

The 10th International Conference on Women's Health, a Narrative Report December 1st and 2nd, 2021, Shiraz, Iran

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1. Introduction

The widespread lockdown and stay-at-home calls around the world in order to halt the spread of COVID-19 have reduced social interactions, availability of social and healthcare services, as well as financial and workforce resources (1, 2). Moreover, it has led to allocating a greater proportion of healthcare resources to COVID-19 care, which impairs the services for other vulnerable groups of the society, specifically women. In addition to certain factors, including physical, psychological, emotional, and spiritual aspects, which affect the individuals' health status, regarding women's health, two additional factors are considered, namely familial and social factors, although they overlap in certain aspects. Fertility, spouse's support, and women-specific roles in the family are categorized as familial factors while cultural, socioeconomic support, and social roles are classified as social determinants (2-5).

It is globally believed that a woman is the main pillar of the family; thus, any variable that affects women's health, influences the entire family, thereby the society, particularly family-centered societies, like Iran (5, 6). According to Dr. Abbas Sadri, the representative of Islamic World Educational, Scientific, and Cultural Organization (ICESCO), "ICESCO believes that women's health is one of the key factors in family health and accordingly, emphasizing the issues related to women's health can be considered as a guiding principle for upgrading the quality of life in different aspects of societies". Based on such kind of approaches, the ICESCO, in a major international celebration, officially announced the year 2021 to

be the 'Year of the Women'. Therefore, in the 10th International Conference on Women's Health (ICWH 2021), the experts with different specialties shared their knowledge and opinions regarding the possible methods of improving women's health during crises and pandemics, such as COVID-19 situation. During this two-day virtual conference, held between Dec 1st and 2nd 2021 in Shiraz, Iran, the invited speakers discussed different aspects of women's health, which should be focused on during the pandemic. The following topics were discussed in the ICWH 2021.

2. Gender Inequality and Violence against Women

In a presentation by Dr. Hassan Jolaei from Iran, women's determinants of health were reviewed during pandemics, such as COVID-19. The World Health Organization (WHO) defines the social determinants of health (SDH) as "the conditions under which people are born, grow, live, work, and age, as well as the wider set of forces and systems shaping the conditions of daily life." As we know, there is now a more profound understanding of the fact that long-term experience of social and environmental stressors, such as food insecurity, social and domestic violence, unequal social opportunities, in addition to many other issues, could have remarkable adverse effects on an individual's health.

In his lecture, Dr. Hassan Jolaei mentioned that in the COVID-19 era, women experienced a higher level of inequality; however, this could mainly be due to the long-standing inequalities that already existed in the target population. Reproductive rights, economic

rights, and the freedom of women were threatened during the pandemic, particularly for those who were the head of the household. Additionally, the rate of divorce has increased in Iran from 2019 to 2020 by 4%. Furthermore, over 31% of the population has fallen below the absolute poverty line. Based on the literature review, out of women-headed households, 54% are illiterate, 86% are unemployed, and one-fourth do not own their living place. The COVID-19 pandemic has led to global food crisis and women are more vulnerable to be affected as they already constitute about 60% of the population suffering from food shortages. Regarding psychological health, recent reports have shown that the prevalence rates of major depression and anxiety increased during the pandemic. On the other hand, considering the fact that women account for the majority of healthcare workers, specifically the nursing workforce, the pandemic has caused a double burden on them; due to pandemic-related restrictions, working overtime and overstretching themselves is inevitable.

Domestic violence has been reported to be as high as a range between 30% and 70% against women, which has exacerbated during the pandemic. Regarding violence, based on a lecture by Dr. Mousa Kafi from Iran, half of the world's population is being asked to stay at home to slow down the spread of the Corona virus. For the women already in abusive relationships, or at risk of violence, staying at home increases the risk of intimate partner violence (IPV). Some of the causes that have rendered women vulnerable to IPV are household stress, longer close contact, the disruption of livelihoods, reduced incomes, reduced access to basic needs, disruption of social and protective networks, less contact with family and friends who provide support and protection, as well as restricted access to psychosocial support, hotlines, crisis centers, shelters, legal aid, and counseling services. The health sector can take measures concerning mitigating the risk of violence against women during the pandemic. Developing policies that include essential services to deal with violence against women in the pandemics increase accessibility and provide resources and locally available support and referral services for survivors while informing health care providers of the risks and consequences associated with violence against women. The senior citizens, especially those with disabilities or living in crowded places, and ethnic minorities may be disproportionately influenced and have additional needs. Mobile health and telemedicine can be used to support the victims. Humanitarian organizations provide women with services and collect data on the reported cases. As the health community grapples

with the best strategy for halting the pandemic, the ongoing violence against women cannot and must not be ignored.

Overall, the pandemic has exacerbated gender inequality for women. Given the fact that women play pivotal roles both in the family and in the society, particularly in the healthcare system during the pandemic, to reduce the inequality, one should take into account several stakeholders, including policymakers, religious leaders, society leaders, and various involved communities.

3. Occupational Burnout and Resilience

Given the high rate of infection and deaths, COVID-19 can lead to many psychological problems, including stress, anxiety, depression, and reduced tolerance, which altogether could result in burnout. It is important to focus on the factors, which boost the individuals' strengths, such as patience, tolerance, and most importantly, resilience. Based on a presentation delivered by Dr. Ahmad Sadeghi, occupational burnout models are based on theories about job stressors and the imbalance leading to strain. The sequential stages of imbalance are as follows:

- 1) job stressors, an imbalance between demands and resources;
- 2) individual strain, an emotional response of exhaustion and/or anxiety;
- 3) defensive coping, changes in attitudes and behaviors.

During the COVID-19 era, stressors on the women's society, particularly those involved with COVID-19 care, have increased; this has led to a greater chance of occupational burnout. As mentioned by Dr. Hamid Poursharifi, based on the literature review, the rate of suicides in Iran has increased by 7.8% after the emergence of COVID-19. Nonetheless, in some societies, such as Japan, France, the USA, and Columbia, the results of surveys are controversial. Lower rates can be attributed to closer observations over the at-risk individuals during the lockdowns, and higher rates can be due to the greater rate of major depression and antisocial behaviors, such as increased substance abuse. However, it is unclear whether any policies has been made and/or any constructive experiences have been obtained from the pandemic crisis for the future so that the chance of burnout in women health care workers could be reduced.

Resilience is defined as the capacity of an individual, a group, or a society to overcome adversities. Resilience characterizes those people who, despite experiencing different situations, show appropriate and healthy psychological development and become stronger as a result of such experiences. It is an acquired characteristic, which highly relies on management skills. According to a presentation by Dr. Moghaddasi, during the pandemic, women can be empowered by improving their resilience through enhancing their management skills, rationalization, self-care, having emotional relationships, recognizing and strengthening their weak points, being positive in mood and attitude, along with having self-awareness, self-acceptance, and gratefulness. Therefore, all the abovementioned points, should be attentively considered by the stakeholders and policymakers.

4. Maternal Health and COVID-19 Infection

It is believed that during the pandemic crisis, maternal healthcare has been remarkably affected. As presented by Dr. Nasrin Changizi from Iran, the reduction in maternal mortality rate (MMR) made Iran as one of the countries that achieved Millennium Development Goals 4 (MDG-4) in time. Achieving Maternal Health-Related Sustainable Developmental Goal could be perfectly feasible if the following points are considered:

- Accurate evaluation of maternal health care provision
- Programming for reducing preventable cases of maternal death not only based on the causes, but also based on the case management preventability state
- Risk assessment and risk management system provision from preconception to 42 days postpartum
- Ameliorating Intensive Care through outreach program provision
- Connecting self-care, virtual care, and hotline to maternal health care networking and maternal mortality and morbidity surveillance systems

One of the methods of promoting maternal health is improving the quality of perinatal care during the COVID-19 pandemic. The rates of preterm labor, pre-eclampsia, stillbirth, abortion, and cesarian delivery

have increased during the pandemic. As reported by another lecturer in this conference, Dr. Maryam Kashanian, after week 28th and by getting closer to the end of the pregnancy, if the pregnant woman is infected with COVID-19, the disease will be more severe. Previous comorbidities, such as obesity and high blood pressure, can also affect the severity of the infection. Some other risk factors include high maternal age, socioeconomic deprivation, living in crowded communities, and vitamin D deficiency. Not only does the infection have effects on the mother, but also it increases the rate of congenital abnormalities and fetal growth retardation as a result of fever, particularly in early pregnancy. Moreover, medications used to reduce fever can affect the fetus. Dr. Kashanian presented valuable evidence from previously published studies confirming the fact that COVID-19 in pregnant women has led to an increased rate of Intensive Care Unit (ICU) admissions, and the need for ventilation for both the mother and the newborn. In addition to physical health problems, the psychological and social effects of COVID-19 cannot be underestimated. The extra burden caused by social distancing, limited resources, isolation barriers, depression, and anxiety, all add to the importance of implementing policies for allocating extra support for maternal healthcare during the pandemics.

As healthcare services were relocated to virtual space in order to reduce the risk of exposure, revising the current protocols for maternal healthcare should be addressed to provide a high-quality peri-natal care during the pandemic.

It should be mentioned that there has been no evidence on the adverse effects of vaccines on pregnant women; thus, vaccination should be prioritized for this population. Additionally, women should be provided with family support and mental health support since mental health issues are among the leading causes of pregnancy-associated morbidities and mortalities. Measures for reducing violence against women, particularly in vulnerable societies, should be another major objective for the decision- and policymakers. Shortage of blood and medical equipment are other concerns for the healthcare systems. While sufficient equipment should be prepared for such a crisis, shortage of blood needs a long-term plan; it could be suggested to stick to previously successful methods, such as the patient blood management (PBM) concept, which has shown promising outcomes by reducing the blood loss and transfusion. Hence, on top of all these efforts, providing a 24/7 hotline, virtual or teleconsultations,

developing registry systems for pre-pregnancy and pregnant women, and routine follow-up and child preparations are believed to improve the quality of maternal healthcare.

5. Women's Dietary Notes

Enhancement of immune system function through lifestyle modifications most effectively allows the body to fight against infectious diseases. Based on the two lectures given by community-nutrition experts, Dr. Ahmad Esmailzadeh and Dr. Leila Azadbakht, several factors, including psychological stressors and physical inactivity, can affect individuals' health by exacerbating the conditions, such as metabolic syndrome and obesity. Good nutrition can also play a major role in optimal immune system functionality. The components of the typical "Western" diet (sugar, salt, saturated fat, and red meat) can have an adverse effect on immunity and affect obesity, diabetes, and other conditions increasing the individuals' vulnerability to COVID-19. During the COVID-19 pandemic, the rationale for healthy diet maintains an important factor. However, the use of supplements has become bold, especially in women who are at a higher risk of minerals and vitamins deficiency during the quarantine. According to an on-line survey conducted internationally, the overall usage of supplements increased by 42.4% in Asia, 35.1% in America, and 37.9% in Europe during the COVID-19 pandemic (7). Among the supplements, some literature has reported Zinc, proteins (Arginine, Glutamine, fibers, and fiber-rich meals), and Omega-3 fatty acids. Nevertheless, a healthy routine diet, with sufficient ingredients including an appropriate portion of carbohydrates, proteins, fats, water, vegetables, fruits, and supplements based on age and conditions is the best prescription that can be given to women, even during the pandemic.

6. Senior Women's Health

In a lecture by Dr. Marieke van der Waal from the Netherlands, the health issues for elderly women were discussed. In the Netherlands, all nursing homes for older people were closed for visitors, family, and friends. The reports thereafter showed that the loss of physical contact between older people and their family and friends had a significant negative effect on them. Considering the fact that 98% of older people in nursing homes are vaccinated, and visitors have to wear mouth-nose masks and use disinfectants before entering the nursing home, health care professionals have recommended that COVID-19 restrictions be

modified for some special circumstances, including nursing homes.

There have been three lockdowns to date in the Netherlands. A great proportion of older women was afraid of going outside during the first lockdown. Many of them faced mental health issues and weight gain. They could not easily contact their close relatives and friends due to their lower capabilities in using social media and cellular/online communication devices. Being able to see their grandchildren was indeed a push factor for them to go outside and even to receive the vaccines.

Based on the experience in senior women's healthcare in the Netherlands during the COVID-19 era, suggestions for promoting the quality of healthcare can be narrowed down into

- 1) promoting access to reliable information about the condition of the pandemic and safety measures needed to reduce the complexities;
- 2) promoting outdoor activities and reducing sedentary lifestyle;
- 3) promoting access to social media, video calls, and virtual meetings;
- 4) preventing loneliness, depression, and other mental health issues;
- 5) providing guaranteed access to safe shelters houses;
- 6) providing guaranteed income security.

7. Conclusion

In conclusion, as mentioned in each section of this narrative report, policies and measures should be made in large by think tanks in different aspects associated with health, which are not limited to clinical, mental, psychological, nutritional, spiritual, social, and economic aspects. The first step could be cognizance that SDH dominantly impacts women's health and their quality of life. Therefore, all the stakeholders should consider SDH as an integrated part of all policies to provide an equal socio-economic and political context for both genders. Obviously, community and female empowerment-oriented policies and interventions could have a greater effect compared with top-down ones.

This virtual conference was an aquarium model

of the greater picture of the community, which is needed for efficient policy making concerning women's healthcare. In the end, making decisions about women without having valid representatives of their society or enough information about those who have truly felt the pain will not be practical and cannot be accepted.

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References

1. Kaukinen C. When stay-at-home orders leave victims unsafe at home: Exploring the risk and consequences of intimate partner violence during the COVID-19 pandemic. *Am J Crim Justice*. 2020;45:668-79. doi: 10.1007/s12103-020-09533-5. PubMed PMID: 32837152; PubMed Central PMCID: PMC7274936.
2. Doyle AA, Friedlander MSH, Li GD, Marble W, Smith CJ, Baronia N, et al. The Evidence and Tradeoffs for a 'Stay-at-Home' Pandemic Response: A Multidisciplinary Review Examining the Medical, Psychological, Economic and Political Impact of 'Stay-at-Home' Implementation in America. *Psychological, Economic and Political Impact of 'Stay-at-Home' Implementation in America*. SSRN 2020. doi: 10.2139/ssrn.3578841.
3. Gostin LO, Wiley LF. Governmental public health powers during the COVID-19 pandemic: stay-at-home orders, business closures, and travel restrictions. *JAMA*. 2020;323(21):2137-2138. doi: 10.1001/jama.2020.5460. PubMed PMID: 32239184.
4. Viero A, Barbara G, Montisci M, Kustermann K, Cattaneo C. Violence against women in the Covid-19 pandemic: A review of the literature and a call for shared strategies to tackle health and social emergencies. *Forensic Sci Int*. 2021;319:110650. doi: 10.1016/j.forsciint.2020.110650. PubMed PMID: 33340849; PubMed Central PMCID: PMC8021946.
5. Paykani T, Zimet GD, Esmaeili R, Khajedaluae AR, Khajedaluae M. Perceived social support and compliance with stay-at-home orders during the COVID-19 outbreak: evidence from Iran. *BMC Public Health*. 2020;20(1):1650. doi: 10.1186/s12889-020-09759-2. PubMed PMID: 33148209; PubMed Central PMCID: PMC7609821.
6. Yari A, Zahednezhad H, Gheshlagh RG, Kurdi A. Frequency and determinants of domestic violence against Iranian women during the COVID-19 pandemic: A national cross-sectional survey. *BMC Public Health*. 2021;21(1):1727. doi: 10.1186/s12889-021-11791-9. PubMed PMID: 34551732; PubMed Central PMCID: PMC8457898.
7. Aysin E, Urhan M. Dramatic Increase in Dietary Supplement Use During Covid-19. *Curr Dev Nutr*. 2021;5(Supplement_2):207. doi: 10.1093/cdn/nzab029_008. PubMed Central PMCID: PMC8181236.