

A Sociological Study of Rural Women Attitudes toward Education, Health and Work outside Home in Beheira Governorate, Egypt

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Abstract—This research was performed to evaluate the attitudes of rural women towards education, health and work outside the home. The study was based on a random sample of 147 rural women, Kafir-Rahmaniyah village was chosen for the study because its life expectancy at birth for females, education and percentage of females in the labor force, were the highest in the district. The study data were collected from rural female respondents, using a face-to-face questionnaire. In addition, the study estimated several factors like age, main occupation, family size, monthly household income, geographic cosmopolites, and degree of social participation for rural women respondents. Using Statistical Package for the Social Sciences (SPSS), data were analyzed by non-parametric statistical methods. The main finding in this study was a significant relationship between each of the previous variables and each of rural women's attitudes toward education, health, and work outside home. The study concluded with some recommendations. The most important element is ensuring attention to rural women's needs, requirements and rights via raising their health awareness, education and their contributions in their society.

Keywords—Attitudes, education, health, rural women, work outside the home.

I. INTRODUCTION

ATTITUDES towards the changing roles for women have been the subject of numerous recent studies. Generally, the studies have shown that attitudes are becoming increasingly less traditional and influenced by socio-demographic variables [1]–[3].

Rural women's education plays an important role in the social progress. For that, education will be used as an agent of basic change in the status of rural women in Egypt. In order to neutralize the accumulated distortions of the past, education plays a positive, interventional role in the empowerment of rural women [4]. Rural women's education is wrongly thought of as a waste of time and money, as young females are wrongly considered to have no economic benefit for the family. Parents are usually hesitant to send their daughters to school because the on-going benefits are not equal to the present service; young females take care of the home instead of their mothers, who can then go out to work [5]. In Egypt, agriculture is at the center of the national economy, and rural women play central roles in rural development. Interestingly, rural women in Egypt still perceive themselves as inferior to

men, which leads to fewer rights over resources and decision-making. Therefore, they should be enabled to perceive the range of options available to them, and building their capacity to choose from them constitutes the start of any potential successful empowerment intervention [2].

Some studies have pointed to additional factors associated with health status among rural women, including: the isolation associated with rural life, which affects both social supports, as well as access to mental health services, and the declining farm economy with resulting unpredictable and irregular income [6] and the lack of social, educational, and childcare resources [7].

II. RESEARCH PROBLEM, OBJECTIVES AND HYPOTHESES

A. Research Problem

In Egypt, the family is by far the most important institution for socialization. It represents the first environment for children to recognize the values, culture and norms of their society. The traditional hierarchical and patriarchal structure of the Egyptian family would suggest that rural women have very limited freedom. Although the content of much of modern Egyptian life has changed, there has been relatively little change in the degree of gender differentiation in the household. Parents determine and enforce gender roles through the process of socialization. The most striking gender differentiation in socialization today is in the division of labor in the household. Girls, whether in school or not, are expected to carry a full load of chores, including housekeeping, fetching water, running errands, washing clothing, cooking, and caring for siblings. Boys, however, may run a few errands but do much less than their sisters. Associated with this division of labor is the greater freedom of boys: they have more time of their own, and they spend it unsupervised [2], [8]. Discrimination against girls starts from birth and continues throughout life. The social preference for boys, results in girls being valued less, fed less, educated less, pushed to work harder, and deprived of the opportunity to broaden their personal, social and intellectual horizons. In economically disadvantage families, the greater the poverty, the worse the situation of the girl [6].

Traditional attitudes regarding women in society and gender relations in the household play a role in the relatively disadvantaged status of girls in the household. Sons are expected to shoulder the responsibility of continuing the family line and supporting aging parents. Daughters are

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considered non-permanent members of the household since they are expected to marry, and leave home. The notion of temporary membership in the natal home results in the perception of the girls as burdens to be shifted to another family. Once they are married, their status may not be any better in their new households they are considered outsiders, reproductive machines and unpaid workers [9].

B. Research Objectives

The research purpose is to identify the attitudes of rural women towards education, health and work outside home through:

1. Some social and economic characteristics of rural women respondents.
2. Rural women's attitudes towards education.
3. Rural women's attitudes towards health.
4. Rural women's attitudes towards work outside home.

C. Theoretical, Empirical Framework

- **Attitudes:** Attitudes have long been considered a central concept of social psychology. The initial definitions of attitudes were broad and encompassed cognitive, affective, motivational, and behavioral components. Attitude has several definitions as Allport defined, an attitude as " a mental and neural state of readiness, organized through experience, exerting a directive and dynamic influence upon the individual's response to all objects and situations with which it is related" [10]. Later, Krech and Crutchfield defined attitudes as "an enduring organization of motivational, emotional, perceptual, and cognitive processes with respect to some aspect of the individual's world" [11]. These definitions intensified the constant and stable nature of attitudes and their relationship to individuals' behavior [12]. Attitude strength is very important to understand. As several researchers considered attitudes are variable in their strength. Moreover, the strongly held attitudes are more constant, continual over time and less likely to be changed by disguised messages. In addition, they are better predictors of behavior than weak attitudes [13].
- **Education:** Education is the main catalyst, which can propel the desired greater rural women's participation, especially in skilled and highly productive jobs. In addition, it is known that education is one of the most important basic human rights and should be made available to everyone in society, regardless of gender, race or region [14]. Women's education is a corner stone in family education, while a man's education is merely educating one human. The importance of women's education in a society, especially a rural one, is the key to solving many problems. In Egypt, the governorate counts on female education to solve existing problems like female circumcision, population growth, addictions and education dropouts [15].
- **Work Outside the Home:** In the recent past, Egyptian rural women were involved in subsistence farming which included planting, weeding, harvesting, transportation and

sale of farm produce. In addition, they had household duties and childbearing responsibilities. In developing countries like Egypt, petty trading is still present, and considered as a non-formal job for rural women for that it has an important economic activity of rural society [16].

- **Empowerment of rural women:** Women's empowerment is a dynamic process of different dimensions: Economic, socio-cultural, familial, legal, political and psychological [17], [18]. The United Nations Millennium committed governments to intensify gender equality and the empowerment of women as the favorable and sustainable way to confront four main problems, which are illiteracy, poverty, hunger and disease. These problems and other emerging ones are mostly manifested in rural areas [19].

The empowerment of women in rural areas is dependent on several factors, including ownership and control over land; access to diverse types of employment, education, training health care, and opportunities for participation in political life. [20]. However, this half faces many challenges at different levels. At the employment level, women represented 24% of the labor force in 2010 with an unemployment rate of almost 23%, reaching 4.3 times the rate of men. This rate reached 54% among young female (aged 15-24 years). For wage employment in the non-agriculture sector, the share of women was very low; almost half of the women in the labor force were in the informal sector. The gender gap and disparities concerning wages remain. In the public sector, this gap was in favor of women, while it was not the case for the private sector [21]. The perfect strategy for the empowerment of rural women needs the dissociation of several belief, structures and subordination that hinder their access to political, social and economic facilities. The key and important livelihood strategy for this process is education. Although it is not enough, studies recommended female education as a powerful and important way for reducing poverty. From the growing body of evidence, it is essential to provide women with the opportunity for training in several fields like marketing, rural entrepreneurship, farm management and financing for human and community welfare [19]. Inequalities in education and skill acquisition can explain the fact that women benefit much less than men from social and economic opportunities [22]. Sex discrimination in rural areas is the reason for female illiteracy. In rural areas, the education of males is much more superior to female education. It was reported that about 60% of all illiterate people in the world are females, with only 69% of females over the age of 15 years being literate, versus 83% of men [23]. In Egypt, several studies investigated the relation between women's empowerment and the relation to different demographic processes. El-Sheneity investigated the relation between women's status, fertility and family planning, and his results showed a negative relation between fertility and women's educational level, as well as participation in the labor force. The number of children was inversely proportional to the level of education [24].

Women's empowerment in this study was represented by various variables that are believed to affect women's

autonomy. This includes women's education, health care and employment status.

- *Health facilities:* Egypt has good health system infrastructure with an extensive primary care network. There are approximately 5,000 public primary care facilities and 1,100 public hospitals. Egypt's private sector network, which includes general practitioners, laboratories and pharmacists, plays an important role in delivering health care and manages private clinics, as well as specialized hospitals [25]. Most Egyptians live near a health clinic that is accessible; even in rural areas most women live within 30 km of a government hospital. Underutilization of healthcare services is due to less physical access and more to socioeconomic, educational or cultural factors. For example, over one-third of all maternal deaths in Egypt in 2000 were due to a lack of antenatal care (ANC) or poor-quality ANC, particularly among the poorest and least educated populations, which are primarily in rural areas [26].
- *Health care for rural women:* To study the health care attitudes of rural women, two main factors affecting an individual's health care decision-making were considered: Social influences and resource availability. First, social influences are the social pressures that an individual perceives, when making a decision with respect to a particular behavior. This behavior could be affected by friends, family members or community. Second, resource availability reflects access to resources needed to engage in behavior. This includes resources such as time, medical insurance or monetary resources [27]. Lack of medical insurance significantly reduces health services utilization. Opportunities to receive medical care or prescription medicines are greater for insured people than their uninsured counterparts, even those with chronic health conditions [28]. Even uninsured families were less likely to seek health care than insured families, even when incomes were constant [29]. Some researchers reported that females with low-income usually have poor health status, poor health care access and commonly suffer from chronic illness, especially if they were uninsured [30], [31]. Moreover, certain problems like poor mental and physical health status were reported from unemployed women more than employed ones, and this may be because employed women have more income, are more confident, and self-satisfied, and of course they may be medically insured [32], [33]. In addition to previously mentioned factors, women's education also affects attitudes towards health, as educated women understand the importance of proper health care better than uneducated women do. Therefore, they usually have better health and physical functioning [34]. Furthermore, it was reported that age is not the most predominant determinant of health care behavior, but that the knowledge and experiences of health care were found to be the most effective determinant [35]. Overall, people in rural society are classic, traditional and old-fashioned in their views and beliefs. Rural communities are small with

few and inadequate resources, and because of that, a strong interrelationship between families was developed, encouraging them to comply with society's cultural beliefs, structure and values [36].

D. Research Hypotheses

- 1- There is a relationship between rural women's attitudes towards education and between each of age, educational level, main occupation, family size, marital status, monthly income, geographic cosmopolites, and social participation.
- 2- There is a relationship between rural women's attitudes towards health and between each of age, educational level, main occupation, family size, marital status, monthly income, geographic cosmopolites, and social participation.
- 3- There is a relationship between rural women's attitudes towards work outside the home and between each of age, educational level, main occupation, family size, marital status, monthly income, geographic cosmopolites, and social participation.

III. METHODS

A. Sampling Method

This research was conducted to identify rural women's attitudes towards education, health and work outside the home in Kafr-Rahmaniyah village in Mahmudiya district in the Beheira governorate. The research was conducted on 147 rural women chosen in a randomized manner, and which represents approximately 3% of the total females in Kafr-Rahmaniyah village (total female population in Kafr-Rahmaniyah village is 4,900 female). It was noted that Kafr-Rahmaniyah village has the highest rural status of women in the district in the areas of life expectancy at birth for females, the rate of reading and writing for females 15-years and over, the proportion of 15-year-old females and older women with an average or higher qualification, and percentage of females in the labor force [37]. It was noted that the life expectancy at birth for females reflects the extent of using health services, and how much women gained from nutritional care, which was related to their educational level and their economic status, as well as the nature of their social role. In addition, the literacy rate for females aged 15 years and over reflects the availability of educational services and their social and economic level. Moreover, the proportion of females in the labor force reflects their effective contribution in society.

The research data was collected from rural women respondents, with a questionnaire administrated through face-to-face interviews to identify their attitudes towards education, health and work outside the home. Some statistical methods were used to describe and analyze data such as percentages, measures of central tendency, and non-parametric statistical methods as chi square, through the use of statistical program SPSS.

B. Participants

The data for this study were collected from rural women in Kafr-Rahmaniyah village in Mahmudiya district in Beheira governorate.

C. Variables and Measurements

The definitions and measurements of the study variables are as follows: age was measured by asking rural women about their ages. Educational level was measured by asking rural women about educational level they had reached, divided to (illiteracy, reads and writes, Primary school certificate, preparatory school certificate, secondary school certificate, university graduate, post graduate studies) has been given symbols 1, 2, 3, 4, 5, 6, 7, respectively. Main occupation was measured by asking rural women about their main occupations (Housewife, Government employee, Private sector employee) has been given symbols 1, 2, 3, respectively. Family size was measured by asking rural woman about their family size (absolute number). Marital Status was measured by asking rural women about their marital status, divided to (married, never married, widow, divorced) has been given symbols 4, 3, 2, 1, respectively. Monthly household income was measured by asking rural women total household income (per Egyptian pound). Geographic cosmopolites were measured by asking rural women about how often she goes to nearest villages, city or governorate. The responses were taken (4= always, 3= sometimes, 2= rarely, 1= do not go). Participation in social activities was measured by asking rural women about the degree of participation in illiteracy elimination programs, social assistance for poor inhabitants in the village, establish a training center to enrich rural women's skills in setting up small businesses and provide marketing consulting, maternal and childcare, disabled care, and orphans care. The responses were taken (4= always, 3= sometimes, 2= rarely, 1= do not participate).

Rural women's attitudes towards education were estimated by total rural women's attitudes degrees of items related to the importance of education. First positive attitudes phrases; (there are many schools which encourage me to learn, education will solve our problems, every woman wishes to join educational programs, nowadays social status depends on scientific certification, investment in education is the best type of investment, education has become a basic and essential issue, an educated woman has a great position in her husband and his family's opinion, many of the social problems resulted from illiteracy, woman's education helps in maintaining normal health for her and her kids, educated woman could use modern domestic devices which help her in household duties). Second negative attitudes phrases; (education is very hard and difficult without any benefit, we waste most of the time in education, the return of spending in any business project is better than the yield of spending in education, educational certificates nowadays have no value, disadvantages of education are more than advantages, girls' education is unnecessary).

The response format for rural women's attitudes towards education was a 5-point Likert scale (5= strongly agree, 4=

agree, 3= neutral, 2= disagree, 1= strongly disagree). Cronbach's alpha method was used to estimate reliability, the value of reliability of the Alpha coefficients (0.73). Rural women's attitudes towards health were estimated by total rural women's attitudes degrees of items related to the importance of health maintenance. First positive attitudes phrases; (when you feel tired you have to go to the doctor immediately, dental hygiene with a toothbrush and paste daily is very important, fast food outside the home is harmful to health, balanced meals are essential for good health, smoking is very detrimental- especially for children, personal hygiene as well as children's hygiene is very important for normal health, drinking pure water is very important for health, excessive drinking of Pepsi and Coca-Cola is harmful to health, taking vitamins during pregnancy is very important for the health of the mother and fetus) The response format for rural women's attitudes towards positive attitudes phrases was a 5-point Likert scale (5= strongly agree, 4= agree, 3= neutral, 2= disagree, 1= strongly disagree). Second negative attitudes phrases; (regular health checkup at doctor is not important, breakfast is not necessary, eating dessert frequently and in large amounts is very important for normal health, fatty meals are very important for health and fitness, excess use of oil in cooking is beneficial to health, eating fruits and vegetables is not important for health).

The response format for rural women's attitudes towards negative attitudes phrases was a 5-point Likert scale (1= strongly agree, 2= agree, 3= neutral, 4= disagree, 5= strongly disagree). Cronbach's alpha method used to estimate reliability, the value of reliability Alpha coefficients (0.69).

Rural women's attitudes towards work outside home were estimated by total rural women's attitudes degrees of items related to working outside the home. First positive attitudes phrases; (rural women working outside the home helps her to have great position in her family, every woman wishes to have work outside the home, rural women working outside the home strengthens her character and develops her skills, nowadays rural women working outside the home is very important, rural women working outside the home helps her with self-realization, rural women's work outside the home helps in the burden of living and raising the family income, women working outside home is as important as the work of a men).

The response format for rural women's attitudes towards positive attitudes phrases was a 5-point Likert scale (5= strongly agree, 4= agree, 3= neutral, 2= disagree, 1= strongly disagree). Second negative attitudes phrases; (women working outside the home is hard and exhausting, a woman working outside the home has many problems, women working outside the home usually results in divorce, the disadvantages of women work outside home outweigh the advantages, woman who works outside the home usually neglects her family, woman who works outside the home cannot raise children fully, nowadays it is not necessary for women to work outside the home, women working outside the home pushes her to rival her husband, women working outside the home is the main cause of male unemployment). The response format for

rural women's attitudes towards negative attitudes phrases was a 5-point Likert scale (1= strongly agree, 2= agree, 3= neutral, 4= disagree, 5= strongly disagree). Cronbach's alpha method was used to estimate reliability, the value of reliability Alpha coefficients (0.78).

D. Statistical Analysis

A number of statistical methods were used to describe and analyze data such as percentages and measures of central tendency and dispersion. Non-parametric statistic methods were used to demonstrate the relationship between variables such as chi square by the use of statistical software SPSS.

IV. RESULTS AND DISCUSSION

Table I shows some of the social and economic criteria of rural women respondents: Age, educational level, main occupation, family size, marital status, monthly household income, geographic cosmopolites, and participation in social activities.

Characteristics of sample: Table I shows that about 38.8% of respondents were 33-39 years old in youth stage, while 22.4% of them were 40 - 49 years, while the remainder of the sample were 50 - 57 years. The educational level of most respondents (22.4%) was secondary, while 16.3% of respondents were illiterate, 11.6% of read and write, 11.6% have primary education, 21.8% have a preparatory education, and (16.3%) have a university certificate. Monthly household income for most respondents (49.7%) ranged between (1,500 - 3,000) pounds per month, and for 27.8% of respondents their total family income ranged between (800 - 1,000) pounds per month, while 22.5% earned more than (3,000) pounds per month. In addition, Table I depicts that 39.4% of respondents were low in participation in social activities, and 22.4% of them were middle, while 38.2% were high level in participation in social activities. Table I depicts that 52.3% of respondents were housewives, and 31.4% of them were employees of government institutions, while 16.3% were employees in the private sector. The family size of most (46.9%) was small sized families where the number of family members ranged between three and four members, while 39.4% were medium sized families where the number of family members ranged from five to six members, but the least (13.7%) were large families where the range in the number of family members was seven members or more. In addition, Table I shows that 65.3% of respondents were married, 21.7% were widowed, and 7.5% were divorced and 5.5% of them were single. Moreover, Table I depicts that 38.8% of respondents were low in geographic cosmopolites, and 22.4% of them were middle, while 38.8% were of high level in geographic cosmopolites.

Table II depicts that 44.2% of respondents were positive in their attitudes towards education, while 27.8% were neutral, and 27.8% were negative in their attitudes towards education.

Table III depicts that 40.1% of respondents were positive in their attitudes towards health, and 26.5% of them were neutral, while 33.4% were negative in their attitudes towards health.

TABLE I
NUMBER AND PERCENTAGE DISTRIBUTION OF RURAL WOMEN RESPONDENTS
ACCORDING TO THEIR SOCIAL AND ECONOMIC CRITERIA

Total of each category	Frequency (n)	(%)
1-Age		
33-39	57	38.8
40-49	33	22.4
50-57	57	38.8
2- Educational level		
Illiterate	24	16.3
Reads and writes	17	11.6
Primary	17	11.6
Preparatory	32	21.8
Secondary, Institute	33	22.4
University	24	16.3
3- Monthly household income		
(800>1,500) pound	41	27.8
(1,500>3,000) pound	73	49.7
More than 3,000 pound	33	22.5
4-Participation in social activities		
Low (7-11)	58	39.4
Middle (12-19)	33	22.4
High (20-23)	56	38.2
5- Main occupation		
House wife	77	52.3
Government employee	46	31.4
Private sector employee	24	16.3
6- Family size		
Small size family (3-4)	69	46.9
Medium size family (5-6)	58	39.4
Large size family (7 or more)	20	13.7
7- Marital Status		
Single	8	5.5
Married	96	65.3
Widowed	32	21.7
Divorced	11	7.5
8- Geographic cosmopolites		
Low (6-9)	57	38.8
Middle (10-13)	33	22.4
High (14-16)	57	38.8

TABLE II
RURAL WOMEN ATTITUDES TOWARDS EDUCATION

Rural women attitudes towards education	No	%
Positive attitudes	65	44.2
Neutral attitudes	41	27.8
Negative attitudes	41	27.8

TABLE III
RURAL WOMEN ATTITUDES TOWARDS HEALTH

Rural women's attitudes towards health	No	%
Positive attitudes	59	40.1
Neutral attitudes	39	26.5
Negative attitudes	49	33.4

Table IV depicts that 44.8% of respondents were positive in their attitudes towards work outside the home, while 28.5% of them were neutral, and 26.5% were negative in their attitudes towards work outside the home.

TABLE IV
 RURAL WOMEN ATTITUDES TOWARDS WORK OUTSIDE HOME

Rural women's attitudes towards work outside home	No	%
Positive attitudes	66	44.8
Neutral attitudes	42	28.5
Negative attitudes	39	26.5

The Relationship between Rural Women Attitudes towards Education, and between Age, Main Occupation, Family Size, Monthly Income, Geographic Cosmopolites, and the Degree of Social Participation

The present study tested the null hypothesis, which stated that there is no relationship between each of age, main occupation, family size, monthly household income, geographic cosmopolites, degree of social participation for rural women respondents, and between rural women's attitudes towards education, health and work outside the home. This relationship was identified using the chi-square test and calculating the value of the correlation coefficient of Kendall's tau for testing the severity of the relationship.

Chi-square test results showed significant relationship between rural women's attitudes towards education and between age. The value of the Kendall coefficient was 0.87, and was significant at the level of probability of 0.05. This result could be explained in terms that education is one of the basic human rights, regardless of gender, race or region. It is not a practical strategy for any nation to ignore the education of women. In traditional societies, women are educated and considered as a powerful agent [14].

There was a statistical significant relationship between rural women's attitudes towards education, and main occupation. The value of Kendall coefficient was 0.73, and it was significant at the level of probability of 0.05. In addition, there was a statistical significant relationship between rural women's attitudes towards education, and family size. The value of the Kendall coefficient was 0.82, and it was significant at the level of probability of 0.05. Moreover, there was a statistically significant relationship between rural women's attitudes towards education, and monthly household income. The value of the Kendall coefficient was 0.81, and was significant at the level of probability 0.05. This result could be explained in terms that education is one of the major tools of social change and is the main power that promotes insight for judging things in their context. The rate of development in any nation is in direct proportion with the number of educated people [15].

There was also a statistical significant relationship between rural women's attitudes towards education, and geographic cosmopolites. The value of Kendall's coefficient was 0.87, and it was significant at the level of probability of 0.05. In addition, there was a statistical significant relationship between rural women's attitudes towards education, and social participation. The value of the Kendall coefficient was 0.69, and was significant at the level of probability of 0.05. This result could be explained in terms that lack of schools in rural areas, the existing ones usually are so far from their villages,

and usually these schools are inadequately prepared and do not fulfill the needs of rural females [38].

The Relationship between Rural Women's Attitudes towards Health, and between Age, Main Occupation, Family Size, Monthly Income, Geographic Cosmopolites, and the Degree of Social Participation

Chi-square test results showed a significant relationship between rural women's attitudes towards health, and between age. The value of the Kendall coefficient was 0.85, and it was significant at the level of probability of 0.05. This result could be explained in terms that between the age 33-49 years, women seek medical care for antenatal, post-natal care and for family planning, while older-aged women seek medical care for chronic disease like hypertension, diabetes mellitus and osteoarthritis. Thus, rural women's attitudes towards health are highly related to age.

There was a statistical significant relationship between rural women's attitudes towards health, and main occupation. The value of the Kendall coefficient was 0.79, and was significant at the level of probability of 0.05. Moreover, there was a statistical significant relationship between rural women's attitudes towards health and family size. The value of Kendall coefficient was 0.74, and was significant at the level of probability of 0.05. In addition, there was a statistically significant relationship between rural women's attitudes towards health and monthly household income. The value of the Kendall coefficient was 0.86, and was significant at the level of probability of 0.05. This result could be explained in terms that the income is considered one of the most important determinants of social factors that affect health awareness among rural women. In addition, there was a statistical significant relationship between rural women's attitudes towards health, and geographic cosmopolites, the value of the Kendall coefficient was 0.85, and was significant at the level of probability of 0.05. In addition, there was a statistical significant relationship between rural women's attitudes towards health, and social participation. The value of the Kendall coefficient was 0.85, and was significant at the level of probability of 0.05. This result could be explained in terms that women's social participation gave them the opportunity to learn and acquire new skills and many different expertise, and in light of cognitive skills in all aspects, including health attitude.

The Relationship between Rural Women 'S Attitudes towards Work outside Home, and between Age, Main Occupation, Family Size, Monthly Income, Geographic Cosmopolites, and the Degree of Social Participation

Chi-square test results showed a significant relationship between rural women's attitudes towards work outside the home and between age. The value of the Kendall coefficient was 0.80, and was significant at the level of probability of 0.05.

There was a statistically significant relationship between rural women's attitudes towards work outside the home and main occupation. The value of the Kendall coefficient was 0.70, and was significant at the level of probability of 0.05.

There was a statistically significant relationship between rural women's attitudes towards work outside the home and family size. The value of the Kendall coefficient was 0.66, and was significant at the level of probability of 0.05. In addition, there was a statistically significant relationship between rural women's attitudes towards work outside the home and monthly household income. The value of the Kendall coefficient was 0.78, and it was significant at the level of probability of 0.05. This result could be explained in terms that household income is one of the factors that influence rural women's work outside the home. This income is considered the motivation for their work outside the home, especially in light of the difficult economic conditions experienced by the rural community.

There was a statistical significant relationship between rural women's attitudes towards health and geographic cosmopolites. The value of the Kendall coefficient was 0.80, and was significant at the level of probability of 0.05. In addition, there was a statistically significant relationship between rural women's attitudes towards work outside the home and social participation. The value of the Kendall coefficient was 0.80, and was significant at the level of probability of 0.05. This result could be explained in terms that social participation for rural women means a sense of social responsibility towards society in order to mobilize community resources, which may give her a chance for job opportunities outside the home.

V. CONCLUSIONS AND RECOMMENDATIONS

In conclusion, for the majority of rural women in Egypt, existing socio-economic rights, as guaranteed in the constitution, remain inaccessible resulting in the perpetuation of illness, illiteracy and unemployment among them.

Non-discrimination and improvement of the socio-economic level of rural women are one of the main criteria determining the achievement of comprehensive and sustainable development and for reducing the gender gap.

In light of this study, some recommendations could be mentioned as the following:

1. Ensure attention to rural women's needs and contributions in sustainable development through their education and improvement of their health awareness.
2. To support all forms of education whether direct or indirect for all females, especially in rural areas to build up their capabilities in order to eliminate all kinds of gender stereotyping.
3. Eliminating all forms of barriers against rural women's education, health awareness and employment such as customs, illiteracy of parents, poverty etc.
4. Ensure that education is the main catalyst that can propel the desired greater participation of rural women in society, especially in skilled and highly productive jobs.
5. Promoting and protecting women's equal rights to property through legislation, promotion of legal literacy and legal assistance to rural women.

VI. LIMITATIONS

The study was conducted in one governorate in Egypt so it does not allow for any generalization about Egyptian rural women. Another limitation of the study is related to the translation process of interviews, which were conducted in Arabic, according to Temple and Young (2004), the "domestication" of research into the English language can cut the ties between language and culture and leads to the disadvantage of non-English speakers [39].

VII. SUGGESTIONS FOR FUTURE RESEARCH AND APPLICATIONS

This study explored the attitudes of the role of rural women towards education, health and work outside the home. Thus, it is important to design another study that investigates governmental policies established to improve the socio-economic status of rural women, and to identify the gap between their attitudes and governmental policies.

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