

ORIGINAL RESEARCH

Investigating the Awareness and Attitude of Medical Personnel of two referral Hospitals about Diseases Leading to the Dissolution of Marriage

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Abstract: **Introduction:** A criterion for the right termination of marriage is a disadvantage of the spouse, which burdens the other party. To solve this problem, defects are considered for couples in jurisprudence and law, and if they are incurable, the marriage contract is terminated. In this study, we examined the awareness and attitude of medical personnel about this issue.

Methods: In this descriptive-analytical study, which was done in the first half of 2021, the personnel of Shohada Tajrish and Shahid Modares hospitals were evaluated using a researcher-made data collection form. The effects of demographic factors (age, sex, marriage, and education) were also investigated. Sampling was done by census method and employed according to the inclusion criteria. Cochran's formula was used to calculate the minimum sample size. Fisher and Pearson's statistical tests in SPSS21 software were used for data analysis.

Results: The knowledge and awareness of the participants in all age groups under the study was similar ($P>0.2$). All participants were aware of insanity as an obstacle to marriage and were unaware of other diseases leading to marriage termination. After learning that 10 to 11 diseases caused the annulment of marriage, they added all the incurable diseases to this list, and they had a negative attitude towards these restrictions.

Conclusions: Most medical personnel had little awareness about the number of marriage annulment cases. There was a negative attitude toward discrimination between men and women in the number of these diseases.

Keywords: Jurisprudential rules, Annulment of marriage, Mental health, Civil law

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1. Introduction

In the marriage contract, the parties or one of them cannot consider the right of termination for themselves. Unlike other contracts, the marriage contract is one of the necessary ones, which is required for the family's expediency, continuity, durability, and stability. Nevertheless, to prevent the loss of the spouse exposed to defects that cause the marriage to be terminated, the legislator is limited to such cases and is exclusive to the cases authorized by law.

Dissolution of marriage (Faskhe Nekah) is different from divorce. Divorce is a legal practice subject to certain formalities, such as the execution of a special marriage contract and

the presence of two righteous witnesses (men), but the annulment of the marriage can only be done by the will of the owner of the right. Divorce is correct if certain conditions exist in the wife. Before divorce takes place, a ruling or permission must be obtained from the court, but the annulment of marriage does not require this action, and it has no obligation to reform couples and refer to arbitration.

Divorce is specific to permanent marriage, but the cases of dissolution of marriage are the same in permanent and interrupted marriage (1,2). Divorce is a unilateral legal act (Eyga) performed by the husband or his legal representative (the court). While the husband or wife may terminate marriage, in retroactive divorce, the husband can refer to the marriage during the time of Odah (Prohibition of Remarriage until the next menstrual period). However, there is no recourse in the annulment of the marriage, and re-establishment of the family is impossible except with a new marriage, and annulment of marriage, no matter how many times it happens between

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a man and a woman, does not create sanctity. However, both marriage annulment and divorce lead to the dissolution of the marriage contract, and according to some women, there is no difference between them after dissolution. It should be said that the option of annulment (the option to dissolve the marriage) is immediate, and if the party who has the right to annulment does not annul the marriage after knowing that he has this right, his option is void, provided that he knows about the right of annulment and its urgency.

Also, the termination option can be revoked, but it is not transferred to the inheritance, because the marriage is dissolved due to death. Termination of marriage does not require the parties' consent; the one who has the right to terminate can do it unilaterally. The one who cancels must be wise and mature. Precisely due to many ambiguities in the current law, such as vitiligo (3,4,5) this study was conducted to provide sufficient and accurate information about the types of diseases that exist in the community but are not reflected in the law. Moreover, we examine the difference in the number of diseases specified in the law for women/people, which according to this study's designers, are a form of discrimination between the two sexes. It is possible to help the legislators in this connection. Also, we aimed to help solve the moral and legal defects of the existing procedures in forensic medicine centers and courts and recommend pre-marriage education for couples.

2. Methods

The present study was descriptive, cross-sectional, and analytical. The census method was used to select the sample. We employed a researcher-made information collection form to assess the awareness and attitude of the medical personnel of Shohada Tajrish and Shahid Modares hospitals concerning the diseases leading to the dissolution of marriage in couples. After reviewing its validity and reliability according to the literature review and previous studies, the reliability (internal consistency) was determined for each item of the questionnaire. For the reliability of the results in measuring the level of awareness, we used the formula of Koder Richardson and to measure the type of attitude, Cronbach's alpha values of 0.7 or above were considered reliable. There were six questions about knowledge and six about attitude. Awareness questions were answered as three options: right, wrong, and I do not know. A correct answer scored 2, I do not know scored 1, and a wrong answer scored zero. Attitude questions were scored 1 to 5 from strongly agree to strongly disagree. The defects of women included madness, leprosy, hard hymen, promiscuity, blindness, and being grounded, and the defects of men included insanity, impotence, castration, and penis cut.

Finally, if the level of knowledge and awareness was higher

than 50%, a possible score as a distinguishing mark between desirable and unfavorable was set. Thus, a cutoff of 11 and above was determined for knowledge score and 33 and above for the attitude score. For negative questions, if necessary, the scores of each question were reversed. The purpose was to examine the relationship between different variables and individuals' levels of awareness and attitude. Also, the inclusion criterion was the complete satisfaction of the audience (implicit consent of the interviewee to complete the data collection form). The ages were 25-50 years.

A simple random sampling was done according to the inclusion criteria: (1) working in the mentioned hospitals, 2) having a medical-related education (expert in nursing, postgraduate diploma in nursing, and doctorate in medicine), 3) being married, 4) being Muslim, 5) willingness to participate in interviews or fill out the questionnaire. Cochran's formula was used to calculate the minimum sample size.

Fisher and Pearson's statistical tests in SPSS21 software were employed to analyze the data. $P < 0.05$ was considered significant. All information obtained from the patients was kept confidential based on the Helsinki Declaration. Considering the provisions of the Civil Code, since the investigation was not part of the couple's common interests, there was no need to obtain written consent and acquittal of addresses.

3. Results

In this study, 600 people aged 21-50 years were enrolled (mean \pm SD: 34.7 \pm 7). Half of the study participants were men. Most participants were in the age range of 32-42 years. Also, 55% (95%CI=45.8%-65.2%) had a bachelor's degree, 11% (95%CI=9.8-13.2) had a graduate degree, and 34% (95%CI=28.7-47.2) had a doctoral degree. At the beginning of the questions, almost 92% (95%CI=80.8-99.2) of the participants had no knowledge of the number of cases of adultery in the law, and only 8% (95%CI=4.8-10.2) knew about the number of possible cases of adultery.

All participants were aware of the possibility of annulment of marriage in case of insanity, and they agreed to the annulment of marriage in this case. Awareness and attitude did not change significantly with the age and education of the participants ($P > 0.2$). All women were against the high number of cases of marriage annulment in women compared to those in men (seven cases versus four cases), and they wanted to amend the law for equality with men in this regard ($P < 0.003$). On the other hand, only 37% (95%CI=42.8-28.2) of men favored the equality of cases of adultery between men and women, and they believed that the role of men in a joint life is more than that of women.

Also, 74% (95%CI=64.8-85.2) of the participants believed that the cases of annulment of marriage should not be limited to illness cases, and the legislator should entrust the issue to the

medical expert panel for all diseases that make life difficult for couples ($P < 0.01$).

Most participants believed that if the other party informs his future wife of all her physical defects before marriage, they may agree to marry this person. Nevertheless, if he hides it, they are not willing to continue living with him (85%; 95%CI=74.8-95.2). This shows the unacceptability and the ugly nature of lies among the participants.

4. Discussion

According to the results of this study, all the women were against the fact that there are more cases of defects leading to the annulment of marriage for women than men, and they requested the amendment of the law in order to ensure the observance of gender justice by the legislators in the country. Also, the knowledge of medically educated people about the diseases that lead to marriage annulment was meager, and it is necessary to take pre-marriage training for girls and boys in our society more seriously.

Furthermore, all the participants were against limiting the number of diseases to 10 to 11 and wanted the law to be expanded to any disease that causes much hardship in the family. No similar study was found for unknown reasons, but we can point out some in this regard to clarify the issue. There are two types of defects that lead to the right of termination: specific defects and joint defects. The defects specific to a man are listed in Article 1122 of the Civil Code.(1,6,7), and according to that, if a man cannot perform a marital act due to a complication, the law gives the woman the right to dissolve the marriage. According to Article 1123 of the Civil Code(8) the specific defects of a woman are Bony and hard hymen, leprosy, atrophy, grounding, and blindness in both eyes. These defects create the right of termination for the man if they were present at the time of marriage and the man married the woman regardless of them (9,10) right to terminate due to the woman's faults is to prevent the man's loss. Therefore, if these defects are removed through surgery or medical treatment, the right to cancel will also lose its basis and be revoked. Also, if these defects become treatable due to the progress of medical science, they are no longer considered defects, and the man does not have the right to terminate marriage based on them. Common faults between men and women mean that if found in any of the spouses, it causes the right of termination for the other party. Although the insanity of a man and a woman is different in terms of the rulings that follow it, it is the only instance of common defects in couples that causes the right of termination. According to Article 1121 of the Civil Code,(11,12,13) the insanity of each spouse, provided that it is established, whether continuous or periodic, gives the other party the right to terminate. According to this ruling, it is possible to dissolve the

marriage in cases where one of the spouses is not aware of the insanity of the other at the time of the marriage because if he married her with the knowledge of his insanity, he has acted to his own detriment and must bear it.

5. Conclusion

According to this study's results, medical students' awareness and knowledge about diseases that lead to marriage dissolution are very low. It is noteworthy that in this interview, after learning about the cases, the participants wanted the law to include all the diseases that make it difficult for the couple to continue their marital lives, and they requested to revise the law.

6. Appendix

6.1. Acknowledgment

All information extracted from the medical files remained confidential based on the Declaration of Helsinki. Moreover, the study protocol was approved by the Research Committee of the Men's Health and Reproductive Health Research Center, University of Medical Sciences, Tehran, Iran and the Ethics Committee of Shahid Beheshti University of Medical Sciences (Code: IR.SBMU.RETECH.REC. 1399.690).

6.2. Conflict of interest

The authors declare that there is no conflict of interests regarding the publication of this paper.

6.3. Funding support

None.

6.4. Author's contributions

All the authors had the same contribution.

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Table 1: Characteristics of participants in assessing their attitudes and knowledge about diseases leading to the dissolution of marriage.

Condition	Variable	Frequency
		Number and Percent
Age	21-30	30%(180)
	31-40	47%(330)
	41-50	23%(138)
education	MD,PHD	34%(204)
	Bachlore	55%(330)
	graduatedegree	11%(66)
Economic level of the family (from the participant's point of view)	High income	34%(204)
	Low income	66%(396)

