Post-sanctions era in Iran: opportunity for science and publication
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The findings for cancer and for heart disease mortality were similar to those for overall mortality, and the findings for stress were similar to those for unhappiness.

Also, our findings were similar for those older and younger than 60 years at baseline as mentioned by Rahman Shiri; and our analyses included, and adjusted for, the 27% of women who were not asked the question on strenuous activity and the 1.5% who did not reply to it.

The simplest analyses to interpret (figure) are for the 500 000 women who reported being in good health, without life-threatening illness, when asked about happiness. After adjustment for age and other characteristics, the mortality rate ratios showed no association with happiness.

Our conclusion remains valid even though we recorded happiness only once and used only a single question (which would have been highly predictive of mortality if no allowance had been made for illness causing unhappiness).

These null findings are incompatible with the large effects of happiness on mortality claimed by others.

The figure also shows that a single question can be strongly predictive of overall mortality for any factor that really is an important cause of death, such as smoking.2

We declare no competing interests.

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**Post-sanctions era in Iran: opportunity for science and publication**

We read with interest the Correspondence from Masoud Mozafari (April 23, p 1721)1 expressing hope that lifting of sanctions in Iran will lead to an increase in collaboration with the international scientific community. Iran is a nation with a youthful and educated population, and has great potential to contribute to scientific advancement but this capacity will not be realised as long as sections of its society are denied full access to education, an observation which is deeply troubling.

Women in Iran are barred from studying 77 disciplines2 deemed to be men-only subjects, also, the state policy is to deny access to education for members of the Bahá‘í religious minority, who are classed as so-called unprotected infidels. A 1991 memorandum contains instruction that the Bahá‘í “…must be expelled from universities…once it becomes known that they are Bahá‘í...”.3 This policy continues to date, and the UN Special Rapporteur on Human Rights in Iran highlighted the issue in a 2013 report.4 Despite the involvement of the Bahá‘í community in health and education, and the paramount importance of education to young Bahá‘ís,5 their right to education is not currently respected in Iran.

Inequality prevents innovative research. We hope that Iranian scientists will raise their voices, calling for women and minority groups to be granted equal opportunities to education, serving their nation, and contributing to the advancement of knowledge and learning.

We declare no competing interests.

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**Figure: Happiness and smoking versus overall mortality**

Fully adjusted mortality rate ratios versus single-question replies on (A) happiness and (B) smoking. Happiness is among women who reported good health. Smoking analyses exclude ex-smokers, and for current smokers calculated mortality rate ratios are plotted against the mean number of cigarettes reported 3 years after recruitment, as an estimate of long-term consumption. Information content is shown by the squares’ sizes. Error bars are 95% CIs, and where they are narrower than their square they are shown in white.

Our main analyses included 700 000 women, with an average age of 59 years at baseline, of whom 30 000 died during 10 years of follow-up. After allowance for any differences already present in health and lifestyle, overall mortality among women who were generally unhappy was approximately the same as among those who were generally happy. Unhappiness itself being a direct cause of any material increase in overall mortality, therefore, can be ruled out.
In Iran, the number of caesarean sections has increased and is currently very high. In a referral hospital in Tehran, during the past 30 years, a six-times rise in the caesarean section has been reported. In 2000, authors of the Demographic and Health Survey reported that 40.7% of all births were from caesarean section. Results from a meta-analysis in 2014 showed that the general prevalence of caesarean section in Iran was 48%, with 87% reported in some private institutes. The steep increase and inappropriateness of caesarean section represents a health-care problem in Iran and requires the attention of government officials. Because numerous underlying factors bring about the need for caesarean section, various strategies should be established to avoid unnecessary use of the procedure. Notable previous interventions include mother-friendly hospitals; development of standard protocols; preparation classes for mothers, midwives, and gynaecologists; and workshops for specialists and midwives. But despite these programmes, caesarean sections are still increasing. What strategies could reverse these trends?

In 2014, a major health policy in the Iranian health system, known as the health sector evolution policy composed of seven packages, has started to improve public health. Promotion of natural childbirth (PNC) is one of these packages, which