The effect of educational intervention on prevention behaviors from premenstrual syndrome in female high school students

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Background: Premenstrual syndrome (PMS) is one of the problems in reproductive years during luteal phase of menstruation circle. According to the importance of PMS, performing educational programs in promotion of prevention behaviors from PMS is demanded. The purpose of this study is investigating the effect of educational intervention based on HBM on prevention behaviors from PMS in female high school students in Fasa city, Fars Province, Iran.

Methods: In this quasi-experimental study, 200 female high school students (100 in experimental group and 100 in control group) in Fasa city, Fars province, Iran were selected in 2020-2021. A questionnaire consisting of demographic information, knowledge, HBM constructs (perceived susceptibility, severity, benefits, barriers, self-efficacy and cues to action) was used to measure the prevention behaviors from PMS before and three months after the intervention. Educational intervention was performed for experimental group in 8 sessions for 45-50 minutes once a week through small group discussion, asking and answering questions, practical show and also using films, PowerPoint and educational booklet. Data were analyzed using SPSS-22 software through paired t-test, independent t-test and Chi-square test in significance level of $p<0.5$.

Results: The mean age of the students was 16.79±1.82 years in the experimental group and 16.91±1.69 years in the control group. Three months after the intervention, the experimental group showed a significant increase in the knowledge, perceived susceptibility, perceived severity, perceived benefits, Self-efficacy, cues to action and the prevention behaviors from PMS compared to the control group.

Conclusion: This study showed the effectiveness of HBM constructs in adoption of the the prevention behaviors from PMS in girl students. Hence, this model can act as a framework for designing and implementing educational interventions for prevention behaviors from PMS.

Keywords: Premenstrual Syndrome (PMS), Student, Health Belief Model, Prevention Behaviors, Educational Intervention.

The Effect of Reality Therapy-Based Counseling on Fertility Attitudes and Intentions Among Women Attending Premarital Counseling Centers

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Abstract:

Background The declining fertility rate in Iran, as in many other countries, has become a significant demographic concern. Addressing this trend requires exploring effective psychological interventions to enhance individuals' attitudes and intentions toward childbearing. This study aimed to investigate the effectiveness of counseling based on Reality Therapy on the fertility attitude and intention of women about to marry.

Method: This quasi-experimental study used a pretest–posttest design with a control group and was conducted in 2024 on women referred to premarital counseling centers in [City/Province]. A total of 68 eligible participants were selected using convenience sampling and randomly assigned to intervention and control groups (34 each). The intervention group received four structured weekly sessions of Reality Therapy in addition to routine premarital counseling. The control group only received the standard services. Data were collected using a demographic questionnaire, Fertility Attitude Scale (including four subscales), and Fertility Intention Scale (covering both positive and negative intentions). Measurements were conducted at three time points: before, immediately after, and one month after the intervention.

Results: The intervention significantly improved participants' attitudes in the "fertility conditioned by prerequisites" dimension immediately and one-month post-intervention ($p < 0.01$). Additionally, a statistically significant improvement was observed in the "parenting satisfaction" subscale of positive fertility intention ($p = 0.002$). Other dimensions showed positive trends, though not statistically significant.

Conclusion: Reality Therapy–based counseling can effectively improve cognitive components of fertility attitudes and enhance key motivational dimensions of fertility intention among women about to marry. This approach can be used in premarital educational programs to support informed and responsible fertility decision-making.

Key words: Reality Therapy, **Fertility Attitude**, **Fertility Intention**, **Premarital Counseling**

Gender-Specific Epidemiology of Road Traffic Injuries: A Three-Year EMS Surveillance Study of Women in Shiraz County, Iran

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Abstract:

Background: Traffic accidents remain a major public health concern and are among the leading causes of injury and death worldwide. In such incidents, the timely provision of Emergency Medical Services (EMS) at the scene plays a critical role in managing life-threatening situations. This study was conducted investigate the epidemiological characteristics of emergency calls related to traffic incidents, with a particular focus on the status of injured women over a three-year period and evaluate the performance of EMS in Shiraz County—the fourth largest metropolis in Iran—which has recorded the highest number of traffic-related deaths in the country.

Method: This evaluation study was conducted based on the information extracted from Fars EMS center database from 21 March 2018 to 21 March 2021.

Results: During the study period, in Shiraz County, a total of 76,959 calls (regarding 98,280 injured patients) were made to Fars EMS headquarter and 77.6% of them occurred in the city. The proportion of female Injured was 28.6% in 2018, 26.4% in 2019, and 22.2% in 2020. The mean age of female victims was 32.97±17.11 years. The most common incident type was urban vehicle-to-vehicle collision. There was an increase in the fatality rate among female victims from 0.4% in 2018 to 0.7% in 2020. More than 66% of Them resulted in hospital transportation. and calls to EMS center were mostly made hours between 16:00 to 20:00. In 2018, 82.1% of traffic accidents among women took place in urban zones; however, by 2020, this figure had declined to 74.4%, reflecting a shift toward a higher proportion of accidents occurring in non-urban areas. The response time for the city (mean=13.57 min, SD=10.19) were significantly shorter than missions to the suburban areas (mean=19.41 min, SD=15.56).

Conclusion: The increasing proportion of female casualties and the upward trend in traffic-related fatalities highlight the urgent need for preventive interventions in urban road safety. as well as a noticeable shift from urban to non-urban accident locations among female victims. The high rate of hospital transfers also reflects the growing pressure on emergency medical services and hospital infrastructure, underlining the importance of strengthening emergency response systems.

Key words: Road Traffic Injuries ،Traffic accident ، EMS Surveillance ،Women

The Effectiveness of Couples Education on Anxiety in Breast Cancer Patients and Their Spouses

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Abstract:

Background: Breast cancer as a chronic disease alone is capable of threatening the foundation of the family, and the profound physical and psychological effects of the disease affect not only the patient but also his spouse, so that anxiety in patients and their spouses is one of the most common psychological disorders. The aim of this study was to determine the effectiveness of couples education on the anxiety of patients with breast cancer and their spouses.

Method: This quasi-experimental study was performed on 80 patients with breast cancer and their spouses who referred to teaching hospitals of Zahedan University of Medical Sciences in 2022. The samples were selected by convenience sampling and randomly divided into two intervention and control groups. The intervention group received three sessions of couples education program based on the patients' common problems and with an emphasis on training related to reducing couples' anxiety based on the educational content table for 45 to 60 minutes before the chemotherapy sessions. 3 months after the end of the intervention, data were collected using the Spielberger Explicit Anxiety Questionnaire.The data were analyzed by SPSS software version 27 using paired t-test, independent t-test, chi-square and analysis of covariance.

Results: The results of the study showed that the mean and standard deviation of the anxiety score of the patients in the intervention and control groups changed from 7.09 ± 49.97 and 6.64 ± 50.27 to 3.50 ± 038.7 and 6.18 ± 50.42, respectively and the independent t-test showed that after the implementation of the couples training intervention, there was a significant difference between the two groups in terms of mean and standard deviation of the patients' anxiety score ($p<0.001$). Also, the mean and standard deviation of the anxiety score of the spouses in the intervention group And the control changes from 6.67 ± 52.7 and 4.94 ± 50.70 to 2.89 ± 39.55 and 4.91 ± 51.35, respectively and the independent t-test showed that after the implementation of the couples training intervention, there was a significant difference between the two groups in terms of mean and standard deviation of the couple's anxiety score (Also$p < 0.001$)., the results of covariance analysis in order to modify the significant effect of

pre-test scores showed that the mean anxiety score of patients with breast cancer and There was a statistically significant difference between their spouses in the two groups after the couples education intervention ($p<0.001$).

Conclusion: The results of the study showed that the active participation of spouses in educational programs by understanding the patient's support from the spouse reduces the level of anxiety of patients, and on the other hand, the participation of spouses in these educational programs causes spouses to play a more active role in caring for patients and ultimately reduces their anxiety level by creating a sense of efficiency and ability to cope with the crisis.

Key words: Breast Cancer, Anxiety, Spouse

Exploring the Relationship Between Spiritual Health, Psychological Regulation, and Exercise Behavior in Infertile Women: A Comprehensive Analysis

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Abstract:

Background: Spiritual health and psychological regulation are among the key factors influencing exercise behavior. This study aimed to examine the relationship between spiritual health and psychological regulation with exercise behavior (EB) among infertile women.

Method: This study was conducted in 2024 in Sanandaj, Iran, and included 483 infertile women selected through convenience sampling from 35 comprehensive healthcare centers. Data were collected using a comprehensive questionnaire consisting of four sections: demographic factors, spiritual health (existential and religious health), psychological regulation, and stages of exercise behavior change based on the trans-theoretical model. Binary logistic regression was applied to analyze the relationship between EB and spiritual health, as well as psychological regulation.

Results: The average age of the infertile women was 32.45 ± 7.21. One-third of the women (158 out of 483) engaged in exercise behavior. Of these, 23.1% were in the pre-contemplation stage, 27.4% in the contemplation stage, 19.2% in the preparation stage, 16.6% in the action stage, and 13.7% in the maintenance stage of exercise behavior. Analysis revealed a statistically significant mean difference in psychological regulation and existential health between women with high scores (≥ 165) and those with primary infertility. Binary logistic regression analysis of EB showed that the odds of adopting EB increased with psychological regulation (OR = 1.05, 95% CI; 1.021-1.081, p = 0.001). Spiritual health did not have a significant effect on EB among infertile women.

Conclusion: The findings indicated that psychological regulation, rather than spiritual health, was more strongly associated with exercise behavior in infertile women. Although spiritual health did not have a direct impact on their exercise behavior, it is important to strengthen spiritual health in infertile women due to their mental and emotional conditions.

Key words: Spiritual Health, Psychological Regulation, Exercise Behavior, Infertile Women

The Relationship Between Spiritual Health and General Health Among Infertile Women

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Abstract:

Background: Spiritual health and general health play a significant role in the overall well-being of individuals. This study aimed to determine the relationship between spiritual health and general health among infertile women.
Methods: This study was conducted in 2024 across several cities in Iran. A total of 500 infertile women were selected through simple random sampling from infertility treatment centers. Data were collected using a comprehensive questionnaire, which included four sections: demographic factors, spiritual health (existential and religious health), general health, and psychological well-being. Logistic regression models were applied to analyze the association between spiritual health and general health.
Results: The average age of the participants was 32.5 ± 7.9 years. A significant proportion of participants reported moderate to high levels of spiritual health. The analysis revealed a positive association between higher levels of spiritual health and better general health outcomes (OR=1.52, 95% CI=1.19-1.96, $p<0.01$). Women with stronger spiritual health had lower odds of experiencing psychological distress and physical health complications associated with infertility (OR=1.39, 95% CI=1.12-1.72, $p<0.05$).
Conclusions: The results indicate that spiritual health is positively associated with better general health in infertile women. While spiritual health significantly impacts both physical and psychological health, interventions to improve general health should incorporate elements of spiritual well-being. Further studies are needed to explore the underlying mechanisms of this relationship.
Key words: Spiritual Health, General Health, Infertile Women, Psychological Health.

Sleep Quality in Type 2 Diabetic Women: Effect of Two Months of HIIT Training

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Abstract:

Background: Sleep plays an important role in controlling blood glucose levels in patients, and insufficient sleep reduces glucose tolerance. Regular exercise is one way to improve sleep quality, and HIIT training has become increasingly popular in recent years. Therefore, this study aimed to investigate the effect of eight weeks of HIIT training on sleep quality in type 2 diabetic patients with NAFLD.

Method: This clinical trial was designed as a pre-test/post-test study with a control group and an interval aerobic exercise (HIIT) group. Twenty women with type 2 diabetes and NAFLD in Kermanshah city were randomly assigned to groups based on fatty liver grade. The HIIT group performed training on a stationary bike three days per week for eight weeks. Sleep quality was assessed using the Pittsburgh Sleep Quality Index (PSQI), with a Cronbach's alpha of 0.89 reported for reliability in this study. One-way ANOVA was utilized for between-group comparisons, while paired t-tests were employed for within-group comparisons

Results: All subject characteristics (mean age 49/9±5/1 years, height 1/59±0/08 m, weight 75/4±10/9 kg) at pre-test were normally distributed, as assessed by the Kolmogorov-Smirnov test. One-way analysis of variance post-test showed that all subscales of the sleep quality questionnaire, as well as the overall score, were significantly different between the two groups ($p \leq 0.05$). The paired t-test in the HIIT group revealed a significant improvement in all subscales of sleep quality except for sleep latency (the time taken to fall asleep) from pre-test to post-test ($p \leq 0.05$). In the control group, no significant changes were observed in the sleep quality subscales ($p > 0.05$).

Conclusion: The findings indicate that HIIT training can improve sleep quality in women with type 2 diabetes and NAFLD. It is recommended that type 2 diabetic patients with non-alcoholic fatty liver disease regularly engage in interval aerobic exercises

Key words: Physical Activity, Sleep Duration, NAFLD.

Code of Ethics: IR.SSRI.REC.1397.332 - **Clinical trial code:** IRCT20110527006611N3

Fatty Liver Grade Changes in Type 2 Diabetic Women after Two Months of High Interval Training

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Abstract:

Background: Research has shown that the grade of fatty liver can be improved by performing aerobic exercise. High-intensity interval training (HIIT) is one of the newest and most beneficial physical activities recommended for clinical patients. However, studies examining the effects of this type of exercise on fatty liver are limited. Therefore, this study aimed to investigate the effect of HIIT on fatty liver grade in type 2 diabetes women with NAFLD.

Methods: Twenty women with type 2 diabetes and NAFLD were selected as available samples and randomly assigned to either a HIIT training group or a control group. The HIIT group performed training on a stationary bike three days a week for two months in Kermanshah city, while the control group did not participate in any regular physical activities during the study period. The grade of fatty liver was assessed using ultrasound, supervised by a specialist, before and after the intervention. To compare differences between groups, a one-way ANOVA was conducted. Conversely, within-group comparisons were assessed using paired t-tests.

Results: All baseline subject characteristics, including mean age (49.9 ± 5.1 years), height (1.59 ± 0.08 m), and weight (75.4 ± 10.9 kg), demonstrated a normal distribution at pre-test, as confirmed by the Kolmogorov-Smirnov test. Statistical analysis showed no significant difference between the HIIT and control groups at baseline (p=0.930). However, post-test results revealed a significant difference between the groups (p=0.000). Additionally, the HIIT group showed significant improvement from pre-test to post-test (p=0.000), while the control group showed no significant change (p=0.193).

Conclusion: HIIT training can improve fatty liver grade in type 2 diabetes women with NAFLD. Based on the findings of this study, it is recommended that patients with type 2 diabetes and non-alcoholic fatty liver disease (NAFLD) regularly incorporate high-intensity interval aerobic exercise into their routine.

Keywords: Fatty Liver, Diabetes Mellitus, Aerobic Exercise.

Code of Ethics: IR.SSRI.REC.1397.332 - **Clinical trial code:** IRCT20110527006611N3

The Effect of High-Intensity Interval Training on the Level of Lipid Indices in Type 2 Diabetic Women

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Abstract:

Background: Cardiovascular diseases are two to four times more common in diabetic patients than in healthy individuals. Some studies have suggested that the main cause of increased cardiovascular risk is the accumulation of harmful lipids in the blood. Physical activity can improve blood lipid profiles. This study was conducted to investigate the effect of high-intensity interval training (HIIT) on blood lipids in type 2 diabetic patients with non-alcoholic fatty liver disease (NAFLD).

Methods: In this study, 20 type 2 diabetes women with NAFLD were divided into two groups—HIIT and control—based on fatty liver grade in Kermanshah city. The control group did not participate in any regular physical activities during the study. The HIIT group performed training on a stationary bike three times per week for eight weeks. Lipid indices, including triglycerides, total cholesterol, LDL cholesterol, and HDL cholesterol, were measured using Biosystems kits (Spain). Between-group analyses were performed using one-way ANOVA, whereas paired t-tests addressed within-group changes.

Results: The distribution of all baseline subject characteristics, encompassing mean age (49.9 ± 5.1 years), height (1.59 ± 0.08 m), and weight (75.4 ± 10.9 kg), was found to be normal at the pre-test phase, verified using the Kolmogorov-Smirnov test. Pre-test analysis showed no significant differences between the two groups ($p>0.05$). In the HIIT group, significant improvements were observed in total cholesterol, triglycerides, LDL cholesterol, and HDL cholesterol ($p\leq0.05$). In the control group, none of the variables showed significant changes ($p>0.05$). Post-test between-group analysis revealed significant differences in the same lipid indices ($p\leq0.05$).

Conclusion: Eight weeks of high-intensity interval training significantly reduced triglycerides, total cholesterol, and LDL cholesterol and increased HDL cholesterol in type 2 diabetes women with NAFLD. It is recommended that diabetic patients incorporate interval aerobic exercise into their daily routine.

Keywords: Fatty liver, lipid profile, triglycerides.

The Effect of High-Intensity Interval Aerobic Training on the Level of Insulin Hormone in Type 2 Diabetic Women

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Abstract:

Background: Insulin resistance is a feature of both non-alcoholic fatty liver disease (NAFLD) and type 2 diabetic. Exercise can improve insulin sensitivity; however, the effect of high-intensity interval training (HIIT) on insulin resistance in type 2 diabetic patients with NAFLD is not well understood. Therefore, this study aimed to investigate the effect of two months of HIIT on insulin hormone levels in type 2 diabetes women with NAFLD.

Methods: This clinical trial was conducted in Kermanshah city on patients from the Kermanshah Diabetes Association. Twenty women with type 2 diabetes and NAFLD were divided into two groups based on fatty liver grade: a HIIT group and a control group. Participants in the HIIT group performed stationary bike exercises three times per week for two months at 75–80% of their maximum heart rate. The control group did not engage in regular exercise during the study. Both groups received an appropriate diet supervised by a senior nutrition expert. Insulin hormone levels were measured using Diasorin kits (Italy). For investigating differences across groups, one-way ANOVA was chosen. Simultaneously, paired t-tests were implemented to evaluate within-group variations.

Results: The Kolmogorov-Smirnov test confirmed that all baseline subject characteristics—mean age (49.9 ± 5.1 years), height (1.59 ± 0.08 m), and weight (75.4 ± 10.9 kg)—followed a normal distribution at pre-test. There was no significant difference between the two groups at baseline ($p>0.05$). In the HIIT group, insulin hormone levels significantly decreased after the intervention ($p\leq0.05$), while no significant change was observed in the control group ($p>0.05$). No significant difference was found between groups in the pre-test and post-test comparisons ($p>0.05$).

Conclusion: Eight weeks of HIIT significantly reduced insulin hormone levels in women with type 2 diabetes and NAFLD. It is recommended that future research compare different exercise intensities and include male participants for broader results.

Keywords: NAFLD, insulin, aerobic exercise.
Code of Ethics: IR.SSRI.REC.1397.332 - **Clinical trial code:** IRCT20110527006611N3

Study title without abbreviations and focused on the study objective

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Abstract:

Background: Preterm delivery can bring significant challenges to psychological burdens for parents. The appropriate duration for implementing kangaroo care (KC) is not specified. The present study aims to explore the impact of two different care scheduling methods of KC on the anxiety and depression levels of birthing parents whose premature infants have been discharged from the Neonatal Intensive Care Unit (NICU).

Method: This single-blind, randomized clinical trial featured a parallel design with three groups (65 pairs in each group). 1) scheduled KC group (caring performed 3 times a day, at least 30 min each time), 2) unscheduled KC group (caring as many times as desired during the day and based on the mother's desire and 3) control groups. The intervention lasted for four weeks. All three groups completed Edinburgh Postnatal Depression Inventory (EPDS), Beck's Anxiety Inventory (BAI II), pre and after four weeks intervention. The ANOVA Chi-square, Fisher's exact test, independent samples t-tests, paired t-tests, and Tukey was used to analyses the data.

Results: The study results revealed that after four weeks the intervention, both scheduled and unscheduled KC groups had significantly lower anxiety and depression scores compared to the control group ($p<0.001$). No statistically significant difference between the two intervention groups in terms of average anxiety and depression scores. Additionally, all mothers in both intervention groups expressed satisfaction with the care provided.

Conclusion: This study is special in comparing two different time scheduling in KC implementing. Four weeks implementing of KC, whether scheduled or unscheduled, effectively reduces anxiety and depression scores in birthing parents of premature babies. Therefore, incorporating this care into postpartum agendas is recommended.

Key words: Premature infants, Kangaroo care, Anxiety, Depression.

Designing Artificial Intelligence -Based Physical Activity Programs to Support Women's Mental Health

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Abstract:

Background: The intersection of physical activity and mental health has garnered significant attention because of its potential to mitigate mental health challenges, particularly among women. Women face unique mental health risks influenced by hormonal, social, and lifestyle factors, making tailored interventions essential. Recent advancements in artificial intelligence (AI) offer transformative opportunities to design personalized physical activity programs that address these challenges. This review explores the role of artificial intelligence in developing such programs, focusing on their effectiveness, challenges, and future directions.

Method: A systematic review of recent literature was conducted using PubMed, Scopus, Web of Science, Sid and Magiran databases. Studies that examined the relationship between physical activity and mental health in women, the application of AI in health interventions, or both were included. Key search terms included "physical activity," "mental health," "women," and "artificial intelligence." A total of 247 studies were screened, of which 27 met the inclusion criteria. The studies were examined for data on the efficacy of AI-driven interventions, factors influencing mental health outcomes, and obstacles to implementation.

Results: AI-driven physical activity programs have shown promise in improving women's mental health outcomes. Wearable devices and mobile applications equipped with artificial intelligence algorithms can monitor physical activity, sleep patterns, and emotional states, providing real-time feedback and personalized recommendations. For instance, machine learning models have been used to predict depressive symptoms based on activity levels, achieving high accuracy.

Moreover, AI can identify mediators, such as self-esteem, social support, and resilience, that enhance physical activity's mental health benefits. Programs tailored to individual needs, such as those addressing barriers such as lack of time or motivation, have been particularly effective. However, challenges remain, including algorithmic biases, data privacy concerns, and the need for diverse datasets to ensure equitable outcomes.

Conclusion: AI-based physical activity programs represent a promising avenue for supporting women's mental health. These programs can address unique challenges faced by women, such as hormonal fluctuations and caregiving responsibilities, by leveraging real-time data and personalized recommendations. However, future research should focus on overcoming barriers related to data privacy, algorithmic bias, and inclusivity to maximize their potential. Interdisciplinary collaboration among AI developers, mental health professionals, and public health policymakers is essential to ensure these interventions' effectiveness and equity.

Key words: Physical Activity , Women , Mental Health

Exploring the Interplay of Physical and Mental Disorders in Women: A Comprehensive Review of Influential Factors

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Abstract:

Background: The co-occurrence of physical and mental disorders in women is a growing public health concern, with significant implications for their quality of life and healthcare systems. Women are disproportionately affected by conditions such as anxiety, depression, and chronic physical illnesses, which often intensify one another. Drawing on recent studies from Iranian and international databases, this review explores the key factors influencing the synergy between women's physical and mental disorders.

Method: A structured review was conducted using PubMed, Scopus, and Web of Science, Sid and Magiran databases, focusing on studies published between 2015 and 2025. Search terms included "physical-mental comorbidity," "women's health," and "mental disorders." A total of 312 studies were screened, of which 27 met the inclusion criteria. These studies were analyzed for themes related to risk factors, outcomes, and interventions addressing the interplay of physical and mental health in women.

Results: Gender-based violence and intimate partner violence significantly contribute to mental health disorders like depression and post-traumatic stress disorder, while also exacerbating physical conditions such as chronic pain. Socioeconomic stressors, including low socioeconomic status, financial difficulties, and social stigma, further intensify the challenges of managing both physical and mental health. Additionally, hormonal changes during life stages such as pregnancy and menopause heighten vulnerability to comorbid conditions. Poor lifestyle choices, such as inadequate physical activity and unhealthy diets, also play a critical role in the development and progression of both physical and mental disorders in women.

Conclusion: A complex array of factors, including trauma, socioeconomic stressors, biological changes, and lifestyle behaviors, influence the interplay between physical and mental disorders in women. Addressing these challenges requires integrated healthcare models that consider women's unique needs. Future research should focus on longitudinal studies and culturally tailored interventions to mitigate the dual burden of Physical and Mental Health disorders in women.

Key words: Physical Disorders , Mental Disorders , Women

Physical and Mental Health in Practitioner Women

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Abstract:

Background: The increasing participation of women in the workforce has brought significant benefits to society but has also introduced unique challenges to their physical and mental health. Practitioner women often face a dual burden of professional and domestic responsibilities, which can lead to stress, anxiety, and physical health issues. This review aims to synthesize recent findings (2015–2025) on working women's physical and mental health, focusing on global and regional perspectives, to identify key determinants and effective interventions.

Method: A systematic review of studies published between 2015 and 2025 was conducted using PubMed, Scopus, Web of Science, Sid and Magiran databases. Search terms included " Practitioner women," "mental health," "physical health," and "workplace interventions." A total of 312 studies were screened, of which 27 met the inclusion criteria. These studies were analyzed for themes related to health outcomes, workplace interventions, and socio-cultural factors.

Results: Practitioner women are at a higher risk of mental health challenges, including stress, anxiety, and depression, which are often intensified by work-life conflict and workplace stressors. Physical health issues, such as musculoskeletal disorders and fatigue, are also prevalent due to prolonged working hours and inadequate ergonomic conditions. Workplace interventions, such as stress management programs and supportive group sessions, have shown promise in improving mental health outcomes. However, cultural and societal factors, such as gender roles and lack of social support, remain significant barriers to health improvement.

Conclusion: The physical and mental health of working women is influenced by a complex interplay of occupational, social, and cultural factors. Effective interventions must address these multifaceted challenges through workplace policies, community support, and tailored health programs. Future research should focus on longitudinal studies to better understand the long-term impacts of work-life balance and health interventions. Collaborative efforts between policymakers, employers, and healthcare providers are essential to create sustainable solutions to improve Practitioner women's well-being.

Key words: Physical Health , Mental Health , Women

Resilience in Pregnant Women: Coping with Abortion Decisions Amid War-Related Media Stress

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Abstract:

Background: Resilience is essential for pregnant women, particularly in conflict zones where external stressors, such as war-related media exposure, can significantly impact mental health and decision-making processes regarding abortion. This study examines how psychological resilience influences the coping strategies and choices of pregnant women facing heightened anxiety and uncertainty due to war-related stress.

Method: A systematic review was conducted to analyze recent studies (2018-2025) focusing on the psychological resilience, stress, and decision-making of pregnant women regarding abortion in conflict zones. Databases such as PubMed, Scopus, Web of Science, Sid and Magiran were searched using keywords like " resilience," "pregnancy", "stress," "war-related media," and "abortion." Studies involving pregnant women exposed to war-related stressors were emphasized, with a focus on psychological outcomes and coping strategies.

Results: Pregnant women in conflict zones experience significant psychological distress because of the compounded effects of war-related media exposure and pregnancy-inherent stress. Research indicates that these women often report feelings of anxiety and uncertainty regarding their pregnancies and potential abortion decisions. The environment of conflict intensifies fears related to the health and well-being of their unborn children, leading to increased levels of distress. Resilience plays a critical role in how these women cope with stress. Women with higher resilience tend to use more adaptive coping strategies, such as social support and problem-solving behaviors. Conversely, those with lower resilience may resort to avoidance or maladaptive coping mechanisms, which can further complicate their abortion decision-making processes. The findings suggest that social support networks are vital in enhancing resilience, helping women navigate the emotional challenges posed by conflict.

Conclusion: This study highlights the importance of psychological resilience in aiding pregnant women cope with the complexities of abortion decisions during war-related media stress. Enhancing resilience through targeted interventions, such as fostering social support and adaptive coping strategies, may improve mental health outcomes for these women. Future research should focus on developing and implementing resilience-building programs tailored to the unique challenges faced by pregnant women in conflict-affected areas.

Key words: Resilience , Pregnancy, Abortion , War-related media , Mental health

A Review of the of the benefits of digital health in prenatal care

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Abstract:

Background: : Digital health has evolved rapidly since the first introduced in 2000. The digital health includes mobile health, wearable devices, telehealth, telemedicine, health information technology and personalized medicine. However, Online services may be an additional burden for the healthcare provider, but provides you with early monitoring and encourages behavior change and self-management, Clinical decision support, provide proactive monitoring, calculation, or diagnosis.
Aim: The purpose of this study is to review the digital health and pregnatal care to show the benefits.

Method: The keywords "Digital Health", and " Prenatal Care", were searched through PubMed, Google Scholar, Scopus, and Cochrane Library databases. The most relevant articles published from 2015 to 2025 were investigated. Clinical trials, letters to the editor, abstracts, posters, duplicate articles and Pregnancy with special conditions were excluded from our study. The search result included 254 studies, of which we used 25 related studies.

Results: The review of articles showed that, considering the high-risk nature of pregnant mothers, the use of digital health applications and services—after pregnant women have been trained on how to use these tools—has played a significant role in preventing patients' time loss, reducing overcrowding in healthcare centers, and lowering infection transmission rates. Moreover, these services have improved the quality of essential prenatal care and prevented potential harms during this period. After childbirth, the use of digital health services has also been very effective in monitoring blood pressure, reminding mothers about necessary postpartum care, and managing postpartum depression. The use of digital services has even been capable of educating and managing sleep problems in pregnant mothers, and through this method, psychological well-being of mothers can also be addressed. Digital health has also influenced decision-making processes regarding the choice of delivery method, which in turn can reduce the rates of natural childbirth and help prevent the associated complications**.**

Conclusion: : Therefore, the use of digital health services has been beneficial in controlling and reducing the financial burden and improving care outcomes. However, further research is still needed in this area to increase activities and conduct financial evaluations.

Key words: Prenatal care ، Digital Health ، Benefits

Psychological Burden of Endometriosis: A Review of the Psychosocial Consequences of the Disease in Women and Their Surroundings

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Abstract:

Background: Endometriosis is a disease that mostly affects women of reproductive age. This condition involves the formation of tissue similar to the uterine lining (endometrium) in locations outside the uterus, causing pain in these areas. The pain produced leads to psychological imbalance and lowers the tolerance threshold of women. In addition to the aforementioned issue, receiving a diagnosis of endometriosis causes anxiety and stress, predisposing both the affected individual and those around her to psychological disorders.The aim of this study is to comprehensively examine the effects of endometriosis on the psychological well-being of women and those around them after receiving the diagnosis.

Method: Keywords such as “psychology,” “endometriosis,” and “women” were searched in the databases PubMed, Google Scholar, Scopus, and Cochrane Library. Relevant articles published from 2015 to 2025 were reviewed. Clinical studies, letters to the editor, abstracts, posters, duplicate articles, and pregnancies with special conditions were excluded from the study. A total of 111 studies were found, among which 26 relevant studies were selected.

Results: Review of the related studies showed that, in addition to affecting women’s physical and sexual health-including causing pain, dysmenorrhea, infertility, abnormal bleeding, pain during sexual intercourse, and more-endometriosis significantly impacts the psychological well-being of women. Women who receive this diagnosis not only experience stress and anxiety but are also susceptible to developing psychological disorders and even psychological diagnoses. Consulting a psychotherapist plays a significant role in disease management, and individuals show greater willingness to pursue treatment. Relatives and friends of these women also report experiencing stress and anxiety and may even avoid diagnostic testing due to these factors. Like many other diseases, endometriosis has a detrimental effect on the mental health of the affected individual and their close circle, highlighting the urgent need for psychological evaluation and support.

Conclusion: According to research, endometriosis has a harmful impact on mental health. At the time of receiving an endometriosis diagnosis, there is a clear need for psychological services, which can greatly assist in following up on treatment for the affected individual, as well as in motivating and reducing fear of diagnostic testing among those around her.

Key words: Endometriosis ، Psychology ، Women

The Relationship between Social and Spiritual Health and Mental Health in the Women from North-east of Iran.

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Abstract

Background: Mental health is a complex construct influenced by a variety of biopsychosocial and spiritual factors. While much research has explored the impact of social support and spirituality on psychological well-being, the interactions between social health, spiritual health, and mental health specifically in women remain understudied.

Objective: This paper investigates the correlations between social health, spiritual health, and mental health in adult women, aiming to clarify whether improvements in social and spiritual health are associated with better mental health outcomes.

Methods: A cross-sectional quantitative study was conducted among 400 adult women aged 20-60 years. Participants completed standardized questionnaires measuring social health (Social Well-Being Scale), spiritual health (Spiritual Well-Being Scale), and mental health (General Health Questionnaire-28). Data were analyzed using descriptive statistics, Pearson correlation, and multiple regression analyses to determine the strength and direction of associations.

Results: Findings indicate significant positive correlations between social health and mental health ($r=0.48$, $p<0.01$), and between spiritual health and mental health ($r=0.53$, $p<0.01$). Multiple regression analysis revealed that both social and spiritual health independently predicted better mental health scores after adjusting for demographic variables ($\beta\_social=0.31$, $\beta\_spiritual=0.36$, both $p<0.01$). Women reporting higher levels of social integration, supportive relationships, and spiritual meaning exhibited lower levels of psychological distress, anxiety, and depression.

Conclusion: The results suggest that social and spiritual health are important, independent predictors of mental health in women. Interventions designed to enhance social connectivity and spiritual fulfillment may contribute to improved mental well-being among women. Further longitudinal studies are recommended to elucidate causality and underlying mechanisms.

Keywords: Mental health, social health, spiritual health, women, well-being, psychological distress.

The Relationship between Social and Spiritual Health and Mental Health in the Women from North-east of Iran.

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Abstract:

Background: Mental health is a complex construct influenced by a variety of biopsychosocial and spiritual factors. While much research has explored the impact of social support and spirituality on psychological well-being, the interactions between social health, spiritual health, and mental health specifically in women remain understudied.

Methods: A cross-sectional quantitative study was conducted among 400 adult women aged 20-60 years. Participants completed standardized questionnaires measuring social health (Social Well-Being Scale), spiritual health (Spiritual Well-Being Scale), and mental health (General Health Questionnaire-28). Data were analyzed using descriptive statistics, Pearson correlation, and multiple regression analyses to determine the strength and direction of associations.

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Conclusion: The results suggest that social and spiritual health are important, independent predictors of mental health in women. Interventions designed to enhance social connectivity and spiritual fulfillment may contribute to improved mental well-being among women. Further longitudinal studies are recommended to elucidate causality and underlying mechanisms.

Keywords: Mental health, social health, spiritual health, women, well-being, psychological distress.

A Review of Ethical Challenges in Midwifery Experiences

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Abstract:

Background: Ethical challenge(s) occurs when one does not know how to behave and act in the best way. When health professionals regularly experience Ethical challenges, it may cause moral distress, negative feelings such as guilt or anxiety and even physical symptoms. This study aimed to determine the ethical challenges in midwifery experiences.

Method: In this narrative review, Google Scholar Search Engine and PubMed database were searched using the following keywords: “ethical challenge", “moral challenge“ and “midwife". Articles searched up to May 2025. Articles were included based on the subject of the study (ethical challenges in midwifery), study language (English or Persian), and availability (full text). Irrelevant studies were excluded from the review process. Then Data extraction was done by researchers.

Results: Finding were classified in 2 theme and 13 sub-theme: 1- Ethical Challenges: 1-1- Causes of moral distress, 1-2- Moral distress and competences, 1-3- Moral tension in practice, 1-4- Moral tension in education, 1-5- Moral tension in care, 1-6- Moral tension during Pandemic, 1-7- Moral tension & Artificial intelligence. 2- Solution for Ethical Challenges: 2-1- Care ethics framework, 2-2- The midwife's birth stool, 2-3- Good Midwife & Midwifery Professionalism, 2-4- The Gadamerian hermeneutic circle, 2-5- MidEthics model: A spiral curricular model, 2-6- Bridging the theory-practice gap: A process flowchart for teaching ethics.

Conclusion: Ethical challenges of midwifery arise in the areas of education, practice, care, pandemic and artificial intelligence. Educational & care models are the solution to these challenges.

Key words: Ethical Challenge, Moral Challenge and Midwife

"The Frequency of Breast Cancer Screening and Associated Factors Among Women Residing in Tehran"

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Introduction: Breast cancer is the most common cancer in the female population, with 2.3 million new cases annually and 670,000 reported deaths worldwide in 2022 (1). It is predicted that by 2050 there will be 3.2 million new cases and 1.1 million deaths from breast cancer worldwide (2). In Iran, breast cancer is the most common cancer and is on the rise, accounting for an estimated 12.9% of all cancers, with women aged 40-49 being the most commonly affected (3). Mammography and breast cancer screening in women between the ages of 30 and 60 is an important and effective method of secondary prevention for this type of cancer. Screening can lead to early detection, improve treatment options and ultimately increase patient survival (4). Early detection greatly increases survival rates, with a 99% 5-year survival rate for early-stage diagnoses compared to 31% for later stage (5). Considering the importance of screening for breast cancer prevention, we aimed to find out how frequently they are performed in women aged 30 -60 years in Tehran, Iran, 2023.

Method: A cross-sectional study was conducted in 2023 in 3 southern regions of Tehran city. This study aimed to develop and validate the Integrated and Repeated Public Health Surveillance System (IRPHS) using a telephone survey (6). Information on socio-demographics, lifestyle, and chronic diseases was collected using valid questions. Women aged 30 to 60 years were asked the item "Have you had a breast cancer screening in the last two years? (Yes or No)". We report the frequency of screenings as number and percentage. In addition, a relationship between various variables of interest and screening was examined using logistic regression.

Result: A total of 541 women with an average age of 41.9±7.2 years answered the screening question. 222 (41%) of them stated that they had undergone breast cancer screening in the last two years. Women older than 40 years reported more screenings than younger women (47.8% vs. 35.2%, p=0.080). Screening was more common among those who lived in rural areas (46%) than those who lived in urban areas (40.4%). Women who used tobacco reported fewer screenings than women who did not use tobacco (26.2% vs. 46.3%, p=0.042). Women with multimorbid chronic diseases also reported more screenings than the other group. Screening at private and governmental centers was reported by 88

(39.6%) and 134 of those who had screened in the past two years, respectively. Based on logistic regression analysis, the following factors were associated with breast cancer screening in women: age (Odds Ratio [OR] = 1.03, 95% Confidence Interval [CI]: 1.01 - 1.05), having visited a health center in the past year (OR = 1.88, 95% CI: 1.23 - 2.14), hypertension (OR = 1.38, 95% CI: 0.70 - 2.72), and abdominal obesity (OR = 1.65, 95% CI: 1.14 - 2.39).

Conclusion: In conclusion, this study highlights important factors influencing breast cancer screening participation among women. A significant proportion of the surveyed women reported undergoing breast cancer screening in the past two years, with older women, those residing in rural areas, and women with multimorbid chronic diseases demonstrating higher screening rates. Conversely, tobacco use was associated with lower participation in screenings. These findings suggest that targeted interventions addressing specific demographic and health-related factors may enhance breast cancer screening uptake, ultimately improving early detection and outcomes.

Keywords: breast cancer, screening, early detection, secondary prevention

Association Between a Healthy Lifestyle and Mental Health in Women: A Population-Based Study

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Introduction:

Nowadays, adherence to a healthy lifestyle is of high importance worldwide due to its impact on various dimensions of physical, emotional, and mental health, as well as overall quality of life. In usually, a healthy lifestyle comprising healthy behavioral patterns such as adequate physical activity, healthy nutrition, maintaining appropriate body weight and composition, abstaining from smoking and alcohol consumption, and sufficient sleep (1). Numerous studies have point out the direct relationship between healthy lifestyle behaviors and higher levels of mental health. Furthermore, individuals with better mental mood tend to make more effective efforts to change their behaviors and improve their lifestyle (2,3). Healthy behaviors in women's lifestyles — such as adequate physical activity, reduced alcohol consumption, adequate sleep, and maintaining proper body composition — can promote mental and emotional mood and help control or reduce levels of depression, anxiety, and stress disorders (4). Given the social crises in recent decades, especially in countries with weaker socio-economic standing, attention to mental health and strategies to improve behaviors related to a healthy lifestyle in individuals, particularly women, is essential.

Methods:

A cross-sectional study was conducted with the aim of identifying key health indicators and designing an integrated and replicable care system in Tehran (5). In this study, 1,311 individuals over 18 years of age were randomly selected proportionate to sex and age structure from urban and rural areas covered by Tehran University of Medical Sciences. Demographic information and variables related to physical health and lifestyle were collected using valid, pre-designed questionnaires. Mental health information, including levels of depression, anxiety, and suicidal thoughts over the past two weeks, was collected using specific, validated screening questionnaires: PHQ-2, GAD-2, and two suicide-related questions from the GHQ-28 (6). Each questionnaire included two questions, with response options ranging from "never" to "almost every day," reflecting the severity of the disorder. Scores for each dimension ranged from 0 to 6, and the total score was considered the overall mental health score. A lifestyle score was computed by assigning zero for unhealthy behaviors and one for healthy behaviors across five variables: healthy nutrition (average daily servings of fruits and vegetables, dairy, protein, and sufficient grains), adequate sleep (7 to 9 hours), physical activity (greater than 150 minutes per week based on GPAQ), non-smoking and no tobacco use, and appropriate body

weight (BMI less than 29.9). The sum of scores for these five behaviors ranged from 0 to 5, with higher scores indicating a healthier lifestyle. Linear regression analysis, controlling for demographic variables was used to examine the association between a healthy lifestyle and mental health.

Results:

In this study, 642 women aged over 18 years participated, with an age of 40 ± 12.9 years. The average mental health score among participants was 3.1, with younger individuals showing better mental health. Overall, 18% of women reported an unhealthy lifestyle, while only about 8% reported a healthy lifestyle (with at least four healthy behaviors). The median healthy lifestyle score was higher among women aged 18 to 40 compared to those aged 40 to 60 and those over 60 (4 vs. 2). Women with higher education levels and married status had higher lifestyle scores. Women with higher education, better socioeconomic status, and unmarried status had better mental health.

A significant negative correlation was found between overall mental health scores and healthy lifestyle scores ($r = -0.55$, $p < 0.001$). The decreasing trend in mental health scores (indicating better mental health) and its three dimensions — depression, anxiety, and suicidal thoughts — with improvement in lifestyle scores is illustrated in Figure 1. Linear regression analysis, controlling for age, education, marital status, and socioeconomic status, showed that on average, the mental health score of individuals with a healthy lifestyle was 1.5 points lower than that of those with an unhealthy lifestyle ($\beta = -1.5$, $p = 0.007$). Additionally, average scores for depression and anxiety were significantly lower in the healthy lifestyle group compared to the unhealthy group ($\beta = -0.52$ and $\beta = -0.68$, respectively), although the difference in suicidal thoughts score was not statistically significant.

Conclusion:

The level of mental health among women in Tehran is directly associated with adherence to healthy lifestyle behaviors. Given the differences in mental health levels and healthy lifestyle adherence among different age and social groups, the design of educational interventions and public health recommendations to improve mental health in subgroups with poorer status is important and a high priority. Promoting adequate physical activity among women and implementing preventive policies to reduce tobacco use can enhance physical health and help prevent depression and anxiety disorders in women. Attention to healthy nutrition, sleep hygiene, and maintaining appropriate body composition should also be prioritized in future health policies to support women's mental health alongside other women's health programs.

Keywords: Healthy behaviors, mental health, depression, lifestyle, women

Exploring Psychological Consequences of COVID-19 Pandemic on Nurses Caring for Patients with COVID-19: A Qualitative Study

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Abstract:

Background: The COVID-19 pandemic has imposed significant psychological burdens on healthcare workers, particularly nurses who are at the forefront of patient care. This study aimed to explore nurses' experiences of psychological consequences while caring for COVID-19 patients.

Methods: This qualitative study employed conventional content analysis based on Graneheim and Lundman's approach. Fifteen nurses with at least one year of experience in COVID-19 patient care were selected via purposive sampling from hospitals affiliated with Jahrom University of Medical Sciences, Iran. Data were collected through in-depth semi-structured interviews until saturation was reached. Trustworthiness was ensured using Lincoln and Guba's criteria, including credibility, dependability, confirmability, and transferability.

Results: Four main themes emerged: (1) post-traumatic stress disorder (sub-themes: negative thoughts and feelings, social isolation, recalling unpleasant experiences); (2) depression (sub-themes: uninterested in activities, sense of emptiness, appetite disorder); (3) physical exhaustion (sub-themes: emergence of physical problems, exhausting protective covers); and (4) aggressive behaviors (sub-themes: aggression, being impatient).

Conclusion: Nurses experienced diverse psychological consequences during the COVID-19 pandemic. Monitoring psychological issues and implementing interventions, such as professional counseling and crisis support systems, are essential to enhance their mental health.

Keywords: COVID-19, Nurses, Psychological effects, Qualitative study

The Effect of a Psychoeducational Intervention on Reducing Psychosomatic Symptoms and Improving Mental and Physical Health in Employed Women

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Abstract:

Background: Psychosomatic disorders, as physical manifestations rooted in psychological factors, are notably prevalent among employed women due to increased occupational stress and multiple familial roles. The bidirectional relationship between mental and physical health in this population may lead to vague somatic complaints, frequent medical consultations, and reduced quality of life. This study aimed to evaluate the effectiveness of a psychoeducational intervention in reducing psychosomatic symptoms and improving mental and physical health indicators among employed women in Zahedan.

Method: This semi-experimental study utilized a pretest-posttest design with a control group. The study population consisted of employed women working in educational and healthcare centers in Zahedan. A total of 60 eligible participants were selected through convenience sampling and randomly assigned to intervention and control groups (30 participants each). Data collection tools included the Patient Health Questionnaire (PHQ-15), the General Health Questionnaire (GHQ-28), and the SF-36 Quality of Life Questionnaire. The intervention group participated in six 60-minute group psychoeducational sessions over three weeks (two sessions per week), focusing on mind-body awareness, stress management, cognitive restructuring, and coping skills enhancement. The control group received only routine care. Data were analyzed using paired t-tests, independent t-tests, and ANCOVA at a significance level of less than 0.05.

Results: The findings showed a significant reduction in psychosomatic symptoms and mental health indicators in the intervention group after the educational sessions ($p<0.05$). Additionally, the quality of life scores significantly increased post-intervention compared to both baseline and the control group ($p<0.05$). ANCOVA confirmed the independent effect of the intervention after controlling for baseline variables.

Conclusion: The psychoeducational intervention based on mind-body awareness and coping skill enhancement had a positive effect on reducing psychosomatic symptoms and improving the mental and physical health of employed women. These results emphasize the need for integrating mental health education programs in women's workplaces, which could contribute to preventing psychosomatic disorders and enhancing individual and organizational productivity.

Key words: Women ، Mental Health ، Psychosomatic Disorders ،Occupational Health

The Effectiveness of Psychosomatic Education in Reducing Psychosomatic Symptoms and Enhancing Mental and Physical Health Among Adolescent Girls

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Abstract:

Background: Adolescence, particularly in girls, is a sensitive developmental stage characterized by hormonal, psychological, and social changes. These factors may contribute to the emergence of psychosomatic disorders, where psychological stress manifests as physical symptoms without a clear medical cause. This study aimed to evaluate the effectiveness of psychosomatic education in reducing psychosomatic symptoms and improving mental and physical health in adolescent girls.

Method:

This quasi-experimental study utilized a pretest-posttest design with a control group. The study population included female students aged 13 to 15 years from lower secondary schools. Initial screening was conducted using the short form of the PHQ-15 to identify students with mild to moderate psychosomatic symptoms. A total of 60 eligible students were selected through simple random sampling and randomly assigned to either the intervention or control group (30 participants each). Data collection instruments included the PHQ-15 for somatic symptoms, the GHQ-28 for general mental health, and the adolescent version of the SF-36 Quality of Life Questionnaire. These were completed at three time points: before the intervention, immediately after, and one month post-intervention.

The intervention group participated in six 60-minute group sessions over three weeks. The sessions were interactive and included discussions, practical exercises, visual demonstrations, and home assignments. Educational content covered mind-body connections, emotional awareness, relaxation techniques (deep breathing and progressive muscle relaxation), cognitive restructuring, and stress reduction strategies. The control group received no intervention and continued with routine school services. Data were analyzed using paired t-tests, independent t-tests, and ANCOVA, with a significance level set at $p<0.05$.

Results:

The comparison of pre- and post-test scores indicated a significant reduction in psychosomatic symptoms ($p<0.05$) and a significant improvement in mental health and quality of life ($p<0.05$) in the intervention group compared to the control group. The one-month follow-up results showed a relative stability in the effects of the intervention. ANCOVA confirmed the independent effect of the intervention after controlling for baseline variables.

Conclusion:

The findings suggest that psychosomatic education can serve as an effective, low-cost, and feasible intervention within school settings to improve mental and physical health among adolescent girls. Incorporating such programs into school counseling services may help prevent psychosomatic disorders and promote overall student well-being.

Key words: Adolescent ، Mental Health ، Psychosomatic Disorders ،Intervention

Exploring Women's Experiences of the Relationship Between Social and Spiritual Health and Mental Health

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Abstract:

Background: Women's mental health is influenced by multiple factors, including social and spiritual health, which play important roles in psychological resilience and quality of life from individual and social perspectives. This study aimed to deeply explore women's experiences regarding the role of social and spiritual health in enhancing or threatening their mental health.

Method: This qualitative study employed Thematic Analysis to gain in-depth and conceptual insights into women's experiences of the connection between social and spiritual health and mental health. Purposeful sampling combined with snowball sampling was used to ensure maximum diversity in participants' individual, social, and religious characteristics. A total of 20 women aged 20 to 45, residing in various cities and differing in social, economic, and religious contexts, were selected. Semi-structured interviews with open-ended questions about experiences, beliefs, attitudes, and feelings related to mental, social, and spiritual health were conducted. Each interview lasted approximately 45 to 60 minutes and was audio-recorded with informed consent. Data collection continued until data saturation, i.e., when no new codes or themes emerged. Audio recordings were transcribed verbatim, and data were analyzed stepwise using NVivo software and Thematic Analysis. Initial coding was conducted through careful reading, followed by grouping codes into semantic themes. The analysis process included repeated data review, coding, categorization, and extraction of key themes. To enhance validity and reliability, member checking was performed by sharing preliminary results with some participants for feedback.

Results: Data analysis revealed three main themes: social support and connection as sources of strength and comfort; meaning of life and spiritual hopefulness; and challenging experiences arising from the interaction between social pressures and spiritual beliefs. Participants described social and spiritual health as key factors in strengthening psychological resilience, reducing anxiety, and increasing life satisfaction. However, some challenges and conflicts caused by social pressures and spiritual beliefs notably affected their mental health.

Conclusion: The findings indicate that social and spiritual health are inseparable and influential components of women's mental health. Attention to these dimensions is essential in designing supportive and counseling programs for women. Multidimensional care approaches focusing on strengthening these areas can effectively promote women's mental health.

Key words: Spirituality ، Mental Health ، Health ، Women

Effectiveness of Multidimensional Biopsychosocial Interventions in Reducing Anxiety and Depression and Improving Quality of Life in Women: A Comprehensive Therapeutic Approach

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Abstract:

Background: Women's mental health is influenced by biological, psychological, and social factors. Multidimensional biopsychosocial interventions can be effective in reducing anxiety and depression and improving quality of life. This study aimed to evaluate the effectiveness of biopsychosocial interventions on improving women's mental health.

Method: This quasi-experimental study with pretest-posttest and three-month follow-up design, including a control group, was conducted at Baharan Counseling Center in Zahedan. The study population included women aged 25 to 45 years with mild to moderate anxiety and depression. Among 80 eligible women, 60 were randomly selected and assigned to intervention (n=30) and control (n=30) groups. The intervention group participated in eight weekly 90-minute biopsychosocial training sessions including stress management, respiratory and muscular relaxation techniques, supportive psychotherapy, healthy nutrition education, and physical activity. The control group received only routine care at the center. Data were collected using the Beck Anxiety Inventory (BAI), Beck Depression Inventory-II (BDI-II), and WHOQOL-BREF quality of life questionnaire at three time points: pretest, immediately post-intervention, and three-month follow-up. Data analysis was performed using paired t-tests for within-group comparisons, independent t-tests for between-group comparisons, and ANCOVA to control baseline variables, with significance level set at $p<0.05$.

Results: The mean anxiety score in the intervention group was 28.4 (±6.3) before the intervention, which significantly decreased to 15.7 (±5.1) after the intervention ($p<0.001$). This reduction was maintained at the three-month follow-up with a mean anxiety score of 16.3 (±5.4), still significantly lower than baseline ($p<0.001$). In contrast, the control group showed no significant changes in anxiety scores (27.9 ±6.0 at pretest and 27.3 ±5.8 at follow-up, $p=0.48$). The depression score in the intervention group decreased from 26.9 (±7.1) at pretest to 14.8 (±5.3) post-intervention ($p<0.001$), and remained at 15.2 (±5.5) at follow-up ($p<0.001$). No significant changes were observed in the control group ($p=0.52$). Quality of life in the intervention group improved from a mean score of 58.3 (±9.5) at pretest to 74.6 (±8.2) post-intervention ($p<0.001$) and remained stable at 73.2 (±8.5) at follow-up ($p<0.001$), while the control group showed no significant change ($p=0.61$). ANCOVA analysis controlling for baseline scores confirmed that the intervention independently and significantly improved anxiety, depression, and quality of life ($p<0.01$).

Conclusion: Biopsychosocial interventions have positive and lasting effects on reducing anxiety and depression and improving the quality of life in women. This comprehensive, multidimensional approach is recommended as an effective and cost-efficient option for enhancing women's mental health.

Key words: Anxiety ، Depression ، Quality of Life ، Women

The Relationship between Physical and Mental Health in Iranian Working Women: A Systematic Review

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Abstract:

Background: The relationship between physical and mental health is intricate, and this is especially true for working women in Iran, who often face unique cultural and socio-economic challenges. This systematic review aims to comprehensively analyze the existing literature on the relationship between physical and mental health in Iranian working women.

Method: The method employed in this systematic review adheres to PRISMA guidelines. An initial search from relevant databases, including PubMed, Scopus, Web of Science, and Iranian databases such as SID and MagIran, was conducted to identify all relevant studies published up to 2025. The Keywords included "physical health", "mental health", "Iranian women", and "working" in both English and Persian articles. The inclusion criteria will focus on studies that specifically examine the relationship between physical and mental health in Iranian working women. Studies with various designs, such as cross-sectional, cohort, and interventional studies, reviews, and qualitative studies, were considered. The quality of included studies was assessed using appropriate critical appraisal tools such as the Newcastle-Ottawa Scale for quantitative studies and CASP for qualitative studies. Data extraction was performed using a standardized form to collect relevant information on study design, sample characteristics, key findings, and limitations. Data was synthesized using narrative synthesis from 15 articles.

Results: The findings in all of the articles reveal a significant association between physical and mental health in Iranian working women. Working conditions, such as long hours, low pay, and lack of social support, contribute to both physical and mental health problems. Cultural factors, such as traditional gender roles and family expectations, also play a role in shaping women's health experiences. Furthermore, limited access to healthcare services and mental health support exacerbate these issues.

Conclusion: The findings of this systematic review will have important implications for policy and practice. By identifying key factors that influence the relationship between physical and mental health, interventions can be developed to address the specific needs of Iranian working women. This systematic review provided a comprehensive and evidence-based understanding of the relationship between physical and mental health in Iranian working women.

Keywords: Physical Health, Mental Health, Iranian Women, Working Women

Interventions Related to Psychosomatic Disorders in Pregnant Women: A Systematic Review

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Abstract:

Background: Mental disorders during pregnancy can have serious and long-lasting consequences. The mental health of pregnant women is significantly impacted by various interventions aimed at addressing psychosomatic disorders. This systematic review was designed to identify the types of interventions for psychosomatic disorders in pregnant women.

Method: The method employed in this systematic review adheres to PRISMA guidelines. An initial search was conducted in relevant databases, including PubMed, Scopus, and Web of Science, up to 2025. The Keywords included "intervention", "mental disorder", "psychosomatic disorder", and "pregnancy" in English articles. The inclusion criteria will focus on studies that specifically examine the effects of interventions on psychosomatic symptoms in pregnant women. Studies with various designs, such as randomized controlled trials, cohort studies, and qualitative studies, were considered. The quality of included studies was assessed using appropriate critical appraisal tools such as the JBI Scale for quantitative studies and CASP for qualitative studies. Data extraction was performed using a standardized form to collect relevant information on study design, sample characteristics, intervention details, and key findings. Data was synthesized using narrative synthesis from 10 articles.

Results: Interventions that have shown promise in alleviating psychosomatic symptoms in pregnant women include psychological therapies, such as cognitive-behavioral therapy (CBT) and mindfulness-based interventions, as well as integrative approaches that combine psychological and physical treatments. The review also explored the potential moderating effects of factors such as social support, cultural context, and individual characteristics on the effectiveness of interventions.

Conclusion: This systematic review provided a comprehensive and evidence-based evaluation of interventions for psychosomatic disorders in pregnant women. The findings of this systematic review can have significant implications for clinical practice and policy. By identifying effective interventions for psychosomatic disorders in pregnant women, healthcare professionals can improve the quality of care provided to this population. Implementing evidence-based interventions may lead to reduced maternal distress and potential mortality.

Keywords: Intervention, Mental Disorder, Psychosomatic Disorder, Pregnancy

Effectiveness of cognitive behavioral therapy on depression, anxiety and sexual function in postmenopausal women: a narrative review

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Abstract:

Background: Sexual dysfunction and psychological disorders such as depression and anxiety frequently co-occur in postmenopausal women, significantly impacting their quality of life. Cognitive-behavioral therapy (CBT) has gained recognition as a non-pharmacological intervention for addressing these issues. This narrative review aimed to synthesize evidence on the effectiveness of CBT as part of a biopsychosocial approach in improving mental health and sexual function in postmenopausal women.

Method: A comprehensive narrative literature review was conducted using PubMed, Cochrane Library, and ScienceDirect to identify peer-reviewed quantitative studies published in English between 2012 and 2025. The search strategy combined key terms such as “Postmenopausal Women,” “Cognitive Behavioral Therapy,” “Sexual Dysfunction,” “Mental Health,” “Depression,” “Anxiety,” and “Biopsychosocial Model” using Boolean operators. Studies were included if they involved postmenopausal women aged 40–65 diagnosed with female sexual dysfunction (FSD) based on DSM-5 criteria or FSFI ≤26.55, and if the intervention incorporated at least two biopsychosocial components (e.g., CBT, hormonal therapy, couples therapy). A total of 165 studies were identified, with 12 high-quality studies meeting inclusion criteria after screening and risk of bias assessment using standardized checklists and the Cochrane Risk of Bias tool.

Results: Findings indicate that CBT is associated with reduced symptoms of depression and anxiety and improvements in sexual function domains such as desire, arousal, and satisfaction. Some studies reported sustained effects up to six months post-intervention. Effective components included cognitive restructuring, sensate focus, and enhanced partner communication. However, results varied due to heterogeneity in protocols, delivery methods, and outcome measures.

Conclusion: CBT, particularly when integrated into a broader biopsychosocial framework, appears effective in improving mental and sexual health among postmenopausal women. Its non-invasive nature and durability of outcomes support its incorporation into routine women’s health services. Nonetheless, further standardized and large-scale trials are recommended to confirm long-term efficacy and optimize intervention protocols.

Key words: * ،Postmenopausal Women * ،Cognitive Behavioral Therapy *، Sexual Dysfunction

Aromatherapy, A Natural Key to Enhancing Women's Mental Health: A Narrative Review

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Abstract:

Introduction: Women's mental health is one area which aromatherapy can support, given its gentle application of herbal scents. It can help manage anxiety, postpartum depression, and emotional turbulence during menopause. Here, we examine the existing literature on aromatherapy and its implications on emotional health in women as far as the practice can offer.

Methods: We investigated aromatherapy's potential by searching high-quality journals using the keywords aromatherapy, anxiety, essential oils, and emotional wellness grown women on PubMed, Scopus, and Web of Science for published articles between the years 2010 and 2025 in Q1 journals. We placed our focus on randomized controlled trials and cohort studies baseline 42 studies of which 28 were clinical and 14 cohort. These studies looked at the qualitative impacts of some essential oils namely lavender, ylang-ylang and rosemary on anxiety, sleep and mood.

Results: This form of therapy is found to significantly relieve anxiety, depression, and enhance mood and menstrual cycle both before and during menopause. Lavender's oil is well known for easing postpartum depression and subsequent stress during and after childbirth. Contrastingly, some hurdles that stem from a lack of consistent methodology in the application of the oils, varying psychosocial and culture-based emotions, dosing, a lack of longitudinal studies, and the lack of studies looking at the emotional response as well as culturally influenced responses to oils.

Conclusion: For women, aromatherapy serves as a supplemental therapeutic approach, safely and affordably enhancing conventional mental health care. Clearer guidelines and more detailed studies would only make aromatherapy more effective. Increased focus on essential oils within healthcare could serve as genuine advances directed towards enhancing women's lives.

Key words: Aromatherapy, Mental wellness, Anxiety, Depression, Women's health

The Role of Mindfulness-Based Interventions in Managing Anxiety and Depression in Pregnant Women: A Systematic Review

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Abstract:

Background: Both anxiety and depression are common mental health issues that can emerge during pregnancy and are linked with negative outcomes for both the mother and the fetus, such as premature birth and reduced birth weight. These psychological issues can be managed with medications, but Mindfulness-Based Interventions (MBIs) such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) are garnering interest as non-pharmacological alternatives. The objective of this systematic review was to analyze the impact of MBIs on anxiety and depression in pregnant women and to also assess the safety of these interventions.

Methods: This literature review was conducted in accordance with the PRISMA 2020 pre-publication guidelines. We searched through PubMed, Scopus, PsycINFO, Web of Science, and the Cochrane Central Register of Controlled Trials from January 2010 to July 2025. Focus was placed on RCTs and quasi-experimental studies which implemented MBIs, MBSR, MBCT, other forms of meditation, and those which catered to pregnant women with clinical and sub-clinical anxiety and depression. Studies which did not have a control group, did not fit the subject matter, or did not employ standard diagnostic criteria (DSM-5 or ICD-11) or at least trusted instruments like HADS or EPDS for evaluation were omitted. Qualitative analysis was first conducted on the data, later supplemented by meta-analysis if possible. The Cochrane Risk of Bias 2 (RoB 2) tool was also used to assess the review's quality.

Results: From the 1782 articles screened, 21 studies which included 15 RCTs and 6 quasi-experimental studies, were included in the analysis. Mindfulness-Based Interventions (MBIs) especially Mindfulness Based Stress Reduction (MBSR) and Mindfulness Based Cognitive Therapy (MBCT) significantly decreased the levels of anxiety (SMD: 0.70; 95% CI: 0.46–0.94; $p<0.001$) and depression (SMD: 0.57; 95% CI: 0.33–0.81; $p<0.01$) among the participants. The 8–12 weeks programs' duration was more effective than the shorter interventions. In addition, MBIs led to an improvement in sleep quality (as measured by PSQI) and psychological health. The adverse effects were mostly limited to mild discomfort or some initial fatigue, with no serious adverse effects noted. Moderate heterogeneity ($I^2=50\%$) and risk of bias due to insufficient blinding in some studies were noted as concerns.

Conclusion: Mindfulness-Based Interventions, most especially MBSR and MBCT, are effective and safe in reducing anxiety and depression for pregnant women. There is a need for standardization of protocols with longer-term evaluation of maternal and fetal outcomes. The results justify the use of MBIs during prenatal care and assisted in the formulation of holistic and effective treatment plans.

Key words: Mindfulness, Anxiety, Depression, Pregnancy, Systematic Review

Systematic review of cognitive behavioral therapy's (CBT) impact on perimenopausal women's symptoms

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Abstract:

Background: The end of a woman's reproductive years is marked by the perimenopause. Menstrual abnormalities can persist for up to a year at this point and are easily noticeable. Women's quality of life may be directly impacted by symptoms like hot flashes, sleep issues, dry vagina, and mood swings like anxiety and depression during this time. Cognitive behavioral therapy (CBT) is a psychological intervention that modifies people's thoughts to affect their emotions, relationships, and behaviors. It results in improvements in people's behavior and thought processes. The purpose of this study is to, assess how well cognitive behavioral therapy works as an intervention to manage women's physical and psychological problems during the perimenopausal stage.

Method: The current systematic review study was conducted through a systematic search in reputable scientific databases including PubMed, Scopus, Web of Science and Google Scholar from 2015 to 2025 using the keywords “Perimenopause”, “cognitive behavioral therapy (CBT)”, “Symptoms” and “Psychological Interventions”. Furthermore, the papers relevant to the study’s purpose were analyzed. Finally, ten studies were included in the review.

Results: According to a comprehensive analysis of randomized controlled trials, cognitive behavioral therapy (CBT) forms (CBT-Meno, CBT-I, CBT-SC-Peri, and CA-CBT) is an effective intervention for perimenopausal women. We see that these interventions which are presented in group, individual, or telehealth settings (CBT-I and CBT-TM) improved upon hot flashes, insomnia, depression, anxiety, sexual performance (which saw an increase in FSFI), sleep quality (as reported by PSQI), and quality of life (as reported by WHOQOL-BREF). Also, we noted that mindfulness-based interventions (MBCT and MBSR) improved happiness, self-efficacy, and emotional acceptance. What we also found is that the results of these treatments lasted between 6 to 24 months, and also that the type of delivery (group, individual, telehealth) did not play a large role in the outcome.

Conclusion: Research findings indicate that cognitive-behavioral therapies can contribute to improving psychological well-being and enhancing the quality of life for women in the perimenopausal period. However, evidence regarding their impact on physical aspects and the long-term sustainability of outcomes remains inconclusive and requires further investigation.

Key words: Perimenopause ، cognitive behavioral therapy (CBT) ، Symptoms ، Psychological Interventions

Quality of Life and quality of Relationship among Rural Older Widows in Northeastern Iran: A Descriptive-Cross Sectional Study

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Abstract:

Background: Widowhood in later life is one of the most important psychosocial challenges affecting women's health, which may significantly influence their quality of life and social relationships. This study aimed to describe the status of quality of life and relationship quality among rural older widows in Northeastern Iran.

Method: This descriptive cross-sectional study was conducted on 128 rural older widows covered by local health centers. Data were collected using the **LEIPAD Quality of Life Questionnaire** (score range: 31–124) and the **Relationship Quality Questionnaire** (score range: 25–100). The present analysis was based on baseline data extracted from a clinical trial study .SPSS version 26 was utilized for data analysis, and descriptive indices including mean, standard deviation, frequency, and percentage were calculated to present the characteristics of the variables.

Results: The mean age of participants was 64.5 ± 5.1 years, the mean age at marriage was 16.0 ± 2.3 years, and the mean duration of widowhood was 4.5 ± 2.2 years. The mean score of quality of life was 91.70 ± 6.71 and the mean score of relationship quality was 64.56 ± 6.78. Regarding subscales, the highest mean was observed in self-care (22.73 ± 1.34)**,** while the lowest was reported in **social** functioning (8.59 ± 1.07). In terms of relationship quality subscales, the highest mean was related to interpersonal conflicts (36.00 ± 3.91) and the lowest to depth of relationship (11.95 ± 1.93). Women with lower education levels and poorer economic status reported lower scores in both quality of life and relationship quality.

Conclusion: The findings indicate that rural older widows face considerable challenges in various dimensions of quality of life and relationship quality. Identifying these conditions can provide a basis for designing supportive, educational, and counseling interventions to promote the health and well-being of this vulnerable group.

Key words: Older women ، widowhood، quality of life، relationship quality

Anxiety and Quality of Life in Elderly Women with Type 2 Diabetes in Shiraz, Iran: A Descriptive Cross-Sectional Study

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Abstract:

Background: Type 2 diabetes is one of the most prevalent chronic diseases among the elderly, with a higher burden in older women. In addition to physical complications, it is frequently accompanied by psychological problems such as anxiety and reduced quality of life (QoL). Assessing the psychosocial status of elderly women with diabetes can provide a basis for developing effective educational and care programs. This study aimed to describe the levels of anxiety and QoL among elderly women with type 2 diabetes in Shiraz, Iran.

Method: This descriptive cross-sectional study was conducted on 100 elderly individuals with type 2 diabetes who referred to healthcare centers in Shiraz. Data were derived from the baseline assessment of an interventional study. Data collection tools included a demographic questionnaire, the Spielberger State-Trait Anxiety Inventory (STAI), and the Diabetes Quality of Life questionnaire (DQOL). Data were analyzed using SPSS version 26 and descriptive statistics including mean, standard deviation, frequency, and percentage.

Results: The mean age of participants was 65.24 ± 3.88 years, and 54% were women. Most elderly women were married (64%), had primary education (48%), and were retired or unemployed (57%). The mean total QoL score was 45.4 ± 8.2, indicating a moderate level of quality of life. The mean scores of state anxiety and trait anxiety were 42.5 ± 11.8 and 44.1 ± 10.9, respectively, reflecting relatively high levels of anxiety among elderly women with diabetes.

Conclusion: Elderly women with type 2 diabetes in Shiraz were found to have moderate QoL and high levels of anxiety. These findings highlight the importance of regular psychological screening and the development of comprehensive care and educational programs tailored to elderly women in order to promote mental health and improve QoL.

Key words: Elderly women ، Type 2 diabetes ،Anxiety ،Quality of life

Determinants of Antibiotic Self-Medication among Females in Southern Tehran: A Cross-Sectional Population-Based Study

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Abstract:

Background: Antibiotic self-medication (ASM) contributes to antimicrobial resistance, adverse events, and delays in appropriate care. Females, who often serve as primary caregivers and health decision-makers within households, are particularly susceptible to ASM. Despite the public health importance of this issue, evidence on the prevalence and determinants of ASM among Iranians is limited. This study aimed to estimate the prevalence and determinants of ASM among females in southern Tehran.

Methods: We conducted a secondary analysis based on a population telephone survey in 2023 among females aged 18 years or older residing in southern Tehran. Data were collected using standardized questionnaires. ASM was defined as self-reported non-prescription antibiotic use in the past year. Bivariate associations were examined with chi-square tests, and multivariable logistic regression models were used to estimate adjusted odds ratios (aORs) with 95% confidence intervals (CIs).

Results: Among 781 females, 178 (22.8%) reported ASM. Prevalence of ASM was 25.4% in rural and 22.5% in urban areas (p=0.590). By socioeconomic status (SES), ASM increased from 17.4% in the low group to 25.9% in the middle and 37.8% in the high group (p=0.001). Females with health insurance reported higher prevalence of ASM (23.9% vs 16.2%, p=0.047). ASM was most common among females with poor mental health (33.1%) compared with those reporting moderate (22.7%) or good mental health (17.4%) (p=0.001) .In adjusted models, age was not significantly associated with ASM (25–44 years: aOR=1.56, 95% CI: 0.84,2.88, p=0.158; 45–64 years: aOR=1.56, 95% CI: 0.77,3.18, p=0.217; ≥65 years: aOR=0.77, 95% CI: 0.19,3.13, p=0.715; reference: 18–24 years). SES remained a strong determinant (middle: aOR=1.95, 95% CI: 1.32,2.90, p=0.001; high: aOR=3.65, 95% CI: 1.80,7.41, p<0.001; reference: high). Mental health was protective (moderate: aOR=0.56, 95% CI: 0.35,0.89, p=0.014; good: aOR=0.34, 95% CI: 0.21,0.56, p<0.001; reference: poor). Health insurance coverage, residence, comorbidity, and history of COVID-19 were not significantly associated with ASM after adjustment (p>0.05).

Conclusion: Approximately one in five females in southern Tehran reported ASM. A strong socioeconomic status and the protective role of better mental health highlight both social and psychological drivers of ASM.

Keywords: antibiotic self-medication, females' health, mental health, Tehran.

The effect of a combined intervention of light physical activity and mindfulness on psychosomatic symptoms, stress, and depression in women

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Background: Psychosomatic disorders, anxiety, and depression are common problems in hospitalized women that can affect the treatment process. The aim of this study was to investigate the effectiveness of a combined intervention including light physical activity and mindfulness training on reducing these symptoms in hospitalized women.

Methods: This quasi-experimental study with a pre-test-post-test design and a control group was conducted in the internal medicine ward of Imam Ali Hospital in Zahedan in 1404 AH. 70 eligible inpatient women were divided into two intervention and control groups (35 people each) by simple randomization. The intervention group participated in a 20-minute session daily for 7 consecutive days, including 10 minutes of gentle stretching exercises in bed and 10 minutes of breathing-based mindfulness training. The control group received only usual hospital care. Data were collected using the Psychosomatic Symptoms Questionnaire (PHQ-15) and the Hospital Anxiety and Depression Scale (HADS). Post-test was conducted two months after the end of the intervention. Data analysis was performed using independent t-test and analysis of covariance at a significance level of less than 0.05.

Results: The results showed that after two months, the mean scores of psychosomatics, anxiety, and depression in the intervention group were significantly reduced compared to the control group ($p < 0.05$). The findings suggest that a combined intervention of physical activity and mindfulness is an effective approach in reducing suffering from psychosomatic disorders. The synergistic effect of these two components likely operates through neuropsychological mechanisms such as reducing stress reactivity and improving emotion regulation.

Conclusion: Implementing simple, short-term, and low-cost interventions such as light physical activity and mindfulness can be effective in improving the psychosomatic status of hospitalized women. Integrating these programs with routine hospital care can provide a practical approach to promoting the mental and physical health of female patients.

Keywords: Hospitalized women, psychosomatic disorders, mindfulness, anxiety, depression

The Impact of Psychological Support and Healthy Lifestyle on the Relationship between Physical and Mental Health in Working Women: A Quasi-Experimental Study

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Background : Physical and mental health in women are intricately interconnected, and various factors may facilitate or hinder this relationship. This study aimed to examine the effect of psychological support interventions and healthy lifestyle education on improving the mental and physical health of working women.

Methods: This quasi-experimental study with a pretest-posttest control group design was conducted in 2025. A total of 60 employed women in government organizations in Zahedan, Iran, were randomly assigned to intervention (n=30) and control (n=30) groups. The intervention group participated in 8 educational sessions, including coping skills training, stress management, healthy nutrition, regular exercise, and sleep hygiene. The control group received routine services. Data collection tools included the General Health Questionnaire (GHQ-28) and the SF-12 Physical Health Index. The posttest was administered one month after the intervention. Data were analyzed using independent t-tests and ANCOVA with a significance level of less than 0.05.

Results: The intervention significantly improved mental and physical health in the intervention group compared to the control group ($p < 0.05$). Additionally, enhanced coping skills and healthy lifestyle practices were identified as facilitators of the physical-mental health relationship.

Conclusion: Psychological support training and healthy lifestyle education can improve both physical and mental health in working women. It is recommended to implement these interventions in workplaces to enhance overall employee well-being.

Keywords: Physical health, Mental health, Lifestyle, Psychological support.

Evaluating the Effectiveness of a Virtual Reality Program Based on Mindfulness and Interactive Exercise in Improving Physical and Mental Health and Reducing Stigma among Women

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Background : Women's physical and mental health is influenced by multiple factors, and stigma related to mental health problems is a significant barrier to accessing healthcare. Virtual reality technology, by creating interactive and engaging environments, holds great potential for innovative interventions in health. This study aimed to evaluate the effectiveness of a virtual reality program based on mindfulness and interactive exercise in improving physical and mental health and reducing stigma among women.
Methods: This quasi-experimental study with a pretest-posttest control group design was conducted in 2025 at the Seyed Al-Shohada Urban Health Center in Zahedan. Sixty female participants were randomly assigned to intervention (n=30) and control (n=30) groups. The intervention group attended eight 45-minute sessions of virtual reality program including mindfulness exercises and interactive exercise (via VR headset), while the control group received usual care. Data collection tools included the General Health Questionnaire (GHQ-28), Patient Health Questionnaire for somatic symptoms (PHQ-15), and the Internalized Stigma of Mental Illness scale (ISMI). Post-test was conducted one month after the intervention. Data were analyzed using independent t-test and ANCOVA with significance level less than 0.05.
Results: Findings showed that compared to the control group, the intervention group had significant reductions in somatic symptoms and stigma, as well as significant improvements in mental health ($p < 0.05$). Findings show the clinical value of combining physical and mental interventions as a comprehensive, non-pharmacological solution for managing psychosomatic symptoms.
Conclusion: Utilizing virtual reality technology through mindfulness and interactive exercise programs offers a novel and effective approach to enhance physical and mental health and reduce mental health-related stigma among women. It is recommended that these interventions be implemented as complementary programs in health centers.
Keywords: Virtual reality, Mindfulness, Mental health, Stigma, Physical health, Women

Social empowerment training program to improve women's mental health in urban health centers: A quasi-experimental study

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Background: Social health is known as one of the key factors in improving women's mental health. This study aimed to investigate the effect of a social empowerment training program on reducing symptoms of anxiety and depression and increasing the quality of mental life of women referring to urban health centers.

Methods: This was a quasi-experimental pre-test-post-test study with a control group, conducted in urban health centers in Zahedan in 1404. 80 women referring to health centers with specific inclusion criteria were divided into two intervention groups (40 people) and control groups (40 people) by simple randomization. The intervention group participated in 6 weekly 90-minute training sessions including communication skills, stress management, strengthening social support, and promoting self-confidence. The control group received usual care. Data collection tools included the General Mental Health Questionnaire (GHQ-28) and the Multidimensional Social Support Scale (MSPSS). The post-test was administered one month after the end of the program. Data were analyzed using independent t-test and analysis of covariance with a significance level of less than 0.05.

Results: The results showed that after the intervention, the intervention group reported a significant decrease in anxiety and depression symptoms and an increase in social support compared to the control group ($p < 0.05$). Findings confirm the clinical value of combining physical and mental interventions as a comprehensive, non-pharmacological approach to managing psychosomatic symptoms.

Conclusion: Social empowerment training can effectively improve women's mental health and enhance the promotion of social support. It is recommended that these programs be implemented as part of urban health center services for women

Keywords: Social health, Mental health, Women, Empowerment, Social support.

Effect of an Eight-Week Cyclic Yoga Intervention on Emotional Intelligence in Type 2 Diabetes Women with Non-Alcoholic Fatty Liver Disease

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Abstract:

Background: Type 2 diabetic patients have a lower quality of life than healthy individuals, and this reduction is exacerbated by complications such as non-alcoholic fatty liver disease (NAFLD). Studies reveal a significant relationship between emotional intelligence and quality of life, suggesting that higher emotional intelligence correlates with better quality of life. Physical activity, especially yoga, has been shown to positively influence mental well-being and potentially enhance emotional intelligence; however, its effects in type 2 diabetic patients with NAFLD remain unclear. This study aimed to evaluate the effectiveness of an eight-week cyclic yoga intervention on emotional intelligence in type 2 diabetes women with NAFLD.

Methods: This semi-experimental study included 40 women aged 45–55 years with type 2 diabetic and NAFLD, who voluntarily participated and provided informed consent in Kermanshah city. Participants were randomized into a yoga intervention group and a control group, matched for fatty liver grade (each group: 7 patients with grade 1, 7 with grade 2, and 6 with grade 3 NAFLD). The intervention group attended supervised cyclic yoga sessions three times per week for two months, with each session lasting 45–90 minutes. All subjects completed the Bradberry-Greaves Emotional Intelligence Questionnaire before and after the intervention, which assesses self-awareness, self-management, social awareness, and relationship management on a 6-point Likert scale. The instrument showed good internal consistency (Cronbach's $\alpha = 0.82$). One-way ANOVA was utilized for between-group comparisons, while paired t-tests were employed for within-group comparisons.

Results: B All subject characteristics (mean age 49/8±4/9 years, height 1/57±0/04 m, weight 78/8±10/1 kg) at pre-test were normally distributed, as assessed by the Kolmogorov-Smirnov test. aseline analyses indicated no significant differences between groups in emotional intelligence or its subscales ($p>0.05$). At post-test, one-way analysis of variance showed significantly higher emotional

intelligence scores and improvements in all subscales in the yoga group compared to controls ($p \leq 0.05$). Paired t-tests confirmed significant increases in all emotional intelligence domains in the yoga group ($p \leq 0.05$), while the control group demonstrated significant decreases in self-awareness, social awareness, and overall emotional intelligence ($p \leq 0.05$).

Conclusion: Two months of cyclic yoga practice significantly improved emotional intelligence and its components in type 2 diabetes women with NAFLD. Yoga may be considered as a complementary approach to enhance psychological well-being in this population. Further research is recommended to evaluate its effects in men

Keywords: Emotional Intelligence, Cyclic Yoga, Type 2 Diabetes, Non-Alcoholic Fatty Liver Disease.

Code of ethics = IR.KUMS.REC.1400.070 **Clinical trial code** = IRCT20110527006611N4

Mindfulness-Based Interventions in Breastfeeding Success and Maternal Health Promotion: A Narrative Review

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Introduction:
The postpartum period is a critical phase in women's lives, marked by profound physical and psychological changes. Exclusive breastfeeding, recommended by the World Health Organization for the first six months of life, not only supports infant health but also enhances maternal physical and emotional well-being. However, the prevalence of exclusive breastfeeding remains suboptimal in many countries, including Iran. Key barriers include postpartum depression, anxiety, chronic fatigue, and sleep disturbances. Recently, mindfulness-based interventions (MBIs), which emphasize present-moment awareness without judgment, have been proposed as a promising strategy to improve maternal health and breastfeeding outcomes.

Methods:
This narrative review was conducted following PRISMA guidelines. A systematic search was performed across international databases (PubMed, Scopus, Web of Science, Google Scholar) and national sources (SID, IranMedex) covering publications from 2015 to 2025 according to criteria of mindfulness, breastfeeding, maternal health, fatigue, and sleep. Findings were qualitatively analyzed and reported in domains: breastfeeding success, maternal psychological health, and maternal physical health. A total of 487 studies were identified. After removing duplicates and screening for relevance, 24 studies met the inclusion criteria and were analyzed qualitatively.

Finding
Findings demonstrated that MBIs significantly improved exclusive breastfeeding rates, reduced early cessation, and enhanced overall breastfeeding success. Moreover, MBIs were effective in reducing psychological challenges such as stress, anxiety, and postpartum depression. On the physical health dimension, they increased energy levels, alleviated chronic fatigue, and improved sleep quality. Collectively, these outcomes highlight the dual benefits of MBIs in fostering both maternal mental and physical well-being, thereby establishing a supportive foundation for sustained breastfeeding.

Conclusion:
The results of this narrative review highlight the potential of mindfulness-based interventions as a thorough and successful approach to improving breastfeeding success and mother health. Notwithstanding these encouraging findings, most studies had short-term follow-up and small sample numbers. Larger and longitudinal research on the effectiveness of mindfulness on breastfeeding and maternal health is recommended.

Keywords: Mindfulness, Breastfeeding, Fatigue, Breastfeeding Success, Sleep, Mental Health, Physical Health

The effect of Ocimum basilicum(OB) leaf extract oral capsule on daily functional disorders caused by insomnia in menopausal women

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Abstract:

Background: Menopause is one of the important periods in women's lives. Given the complications caused by estrogen deficiency during this period, interventions to reduce these symptoms seem necessary. Therefore, this study aimed to determine the effect of OB leaf extract oral capsules on daily functional disorders caused by insomnia in menopausal women.

Method: A two-group, triple-blind clinical trial study was conducted on 60 menopausal women referring to Mashhad health centers with clinical trial code IRCT20200104046001N1.sampling was done conveniently. Eligible women were randomly assigned to the drug or placebo groups by site sequence. Initially, they completed a standard instrument with a 4-point Likert scale, which rated eating or driving disorders and willingness to do things from 0 to 3. The participating women consumed one capsule (drug or placebo, 500 mg, in one form) for one month. They completed the questionnaires again after two weeks and one month.

Results: The mean and standard deviation of daily functional disorders due to insomnia two weeks after the start of the intervention were 0.9 ± 0.8 in the OB capsule group and 1.06 ± 0.8 in the placebo group. This difference was not significant (P = 0.271). The mean and standard deviation of daily functional disorders one month after the start of the intervention in the OB capsule group was 0.5 ± 0.6 and in the placebo group was 1.36 ± 0.8. The Mann-Whitney test showed this difference to be significant (P<0.001). In the intra-group comparison, the Friedman test showed that in the OB capsule group the mean was significant one month after the start of the intervention compared to before the intervention (P<0.001). The result of the follow-up test in the intervention group showed that this difference was related to the stage of two weeks and one month after the start of the intervention with before the intervention and also one month with two weeks after the end of the intervention (P<0.001).

Conclusion: Considering the effect of OB leaf extract capsules on daily functional disorders caused by insomnia, this drug can be recommended to postmenopausal women.

Key words: Daily functional disorders، insomnia، Ocimum basilicum، women، menopause

Title of the Abstract: The effect of Ocimum basilicum (OB) leaf extract oral capsule on night sweats in menopausal women

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Abstract:

Background: Menopause is one of the most important periods in women's lives, and its duration has almost increased with increasing life expectancy. Estrogen deficiency leads to complications that are important to improve with various interventions. Therefore, the present study was conducted to determine the effect of OB leaf extract oral capsules on night sweats in menopausal women.

Methods:A two-group, triple-blind clinical trial study was conducted on 60 menopausal women referring to Mashhad health centers with clinical trial code IRCT20200104046001N1. Sampling of women in groups was done on a convenience basis. After having the inclusion and exclusion criteria, women were assigned to two groups of drug and placebo by random assignment with a sequence generated by the site. First, a standard questionnaire on the severity and frequency of night sweats was completed. The participating women consumed one capsule (drug or placebo, 500 mg, one form) for one month. They completed the questionnaires again after two weeks and four weeks.

Results: The mean and corrected standard deviation in the OB capsule group were 0.0±0.0 and in the placebo group were 0.0±0.0. By removing the effect before the intervention,the night sweats score of menopausal women two weeks after the intervention did not differ significantly from the placebo group (P=0.864, df=1, F=0.0). One month after the intervention, the mean and corrected standard deviation in the OB capsule group was 0.0±0.1 and in the placebo group 0.0±0.1.By removing the effect before the intervention, the night sweats score of menopausal women in the OB capsule group was significantly lower than the placebo group (P=0.026, df=1, F=2.5). However, this difference was not significant two weeks and one month after the intervention according to the Mann-Whitney test (P=0.141).The result of the post-hoc test showed that this difference was related to the second week stage with before the intervention (P=0.005) and the fourth week stage with before the intervention (P=0.002).

Conclusion: Considering the effect of OB leaf extract capsule on night sweats and the lack of side effects of chemical drugs, this capsule can be recommended as a drug to improve night sweats for menopausal women.

Keywords: Night sweats, ocimum basilicum, women, menopause

Epidemiological Assessment of Pregnancy Complications in Adolescent Mothers: A Five-Year Review in Urmia (2016–2020)

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Abstract:

Background: Maternal and perinatal complications remain among the leading contributors to morbidity and mortality in adolescent pregnancies worldwide. Numerous studies have highlighted the vulnerability associated with early maternal age, underscoring the potential risks for both mother and neonate. Although maternal mortality rates have notably declined in recent years, the burden of severe pregnancy-related complications continues to be a pressing issue for healthcare systems. This study aims to investigate the prevalence and patterns of maternal and neonatal complications among adolescent pregnancies admitted to Motahari Hospital in Urmia from 2016 to 2020.

Method: In this descriptive retrospective study, clinical records of pregnant adolescents under the age of 18 were reviewed. Key variables collected included maternal age, gravidity, residential status, gestational age, birth weight, and pregnancy-related complications. Data analysis was conducted using SPSS version 21 to determine the frequency and distribution of observed outcomes.

Results: A total of 310 adolescent patients were evaluated. The mean age was 15.69 ± 0.96 years, ranging from 13 to 17 years. Preterm delivery emerged as the most prevalent complication, affecting 13.5% of the cohort. Other maternal and neonatal complications had a prevalence below 3%. The mean birth weight was 2922.82 ± 751.53 grams, with extreme values ranging from 150 to 4300 grams.

Conclusion: Findings from this study align with existing literature and reinforce the heightened risk of adverse outcomes in adolescent pregnancies. The results call for targeted interventions and specialized prenatal care protocols to reduce the burden of complications in this vulnerable population.

Key words: Adolescent pregnancy, maternal complications, neonatal outcomes, preterm birth, Urmia

Tele-delivered psychological interventions after miscarriage: a systematic review

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Abstract:

Background: Many women experience depression, anxiety, grief, or PTSD after miscarriage; tele-delivered care could widen access to evidence-based support. We synthesized randomized evidence on the effectiveness and acceptability of remote, therapist-supported psychological interventions after miscarriage

Method: We followed PRISMA-2020. Two reviewers independently screened records, extracted data, and assessed risk of bias using RoB 2; disagreements were resolved by a third reviewer. Prespecified primary outcomes were depressive symptoms, anxiety, grief, and PTSD at 3–6 months. Planned random-effects meta-analysis was not undertaken due to heterogeneity; narrative synthesis was performed. Registration: not registered. Data sources were MEDLINE/PubMed, Web of Science (ISI), Scopus, and Google Scholar. Searches were run with no date limits to 27 Aug 2025; English-language RCTs enrolling women after miscarriage were eligible. Interventions had to be remotely delivered (telephone/video/web-based) with therapist support; comparators were usual care, waitlist, or in-person care.

Results: Three RCTs (total n=330) met criteria. One miscarriage-only pilot RCT (n=19) found telephone interpersonal counseling (1–6 weekly sessions) achieved a greater reduction in depressive symptoms than treatment as usual (HAM-D-17 mean difference 6.2 points; 95% CI 0.4–12.0). Two therapist-supported internet-based CBT trials in parents after pregnancy loss (including miscarriage) showed medium-to-large benefits versus waitlist on PTSD, prolonged grief, and depression; anxiety benefits were inconsistent. The larger iCBT trial (n=228; 92% female) sustained effects to 12 months with 14% attrition, indicating good acceptability. Overall risk of bias was judged “some concerns” (small sample in the telephone trial; inability to blind participants/therapists; self-reported outcomes). Heterogeneity of populations and measures precluded meta-analysis. Main limitations were the small number of RCTs, indirectness for miscarriage-specific inference in two trials, and inconsistent outcome instruments

Conclusion: Limited but consistent randomized evidence suggests tele-delivered psychological care is effective and acceptable after pregnancy loss, with one small trial directly supporting telephone counseling after miscarriage. High-quality, miscarriage-specific RCTs comparing tele-care to active usual care are required to confirm effects on depression, anxiety, grief, and PTSD and to identify optimal timing, modality, and dose.

Key words: miscarriage, telepsychology, systematic review

Psychological and Economic Impacts of Doula Presence on Mothers in the Maternity Hospital: Challenges and Opportunities

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Abstract:

Background: The presence of a doula in the maternity ward as a supportive companion has positive effects on mothers' birth experiences. By providing emotional and physical support, doulas can increase mothers' feelings of security and calmness and help reduce anxiety and stress. This study examines the psychological and economic impacts of doula presence on mothers in the maternity ward and its role in improving birth outcomes and mothers' mental health.

Method: The present study is a descriptive-analytical study conducted on 120 pregnant mothers and 20 doula. Doulas were selected through census sampling and pregnant mothers were selected through convenience sampling and entered into the study. The instruments of this study were two researcher-made questionnaires, including a demographic questionnaire and a challenge questionnaire (economic and psychological), prepared for mothers. The face and content validity of the questionnaires were confirmed by midwifery faculty members and reproductive health specialists, and their reliability was confirmed by internal consistency.

Results: The most psychological challenges faced by mothers when a doula is present in the maternity hospital were inappropriate treatment by the attending physician 54.2% and inattention by other midwives in caring for the mother 25.8%. Also, the most concern of mothers regarding economic challenges 62.5% was that mothers who are unable to pay the full cost do not receive the desired care, and 43.3% of mothers considered the presence of a doula in the maternity hospital to be costly and useless.

Conclusion: This study shows that the presence of doulas in the maternity ward is associated with significant challenges that impact the mother's experience. Therefore, there is a need to improve interactions between care staff and mothers, as well as the need to provide appropriate financial resources for doula services in the maternity ward.

Key words: Doula, pregnant mother, economic challenge, psychological challenge.

Epidemiology of suicide attempts in women in Fars province in 2024: A longitudinal study

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Abstract:

Background: Suicide is a major psychological problem worldwide, especially in developing countries, with an increasing trend. This study aimed to investigate the status of suicide attempts and related factors in women in Fars province.

Method: This is a longitudinal study in which data were collected as a follow-up of womens who attempted suicide by trained psychologists in the psychiatric unit during the period from September 2023 to February 2024. The data included demographic information, method of suicide, history of alcohol and tobacco use, history of suicide, history of psychiatric disorder, and use of psychiatric medications.

Results: The sample size was 1911 women with a mean age of 26.5±11.5 years. The most suicide attempts occurred on Saturday (236 (12.3%)) and drug poisoning was the most commonly used method (1548 (81%)). Family problems were mentioned as the cause of suicide in 802 (42%) people. 254 (13.3%) people had a history of previous suicide attempts that were related to occupation, marital status, family problems, suicide in the surrounding people, psychiatric disorders, use of psychiatric drugs and drug use ($p<0.001$).

Conclusion: Drug poisoning and family problems are the main factors in suicide attempts among women in Fars province. The strong link with psychosocial and psychiatric factors underlines the need for early detection and targeted prevention programs.

Key words: Suicide attempt, Fars, Epidemiology

The Role of Social Health and Spiritual Health in Life Satisfaction and Psychological Well-being of Women with Chronic Illnesses

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Abstract:

Background: Women with chronic illnesses face persistent physical limitations and psychosocial challenges that may negatively affect their mental health and quality of life. Social health characterized by supportive interpersonal relationships and active community engagement and spiritual health encompassing a sense of meaning, purpose, and connection are increasingly recognized as protective factors that can enhance coping capacity. While numerous studies have explored these dimensions separately, a comprehensive synthesis examining their combined influence on life satisfaction and psychological well-being in women with chronic illnesses remains lacking.To systematically synthesize evidence on the relationship between social health, spiritual health, life satisfaction, and psychological well-being among women living with chronic illnesses.

Method: This systematic review adhered to the PRISMA 2020 guidelines. PubMed, Scopus, Web of Science, databases were searched for articles published between January 2015 and March 2025. Search terms combined MeSH headings and keywords related to “Social Health” “Social Support” “Spiritual Health” “Religiosity” “Life Satisfaction” “Psychological Well-being” “Chronic Illness” and “Women”. Inclusion criteria encompassed peer-reviewed observational or interventional studies focusing on adult women with any diagnosed chronic illness and reporting relevant outcomes. Studies without gender-specific data or not in English were excluded. Quality assessment was performed using the Joanna Briggs Institute (JBI) critical appraisal tools. Two reviewers independently screened and extracted data.

Results: Out of 2,146 records screened, 36 studies met the inclusion criteria. The chronic conditions examined included cancer (n = 14), autoimmune disorders (n = 8), cardiovascular diseases (n = 6), diabetes (n = 5), and other conditions (n = 3). Findings indicated that social health, particularly higher perceived social support and active participation in social activities, was associated with greater life satisfaction in 84% of the studies. Similarly, spiritual health, encompassing stronger intrinsic religiosity, a sense of meaning, and purpose in life, was correlated with reduced depressive symptoms and improved psychological well-being in 78% of the studies. Finally, the combined influence of social and spiritual health was linked to enhanced coping strategies, increased resilience, and lower psychological distress, particularly among women experiencing advanced or long-term stages of illness.

Conclusion: Social and spiritual health are key determinants of life satisfaction and psychological well-being in women with chronic illnesses. Holistic care models that incorporate social support systems and spiritual well-being interventions may improve patient-centered outcomes. Future longitudinal and interventional research is warranted to establish causal pathways and assess culturally tailored approaches.

Keywords: Social health, Spiritual health, Life satisfaction, Psychological well-being, Chronic illness, Women’s health.

Exploring the Relationship Between Spiritual and Social Well-Being with Postpartum Depression in Women: A Psychological Perspective – A Systematic Review

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Abstract:

Background: Postpartum depression (PPD), a prevalent mood disorder during pregnancy or the first year following delivery, affects 10% of pregnant women and 13% of postpartum women, significantly impacting maternal mental health, child development, and family functioning. Spiritual health, encompassing purpose and hope, and social health, including strong social connections and community belonging, are key predictors of PPD risk and severity, as they foster resilience and emotional support. The aim of this review is Exploring the Relationship Between Spiritual and Social Well-Being with PPD.

Method: A review was performed independently by two people based on the PICO criteria and aligned to the research objective and based on the PRISMA checklist and using PubMed, CINAHL, Medline, Web of Science, SID databases Google Scholar search engine, and Boolean operators. The time limit between 2015 and 2025 was determined using the MESH keywords “Postpartum Depression”, “Spiritual well-being” and “Social well-being”. After checking the entry and exit criteria and critically evaluating the quality of the selected articles, a total of 10 articles were included in the study.

Results: The study reveals a notable link between enhanced spiritual wellness and decreased symptoms of PPD. Women with strong spiritual health share increased meaning and purpose, which helps in emotional adaptation after birth. Such mental peace acts as a buffer against PPD. Moreover, strong support systems reduce depression severity and loneliness significantly. Religious activities and social ones, combined with support networks, correlate with lowered depression, and the higher resilience further reduces risk for PPD.

Conclusion: These findings highlight the preventive and therapeutic potential of spiritual and social well-being in PPD. The incorporation of these variables into postnatal care through targeted psychological interventions can improve mental health outcomes. The assessment of spiritual health, social relationships, and resilience should be the prime concern of healthcare professionals during
perinatal evaluations, which can be achieved through tools like the Edinburgh Postnatal Depression Scale (EPDS). Interventions that facilitate stronger community ties, access to spiritual resources, and active engagement in supportive networks can significantly affect mothers and their families by decreasing PPD risks.

Key words: Postpartum Depression ، Spiritual Well-being ، Social Well-being

Investigation of the blood folate and vitamin B12 levels in women with human papillomavirus: a systematic review

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Abstract:

Background: Human papillomavirus (HPV) is among the most prevalent sexually transmitted diseases on a global scale. There have been some discussions about reduced vitamin levels in patients. The present review aimed to gather evidence on the blood folate and vitamin B12 levels in women with HPV.

Methods: A comprehensive search was conducted across multiple electronic databases, including Web of Science, Embase, Scopus, and PubMed, using keywords such as ″human papillomavirus″, ″folate″, and ″vitamin B12″, along with combinations derived from MeSH and Emtree terms. Boolean operators (AND, OR) were applied, and no time restrictions were set, with the search extending up to June 2024. Article selection was conducted based on inclusion and exclusion criteria, and the quality of the included studies was evaluated using the Newcastle-Ottawa Scale. The review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for reporting.

Results: A total of 467 citations were retrieved, and 9 studies involving 15978 participants were included in this systematic review. Lower folate levels in HPV-positive women were reported in seven studies. Of the six studies assessing vitamin B12, four suggested an association with HPV infection, while two found no significant relationship.

Conclusion: The findings highlight a potential association between lower serum levels of folate and vitamin B12 with HPV infection in women. The results suggest that deficiencies in these essential micronutrients may influence susceptibility to HPV or its progression. Further research is needed to clarify the causal relationship and to explore whether nutritional supplementation could play a role in prevention or management strategies for HPV-related conditions.

Keywords: Human papillomavirus, Folate, Vitamin B12, Sexual health

Barriers and Facilitators of Men's Participation in Women's and Children's Health: A Review Study

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Abstract:

Background: Maternal and infant health is considered a fundamental pillar of community health, and prenatal and postnatal care play a vital role in ensuring this health. In recent years, the active participation of men in prenatal and postnatal care has increasingly been recognized as a key factor in enhancing maternal and infant health. However, various barriers exist at individual, social, and systemic levels that hinder this participation.

Method: This study is a systematic review of qualitative studies published in the field of maternal and infant health. A systematic search was conducted in the databases PubMed, Scopus, and Web of Science using relevant keywords. Inclusion criteria included qualitative articles published in English or Persian within the last 10 years. After screening and selecting articles, data were extracted and analyzed using a standardized approach.

Results: A total of 21 qualitative studies were selected for inclusion in the review. Barriers to men's participation included cultural and social barriers, such as traditional beliefs and gender stereotypes that view prenatal care as a "female" domain, and economic barriers, such as lack of time and financial costs of healthcare. Additionally, systemic barriers related to the healthcare system, including men's lack of awareness of the importance of their participation and inappropriate behavior from some healthcare personnel, were identified. Facilitators of men's participation included education and awareness-raising, social support from family and friends, and appropriate policy-making to facilitate paternity leave conditions.

Conclusion: The findings of this study indicate the existence of various barriers and challenges in the path of active male participation in prenatal and postnatal care. Given the positive impact of men's participation on maternal and child health, it is essential for policymakers and healthcare planners to give greater importance to this issue and to create conditions that enhance men's participation by addressing existing barriers and strengthening facilitators.

Key words: Men's participation, maternal health, infant health, barriers, facilitators, prenatal care.

Sexual function following breast augmentation: A systematic review

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Abstract:

Background: Breast augmentation (BA) is the second most frequently performed surgical cosmetic procedure worldwide. As breasts are commonly perceived as symbols of femininity and sexuality, the desire to enhance sexual life is frequently cited as the primary motivations for BA. This study aims to investigate sexual function after BA.

Methods: A comprehensive literature search was conducted across multiple databases, including PubMed, Web of Science, and Scopus, up to April 15, 2025. The search strategy utilized both controlled vocabulary and plain language terms, focusing on MeSH terms such as Mammoplasty, Orgasm, Libido, and Sexual Dysfunction, along with keywords like breast augmentation and sexual function. Two researchers independently identified and extracted relevant articles, resolving discrepancies with a third reviewer. Eligibility criteria included original English articles quantitatively assessing sexual function in women post-cosmetic breast augmentation. Studies on medically necessary procedures were excluded. After screening 441 articles, 7 met the inclusion criteria. Data collected included author names, publication year, study design, sample size, and sexual function results. The risk of bias was assessed using the NHLBI quality assessment tool, cross-referenced with the STROBE checklist, scoring each study from 0 (high risk) to 12 (low risk) based on methodological quality.

Results: Following the use of eligibility criteria and exclusion of irrelevant studies, seven articles comprising of 554 participants were included in the final analysis. Key findings included that 39% of participants reported increased willingness to explore sexual experimentation post-breast augmentation (BA), and 81% noted enhanced sexual satisfaction. A prospective study in the USA showed significant improvement in sexual function within 1 to 2 months post-surgery ($p < 0.0001$). The average risk of bias score was 6.8, indicating moderate quality, with Cohen's k index at 0.783, showing substantial agreement between raters. Most studies lacked justification for sample size and control of confounding variables.

Conclusion: The findings of this systematic review revealed that female sexual function may improve following breast augmentation. However, given the outlined limitations, further rigorous research is needed to confirm these results.

Keywords: Breast cosmetic surgery, aesthetic breast surgery, breast augmentation, sexual function

The Impact of Colleague and Family Support on Resilience and Mental Health among Female Elementary School Teachers in Iran: A Systematic Review

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Abstract:

Background: Female elementary school teachers in Iran face substantial stress due to the combined pressures of professional duties and sociocultural expectations. These stressors can negatively impact both their mental health and resilience. Social support—particularly from colleagues and family members—has been identified as a protective factor, enhancing psychological well-being and adaptive coping. This systematic review synthesizes current evidence on the role of colleague and family support in shaping the resilience and mental health of female elementary school teachers in Iran, using the PICO framework.

Method: A comprehensive search was conducted across databases including ScienceDirect, Web of Science, PubMed, Springer, Google Scholar, SID, and Magiran for peer-reviewed articles published between 2015 and 2025. The search strategy used keywords: ("colleague support" OR "family support") AND ("resilience" OR "resilient*" OR "mental health") AND ("female teacher*" OR "elementary school") in both Persian and English. Studies were selected based on predefined inclusion criteria, focusing specifically on female elementary school teachers in Iran. Data extraction and quality appraisal followed PRISMA guidelines. Seven studies met the inclusion criteria, comprising both comparative and qualitative designs.

Results: Findings indicate that colleague support significantly reduces burnout and increases job satisfaction. Family support plays a crucial role in strengthening resilience, particularly by fostering a healthier work-life balance. Additionally, positive interactions with students' parents are associated with greater motivation, enhanced job satisfaction, and improved coping with professional and domestic demands. Cultural factors unique to the Iranian context intensify the impact of these support systems. However, the limited number of studies focused exclusively on this population highlights a significant gap in the literature.

Conclusion: Colleague and family support are essential determinants of resilience and mental health among female elementary school teachers in Iran. Educational institutions should cultivate supportive peer environments and offer accessible mental health resources. Policymakers are encouraged to design culturally tailored interventions to address the specific challenges faced by this group. Further longitudinal studies are needed to examine the long-term effects of social support and to identify the most effective strategies for sustaining teacher well-being.

Key words: social support, resilience, mental health, female teachers

Melatonin and Breastfeeding: A Systematic Review and Meta-Analysis of Preclinical Studies on Lactation and Neonatal Outcomes

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Abstract:

Background:
Melatonin present in breast milk with a diurnal pattern, potentially supporting early circadian rhythm development. This review explores the impact of melatonin supplementation on lactation and neonatal outcomes using preclinical animal models.

Methods:
A systematic search of PubMed, Scopus, Web of Science, and Google Scholar was conducted. The outcome measures were the effect of melatonin supplementation on milk yield, composition, somatic cell count (SCC), and neonatal development.

Results:
We identified 22 eligible studies in lactating animals. Melatonin supplementation did not significantly alter milk yield across species (SMD = 0.49). Significant improvements were observed in milk fat (SMD = 0.50) and protein content (SMD = 0.47), particularly in cows. Melatonin also significantly reduced SCC (SMD = -1.98). Other components like lactose, total solids, and non-fat solids showed no consistent change. Neonatal outcomes, including birth weight, weight at weaning, and daily gain, showed no significant improvement. Colostrum analysis showed a small increase in lactose content but no consistent effects on fat, protein, or IgG.

Conclusion:
Exogenous melatonin shows potential for improving milk quality and mammary health in animals, but its impact on milk yield and neonatal development remains unclear. Future clinical trials are warranted to assess melatonin's efficacy in lactating women.

Melatonin in Preeclampsia: A Systematic Review of Its Role in Pathogenesis and Therapeutic Potential

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Abstract:
Preeclampsia (PE) is a hypertensive pregnancy disorder associated with significant maternal and fetal complications. Current treatments are limited, prompting interest in melatonin (ML), a potent antioxidant and anti-inflammatory molecule. This study aimed to systematically review and meta-analyze the effects of melatonin on PE outcomes in human and animal models. A systematic search of PubMed, Web of Science, Scopus, and Google Scholar was conducted up to the end of 2024. Eligible studies included clinical trials and observational studies evaluating exogenous ML in PE models. Data extraction and quality assessment were performed independently by two reviewers. A random-effects model was used for meta-analysis.Nine studies were included: one human trial and eight animal studies. The human trial showed that ML (30 mg/day) extended the interval from diagnosis to delivery by 6 days without adverse effects, though proteinuria increased. Animal studies consistently showed that ML reduced mean arterial pressure, oxidative stress, and inflammation, while enhancing antioxidant defenses. Meta-analysis of six animal studies showed significant reductions in systolic blood pressure (−17.94 mmHg; 95% CI: −28.35 to −7.52) and proteinuria. ML had no significant effect on fetal weight (mean difference: 0.23 g; 95% CI: −0.03 to 0.50) but slightly increased placental weight (0.01 g; 95% CI: 0.00 to 0.03). Melatonin shows promise in alleviating maternal PE symptoms via antioxidant and vascular mechanisms. However, its impact on fetal outcomes remains uncertain. Further large-scale human trials are needed to confirm its clinical safety and effectiveness.

Therapeutic Potential of Salvia Species in Women's Health: A Systematic Review

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Abstract:

The genus *Salvia* (Lamiaceae) comprises over 900 species worldwide, with Iran recognized as one of its major centers of diversity and traditional use. Many Salvia species have been incorporated into Persian medicine for managing gynecological disorders and reproductive health, particularly in rural areas where herbal remedies remain an accessible form of care. Despite this long history, scientific validation of these uses is still developing. This systematic review aims to summarize and critically evaluate the current evidence on the efficacy and safety of different *Salvia* species in women's health conditions.

Method:

A comprehensive search was conducted in PubMed, Scopus, Web of Science, Cochrane Library, SID, and IranMedex from inception to [month, year]. Relevant keywords such as *Salvia*, sage, menopause, dysmenorrhea, polycystic ovary syndrome (PCOS), infertility, and women's health were used in English and Persian. Eligible studies included human clinical trials, animal experiments, and in vitro research assessing the therapeutic effects of any *Salvia* species on gynecological or reproductive outcomes. Data were extracted systematically, and study quality was evaluated using validated risk-of-bias tools.

Results:

The review identified several *Salvia* species with promising pharmacological activities, notably *S. officinalis*, *S. miltiorrhiza*, and *S. aegyptiaca*, showing potential benefits in managing menopausal symptoms, regulating menstrual cycles, alleviating dysmenorrhea, and improving fertility outcomes. Most other species, despite their rich ethnomedical background in Iran and elsewhere, have been studied far less, with limited or preliminary data available. Heterogeneity in study design, sample size, dosage, and preparation limited direct comparison across trials. Safety profiles were generally favorable, although mild gastrointestinal and allergic reactions were reported in some

Conclusion: Certain *Salvia* species demonstrate therapeutic promise in women's health, particularly for menopausal complaints and menstrual disorders. However, many species traditionally used in Iran and globally remain under-investigated. Further well-designed randomized controlled trials with standardized interventions are required to confirm efficacy, establish optimal dosing, and evaluate long-term safety. Integrating ethnobotanical heritage with rigorous clinical research may unlock the broader therapeutic potential of this diverse genus.

Key words: *Salvia*, Natural Product, Women's Health, Lamiaceae

Assessment of Sexual Function in Women with Rheumatoid Arthritis

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Abstract:

Background: Sexual function is one of the complex aspects of human life that affects the individual as well as their social life. Many studies consider sexual dysfunction in patients with rheumatoid arthritis to be common due to symptoms or side effects of treatment and physical limitations associated with this disease. Therefore, we decided to evaluate sexual dysfunction in women with rheumatoid arthritis in Yasuj in this study.

Method: This is a descriptive-analytical study whose research population consisted of all patients with rheumatoid arthritis referred to the Rheumatology Clinic of Yasuj University of Medical Sciences (Iran) in 2017. In the present study, in addition to the demographic form, the Rosen Female Sexual Function Index (FSFI) was used, which has 19 questions and evaluates 6 subscales: sexual desire, arousal or arousal, wetness, orgasm, satisfaction, and sexual pain. Finally, after collecting the required information, the data were analyzed using descriptive statistics with a confidence interval of 95% using SPSS version 22 software.

Results: In this study, the mean age and mean age of onset of the disease of 71 patients were 39.56±7.05 and 33.63±7.43, respectively, and the mean duration of their illness was estimated to be 5.93±4.52 years. Based on the results obtained, the prevalence of sexual dysfunction in this study was 80.3%, and the mean age of these patients was reported to be 40.84±6.7 years. It should be noted that the mean total sexual function score of the patients was also 20.33±7.03.

Conclusion: Sexual dysfunction is very common in women with rheumatoid arthritis in Yasuj. Although sexual dysfunction and problems in sexual relationships in patients with rheumatoid arthritis are not life-threatening, health care providers and nurses should be aware of the occurrence of sexual dysfunction in patients with rheumatoid arthritis, as this disorder can affect the quality of social life, fertility, family planning, and marital issues.

Key words: rheumatoid arthritis, sexual dysfunction, sexual function

Cognitive Behavioral Therapy for Enhancing Psychological Resilience and Reducing Depressive Symptoms in Pregnant Women: Systematic Review

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Background: Pregnancy is a critical phase in a woman's life, characterized by extensive biological, psychological, and social changes that may increase the risk of depressive symptoms. Psychological resilience is a key factor in successful adaptation to these challenges. Cognitive Behavioral Therapy (CBT), as a structured and evidence-based intervention, has been shown to improve coping skills and reduce depressive symptoms. Despite the growing number of studies, an up-to-date and comprehensive synthesis of evidence in pregnant populations is still limited.To systematically evaluate and synthesize the effectiveness of CBT in enhancing psychological resilience and reducing depressive symptoms in pregnant women.

Methods: This systematic review adhered to PRISMA guidelines. A comprehensive search was conducted in PubMed, Scopus, Web of Science, PsycINFO, and the Cochrane Library for studies published between January 2015 and January 2025. Search terms combined controlled vocabulary (MeSH) and free-text related to "Cognitive Behavioral Therapy," "Pregnancy," "Psychological Resilience," and "Depression." Eligible studies were randomized controlled trials (RCTs) or quasi-experimental designs involving CBT interventions specifically designed or adapted for pregnant women. Data extraction was performed independently by two reviewers, with disagreements resolved by consensus. Risk of bias was assessed using the Cochrane RoB 2 tool. Where sufficient data were available, meta-analyses were conducted using a random-effects model, with results reported as standardized mean differences (SMD) and 95% confidence intervals (CI), and heterogeneity assessed via the I^2 statistic.

Results: Of 1,584 records identified, 18 studies (n = 2,412 participants) met inclusion criteria. Participants' mean age ranged from 24.8 to 33.6 years; most were in their second trimester, married, and from diverse socioeconomic backgrounds. Interventions included individual CBT (9 studies), group CBT (7 studies), and blended online–in-person formats (2 studies), lasting 4–12 weeks. Meta-analysis showed significant reductions in depressive symptoms (SMD = −0.54; 95% CI: −0.68 to −0.40; $p < 0.001$; $I^2 = 39\%$) and improvements in psychological resilience (SMD = 0.48; 95% CI: 0.32

to 0.63; $p < 0.001$; $I^2 = 34\%$). Subgroup analyses indicated greater benefits for programs of ≥8 weeks and those including stress-management modules. Eight studies were rated high quality, six moderate, and four low.

Conclusion: CBT is an effective and adaptable intervention for enhancing resilience and reducing depressive symptoms during pregnancy, especially when delivered over longer durations and incorporating stress-management components. Integrating CBT into routine antenatal care could improve maternal mental health outcomes. High-quality longitudinal trials are recommended to assess the sustainability of postpartum effects.

Keywords: Cognitive Behavioral Therapy; Psychological Resilience; Depression; Pregnancy; Prenatal Mental Health.

Effectiveness of Mindfulness-Based Interventions on Anxiety, Depression, and Quality of Life in Postmenopausal Women:Systematic Review

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Background: Postmenopausal women frequently experience heightened vulnerability to anxiety, depression, and diminished quality of life due to hormonal, physiological, and psychosocial changes. Mindfulness-based interventions (MBIs), including Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), have shown promise in mitigating psychological distress and enhancing well-being. However, evidence remains fragmented, warranting a comprehensive synthesis of current findings .To systematically evaluate the effectiveness of MBIs on anxiety, depression, and quality of life among postmenopausal women.

Methods: A systematic search of PubMed, Scopus, Web of Science, PsycINFO, and Cochrane Library was conducted for studies published between January 2015 and March 2025. Search terms combined controlled vocabulary and free-text keywords for "mindfulness," "postmenopausal women," "anxiety," "depression," and "quality of life." Eligible studies were randomized controlled trials (RCTs) or quasi-experimental designs assessing MBIs versus control/usual care. Data extraction and synthesis followed PRISMA guidelines, with effect sizes expressed as standardized mean differences (SMD) and heterogeneity assessed using the I^2 statistic.

Results: From 1,273 identified records, 15 randomized controlled trials involving 1,056 postmenopausal women were included. Participants' mean age ranged from 51.2 to 65.8 years, with the majority married, from urban settings, and having at least secondary education. Interventions comprised MBSR (10 studies), MBCT (4 studies), and combined mindfulness–yoga programs (1 study), lasting 6–12 weeks. Meta-analysis showed significant reductions in anxiety (SMD = −0.48; 95% CI: −0.65 to −0.31; $p < 0.001$; $I^2 = 42\%$) and depression (SMD = −0.52; 95% CI: −0.70 to −0.34; $p < 0.001$; $I^2 = 47\%$) and improvement in quality of life (SMD = 0.43; 95% CI: 0.27 to 0.59; $p < 0.001$; $I^2 = 18\%$). Subgroup analyses indicated greater benefits in programs lasting ≥8 weeks. Risk-of-bias assessment rated 8 studies as high quality and 7 as moderate quality.

Conclusion: MBIs are effective, evidence-based strategies for reducing anxiety and depression and enhancing quality of life in postmenopausal women. Integration into postmenopausal care protocols may offer substantial mental health benefits. Further high-quality, long-term trials are warranted to confirm sustainability of effects.

Keywords: Mindfulness-Based Interventions, Postmenopause, Anxiety, Depression, Quality of Life

Women's Health in Disasters: Strategies for Preparedness and Response

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Abstract:

Background: Natural disasters such as earthquakes, floods, hurricanes, and wildfires have profound impacts on women's health, exacerbating vulnerabilities in reproductive, physical, and mental well-being. Disruptions in antenatal and postnatal care, interruptions in contraceptive supply chains, and heightened exposure to gender-based violence are common during crises. According to the World Health Organization, over 26 million women and girls of reproductive age are affected by disasters each year, with many losing access to essential services for weeks or months. In low-resource settings, cultural norms and economic barriers can further limit healthcare access, resulting in preventable complications. Displacement, overcrowded shelters, and breakdowns in community support systems contribute to poor maternal and child health outcomes, underscoring the urgency of integrating gender-sensitive approaches into preparedness plans.

Method: A narrative review was conducted using PubMed, Scopus, and Web of Science, covering studies from 2010 to 2025. Inclusion criteria focused on peer-reviewed research addressing women's health in disaster contexts, with an emphasis on reproductive and maternal care. Data extraction and thematic analysis were applied to identify challenges, intervention models, and gaps in response systems. Both sudden-onset and slow-onset disasters were considered to capture a wide range of scenarios.

Results: Findings revealed substantial declines in the availability of skilled birth attendants, delays in emergency obstetric interventions, and reduced access to family planning. Mental health consequences, including anxiety, depression, and PTSD, were consistently documented. Effective interventions included mobile health units, pre-positioned reproductive health kits, gender-sensitive evacuation procedures, and culturally tailored psychosocial programs. Countries such as Nepal, Bangladesh, and the Philippines demonstrated that involving women in disaster planning committees improved service uptake and sustainability. For instance, after the 2015 Nepal earthquake, community-based midwife programs significantly reduced maternal mortality in affected districts.

Conclusion: Enhancing women's health resilience in disasters requires coordinated strategies that integrate healthcare delivery, mental health services, and gender-responsive policy. Preparedness should involve training healthcare providers in emergency reproductive care, ensuring supply chain continuity, and empowering women through community engagement. Incorporating these measures into national disaster risk reduction frameworks can prevent avoidable morbidity and mortality among women.

Key words: Women's health, Natural disasters, Reproductive health, Disaster preparedness, Gender-sensitive interventions

Women's Health Challenges During Acute Armed Conflicts: Lessons from the 12-Day Iran–Israel War

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Abstract:

Background: Acute armed conflicts, even of short duration, can create temporary disruptions in multiple aspects of women's health. The 12-Day Iran–Israel War highlights how sudden hostilities affect not only reproductive health but also general physical health, mental well-being, and access to essential healthcare services. Women may face interruptions in chronic disease management, nutritional support, preventive care, and psychological services. Even though the healthcare system did not collapse, mobility restrictions and temporary service limitations created challenges. Globally, short-term conflicts are associated with increased stress, anxiety, and health complications, emphasizing the need for preparedness to protect women's overall health.

Method: A narrative review of peer-reviewed literature from 2010 to 2025 was conducted using PubMed, Scopus, and Web of Science. Studies focusing on women's health during short-term, high-intensity conflicts were selected. Thematic analysis identified barriers, effective interventions, and gaps in emergency response. Grey literature from humanitarian organizations was also reviewed. Data synthesis covered physical health, mental health, access to routine and specialized healthcare, and social well-being outcomes.

Results: During the 12-Day Iran–Israel War, access to both general and specialized healthcare services was temporarily limited. Shortages of certain medications and disruptions in preventive and chronic care were observed. Psychological impacts such as anxiety, depression, and PTSD were significantly elevated. Women experienced stress related to insecurity, disruption of daily routines, and limited access to support networks. The conflict demonstrated that even brief wars require "health system preparedness and adaptive strategies" to maintain women's health. Recommended approaches include prioritizing essential medications, ensuring continuity of preventive and chronic care, providing mental health support, and reinforcing local healthcare capacity. Experiences from other short-term conflicts

underscore the importance of integrating women's health considerations across all services, not just reproductive care.

Conclusion: Protecting women's health during short-term armed conflicts requires proactive planning, continuity of services, and integrated mental and physical health support. The 12-Day Iran–Israel War provides lessons for designing strategies that maintain comprehensive healthcare for women in brief, high-intensity crises, emphasizing resilience, rapid adaptation, and holistic care.

Key words: Women's health, Short-term armed conflict, Iran–Israel War, Mental health, Physical health

The Bidirectional Relationship Between Hormonal Changes and Psychosomatic Disorders in Women Across the Lifespan: A Systematic Review and Meta-Analysis

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Abstract

Background: Hormonal fluctuations across a woman's lifespan—puberty, reproductive years, pregnancy, postpartum, perimenopause, and postmenopause—are linked to both physical and psychological health. Evidence suggests a bidirectional relationship: hormonal shifts can precipitate psychosomatic disorders, while psychosomatic stress can alter endocrine function. This review aimed to quantify these reciprocal associations, identify vulnerable life stages, and explore underlying mechanisms.

Method: A systematic search was conducted in PubMed, Scopus, Web of Science, and PsycINFO from January 1990 to March 2025, using keywords: ("hormonal changes" OR "endocrine fluctuations" OR "menstrual cycle" OR "menopause" OR "pregnancy" OR "postpartum") AND ("psychosomatic disorders" OR "somatic symptom disorder" OR "psychophysiological disorders" OR "stress-related disorders") AND ("women" OR "female"). Inclusion criteria: peer-reviewed studies on women aged ≥12 years; explicit assessment of hormonal parameters and psychosomatic outcomes; cross-sectional, longitudinal, or interventional designs; human participants. Exclusion criteria: animal studies, case reports, non-English publications, studies lacking quantitative data. Risk of bias was assessed using Cochrane RoB 2.0 (trials) and Newcastle–Ottawa Scale (observational). Data synthesis used random-effects meta-analysis, subgroup analyses by life stage, and sensitivity analyses (I^2 statistics).

Results: From 7,842 records, 68 studies met inclusion criteria, encompassing 57,320 participants aged 12–78 years. Meta-analysis revealed a significant association between hormonal fluctuations and increased psychosomatic symptom severity (pooled effect size: Hedges' $g = 0.42$, 95% CI: 0.31–0.53, $p < 0.001$). Reverse-direction analysis indicated psychosomatic stress was associated with altered cortisol, estrogen, and progesterone profiles (pooled effect size: $g = 0.35$, 95% CI: 0.24–0.47, $p < 0.001$). The effect was strongest during perimenopause and postpartum periods. Risk of bias was low in 41%, moderate in 37%, and high in 22% of included studies.

Conclusion: This meta-analysis confirms a robust bidirectional relationship between hormonal changes and psychosomatic disorders in women, with transitional reproductive phases showing

heightened vulnerability. Findings support integrated biopsychosocial assessment, including hormonal monitoring in psychosomatic presentations and addressing psychological stress in endocrine care. Combined interventions targeting endocrine balance and psychological resilience may reduce symptom burden and improve quality of life. Further longitudinal and mechanistic studies are needed to refine prevention and treatment strategies.

Key words: Hormones, Psychosomatic, Women, Menopause

Impact of Spiritual Well-being and Social Support on Depression and Anxiety in Women: A Cross-Cultural Systematic Review and Meta-Analysis

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Abstract

Background: Depression and anxiety are prevalent among women worldwide, with psychosocial and cultural factors influencing their onset and severity. Spiritual well-being and perceived social support are proposed protective factors, yet cross-cultural evidence remains fragmented. This systematic review and meta-analysis synthesized global findings on their association with mental health outcomes in women, examining cultural variations.

Method: Following PRISMA 2020 guidelines, eight databases (PubMed, PsycINFO, Scopus, Web of Science, CINAHL, Embase, ProQuest, and Cochrane Library) were searched from January 2000 to April 2025 using keywords: spiritual well-being, social support, depression, anxiety, women, and cross-cultural. Inclusion criteria: quantitative observational or interventional studies with validated measures of spiritual well-being and/or social support, reporting depression and/or anxiety outcomes in women (≥18 years), and published in English. Exclusion criteria: qualitative-only designs, clinical trials without baseline psychosocial measures, and studies on exclusively male or mixed samples without sex-stratified data. Risk of bias was assessed using the Joanna Briggs Institute Critical Appraisal Tools. Meta-analyses employed a random-effects model; heterogeneity was quantified via I^2 statistics.

Results: A total of 42 studies (n = 18,734 women) from 19 countries met inclusion criteria. Mean participant age ranged from 19 to 72 years. Meta-analysis indicated a significant inverse association between spiritual well-being and depression (pooled r = –0.34, 95% CI: –0.39 to –0.28, k = 30) and anxiety (pooled r = –0.29, 95% CI: –0.35 to –0.22, k = 25). Similarly, higher perceived social support correlated with lower depression (pooled r = –0.37, 95% CI: –0.42 to –0.31, k = 35) and anxiety (pooled r = –0.32, 95% CI: –0.38 to –0.25, k = 28). Cross-cultural subgroup analyses revealed stronger

protective effects in collectivist cultures compared to individualist contexts. Heterogeneity was moderate to high (I^2 = 54–78%), partly explained by cultural and methodological differences.

Conclusion: Spiritual well-being and social support are consistently associated with reduced depression and anxiety in women, with stronger effects in collectivist cultures. Culturally sensitive psychosocial interventions integrating spiritual and community-based resources may enhance mental health outcomes. Further longitudinal and intervention studies are needed to clarify causal pathways and inform cross-cultural mental health strategies.

Key words: Anxiety; Depression; Social support; Spiritual well-being

Effectiveness of Integrated Bio-Psycho-Social Interventions in Preventing Postpartum Depression: A Network Meta-Analysis of Randomized Controlled Trials

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Abstract

Background: Postpartum depression (PPD) is a prevalent maternal mental health disorder with multifactorial etiology, including biological, psychological, and social determinants. Traditional interventions often target a single domain, potentially limiting effectiveness. Integrated bio-psycho-social (BPS) interventions, combining physiological, cognitive-behavioral, and social support strategies, have been proposed to address PPD's multifaceted nature. This review aimed to compare the effectiveness of various integrated BPS interventions for preventing PPD and to identify the most efficacious components through network meta-analysis (NMA).

Method: We systematically searched PubMed, Embase, PsycINFO, CINAHL, and Cochrane CENTRAL for randomized controlled trials (RCTs) from January 2000 to March 2025 using keywords: postpartum depression, perinatal depression, bio-psycho-social, integrated care, prevention, and randomized controlled trial. Inclusion criteria: (1) RCTs evaluating integrated BPS interventions initiated during pregnancy or within 12 weeks postpartum; (2) primary outcome: incidence of PPD diagnosed by structured interview or validated scale; (3) adult participants. Exclusion criteria: non-randomized studies, single-domain interventions, interventions for treatment rather than prevention. Risk of bias was assessed with the Cochrane RoB 2 tool. A Bayesian NMA was conducted, pooling odds ratios (OR) with 95% credible intervals (CrI) and ranking interventions via surface under the cumulative ranking curve (SUCRA).

Results: Thirty-seven RCTs (n = 12,846 participants) met inclusion criteria. Interventions included combinations of psychoeducation, cognitive-behavioral therapy, peer support, nutritional supplementation, physical activity, and partner/family involvement. Median follow-up was 6 months postpartum. Compared to usual care, combined CBT + peer support + partner involvement significantly reduced PPD risk (OR = 0.48, 95% CrI: 0.34–0.67; SUCRA = 0.89). CBT + nutritional supplementation (OR = 0.55, 95% CrI: 0.39–0.78; SUCRA = 0.83) and psychoeducation + physical

activity (OR = 0.62, 95% CrI: 0.44–0.88; SUCRA = 0.76) were also effective. Risk of bias was low in 22 studies, some concerns in 11, and high in 4.

Conclusion: Integrated BPS interventions are effective in preventing PPD, with multicomponent programs involving psychological therapy, social support, and partner engagement showing the greatest benefit. Tailoring interventions to individual psychosocial and biological risk profiles may further enhance preventive outcomes. Findings support the integration of structured BPS programs into routine perinatal care to reduce the global burden of PPD.

Key words: Postpartum depression; Prevention; Bio-psycho-social interventions; Randomized controlled trials; Network meta-analysis

Gender-Responsive Co-Design of Medical and Non-Medical Public Services: A Comparative Scoping Review of Pioneer Countries and Their Impact on Women's Total Health

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Abstract:

Background: This comparative scoping review investigates co-designed medical and non-medical public services for women in five pioneering countries—Sweden, Canada, New Zealand, Finland, and Australia—and assesses their impact on women's total health. The review aims to identify similarities and differences in how these services are designed and delivered, emphasizing women's participation and outcomes in health equity and well-being.

Method: A systematic scoping review of peer-reviewed articles, policy reports, and government documents published between 2023 and 2025 was conducted. Data focusing on women-friendly public services, the extent of co-design participation, and health impacts were extracted. A comparative thematic analysis explored service features across countries in both healthcare and allied non-medical sectors such as transportation and urban planning.

Results: All countries prioritize reproductive health, mental health, and culturally sensitive care but differ in implementation approaches. Sweden and Finland emphasize advanced digital health integration and coordinated service delivery. Canada and New Zealand focus strongly on Indigenous perspectives and community-driven participatory approaches. Australia integrates gender-sensitive clinical services with social support addressing violence prevention and empowerment. Non-medical services reveal Sweden and New Zealand's advanced gender-responsive urban planning and transportation, while Canada and Australia emphasize flexible social services access and childcare. Co-design is common but varies in scale and stakeholder engagement. Countries marrying technology with inclusive governance exhibit higher health equity, whereas culturally focused models better reduce disparities in marginalized groups.

Conclusion: Integrating digital innovations with culturally informed co-design optimizes physical, mental, and social health outcomes for women. The results suggest that contextual adaptations addressing diverse women's needs are essential to strengthening global health equity. Reciprocal learning among countries enhances program effectiveness. Diverse co-design strategies blending technology, cultural sensitivity, and inclusive governance notably improve women's total health. These findings guide policymakers toward more equitable, responsive public service designs that effectively meet women's needs worldwide.

Key words: Gender Responsiveness Public Services, Total Health, Co-Design, Comparative Analysis, Pioneer Countries

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Grassroot Innovations for Crisis Rehabilitation: A Systematic Review of Women's Health Resilience in Five Conflict-Affected Countries

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Abstract:

Background: Post crisis health systems frequently overlook the psychosocial needs of women, exacerbating gender inequalities in access to care and undermining the overall resilience of health services. Community driven, gender sensitive innovations have been proposed as a means to empower women to co create health solutions in conflict affected settings. This systematic, qualitative review aimed to identify and elucidate the patterns of grassroots innovations that facilitate the strengthening of women's health resilience across five countries impacted by armed conflict.

Method: We conducted a systematic qualitative review following PRISMA-2020. Searches were performed in PubMed/MEDLINE, Scopus, Web of Science, Embase, PsycINFO and regional indexes (IMEMR, WHO Global Index Medicus) for 2015-2024 using terms such as "community-driven", "grassroots innovation", "women", "health resilience", and "conflict". Inclusion criteria such as qualitative primary studies describing community-based health innovations for women in conflict settings, explicit participatory approach, peer-reviewed or reputable organizational reports are considered. Data were extracted on geography, innovation type, participatory mechanisms, facilitators/barriers, and resilience outcomes. Study quality was appraised with the CASP qualitative checklist; only "trustworthy" studies entered synthesis. An inductive thematic analysis (Thomas & Harden) was performed, with double coding and member-checking for credibility.

Results: Four overarching innovation categories emerged: (1) peer-support collectives fostering emotional healing and solidarity; (2) trauma-informed mobile health services extending psychosocial care to remote areas; (3) digital storytelling platforms amplifying women's health narratives and participatory decision-making; (4) cooperative resource-mapping networks that collaboratively manage essential medical and nutritional supplies. Multi-level governance and flexible civil-society participation were cross-cutting factors enhancing sustainability and scalability.

Conclusion: When integrated with participatory, feminist research frameworks, grassroot innovations are vital for strengthening health-system resilience in conflict-affected contexts. Policymakers should embed these mechanisms into national disaster-management strategies to reduce gender gaps, empower women as agents of post-crisis health rehabilitation, and promote equitable health outcomes.

Key words: Grassroot Innovations, Women's health resilience, Post-conflict / crisis rehabilitation, Multi-level governance, Digital storytelling & mobile health (mHealth)

Co-Designing Asset Based Support Services: Enhancing Agency and Health Outcomes for Women Survivors of Socio-political Crises

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Abstract

Background: Traditional deficit-oriented humanitarian interventions frequently overlook the pre-existing assets and capacities of women, thereby limiting their ability to restore physical and mental health after sociopolitical upheaval. This review synthesises evidence on asset-based community development (ABCD) co-design approaches and their impact on women's health agency in post-crisis contexts.

Methods: A scoping review was conducted following the Arksey-O'Malley framework and reported in accordance with the PRISMA-ScR checklist. Systematic searches of PubMed/MEDLINE, Scopus, Web of Science, Embase, PsycINFO, WHO Global Index Medicus, and regional repositories were performed for peer-reviewed and reputable grey literature published between 2010 and 2023. Inclusion criteria comprised empirical studies (qualitative, mixed-methods, or case-based) that (i) employed ABCD principles, (ii) targeted women affected by political-social crises, and (iii) examined health-related outcomes or processes. Exclusion criteria eliminated purely quantitative outcome-only reports, theoretical papers, non-empirical reviews, and studies not addressing gender-specific or crisis contexts. Two reviewers screened titles, abstracts, and full texts independently; disagreements were resolved by a third reviewer. Data extraction captured geographic setting, intervention components, participatory mechanisms, and reported health impacts. Study quality was appraised using the CASP qualitative checklist, retaining only those deemed trustworthy. An inductive thematic analysis (Thomas & Harden) identified recurrent design elements and outcome themes.

Results: The synthesis revealed four interrelated design pillars of successful ABCD programmes: (1) dignity-centred safe spaces that foster respectful participation; (2) peer-facilitator networks that enable skill exchange and mutual support; (3) intentional linkages between micro-enterprise activities and health services, enhancing economic and therapeutic resilience; and (4) digital solidarity platforms that sustain connectivity and collective advocacy. Interventions that deliberately balanced power relations and foregrounded community assets demonstrated enhanced health agency among women and observable reductions in psychosocial distress. Programs that neglected these balance mechanisms exhibited signs of functional erosion.

Conclusion: Asset-based co-design transforms women from beneficiaries into architects of their own health recovery, promoting sustainable empowerment and system-level resilience. Humanitarian and development actors should replace deficit-focused assessments with participatory asset-mapping and co-creation processes to optimise health outcomes for women in sociopolitical crisis settings.

Keywords: asset-based community development; women's health agency; sociopolitical crisis; co-design; participatory intervention; health resilience.

Participatory Development of Human Resource Management Frameworks: Cultural Protecting of Women's Health in High-Risk Occupations

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Abstract

Background: In high-risk work settings such as mining, emergency response, and other hazardous sectors, organizational cultures shaped by conventional human-resource (HR) policies often perpetuate gender-specific health risks for women. Whether through inflexible shift patterns, inadequate mental-health support, or insufficient protection against harassment, these cultural determinants undermine both occupational safety and gender equity. The present study aimed to identify participatory HR interventions that mitigate cultural barriers and promote the health and wellbeing of women workers.

Methods: A systematic review was conducted in accordance with the PRISMA-2020 guidelines. Searches of PubMed/MEDLINE, Scopus, Web of Science, Embase, PsycINFO, and regional repositories covered the period 2012–2023. Inclusion criteria were primary empirical studies (qualitative, mixed-methods, or case-based) conducted in high-risk occupations, explicitly involving HR or organisational-level interventions, and reporting on health-related outcomes for women. Studies were screened independently by two reviewers; disagreements were resolved by a third. Quality appraisal employed the CASP checklist, and only studies deemed trustworthy entered the synthesis. A thematic analysis, guided by the Job-Demand-Resources model, was performed to extract recurrent design elements and perceived impacts.

Results: The synthesis of 37 studies from 15 countries highlighted four interrelated, participatory HR strategies that consistently enhanced women's occupational health: Collaborative shift-design committees that involved women workers in scheduling decisions, fostering schedule flexibility and reducing perceived work overload, Transparent mental-health reporting protocols that encouraged voluntary disclosure of psychological distress and facilitated timely referral to support services.

Cultural-guardian roles in which designated staff promoted respectful workplace norms, intervened in harassment incidents, and reinforced gender-sensitive practices, Inclusive policy-development processes that solicited input from frontline women employees, ensuring HR policies reflected their lived experiences and needs. Conversely, HR initiatives characterized by top-down decision-making and limited worker participation were reported to hamper implementation and sustain gender-based health inequities.

Conclusion: Participatory HR frameworks that center women's expertise and address cultural determinants of risk can transform high-risk occupational environments into settings that safeguard women's health. Policymakers and organisational leaders should institutionalise collaborative HR practices and embed cultural-safety safeguards within occupational health regulations to advance gender-responsive workplace safety.

Keywords: human resource management; participatory intervention; women's occupational health; cultural protrction.

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Health-Centric Motivation Frameworks for Women Workers: A Comparative Policy Analysis of Occupational-Health Governance in Leading Countries

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Abstract

Background – Conventional job-motivation models rarely address women's physical and mental health, contributing to higher psychosocial strain and lower productivity.

Objective – To identify participatory design mechanisms underpinning health-centred motivation frameworks in occupational-health policies of leading nations and to examine their reported impact on women's health outcomes in the workplace.

Methods – A qualitative comparative study was conducted using directed content analysis within a multi-level-governance (MLG) perspective. All data were secondary: fifteen national policy documents, twenty-eight organisational evaluation reports and related white-papers from Sweden, Canada, Finland and New Zealand (2020-2023). Systematic searches of PubMed/MEDLINE, Scopus, Web of Science, Embase, PsycINFO and WHO Global Index Medicus followed PRISMA-SC guidelines. Inclusion required explicit reference to motivation or health-oriented interventions targeting women employees; exclusion criteria eliminated theoretical papers, other reviews and documents lacking a gender-specific focus. Each source was appraised with the CASP checklist; only "trustworthy" records entered the synthesis. Coding was performed in MAXQDA using Self-Determination Theory as the analytic lens, and themes were generated inductively and refined through researcher triangulation.

Results – Analysis revealed a three-dimensional health-centric motivation model:

Legal dimension – Finnish legislation that defines dynamic mental-health leave, normalising recovery time and reducing stress-related absenteeism.

Cultural dimension – Swedish anti-harassment campaigns that foster open reporting of psychosocial difficulties and strengthen peer support.

Technical dimension – Canadian digital health-assessment platforms that enable continuous monitoring of employee well-being and timely organisational response.

Success hinged on the triadic integration of participatory policy formulation, gender-responsive budgeting, and digital monitoring. Countries lacking this integrated approach exhibited weaker governance coherence and higher rates of women's workforce attrition.

Conclusion – Shifting motivation systems from reward-centric to health-centric paradigms requires coordinated redesign at legal, cultural and technical levels, anchored in genuine participatory processes. Policymakers should institutionalise the health-centric motivation framework, allocate gender-responsive resources, and embed digital monitoring mechanisms to advance occupational health equity for women.

Keywords: health-centric motivation; women workers; occupational health governance; multi-level governance; participatory design; self-determination theory; qualitative comparative study.

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Comparative Analysis of Health Centric Public Sector of Human Resource Policies for Women: Evidence from Four Leading Welfare States

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Abstract:

Background and Objective: Public-sector human-resource systems frequently overlook the physical and mental health needs of women employees, undermining organizational equity and the efficiency of health services. This study aims to identify effective policy patterns that integrate women's health considerations into HRM and to distill lessons for the design of locally adapted, health-based HR frameworks.

Methods: A comparative-policy review was conducted following PRISMA-C guidelines and grounded in Scott's institutional theory. Documents published between 2018 and 2023 were retrieved from systematic searches of international databases and governmental portals, yielding 36 authoritative sources: national legislation, OECD/WHO evaluation reports, and strategic directives from health ministries of Sweden, Canada, Australia and the United Kingdom. Two reviewers independently screened and extracted data. The material was coded in MAXQDA using a three-level scheme (open, axial, selective) and subjected to thematic analysis to uncover recurring policy mechanisms.

Results: Three interrelated policy dimensions emerged as central to successful health-oriented HRM:

1. **Flexible work-leave arrangements** – statutory provisions that enable gender-sensitive leave, reported to diminish health-related absenteeism and improve work-life balance.
2. **Health-linked incentive structures** – fiscal exemptions or reward schemes for utilisation of occupational health and counselling services, associated with heightened employee productivity and engagement.
3. **Cultural-protection mechanisms** – dedicated units for reporting and addressing workplace harassment, linked to reductions in occupational stress and the strengthening of supportive organisational climates.

Across the four jurisdictions, the integration of health metrics into senior-manager performance appraisal was highlighted as a pivotal catalyst for sustaining these reforms. Systems lacking such integration exhibited higher rates of female staff turnover.

Conclusion: Advancing public-sector HRM requires a shift from traditional administrative paradigms to a health-centric model that simultaneously addresses legal flexibility, incentive alignment, and cultural safeguards. Policymakers should adopt a three-dimensional framework—gender-responsive leave policies, health-based reward systems, and institutionalised monitoring offices—to embed women's health as a core component of HR strategy and to promote equitable, resilient health-service delivery.

Keywords: Health-centric human resource management; women's occupational health; public-sector HR policy; comparative policy analysis.

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Evaluating the Performance of Governmental and Civil Institutions Supporting Women's Health in Iran: An Institutional Analysis Emphasizing Physical and Mental Health

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Abstract

Background and Objective: Systematic assessment of the agencies that promote women's health in Iran is lacking, limiting the design of evidence-based policies. This study aims to conduct a structural-functional analysis of major governmental bodies (e.g., the Women's Affairs Offices of the three branches, the Welfare Organization) and civil-society actors, and to examine how their configurations affect physical and mental health outcomes for women.

Methods: A comparative-content-analysis (CCA) was carried out within Scott's institutional theory framework. All data are secondary: 45 official documents issued between 2021 and 2025—including statutes and mandates of 18 institutions, 30 annual performance reports, and 7 strategic plans for women's health—were retrieved through systematic searches of national repositories and indexed databases following PRISMA-C guidelines. Two reviewers independently screened, extracted, and coded the material in MAXQDA using a three-stage scheme. The quality of each source was appraised with the CASP checklist; only records deemed trustworthy were retained for synthesis.

Results: Analysis revealed a consistent "3-C" evaluation framework:

- **Coordination** – Overlapping mandates across a large number of institutions generate fragmented service delivery and diminish programme effectiveness.
- **Capacity** – Dedicated budgetary allocations for women's health are modest, constraining the provision of comprehensive psychosocial services.
- **Commitment** – High-level policy documents frequently lack enforceable guarantees, limiting progress on cultural barriers to health.

An Institutional Effectiveness Index (IEI) calculated from the coded data indicates overall weak performance, with civil-society entities scoring substantially higher than governmental bodies.

Conclusion: The principal gap lies between formal institutional structures and their pragmatic functioning. Integrating parallel agencies into a single National Women's Health Secretariat, earmarking a substantial share of the health budget for gender-responsive programmes, and establishing a digital monitoring system for mental-health indicators are recommended. Adoption of the proposed "CAP" (Coordination-Allocation-Monitoring) model could markedly improve institutional efficiency and health outcomes for women in Iran.

Keywords: Institutional analysis; women's health; Iran; governmental agencies; civil society; health services management.

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Community Based Participatory Research as a Lever for Women's Health Policy: A Knowledge Translation Analysis within Local Programs

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Background and Objective: The persistent gap between locally generated research evidence and women's health policy undermines the translation of knowledge into practice. This study aims to identify and elucidate the mechanisms through which participatory research influences local decision-making and policy formulation for women's physical and mental health.
Methods: A scoping review was conducted in accordance with the PRISMA-ScR protocol and grounded in the Interactive Knowledge-Translation (I-KT) framework. Systematic searches of national and international databases yielded 32 empirical studies published between 2016 and 2023. Textual data were imported into NVivo 12 and subjected to thematic analysis; study quality was appraised with the CASP checklist and only "trustworthy" sources were retained for synthesis.
Results: The analysis uncovered a multi-stage impact pathway termed the **RIPET model** (Relationship-Implementation-Policy-Evaluation-Transfer):

1. **Relationship building:** Joint researcher-policymaker councils foster trust and two-way communication.
2. **Implementation:** Co-design of locally relevant, evidence-based protocols facilitates uptake.
3. **Policy anchoring:** Adoption of provincial or municipal guidelines institutionalizes research findings.
4. **Evaluation & Transfer:** Continuous monitoring of implementation indicators and dissemination sustain impact over time.

Tri-sector projects (community-researcher-government) were markedly more likely to shape policy than unilateral initiatives; the dominant barrier identified was weak institutional capacity at municipal health agencies.
Conclusion: Institutionalizing participatory processes is essential for converting research into policy. Recommendations include establishing a Women's Health Policy-Oriented Research Fund at the provincial level, training mid-level managers in the RIPET framework, and developing a knowledge-Translation Maturity indicator (KTM-I) to monitor effectiveness. Adoption of these measures is expected to substantially enhance the impact of women's mental-health programs.
Keywords: participatory research, knowledge translation, women's health, local policy, RIPET model, thematic analysis, PRISMA-ScR.

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Integrated Mental Health Service Models for Rural Women: International Lessons for Overcoming Stigma in Small Communities

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Abstract

Background and Objective: Rural women experience profound gaps in access to mental-health care, compounded by cultural barriers such as social stigma, gender-based taboos and religious constraints. This qualitative comparative study aims to identify globally successful models for advancing mental-health outcomes in small-community settings and to analyse the strategies that effectively mitigate cultural impediments.

Methods: A qualitative comparative analysis was conducted across six countries (Canada, Brazil, India, Ghana, Iran, and Vietnam) covering the period 2018–2024. Data were extracted from authoritative policy documents (World Health Organization and national ministries of health), programme-evaluation reports, and peer-reviewed field studies. All sources were imported into MAXQDA and coded within Scott's Institutional-Cultural Theory framework. Coding focused on service-integration patterns, stigma-reduction mechanisms, and qualitative indicators of effectiveness.

Results: Four principal models emerged:

1. **Primary-care integration** (exemplified by Canada) that leverages community health workers to diminish cultural barriers substantially.
2. **Faith-based "health in churches" programmes** (exemplified by Brazil) where training of religious leaders expands acceptance of counseling services.
3. **Bilingual digital platforms** (exemplified by India) that pair media-literacy training with low-cost technology, markedly improving service reach in tribal areas.
4. **Local female facilitators** who act as bridges between the health system and the community, visibly reducing social stigma.

Settings lacking these mechanisms showed limited success in attracting women to mental-health services.

Conclusion: Effective development of rural women's mental-health care requires a four-pronged approach: integrating services within existing infrastructures, empowering local institutions, employing affordable digital tools, and training female community leaders. Adapting this composite model to Iran—through participatory media campaigns and mobile mental-health clinics—offers a realistic pathway to enhance service efficiency and reduce gender-based inequities.

Keywords: women's mental health, rural communities, service integration, social stigma, comparative study, Institutional-Cultural Theory.

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Systematic Review of the Psychological and Sexual Consequences of HPV Infection in Women and the Effectiveness of Psychological Interventions

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Abstract:

Background: Human papillomavirus (HPV) infection is the most prevalent sexually transmitted infection worldwide and is associated with an increased risk of various cancers. Besides physical consequences, this infection significantly impacts women's mental health. Given the importance of this issue, the present systematic review aims to examine the effects of HPV infection on sexual dysfunction and psychological well-being in women.

Methods: This systematic review was conducted in 2025 through a comprehensive search of PubMed, Web of Science and Google Scholar databases, covering articles published from 2010 to February 2025. Keywords such as “mental health,” “women,” “HPV,” “Sexual Dysfunctions,” and “psychological interventions” were combined using Boolean operators (AND, OR, NOT) and were also searched within Medical Subject Headings (MeSH) terms to ensure comprehensive coverage. Inclusion criteria comprised human studies, English language, and full-text availability. After a three-stage screening process (title, abstract, full text), nine eligible articles were selected.

Results: The studies indicate that women infected with HPV experience higher levels of anxiety, depression, and psychosocial burden. These individuals also suffer from significant sexual dysfunctions, including reduced libido, impaired arousal, physiological responses, orgasmic difficulties, and decreased sexual satisfaction. Targeted psychological interventions, such as motivational interviewing and Acceptance and Commitment Therapy (ACT), effectively reduce anxiety, depression, and stress, thereby improving quality of life. Furthermore, factors such as monthly income, recurrent infections, psychological resilience, and rumination significantly influence the severity of stigma and psychological distress associated with HPV infection.

Conclusion: It is recommended that psychiatrists and psychologists collaborate with gynecologists and midwives to design and implement comprehensive and coordinated psychological and psychiatric approaches to improve mental health and sexual function in women with HPV infection.

Keywords: Mental health, Women, HPV, Sexual Dysfunctions, Psychological interventions

The Impact of Food Insecurity During the COVID-19 Pandemic on the Mental Health of Pregnant Women: A Systematic Review

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Introduction : Food insecurity, a major social determinant of health, was a public concern even before the COVID-19 pandemic. The economic and social disruptions caused by the pandemic significantly intensified this issue, disproportionately affecting pregnant women as a particularly vulnerable group. This systematic review explores the impact of food insecurity during the COVID-19 pandemic on the mental health of pregnant women.

Methods : This systematic review was conducted in 2025 through a comprehensive search of the PubMed, Web of Science, and Google Scholar databases. Studies published between 2010 and February 2025 were included. The search strategy combined keywords such as "mental health", "pregnancy", "COVID-19", and "food insecurity", using Boolean operators (AND, OR, NOT). Keyword combinations were tailored to each database, and Medical Subject Headings (MeSH) were used where applicable. Inclusion criteria were: studies on human subjects, published in English, with full-text availability. The screening process was conducted in three stages: title review, abstract review, and full-text evaluation. A total of seven studies met the inclusion criteria and were included in the final analysis.

Results: The COVID-19 pandemic significantly impacted the mental health of pregnant and postpartum women, with many experiencing severe symptoms of depression and anxiety. These issues were driven not only by medical concerns or infection risk but also by healthcare restrictions, such as limited access to maternity services and the absence of partners during childbirth, which heightened emotional distress. Concurrently, the pandemic intensified economic hardship, leading to a rise in food insecurity—particularly among low-income women and those with pre-existing mental health conditions. This food insecurity was strongly associated with increased psychological distress, anxiety, and a higher risk of common mental disorders (CMDs), compounding the mental health burden during the perinatal period.

Conclusion: To protect the mental health of pregnant and postpartum women during crises like the COVID-19 pandemic, integrated psychological support and strengthened food assistance programs are essential. These measures help address both economic hardship and mental health vulnerability during public health emergencies.

Keywords: Mental health, Pregnancy, COVID-19, Food insecurity