BIOSCIENCES BIOTECHNOLOGY RESEARCH ASIA, August 2014. Vol. **11**(2), 845-853

Comparative Study of Child Bearing Culture and Demographic Control in Marginalized and Non-Marginalized Zones and Its Influencing Factors in Ahwaz

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doi: http://dx.doi.org/10.13005/bbra/1347

(Received: 08 May 2014; accepted: 11 June 2014)

The aim of this research is to investigate the difference of child bearing culture and demographic control among marginalized and non-marginalized zones and the factors influencing on it at Ahwaz city. For this purpose, the survey method was used. The population was consisted of all the women aged 15-49 who were living in both marginalized and non-marginalized zones during conducting this study. The samples were taken as cluster sampling and the sample size were calculated by Cochran formula as 384 subjects with 0.05 errors. The data was analyzed using descriptive and inferential statistics and parametric t test. The following results were obtained: The mean childbearing at the Ahwaz-marginalized zone was equal to 4.36 children, whereas the reproducing rate in the non-marginalized regions was1.36 children. Therefore, the first hypothesis was confirmed. The mean fertility at the ages under 18 years in the marginalized zones was 18.60 years in comparison with 25.95 years in the non-marginalized ones. Hence, the second hypothesis was confirmed. The other result from this research is that the mean bearing at the ages above 35 years at the marginalized zones was equal to 23.70, while in the non-marginalized zones it was 28.48 years. The standard deviation at the marginalized region was 11.96 percent as compared to 8.10 percent in the non-marginalized zones. Thus, the third hypothesis was confirmed. The mean son-liking at the marginalized zones was 1.46 percent in comparison of 1.52 at the non-marginalized zones. Therefore, the fourth hypothesis was rejected. The other result is that the variable mean of spacing between children in the marginalized zones was 2.31 in comparison of that of 4.02 at the non-marginalized ones. Thus, the fifth hypothesis was confirmed. Finally, the mean consulting to healthcare center in the marginalized regions was 1.26 percent, while at non-marginalized ones it was 1.07 percent. Hence, the sixth hypothesis was confirmed. At the end, the results and recommendations were presented.

Key words: Childbearing, Marginalized people, Fertility ages, Contraceptive method, Fertility spacing**.**

Family planning and population control are issues which have been considered over recent years. The family is the most basic foundation of the society and relationship between its members is formed based on deep human emotions. If we want to have a healthy, rich, growing and evolving society, then we should plan for human needs realistically in various perspectives and consider the family in various aspects. With such view, the family would be a secure place where its members enjoy mental, physical, social, cultural and economic health. Role of fertility and the factors influencing it are regarded as the main determinants of the population fluctuations. Studies related

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to it are very important than other demographic phenomena. Investigation of various economic and social factors affecting it has a large share in demographic research studies. Different studies suggest the fact that fertility rate is associated with economic, social, and demographic factors. Thus, accurate understanding of these factors is necessary. Then, solutions should be found which allow achievement of family planning goals in the best way. On the other hand, it should be considered that merely imposing family planning policies does not suffice for success in reduction of productivity, rather development of infrastructures facilities and promotion of human development index including literacy, social awareness, health, and women education are also important. Hence, demographic policies should not be ignored which requires understanding and awareness of fertility changes trend in the country and its influencing factors. Lack of planning for population policies and control and negligence of its influencing factors may provide various problems for the society. Childbearing is the unique factor for population increase and changes at macro, regional, national and even global society level, thus understanding its influencing factors as one of the main points of natural growth – size change of the family as well as its effect on the country, province and city may have effective role in adopting appropriate policies and programs for birth control. If the logical balance and proportion is not established between growth in economic and social axes of the society and demographic changes of the families and decision making on its basic principle, i.e. childbearing, development programs and models predicted for the society would be inefficient.

Statement of Problem and Significance of Study

Family planning program at family aspect is a method for proper spacing between children and preventing from unwanted child birth, and at social aspect, it is one of the ways for establishing balance between social and economic development and population growth. Thus, family planning is today considered as one of the essential provisions on human rights and a critical component of sustainable development. One of its major goals is developing healthy family environment in which healthy mother and child are at the top level. Spacing pregnancies is the major step in providing health of mother and child (Walsh, 2001). Various studies have showed adverse complications of inappropriate spacing on mother and child including increased risk of maternal death, third trimester bleeding (3 to 5), maternal anemia and malnutrition, as well as numerous adverse effects on the child including prematurity, low birth weight, stillbirth, neonatal mortality, reduced IQ and reduced physical growth (Rosos, 2006).

Importance of studies and research on population and economic development, population and consumption, population and education and many other topics with various demographic mechanisms have been conducted in the countries of the world, thus attention of the demographic experts, practitioners and planners has been attracted to it and a novel purposeful trend is emerging in social research studies.

Novel thinking and tendencies to developing a properdemographic policy and determining population growth trend based on the society need, considering high dependence of socioeconomic factors and construction planning to this policy, have caused that authors tend to research about demographic affairs. Meanwhile, childbearing is one of two natural phenomena of population and (perhaps) the unique factor for its increase at global scale (Zanjani, 1992).

Therefore, the main problem in this work is understanding and investigating difference of childbearing,pregnancy age less than 18 years, pregnancy at ages over 35 years, attitude of son-liking in the family in marginalized and non-marginalized zones of Ahwaz.

Purpose of Study

General purpose of the study is comparative study of childbearing culture and demographic control in marginalized and non-marginalized zones and its influencing factors in Ahwaz.

Review of Literature

Shahnooshi and Sami (2009) studies difference of value of children in urban and rural areas of Semirom City and found value of children is not the same in rural and urban households and the child's economic, security and financial value, taking identity from the child, consistency in the family, physical effort (fatigue), and gender preferencevariablesinfluencedifferent values of the children in urban and rural areas. However, economic attitude to children has become outdated

in rural households.

In the study by Mansurian (1999) entitled Effects of Economic Status on Fertility in 28 Villages of Fars Province, relationship between economic status and fertility was investigated in 28 sample villages from Fars province. They found a combined index of the economic status and analyzed findings using combined regression method. Their results showed positive relationship between economic status and fertility.

Rahman et al. (1992) in a study in Matlab area in Bangladesh found that gender preferences have considerable impact on acceptance and application of contraceptive methods.

In the study by Baschier et al. (2000) in Egypt, it was found location of residence and period of breastfeeding are factors affecting birth spacing (Bachier, 2000). Alos, the study by Polo et al. (2000) in Spain showed birth rate andstillbirths have an important role in the birth spacing (Polo, 2000). In the study by Rasheed et al. (2002) in Saudi Arabia reported maternal age, maternal education and breastfeeding duration as the main factors affecting birth spacing (Rasheed, 2002).

According to Basso et al., birth spacing as 8 months and less is accompanied by increased risk of premature birth (Basso, 1998).

Ronaldo and Frieddman (1970) investigated fertility reduction in Hong Kong and studied socioeconomic indexes in that society and motivation for reduced fertility. They concluded capability of fertility reduction is higher in those aged over 30 years, although the decline in marital fertility at young ages is more important due to the young age structure (Ronaldo and Friedman, 1970).

Main Research Question

What is the difference in childbearing culture and demographic control between marginalized and non-marginalized zones in Ahwaz? What are its influencing factors?

Research Hypotheses

1. There is significant difference in childbearing in marginalized and non-marginalized zones in Ahwaz.
2. There is significant difference in fertility at ages less than 18 in marginalized and non-marginalized zones in Ahwaz.
3. There is significant difference in fertility at ages above 35 in marginalized and non-marginalized zones in Ahwaz.
4. There is significant difference in son-liking attitude in the family in marginalized and non-marginalized zones in Ahwaz.
5. There is significant difference in proper birth spacing in marginalized and non-marginalized zones in Ahwaz.
6. There is significant difference in visit to medical health centers culture in the family in marginalized and non-marginalized zones in Ahwaz.

Theoretical Framework

Fischer and Marcum, as founders of ethnic and cultural impact theory, emphasize importance of ethnicity and culture role as an independent factor influencing fertility behavior. Fertility ethnic/cultural effects reflect wide fluctuations of normative, structural aspectsand mental and social outcomes of situation of an ethnic group in social stratification system.Ethnic solidarity along with the norms consistent to the increase of births and non-realization of acculturation process cause fertility level of ethnic minority group is higher at all social classes than the dominant ethnic group (Bin and Marcum, 1978; Fischer and Marcum, 1984). Considering ideas of Fischer and Marcum, following hypothesis were raised

There is significant difference in childbearing in marginalized and non-marginalized zones in Ahwaz.

Also, there is significant difference in visit to medical health centers culture in the family in marginalized and non-marginalized zones in Ahwaz.

According to theoretical framework by Kingsley Davis and Judith Blake, factors influencing fertility are classified as direct (age at first marriage, percentage of married women, frequency and ratio of divorce, widowhood and marriage ...) and indirect (environmental, economic, social and biological factors) factors (AbasiShowazi et al., 2004). Following hypothesiswere raised:

There is significant difference in fertility at ages less than 18 in marginalized and non-marginalized zones in Ahwaz.

There is significant difference in fertility at ages above 35 in marginalized and non-marginalized zones in Ahwaz.

There is significant difference in son-liking attitude in the family in marginalized and non-marginalized zones in Ahwaz.

Frieddman is one of the demographic experts who proposed ideas on fertility and socioeconomic status. Prior to proposing theory and expressing idea on relationship between variables and indexes and fertility behavior, he proposed a model for studying them. Frieddman developed the self-taxonomy based on classified variables such as occupation, income, education, family structure, technological factors, NGOs and other characteristics of socio-economic organizations (Kirshnan, 1979).

Also, Frieddman emphasized on the point that literacy of women plays crucial role in fertility reduction, since increased literacy cause change in attitude of people to child rearing and proper birth spacing and quality of child rearing replaces its quantity. Thus, following hypothesis was introduced:

There is significant difference in proper birth spacing in marginalized and non-marginalized zones in Ahwaz.

Methodology

Considering research topic, i.e. investigating difference in childbearing culture and demographic control in marginalized and non-marginalized zones in Ahwaz and its influencing factors, survey method was used. According to some sociologists, survey is the best method for sociologic studies. In other words, survey is the systematic way for data collection through face-to-face, phone interview orself-administered questionnaire, which is sent to the statistical population members via post (Azdanloo, 2009).

Data Collection Method

Questionnaire was data collection tool due to using survey method in this work.

The experimental data of primary type and the way of gaining information is directface-to-face interview. However, the data can be collected also via phone, internet and email, but the emphasis is on the direct questioning (Saee, 2008).

Data Analysis Method

Following data collection, questionnaires were analyzed using SPSS software for data analysis. Descriptive statistics including variance, standard deviation and change range were used. In inferential statistics, Independent-samples T Testwas used for testing hypotheses, since only two case groups were used in this work.

Definition of Research Terms and Variables

Fertility

Fertility is defined as the actual number of living births in a single populationper year. Fertility as actual number of living birth is a concept which differs in demographicswith fertility capability defined as potential ability for biologic reproduction. The main factors affecting fertility in a population include marriage age, access to contraceptive tools, and ideas about family size. One of the characteristics of urban and industrial communities is decline in fertility which has important economic and social consequences for the labor force size in the future (Abercrambi, Hill and Turner, 1984).

Marginalized Population

It is applied to a way of residence which is different from three prevalent modes of living, urban, rural and tribal modes and it providesdifferent physical context with its own socioeconomic characteristics (Husseinzadeh, 1997).

Age

It is the number of complete years from the moment of birth until the age of research. The figure stated by the respondent is considered. This variable is measured at the interval scale.

Childbearing Ages

All ages that there is menstruation for woman and she can be pregnant if she has husband.

Contraceptive Methods

It means using ways and tools which are utilized for preventing from pregnancy, and it includesIUD, pills, diaphragms, Norplant, condom, injection, sterilization of men and women, confidence period (avoidingintercourse) and natural way.

Birth Spacing

Birth spacing is obtained by dividing period of fertility (usually 30 years) by births of the woman. It is clear birth spacing of each fertile married woman is not the same in different ages, as fertility is less in first and last age groups. Birth spacing of each woman in first and last age groups is several times of other age groups, but birth spacing is least between 20 and 30 years old (Jahanfar, 1997).

Statistical Population

The population was consisted of all the women aged 15-49 who were living in both marginalized and non-marginalized zones during

conducting this study.

Sample Size

The samples were taken as cluster sampling and the sample size were calculated by Cochran formula as 384 subjects with 0.05 errors.

$$n = \frac{T^2 pq / d^2}{1 + 1/N\left[T^2 pq / d^2 - 1\right]}$$

Sampling Method

The main point in cluster sampling is that there is no need for list of all elements which constitute final sampling units, rather only the list of all clusters should be determined (Baker, 2008). Thus, since e perfect list of 15-49 years old married women population in marginalized and non-marginalized zones in Ahwaz was not available, this method was used in the current work. To this end, list of 8 municipality districts of Ahwaz was prepared as the clusters. 4 districts were selected among them using simple random sampling including District 2 (Kianpars, Kian Abad, Zardosht Town), District 3 (Chaharshir, Meli Rah, ZeytounKarmandi, Kurosh, Piroozi, Fahangian, Aghajari Town, Hafari National Town, Naft Town, Zargan), District 4 (begiging of Lashkar Bridge to Baghaee, Daneshgah Town, Areas 3, 4, 5, in Golestan, Bustan, Pardis, Bargh Town, Baharestan, Razmandegan Town) and District 8 (Bahonar, SanayeFoolad, Phase 1, 2, 3, 4, 5 in Padadshahr, Nabovat, Resalat, Isar, RahbandMeydan, Khorusi). In the next step, 384 ones were selected from these districts sing simple random sampling, 192 of whom lived in marginalized zones and 192 ones lived in non-marginalized zones.

Findings

Due to quantitative level of variables and grouping sample in marginalized and non-marginalized zones, independent t-test was used for testing hypothesis. This test includes two tables. Table 1 gives the number, mean, SD and standard error and Table 2 gives Levenes test which tests equality of variances. T-test is used for comparing means of the study groups.

H1. There is significant difference in childbearing in marginalized and non-marginalized zones in Ahwaz.

As observed, Levenes test investigates equality of variances (null hypothesis) which is

Table 1. T-test of independent samples

Independent Samples Test	Levene's Test for Equality of Variances		t-test for Equality of Means		
	F	Sig.	T	Df	Sig. (2-tailed)
Equal variances Assumed	183.940	.000	8.241	382	.000
Equal variances not assumed			8.241	198.809	.000

0.000. Since it is smaller than sig level (0.05), assumption of variance equality is rejected and t in second row is reported. T equals to 8.241 with sig level 0.000, which is smaller than 0.05. Thus, mean difference between marginalized and non-marginalized groups is significant in terms of childbearing, hence null hypothesis is rejected and the contrast hypothesis is supported.

Mean childbearing is 4.26 in marginalized zones in Ahwaz, while it is 1.36 children in non-marginalized zones. Results of this research are consistent with results by Mehriar (1997) and Dyson and Moore (1983) in their work entitled On kinship Structure, Female Autonomy, and Demographic Behavior in India. In this study, women in northern areas of India are under pressure for higher childbearing.

H2. There is significant difference in fertility at ages less than 18 in marginalized and non-marginalized zones in Ahwaz.

As observed, Levenes test investigates equality of variances (null hypothesis) which is 0.60. Since it is smaller than sig level (0.05), assumption of variance equality is rejected and t in second row is reported. T equals to -9.410 with sig level 0.000, which is smaller than 0.05. Thus, mean difference between marginalized and non-marginalized groups is significant in terms of fertility at ages less than 18 in marginalized and non-marginalized zones in Ahwaz, hence null

Table 2. T-test of independent samples

Independent Samples Test	Levene's Test for Equality of Variances		t-test for Equality of Means		
	F	Sig.	T	Df	Sig. (2-tailed)
Equal variances assumed	3.550	.060	-9.410	382	.000
Equal variances not assumed			-9.410	357.921	.000

hypothesis is rejected and the contrast hypothesis is supported.

H3. There is significant difference in fertility at ages above 35 in marginalized and non-marginalized zones in Ahwaz.

Table 3. T-test of independent samples

Independent Samples Test	Levene's Test for Equality of Variances		t-test for Equality of Means		
	F	Sig.	T	Df	Sig. (2-tailed)
Equal variances assumed	16.264	.000	-4.581	382	.000
Equal variances not assumed			-4.581	335.769	.000

As observed, Levenes test investigates equality of variances (null hypothesis) which is 0.000. Since it is smaller than sig level (0.05), assumption of variance equality is rejected and t in second row is reported. T equals to -4.581 with sig level 0.000, which is smaller than 0.05. Thus, mean difference between marginalized and non-marginalized groups is significant in terms of fertility at ages above 35 in marginalized and non-marginalized zones in Ahwaz, hence null hypothesis is rejected and the contrast hypothesis is supported. Results of this hypothesis are consistent with findings by Frieddman (1970). He investigated fertility reduction in Hong Kong and studied socioeconomic indexes in that society and motivation for reduced fertility. he concluded capability of fertility reduction is higher in those aged over 30 years.

H4. There is significant difference in son-liking attitude in the family in marginalized and non-marginalized zones in Ahwaz.

As observed, Levenes test investigates

Table 4. T-test of independent samples

Independent Samples Test	Levene's Test for Equality of Variances		t-test for Equality of Means		
	F	Sig.	T	Df	Sig. (2-tailed)
Equal variances assumed	4.906	.027	-.727	381	.468
Equal variances not assumed			-.727	375.352	.468

equality of variances (null hypothesis) which is 0.27. Since it is smaller than sig level (0.05), assumption of variance equality is rejected and t in second row is reported. T equals to -0.727 with sig level 0.468, which is larger than 0.05. Thus, mean difference between marginalized and non-marginalized groups is not significant in terms of son-liking tendency in households in marginalized and non-marginalized zones in Ahwaz, hence null hypothesis is supported.

H5. There is significant difference in proper birth spacing in marginalized and non-

marginalized zones in Ahwaz.

As observed, Levenes test investigates equality of variances (null hypothesis) which is 0.467. Since it is smaller than sig level (0.05), assumption of variance equality is rejected and t in second row is reported. T equals to -23.313 with sig level 0.000, which is smaller than 0.05.

Table 5. T-test of independent samples

Independent Samples Test	Levene's Test for Equality of Variances		t-test for Equality of Means		
	F	Sig.	T	Df	Sig. (2-tailed)
Equal variancesassumed	.530	.467	-23.313	382	.000
Equal variances not assumed			-23.313	361.136	.000

Thus, mean difference between marginalized and non-marginalized groups is significant in terms of proper birth spacing in marginalized and non-marginalized zones in Ahwaz, hence null hypothesis is rejected and the opposite hypothesis is supported.

H6. There is significant difference in visit to medical health centers culture in the family in marginalized and non-marginalized zones in Ahwaz.

As observed, Levenes test investigates equality of variances (null hypothesis) which is

Table 6. T-test of independent samples

Independent Samples Test	Levene's Test for Equality of Variances		t-test for Equality of Means		
	F	Sig.	T	Df	Sig. (2-tailed)
Equal variances assumed	116.320	.000	4.897	382	.000
Equal variances not assumed			4.897	316.322	.000

0.000. Since it is smaller than sig level (0.05), assumption of variance equality is rejected and t in second row is reported. T equals to 4.897 with sig level 0.000, which is smaller than 0.05. Thus, mean difference between marginalized and non-marginalized groups is significant in terms of visit to medical health centers culture in marginalized and non-marginalized zones in Ahwaz, hence null hypothesis is rejected and the contrast hypothesis is supported.

DISCUSSION

Current work investigates difference in childbearing culture and demographic control in marginalized and non-marginalized zones in Ahwaz and its influencing factors. Following statement of the problem and significance of the study, some hypotheses were raised. Survey method was used for data collection. Also, sample size was considered as 384 using Cochran formula and unit of analysis was person, that is, married 15 – 49 years old women. Results show that mean difference between marginalized and non-marginalized groups is significant in terms of childbearing, as mean childbearing is 4.26 in marginalized zones in Ahwaz, while it is 1.36 children in non-marginalized zones.

Results show that mean fertility at the ages under 18 years in the marginalized zones was 18.60 years in comparison with 25.95 years in the non-marginalized ones. Thus difference between both groups is significant in terms of mean fertility at the ages under 18 years. In other words, it can concluded women in marginalized zones of Ahwaz get pregnant at ages under 18 years more non women in non-marginalized zones and it may threaten their health.

Results indicate the mean bearing at the ages above 35 years at the marginalized zones was equal to 23.70, while in the non-marginalized zones it was 28.48 years. Hence, difference between marginalized group and non-marginalized group is significant in terms of bearing at the ages above

35 years.

The mean son-liking at the marginalized zones was 1.46 percent in comparison of 1.52 at the non-marginalized zones. Thus, difference between marginalized group and non-marginalized group is not significant in terms of son-liking. Hence, null hypothesis is supported. The other result is that the variable mean of spacing between children in the marginalized zones was 2.31 in comparison of that of 4.02 at the non-marginalized ones. Thus, the difference is significant in both groups. Also, there is significant difference in visit to medical health centers culture in the family in marginalized and non-marginalized zones in Ahwaz. That is, women in marginalized zones refer to medical health centers less than women in non-marginalized zones. It may be due to lack of awareness, non-equal distribution of medical and health centers, low educational level, economic issues and high cost of medical services.

Overall conclusion in this work is that there is significant difference between marginalized group and non-marginalized group in Ahwaz is significant in terms of childbearing culture and demographic control.

Recommendations

1. Considering results of the research and fertility difference in marginalized and non-marginalized zones and high fertility and childbearing rate in marginalized zones, it is recommended paying more attention on informing and increasing awareness regarding fertility and childbearing to marginalized households and role of mass media is crucial in this regard.
2. Considering high fertility rate at ages below 18 years in marginalized zones compared to non-marginalized zones, and since childbearing risk at ages below 19 and above 34 years, it is recommended related organizations such as education consider specific educational and cultural programs in this regard.
3. Considering rejection of H4 on son-liking attitude in marginalized and non-marginalized households in Ahwaz, it is recommended that authors test this hypothesis in other statistical populations.
4. Mass media and medical institutions and educational organizations should provide necessary trainings on these cases for the families. Family members should reach to more appropriate status physical, mentally and financial and the families should spend adequate time for the children. If the spacing is very high, physical risks,aging and impatience would be faced and the possibility of rearing the new child properly is less.
5. It is recommended respective organizations provide programs in medical and educational centers to promote public culture, family planning and visiting medical centers.

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