Iran Health System and Reproductive Rights

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ABSTRACT

Background: Reproductive rights embrace certain human rights recognized in national and international legal documents and those of human rights. After the Iranian revolution in 1979, Iranian government started paying particular attention to health rights. This paper provides a brief overview on few aspects of reproductive rights in Iran health system. Reducing maternal mortality has been at the top of the World Health Organization’s (WHO) goals for over the last 20 years. According to WHO, Iran is among ten countries which already reached the Millennium development goal of 75 percent reduction in maternal death. One of the basic rights of all couples is to decide freely about number their children. Iran has experienced a sharp decline in fertility rate in recent years. Free family planning services are accessible throughout the country. Like other Islamic countries, induced abortion is prohibited in Iran. In Iran, abortion is illegal unless it is necessary to save the mother’s health. However, in 2004, Parliament approved a law legalizing abortion within the first 4 months of pregnancy if the fetus has undergone a malformation. Iran is the only Islamic country in which assisted reproductive technologies (ARTs) using donor gametes and embryos, is legal and approved by religious authorities. The Islamic Republic of Iran was one of the signatories of this program which has resulted in an improvement in reproductive health and this program is recognized internationally. The WHO emphasizes that access to sexual health information, education, and services should be integrated with other components of primary health care, but few national programs have adequately addressed this issue. It seems that more cooperation between religious leaders and reproductive health researchers is needed to make a better environment to achieve ultimate goals of reproductive health.

INTRODUCTION

Reproductive rights embrace certain human rights recognized in national and international legal documents and those of human rights. These include the basic right of all couples and individuals to decide freely and responsibly about the number and spacing of their children and to have the information education and means to do so. Also everybody has right to attain the highest standards of sexual and reproductive health and the right to make decisions concerning reproduction free of discrimination, coercion and violence [1] Universal access to reproductive health and rights was accepted as a development goal at the 1994 International Conference on Population and Development (ICPD) [2,3]. Since reproductive rights are tightly related to reproductive health, it’s not limited only to family planning and contraception and has multiple aspects. In fact in each country an effective method for evaluation of reproductive rights’ achievement is assessment of reproductive health conditions and indicators. After the Alma Ata conference in 1978, a new primary health care (PHC) system was implemented in Iran which has efficiently improved the national health indicators [4]. After the Iranian revolution in 1979, the Iranian government started paying attention to health rights and accessibility of health countries with low income average [7,8]. In fact it shows gender inequity in accessing financial and educational resources and primary health care [9]. Since the United Nations proposed a 75% reduction in the global maternal mortality ratio (MMR) by 2015 in 1990, governments worldwide have defined their own goals and strategies for MMR reduction accordingly [10].

Iran has improved accessibility and quality of obstetric services for women during recent 30 years, so MMR has drastically decreased from 234 /100,000 live births in 1975 to 30 /100,000 in 2010 [11]. According to WHO, Iran is among ten countries which already reached the MDG target of a 75 percent reduction in maternal death [12] One of the factors which lead to decrease in MMR is promoting accessibility and utilization of health care.
facilities, delivering services, as well as improving the quality of care, especially in rural areas. Prenatal care was integrated to primary health care (PHC) [13] which was free of charge, and increased accessibility and affordability of services. On the other hand access to skilled midwife equipped with required drugs and equipments in referral or higher levels of health care service was improved. The percentage of births carried out by unskilled midwife has significantly decreased from 10.4% of the total number of childbirths in 2000 to 2.7% in 2005. Furthermore, prenatal care coverage (at least six visits) has reached to 98.3% in 2005. In addition, postnatal care coverage (at least two visits) has increased from 31% in 2000 to 87% in 2005 [14]. One of the other factors that probably caused a decrease in maternal mortality is elevated education rate in mothers, increase in marriage age, and decrease in total fertility rate.

Health care system in this country has had a great progress but there are long ways to be passed in order to achieve final goal of health ministry related to MMR (18/100,000 live birth) in 2013. Maternal mortality, however, is considered very difficult to measure. Several efforts have been put over three decades to improve the quality of information about maternal mortality, including incorporation of sibling history modules in the Demographic and Health Surveys (DHS) and similar surveys [6]. There are certain limitations in conducting surveys to estimate the rate among the whole population, but the national census may have potential to achieve this purpose [13]. One of the most important issues in MMR is that it reappears in lack of sufficient monitoring. Sustainable decrease in MMR needs continuous monitoring and evaluation of system in the country.

Family planning:

One of the basic rights of all couples is deciding freely about number and spacing of their children [1]. Iran has experienced a sharp decline in fertility in recent years. The total fertility rate has declined from 6.5 births per women in mid-1980 to about 1.9 in 2006. Free family planning services are accessible throughout the country [15]. The concomitant rise in modern contraceptive use rates confirms the major role played by family planning in the fertility decline. The proportion of rural women using modern contraceptives (37.3 per cent) was higher than that of urban women (55.2 per cent), with a larger proportion of rural women using the traditional method of withdrawal (22.2 per cent vs. 10.0 per cent) [16]. Despite of extensive coverage of modern family planning methods in Iran (56%) the unintended pregnancy rate is relatively high. Data from national census in 2000 showed that 35% of pregnancies were unintended or unplanned. Two third of women who had unintended pregnancy had used contraception methods. This shows that our services quality is insufficient [17]. Iran has established a compulsory premarital counseling program for all couples intending to marry, as a way of addressing a range of sensitive sexual and reproductive health issues [18]. There are not any standard methods for pre-marriage counseling classes [19]. In some provinces this classes are held as individual sessions and in another places it is held in groups. There are no studies for assessment effectiveness of mentioned methods. On the other hand, services which are provided in urban area have lower quality than those of rural area. It has been shown that urban public health facilities are rated lower than rural facilities in several evaluation scores, including technical conditions, supplies, physical environment, registry, continuity and staff satisfaction [20]. Furthermore family planning education for college students has been developed for many years. However, it seems that these programs do not adequately meet couples' needs [2]. Topics taught in university classes are theoretical, the classes are overcrowded, and since asking about contraception and sexual topics is a taboo in Iranian society, students can’t ask their questions openly and in presence of other students. These lead to low quality of family planning credit in universities.

Abortion:

Guided by paragraph 8.25 of the Cairo program of action, United Nations population fund (UNFPA) does not support or promote abortion as a method of family planning. It accords the highest priority and support to voluntary family planning to prevent unwanted pregnancies so as to eliminate recourse to abortion. UNFPA supports governments to strengthen their national health systems to deal effectively with complications of unsafe abortions, thereby saving women’s lives (every year, an estimated 74,000 women die as the result of unsafe abortions) [21].

Like other Islamic countries induced abortion is prohibited in Iran. In Iran, abortion was illegal unless it is necessary to save the mother’s health [18], however in 2004, Parliament approved a law legalizing abortion within the first 4 months of pregnancy if the fetus has undergone a malformation. However, abortions due to medical reason comprise less than 1% of all abortions, and most of the induced abortions in Iran occur because of unwanted pregnancy for nonmedical reasons [15]. There are no exact data about induced abortion in Iran. In 1998 over 1,000 unsafe abortions took place every day in Iran [22]. Several attempts have been made to document the prevalence of induced abortion in Iran. Zare et al estimated the incidence of induced abortion 2.86% of women in reproductive age [23]. Iran, with one of the highest abortion prevalence in the region is also ruled by some of the most conservative Muslim clerics [24]. Majority of private gynecologist perform induced abortion in their office or private hospital but the cost of these services are very expensive and most of people can’t afford this. This is why many women go to unqualified midwives’ offices or even go to unqualified and
uneducated women under unsafe condition for abortion. When abortion is legally carried out in professional medical settings, the risk of mortality is close to nil, and when the procedure is accompanied by quality screening and counseling procedures, the psychological impact on the woman is minimized. It is the context of legal restriction, social stigmatization, and widespread disapprobation that constitutes the great danger to women’s well-being [15].

Assisted reproductive technology:

Assisted reproductive technology (ART) are methods used to achieve pregnancy by artificial or partially artificial means. It is reproductive technology used primarily for infertility treatments, and is also known as fertility treatment. Some forms of ART are also used with regard to fertile Couples for genetic reasons (preimplantation genetic diagnosis) [25].

Middle Eastern societies are also pronatalist-they highly value children for numerous reasons and expect all marriages to result in a child birth. Thus, the notion of a married couple living happily without children is unthinkable. As a result, childless couples are often under tremendous social pressure to conceive [26] (estimated 1.5 million infertile couples). Iran is the only Muslim country in which assisted reproductive technologies (ARTs) using donor gametes and embryos have been legitimized by religious authorities and passed into law [27].

Third party reproduction is one of the new reproductive technologies flourishing in Iran, which requires Islamic interpretation to make their use possible. Fortunately, religious leaders in Iran have shown remarkable open-mindedness and flexibility towards embracing innovations in science and technology, including the use of modern reproductive technologies. According to the law, embryo donors should be married couples who are ethically and legally competent, healthy, who demonstrate desirable IQ scores, and who are not affected by refractory diseases such as AIDS and hepatitis, and are not drug addicts [28].

Conclusion:

The Islamic Republic of Iran was one of the signatories of this program which has resulted in an improvement in reproductive health and this program is recognized internationally [20,29]. Unfortunately there is insufficient human resource planning and management as one of the important challenges for the Iranian health system [20]. The WHO emphasizes that access to sexual health information, education and services should be integrated with other components of primary health care, but few national programs have adequately addressed this issue [30]. However, as reproductive needs and rights have dynamic nature and change over time it must be the shared responsibility of all health issues. Some of Shia religious leaders were issuing fatwas about reproductive health matters such as abortion or ART, however, neither of these fatwas were translated into law and there are not any guarantee for execution in society. It seems that more cooperation between religious leaders and reproductive health researcher make a better environment for women to achieve reproductive rights. Care services for its population. This all began by emphasizing on health rights and health care in the new constitution of I. R. of Iran [5]. This paper provides a brief overview from few aspects of reproductive rights in Iran health system.

Maternal mortality:

Maternal mortality—the death of women during pregnancy, childbirth, or 42 days after delivery—remains a major challenge for health systems worldwide [6]. Reducing maternal mortality has been at the top of the global health agenda for over the last 20 years and we know that 74-98% of maternal deaths can be prevented even in

REFERENCES


