

Study of Women's Health Indices: A Review Study in Iran

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Abstract

Introduction: Health of women as half of the population and their participation in providing, maintaining and promoting the family health and society is very important.

Material and methods: Data of study have been gathered from libraries and by referring to documents, books and existing studies. First, data are collected by a systematic review of existing studies and then organized and sorted based on relevant topics and analyzed by receiving relevant expert's comments. Next, rate of indicators are compared and analyzed based on available data.

Results: The result showed that all women's health care indexes have improved over the course of time and the reason for this is the increased level of community development. The important point here is that this improvement has been a quick process in many countries and slower in some other. The difference in the speed of these changes has led to significant differences in the indices in different parts of the world.

Conclusions: The results of this study, in addition to allowing planning in relation to women's health can provide necessary information for health care programs to give effect and thereby helping performing the duties and obligations of this section is hoped.

Keywords: Women's health, Injustice, Gender justice indices

Introduction

Health of women as half of the population and their participation in providing, maintaining and promoting the family health and society is very important. Women's health is influenced by their fundamental rights in family and society and the constitution of the Islamic Republic of Iran considered health as a fundamental right by supporting social, cultural and human rights of everyone, whether men or women and considered providing health needs as state's main task. Also in principle 21st of the Constitution government is obligated to ensure and restore women's material and moral rights in all

aspects and support vulnerable groups.¹ Bill of rights and the responsibility of women in Islamic Republic system of Iran has emphasized women's health right for accessing the healthcare and therapeutic care services needed with an appropriate quality. Based on United Nations Office on Drugs and Crime's report (2004), the proportion of women in the drug consuming population is estimated from 10% in Asian countries to 40% in European countries; although about some types of drug, this sex difference has decreased, especially in younger men and women so taking 16 to 38 million worldwide drug consumers, number of drug consuming women is considerable.² Women's health includes emotional, social, cultural, spiritual and physical welfare and it is not only absence of disease and disability. Researches show that women's health is more vulnerable than men for different reasons and in addition to the biological properties it is affected by cultural, social, economic and political determinant factors. Women's access to education, health care, health information and services needed are not in the same status as men and wherever this difference is greater, the situation of children and their families is worse and their families are more deprived.^{3,4} Women's health is related to their life cycle issues and not just reproductive things. Women's health problems include conditions and diseases or disorders that are unique to women or have a greater incidence in women or have different risk factors or period from men. So women's health improving requires a holistic, coherent and systematic approach, the relationship between health, economic and social departments and policy is necessary to achieve the goals of women's health in the society.⁵ Shirazikhah et al. carried out a study in 1390 as the study of sanitary and social indicators in Iran's elderly women. In this library study, referring to the various databases and statistical center of Iran the indicators related to elderly women were obtained. The study findings showed that despite differences and higher life expectancy in Iranian women in many health indicators, the situation is worse for women. They concluded that the elderly woman, not only in terms of gender tend to suffer, but also in old ages in terms of different aspects mentioned above may be in the risk of harm and this issue has put this group of people into a doubled threaten, either in terms of quantity or quality of life so it seems that in the future accurate national studies must be carried out in this field in order to recognize the aging population, especially women and other vulnerable groups much better as well as the design of prevention and treatment interventions. Given the vulnerability of women in relation to disability and lack of financial security, paying particular attention to for women before and after reaching old age is recommended.⁶

Parvizi et al. performed a qualitative study titled social agents of women's health living in Tehran in 1389. Data analysis led to the emergence of six themes of gender discrimination, burden, economic problems, appropriate employment, women's sports, cultural and educational growth indicating that social factors are affecting the health of women. Results of this study showed that women still suffer from injustice and to provide health and social welfare, sports, jobs and proper education are needy. Due to this recognition they can try to provide women's health as workers and health keepers and to improve the culture of male participation in household chores and also can strive for gender equity. Ahmadi et al. did a qualitative study in 1390 as women's health policy making and executive challenges and strategies to improve them according to experts' views. In this qualitative study the method of focused group discussion with academic, administrative, and policy making experts from various parts is utilized. The data of four working group discussions collected during two sessions and then coded and analyzed. Major topics in the field of physical health include malnutrition and high prevalence of chronic diseases such as movement disorders and osteoporosis, reproductive health, lack of education and proper use of contraceptive methods, psychological health, high prevalence of mental disorders and social factors affecting health, conflicts of transition from traditional to modern ways of life. General strategies including identifying

information gaps and supporting research priorities, the creation of a proper system for registration of scientific information and communication network for optimum use of research achievement in the Women's Health policy and planning. The most important suggestion is recommending useful interaction between governmental structures and Planning Women's Health researches at health ministry with medical staff and other community organizations are affecting women's health. Parvizi et al. conducted a study titled family dynamics and women's health in 1388. In this qualitative study that was conducted with content analyzing, was focused on family's role in women's health. The findings suggest that favorite family and knowing the value of housework, as well as having good social support effects on women's health.⁷

Ahmadi et al. in 1386 in an article titled the pattern of Iranian Women's Health Development Management structure planned a proper model for Iran by comparing women's health development management organizational structure in Canada, the U.S., Japan and the UK. In this descriptive-comparative study it is tried to present objective results of existing presentation by focusing, comparing and content analysis of domestic and foreign texts then use an appropriate and applicable in the country by using the Delphi technique in designing. The results showed that the women's health development management of Canada and the U.S. is more focused and coordinated than UK and Japan.⁸

Materials and Methods

Data have been collected from libraries and by referring to the documents, books and studies in 1392. In this study for expressing the social factors associated with women's health, a qualitative approach has been used. This is a descriptive study that was carried out in two phases. In the first phase, model of needed parameters to assess the health level were designed and key indicators were identified based on the resources and available information and expertise opinions. First, by a systematic review of existing studies, data were collected and then based on associated issues were organized and sorted and while getting comments from relevant experts were analyzed. Next, based on available information, the level these indicators were compared and analyzed.

Discussion

Generally speaking, all women's health indicators have improved over the course of time and the reason for this is increased level of community development. The important point is that in many countries the recovery process has a faster and in other countries a slower process. The difference in the rate of these changes led to significant differences in the indicators in different parts of the world. Life expectancy in the country is increased in average 71.5 years between women and men. Life expectancy in the country in 1390 has increased to 70.5 years for men and 73.15 years for women in urban areas. Life expectancy in rural areas has increased to 69.9 years for women and 67.98 for men. Life expectancy at birth has increased essentially due to improved survival of infants and young children. As a result, health problems that emerge in individual's later life, such as cervical cancer or cardiovascular disease gradually become more prevalent that relatively are less effective and more costly. Women generally make up the bulk of the elderly in each country. In comparison, in most countries life expectancy is higher for women than for men, although a longer life doesn't necessarily mean a greater health and final years of life are with chronic illness and common aging pain and suffering.^{9,10} Table 1 shows Rate of literacy in adult men and women based on social and economic characteristics of different regions in 1990 and 2007. As it is shown in the table, the difference in literacy rates between men and women in less developed countries is far more than developed countries and this point represents unfairness in access to education for women.

Education is among the most important variables affecting the health of society. The more educated society is able to understand educational messages much better and easier and appreciate the importance of health more. In the meantime the health of women, as mothers, has a very important role.¹¹

In Table 2 is compared the literacy rate of women in Provinces of Iran with Total Literacy. In less developed provinces such as Sistan o Blochestan seen Gender injustice more than developed provinces such as Tehran. The incidence of contraceptive methods among women 15-49-IRMIDHS-study 2010. Figure 1 shows that Use of contraception, fertility in Mothers in Provinces of Iran in 2014. As shown in have a relation between development and Use of contraception, fertility. Use of contraception, fertility in less developed provinces such as Sistan o Blochestan, North Khorasan, Kerman, Hormozgan is lesser to developed provinces.

Figure 2 shows relation between Rates of drug use in women and Culture in Iran. The highest rates of drug use in women have in Provinces such as Sistan O Blochestan that production and distribution of drugs is current and common. Similarly, there is also a trend in the world. Not found a significant relation between development and education with alcohol intake. Seems above relation is distinct in different cultures. For example deferent alcohol using in among women and men is significant in some countries such as India and Srelanka (Figure 3) but in some countries Latin America such as Argentina, Cast Arica and Mexicanos and another countries with similar culture isn't significant different.¹²

Due to the different aspects of Women's Health, results of the plan can use as a basic research for to give priority to basic and applied researches in elimination widespread problems of women that terminate to providing, maintaining and promoting the family health and society.^{13,14}

According to the health indicators of women in Islamic Republic of Iran can see women health especially in Fertility part is improving that influenced by many factors. In analysis of women's health status, both structure and social structure of the communities in which they live must be considered.

The economic situation, gender, age, race and ethnicity and region are among the factors that impress human health.⁷ Bill of rights and the responsibility of women in Islamic Republic system of Iran has emphasized women's health right for accessing the healthcare and therapeutic care services needed with an appropriate quality. Health of women in providing, maintaining and promoting the family health and society is very important. one of goals every society is enabling them to participate in progress that increasing awareness of women's health issues is one of government policy in every community.²

Because of the importance and determinants of fertility period, Reproductive health is focus of placed on women's health. In international conference on population and development Cairo, Egypt 1994, reproductive health definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Since comprehensive reporting date, accurate documentation about the health status of women in various aspects of physical, mental and social state is not prepared; therefore, this research can describe the health status of women and women's health problems and can be used to solve appropriate.

In addition to allowing policy with regard to women's health, the results of this study provide the information necessary to effective health care programs and there is hope in this way can help to optimize the obligations of this section. It report can be a source of concise, compact and useful tool for policy makers and managers at national, provincial and local levels to identify and explain the issues to be considered and their effects on women's health.

Conclusion

The results indicate that all the indicators of women's health has improved over the period, the reason for this is to upgrade the level of development of their communities. Generally speaking, all women's health indicators have improved over the course of time and the reason for this is increased level of community development. The important point is that in many countries the recovery process has a faster and in other countries a slower process.

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Table 1: Number of adult illiterate women and men 1999 and 2007.

	Both sexes		men		women	
	1990	2007	1990	2007	1990	2007
world	870.1	774.4	321.3	278.5	548.8	495.9
Less developed region	860.3	768.1	318.6	27602	541.7	491.9
more developed region	9.8	6.2	2.7	2.3	7.1	4
Africa	175.0	207.2	68.0	77.3	107.0	129.9
Eastern Africa	55.6	69.3	22.1	26.5	33.5	42.8
Middle Africa	16.9	22.9	5.7	7.3	11.2	15.6
Northern Africa	41.0	43.8	15.3	15.5	25.7	28.3
Southern Africa	5.3	4.7	2.4	2.2	2.9	2.5
Western Africa	56.1	66.5	22.5	25.9	33.6	40.7
Asia	645.0	523.6	232.4	182.1	412.6	341.5
Eastern Asia	185.6	72.2	56.0	19.7	129.6	52.4
South-Central Asia	395.5	394.6	155.7	144.6	239.8	250.0
South-Eastern Asia	42.3	34.7	14.0	11.6	28.3	23.2

Western Asia	21.5	22.1	6.8	6.3	14.8	15.8
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Table 2: Literacy rate of women in Provinces of Iran with Total Literacy.

Literacy rate for young women	Literacy rate in those 6 years and more	
96.83	84.36	The country
98.38	87.93	Urban
93.44	75.96	Rural
0	88.30	Man
0	80.07	woman
96.53	81.98	Azarbayjan sharghi
89.52	76.92	Azarbayjan gharbi
98.15	80.90	Ardabil
99.32	87.04	Esfahan
97.02	80.78	Eilam
97.99	87.28	Boshehr
99.00	90.29	Tehran
98.88	83.84	Chaharmahal bakhtiari
96.95	81.36	Khorasan jonobi
98.20	79.47	Khorasan shomali
94.41	84.94	khorasan Razvi
93.94	83.05	khozestan
97.87	83.29	Zanjan
100	88.66	Semnan
85.68	71.76	Sistan va balochestan
98.97	86.63	Fars

100	85.42	ghazvin
98.73	85.04	ghom
96.73	79.52	Kordestan
95.33	81.09	kerman
95.19	79.42	kermanshah
89.44	79.42	Kogiloye va boyr ahmadi
94.75	82.32	Golestan
97.10	82.42	gilan
98.60	80.38	lorestan
99.77	84.89	mazandaran
100	85.03	markazi
93.70	82.01	hormezgan
99.24	81.04	hamadan
96.67	86.27	Yazd
99.31	89.75	Alborz
-	90.92	Age group 6-20
-	96.86	21-30
-	92.28	31-40
-	84.46	41-50
-	50.95	50 years and more

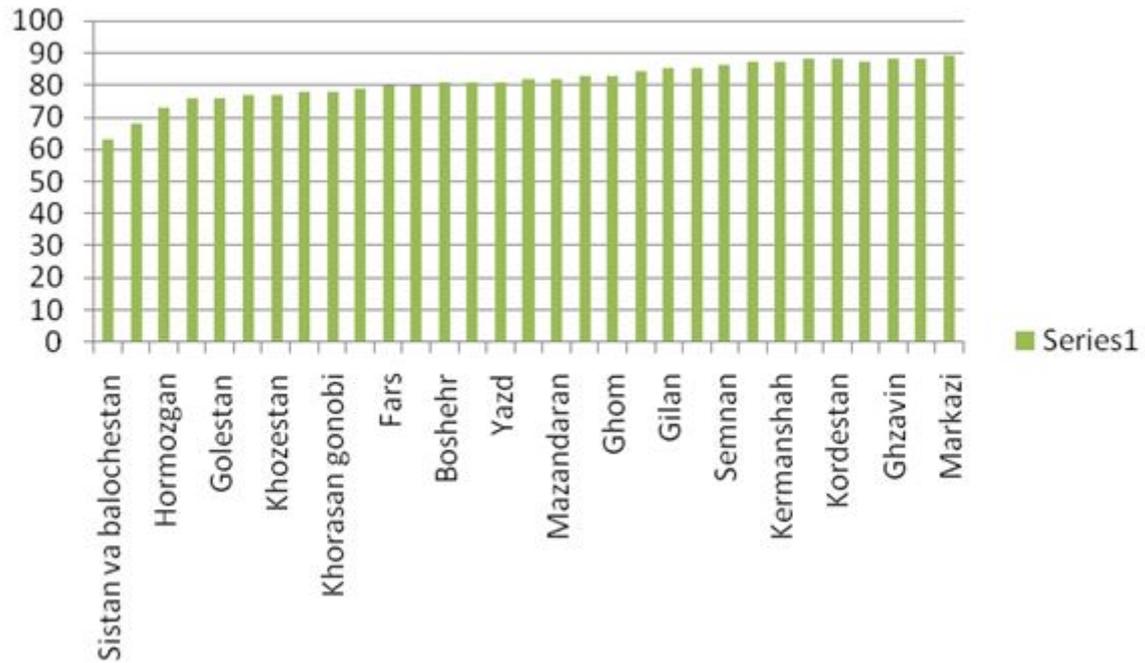


Figure 1: Use of contraception, fertility in Mothers in Provinces of Iran in 2014.

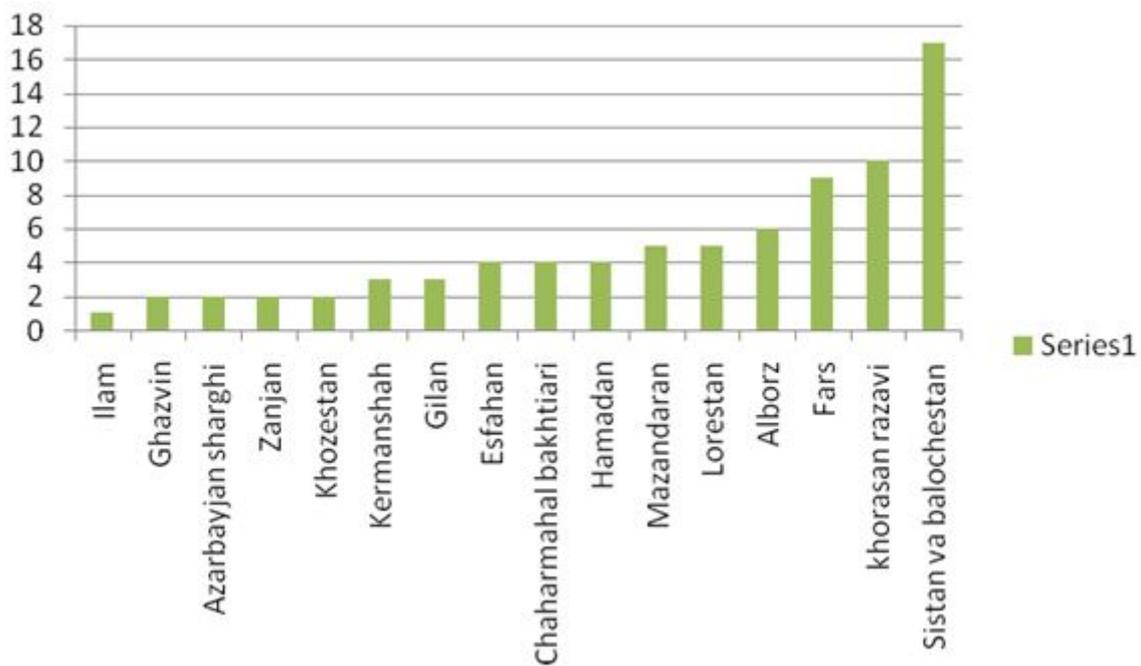


Figure 2: The percentage of women in the last month, a day, or more than a day has been used tobacco products such as cigarettes or Hookah, pipe-IRMIDHS- study 2010.

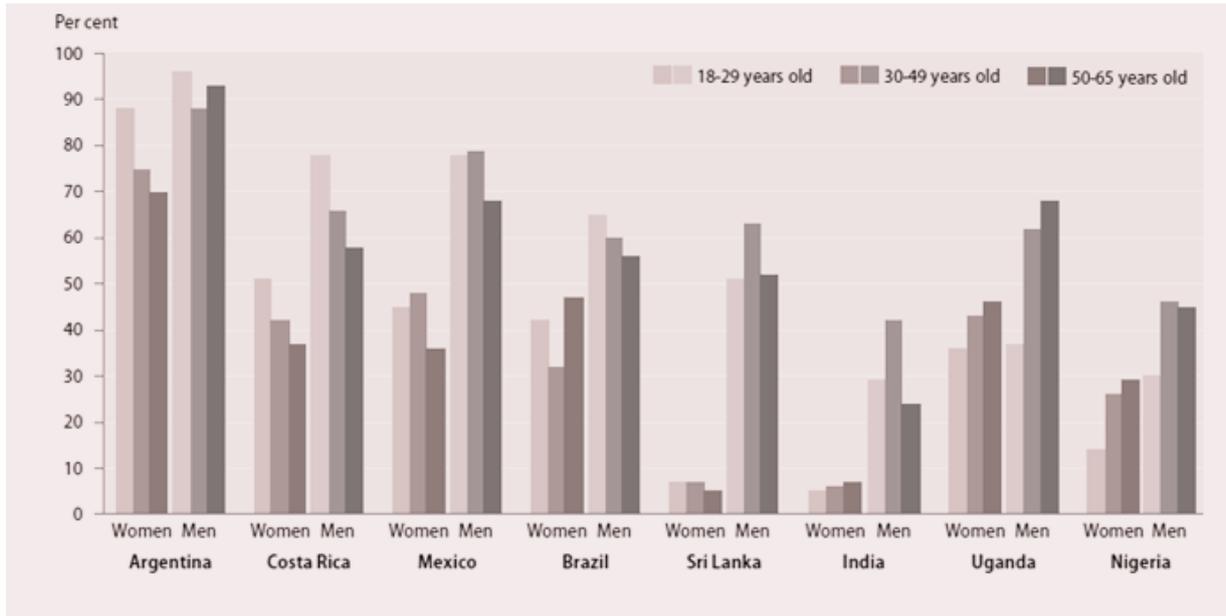


Figure 3: Current drinkers by age group and sex, selected developing countries, early 2000s.