Key words and sentences were extracted, coded, and grouped based on similar concepts to identify the main themes of the research. The findings were presented as a comprehensive description of the phenomenon under study, and their validity was confirmed through participant feedback and the Delphi method. For validating the qualitative results, both the Delphi method and structural equation modeling were applied. Additionally, the

quantitative questionnaire was developed based on the qualitative results.

In the quantitative section, out of 700 women with husbands who, due to illness, incapacity, disability, addiction, or mental disorders, resided in Tehran, were covered by the Welfare Organization, had at least one year of experience dealing with the mentioned problems, were capable of participating in completing the questionnaire, and provided informed consent to participate in the study, a total of 250 were selected through convenience sampling. The sample size was calculated using Cochran's formula to ensure scientific precision of the results. To validate the qualitative findings, the Delphi method and structural equation modeling were used. Data were analyzed using SPSS 27, Atlas.ti, and Smart-PLS 3 software.

3. Findings and Results

Initially, 17 semi-structured interviews were conducted with specialists and experts from various fields. The demographic information is presented in Table 1.

Table 1

Demographic Information of Experts

Interviewee Code	Gender	Education	Marital Status	Work Experience	Position / Professional Activity
1	Female	PhD	Married	21 years	Associate Professor, Institute for Humanities and Cultural Studies, Academic Jihad
2	Female	PhD	Married	25 years	Faculty Member, Academic Jihad, Allameh Tabataba'i University; Deputy of Social Affairs, Welfare Organization
3	Female	PhD Candidate	Married	18 years	Attorney at Law
4	Male	Master's in Social Welfare Management	Married	35 years	Lecturer, Applied Science University
5	Male	PhD in Psychology	Married	21 years	Active in various welfare fields
6	Male	PhD in Psychology	Married	22 years	Active in social affairs, Welfare Organization
7	Male	PhD in Sociology	Married	18 years	Faculty Member, Social Sciences Research Institute
8	Female	Master's in Criminal Law and Criminology	Married	16 years	Attorney at Law
9	Male	PhD in Psychology	Married	21 years	Active in social affairs, Welfare Organization
10	Female	PhD Candidate	Married	22 years	Attorney at Law
11	Female	PhD Candidate	Married	17 years	Attorney at Law
12	Male	PhD in Psychology	Married	19 years	Active in various welfare fields
13	Male	Master's in Social Sciences	Married	31 years	Lecturer, Applied Science University
14	Male	PhD in Sociology	Married	26 years	Lecturer
15	Male	PhD in Sociology	Married	16 years	Faculty Member, Social Sciences Research Institute
16	Male	PhD in Psychology	Married	23 years	Active in social affairs, Welfare Organization
17	Female	PhD	Married	24 years	Associate Professor, Institute for Humanities and Cultural Studies, Academic Jihad

These individuals included experts in the fields of humanities, psychology, and sociology; licensed attorneys; and social and executive professionals such as the Deputy of Social Affairs at the Welfare Organization, lecturers from the Applied Science University, and social welfare

specialists. Their professional experience ranged from 16 to 35 years, with the greatest expertise observed in social welfare management and social support for vulnerable groups. Specifically, 4 of the experts were in the legal field, 7 in psychology and sociology, and 3 in various welfare-

related areas. This diversity of experience clearly reflected a focus on social issues and the empowerment of individuals at risk.

For data analysis, all interviews were read several times to achieve an accurate understanding of the extracted points and concepts. Then, key statements containing information related to the phenomenon under study were identified and extracted. In the next stage, these statements were transformed into simpler and more precise concepts. Due to space limitations, excerpts from the interviews with each expert are presented below.

Semantic Exploration of Access to Social Support within the Family

Code 1: *"In fact, when we talk about social support, our subject returns to empowerment."*

Statement: The connection between social support and empowerment.

"In reality, we want to somehow empower our target group."

Statement: Empowering the target group.

Code 2: *"One of the components of social health is social care, which leads to social support."*

Statement: Social care and social support.

"Social support is not only material support."

Statement: Social support beyond material assistance.

"In the discussion of social support, the specific goal of the Parents-Teachers Association is seen as financial dependency in the minds of parents."

Statement: Monetary perception of social support.

Code 3: *"First, society must be defined—what do you mean by society here? Society can begin with the individual's own family and then extend to other institutions, ultimately reaching the state and government."*

Code: Defining society and its place in social support.

Code 4: *"This concept includes categories such as insurance, retirement, government assistance, pension payments and allowances, and providing services related to the health and social welfare sector."*

Statement: The breadth of concepts of social services and social support (insurance, retirement, etc.).

"To access social services and support, various infrastructures such as laws and legal procedures, norms, and societal needs must be in place, and if any part of the process encounters a problem, it will create challenges in achieving these services."

Statement: Legal and social infrastructures for delivering social services.

Code 6: *"When I say I provide social support to someone, it means they should have access to the minimum social facilities and we should envision a relatively secure future for them."*

Statement: Minimum standards and future security.

"How can I support them during illnesses—which brings up the issue of insurance—and when they reach an age where retirement is necessary?"

Statement: Support in illnesses and retirement through insurance and pensions.

"The kind of package I design to ensure they have the minimum essentials and a secure future relates to the type of social services provided."

Statement: Service packages and ensuring the future.

Code 7: *"In social inclusion, it means that these individuals should not be separated from the fabric of society and should not experience isolation. They should not be cut off from other social groups."*

Statement: Preventing social isolation of individuals.

"My suggestion is to identify and categorize the gaps and problems."

Statement: Identifying and categorizing the needs of vulnerable groups.

Code 9: *"This empowerment does not only include the social dimension of individuals but also the economic dimension."*

Statement: Empowerment in both social and economic dimensions.

"For example, in the economic sector, empowerment can include services, banking facilities, or providing job opportunities so that individuals can earn income through these means."

Statement: Economic empowerment, banking services, employment, facilities.

Code 10: *"In the economic sphere, services such as banking facilities, job opportunities, and assistance in creating employment opportunities can help individuals achieve stable income."*

Statement: Economic services such as facilities, employment, stable income.

"In the area of social health as well, one important component is social care, which can serve as support for social assistance."

Statement: Social care as an important component of social support.

Code 11: *"Social support does not just mean financial aid; emotional, social, and even informational support can*

greatly contribute to improving individuals' social conditions."

Statement: Social support should include financial, emotional, social, and informational assistance.

"For example, some individuals, such as female heads of households, due to their specific circumstances, require special support."

Statement: Need for special support for certain groups, such as female heads of households.

Code 12: *"Social support not only considers individuals' financial issues but also encompasses their social and psychological dimensions."*

Statement: Attention to all social dimensions, not just financial matters.

"When we talk about social support, we should note that our goal is not only to meet individuals' financial needs but also to improve their social, psychological, and economic health."

Statement: Promoting individuals' social, psychological, and economic health.

"This matter becomes even more important in various groups of society, such as female heads of households."

Statement: Attention to special groups such as female heads of households.

Code 13: *"How services are provided to vulnerable groups."*

Code: More precise identification of vulnerable groups and provision of specialized services.

"Women who support ineffective or disabled husbands should not be deprived of social support."

Statement: Necessity of special support and increased inclusion in support systems.

"Amending support laws to include these groups is very important."

Statement: Amending laws to support female heads of households and families with disabled members.

Code 14: *"Negative attitudes toward divorced women or female heads of households can prevent them from receiving social support."*

Statement: Negative attitudes as a barrier to receiving support.

"Many divorced women, even if they are in difficult situations, cannot benefit from social services due to society's negative view toward them."

Statement: Negative perceptions preventing women from benefiting from social services.

Code 15: *"These groups can help women learn financial and group skills and gain access to microloans."*

Statement: Teaching financial skills and access to microloans.

"Also, self-help groups can boost these women's self-confidence and help them acquire managerial and financial skills despite limited literacy."

Statement: Strengthening self-confidence and teaching managerial skills.

Code 16: *"When we want to examine social support, we must keep in mind that such support should be designed to not only meet individuals' financial needs but also enhance their self-esteem and mental health."*

Statement: Designing support to increase self-esteem and mental health.

"For example, in some groups, fear of losing pensions prevents individuals from making proper use of available facilities."

Statement: Fear of losing pensions as a barrier to using services.

Code 17: *"Social services should be provided according to each individual's specific needs."*

Statement: Social services tailored to individual needs.

"For instance, a person who needs support due to financial difficulties should first benefit from services such as housing or microloans."

Statement: Prioritizing social services based on financial need.

At this stage, 74 codes were extracted for access to social support. The identified themes were linked together to create an overall description of the phenomenon under study. Based on the issues raised, the services and support provided to women with ineffective husbands in the Welfare Organization are as follows:

Insurance: Support in illnesses and retirement, economic services such as facilities and stable income, breadth of social service concepts (insurance, retirement, government assistance), ensuring the future, and factors affecting access to services (personal status, occupation, education, income, skills, support networks, and social relationships).

Physical, Psychological, and Emotional Health: Social support and individual health, social care, improvement of psychological, social, and economic status, meeting social and economic needs, personalized support programs, changing perceptions of individuals' situations, promoting social and psychological health, special support for female heads of households, creating a safe environment for using services, and fear of losing pensions.

Social Health: Indicators of social health, self-esteem, prevention of isolation, identifying the needs of vulnerable

groups, developing clear indicators, a comprehensive approach to social support, and changing societal attitudes toward vulnerable individuals.

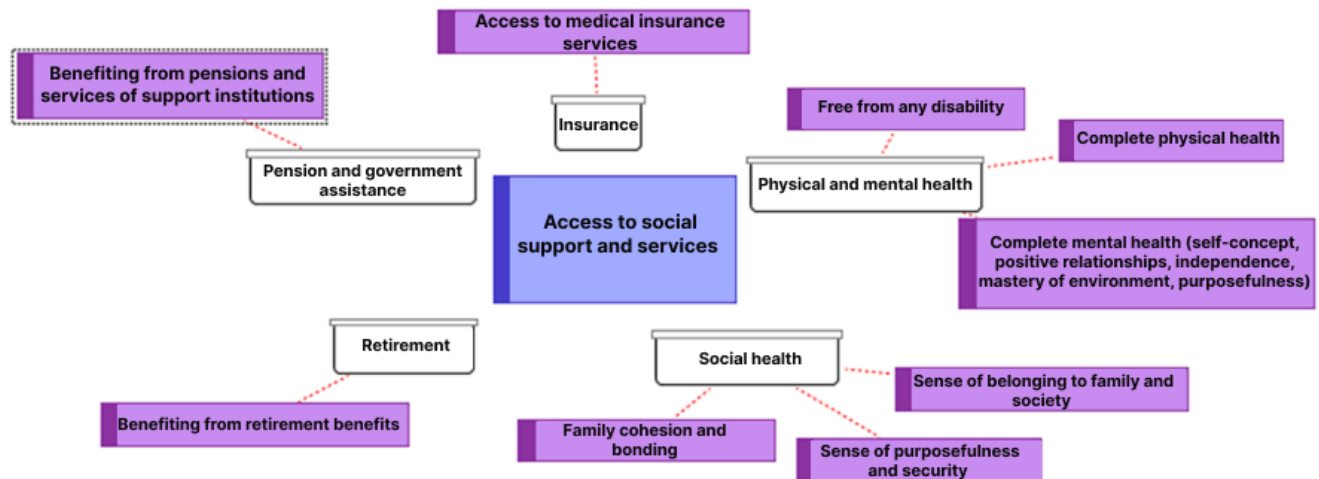
Retirement: Support in illnesses, housing, provision of minimum essentials, financial and economic support, legal and social infrastructures, pensions, and government assistance; fear of losing pensions, referrals to specialized

working groups, changing public attitudes, teaching financial skills, identifying specific needs, amending support laws, family problems in accessing services, and support for female heads of households.

Based on the identified themes and descriptions, a fundamental structure for "Social Services" is presented in Figure 1.

Figure 1

Social Services and Support using Atlas.ti software.



Semantic Exploration of Social Barriers to Accessing Social Support within the Family

Code 1: "In a society where traditional attitudes still exist, families do not teach girls to have skills that enable them to earn an income, and most women remain financially dependent on their husbands."

Statement: Traditional family attitudes and lack of vocational skills training for women.

Code 2: "In the early years of life, training in counseling and empathy is essential to create cultural change and promote patience and tolerance. Cultural change should go beyond our national borders."

Statement: Teaching social and empathy skills in the early years of life.

"Self-sacrifice and altruism must be institutionalized in society and transformed from books into real-life practice, so that individuals demonstrate altruism and empathy in their daily interactions."

Statement: Embedding the concepts of self-sacrifice and altruism into social participation.

"Current laws exclude women whose husbands are physically present but unable to support the family from receiving social support. This problem arises from the

incomplete legal definition of 'ineffective head of household'."

"Factors such as individuals' personal and demographic status, occupation, education, income, skills, family support networks, social relationships, and level of participation in society serve as essential prerequisites for accessing social services."

Code 3: Statement: Deprivation of social support for women with incapable spouses.

Code 4: Statement: Factors influencing access to social services (personal and demographic status, education, income, etc.).

Code 5: "The jobs proposed for female heads of households with ineffective or disabled husbands are practically inaccessible due to their need to care for their spouse."

Statement: Barriers to accessing employment services.

"Female heads of households should have home-based jobs, but such jobs are limited and low-paying. Moreover, there is a need to increase care allowances for these individuals."

Statement: Shortage of home-based jobs and inadequate income.

Code 6: *"I pay for medical treatments, and nothing is left from that money, and I have no employment."*

Statement: Medical expenses and unemployment.

"It sounds better when we say we provide employment loans, but these are essentially self-defeating measures."

Statement: Barriers to utilizing employment loans.

Code 7: *"If someone had a problem, they used to be supported by relatives, but now that is less common and much harder to arrange."*

Statement: Decline in family and kinship support capacity.

"It is possible that one person receives benefits from two organizations, while another receives no help or services from any institution."

Statement: Need for coordination and integration in providing support services.

Code 9: *"Most girls are dependent on their husbands and cannot financially provide for themselves."*

Statement: Women's financial dependency on husbands as a barrier to empowerment.

"This causes problems for women and even other vulnerable groups."

Statement: Financial and cultural dependency creating challenges for vulnerable groups.

Code 10: *"This mindset leads to overlooking women's real abilities and reducing their economic and social opportunities."*

Statement: Limitation of economic and social opportunities.

Code 11: *"On the other hand, skill training for women in schools and universities is very limited, especially in vocational skills."*

Statement: Insufficient skills training, particularly vocational, in schools and universities.

Code 12: *"For example, female heads of households in societies with traditional attitudes are deprived of many social services."*

Statement: Traditional societal attitudes causing deprivation.

Code 13: *"Social barriers to accessing these supports mostly stem from inadequate planning and resource allocation."*

Statement: Misallocation of resources and weak planning.

"For example, female heads of households or people with disabilities, because they lack stable employment or good financial standing, cannot access social services."

Statement: Lack of stable employment and poor financial conditions.

Code 14: *"Another problem is that the various institutions that are supposed to provide services are not coordinated."*

Statement: Lack of coordination among service-providing institutions.

"Often, people do not know where to go, and this causes confusion."

Statement: Confusion due to lack of proper guidance.

Code 16: *"One of the main problems is that people's needs do not match the services available."*

Statement: Mismatch between needs and available services.

"Many individuals may require psychological or social support, but most social services focus on financial assistance."

Statement: Overemphasis of social services on financial aid and need for psychosocial support.

Code 17: *"In addition, the lack of skill training, especially in vocational fields, prevents individuals from entering the labor market and benefiting from social services."*

Statement: Lack of vocational skills training.

"In such circumstances, individuals cannot be socially active and take advantage of social support."

Statement: Inability to engage socially.

At this stage, 97 codes of social barriers to accessing social support were extracted. The identified themes were combined to provide a comprehensive description of the phenomenon under study. Social barriers affecting women with ineffective husbands in accessing social support were analyzed, and the following results were obtained:

Social Participation: Social and empathy skills training in early life, the necessity of teaching life and social skills, educational programs to improve quality of life and foster empathy in early childhood, the need for changes in the education system to promote life skills, the importance of promoting healthy social relationships in daily life without dependence on support organizations, social participation, strengthening the role of social organizations, identifying and categorizing the needs of vulnerable groups, referral to specialized working groups, developing clear indicators for service provision, creating employment opportunities for vulnerable groups, reduced support capacity of families and relatives, and the need for coordination and integration in providing support services.

Family and Emotional Support: Social support and family backing, comparison of family and support centers, the need to consider specific needs and avoid standardizing support, social support and the promotion of social, psychological, and economic health, family as the primary source of support compared to institutions, reduced family and kinship support capacity, women's financial dependence on husbands as a barrier to empowerment, financial and cultural dependency creating problems for vulnerable groups, family structure in traditional societies as a major barrier to accessing social services, women's dependency on husbands for accessing social services in traditional societies, and the inability of women in these societies to independently exercise their rights.

Social Skills: Life skills training to create healthy relationships in families, social changes and neglect of life skills in families, social problems arising from children's attachment in temporary families, problems of living in high-conflict situations and the need for legal and social protection, the need to support vulnerable men and women, psychological stress and its impact on physical health, problems arising from lack of social skills and inability to comprehend training, social barriers caused by basic needs, need for social relationships, need for individualized planning, cultural and social problems as causes of social barriers to accessing support, economic problems hindering service use, lack of access to services due to differences in

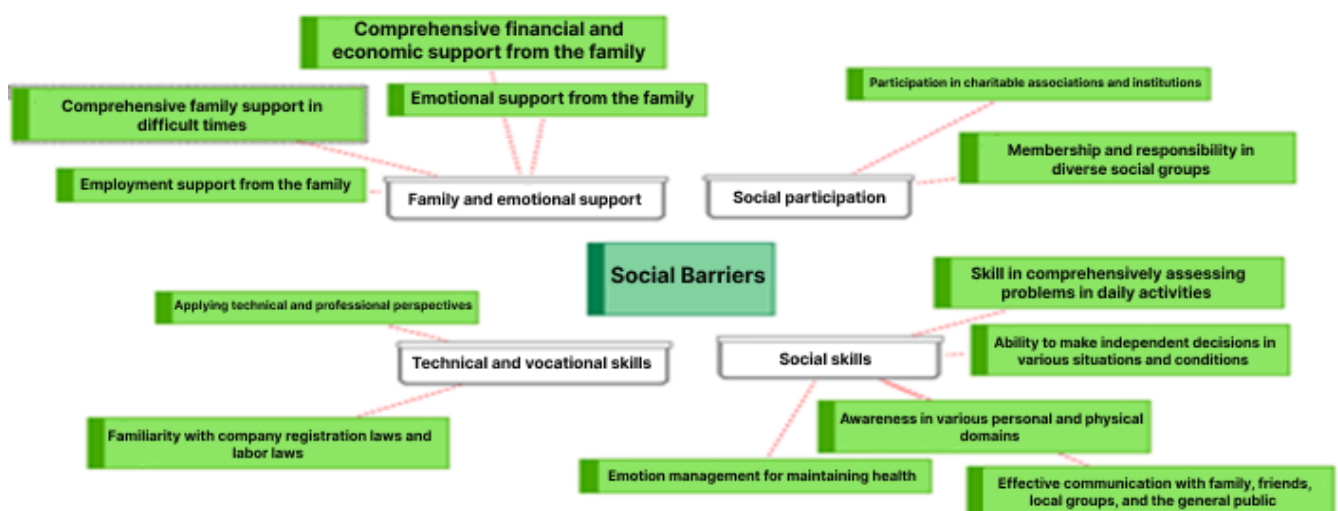
needs, and difficulty for specific groups in accessing services.

Technical and Vocational Skills: Incomplete and overlooked perception of women as independent and social individuals, the necessity of vocational skills training for women, the importance of combining life skills training with academic education for women, lack of vocational skills training as a reason for women's exclusion from the labor market, shortage of home-based jobs and insufficient income, lack of financial support for persons with disabilities and their families, lack of support for families of persons with disabilities in the Comprehensive Law on the Protection of Persons with Disabilities, limitations in educational aid for spouses of persons with disabilities, the importance of vocational training, employment and investment training, recognition of women's legal and real identity and independence, inability to use financial resources, barriers to benefiting from employment loans, severe financial hardship, debt and financial problems hindering employment, inability to participate socially, lack of access to information and infrastructural issues, lack of coordination among service-providing institutions, and complex laws and bureaucracy as barriers to accessing services.

Based on the identified themes and descriptions, a fundamental structure for "Social Barriers to Accessing Social Services for Women with Ineffective Male Heads of Household" is presented in Figure 2.

Figure 2

Social barriers to accessing social support using Atlas.ti software.



To examine the confirmation of the extracted components, the Delphi method was employed. In this method, a questionnaire based on a five-point Likert scale was developed from the results obtained. In the first step, a survey was conducted with 10 experts, and subsequently, using the snowball sampling method, 20 individuals were selected to complete the questionnaire. To validate and screen the indicators, the obtained values for each indicator were compared with the threshold value of 0.7. This process continued until no new indicators were added or removed and the difference between rounds was less than 0.1.

Among the 20 experts, 75% (15 individuals) were male. In terms of work experience, the highest proportion belonged to those with 20–25 years of experience, accounting for 25% (5 individuals). Regarding education, the majority of experts held doctoral degrees. As for occupational positions, 40% (8 individuals) of the experts were university faculty members engaged in social activities related to the Welfare Organization. In the first Delphi round, all components were approved. In the second round, the questionnaire along with the mean responses from the first round was provided to the experts, and in the third round, a questionnaire containing the questions from previous stages along with the mean responses from rounds one and two was sent to the experts. The results indicated that the responses in the third round were similar to those in the second round, and ultimately, all questions were approved in both the second and third rounds. In the third round, results similar to the second were obtained. The findings showed that the process reached collective agreement and theoretical saturation. Kendall's coefficient in the various Delphi tests in the third round was 0.637,

which was statistically significant. Due to achieving theoretical saturation and a high agreement percentage of 63.7%, the Delphi technique was stopped at the third stage.

For confirmatory factor analysis, the structural equation modeling approach was applied using Smart-PLS3 software. In this section, 250 individuals were selected through convenience random sampling. Most respondents were between the ages of 30 and 39 years, and 76.4% of participants had less than one year of informal work experience. In terms of education, the largest proportion belonged to those with a high school diploma, comprising 46% of the sample. Additionally, 55.2% of participants were homemakers.

To test the normality of variable distributions, the Kolmogorov–Smirnov test was performed at a 0.05 significance level. The significance value of the Kolmogorov–Smirnov test for all components was less than 0.05, indicating rejection of the normality assumption for these components. Moreover, the variance inflation factor (VIF) was calculated for each variable, and all variables had a VIF value of less than 5, indicating acceptable collinearity. To assess the reliability of the reflective measurement model, Cronbach's alpha, composite reliability, and indicator reliability (factor loading) were calculated. To evaluate the validity of the reflective measurement model, convergent validity (AVE) and discriminant validity (Fornell–Larcker test) were examined.

Table 1 presents the Cronbach's alpha and composite reliability values for the measurement model. Given that both indices (Cronbach's alpha and composite reliability) are above 0.7, the reliability of the measurement model is confirmed.

Table 2

Factor Loadings of Latent Variable Items under Standardized Coefficient Estimation

Subcategory	Path Coefficient	Standard Error	t-Statistic	Significance Level	Cronbach's Alpha (CA)	Composite Reliability (CR)	Average Variance Extracted (AVE)
ME1 ← Social Participation	0.857	0.031	28.025	0	0.706	0.871	0.772
ME2 ← Social Participation	0.899	0.017	52.655	0			
MAE1 ← Social Skills	0.840	0.043	19.629	0	0.921	0.940	0.760
MAE2 ← Social Skills	0.883	0.037	23.598	0			
MAE3 ← Social Skills	0.906	0.029	31.602	0			
MAE4 ← Social Skills	0.862	0.038	22.552	0			
MAE5 ← Social Skills	0.865	0.034	25.294	0			
MFH1 ← Technical and Vocational Skills	0.921	0.008	112.597	0	0.763	0.893	0.807
MFH2 ← Technical and Vocational Skills	0.875	0.032	27.028	0			

PKHA1 ← Family and Emotional Support	0.877	0.034	25.922	0	0.878	0.916	0.732
PKHA2 ← Family and Emotional Support	0.823	0.043	19.176	0			
PKHA3 ← Family and Emotional Support	0.881	0.030	29.247	0			
PKHA4 ← Family and Emotional Support	0.840	0.036	23.659	0	1.000	1.000	1.000
SGR1 ← Physical and Mental Health	0.837	0.033	25.297	0	0.755	0.860	0.673
SGR2 ← Physical and Mental Health	0.768	0.041	18.717	0			
SGR3 ← Physical and Mental Health	0.853	0.030	28.697	0			
SE1 ← Social Health	0.755	0.054	14.033	0	0.706	0.836	0.629
SE2 ← Social Health	0.825	0.033	25.032	0			
SE3 ← Social Health	0.799	0.038	20.907	0			
BAZ ← Retirement	1.000	0.000			1.000	1.000	1.000
BIME ← Insurance	1.000	0.000			1.000	1.000	1.000
MKO ← Pension and Assistance	1.000	0.000			1.000	1.000	1.000
DAR ← Empowerment	1.000	0.000			1.000	1.000	1.000
EDU ← Education	1.000	0.000			1.000	1.000	1.000

Table 3

Factor Loadings of Second-Order Variables, Correlation Coefficient, and Communality Index

Main Category	Path Coefficient	Standard Error	t-Statistic	Significance Level	Correlation Coefficient	Communality Index
Social Participation	0.67	0.041	16.393	0	0.449	0.297
Social Skills	0.944	0.007	136.089	0	0.892	0.631
Technical and Vocational Skills	0.727	0.036	20.101	0	0.529	0.373
Family and Emotional Support	0.938	0.008	120.750	0	0.880	0.542
Education	0.133	0.063	2.127	0.034	0.018	1
Physical and Mental Health	0.946	0.009	101.583	0	0.896	0.344
Social Health	0.939	0.010	90.191	0	0.881	0.267
Retirement	0.886	0.024	36.249	0	0.785	1
Insurance	0.831	0.052	15.908	0	0.691	1
Pension and Assistance	0.866	0.031	28.138	0	0.750	1
Empowerment	0.693	0.062	11.125	0	0.480	1
Health	0.988	0.002	579.297	0	0.977	0.408
Social Security	0.804	0.026	30.833	0	0.646	0.467
Social Barriers					0.507	0.547
Access to Social Support and Services					0.769	0.433
Overall					0.677	

Based on Table 2, both indices (Cronbach's alpha and composite reliability) have values greater than 0.7, confirming the reliability of the measurement model. All factor loadings are above 0.4, and the t-statistics are greater than 1.96, with significance levels for all items less than 0.05, indicating statistical significance and the appropriateness of the items for measuring the latent variables in the model. The AVE values are above 0.50, indicating the internal validity and consistency of the reflective measurement models, as well as their strong alignment with the empirical data. Therefore, given the

suitability of these indices, the convergent validity of the measurement model is fully confirmed. Table 2 presents the variance extracted by the latent variables from their indicators (convergent validity assessment).

According to Table 2, the overall R^2 value is 0.677, which is greater than 0.67, indicating a strong relationship between social barriers and access to social support. The positive communality indices indicate the high quality of the measurement and structural models. For assessing the discriminant validity of the reflective measurement model, the Fornell-Larcker criterion was applied. The results of this

analysis show that the average variance extracted (AVE) for each latent variable is greater than its variance shared with other variables. This indicates that the indicators have been correctly selected, and the discriminant validity of the reflective measurement model at the construct level is confirmed.

The Goodness-of-Fit (GOF) index assesses the alignment and compatibility between the quality of the structural model and the measurement model. The GOF value for this model was calculated as 0.717, indicating a strong model fit. In other words, the data from this study are in good agreement with the factor structure and theoretical framework of the research, confirming the alignment and consistency of the questions and the proposed model with the theoretical constructs.

4. Discussion and Conclusion

The present study examined the social barriers to accessing welfare services among women with ineffective male heads of households in Tehran, focusing on key components such as social participation, social skills, technical and vocational skills, family and emotional support, education, physical and mental health, social health, retirement, insurance, pensions and assistance, empowerment, and social security. The findings revealed that while these components collectively contribute to the overall accessibility and utilization of welfare services, structural and socio-cultural barriers continue to hinder their effectiveness. In particular, the results indicate that deficits in social participation, lack of coordinated service provision, inadequate skill development, and insufficient family and emotional support significantly affect women's ability to benefit from available programs.

Consistent with previous research, the study confirms that social participation plays a pivotal role in empowering female-headed households and improving their socio-economic conditions (Afshani & Fatehi, 2016; Barari et al., 2012). The structural equation modeling results highlighted a strong positive relationship between social participation and access to welfare services. This aligns with evidence that active membership in community groups and engagement in civic activities can enhance access to information, build social networks, and strengthen women's collective bargaining power (Aibak, 2023; Balali, 2014). However, as found in this study, participation levels are often constrained by traditional gender norms, time poverty, and limited

institutional outreach, which is consistent with observations from similar contexts (Panda, 2011; Soleimani et al., 2022).

Another important finding relates to the role of social skills in enabling women to navigate institutional systems and maintain stable relationships within their communities. The results show that higher social skills are strongly associated with improved access to welfare benefits, echoing studies that emphasize the importance of communication skills, conflict resolution, and social confidence in promoting women's agency (Khossravi & et al., 2012; Shiani, 2010). Prior work has also highlighted that social skills can mitigate the effects of social stigma and marginalization, enabling women to interact more effectively with service providers and community members (Hashemi et al., 1996; Malhotra & et al., 2009). This supports the argument that welfare interventions should incorporate social skills training as part of their empowerment strategies.

The findings further underscore the significance of technical and vocational skills as pathways to economic independence. In this study, women who had received training in such skills reported better employment outcomes and greater self-reliance, which in turn improved their access to welfare services. This corroborates evidence from both local and international research that vocational training programs can provide sustainable income sources and reduce dependency on social assistance (Shrestha, 2024; Törnqvist, 2009). Nevertheless, the study also found that access to training opportunities is often restricted by caregiving responsibilities, lack of transportation, and limited availability of locally relevant courses—issues also noted in prior studies (Mahmoudi & et al., 2018; Mohammadi & et al., 2022).

Family and emotional support emerged as another critical determinant of welfare access. The findings revealed that women with strong family support networks were more likely to successfully apply for and maintain welfare benefits. This resonates with research showing that emotional and financial backing from family can buffer the effects of economic shocks, provide childcare support, and encourage women to pursue educational or occupational opportunities (Afshani & Fatehi, 2016; Khossravi & et al., 2012). Conversely, women lacking such support often face compounded barriers, including social isolation and reduced access to information (Balali, 2014; Hashemi et al., 1996). These patterns reflect the broader understanding that social capital is a key resource in overcoming systemic inequities (Koparanova, 2012; Malhotra & et al., 2009).

In terms of health, the study's results reinforce the multidimensional nature of empowerment. Physical and mental health status was found to be strongly linked to welfare service utilization, aligning with prior findings that poor health can limit women's capacity to engage in economic activities and navigate bureaucratic processes (Faramarzi & et al., 2011; Mitiku, 2023). The data also suggest that mental health challenges—such as depression, anxiety, and stress—are particularly salient in constraining women's social participation, which mirrors the findings of other Iranian and international research (Moradi & Karami, 2023; Truman & Morgan, 2022). This indicates that welfare systems should integrate mental health support as a core service for female-headed households.

Social health, defined in this study as women's sense of belonging, trust, and engagement within their communities, was likewise a significant predictor of welfare access. The results show that higher social health scores correlate with greater utilization of welfare services, which is consistent with earlier research on the role of social cohesion and trust in enabling marginalized groups to access institutional resources (Barari et al., 2012; Shiani, 2010). In line with this, interventions that foster inclusive community environments—such as peer support groups and neighborhood networks—can play a vital role in reducing barriers (Aibak, 2023; Hashemi et al., 1996).

Retirement benefits, insurance coverage, and pensions also demonstrated a meaningful association with welfare access. Women who had access to these formal safety nets reported greater financial stability and were less reliant on ad-hoc or informal support mechanisms. This finding aligns with international evidence on the protective role of social insurance in reducing vulnerability among women in precarious living situations (Malhotra & et al., 2009; Törnqvist, 2009). However, the study also identified that eligibility requirements and bureaucratic hurdles often exclude those most in need, echoing critiques of welfare policies that fail to account for irregular work histories or informal caregiving roles (Moradi & Karami, 2023; Soleimani et al., 2022).

The concept of empowerment—encompassing economic, social, and personal dimensions—emerged as a central outcome in the study's analysis. The results show that higher empowerment levels are associated with better navigation of welfare systems and greater overall well-being. This is consistent with the theoretical frameworks that view empowerment not merely as a resource or outcome, but as a process of increasing agency and control over one's life

(Sripati, 2024; Syamanta, 2024). Past research also indicates that empowerment is both a prerequisite for and a result of effective welfare engagement, creating a reinforcing cycle when adequately supported by policy and practice (Handy, 2024; Koparanova, 2012).

Importantly, the study's findings on social barriers—such as traditional gender norms, inadequate coordination between service providers, and insufficiently tailored programs—mirror observations from prior work in diverse settings (Aibak, 2023; Mitiku, 2023). For example, in contexts where gender-based violence is prevalent, women's mobility and willingness to engage with institutions may be severely curtailed (Kamatchi & Zade, 2024; Truman & Morgan, 2022). Similarly, where welfare eligibility criteria are narrowly defined or inconsistently applied, women in complex caregiving situations may find themselves excluded from essential support (Mohammadi & et al., 2022; Soleimani et al., 2022).

Overall, the study reinforces the view that improving access to welfare services for female-headed households requires a multifaceted approach that addresses both structural and individual-level factors. It confirms that interventions must go beyond financial assistance to include skill development, mental health support, community engagement, and legal empowerment (Handy, 2024; Syamanta, 2024). Such integrated strategies are more likely to create sustainable pathways out of poverty and enhance the overall well-being of women and their families (Koparanova, 2012; Malhotra & et al., 2009).

This study has several limitations that should be acknowledged. First, the cross-sectional design restricts the ability to establish causal relationships between the identified variables and access to welfare services. While structural equation modeling provided insights into associations, longitudinal research would be needed to capture changes over time. Second, the reliance on self-reported data may introduce social desirability and recall biases, particularly in relation to sensitive topics such as family support, mental health, and experiences of discrimination. Third, although the sample was drawn from diverse districts of Tehran, it may not fully represent the experiences of female-headed households in rural or marginalized urban areas, where barriers and resources can differ significantly. Finally, the study focused on women with ineffective male heads of households, and the findings may not be directly generalizable to other vulnerable populations, such as single mothers by choice, widows without dependents, or women in refugee contexts.

Future research should consider employing longitudinal and mixed-method designs to better capture the dynamic and multidimensional nature of welfare access and empowerment. Comparative studies between urban and rural settings could provide deeper insights into geographic disparities and inform targeted policy interventions. Further, examining the intersection of gender with other identity markers—such as disability, ethnicity, or migration status—would enhance understanding of how multiple forms of disadvantage interact to shape welfare access. Experimental or quasi-experimental evaluations of integrated welfare programs could also shed light on the most effective combinations of financial, social, and skill-based interventions for female-headed households.

From a practical standpoint, welfare organizations should adopt a holistic approach that combines financial assistance with capacity-building initiatives, psychosocial support, and legal empowerment. Programs should be designed with flexibility to accommodate the specific needs of women in different caregiving and employment situations. Enhancing inter-agency coordination can reduce service fragmentation, while leveraging community networks can improve outreach and trust-building. Additionally, integrating digital tools for service delivery and safety can increase accessibility, particularly for women facing mobility or security challenges. Tailoring vocational training to local market demands, providing childcare support, and simplifying administrative procedures could further enhance women's ability to access and benefit from welfare services.

Authors' Contributions

Authors equally contributed to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

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All procedures performed in studies involving human participants were under the ethical standards of the institutional and, or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

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