International Journal of Biology, Pharmacy

and Allied Sciences (IJBPAS)

'A Bridge Between Laboratory and Reader'

www.ijbpas.com

THE SURVEY OF COHESION, FLEXIBILITY, COMMUNICATION, AND SATISFACTION OF ORDINARY AND POOR FAMILIES BASED ON CIR-COMPLEX MODEL IN AMOL, 2014

PARVANEH MOHAMMADI[1], MEIMANAT HOSSEINI[1, 2]*, FOROOZAN ATASHZADEH SHORIDEH[3], NEZHAT SHAKERI[4], FARIBA BORHANI[5], MAHSA MATBOUEI[6]

1. Alumnus (MSC) school of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

2. Assistant professor, Dept. of Community Health Nursing; school of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

3. Assistant professor, Department of Nursing Management, Nursing and Midwifery School, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

4. Assistant Professor, Dept. of Biostatistics, school of Paramedical sciences, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

5.Associate Professor, Dept. of Medical surgical, school of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

*Correspondence: Meimanat Hosseini1, Dept. of Community Health Nursing; school of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

E-mail: m-Hoseini@sbmu.ac.ir, meimanathosseini@yahoo.com

6.Instracor of Nursing (MSC), .Dept. of Community Health Nursing; school of Nursing and Midwifery Shahid Beheshti University of Medical Sciences, Tehran, Iran

E-mail: mah.matbouei@gmail.com

ABSTRACT

Cohesion, flexibility, communication, and satisfaction are some aspects of cir-complex model that can be affected by poverty. So the aim of this study is to compare cohesion, flexibility,

communication, and satisfaction of poor and ordinary families based on cir-complex model in Amol in 2014.

In this descriptive-comparative study, 300 nuclear families (150 poor families and 150 ordinary families) include father, mother, and children over 12 years old were studied in Amol. Poor families were randomly selected from Imam Khomeini Relief Foundation and ordinary families were selected by Multi-stage cluster sampling method from health centers in Amol. After determining validity and reliability, Questionnaire were completed by samples. At The end, the dimensions of cohesion, flexibility, satisfaction, and communication of ordinary and poor families were obtained based on cir-complex model by using t-test and Mann-Whitney U test.

In comparison to ordinary families in the dimensions of cohesion (27.88), flexibility (25.05), communication (59.81), and satisfaction (56.03), poor families received higher scores in the dimensions of cohesion (29.85), flexibility (26.57), communication (67.84), and satisfaction (63.79). The difference in the average scores was statistically significant (p=0.0001). On the other hand, in disengagement scale, poor families received higher scores than ordinary families (p=0.0001).

According to the above results, poor families were more balanced than ordinary families also they had more intimate relationships and higher flexibility and adaptability than ordinary families. But both families were a part of balanced families. Maybe problems related to poverty strengthened family relationships to maintain balance in poor family. Receiving higher scores in poor families than ordinary families in disengagement scale shows that nurses must consider this matter in relation to poor families and try to reduce dissociation in families by using nursing process   .

INTRODUCTION

Poverty is a social problem that affects a large number of people (Banovcinova A., *et al*., 2014). Poverty is a multidimensional phenomenon that due to social, cultural, economic, temporal and local position of each country includes lack of sufficiency in satisfaction based on need and lack of access to resources, education, skills, health, nutrition, shelter and health facilities; these cases lead to social vulnerability, violence, and lack of freedom (Bahrami,2012).The World Health Organization does not just define poverty as low income but considers it as lack of resources and socially necessary and acceptable facilities (Ou, et al., 2012). According to the new standard, 1/4 milliard

people live in absolute poverty in the world (Mirshojaea, 2011&City's Websiet). Poverty is closely related to family structure (Cancian & Reed, 2009). Aspects of family function including problem solving, communications, roles, responsibilities, affective involvement and behavior control are influenced by poverty(Banovcinova, et al., 2014). Poverty affects not only the changes of family function but also the decisions of family members in life (Cancian & Reed, 2009). According to Wotdke, et al., the relationship between family function and child abuse can be attributed to factors such as poverty. In the study entitled "The effect of poverty on family function" conducted by Banoursinva, et al., in 2014, the results showed that there was a significant difference between two families with high and low income in terms of family function. Family is considered as one of the effective environments on people's physical and mental health and it provides necessary conditions to grow and to achieve physical, mental, and social balance of its members. To become socialized, to be familiar with rules, and to internalize cultural roles and values are occurred in family (Hosseini & Hosseinzadeh, 2012). Olson, et al., (1983) presented two aspects of family behavior i.e. they proposed cohesion and flexibility in form of Cir-complex Model of

Marital and Family System (Karleson et al., 2008). This pattern includes three keywords i.e. cohesion, flexibility, and communication to understand family function. Cohesion is emotional dependency of family members towards each other. Flexibility has been defined as quality and expression from leadership and organization, role relationship, relationship rules, and negotiations. Family communication has been defined as known acts between family members such as information interchange, ideas, thoughts, and feelings (Olson, 2011); also satisfaction is a degree of happiness and pleasure that family members feel when they are living with each other (Olson, 2010). Due to the fact that poverty can affect family health and since several studies have been done on cohesion and flexibility in families with different problems that we refer to some studies, for example, (Matejevic et al., 2014) conducted a study entitled "Aspects and functions of family and parental style", Youn Joh et al (2013) have done a study entitled "The relationship between family cohesion and flexibility with behavioral problems of teenager based on Cir-complex Model"; the study of Lanfranchis & Vianello (2012) entitled as "Stress, the source of control, cohesion, and flexibility in parents of children afflicted with Down, Williams,

Fragile x, and Prader- Willi Syndromes", Javadian (2011), conducted a study entitled "Comparison of cohesion and flexibility of families with and without children with disabilities", Noller & Callan (1986) have done a study entitled "Parents and teenagers' comprehension about cohesion and flexibility of families", Hosseini et al. (2013) conducted a study entitled "Determining family function and structure of parents having a son with a disability based on Cir-complex Model" and Jalil-Babapour and Bahavarnia (2012) have done a study entitled "Integrity and flexibility of families with an unhealthy member afflicted with AIDS with families of general populations in Tabriz", Lotfinia (2009) has done a study entitled "Studying the pattern of using drugs and its relationship with family function in patients of addiction centers in Tabriz", and Mazaheri (2008) conducted a study entitled "The comparison of perception and aspiration of family structure in their young children",in conducted studies no study was found about cohesion, communications, and satisfaction of poor and normal families and according to Hosseini et al (2012)one of theimportanttasks ofa nurse is studying, recognizing, and working with families having problem so this study was done with the aim of determining and comparing cohesion and flexibility,

communication and satisfaction in poor and normal families based on Cir-complex Model in Amol (2014).

METHODOLOGY

This study was conducted on 300 families by using descriptive-comparative method. The population consisted of families below the relative poverty line (monthly income is less than 250000 Tomans for each person) and families not below the poverty line. Characteristics of research units were: 1) type of family should be nuclear, 2) samples should be able to answer the questionnaires, 3) mental status and suitable communication should be existed to complete the questionnaires,4) family should have children over 12 years, 5) questionnaire should be completed by parents and the eldest child who is over 12 years in family, 6) family members should independently complete questionnaires not discuss and consult with one another, 7) monthly income of poor families should be less than 250000 Tomans for each person i.e. they should be below relative poverty line, 8) according to the instructions of instrument designer (Olson, 2011) it wasn't necessary for parents to be educated to complete the questionnaire. An exclusion criterion of study was failure to complete questionnaire by at least two persons of family or to give incomplete

answers to questions (more than 10 items) (Jalil- Babapour and Bahavarnia, 2012). According to the formula to estimate samples, 300 families (150 normal families and 150 poor families) were selected by simple random sampling and stratified sampling. Firstly, available files in Imam Khomeini Relief Foundation in Amol that were nuclear families were identified to sample poor families and 150 families were selected by using table of random numbers. Stratified sampling method was used for normal families. Thus Amol has been divided into five geographical areas i.e. North, South, East, West, and Centre; also the number of health centers in each area was determined. Then, one health center and totally five centers were randomly selected and in each center 30 eligible persons who referred to attend the study were being talked about the questionnaire and how to complete it. If families were willing to attend the study, their address and phone numbers would be noted and one day that all family members were at home one of the researchers went there and gave them demographic questionnaire and "FACES-4"to complete and after half an hour instruments were collected. Package FACES-4 includes eight scales (six scales are related to cohesion and flexibility, one scale is related to

communications and one scale is related to family satisfaction). In six scales related to cohesion and flexibility, four scales are unbalanced and two scales are balanced. Four unbalanced scales include two scales for unbalanced cohesion (disengagement and enmeshment scales) and two scales for unbalanced flexibility (rigidity and chaotic scales) that measure very high and low levels of cohesion and flexibility. Two balanced scales include balanced cohesion and flexibility. Each scale constitutes 7 items (6 scales from a total of 42 items). Both communications and satisfaction scales include 10 items that measure family members' satisfaction with regard to cohesion, flexibility, and communications in family, generally, "FACES-4" includes 62 items. All items were answered by using a 5-point Likert scale. Response domain for 52 items of "FACES-4" was from response 1 (strongly agree) to response 5 (strongly disagree) also it was from response 1 (very dissatisfied) to response 5 (very satisfied) for last 10 items of "FACES-4".In "FACES-4", items of balanced cohesion scale (A) include 1, 7, 13, 19, 25, 31, 37, and they include 2, 8, 14, 20, 26, 32, 38for balanced flexibility scale (B), also items for disengagement scale (C) include 3, 9, 15, 21, 27, 33, 39, and they include 4, 10, 16, 22, 28, 34, 40for

enmeshment scale (D); in rigidity scale (E) items include5, 11, 17, 23, 29, 35, 41and they are6, 12, 18, 24, 30, 36, 42, for chaotic scale (F). The interval of each item with next one is six in per scale that the sum of related items on each scale is used to score each scale. Aspects of cohesion include 5 levels i.e. disengagement, little cohesive, cohesive, very cohesive, and enmeshment also flexibility aspects include 5 levels of rigidity, little flexible, flexible, very flexible, and chaotic; by combining 5 levels of cohesion and 5 levels of flexibility 25 levels are made in family structure that includes 12 average levels, 9 balanced levels, and 4 unbalanced levels that are used to draw on Cir-Complex Model. The ratios score that include the cohesion ratio, flexibility ratio, and total ratio are just used for research but the percentage of scores are applied for both clinical works and research. In Iran, "FACES-4" has been translated and it has been approved that its translation is accurate; during a preliminary study on 30 normal families, the comprehensibility of primarily Persian version of "FACES" was studied and after removing defects, the questionnaire was examined in original form that they included 1652 participants of family members from seven provinces in country (Mazaheri et al, 2013). Olson (2011) has described the

variability of "FACES-4" very well. In this study, the validity of "demographic questionnaire" were assessed by using face validity and content validity also due to lack of access to Iranian translated version,"FACES-4" validity were evaluated by using qualitative and quantitative methods. In qualitative method, scale was given to 5 PhD in Nursing, 5 community health nurses, one expert in health education and health promotion, 2 psychiatric nurses who were the faculty members of Shahid Beheshti University of Medical Sciences and Health Services, 2 clinical psychologists, and 6 persons in poor and normal families to determine content validity. In quantitative method, content validity ratio (CVR) validity index (CVI) were measured to determine content validity. Opinions and suggestions of professors, experts and families were collected and applied in questionnaires. Obtained numbers for CVR and CVI for being related, clarity, and simplicity were respectively 0.94, 0.92, 0.88, and 0.88. "FACES-4" reliability was determined by using internal consistency (Cronbach's alpha) and stability method (test-retest). "FACES-4" internal consistency (Cronbach's alpha) for balanced cohesion, balanced flexibility, disengagement, enmeshment, rigidity, and chaotic in fathers were respectively α=0.72,

α=0.75, α=0.70, α=0.69, α=0.73, α=0.76; they were respectively α=0.84, α=0.74, α=0.68, α=0.70, α=0.72, α=0.71 in mothers also they were respectively obtained α=0.81, α=0.75, α=0.71, α=0.75, α=0.55, α=0.76 in children. The internal consistency of communications scale for fathers, mothers, and children were respectively obtained α=0.88, α=0.87, and α=0.86; also internal consistency of satisfaction scale for fathers, mothers, and children were respectively α=0.88, α=0.87, and α=0.88. To determine the stability of scale, 10eligible family members completed the questionnaires during two weeks. The correlation coefficient for cohesion scale (r=0.98), flexibility (r=0.99), communications and satisfaction (r=0.99), balanced cohesion (r=0.98), balanced flexibility (r=0.99), disengagement (r= 0.99), enmeshment (r= 0.95), rigidity (r=0.99), and chaotic (r=0.99) was obtained. In present study, the Statistical Software for Excel (Olson, 2010) and SPSS version 16 were used for data analysis. Statistical indexes such as mean, standard deviation, range of changes and percentage were used for descriptive purposes. T-tests, Mann-Whitney-U and Fisher tests were used for statistical analysis.

FINDINGS

The results of demographic information obtained from present study showed that 61.34 % of fathers and 44% of mothers in normal families were aged between 40-49 years also 58.66% of children who completed the questionnaire in normal families were aged between12-19years. Also, among age groups 26.66% of fathers and 27.33% of mothers in poor families were respectively aged between 60-69 and 50-59 also38.22% of children who completed the questionnaire in poor families were aged between 20-29 years.43.33% of fathers, 31.60% of mothers, and 43.34% of children who completed the questionnaire in normal families had reached higher education also 47.30% of fathers and 56.66% of mothers in poor families were illiterate and 33.43% of children who completed the questionnaire in poor families had reached higher education. 88.60% of fathers in normal families were employee or self-employment, or they were being busy in other jobs and 76.66% of mothers in normal families were housekeeper or unemployed. 98.70% of fathers in poor families were worker or unemployed and 100% of mothers in poor families were housekeeper or unemployed. 54% of children who completed the questionnaire in normal families were students and 52.66% of

children who completed the questionnaire in poor families were unemployed or worker. 82% of normal families and 61.33% of poor families include three or four members. 64% of normal families were receiving income between 8 and 16 million Rials (800000-160000 Tomans) and received income for 100% of poor families was less than 8 million Rials. Other demographic information has been summarized in Table 1. Mann-Whitney-U Test showed that there was a significant difference in balanced scales (cohesion and flexibility) of normal and poor families (p=0.0001) and in comparison to normal families, poor families received higher scores in family (2). IndependentT-testshowed that there was a significant difference in unbalanced disengagement scale in normal and poor families (p=0.0001); but there was no significant difference between two families in unbalanced enmeshment scale (p=0.73). In unbalanced rigidity scale, there was a significant difference between normal and poor families (p=0.002). But there was no significant difference between normal and poor families in terms of unbalanced chaotic scale (p=0.82) and both groups received approximately the same scores (3). There was a significant difference between normal and poor families in terms of communications and satisfaction scale (p=0.0001) and in comparison to normal families, poor families got higher scores in family (4).

The results showed that the structure of 70% of normal families was balanced and 30% were average and none of families were unbalanced. In poor families, 62.66% are balanced and 37.34% are average in terms of family structure and none of them is unbalanced (5).

In order to determine the type of families, Cir-Complex Model was used. Results showed that in balanced family structures (Nine of Central home), 34% of normal families and 36% of poor families are strongly cohesive- flexible. In Mid-Range family structures (Twelve of side house), 23.33% of normal families and 31.33% of poor families are enmeshment- flexible and none of normal and poor families (Four of red house) have unbalanced family structure (Figure 1).

Table (1): Demographics Information of ordinary and poor families

ROW	variables	mean (SD)
1.	Fathers age of average families (year)	46.14(6.37)
2.	Mothers age of average families (year)	41.73(7.82)
3.	Children age of average families (year)	18.89(5.50)
4.	Dimension of average families	4.02(0.79)

5.	Fathers age of poor families (year)	62.29(13.13)
6.	Mothers age of poor families (year)	55.23(12.59)
7.	Children age of poor families (year)	25.27(8.74)
8.	Dimension of poor families	4.35(1.21)

Table 2: Mann-Whitney-U test results in the context of balanced cohesion and flexibility of ordinary and poor families.

ROW	VARIABLES	FAMILY	MEANS	SD	pValue
1.	Balanced Cohesion	Ordinary	27.88	(3.42)	0.0001
		Poor	29.85	2.44	
2.	Balanced flexibility	Ordinary	25.05	2.91	0.0001
		Poor	26.57	2.47	

Table 3: Independent- test results in the context of unbalanced Disengagement, Enmeshment, Rigidity and Chaotic of ordinary and poor families

ROW	VARIABLES	FAMILY	MEANS	SD	pValue
1.	Disengagement	Ordinary	16.57	(2.63)	0.0001
		Poor	18.24	2.58	
2.	Enmeshment	Ordinary	21.87	1.98	0.73
		Poor	22.16	1.97	
3.	Rigidity	Ordinary	21.30	1.98	0.002
		Poor	22.03	2.06	
4.	Chaotic	Ordinary	14.99	2.97	0.82
		Poor	15.58	2.93	

Table 4: Independent T- test results in the context of Communication and Satisfaction of ordinary and poor families.

ROW	VARIABLES	FAMILY	MEANS	SD	pValue
1.	Communication	Ordinary	59.81	(18.64)	0.0001
		Poor	68.68	16.08	
2.	Satisfaction	Ordinary	56.02	18.77	0.0001
		Poor	63.79	17.69	

Table 5: Percentage distribution of normal and poor families in three general types of family structure based on Cir-Complex Model in Amol, 2014

Family Structure	Average families		Poor families	
	N	%	N	%
1.Balanced	105	70	94	62.66
2.Mid-Range	45	30	56	37.34
3.Unbalanced	0	0.00	0	0.00

Circumplex Model & FACES IV
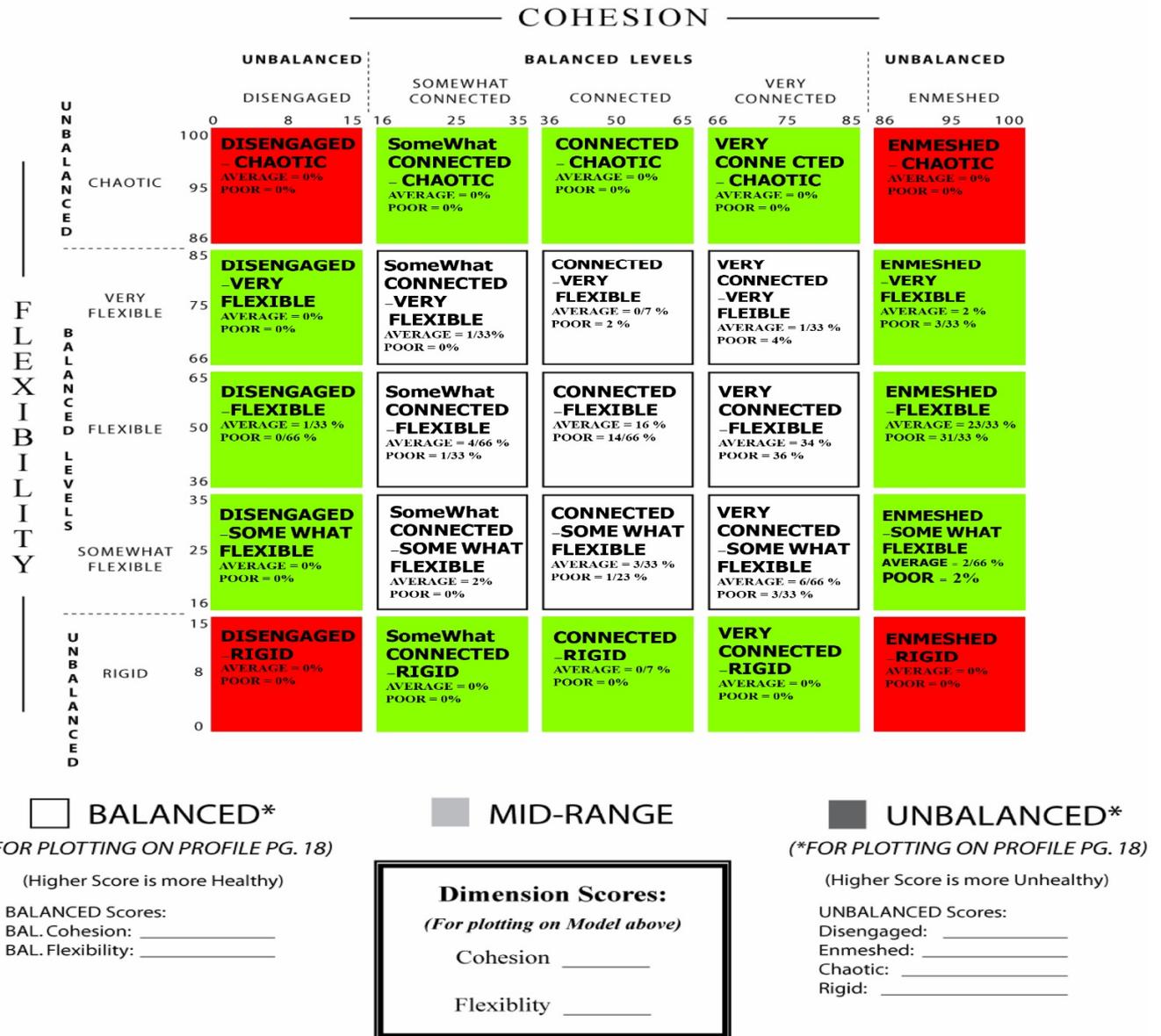
For more information visit www.facesiv.com

Figure 1: Relative Frequency Distribution Graph of Normal and Poor Families in every 25 Families of Cir-Complex Model of Olson Family System (2010) in Amol in 2014.

DISCUSSION

In this study, performance and structure of normal and poor families were determined based on Cir-Complex Model of Olson (2011). The findings show that poor families have higher scores in terms of cohesion and balanced flexibility than normal families and

there is a significant difference between both families in terms of cohesion and balanced flexibility. In a study conducted by Jalil-Babapour and Bahavarnia in 2012, it was found that there was a significant difference between healthy families and families with members afflicted with AIDS in terms of cohesion and flexibility. But families with members afflicted with AIDS included less cohesion and flexibility than healthy families. In the present study, there was a significant difference between normal and poor families in terms of unbalanced disengagement scale and poor families achieved to higher scores than normal families in terms of disengagement. On the other hand, maybe due to material needs of poor families, family members spend most of their time outdoors and they are more independent and they do more things by themselves; also due to a lot of problems, each member does its business. In this case, no similar studies were found. There was no significant difference between both family groups in terms of enmeshment scale. Also there was a significant difference between normal and poor families in terms of rigidity scale and poor families were more unbalanced than normal families in this scale; it means they had problem in changing family roles and they were unable in critical

conditions to adapt themselves and to cope with the existing situations. But in terms of chaotic scale there was no significant difference between both families. In this study, in terms of communication and satisfaction, there was a significant difference between ordinary and poor families; and poor families had higher scores than ordinary families and this represents a healthier and better communication between family members and their satisfaction towards each other. In the current study, generally poor families have averagely higher scores in four main aspects of Cir-Complex Model (Cohesion, Flexibility, Communication and Satisfaction). Also in the study conducted by Javadian (2011), cohesion, flexibility, and communications of families with disabled member or members that are considered as vulnerable families were among healthy families that are similar to the present study. In the study conducted by Rada (2014), "FACES 3"had been used for Romanian families and the results showed that cohesion in these families was high but flexibility was very low and also communications were Moderate to high and satisfaction had been high. However, this study was conducted on the general population and it has not been compared with any society. Matjevicet al., (2014) conducted

a study on parenting style and family function that the results of the study showed that there was a positively significant difference between cohesion, flexibility, communications, satisfaction and parenting style. That is the more powerful parenting style, the more balanced family. According to the study of Matjevic et al., it can be concluded that problematic families such as inappropriate training styles and poverty in present study can change family structure. On the other hand, in the present study, although there was a significant difference between cohesion, flexibility, communications, and satisfaction in normal and poor families, both normal and poor families have a very cohesive- flexible family structure. Members a real ways together in very cohesive level and they rarely communicate with people out of family; they have a close relationship in family and they are very dependent on each other. They consult together to take decisions also they have common friends not separate friends; at flexibility level, leadership is democratic and each person has equal participation in decision-making. The roles are divided in this level. In the study conducted by Mazaheri (2008) on families with young children, more families included cohesive and flexible family structure that is

almost close to family structure in present study. In the study conducted by Hosseini *et al.*, (2013), mothers and fathers had respectively understood their family structure connected-flexible and separate-flexible. In the study conducted by Rada (2014) more families tended to have a cohesive-chaotic family structure that is opposed to the present study; the reason for being opposed can be studied in cultural differences in both population and type of variable. The results of Table 5 show that understood family structure by normal and poor families is balanced and mid-range. In the study conducted by Rada (2014) on Romani families, understood family structure by families was balanced and mid-range that is consistent with present study. In the study published by Hossini *et a.,* (2013) understood family structure by fathers was balanced and mid-range and it was unbalanced for mothers. This maybe relates to close dependence and affinity of mother with disabled child.

Limitations and suggestions for future study

Psychological and mental condition of parents in poor families during completing the questionnaire also parents' honesty in answering the questionnaire was out of researchers' control. Maybe due to the

relatively high number of questions, participants became tired of answer. The presence of researcher in the participants' homes to complete the questionnaire for illiterate persons in family is another limitation in the present study. In this study,the relative poverty level was the criteria to classify families. So due to little class difference, maybe no difference is found between families. So it is recommended thatthe comparison of cohesion, flexibility, communications, and satisfaction of poor and rich families with urban and rural families be done in future studies.

CONCLUSION

Cohesion, flexibility, communications, and satisfaction in poor families with the presence of different problems caused by poverty are more than normal families and this may be due to their lower expectations and little demands they have towards each other and life.

REFERENCES:

[1] Banovcinovaa A et al. (2014). The Impact of Poverty on the Family System Functioning. **Procedia - Social and Behavioral Sciences.** 132(2014) .148 – 153.

[2] Cancian M, Reed D. (2009). Family Structure, Childbearing and parental employment: Implications for the Level and trend in Poverty**. Russell Sage Foundation**.26(2).21-26.

[3] Javadian R (2011) a comparative study of adaptability and cohesion in families with and without a disabled child**. Procedia - Social and Behavioral Sciences**. 30 (2011). 2625 – 2630.

[4] Lanfranchi S & Vianello R (2012) Stress, Locus of Control, and Family Cohesion and Adaptability in Parents of Children with Down, Williams, Fragile X, and Prader-Willi Syndromes. **American Journal on Intellectual and Developmental Disabilites**. 117(3). 207–224.

[5] Matejevic M et al (2014) Patterns of Family Functioning and Dimensions of Parenting Style**. Procedia - Social and Behavioral Sciences.** 141(2014). 431 – 437.

[6] Noller P & Callan V J (1986) Adolescent and parent perceptions of family cohesion on and adaptability. **Journal of Adolescence**. 9(1986). 97-106.

[7] Olson D H. (2011) FACES IV & the Circumplex Model: Validation Study. **Journal of Marital & Family Therapy**. 3(1); 64-80.

[8] Olson D H. (2010) FACES IV Manual. . **Life Innovations, Inc**. www.facesiv.com.

[9] Ou F et al (2012) An Urban Neo-Poverty Population-Based Quality of Life and Related Social Characteristics Investigation from Northeast China. **PLoS ONE**. 7(6). 1-7.www.plosone.org.

[10] Rada C (2014) Family adaptability and cohesiveness evaluation scale III in Romania. **Procedia - Social and Behavioral Sciences.** 127 (2014). 31 – 35.

[11] WodtkeG et al. (2012). **Poor Families, Poor Neighborhoods: How Family Poverty Intensifies the Impact of Concentrated Disadvantage on High School Graduation**. Population Studies Center, Institute for Social**.** Research reports 12-776.www.psc.isr.umich.edu.

[12] Youn Joh J et al., (2013) Relationship between Family Adaptability, Cohesion and Adolescent Problem Behaviors: Curvilinearity of Circumplex Model. **Korean Journal of Family Medicine.** 34 (2013). 169-177.

[13] Bahramy R, (2012) Survey the social justice using human development indicators in the last two decades. **Journal of Geographical landscape.** 6 (20): 85-99.

[14] Jalil- Babapour KH, Bahavarnia A (2012) compared the cohesion and flexibility of families with an AIDS patient with family members of the general population**. Journal of Counseling and Psychotherapy Dictionar**. 3(11): 44-60.

[15] Hosseini M, Hosseinzadeh S (2012) Community Health Nursing II: Family, Group, Health economy(Persian)]. First edition. Tehran: Andishe Rafi. p10.

[16] Hosseini, M., et al (2013) Evaluation of adaptability and cohesion of families with a disabled childin the city of Tehran, based on a Cir-Complex model**. Journal of Disability Studies**. 3 (2): 23-33.

[17] City's Website (2014) what is the minimum and maximum poverty line inIran. Release date 11/2/2014. Availability Date 12/11/2014. www.Sharekhabar.com/economic/1414909200851662.

[18] Karlson Get al(1999) Family Therapy ensure efficient treatment. Navabinejad the translation, First Edition. Tehran. Studies center publications and Parent-teacher associations. p135. - LotfyNia H,

Moheb N, Pishro Clankesh T(2009) The Pattern of Drug Use and Its Relation to Family Functioning in Patient's Addiction Center in Tabriz**. Woman and Family Studies**. 2 (6):107-120.

[19] Mazaheri M., *et al* (2013) Psychometric characteristics of the Persian version of cohesion and flexibility family scale (facesIV). **Iranian Journal of Psychiatry and Clinical Psychology**. 19(4): 314-325.

[20] Mirshogaea F. Check the Status of Poverty in the World**. Journal of Economic Research**. (2011); 19 (58): 205-228.