



*Mission Permanente
de la République Islamique d'Iran
Après des Nations Unies
et des autres Organisations Internationales à Genève*

In the name of God, the Compassionate, the Merciful

N°2050/7078

The permanent Mission of the Islamic Republic of Iran to the United Nations Office and other international organization in Geneva presents its compliments to the Office of the United Nations High Commissioner for Human Rights, and with reference to the Questionnaire of the Working Group on discrimination against women in law and practice with regard to the right to health and safety dated 3 July 2015, has the honor to submit herewith the response of the Islamic Republic of Iran.

The permanent Mission of the Islamic Republic of Iran to the United Nations Office and other international organization in Geneva avails itself of this opportunity to renew to the Office of the United Nations High Commissioner for Human Rights, the assurances of its highest consideration.

Geneva 27 August 2015



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QUESTIONNAIRE

"NON-DISCRIMINATION AND EQUALITY WITH REGARD TO THE RIGHT TO HEALTH AND SAFETY"

In accordance with its mandate, the UN Working Group on the issue of discrimination against women in law and practice (hereinafter "the Working Group") has developed this questionnaire to gather information on how laws and practices discriminate against women with regard to the right to health and to safety. Additionally, this questionnaire has the objective of highlighting good practices and lessons learned in advancing equality between women and men with regard to the right to health and safety.

The questionnaire focuses on the prevention of gender discrimination in the enjoyment of the right to health and safety (I), on diagnosing and counteracting possible gender discrimination in practice in the area of health and safety (II) and on good practices in these areas (III).

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) clearly establishes the State obligation to take "all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning" as well as to "ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation".¹ It also establishes the obligation to ensure on an equal basis for men and women "the right to protection of health and safety in working conditions, including the safeguarding of the function of reproduction".²

Recognizing the broad scope covered by the concept of safety, the Working Group intends to focus particularly on the impact of safety in the context of women's health, both physical and mental. This may include violence against women in the public space and in closed institutions as well as women's access to justice to secure their right to health and security.

The Working Group wishes to thank all stakeholders for responding to this questionnaire by **15 August 2015**.

¹ Article 12, UN Convention on the Elimination of All Forms of Discrimination against Women, adopted by the UN General Assembly on 18 December 1979 (AG Resolution 34/180) and entered into force on 3 September 1981.

² *ibid* art. 11, (f).

Questionnaire

I. Prevention of sex discrimination in the enjoyment of the right to health and safety

A. Health

- 1. Does your country have regulations (in the Constitution, legislation or in other legal codes) that guarantee:**

(Please specify in the space provided for this purpose "yes" or "no")

(Yes) the right to equal access for women and men to all forms of healthcare, at the highest available level, including access to alternative health provisions such as homeopathy, naturopathy, etc.

(Yes) access to sexual and reproductive health services

(Yes) women's rights to make autonomous decisions regarding their sexual and reproductive lives

- 2. Are medical services related to women's sexual and reproductive life and/or violence against women covered by universal health coverage?**

Yes (Yes) No ()

If yes, what kind of medical services are free of charge?

(Please specify)

Maternal health, child health, vaccination, delivery, prenatal and postnatal care, STD, HIV prevention, care and treatment, cancer screening, IUD insertion, counseling, some process of treatment for infertility, care and treatment of complication of Aging such as osteoporosis, treatment of Gyn disease, treatment of complication of violence, harm reduction, Gynecologic oncology some drugs and process, Nutrition and harm reduction in DLC related to Welfare Organization

Are women's rights to health, including sexual and reproductive health, autonomy and health insurance, applied also to girls under 18?

Yes (Yes) No ()

If "yes", please indicate the legislation regulating these and indicate enforcement mechanisms.

In our health regulation, the age and the marital status is not mentioned, so every girl and woman can access very easily to SRNR and health insurance in Government and Private sectors and NGOs services.

3. Are there any provisions, which restrict women's access to health services? In particular which:

(Please specify in the space provided for this purpose "yes" or "no")

() require the consent of a male relative/husband for a married woman's medical examination or treatment or access to contraceptives or abortion,

Married women can receive medical treatment directly. There is no need for examination or treatment to have permission of her husband.

However, for permanent contraceptive method, or any OB/Gyn surgery, need to have permission of her husband.

According to the abortion law, there is no need to have permission of her husband if there is any condition of high risk for mother, so in this case mother only can decide to terminate her pregnancy.

() require parental consent in case of adolescents' access to contraceptives or abortion;

They can go to private sector and NGOs, so they have access to counseling, education and services. In AFS (adolescence and family services relation) to NGOs, all the IEC and services are free of charge in government sector. They can also receive counseling and education. Therefore, there is no need to parental consent. But for any surgery or medical complicated process it is needed to have permission of their parents.

() allow medical practitioners to refuse provision of a legal medical service on grounds of conscientious objection

All medical practitioners should provide IEC (information, Education and counseling) and health services to all the clinics without considering any stigma or discrimination

() prohibit certain medical services, or require that they be authorized by a physician, even where no medical procedure is required; in particular:

(NO) IUDs (intrauterine devices) or hormonal contraceptives

(NO) Emergency contraceptives, including the morning-after pill,

(Yes) Sterilization on request (please also include information regarding whether non-therapeutically indicated sterilization is allowed for men);

() *Early abortion (in first trimester of pregnancy) at the pregnant woman's request*

According to the abortion law, we can terminate the pregnancy before 18 weeks of pregnancy, if 3 specialists approve the fetus have abnormally or any diseases or there are some problems which causes mother negative health challenges and threaten her life.

() *Medically assisted reproduction (e.g., in vitro fertilization)*

If yes, please indicate the relevant legal regulations and indicate the sources.

In Gamete and fetus donation law, we have no restriction for treatment and care. Recently according to the message of the Supreme Leader on family planning issues, some process of infertility treatment and drugs are covered by health insurances

4. Are the following acts criminalized?

(Please specify in the space provided for this purpose "yes" or "no")

(No) *transmission of HIV or other venereal diseases by women only*

In Iran if anybody knows that has a contagious disease and spread it, he/ she is criminalized and that is not only for women.

- ❖ *Article 614/688/295 in Islamic Punishment Law*
- ❖ *Article 9 prevention of STD law approval 1941*

(Yes) *female genital mutilation*

In Iran, we have very rare cases in some provinces and it is a culture wrong believes.

- ❖ *According to Article 664/706/707/708 in Islamic punishment law, is criminal*

() *child marriage*

The age of marriage according to the Article 1041 Iran civil law is 13 for girls and 15 for boys before that is needed to have approval of the permission of parents and legal court

(No) *home births with an obstetrician or midwife*

(Yes) *abortion*

If yes, are there any exceptions to these prohibitions and under what circumstances do exceptions apply?

Please give legal references and provisions.

Abortion is criminal and according to the abortion law, we can terminate pregnancy in 2 conditions as mentioned before

- ❖ *threatening mother's life*
- ❖ *finding problems in fetus*

Under 18 weeks of pregnancy

And who is criminally responsible? (Please circle the appropriate answer)

The woman, the doctor, other persons directly or indirectly related with the pregnancy and/or the abortion.

Please give legal references.

According abortion law:

A: Abortion: the doctor should pay Dieh (Blood Money) if he/she does not obey the abortion law

B: Pregnancy: if he/she does not care of patients or find some failures (doctor) .

B. Safety

5. Does your country have regulations (in the constitution, legislation or in other legal codes) that guarantee:

(Please specify in the space provided for this purpose "yes" or "no")

(Yes) Special protection against gender based violence

- By Welfare Organization (WO) (hot line 123)

- And DLC covered by (WO) - covering (Warm House)

According:

- ❖ *Articles 614 (Any stroke is faced to punishment), 608, 669 (any insult or threat is faced to punishment) of Islamic Punishment Low*
- ❖ *Article of 1130 (any women face to difficulties) of Islamic criminal Law*

(Yes) Equal access for women to criminal justice

Principle 90 and 334 of Islamic Republic of Iran's constitution law is reflected equal access for women to justice

6. Are the following acts criminalized?

(Please specify in the space provided for this purpose "yes" or "no")

(Yes) adultery

Both sides (Article 225,226,227 of Islamic Punishment law)

(Yes) prostitution

(If yes, who is criminally responsible – please circle the appropriate answer: the sex worker, the procurer and/or the customer)

Both sides (Article 638,639 of Islamic punishment law)

(Yes) sexual orientation and gender identity (homosexuality, lesbianism, transgender, etc.)

Both (Article 234,237,238, 239 of Islamic Punishment law)

(Yes) violations of modesty or indecent assault (e.g. not following dress code)

Please give legal references and provisions.

Only the person is assaulting (Article 608 of Islamic Punishment law)

7. Are there any provision in criminal law that treat women and men unequally with regard to:

(Please specify in the space provided for this purpose "yes" or "no")

(Yes) Procedure for collecting evidence

() Sentencing for the same offence, especially capital punishment, stoning, lashing, imprisonment, etc.

() So called "honor crimes" (are they tolerated in order for the perpetrator to avoid prosecution or to be less severely punished if the woman is killed?)

There are some exceptional cares for caring ladies who are pregnant or during the breast feeding, children who are below 18 years or aging.

II. Diagnosing and counteracting possible sex discrimination in practice in the area of health and safety

A. Health

8. Are there legal obligations to provide health education in school?

Yes (Yes) No ()

If yes, does it cover: (Please specify in the space provided for this purpose "yes" or "no")

() prevention of sexually transmitted diseases

() prevention of unwanted pregnancies

(No) promotion of a healthy lifestyle, including prevention of dietary disorders of teenage girls, including anorexia and bulimia

() psychological/psychiatric training on self-control of aggression, including sexual aggression

Please indicate any relevant legal regulation or programs regarding to the above mentions.

We have many courses for self-control of aggression, but not about sexual aggression.

In Iran, there is no Article in school curriculum regarding STD, HIV, prevention of unwanted pregnancy and sexual education or sexual aggression but there are many age-appropriate, comprehensive, evidence-based education for human sexuality such as training courses on healthy Life style, health individual education, nutrition, puberty, psychological training of self-control of aggression.

9. Are there any statistical data disaggregated by age and/or sex (collected over the last 5 years) regarding :

(Please specify in the space provided for this purpose "yes" or "no")

(Yes) malnutrition

Stunting 6/83 %, underweight 4/08, wasting 4%

(Yes) maternal mortality

19/1 in 100,000 live births

(No) maternal morbidity, including obstetric fistula

(Yes) adolescent childbearing

(No) health consequences of physical, psychological, sexual and economical gender-based violence

(Yes) incidence of HIV/AIDS and sexually transmitted deceases

30,000 registered, 85,000 estimated

(No) drug abuse

(No) alcohol addiction

(Yes) legal abortions

Legal abortion only for 2 reasons that mentioned before it is around 5600 cases annually

(No) death resulting from legal abortions

(No) illegal abortions

(No) death resulting from illegal abortions

(Yes) use of contraceptives, including mechanical and hormonal (including emergency contraceptives)

Contraceptives prevalent rate 56/98%, Modern CPR

(No) sterilization on request

If "yes", please provide for data and sources.

10. Are there any statistical data and/or estimations regarding the number of reported and/or unreported cases and convictions for :

(Please specify in the space provided for this purpose "yes" or "no")

(No) female genital mutilation

(No) illegal voluntary abortion

(No) forced abortions

(No) forced sterilizations

(No) malpractices in cosmetic medicine

(No) obstetric violence

If "yes", please give further references.

11. Is the gender perspective included in national health-related policies:

Yes (Yes) No ()

In particular: (Please specify in the space provided for this purpose "yes" or "no")

(Yes) in planning the distribution of resources for health care

(Yes) in medical research on general diseases, with proper and necessary adaptations to the different biological make-up of women and men

(Yes) in geriatric service provision

(Yes) in state custodial decisions to institutionalize children between 0-3 years old

According to social economic development program

Explanation: The need for a gender-based approach to public health is connected with the necessity to identify ways in which health risks, experiences, and outcomes are different for women and men and to act accordingly in all health related policies.

B. Safety

12. Are there any national policies regarding women's safety in public spaces?

Yes () No (NO)

If "yes", please give references.

We have no national policy regarding women's safety in public spaces, but we have separate spaces for women regarding safety such as sport club, park, mosque, school and high school

13. Have there been any public opinion research polls on the fear of crime among women and men (over the last 5 years)?

Yes () No (No)

If "yes", please give references and the outcomes of such research polls.

14. Are there any measures and programs undertaken in order to increase women's safety e.g. in public urban spaces, in public transportation, etc.?

Yes (Yes) No ()

If "yes", please give references.

Yes, we have separate metro space, BRT space and green taxis for women.

15. Are there any statistics on crimes amounting to violence against women in public spaces and/or domestic violence?

Yes (Yes) No ()

If "yes", please give references.

According LMO legal medical Organization

16. Is the sex of the victim reflected in the police, prosecutors and courts records?

Yes (Yes) No ()

If "yes", please give references.

According LMO and justice Organization

C. Health and Safety

17. Are there any data and/or results of research on the detrimental influence of the feeling of insecurity and unsafety on women's mental health?

Yes () No (NO)

If "yes", please give references.

18. Are there specific health and safety protective measures for women , and/or with special provisions for mothers with young children, in "closed" institutions including in:

(Please specify in the space provided for this purpose "yes" or "no")

(Yes) prisons (e.g. measures similar to the Bangkok Rules),

Women can live with their children until they get 2 years old.

(No) police detention cells

(NO) psychiatric hospitals,

(NO) pre-deportation centers,

(Yes) camps for displaced women and families (if relevant),

(NO) nunneries

(NO) women's shelters

If "yes", please provide any information about the protective measures established.

Women in prisons have some facilities including kindergarten, gender sensitive clinics with health care services, medical and psychological counseling, workshops to improve their life skills, special supports for pregnant or breast feeding women, etc.

19. Are there specific training programs for medical and legal professionals on the issue of gender-based discrimination in the area of health and safety?

Yes (Yes) No ()

Do they cover: (Please specify in the space provided for this purpose "yes" or "no")

(Yes) the issues connected with specific women's needs in area of health

(Yes) specific women's vulnerability to be victims of gender-based violence or specific crimes, covering e.g. the issues of:

(Yes) the nature of gender-based violence,

(Yes) its occurrences and symptoms

(Yes) methods of detection

() medical protocols

(Yes) influence of gender based violence, in particular of sexual violence on the future behaviors of victims (post-traumatic stress symptoms etc.)

III. Could you please indicate any legislative reform, policy or practice, that you consider "good practice" regarding health and safety for women in your country?

If yes, please indicate on which criteria your definition of "good practices" is based.

Establishment

- DLC for women (drop in center)*
- Abortion law*
- Fetus donation law*
- Hot line 123 for WO for caring and supporting vulnerable women*
- NGOs participation for supporting and empowerment of women*
- Increasing percentage of women's literacy after Revolution*
- Women involving the policy decision*
- 9 months maternity leave for breast-feeding*
- Harm reduction program*
- National HIV strategic planning and in this plan it is reduction of addiction and sex workers*
- Separate park, sport club, BRT, metro space for women*