



# **Social and Cultural Factors Related to the Inclination of Women to Cesarean in Arjomand Hospital of Kerman in 2012**

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## **ABSTRACT**

The current research investigates the cultural and social factors of the inclination of women to cesarean in recent years by survey method. The sample size was estimated by Cochran formula exceeding 200 women. The sample study was including 3-month pregnant women attending Arjomand hospital of Kerman. Data collection instrument is questionnaire. For data analysis, statistical model of Pearson correlation model was used between research variables and independent group (to select the selection of cesarean by emphasize on employment and income) and one-way variance analysis was used to compare (the selection of cesarean by emphasize on the job of husband and housing and social level). The results of research show that there is significant relationship between the selection of cesarean with awareness of the side effects of cesarean, encouragement of physicians, fear of vaginal delivery, modeling and keeping beauty of the body, economical and social level of women but there is no significant relationship between the selection of cesarean and awareness of the benefits of vaginal delivery and less role of motherhood duties.

**Keywords:** Cultural factors, Social factors, Cesarean.

## **1. Introduction**

Feminists believe that pregnancy from the view of women is considerably different from the view of physicians. Graham (1) and Oklay (2) believe that physicians know pregnancy a medical problem while it is a natural phenomenon for pregnant women. Pregnancy and delivery are both medical phenomena starting with diagnosis and is finished by the patient's discharge medically. But for women it is some parts of a process that should link with other social roles. A woman by taking these processes undergoes position change and become a mother by all the requirements that this change impose on any woman as fully. The physician considers himself as a specialist that his science is superior and everything is under his control but the mother thinks that about the delivery, she should take the final decision and is aware of its sensitivities and requirements. But women think that they don't have the required control.

In 1997, less than 10% of deliveries were cesarean surgery. Then it reached 28.1% of the deliveries. In 2005, delivery in private hospitals were more than 35%. The reason of increased in cesarean is due to the fear of the objection of women to physicians as because of the fear of delivery fear to cause injuries to themselves and the child. The chief of midwifery council mentioned that women in Sidney think that another person controls their delivery. Sometimes it is possible that the delivery is of vaginal type or it is not done or cesarean should be done (Featerson, 2008). Cesarean in the past century had important role in reducing the mortality rate in natural birth for the mother and fetus. At first, cesarean was performed to save the mother and fetus and in cases that natural birth not possible or it is dangerous. Today, it had gone

to extreme in some societies. In Europe, cesarean delivery is consisting of 10 to 30 percent of deliveries. This condition is increased in Iran considerably compared to vaginal delivery as 40 to 60 % of deliveries are done by cesarean method. According to the global statistic of health ministry and medical education, the prevalence of cesarean in Iran averagely is 3 times more than the world statistics. The world statistics show that in America and western countries, the statistics of cesarean in 1965 increased from 4.5% to 25% in 1980. The highest increase was during 1970 to 1988 and then gradually it was decreased. Since 1988, it was decreasing and the amount of cesarean in USA was the highest, 22.8%, among developed countries. The decreased was 22.8 in 1993 and 21.8% in 1995. The Americans say if control program was not done about cesarean, in 2000 cesarean would increased by 40%. Now, the authorities of Health in America state that it is decreased below 10%. Despite the decrease in the growth rate of cesarean in advanced countries, cesarean is increased in developing countries (Canningham, et la, 1997: 591). Cesarean is a big surgery with more risks. The death probability of a woman in cesarean delivery is  $\frac{1}{2500}$ . The side effects of cesarean is seen in 25 % of the cases including infection, increasing bleeding, respiratory problems, anesthesia accidents, urine infection, Postpartum depression.

### **1.1. Objectives**

1. The identification of the relationship between the selection of cesarean and awareness of the benefits of vaginal delivery.
2. The identification of the relationship between the selection of cesarean and keeping the beauty of body.
3. The identification of the relationship between the selection of cesarean and encouragement of physicians.
4. The identification of the relationship between the selection of cesarean and socio-economic level of women.
5. The identification of the relationship between the selection of cesarean and modernization and boastfulness among women.

### **1.2. Hypotheses**

1. It seems that women awareness of the benefits of vaginal delivery influences on the selection of cesarean.
2. It seems that there is a relationship between the selection of cesarean and encouragement of physicians.
3. It seems that there is a relationship between the selection of cesarean and keeping the beauty of body.
4. It seems that there is a relationship between the selection of cesarean and socio-economic level of women.
5. It seems that there is a relationship between the selection of cesarean and modernization and imitating each other among women.

## **2. Research Method**

Research method of this paper is survey cross section method. Because the required data in this time section are collected. To formulate the theoretical issues, we used document or library method.

### **2.1. Sample Population**

All three-month pregnant women attending Arjmand hospital of Kerman in 2011 about 200 people.

## **3. Theoretical Principles**

### **3.1. Sociology Theories About the Body**

#### **3.1.1. Michel Foucault**

One of the theorists that proposed new discussions in sociology of body from the early 1980s was Michel Foucault. The changed social studies from the biological view of accepting body as social and historical product. One of the main dimensions of modern world to Foucault is discipline. The discipline that Foucault mentions is not the power itself. Foucault considered discipline as the exact control of people actions that guarantee the control of body forces and imposed benefit obedience. But the main objective of discipline is increasing the control of a person on his body. Generally, discipline separates power from the body. On one hand, changes the power to the capability and on the other hand, inverses

the powerful energy that is resulted from it. Foucault considered the subjectivity of the body as the result of medical birth and he believed that the experience of subjectivity in modern culture is based on thinking about death (Foucault, 2004: 312).

Foucault believes that general experience of subjectivity in the west is related unavoidably with mortality thought. Generally, medicine deals with the subjectivity concept as important role in evolution of human sciences of body that face an individual with his cognitive issue (Dryfus and Rabinow, 2003:16).

### **3.1.2. Antony Giddens**

Giddens believes that the body is not considered merely a constant physiological entity because our body is deeply influenced by modernity era. The body is the combination of nature aspects that mainly is managed by natural processes with minimum human intervention. We knew it a definite position for ourselves. A definite position that is mostly unsuitable and unrelated but by increasing attack of abstract systems to the body, all these assumptions are changed. The body like an individual is changed to a place for mutual action of the body that is released intrinsically and this release is renovation condition of its reflection structure. The body was once the location of soul and once it was the center of bad and misleading needs, now it is in the control of reflection effects of the current society. Thus, these processes are traditional actions of transformed body.

Our body is not a natural entity that its ownership is dedicated to us. The body is a kind of mobile headland, a set of actions and reactions and its practical submersion in mutual actions of routine life is one of the most important principles of consolidated concept of personality identity (Kasel, 2004: 472).

## **3.2. Feministic View of Body Sociology**

### **3.2.1. Radical Feminists**

Radical feminists consider oppression to women as the main issue. All women are under control ignoring the historical, cultural, race differences. This group is called radical as they know the gender inequality the radical change and by some solutions such as increasing awareness among women, make them familiar with the oppression and the required solution. Indeed, radical feminism didn't see the women problem solution in their equality with men but men were oppressor group and all of them one by one were the source of problem. Men in the history dominated women and made them inferior and women were not satisfied with this condition or considered it natural. They know women oppression a fundamental oppression (Moshirzadeh, 2006, 272-273).

According to radical feminists, family oblige women to sexual slavery and being a mother and gives the control of their body to men and that is the main instrument of oppressing women. Radical feminists don't deny biological differences among men and women and only blame the interpretation of these differences. This theory knows the main reason of oppressing women in their motherhood capability or intrinsic violence of men that is manifested in sexual abuse (Abot/Valac, 2004: 33).

Most feminists believe that inferiority of women is because they bear child, this biological condition gave the opportunity to men to subjugate women and in this way women will be supported by men. Some people like Shulamith Firestone (1974) believed that women can only get rid of control to be free of reproduction. However, not all the feminists like this biological reasoning but it is the important aspect of women life that bearing and rearing a child is the main aspect of a woman life. Some of the radical feminists that emphasize on the relationship between men and women admire motherhood and consider it as an exclusive characteristic of feminine as the source of positive aspects of women and their fundamental difference with men (Moshirzadeh, 2006:287).

### **3.2.2. Liberal Feminism**

The followers of liberal feminism were mostly practical and avoided theories. Having access to their exact votes is problematic. However, generally it can be said that liberal feminists are the main legacies of women movement and equality ideology. They believe that the similarity of human beings is more than their differences. Different education and sociology process make women subordinate. The different education improves the ideas relate to intrinsic difference of men and women. Believing in the necessity of women control on their body is considered as a "right" from the belief to independent humanistic position of "woman".

Juliet Michel (social status of woman, 1971) says contraception is an innovation with historical and global position. Sexual rights of women were always a feminist issue because showed women rights and their control on their body. Kathryn Mackinnon says: "contraception should not be separate from other

aspects of sexual feelings. Linda Gordon says:” The rules of contraception and abortion are related closely to motherhood issue, imposing pressure on women by legal and super legal tools. One of the important issues among radical feminists like liberal feminist, the right of women to control their body. It is assumed that the body of women is a physical foundation that moves from it to the world. Women should have control on their body. Women should choose about having or not having children and contradicts any social control under the dominance of men. In addition, radical feminists believe that women can finish their pregnancy or take the decision about abortion and this is a personal case and is relate to the woman herself not the government. As it is seen here that the reason of radical and liberal feminists is similar to each other and the main aspect of the feminists’ movement is women controlling their body and the fight against “restriction of abortion” (Moshirzadeh, 2006: 287).

Rich believes that reproduction rights are both in freedom feeling from the constraints and reproduction limits and in attaining motherhood rights in the central part of feminism. By having reproduction rights, women can be the audience of new relationship with the world (Humm, 2003: 374).

### **3.2.3. Socialist Feminism**

Although pregnancy and labor are common experience of women, there are a few researches in this field in social sciences of recent feminism researches. The prominent theorist is “Oakley” who performed some researches about labor and motherhood in 1979 and 1980. “Oakley” focused on the gap between our self- conception and its reality and she explained that how the new medicine gave that name “bearing children” to pregnancy and labor. A patient that should be treated in the hospital by physicians. Thus, the preferences of women are ignored. This content was repeated in the research of “Rotman”. He investigated the medical history and showed that how the medical group obtained the control of the birthplace (1982) (Bernards, 2005: 277).

“Oakley” believes today being a mother is in medical domain. Indeed, she believed that physicians took the control of pregnant women and women can take conscious decision in their life. “Vandy Savoj” , midwifery specialist believed that we should set women free to take decision during pregnancy and labor, pre-pregnancy cares should be given in the health centers near the house of the woman and women should be free to deliver their child at home and a doctor is only an assistant, he shouldn’t not control him and take decision instead of her (Abot/ Valac, 2004: 100,156).

### **3.2.4. Theoretical Principles of the Reasons of Increasing Cesarean**

The increase of cesarean as four times in two recent decades is not defined well but some of its factors are discussed. In recent years, cesarean is increased in Iran and even it is turned into a luxury method. During two recent decades, the parents are not inclined to have more children. In other words, now most of pregnant women are primiparous. On the other hand, pregnant women consider cesarean delivery as a method without pain and side effects compared to vaginal delivery.

### **3.2.5. Fear of Vaginal Delivery**

Fear of delivery and its pain are important factors. Pain is an unpleasant but useful feeling. 7 to 22% of cesareans have fear factor. This fear in primiparous women is more than multiparus women. Fear of pain and escaping from pain is the motivation of most of women to select cesarean. Women to escape from vaginal delivery, selected cesarean because they believe that in cesarean delivery they don’t bear any pain or problem. Pain and problem are after cesarean surgery. In vaginal delivery, the pain of a woman is intermittent and there is rest time between pains but in cesarean delivery, the pain is after delivery.

### **3.3. Encouraging Physicians**

Medical science in 19 and 20 century could control health field in the west and physicians could attain the best position in the society. In our country, medicine improved health level of people and reduced pain. The improvement of health more than special progresses of medicine science is due to the high cultural level, behavior changes and general modifications in public health (Abot/ Valac, 2004: 139).

Physicians motivated mothers to choose cesarean and this increases this kind of delivery with the image of women from vaginal delivery. For a vaginal delivery, physician should spend more time. In addition, this kind of delivery is occurred at any time of day or night. The wage difference between cesarean and vaginal delivery, long distances and working problems of a doctor, the number of visitors and seeing them caused that physicians prefer cesarean delivery.

### 3.4. Modernization and Keeping the Beauty of the Body

Feminists believe that why women should only be defined by their bodies and they are respected only for their bodies not due to their capabilities. But all over the history, women experienced many social pressures to keep an acceptable appearance. But these standards and beauty criteria are imposed from media and society on women and the image of an ideal and pretty woman is generated by men view and women in order to keep up with these beauty standards, jeopardize their health and beauty and bear pain to make themselves as others want. Feminists put much pressure in this regard that hardly it can be ignored (Hansen, 2002:147).

The sensitivity of women to their body despite the health concerns and risks is increased in Iran like other western countries (Ahmadnia, 2005:140).

### 3.5. Socio-Economic Basis

The socio-economic condition of a person indicates his income condition. In economical basis, three main items are mentioned. Employees, employers, transportation staffs, artisans and businessmen have special economical basis. Each social level has special position in the society. Marx classifies people based on their positions in production system. There are other factors besides economical factors such as power, wealth and prestige. Kakerham writes social level has deep influence on the growth form of the bodies of people and attribute symbolic values to special body forms (Ahmadnia,2005:136).

## 4. Theoretical Framework

As awareness of women about their body is of medical issues, we can use sociology of medical field. On the other hand, the main purpose of this study is the investigation of cultural and social factors of the inclination of women to cesarean and it is relate to the body and sociology theories of body as Michel Foucault, Antony Giddens and feminist theories (Radical, liberal and socialists) are used that by combining the theories we can present a good theoretical framework.

In this study, we can use functionalism theory. The followers of this school believe that any social phenomenon has definite function such that they are effective in the survival of the society. The more the awareness of women of the benefits of vaginal delivery and the side effects of cesarean, they will have correct selection in this case and physical and financial problems will be prevented.

Foucault believed that physicians, psychologists and most of human sciences authorities are reason agents that control human being by scientific and technologic methods. This is the iron cage of "Max Weber".

## 5. Review of Literature

a. Thesis of Maryam Tavasoli titled "The effect of education in reduction elective cesarean in pregnant women" in 1996 in which pregnant women after 30 weeks without any clinical reasons were inclined to cesarean delivery. In two 8-person groups of test and control in pregnancy cares of Najmieh and Baqiatollah hospitals in Tehran were studied. Sampling method was based on convenience sampling. Data collection was personal data questionnaire and awareness evaluation questionnaire, attitude and performance of pregnant women about the delivery method and attitude questionnaire of physicians of delivery method. In statistical analysis that was done by non-parametric test of Wilcoxon and  $p = 0.001$ . There was no significant difference between the awareness level and attitude of two experiment and control groups (Tavasoli,1996).

b. Thesis of Abdolrasul Safaeian is done in 1999. Cesarean women in health centers of Tabriz were increased from 12.36 % in 1995-1996 to 14.23% in 1998 and they are increased statistically from some countries like Brazil and Chile. The current study is a descriptive comparative study that was done on 550 pregnant women (275 research centers of health department and 275 units of private health centers) that was done by sampling method among pregnant women who attended the health center and private center for cesarean delivery. The data collection instrument of the data were questionnaire sheets and check list. For data analysis, descriptive and inference statistical methods were used. The results showed that the highest inclination to cesarean delivery was due to fear of vaginal delivery, guarantee the health of the child, negative experiences of friends of vaginal delivery. The major reason to select cesarean from the view of gynecologists and midwifery experts were the fear of uterus uterine rupture in women with cesarean delivery that was done mostly in private centers (Safaian, 1999).

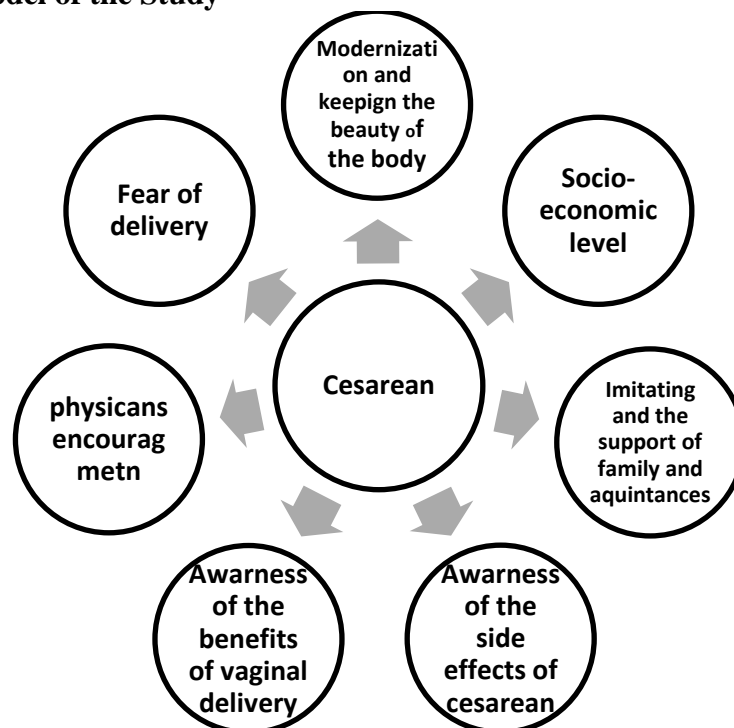
c. Biondlamaz study was done in 1998. The purposes of this study were the investigation of the relationship between income and different kinds of preparation for delivery by women. The investigation of the relationship between natural preparation of delivery and outcomes of delivery. 45 women were

selected and from health care facilities and preparation classes of delivery attended this study. after the birth of their children, the participants have the tables of delivery preparation, perceived control, satisfaction of delivery experience, feeling pain and treatment. Low-income women attended these classes less than high-income women did and it was mostly due to the fact that they learn most of their mothers. Women experienced similar outcomes except that low-income women reported high level of pain during delivery. The results of this study showed some presumptions based on the fact that low-income and high-income women experienced different delivery outcomes (Lamaz, 1998).

d. In a study performed by Hydiligso et al in 2002 in Sweden on a few of women who are inclined to cesarean delivery. 3061 women with pregnancy average age (15.6 weeks) in average urban clinics and rural areas with a questionnaire including some questions about personal, economical and midwifery issues were studied. They answered the test to measure concern about pregnancy and a test to measure postpartum depression. The question about the method of delivery was mentioned as if you were selecting the method, which one you prefer? Of 3013 women that answered this question, 8.2% answered cesarean. The selection of cesarean was relate to having above 35 years old, living in small city, smoking and abortion history. The following items were along with cesarean: unwanted pregnancy, negative feeling about the current pregnancy, major concern about pregnancy namely in pregnancy threshold, being in touch with family and friends in terms of looking after the child and depression before delivery (Hydiligso, 2002).

e. A paper was written by Kathryn Beckett (2005) about feminism and policies of delivery in USA. In this paper, cesarean surgery and some of the discussion of delivery stimulated the dispute among feminists. Analyses of three waves of feminist in this critical paper showed that any women should be free to choose cesarean. She believed that the main stimulus in delivery is planning ethical principles, not superiority of midwifery technique that is the blind belief of some of women that is due to unsuitable scientific values on the society that is unreal from sociology aspects. On the other hand, the selection and inclination to high technique of delivery has a weak basis in feminist issues of delivery. the duty of post-structuralism schools is active and unknown movements that cause that this paper with the different and important result for the health of mothers is performed and above all it can be the analysis source and health of women (Beckett – 2005 ).

### 5.1. Analytical Model of the Study



## 5.2. Data Analysis

**Table-1.** Pearson correlation coefficient

The relationship of “selection of cesarean” and “Awareness of the benefits of vaginal delivery”

Correlation type	Correlation value	Correlation direction	Significance level
Pearson	0.11	Positive	0.175

As it is shown in the above table and with emphasis on correlation value ( $r=0.11$ ) and it is significant at  $\alpha=0.05$ , thus it can be said that there is not significant relation between the “selection of cesarean” and “awareness of the benefits of vaginal delivery”.

**Table-2.** Pearson correlation coefficient

The relationship of “selection of cesarean” and “encouragement of physicians”

Correlation type	Correlation value	Correlation direction	Significance level
Pearson	0.49	Positive	0.001

As it is shown in the above table and with emphasis on correlation value ( $r=0.25$ ) and it significant at  $\alpha=0.01$ , thus it can be said that there is a positively significant relation between the “selection of cesarean” and “fear of delivery”. As by fear of vaginal delivery, a person is more inclined to cesarean delivery and by less fear of vaginal delivery, she is less inclined to cesarean.

**Table-3.** Pearson correlation coefficient

The relationship of “selection of cesarean” and “modernization and keeping the beauty of the body”

Correlation type	Correlation value	Correlation direction	Significance level
Pearson	0.32	Positive	0.001

As it is shown in the above table and with emphasis on correlation value ( $r=0.25$ ) and it significant at  $\alpha=0.01$ , thus it can be said 0.99% that there is a positively significant relation between the “selection of cesarean” and “modernization and keeping the beauty of the body”. As by modernization and keeping the beauty of the body, a person is more inclined to cesarean delivery and by less inclination to modernization and keeping the beauty of the body, she is less inclined to cesarean.

**Table-4.** Pearson correlation coefficient

The relationship of “selection of cesarean” and “modernization and keeping the beauty of the body”

Correlation type	Correlation value	Correlation direction	Significance level
Pearson	0.49	Positive	0.001

As it is shown in the above table and with emphasis on correlation value ( $r=0.49$ ) and it significant at  $\alpha=0.01$ , thus it can be said 0.99% that there is a positively significant relation between the “selection of cesarean” and “encouragement of physicians”. As by encouragement of physicians, a person is more inclined to cesarean delivery and by less encouragement of physicians, she is less inclined to cesarean.

**Table-5.** Pearson correlation coefficient

The relationship of “selection of cesarean” and “imitating from each other”

Correlation type	Correlation value	Correlation direction	Significance level
Pearson	0.34	Positive	0.001

As it is shown in the above table and with emphasis on correlation value ( $r=0.34$ ) and it significant at  $\alpha=0.01$ , thus it can be said 0.95% that there is a positively significant relation between the “selection of cesarean” and “imitating each other”. As by imitating each other, a person is more inclined to cesarean delivery and by less imitation, she is less inclined to cesarean.

**Table-6.** t of two independent groups

The comparative investigation of “selection of cesarean” with emphasize on “the condition of employment”

Group	Mean	SD	t value	Degree of Freedom	Significance level
Housewife	5.45	2.75	-3.69	187	0.001
Employed	7.10	2.50			

Considering the above table, mean and standard deviation in the selection of cesarean and the results of t of independent groups between homemakers and employed women are presented. As it is shown in the table, there was a significant difference between homemakers and employed women in selecting cesarean,  $p<0.05$ ,  $df=187$  and  $t=3.69$ . The results showed that cesarean is more prevalent among employed women than housewives.

**Table-7.** t of two independent groups  
The comparative investigation of “selection of cesarean” with emphasize on “income”

Group	Mean	SD	t value	Degree of Freedom	Significance level
Less than 500 thousands Toman	5.64	2.65	-2.54	94	0.013
More than 500 thousands Toman	7.23	2.87			

As it is shown in the above table and with emphasis on correlation value ( $r=-2.54$ ) and it significant at  $\alpha=0.01$ ,  $df= 94$ , thus it can be said that there is a significant difference between the “selection of cesarean” and in the samples with less than 500 thousands Toman income and the samples above 500 thousands Toman. Thus, as the average in the samples with above 500 thousands Toman income were more inclined to cesarean than the samples with less than 500 thousands Toman.

**Table-8.** One-way analysis relate to the investigation of relationship

Changes source	Sum of squares	Degree of Freedom	Average of squares	F value	Significance level
Intergroup variance	30.57	2	15.28	1.99	0.139
Intragroup variance	1425.2	186	7.66		

As it is shown in the above table and with emphasis on the value of  $F=1.99$  with Degree of freedom of 2,186 that were significant at level  $\alpha= 0.01$ , it can be said that there is a significant relationship between “the selection of cesarean” and “the type of housing”. It is necessary to use LSD test for paired comparison of the averages if the variances are homogenous and use Tamhanes test if they are heterogeneous.

**Table-9.** One-way variance analysis

The investigation of the relationship between “the selection of cesarean” with “social level” of research samples

Level	Mean	SD
Low	5.45	2.57
Average	5.86	2.85
high	7.69	2.839

With emphasis on the averages it can be said the highest average ( $x=7.69$ ) and the samples with high social level, after that ( $X=5.86$ ) to the samples with average social level and ( $X=5.45$ ) to low-social level families.

**Table-10.** One-way variance analysis of variance analysis table

Changes source	Sum of squares	Degree of Freedom	Average of squares	F value	Significance level
Intergroup variance	52.40	2	26.20	3.46	0.033
Intragroup variance	1408.55	186	7.57		

As it is shown in the above table and with emphasis on the value of  $F=3.46$  with Degree of freedom of 2,186 that were significant at level  $\alpha= 0.01$ , it can be said that there is a significant relationship between “the selection of cesarean” and “social level”. It is necessary to use LSD test for paired comparison of the averages if the variances are homogenous and use Tamhanes test if they are heterogeneous.

**Table-11.** LCD test of variance analysis table

Comparative investigation of “selection of cesarean” with emphasize on social level”

Difference value	Low	Average	High
Significance level			
Low		-0.40	-2.23
Average	0.367		-1.83
High	0.009	0.024	



Considering the above table and emphasis on the achieved values between the difference of averages of cesarean selection of the samples by social level, it can be said that there is a significant difference between the samples who introduces themselves low social level with high-social level families. It means that women in high-social groups are more inclined to cesarean delivery compared to low and average social level women.

## 6. Results

### 6.1. First Hypothesis: There is a Relationship between the Selection of Cesarean and Awareness of the Benefits of Vaginal Delivery.

To test the above hypothesis, Pearson correlation coefficient statistical model ( $r=0.11$ ) was used. The results of the research at  $\alpha=0.05$  showed that there is no significant difference between the “selection of cesarean” and “awareness of the benefits of vaginal delivery”.

Adrian Rich more than other theorists described the capabilities of women. Rich believed that by achieving freedom of reproduction, physical enjoyment and touch feeling would be improved in women.

Rich believes that reproduction rights are both in freedom feeling from the constraints and reproduction limits and in attaining motherhood rights in the central part of feminism. By having reproduction rights, women can be the audience of new relationship with the world (Humm, 2003: 374).

To test the above hypothesis, Pearson correlation coefficient statistical model ( $r=0.25$ ) was used. The results of the research at  $\alpha=0.01$  showed that there is a positively significant relationship between the “selection of cesarean” and “fear of vaginal delivery” as with awareness of fear of vaginal delivery, people are more inclined to cesarean and by reduction of awareness of fear of vaginal delivery, people are less inclined to cesarean.

Giddens believed that body is not a tool for actions and reactions. The body of a human being is a natural device that its owner should care it. This system has gender and it is the source of many pains and enjoyments. The body is the source of enjoyment and comfort but it is also the center of disease and pains. It is emphasized that our body is not just a natural entity that its ownership is dedicated to us. The body is a kind of mobile headland, a set of actions and reactions and its practical submersion in mutual actions of routine life is one of the most important principles of consolidated concept of personality identity.

### 6.2. Second Hypothesis: There is a Relationship between the Selection of Cesarean and Modernization and Keeping the Beauty of the Body.

To test the above hypothesis, Pearson correlation coefficient statistical model ( $r=0.32$ ) was used and the results of research at  $\alpha=0.01$  showed that there is a positively significant relation between the “selection of cesarean” and “modernization and keeping the beauty of the body”. As by inclination to modernization and keeping the beauty of the body, a person is more inclined to cesarean delivery and by less inclination to modernization and keeping the beauty of the body, she is less inclined to cesarean.

People in civilization process are finding some ways to distinguish between civilized and uncivilized, good manner and bad manner. We can conclude that our imaginations are used about the relate behavior to proceed acceptable criteria and social rejection. Like some terms as good taste and bad taste, there are special methods for valuation but their validity is only resulted from the relate social group power. Thus, the body control not only is relate to the social identity idea but also is relate to social dignity (Azad Armaki, 2001:62).

Giddens believe that one of the most important domains is biological reproduction. From the view of current modernity, reproduction is a mechanical phenomenon that is fulfilled by genetic processes but from ethical views, reproduction process raises the existence contradiction and the ethical issue here is related to sublime and improvement. How human being should be encountered with their existence goal. Like other existence domains, here quality and strategy are related to the most important ethical issues of life style that are dependent on answering the questions of existence contradiction and goal. For example, what are the rights of human fetus is mostly influenced by our connection with life. Life as an ethical issue or as a topic (Giddens, 2006: 314).

### 6.3. Hypothesis Three: There is a Relationship between Cesarean Selection and Physicians' Encouragement

To test the above hypothesis, Pearson correlation coefficient statistical model ( $r=0.49$ ) was used and the results of research at  $\alpha=0.01$  showed that there is a positively significant relation between the “selection of cesarean” and “encouragement of physician”. As encouragement of physician, a person is more inclined to cesarean delivery and by less encouragement of physician; she is less inclined to cesarean. Using modern technology and modern science to control women pregnancy and reproduction is

a challenging issue among feminists and new party. This technology is including sonography, lab pregnancy, and fetus test to diagnosis diseases, artificial insemination, abortion and contraception and recently using the ovarian of aborted fetuses. Adrian Rich says:” Men are jealous about the fertility capability of women and are scared of it. Thus, they prevent the women control on reproduction and establish motherhood in this way. Renate Dutli Clin says:” Reproduction technologies give this ability to the physicians to control the body of women and view women as the components of reproduction not a complete human being. Technologist physicians sell different organs of women body like ovarian and uterine. Feminist writers emphasized on racist nature of reproduction technologies so pharmacological companies use the third world as the laboratory of their new products and western medicine intervene in the reproduction of black women (Ham, 2003: 375). Marxist feminists by emphasis on inequality of health cares show that how capitalism society can take health system to meets its demands. Today, Today, if we can not consider physicians knowledgeable specialists that only think about fulfilling the requirements of their patients or always consider medical intervention for the benefit of the customer or consider the considerable reduction of diseases and general improvement of health in industrial countries that achieved it in recent 100 years, attributed to medical science (Abot., Valc, 141:13).

#### **6.4. Fourth Hypothesis: There is a Relationship between the Selection of Cesarean and Imitating Each Other.**

To test the above hypothesis, Pearson correlation coefficient statistical model ( $r=0.34$ ) was used and the results of research at  $\alpha=0.10$  showed that there is a positively significant relation between the “selection of cesarean” and “imitating each other”. As by imitating each other, a person is more inclined to cesarean delivery and by less imitating each other; she is less inclined to cesarean.

Giddens believes that the body is not considered merely a constant physiological entity because our body is deeply influenced by modernity era. The body is the combination of nature aspects that mainly is managed by natural processes with minimum human intervention. We knew it a definite position for ourselves. A definite position that is mostly unsuitable and unrelated but by increasing attack of abstract systems to the body, all these assumptions are changed. The body like an individual is changed to a place for mutual action of the body that is released intrinsically and this release is renovation condition of its reflection structure. The body was once the location of soul and once it was the center of bad and misleading needs, now it is in the control of reflection effects of the current society. Thus, these processes are traditional actions of transformed body.

#### **6.5. Fifth Hypothesis: There is a Relationship between the Selection of Cesarean and Socio-Economic Level of Women.**

To test the above hypothesis, t statistical model was used and research results at level  $\alpha=0.001$  showed that there was a significant relationship between the selection of cesarean and socio-economic level of women (monthly job, type of housing and social level). ( $P < 0.05$ ,  $df= 187$  and  $t=3.69$ ). The results showed that cesarean is more prevalent among employed women than homemakers are.

Social status is the space occupied by any person in social structure, social position that is given to a person. Social basis is consisted of some factors such as job, land ownership, income, wealth, power, ethnical belonging (Sarukhani, 1996: 808).

Marx classifies people based on their positions in production system. There are other factors besides economical factors such as power, wealth and prestige. Kakerham writes social level has deep influence on the growth form of the bodies of people and attribute symbolic values to special body forms. By comparing the results of the current research and the researches performed in Iran and abroad, we can say that the results of the study are in line with the researches of Seyed Nouri (2004) as there is a relationship between the selection of cesarean and social level, Safaian (1999) about the relationship between the selection of cesarean and fear of delivery pain and Tavasoli (1968) the relationship between the selection of cesarean and education and Gernamaye research, the selection of cesarean and the methods to reduce pain and training women. Also, they are in line with the researches of abroad like Elizabeth (2002) regarding the relationship between the selection of cesarean with socio-economic level and Riding (1993) about the relationship between the selection of cesarean and fear of the outcome of delivery, including the injury to the beauty of genital system and Menrad (1990) regarding the relationship between the selection of cesarean and the power of physicians. Bionlamaz (1998) regarding the relationship between the selection of cesarean and income. Jordan (2001) the selection of the type of delivery and the culture of the society.

## 7. Conclusion

Cesarean is an important surgery that in which there is incision of the skin of abdomen, the muscles under the abdomen and uterine wall and averagely 10% of deliveries all over the world are cesarean. According to the formal statistics in Iran, about 25 to 35 % of deliveries are done by cesarean surgeries, while informal statistic in Iran show that cesarean in Iran is 5 times more than other countries. Today, some of private hospitals state this statistics as 100% of deliveries. However, cesarean surgery is painful and it has various negative outcomes. Some of the specialists know the reason of the inclination of more women to cesarean, escaping from the pain. They doctors encourage patients to use this method and this is mostly to the imagination of women about vaginal delivery in Iran. In vaginal delivery, the doctor should spend more time and she should be present at any time of day and night and the wage of vaginal delivery is less than cesarean.

Another reason is the mothers, unfortunately, some women think that cesarean delivery is a modern method and vaginal delivery is an old method. Some people think that cesarean is better for their child as there will be no pressure on the head of the infant. But this pressure is useful because in this suction manner, his lungs will be clean. Due to this fact, vaginal delivery children have less respiratory problems than others. The bones in the head of infants can bear this pressure easily and there will be no problem for the child unless the head of the infant is bigger than the pelvis of the mother and in such cases, cesarean is necessary for the mother and child. Also, a research showed that the children of vaginal delivery are more intelligent. Today, vaginal delivery is a big success for women in advanced countries as it increases their self-confidence because it is the potential talent of women and they know unnecessary cesarean a failure. Although cesarean is an advanced method, it a surgery that if it is not necessary, it will be harmful for the patient. Today, in America no physician can not do the cesarean, if not necessary and there is no term such "elective cesarean" as we have in Iran and if in USA a physician do it, the patient can sue him legally and he will be charged according to medical rules.

## 8. Recommendations

1. Women consultation before delivery and giving required trainings during pregnancy guide many women in the selection of the best method of delivery.
2. By encouraging women to choose vaginal delivery, many side effects of the surgery and considerable costs will be avoided.
3. Making women aware of the outcomes of cesarean and making them familiar with new methods of vaginal delivery like delivery in water, using Laughing gas during delivery, delivery by hypnotism, local anesthetics.

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