4e CONGRESS
Middle East and Muslim Worlds Studies
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Panel 40

Health inequalities in Iran. Sociology of a sector in transformation.

The health care system in Iran has undergone major social, economic and political transformations since the State set itself the objective of taking charge of the health of its citizens at the end of the 19th century. These transformations have had a profound impact on the (re)formulation of public policies, on inequalities in access to health care, on the training of health care professionals, on the individual and collective strategies of health care providers and patients, and the diversification of the people involved in health care. Thus, the provision of social assistance in the health sector is fragmented and fragmented, bringing into the competition a plurality of actors. Today, although 90% of the population is covered by health insurance, it remains insufficient to meet the cost of care and remains territorially and socially unequal, making it necessary to take out private insurance or to mobilize alternative aid from charitable institutions, religious foundations, local NGOs or private benefactors - as is the case in other countries in the region. Moreover, we are witnessing the development of a private health economy that is increasingly competing with the public health system. To account for the diversity of these economic, moral, and political processes characterizing the evolution of Iranian welfare since the nineteenth century, this panel proposes to explore the question of distributions of responsibility for care in the health sector.

People in charge : Sestito Rosanna (Université Paris Ouest Nanterre/CRESPPA, Centre Maurice Halbwachs) and Karimi Fatemeh (Centre Maurice Halbwachs, EHESS/ENS)
Discussant : Makaremi Chowra (CNRS, Iris)

Program

Direnberger Lucia (Centre Maurice Halbwachs, EHESS/ENS)

Circulation of medical knowledge between France and Iran (end of XIX-beginning of XX): reconfigurations of the social and moral order

This presentation proposes to bring to light the circulation of medical knowledge between France and Iran in the context of the formation of the nation-state in Iran and the extension of colonial empires in the region. France is a model for the proponents of the construction of the Iranian nation-state and the modernization of health structures is defined as one of the central markers of modernization. In this encounter - which is not without power relations - between French and Iranian medical knowledge, how is the notion of medical care constructed? Who treats? Who should be treated? What are the diseases to be treated? Gender constructions are central to this new production of knowledge. For example, the medical care of intersex people at the beginning of the 20th century is defined as a priority in Iran. The first sexual reassignment operation took place in 1930 in the state hospital in Tehran. The operation, presented as a feat of Iranian medicine in the official press, was widely publicized: it was shown as a significant achievement of the national and state construction of the Pahlavi regime. What

does this mean for Iranian doctors? And for French doctors? Using French archives as a starting point, this presentation aims to show how the encounter between French and Iranian medical knowledge is accompanied by a (re)configuration of the social and moral order in Iran and France.

Karimi Fatemeh (Centre Maurice Halbwachs, EHESS/ENS)

Motherhood for the women peshmerga of Komala in the 1980s in Iran

My presentation deals with the process of motherhood in the 1980s when hundreds of Kurdish women participated in the armed struggle of Komala, a far-left Kurdish political organization that appeared on the political scene on February 15, 1979, in Iran. The presence of women in the new roles as militant fighters does not mean that they no longer become mothers. However, the process of becoming a mother (pregnancy, childbirth, and motherhood) during the armed conflict against government forces is paved with obstacles for several reasons such as lack of food and hygiene, lack of security, and lack of access to healthcare. Although Komala asserts that motherhood is not just a women's issue and that it is a political issue and therefore to be dealt with by the community, most Peshmerga women bear it alone. They have to face mockery and disapproval when they demand an improvement in their situation such as days off, help with a daily task or materials for the children. Therefore, the process of motherhood is tragic and becomes the «worst» experience of their activism during the armed conflict of that period.

Saeidnia Sahar Aurore (REPI/OMAM, Free University of Brussels)

Who is responsible for his misfortune? An analysis of the health sector in the Islamic Republic of Iran through the prism of sociology of benevolence

Informal collections within a religious circle of «benefactors» in the holy city of Qom to finance the operation of a «needy» woman; the opening of a low-cost clinic on the first floor of a mosque in a western district of Tehran to help the most «destitute»; galas and «charity» fairs organized in Tehran, London and Los Angeles to finance the construction of infrastructures for the destitute: In an Iranian context where 90% of the population is covered by health insurance, and where health is defined as a constitutional right, how can we understand that a breast cancer patient finds it «natural» to mobilize her family, her neighborhood or NGOs to finance her care? The central role of corporations in health coverage? Or the public-private financing of clinics in mosques? This paper proposes to identify the actors who contribute to the production of public/private distinctions, the modalities of production of these distinctions, or the conflicts they raise from a sociology of benevolence in the health sector in Iran. In this perspective, I propose to move away from the «benefactors»/»beneficiaries» and public/private actors confrontation in the health sector, and to shift the focus to the question of the definition of responsibility: who is responsible for one's misfortune?

Sestito Rosanna (Paris Ouest Nanterre/CRESPPA, Centre Maurice Halbwachs)

Who does the public health care system address for the follow-up of pregnancy and childbirth? Health, norms and inequalities, in Yazd (2018-2020)

Over the past 30 years technicaled and medicalized birth patterns for healthy pregnant women have become the dominant model of care in Iran with one of the highest rates of cesarean sections in the world, especially in private clinics. Public health policies that regulate pregnancy and childbirth over the past decades have focused mainly on training medical specialists, while the role of midwives and other professionals in maternal care has been largely neglected. Thus, there is an uneven distribution: 30 obstetricians versus 15 midwives per 1000 births in the public maternity hospital in Yazd. The health model that is proposed today in the public and private maternity hospitals of Yazd, provides for the payment of gynecologists on a fee-for-service basis. Such an organization leads to a health system marked by deep inequalities in access to care and money becomes a powerful motivation for

reproductive health professionals to perform unnecessary medical procedures. Yet, for some time now, a strong awareness campaign has been implemented by the state to reduce the number of cesarean deliveries. This presentation questions the competition between hospitals and clinics for care and the «commodification» of maternal and newborn care.