

Investigating the Level of Awareness of Students of a Medical University in Northern Iran about Women's Health Rights

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ABSTRACT

Women's rights are emphasized and addressed in various parts of the Islamic Republic of Iran's Constitution. They are considered among the most important human rights and health problems worldwide. Therefore, the purpose of this study is to measure the awareness of medical students about women's health rights. This is a descriptive-cross-sectional and applied study conducted in 2019 at a Medical University in Northern Iran. The required information was collected through simple random sampling from medical students at mentioned Medical University in Northern Iran. A final questionnaire containing 19 questions on various aspects of women's health was prepared. In this study, 299 students of Medical Sciences were examined. Of which 163 were female and 136 were male. Based on the results, the average knowledge score in girls was 12.4, and in boys was 12.04. The average knowledge score among the undergraduate students was 12.06, master's degree 14.00, doctorate 12.00, general medicine 12.25, and specialty 11.5. Unfortunately, in our current health system, there are misconceptions about obtaining consent from the patient's spouse in all treatment processes, which not only have no jurisprudential or legal status but are even against applicable laws in many cases. Women in every society play a key role in educating the educated people of that society. Based on the principles of Islamic human rights and Article 21 of the Constitution, the government is obliged to provide a suitable environment for the realization of women's empowerment.

Keywords: Right to health, Women, Empowerment

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Introduction

The dignity and rights of women have been emphasized and considered in various parts of

the Constitution of the Islamic Republic of Iran. In this regard, the legislator has specifically



emphasized women's rights and their promotion in Article 21 of the Constitution (1).

Also, women's rights are considered one of the most important human rights and health problems in the world (2, 3). The general family policies announced by the Supreme Leader of the Revolution also emphasize supporting the dignity and honor of marriage, the role of motherhood, and the educational and spiritual responsibility of women and men, and empowering family members in taking responsibility, family interactions, and fulfilling their roles and missions (4). A large part of these legal provisions includes attention to the health and improvement of the status of women in society, as half of the country's active population and the main worker of the fundamental unit of society, the family. Policies and programs related to it in countries have received serious attention from policymakers, researchers, and law enforcement, and the health status of women in our country, like in many countries around the world, has undergone many changes, especially during the last three decades, and has improved significantly in many indicators (5). This also indicates a change in the trend and improvement in the socio-economic and cultural status of women. Recent trends in literacy and education, employment and income, fertility, and their social, political, and cultural participation indicate the serious impact of these factors on women's health. Over the past few decades, women's health has improved significantly in many areas. Maternal and child mortality and life expectancy are among the areas that have improved significantly compared to four decades ago (6, 7). In Iran, women's life expectancy has increased from 71.1 years in 1990 to 78.4 years in 2016. With an approximately 80% reduction in maternal mortality, Iran has been declared one

of the countries successful in achieving the global Millennium Development Goals (4). The dignity and rights of women are one of the most important human rights and health issues globally. In Iran, the legislator has specifically paid attention to women's rights and their promotion in Article 21 of the Constitution. Despite the progress that has been made in the field of women's health in recent years, we still face challenges in the field of women's health. Today, despite the progress that has been made in the field of health in general and women's health in particular after the victory of the Islamic Revolution, we still face challenges in the field of women's health in the country and policy-making regarding it. For example, based on the study of population and health indicators conducted by the National Institute of Health Research in 2010. Only 19.62 percent of women aged 15 to 24 have correct knowledge about AIDS prevention. A study of the mortality profile in 29 provinces of the country in 2006 also showed that breast cancer is rapidly increasing and the age of onset of this disease is decreasing (4). In studies of women's physical health, including malnutrition and a high prevalence of chronic diseases such as movement disorders and osteoporosis, in the field of reproductive health, lack of education and proper use of contraceptive methods, and in the field of mental health, the high prevalence of mental disorders such as depression and conflicts resulting from the transition from a traditional to a modern lifestyle were among the most important social factors affecting health (8). The general health policies announced by the Supreme Leader refer in paragraph one to the provision of educational, research, health, treatment, and health rehabilitation services based on Human-Islamic principles and values and their

institutionalization in society, and also in paragraph 2 of the policies, the realization of a comprehensive health approach and a healthy human being are considered in all laws and executive policies. Paragraph 11 is about increasing awareness, responsibility, empowerment, and structured and active participation of individuals, families, and society in ensuring the maintenance and promotion of health by utilizing the capacity of institutions and organizations under the supervision of the Ministry of Health and Medical Education (4). Islamic Sharia law supports women's health rights and the constitution (6). Increasing

women's participation in health promotion, as women are a powerful tool for improving family and community health and constitute the majority of healthcare workers in the formal and informal sectors. Promoting women's status as actors, participants, and decision-makers in the field of health care will ensure that women's voices are considered in policymaking, planning, and prioritization. Empowering women, avoiding a purely clinical medical approach to health promotion strategies, and promoting self-care are also measures related to increasing women's participation in promoting their health (7, 9).

Review of studies

Al-Harbi et al. in 2017 conducted a cross-sectional study titled Knowledge of Health Rights in Medical School Students at King Abdulaziz University, Jeddah, Saudi Arabia to assess the awareness of medical students about health rights in Saudi Arabia. This cross-sectional study was conducted at King Abdulaziz University (KAU) from September 2015 to November 2015. The questionnaire in English included questions related to reproductive health care and the health rights of women and cancer patients. Of the 267 participants, 184 (68.9%) were female and 252 (94.4%) were Saudi. Regarding consent, 87 (32.6%) and 113 (42.3%) of the participants believed that a female patient needs the consent of a male guardian to receive medical or surgical treatment, respectively, in Saudi Arabia. And only 106 (39.7%) knew that a sick woman could have a satisfactory cesarean section. Sixty-six (24.7%) believed that abortion is never permitted in Islam. Almost half of them were aware that cancer patients have the right to free medical treatment. The awareness of KAU medical students about the health rights of certain

patients highlights the importance of health rights education in medical school (6). Al-Amoudi et al. conducted a retrospective study between 2008 and 2011 titled Saudi Women's Right to Register for Health Care in Saudi Arabia at King Abdul-Aziz University in 2012 with the aim of identifying the true facts of Saudi women's satisfaction with their surgical treatment services among breast cancer patients. The study examined treatment methods (surgery, chemotherapy, radiotherapy), type of surgery (lumpectomy, mastectomy, and others), age of patients, and those who signed the surgical consent form. The questionnaire examined treatment methods (surgery, chemotherapy, radiotherapy, and diagnostic), (radiology), type of surgery (lumpectomy, mastectomy, reconstructive surgery, and others), and age of the patients. The total number of consents obtained was 1015. Of these, 201 (19.9%) consented to surgery, 581 (57.2%) consented to chemotherapy, 25 (2.5%) consented to radiotherapy, and 208 (20.4%) consented to diagnostic radiological procedures. Of the (201) consents for surgery, 81 (40.4%) were for

lumpectomy, 100 (49.7%) were for mastectomy, and only 1 (0.5%) consented for reconstructive surgery. 19 (9.4%) other minor procedures constituted the consent form. Most of the patients studied were in the age range (40-49) and (50-59). More than 50% of the patients studied had cancer. The patient himself (the person who signed the consent), 71% in the age group (29-39), 67% in (30-39), 85% in (40-49) and 93% in (50-59). After this consent was signed by the supervisor. There was also no significant relationship between the age group and the person who signed the consent. ($P < 0.05$) The results showed that according to Sharia law, women in Saudi Arabia have the right to make their own decisions and sign according to the regulations of the Ministry of Health and the values of Islamic law. However, it is still necessary to empower women and healthcare providers with more information and knowledge in this area to prevent fatal consequences (7). Salwa et al. (2014) conducted a study titled Knowledge and Attitudes of Saudi Health Professions Students About the Patient Bill of Rights, to investigate the knowledge of health professions students at Riyadh University of Medical Sciences, Saudi Arabia, about the existence and content of the PBR (Saudi Patients' Bill of Rights), as well as their attitudes towards its ineffectiveness. A 3-part checklist was used to collect data from 239 volunteer students who participated in this study. The data were analyzed using descriptive and analytical statistics in SPSS software. The results showed that the majority of students (96.7%) believed in the ineffectiveness of patient rights, more than half of them had

perceptual knowledge about the existence of the Saudi PBR, and only 7.9% of them were aware of some of them. Patient privacy and confidentiality were the most commonly recognized patient rights. Students' awareness was not related to their knowledge of the bill's existence or content, or their attitudes toward the bill. The results indicated that students had little knowledge of the Saudi PBR's existence and content (5). Samia et al. 2012 conducted a cross-sectional study titled Knowledge and Attitudes of Women with Special Needs to Breast Cancer in Saudi Arabia to assess knowledge and attitudes toward early diagnosis of breast cancer and identify barriers to this diagnosis among this group of women with special needs. The study involved 48 deaf women. About two-thirds of the participants had heard about breast cancer, most of which were from doctors and relatives. Their knowledge of the symptoms of breast examination was poor. About two-thirds of them stated that they did not believe in breast examination and its role in the early detection of breast cancer. About 56% of them had information about breast cancer. 85.4% of people did not know the importance of mammography. The three main barriers that prevented people from seeking early detection of breast cancer were ignoring its importance, embarrassment and shyness, long distance, and avoiding mammography. Therefore, the results showed that disabled women can be at risk of breast cancer just like other healthy women (9).

Materials and methods

This study was conducted in a descriptive-cross-sectional and applied manner. The required

information was collected from medical students using a simple random sampling method. Using study (6), 299 people were considered,

considering a 95% confidence interval and an error level of 0.05. A questionnaire containing 19 questions about women's health rights was prepared and presented to the students. The data collection tool was a researcher-made

questionnaire. The researcher prepared the questionnaire using the study of Samia M et al. (9). The Content validity method was used to validate the research tool.

Results

Of the 299 medical students at a University of Medical Sciences in northern Iran, 163 (54.5%) were female and 136 (45.5%) were male. The mean age of the participants was 24.6 years, and their age range was between 19 and 38 years. The gender distribution shows that women are more

represented in this study. This could be related to educational choices and women's greater desire to study medicine. Also, age and life experience can have a great impact on individuals' awareness.

Awareness Score Status

The average student awareness score of women's health rights is as follows:

Table 1. The average student awareness score of women's health rights

Group	Mean Score	Range
Female Students	12.40	6–18
Male Students	12.09	6–17
Postgraduates	14.00	12–16
Doctoral Students	12.00	10–15

Analysis of awareness scores by gender

Women's awareness scores on women's health rights were on average higher than men's. This could be due to social and cultural differences

that encourage women to learn more about their rights. It is also possible that more training courses and workshops related to women's rights were held for women.

Distribution of awareness scores by educational level

The average awareness score by educational level is as follows:

Table 2. Academic Awareness Scores by Educational Level

Academic Level	Number of Participants	Average Awareness Score	Minimum Score	Maximum Score
Bachelor's	165	12.06	8	16
Master's	62	14.00	12	16
Doctorate	15	12.00	10	15
General Medicine	258	12.25	6	18
Specialty Training	41	11.50	9	14

Analysis of the awareness score by educational level

The awareness score of master's degree students was significantly higher than that of other educational levels. This could indicate the effect of more educational courses and scientific

experiences at this level. Also, doctoral and specialist students may have higher awareness scores due to their advanced education and greater familiarity with legal and social issues.

Distribution of awareness scores by age

Analysis of awareness scores by age showed that the average awareness score in different age groups is as follows:

Table 3. Awareness Scores by Age Group

Age Group	Number of Participants	Average Awareness Score
19–24 years	130	12.50
25–30 years	95	12.00
31–38 years	74	12.10

Analysis of the awareness score by age

The average awareness score was highest in the 19-24 age group. This could indicate that this age

group has greater access to information and educational resources. Also, life experience and

exposure to social issues in older age groups may have a negative impact on the awareness score.

Normality test

A normality test was conducted to examine the distribution of the awareness score and the results showed that the distribution of the awareness score did not follow a normal distribution.

The results of the normality test show that the distribution of the awareness score is not normal. This could mean that there is significant variation in the awareness scores, which necessitates further analysis and the use of non-parametric statistical methods.

Conclusion

The results of this study show that students' awareness of women's health rights is at an average level. The average awareness score varies among different gender groups and educational levels. In particular, master's students had the highest awareness score, which indicates the effectiveness of specialized training in this field. Also, the results show that despite moderate awareness, there is a need to increase education and awareness about women's health rights in medical student training programs.

Of the 299 participants in the study, 54.5 percent were women, with an average awareness score of 11.65, which is about average. The highest awareness score was reported for women, which was 19.

45.5 percent of our participants, who were men, had a lower awareness score, with an average of 10.97, and the lowest awareness score, which was 3, also belonged to this group.

Compared to Samia's work, the level of awareness is higher. Regarding the level of awareness of the students about the hospitalization process of a woman who is

Correlation analysis

Correlation analysis between awareness score and age showed that there was no significant relationship:

The results show that there was no significant correlation between age and awareness score. This finding may indicate that awareness of women's health rights is more influenced by educational and social factors than age and life experience.

eligible even to give consent for surgery, more than sixty percent admitted that it must be with the permission of a male supervisor. According to the established law and dynamic Shiite jurisprudence, a sane, mature, mature woman is not under the supervision and guardianship of any particular person in her financial and non-financial affairs. The only exception is the marriage of a virgin girl, which is done with the permission of her guardian.

This is also true in surgery and permission and consents to it, and a woman with competence and qualifications does not need the permission of her husband or even her father, which unfortunately more than half of our medical students were not aware of. The only exceptions are in surgeries for a woman who is married to her husband, which may lead to infertility, and this operation is not vital and emergency for the woman. In this situation, there is a need for the husband to accompany her.

In cosmetic surgery, in accordance with the rule of jurisprudence and the principle of autonomy of medical ethics, the woman is the person qualified to give her own consent, and the husband and wife's agreement for any cosmetic

surgery must be done in the family environment and within its framework; this should not be included in the legal process of obtaining consent in the hospital. Regarding this question, sixty-seven percent of students considered their spouse's consent necessary for cosmetic surgery. In Al-Amoudi's study, 42.3% of participants believed that a female patient needs the consent of a male guardian to receive medical or surgical treatment in Saudi Arabia and that she needs the permission of a male guardian to be admitted to a hospital.

In dynamic Shia jurisprudence, women are given equal status in many matters. Many people have a false belief about the guardianship of men over women and consider the conduct of women's affairs to be subject to the permission of their husbands, while it can be said with certainty that in the case of a sane, mature woman, the individual is the one who makes decisions about her own body for the treatment process. The only exception is surgery that may cause infertility and does not indicate treatment (10).

Unfortunately, in our current health system, there are misconceptions about obtaining consent from the patient's spouse in all treatment processes, which not only have no jurisprudential or legal status but also in many cases are against the applicable laws.

Acknowledgments

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Women in every society play a key role in educating the educated people of that society. Based on the principles of Islamic human rights and Article 21 of the Constitution, the government is obliged to provide a suitable environment for the realization of women's empowerment.

Performing therapeutic interventions on any individual, whether male or female, by Article 7, Paragraph 2 of the Covenant on Civil and Political Rights and the third pillar of the Charter of Patients' Rights in Iran, in non-emergency matters, requires obtaining informed and free consent from the patient. As long as a patient has the necessary capacity to give consent and permission for treatment and medical intervention, in principle, obtaining consent from another person is not necessary, and it can even be said that this person has no role in this matter (10).

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