Table 1. Demographic and reproductive health indicators, Islamic Republic of Iran, 2005–2008

Indicator	Parameter	Year
Total population	70 495 782	2006
Population growth rate	1.61	2006
Crude birth rate	18.67	2008
Crude death rate	5.33	2008
Urban to rural population, ratio	68.46	2006
Number of women of reproductive age (15–49 years)	2 121 116	2006
Total fertility rate	1.96	2006
Percentage of pregnant women attended by skilled personnel (of all pregnant women) (at least once)	98.3	2005
Number of facilities with functioning essential obstetric care per 500 000 persons	4.4	2008
Percentage of deliveries attended by skilled personnel (of all deliveries)	97.3	2005
Percentage of deliveries undertaken in health facilities (of all deliveries)	96.3	2005
Percentage of caesarean sections (of all deliveries)	40.4	2005
Percentage of pregnant women with anaemia (> 20 weeks gestation)	21.4	2001
Percentage of newborns with low birth weight (of all newborn infants)	7.2	2005
Maternal mortality per 100 000 live births	24.6	2005
Perinatal mortality per 1000 live births	30	2006 (NPM)
Neonatal mortality per 1000 live births	12.9	2007
Life expectancy at birth – female, years	73.6	2006
Life expectancy at birth – male, years	71.7	2006
Contraceptive prevalence rate among married women of reproductive age (15–49 years), all methods (%)	78.8	2005
Traditional methods (all)	19.2	2005
Withdrawal	-	
Rhythm	-	
Lactational amenorrhoea	-	
Modern methods (all)	59.6	2005
IUDs	8.1	2005
Condom	9.3	2005
Pill	19.3	2005
Injectables	2.6	2005
Implants	0	2005
Female sterilization	17.4	2005
Factors for not using modern methods among married women		
Fear of side-effects	0.8	2005
Lack of knowledge	0.1	2005
Cost	0	2005
Lack of access	0	2005
Traditional misconceptions	-	
Partner opposes	2	2005
Unmet need for modern contraception (%)	21	2005
Receipt of postpartum care and family planning counselling	-	
Incidence of sexually transmitted infection (per 100 000)	-	
Syphilis	0.2	2007
Gonorrhoea	8.4	2007
Chlamydia	8.7	2007
Trichomoniasis	-	
HIV prevalence (%)	-	
Number of verified HIV cases	18 881	2008

Source:

Ministry of Health and Medical Education
Iran Statistics Centre
National Maternal Mortality Surveillance System

Routine Reporting System
Integrated Monitoring and Evaluation System (IMES)
National Integrated Micronutrients Survey 2001
Demographic and Health Survey (DHS) 2000
Neonatal and perinatal mortality (NPM), Geneva, MPS/HQ: 2007

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Islamic Republic of Iran

Reproductive health profile 2008

World Health Organization
Regional Office for the Eastern Mediterranean

Health care system

The primary health care (PHC) network covers the entire country with more than 17 325 health houses, 2407 rural health centres, 307 rural maternity centres, 2186 urban health centres, 1666 health posts and 614 hospitals with maternity units (in both public and the private sector). The health system can be divided into district, provincial and national levels.

The district level

The district health centre is the smallest autonomous unit in the country's health system and is responsible for planning, supervision and supporting the activities of the health house, rural and urban health centres and other health units.

The most peripheral rural facility in the network is the health house, serving an average of 1000 to 1500 people. A male and a female villager, known as *behvarz*, staff each health house. Their principle duty is the provision of PHC services for the target population. Currently, there are more than 30 000 *behvarzes* dispersed throughout the country covering 95% of the rural population. The rural health centre is a village-based facility that has one to five health houses under its supervision. It is staffed by a general practitioner, several health auxiliaries and administrative personnel.

The urban health posts are responsible for delivering primary health care to the urban population in a way similar to the health houses in rural areas. Each health post covers a population of about 12 500 persons. Three family health auxiliaries, one environmental health technician and a midwife run each health post. Family planning is the main responsibility of the health post midwife. An urban health centre, which is functionally similar to a rural health centre, has three to five health posts under its control. Two general practitioners, mainly for supervising health posts and referral case management, work in each urban health centre. Alongside the public system, the private sector has a predominant role in providing curative services in urban settings.

The provincial level

At the provincial level, universities of medical science and health services supervise the activities of the district health network. Deputies for health and curative affairs, along with other deputies, do all the strategic planning and make the decisions.

The national level

At this level the Ministry of Health and Medical Education is in charge of policy development, overall planning, leadership, and supervision of the activities in the provinces and medical science universities.

Reproductive health

Reproductive health and family planning services in the Islamic Republic of Iran are integrated into primary health services and provided through primary health care facilities and hospitals. Services include: antenatal, delivery, postnatal and emergency obstetric care; child care; family planning and birth spacing; breastfeeding; immunization services for children and pregnant women; prevention and management of STIs; breast and cervical cancer screening; adolescent reproductive health; provision of reproductive health information and emergency services. These are all provided by trained and qualified health care providers.

The maternal mortality ratio in the country has sharply decreased from 91 deaths per 100 000 live births in 1988, to 24.6 deaths per 100 000 live births in 2005 (national maternal mortality surveillance system). The percentage of births carried out by unskilled birth attendants 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 98.3% in 2005. In addition, postnatal care coverage (at least two visits) has increased from 31% in 2000 to 87% in 2005 (Table 1). However, in respect to pain relief during delivery (pharmacological and non-pharmacological techniques) and reduction of caesarean sections, there is still a long way to go towards attaining the set target. Within the framework of reproductive health, improving maternal health and reducing maternal deaths has always been one of the main goals of the national 5-year development plan. Maternal health is monitored through the following national policies and programmes:

- national maternal mortality surveillance system;
- integrated management of pregnancy and childbirth (outpatient services);
- mother-friendly hospitals (hospital services);
- training skilled birth attendants for deprived and remote regions;
- strengthening of the national family planning programme.

The family planning programme is one of the most successful programmes of its kind in the world. The contraceptive prevalence rate in the country has increased from 49% in 1989 to 78.9% in 2005. The use of modern contraceptive methods was 59.6%. Family planning services provide a wide range of contraceptive choices (pills, IUDs, condom, injectables, tubal ligation, no-scalpel vasectomy and emergency contraception) free of charge throughout the national primary health care network. In some parts of the country the government subsidizes the private sector to provide a free family planning service and methods of contraception. In remote areas, the Ministry of Health and Medical Education provides family planning services through mobile clinics. Total fertility and population growth rates have decreased dramatically in the country dropping to 1.96 and 1.61, respectively, in 2006. The neonatal mortality rate is 12.7 per 1000 live births (2007) and the under-5 mortality rate was 36 per 1000 live births (DHS 2000).

Each age-specific department in the Ministry of Health and Medical Education has its own package and programme for reproductive health in emergencies, set with the national emergency centre. Formation of a National AIDS Committee, with the membership of different stakeholders in the country, was one of the most important steps made for prevention and control of STIs/HIV/AIDS. The main programme activity components include:

- developing the second national strategic plan for control of AIDS;
- developing the national AIDS policy;
- implementing biobehavioural surveillance for control of AIDS among intravenous drug users and prisoners;
- revising the STI and HIV/AIDS reporting system;
- adopting syndromic management guidelines of STIs;
- conducting a situation analysis of STIs in the last 10 years;
- conducting a study of the prevalence of STIs in pregnant women in Tehran (ongoing);
- revising national guidelines on surveillance and treatment of AIDS;
- revising national guidelines on prevention of mother-to-child transmission of HIV;
- establishing a comprehensive training programme for families in the prevention of hazardous behaviours in adolescents and youth, and a surveillance system;
- establishing STI counselling centres for adolescents and youth.

A comprehensive national document on adolescent and youth health has been prepared and published. The development of the adolescent and youth service package, including HIV/AIDS prevention, is under way.