



Chapter 3

Women and Health

Introduction

Since the Beijing World Conference on Women, the issue of women's health, particularly reproductive health, family planning and mental health has been among the priorities of the Islamic Republic of Iran. Among the measures that are to be taken by the Ministry of Health and Medical Education in cooperation with the Ministry of Education, Ministry of Interior and Radio and Television Broadcasting of the Islamic Republic of Iran are: decreasing the number of cases of mental and behavioral diseases by the end of the first year of the 4th National Economic, Social and Cultural Development (2005), adopting comprehensive programmes for decreasing high-risk sexual behaviors and addiction risks and formulating a comprehensive programme for promotion of individual, family and social health.

The most significant successes of the Islamic Republic of Iran have been achieving various goals such as:

- ❖ Control of indigenous and infectious diseases,
- ❖ Decrease in child and maternal mortality rates,
- ❖ Decrease in malnutrition rates,
- ❖ Offering quality family planning services,
- ❖ High coverage of vaccination against six diseases,
- ❖ Increase in providing health training to pregnant women,
- ❖ holding workshops and courses on health and nutrition,
- ❖ offering counseling services in women's cultural and social centers,
- ❖ Increase in IVF units for treatment of infertility,
- ❖ Development of health services in rural areas, and
- ❖ Increase in life expectancy of women, in comparison with men.

Since women play the most fundamental role regarding education in the family, and due to existing mental and social vulnerabilities, programmes to offer basic mental health services to women and improving their mental health are necessary.

According to the Article 29 of the Constitution of the Islamic Republic of Iran, provision of social security namely in cases of retirement, unemployment, old age, disability, in female-headed households and cases of displacement and the necessity of provision of health and treatment services and medical care are regarded as a right for all.

The Ministry of Health and Medical Education (MOHME) has also paid attention to promotion of health among people living in rural areas. Great progress has been made in this area due to various programmes implemented in these regions in decreasing maternal and child mortality rates, prevention of certain diseases and disabilities, as well as promotion of programmes related to improving quality of nutrition, family planning and reproductive health.

While considering certain unsuccessful experiences, the Government of the Islamic Republic of Iran has been committed to taking more successful measures in these areas. Among these are paying special attention to decreasing maternal mortality rates, extension of social security networks, increase in access of women to medical and emergency care in deprived rural areas, and promotion of food security at home at national and executive levels, as well as promotion of female labour rights and the removal of structural and legal obstacles.



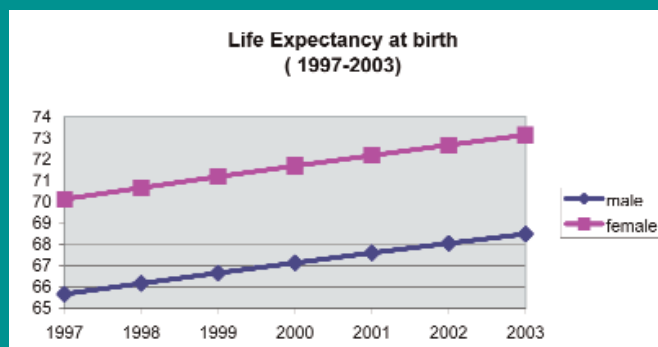
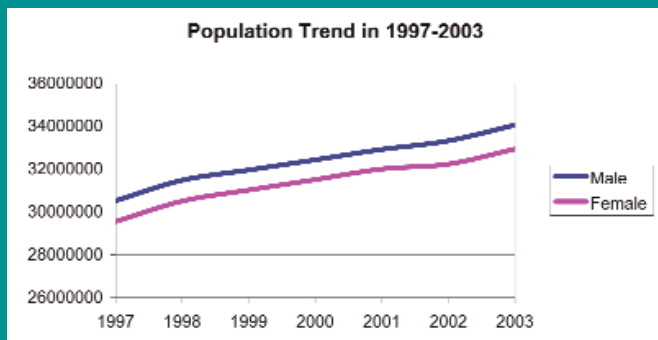
Strategic Objectives

Strategic objective C.1.

Increase women's access throughout the life cycle to appropriate, affordable and quality health care, information and related services.

Government measures

1. Improving reproductive health services offered in health centers.
2. Providing grounds for activities of non-governmental organizations in offering health services.
3. Implementation of an operational programme with the general goal of promotion of health levels of mothers and advocacy for safe motherhood.
4. Implementation of a project on promotion of health among the elderly.
5. Implementation of a five year project on reproductive health and women's empowerment in the framework of the 3rd National Economic, Social and Cultural Development Plan in the regions of Golestan, Bushehr, Kurdistan, Sistan and Baluchestan and Islamshahr by the CWP in cooperation with UNFPA (1999-2004).
6. Implementation of a project in developing correct patterns of nutrition for girls and women.
7. Promotion and strengthening of sports for all women in less developed provinces and rural areas based on the Article 158 of the 3rd National Economic, Social and Cultural Development Plan and providing 20 villages in six provinces with equipment for physical exercise.
8. Carrying out information campaigns on health issues through the mass media.
9. Implementation of a programme for promotion of health among girls in high schools through courses on nutrition and provision of weekly iron-supplements.
10. Increase in life expectancy of women in comparison with men.
11. Adoption of a law in 1995 in support of breastfeeding and protection of nursing mothers during breast-feeding. Provisions such as four months of pregnancy leave, daily short leaves for employed nursing mothers, prohibition of change of work for mothers during maternity leave by the employer, and granting one hour daily leave during work time hours.
12. Planning and holding workshops for breastfeeding counseling in universities of medical sciences.
13. Holding the World Breastfeeding Day by MOHME in cooperation with universities and the Society of Breast-Feeding Promotion.
14. Preparation of gender-sensitive protection programmes and training of health service personnel to identify cases of gender-based violence.
15. Protection of women and girls who have been subject to any form of violence.
16. Increased access to health due to women's literacy increase to 71% during the years 1986-96.
17. Training of high school students about HIV/AIDS. Training of secondary school students starting from 2005.
18. Establishment of 487 active pre-marriage counseling centers.
19. The Labour Law of the Islamic Republic of Iran contains the following items to protect employed women: prohibition of night work and also working below 18 years of age for women; prohibition of heavy labour for pregnant women; necessity of work change without change in salary if work is too hard for a pregnant woman; prohibition of carrying heavy objects for pregnant women or any other hard labour without wage deduction; use of protection related to pregnancy through the social



security system.

20. Increase in the number of rural health houses covering 84% of the whole rural population. These centers have been created in all disadvantaged villages and the necessary human resources have been duly trained.

21. Increase in the number of urban health centers (338 health centers and 1996 treatment centers) and in Women Health Volunteers to about 40,000 persons, with at least two years training in related general health courses at university. These health personnel are volunteers who have been working at marginal areas of towns and cities since 1991.

22. Establishment of Bassij health units since 1995 through a project of establishing family health units. 1500 units have been created by the MOHME equipped with audio visual facilities. In these units, 36,000 Bassiji women and 6000 others have been trained as health workers.

23. Implementing a project of youth peer groups under the supervision of the Higher Council of Youth and President's Office.

24. Holding training courses for younger people in various fields in 10 provinces since 1996.

25. Increase in the number of pregnant women trained in maternal health.

26. Decrease in child mortality rates (from 140 per 1000 live births in 1985 to 54 in 1991 and 37.4 in 1996 (54 in rural areas and 24 in urban areas).

27. Conduct of research on health services with priority to women's health and family planning by the Ministry of Housing in three cities of BandarAbass, Zahedan and Kermanshah.

28. Implementation of Healthy Family Project (training of 950 housewives on gender issues in Tehran province by 2004 by the Ministry of Interior).

29. Formulation of health indicators and gathering gender-sensitive statistics and data by 2004 by the Ministry of Interior.

30. Allocation of budget for research plans on women's health issues by the Ministry of Interior by 2004.

31. Holding health and nutrition courses and offering health counseling in social and cultural centers by the Ministry of Interior (130000 in the past five years).

32. Offering health training on various issues such as pre- and post-marriage care, family planning and puberty health, by the Youth Organization of the Red Crescent Society during 1998-2003.

33. Implementation of a pilot project of integrated care for mothers' health in 14 provinces since 2003. This plan will be implemented nationwide in 2006.

34. Launching a movement of mother friendly hospitals that will start as a pilot project in 2005 and will be implemented as a national plan in 2007 and 2008.

Obstacles

1. Increase in costs of health, treatment and prevention.

2. Inadequate investment in necessary midwifery care.

3. Existence of some taboos on health issues that hinder sufficient access to health services and information.

4. Inappropriate working conditions for health workers.

5. Non-integration of related health training in the contents of formal education.

6. Little attention to unmarried young people at health centers.

7. Inadequate statistics and data on sexual behavior of various groups such as youth, unmarried people and sex-workers.

8. Lack of uniformity in decision-making on ways and forms of sexual health education in the country.
9. Inadequate training material related to STDs and related health issues.
10. Lack of awareness among families on side-effects of pregnancy and delivery and correct ways of dealing with such side-effects, especially among rural women (due to illiteracy or insufficient knowledge)
11. Inadequate access to treatment in emergency midwifery and delivery cases.
12. Inadequate and delayed diagnosis of high risk cases in delivery.
13. Delay in offering treatment to mothers in hospitals and delivery centers.
14. Conducting unnecessary C-sections.

Strategic objective C.2.

Strengthen preventive programmes that promote women's health.

Government measures

1. Promotion of services offered in reproductive health at health centers.
2. Increased participation of the private sector in offering comprehensive health services, such as pap-smear tests, health care for children and mothers, family planning services, treatment of infertility, and prevention of cervical, breast and ovarian cancers. Increase in number of mothers receiving pre-partum Folic Acid supplements that decrease delivery risks.
3. Increased use of iodine salt in various urban and rural areas since 1995 (it is now at an optimum level).
4. Increase in number of IVF units for treatment of infertility (more than 22 units nationwide. Possibility of abortion in medical cases when it is necessary (this is in case both parents have minor thalassemia or a high-risk delivery is anticipated for the mother, whose life may be endangered during the process of delivery.)
5. Provision of modern contraceptives, that have a prevalence rate of 55%.
6. Encouraging men to accept more responsibility in partnership with women (e.g. in children's protection and family planning).
7. Prevention of illegal abortions, which are prohibited according to Islamic Jurisprudence.
8. Provision of contraceptives such as pills, IUD, injectables, Norplant, tubectomy,



vasectomy and condoms within the national health system by private and governmental sectors

9. Implementation of weekly iron-nutrition programmes for schoolgirls in all provinces (1,042 girls were targeted in each province) to fight iron deficiency among high school girl students.

10. Preparation of counseling protocols and their pilot implementation in 14 universities since 2003.

11. Strengthening treatment and counseling centers of mental health in order to provide treatment, prevention, rehabilitation and mental health services.

Obstacles

1. Inadequate access to information, training and services of reproductive health.

2. Inadequate preventive programmes for high-risk sexual behavior and HIV/AIDS

3. Lack of knowledge among women and men in families to ensure women's health.

4. Low prevalence of contraception among men.

5. Increased smoking habits among women.

6. Increased cases of anemia among women due to iron deficiency.

7. Inadequate attention of women to their health, particularly reproduction health.

8. Inadequate access of women to health and treatment services, due to illiteracy or insufficient knowledge.

9. Insufficient preventive programmes for young girls on reproductive health.

10. Inadequate access to safe drinking water and suitable food.

11. Insufficient number of non-governmental organizations active in offering services on STDs and other related issues of sexual health.

12. Risk of inadequate calcium and vitamins A and B2 intake among women (in certain cases, the amount of calcium, vitamins A and B2 decrease to less than 50%).

Strategic objective C.3.

Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues.

Government measures

1. Preparation of training modules on prevention, treatment, and rehabilitation, in order to promote mental health for young girls and women as well as for trainers.
2. Increased awareness among female high school students on proper nutrition.
3. Implementation of a safe family project to train families on responsible sexual behaviors, nutrition, mental health, addiction and HIV/AIDS.
4. Involvement of health centers in rural areas on training of prevention of STDs.
5. Supporting non-governmental activities in prevention of STDs.
6. Establishment of centers to protect those affected with HIV/AIDS and provide care and services for them.
7. Increased awareness of people of STDs through mass media such as radio and television, newspapers and magazines.
8. Holding two information seminars on STI/AIDS for authorities.
9. Integration of STI/AIDS prevention in the health system of the country in cooperation with physicians, experts, health workers and people.

Obstacles

1. Increased number of persons infected with HIV/AIDS and increase in high risk behaviour of young people such as addiction.
2. Insufficient information and preventive campaigns on high-risk behavior related to HIV/AIDS and STDs.

Strategic objective C.4.

Promote research and disseminate information on women's health.

Government measures

1. Promoting awareness among personnel of health departments through holding seminars, workshops and meetings on very basic issues to keep employees informed of scientific methods of health training.
2. Developing and promoting research and awareness activities in the framework of the 30228 programme.
3. Formulation of a protocol to identify cases of breast cancer in the country.
4. Carrying out information campaigns through mass media on proper methods of health training.
5. Promotion of research and training on reproductive health and family planning with the aim to empower research offices involved in such activities.
6. Holding training workshops for healthy life style for the elderly.

Obstacles

1. Inadequate public access to information, training, and services on reproductive health.
2. Insufficient attention to effective social and economic factors in reproductive health care.
3. Insufficient budget allocation for research and publication activities such as publication of training books.
4. Lack of registration system for breast cancer and inadequate mammography units.
5. Inadequate access of the elderly to reproductive health information, training and services.

Strategic objective C.5.

Increase resources and monitor follow-up for women's health.

Government measures

1. Preparation of projects for promotion of health and food security level of women.
2. Formulation and adoption of policies to eliminate harmful phenomena such as forced and early marriages,
3. Increase in attended deliveries.
4. Taking measures against illegal propagation of formula feeding and activities of companies producing and distributing formula.
5. Training and interview programmes to advocate breastfeeding in radio and television.
6. Preparation of a package on guiding, monitoring and evaluating breast feeding for sick infants.
7. Preparation of a monitoring software and re-evaluation of child-friendly hospitals.
8. Printing of posters, pamphlets, folders, booklets and hand-books on breastfeeding for mothers.
9. Translation of books and articles on breast feeding.
10. Preparation of training films on breast feeding to be used in training workshops.

Obstacles

1. Inadequate access to information, training and services with regard to breast feeding for mothers.
2. Inequitable distribution of facilities on health services in various areas of the country.
3. Insufficient share of health and treatment budget in annual budgets.
4. Inadequate modern medical equipment.
5. Insufficient programmes of monitoring and evaluation of health care services.



Future Actions

1. Integration of mental health services in the Primary Health Care System with the objective to obtain highest attainable standards of mental health of girls and women.
2. Decrease of maternal mortality by 75% by 2015, in comparison with 1990.
3. Designing of programmes for early detection of GBV cases to train health workers, so that they can recognize cases of gender-based violence.
4. Public and equal access of women and men during the whole life cycle to health care such as safe drinking water.
5. Attention to food security and nutrition within health training.
6. Provision of safe and sound working conditions for health workers.
7. Allocation of an adequate budget for achieving the highest standards of physical and psychological health.
8. Protection and promotion of human rights through integration of ethical, professional and gender-sensitive standards in the services that are being offered to women.
9. Carrying out all necessary measures to stop unnecessary and harmful interventions.
10. Encouraging respectful relations among couples based on gender justice.
11. Dealing with various issues of reproductive and sexual health among the elderly.
12. Adoption of a holistic approach to physical and psychological health of women in their life cycle.
13. Ensuring public access to quality health



care during the life cycle, including reproductive health care, especially for women and young people, through health counseling centers or other means.

14. Special attention to specific standards for decreasing maternal mortality.

15. Endeavouring to improve nutrition standards of all girls and women.

16. Protection of women's labour through elimination of structural and legal obstacles and mainstreaming gender justice in dealing with the health and security of working women.

17. Programmes to prevent mental and physical disability of women and development of rehabilitation services.

18. Development of "a culture of sports" among families, particularly among women, and provision of access to sports facilities.

19. Provision of access to safe drinking water, electricity, mass media and protection of environment for all families within the country.

20. Training specialized human resources in various fields related to women's health.

21. Expansion of social security networks to protect women, particularly housewives and vulnerable women.

22. Strengthening women's non-governmental organizations (through empowering them or creation of new NGOs), particularly in disadvantaged provinces, and involving them in training on population issues.

23. Development of public access to social security services.

24. Establishment of facilities for involving women in various fields such as fighting against legal or cultural vulnerability and for more participation of women in population and health programmes.

25. Sufficient budget allocation for iron-nutrition programmes for all girls in high schools..

26. Preventive programmes on pre-mature delivery and infants with low weight at birth, congenital abnormalities, high risk delivery and infection.

27. Giving priority to prevention, identification, and treatment of breast, cervical and ovarian cancers, osteoporosis, and STI and HIV/AIDS infections.

28. Encouragement and empowerment of men so that they accept more responsibilities in families, particularly in family planning.

29. Launching effective programmes for growth of children (e.g. iodine and iron supplements).

30. Increased role of non-governmental organizations in offering reproductive health, particularly in preventive activities for STDs. Increased access for women to post-natal and family planning services to promote safe motherhood.

31. Increased access for women to necessary quality services for dealing with complications of abortion.

32. Encouraging comprehensive gender-sensitive strategies for prevention and control of smoking habits among women, particularly young and/or pregnant women.

33. Provision of access to treatment and care for all persons, particularly women and girls infected with STDs or other dangerous diseases such as HIV/AIDS.

34. Encouraging clear gender-sensitive strategies on prevention of STDs, especially among girls and women.

35. Control, elimination and eradication of transmittable diseases such as HIV and decreasing the risk of such diseases for women.

36. Adopting measures to guarantee non-discriminatory behaviour towards those infected with HIV/AIDS and STDs particularly girls and women.

37. Helping families who are facing problems with regard to HIV/AIDS.

38. Vaccination of all mothers against tetanus and diphtheria.

39. Clarification of permissible cultural boundaries of reproductive health in fields such as training on sexual health or dealing with those who are infected with STDs.

40. Publishing a guide book for physicians on integrated care system for safe infants.

41. Expansion of activities on preventing propagation of companies producing formula.



Conclusion

Despite extensive and comprehensive activities taken by governmental bodies and great achievements in the field of women's health, there are still certain gaps that should be bridged in a practical way. Increase in costs of health care and treatment, lack of appropriate attention to the social and economic factors in health issues, insufficient investment in providing access to health care for girls and women, and inadequate access to resources and information on health issues are among these gaps.

Certain endeavours are among the priorities of the Government to strengthen and expand reproductive health training, particularly for girls and women, to promote quality health care services and to train parents on women's health through media. According to paragraph 81 that deals with the issue of providing medical services to families, the efficiency of the national health care system will be increased and the social security system will be developed. At the end of the 4th National Economic, Social and Cultural Development Plan the Higher Council of Social Security will adopt measures on promoting health security and family medical care and a referral system. However, increased public access to modern facilities of life such as safe drinking water, gas, radio and television, are among the factors that directly or indirectly affect the beliefs and values of younger generation.

The Government of the Islamic Republic of Iran has committed itself to take the necessary measures to establish pre-marital counseling centers, strengthen public participation in health programmes, particularly participation of women's non-governmental organizations and the private sector, and provide food security which affects women's lives and strengthen the network of rural health centers. Other measures to be taken are programmes of iron, calcium and iodine nutrition among women, expansion of urban health centers, increase in number of safe deliveries, control of maternal mortality rates, increase in immunity of pregnant women against diphtheria and tetanus, increase in access to social security services and striving to find treatments for infertility, decrease in abortion, and betterment of contraceptive methods.