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Published Online: 2026 October 31 **Case Report**

Women's Roles in Health-Related Services and Mass Gathering Management: A Field Report from the Funeral Ceremony of Iran's Late Supreme Leader

Erfan Yousefzadeh [1,2], Somaieh Roohani Majd [3], Yasaman Fallah [4,*]

[1] Student Research Committee, Iran University of Medical Sciences, Tehran, Iran
[2] Health Management and Economics Research Center, Health Management Research Institute, Iran University of Medical Sciences, Tehran, Iran
[3] Spiritual Health Research Center, Iran University of Medical Sciences, Tehran, Iran
[4] Student Research Committee, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran

[*] ***Corresponding Author:*** Student Research Committee, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran. Email: yasamanfallah@nm.mui.ac.ir

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Abstract

Background: Religious mass gatherings can place substantial demands on host communities, healthcare resources, and service infrastructure. Although women are often discussed in terms of their specific health and support needs, their contributions to the organization and delivery of services during mass gatherings remain insufficiently documented.

Objectives: This study aimed to describe women's roles in health-related services, healthcare-related services, and organizational support during the funeral ceremony of Iran's late Supreme Leader.

Methods: This descriptive field report was based on direct observations conducted by three researchers at accommodation facilities, Mawakib, emergency response posts, and other service locations throughout the event. Observations were supplemented by a review of official operational reports, administrative statistics, and publications from domestic news agencies. Findings were organized descriptively into five domains: women's health services, accommodation and support infrastructure, women's managerial and volunteer participation, support for children and families, and women's social participation.

Results: Women participated in various health-related and organizational activities, including mother-and-child support services, accommodation arrangements, healthcare provision, women-managed and jointly managed Mawakib, childcare activities, and family-oriented support. Reports documented 101 mother-and-child Mawakib in Tehran, involving more than 2,000 service personnel. In addition, approximately 500 healthcare personnel and volunteers were planned to provide specialized services. In Semnan Province, 100 women-managed Mawakib and 100 child-focused stations were reported, whereas North Khorasan Province reported 63 Mawakib with women's participation and 700 registered female volunteers. Dedicated accommodation facilities, volunteer residential homes, and women-specific public infrastructure were also reported in Tehran and other participating locations.

Conclusions: This field report illustrates the complementary roles of women as recipients of gender-responsive services and as active contributors to health-related, welfare, and organizational activities during a large-scale religious mass gathering. Integrating women's needs, capacities, and meaningful participation into mass gathering preparedness and management may support more inclusive service planning. Further research is needed to evaluate service accessibility, operational effectiveness, and health outcomes.

Keywords: Mass Gatherings, Women, Health Services, Women's Health Services, Volunteers

1. Introduction

The management of mass gatherings is a complex public health and organizational undertaking, particularly when large numbers of participants place substantial demands on the healthcare, logistical, and emergency response capacities of host communities. Religious and cultural gatherings may pose health risks associated with population density, environmental exposure, communicable diseases, heat-related illness, physical exhaustion, and medical emergencies. Effective management therefore requires coordinated planning, adequate human resources, accessible healthcare services, and community engagement before, during, and after the event (1-3).

Despite growing recognition of the importance of social and organizational factors in mass gathering management, the gender dimension of service planning and delivery remains comparatively underexplored. Women may have specific health and support needs during large gatherings, including reproductive and

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maternal healthcare, menstrual hygiene, privacy, safe accommodation, and childcare. Research on women's experiences during the Arbaeen pilgrimage has documented reproductive health concerns, environmental and infrastructural barriers, and difficulties in accessing appropriate healthcare services, underscoring the importance of gender-responsive planning (4, 5).

However, conceptualizing women exclusively as a population with specific vulnerabilities offers an incomplete understanding of their roles in large-scale public events. Research in disaster risk reduction and community-based emergency management has increasingly emphasized women's knowledge, organizational capacities, leadership, and contributions to preparedness and response. The Sendai Framework for Disaster Risk Reduction recognizes women's participation as an important component of inclusive disaster risk governance and emphasizes the need to strengthen their capacities and involvement in decision-making and implementation (6-9). Evidence from community-based disaster management further shows that women can contribute to local decision-making, resource mobilization, communication, and the organization of community support activities (10, 11).

These considerations are also relevant to religious mass gatherings, in which formal institutions operate alongside community-based and volunteer-led service structures. Such arrangements may provide opportunities for women to participate in healthcare delivery, accommodation management, family support, and the coordination of voluntary services. Nevertheless, the available literature has focused more extensively on epidemiological risks and healthcare provision than on the organizational contributions of women in these settings (1, 3, 12).

The shared social identity approach offers an additional perspective for understanding collective participation in mass gatherings. According to this approach, a perceived sense of shared group membership can shape social expectations, cooperation, and supportive behavior among crowd members. However, these processes are context-dependent and should not be inferred solely from physical co-presence or visible social diversity (13-15).

The funeral ceremony of Iran's late Supreme Leader in July 2026 provided an opportunity to document women's participation in a large-scale religious-national gathering involving multiple service and organizational structures. Despite the importance of gender-responsive planning in such events, descriptive accounts of women's roles in service delivery and community-based organizational arrangements remain limited.

2. Objectives

Accordingly, this field report aimed to describe the roles of women in health promotion, healthcare-related services, accommodation, volunteer participation, and family-oriented support during the event.

3. Methods

This study was conducted as a descriptive field report documenting women's roles in health promotion and service organization during the funeral ceremony of Iran's late Supreme Leader in July 2026.

Data were obtained from two complementary sources. First, direct field observations were conducted by three researchers with expertise in disaster health and mass gathering management. Throughout all days of the event, the researchers visited accommodation facilities, Mawakib, emergency response posts, and other service locations across the different areas associated with the ceremony. In this report, Mawakib (singular: mawkib) refers to volunteer-run service stations established to provide free services to participants during the gathering. Depending on their organizational focus, these stations may provide food, water, accommodation, hygiene supplies, maternal and child support, or other welfare services. Mawakib were distinguished from formal healthcare facilities unless they were specifically organized to provide healthcare services.

Observations focused on activities relevant to the study objectives, including women's health services, accommodation arrangements, women's participation in service management and volunteer activities, support for children and families, and community-based initiatives. The researchers documented observations directly according to these predefined domains. No structured observation instrument, participant interviews, or individual-level assessments were used.

Second, documentary information was obtained by reviewing official operational reports, administrative statistics, and relevant publications from domestic news agencies. The review focused particularly on reports issued by the Women and Family Command Center of Tehran Municipality and the Women and Family Affairs offices of Semnan and North Khorasan provinces, as well as relevant reports from organizations involved in accommodation and support services in Mashhad. These sources provided supplementary information on the reported number of service facilities, accommodation arrangements, volunteer networks, and organizational activities. Documents published during and immediately after the event were considered.

Where possible, the researchers cross-checked documentary information against their field observations while retaining the original geographic scope,

organizational context, and reporting status of each indicator. Figures describing planned arrangements, announced capacities, registered volunteers, and reported operational activities were distinguished to avoid treating these measures as equivalent. Differences in reporting periods and geographic coverage were considered when interpreting numerical indicators.

The findings are presented as a descriptive synthesis of direct observations and documentary information. No statistical analyses, formal qualitative coding procedures, or assessments of service effectiveness were undertaken.

4. Results

The collected information was descriptively organized into five domains: 1) women's health services; 2) accommodation and support infrastructure; 3) women's managerial and volunteer participation; 4) support for children and families; and 5) women's social participation.

4.1. Women's Health Services

In Tehran, 101 mother-and-child Mawakib were reported in the Mosalla area, along the procession routes, and at city entry points. Of these, 20 were located in the Mosalla area and 81 along the procession routes. More than 2,000 service personnel were reportedly involved in these Mawakib (16). Approximately 500 physicians, nurses, nursing assistants, and other volunteer healthcare personnel were included in the planned arrangements to provide specialized healthcare services at accommodation centers and Mawakib (17) (Table 1).

4.2. Dedicated Accommodation and Support Infrastructure for Women

According to reports from the Women and Family Command Center of Tehran Municipality, 25 accommodation centers were allocated to women and girls, with a reported capacity of 19,750 persons (18). In addition, accommodation capacity for more than 200,000 women was reported across women-specific facilities and infrastructure in Tehran (19). In Mashhad, the Center for Women and Family Affairs of Astan Quds Razavi identified and registered approximately 300 private residential homes through its Razavi Homes initiative to accommodate pilgrims. Most of the homeowners participating in this initiative were women (20). Furthermore, more than 170 hectares of women-specific municipal infrastructure were reported in Tehran, including women-only parks, Shahrbanu complexes, Shahrdokht centers, and Kowsar facilities (21) (Table 2).

4.3. Women's Managerial and Volunteer Participation

In Semnan Province, 100 women-managed Mawakib and 100 child-focused service stations were reported in connection with the ceremony (22). In North Khorasan Province, 63 Mawakib with women's participation were reported, of which 31 were managed exclusively by women and 32 were jointly managed by women and men. In addition, at the time of reporting, 700 women had registered to participate in volunteer service activities in the province (23) (Table 3).

4.4. Support for Children and Families Along Routes and at Accommodation Facilities

Child-focused facilities and temporary childcare arrangements were planned at accommodation sites and at locations near the procession routes in Qom. These included child-focused Husseiniyehs and designated spaces where trained educators could provide childcare and cultural activities for children accompanying their families (24). Dedicated arrangements for mothers and children along the routes were also reported (25). Identification cards for children and mothers were designed to facilitate identification and contact with families if children became separated from their caregivers. Additional measures included recording parents' emergency contact numbers on children's hands and establishing missing-person support arrangements (26, 27). A group of adolescent girls, particularly in Qom, were included in planned volunteer activities after preparatory training and a drill; they were expected to serve as assistants at accommodation facilities and along the walking route (28). However, the coverage and implementation of these arrangements, as well as their effectiveness in preventing child separation or other safety incidents, were not systematically assessed.

4.5. Women's Social Participation

Field observations documented the presence of women and girls with visibly varied clothing and styles of social presentation in shared ceremonial spaces. Media photographs also showed women with different styles of dress attending the ceremony (29) (Figure 1). Together, these observations and media reports provided a descriptive account of women's presence and visible diversity during the event.

5. Discussion

This field report describes women's participation in health-related services, accommodation arrangements, volunteer networks, and family-oriented support during a large-scale religious-national gathering. The findings illustrate two complementary dimensions of women's

Table 1. Women-Specific Health Services and Mother-and-Child Support Facilities

Indicator	Reported Number/Status	Geographic Scope/Responsible Organization
Mother-and-child Mawakib	101	Tehran; Women and Family Command Center
Mawakib in the Mosalla area	20	Tehran
Mawakib along procession routes	81	Tehran
Service personnel in mother-and-child Mawakib	More than 2,000	Tehran
Healthcare personnel and volunteers	Approximately 500 (planned)	Tehran; Women and Family Command Center and participating health-service providers

Table 2. Women-Specific Accommodation and Dedicated Infrastructure

Indicator	Reported Number/Capacity	Geographic Scope/Responsible Organization
Dedicated accommodation centers for women and girls	25 centers	Tehran Municipality
Accommodation capacity in dedicated centers	19,750 persons	Tehran Municipality
Planned accommodation capacity for women across women-specific facilities	More than 200,000 persons	Tehran Municipality
Private residential homes identified and registered for accommodation	Approximately 300 homes	Mashhad; Astan Quds Razavi, Center for Women and Family Affairs
Women-specific municipal infrastructure	More than 170 hectares	Tehran Municipality; Women and Family Center

Table 3. Women's Participation in Volunteer Networks and Mawakib

Indicator	Reported Number/Status	Geographic Scope/Responsible Organization
Women-managed Mawakib	100	Semnan; Provincial Women and Family Affairs Office
Child-focused service stations	100	Semnan
Mawakib involving women's participation	63 planned	North Khorasan; Provincial Women and Family Affairs Office
Exclusively women-managed Mawakib	31	North Khorasan
Jointly managed Mawakib	32	North Khorasan
Registered female volunteers	700 registered	North Khorasan

involvement: women were among the recipients of gender-responsive services, and they also contributed as healthcare personnel, volunteers, and participants in the management of community-based service arrangements. These findings provide a descriptive account of women's roles during the event but do not establish the effectiveness or health impact of the reported activities.

Women's participation in the management of Mawakib and volunteer networks was documented in Semnan and North Khorasan provinces. A systematic review of women's roles in disaster emergencies identified their contributions to evacuation, rescue, preparedness, and support for affected communities, while highlighting the limited research attention given to women as active responders rather than solely as vulnerable populations (31). Similarly, research on community-based disaster risk management in Taiwan emphasized the importance of recognizing women's contributions to local preparedness and response structures (32). Studies of disaster risk governance have also highlighted women's participation, while noting that their involvement in organizational decision-making may remain limited (11). Research from Oman further emphasized the importance of women's participation in gender-responsive disaster risk reduction and resilience initiatives (10). Zaidi and Fordham argued that women's meaningful involvement remains insufficiently integrated into the implementation of global disaster risk reduction policies (9), whereas the Sendai Framework identifies women's participation and leadership as important components of inclusive disaster risk reduction (8). Although mass gatherings differ from disaster settings, these perspectives are relevant to mass gathering management because both settings require coordination, community engagement, and the mobilization of local



Figure 1. Participants attending the funeral ceremony of Iran's late Supreme Leader in Tehran (30)

resources. Nevertheless, the present report documents women's participation and the reported management arrangements rather than women's actual decision-making authority, institutional influence, or leadership effectiveness.

The reported mother-and-child Mawakib and the planned involvement of female healthcare personnel indicate that specific arrangements were made to address the needs of women and families attending the ceremony. A qualitative study of women pilgrims during the Arbaeen pilgrimage identified reproductive health concerns, inadequate menstrual hygiene, limited privacy, environmental and infrastructural barriers, and difficulties in accessing appropriate healthcare services (4). Another qualitative study documented the medical challenges experienced by women pilgrims and discussed context-specific strategies for addressing them (5). A scoping review of health challenges and facilitators during the Arbaeen pilgrimage also highlighted the importance of accessible services, health education, and coordination among the organizations involved in pilgrimage management (12). Collectively, these studies underscore the relevance of gender-responsive healthcare planning for large religious gatherings. However, the present report did not assess actual service utilization, participants' experiences, or clinical outcomes; therefore, it cannot establish whether the reported arrangements improved healthcare access or reduced health risks.

Community-based service facilities, commonly referred to as Mawakib, constituted another component of the service infrastructure documented in this report. A cross-sectional assessment of temporary community-based healthcare facilities during the Arbaeen gathering in Karbala found that these facilities provided services such as medication dispensing, blood pressure and blood glucose measurement, and wound care (33). A qualitative study of health and treatment measures during the 2022 Arbaeen procession also highlighted the importance of planning and coordination in facilitating timely access to healthcare services during the gathering (34). This evidence illustrates the potential contribution of community-based facilities to service provision during large religious gatherings. In the present event, women were reported to participate in the management of some Mawakib and related volunteer activities. However, community-based welfare facilities should not automatically be regarded as equivalent to formal healthcare facilities. Where Mawakib provide healthcare-related services, clearly defined responsibilities, appropriate training, and referral pathways are important considerations. The World Health Organization emphasizes coordinated public health planning and service provision at mass gatherings (3). The present report did not evaluate service quality, referral systems, or the

extent to which these facilities complemented formal healthcare services.

The accommodation arrangements reported in Tehran and Mashhad illustrate different organizational approaches to providing accommodation and support for female participants. Research on women pilgrims during the Arbaeen pilgrimage has identified overcrowding, inadequate privacy, and infrastructural barriers as factors that may affect women's health and experiences (4). These findings highlight the importance of considering privacy and appropriate facilities when planning accommodation for women attending large religious gatherings. Research on women's medical challenges during pilgrimage has also emphasized the need for organizational and service arrangements that respond to women's specific needs (5). In this context, dedicated accommodation centers, private residential homes, and women-specific municipal facilities represent distinct forms of reported support infrastructure. However, the reported numbers of facilities and their stated capacities do not establish actual occupancy, accessibility, sanitation conditions, or participant satisfaction. Moreover, the figures for dedicated accommodation centers and for broader women-specific accommodation capacity refer to different categories of provision and should not be interpreted as equivalent or combined without further clarification. Future evaluations should examine actual use, service accessibility, and the extent to which these arrangements meet the needs of women traveling alone or with family members.

Support for children and families was another component of the reported arrangements. Documented initiatives included child-focused facilities, temporary childcare arrangements, identification cards, and the planned participation of trained adolescent volunteers. A systematic review of children's healthcare in mass-casualty incidents highlighted the need to address children's specific medical and care requirements in emergency planning (35). Research on child-friendly spaces in humanitarian settings has also examined their potential contribution to children's protection and psychosocial well-being, although reported effects have varied across settings and age groups (36). These findings support the relevance of age-appropriate, adequately supervised child-focused arrangements, while cautioning against the assumption that establishing such facilities alone guarantees protective or developmental benefits. Family identification and reunification are also important components of child protection during emergencies. A nationwide survey of US hospitals identified gaps in preparedness for managing unidentified individuals and reuniting unaccompanied minors with family members, underscoring the importance of formal reunification planning (37). This evidence provides a relevant basis for considering the purpose of the identification and missing-person arrangements reported during the present event. However, their actual effectiveness was not assessed in this field report. Future planning should specify supervision arrangements, safeguarding procedures, volunteer responsibilities, and referral mechanisms for children requiring additional support. The involvement of adolescent volunteers should also be accompanied by appropriate supervision and clearly defined responsibilities.

The presence of women and girls with visibly varied styles of dress in shared ceremonial spaces provides a descriptive indication of the social diversity observed during the event. The shared social identity approach offers one theoretical perspective for examining collective behavior at mass gatherings. Research has suggested that shared social identity and perceived social norms may influence risk-related behavior in crowds, including decisions about resource sharing (13). A broader review of crowd psychology has discussed the role of shared group membership in shaping collective experiences, social influence, and behavior in crowd settings (14). Hopkins and colleagues also reported an association between shared social identity and positive experiences in crowds (15). However, visible diversity and physical co-presence do not, in themselves, demonstrate shared psychological identification, social cohesion, interpersonal trust, or collective helping behavior. These processes were not directly assessed in the present report and would require dedicated qualitative or quantitative investigation.

Taken together, these findings highlight the importance of considering both women's service needs and their participation in the organization of mass gatherings. Research on gender-responsive disaster risk reduction has emphasized that women's contributions should be recognized beyond their roles as recipients of assistance. Studies of disaster risk governance have also highlighted the need to address institutional and sociocultural barriers that may limit women's participation in decision-making. In the context of mass gatherings, these considerations may inform planning for women's representation in decision-making, appropriate training and supervision of volunteers, accessible healthcare and referral pathways, and coordination between formal institutions and community-based service providers. Further empirical research is needed to assess the accessibility and quality of gender-responsive services, the operational performance of women-managed service structures, and the experiences of women volunteers and service users.

5.1. Limitations

This report has some limitations. Its descriptive design focuses on documenting services and activities rather than evaluating their effectiveness or health outcomes. Some numerical indicators were obtained from administrative reports and media sources, reflecting the documentation available. In addition, observations were recorded by three researchers without a standardized instrument or a systematic assessment of service utilization and participant experiences. Finally, the findings reflect the specific organizational, social, and cultural context of a large-scale religious-national event in Iran and should be interpreted accordingly.

5.2. Conclusions

This field report highlights the complementary roles of women as both recipients of gender-responsive services and contributors to health-related, welfare, and organizational activities during a large-scale religious mass gathering in Iran. Their involvement spanned healthcare-related support, accommodation arrangements, community-based service management, volunteer networks, and family-oriented initiatives. These findings underscore the importance of addressing women's needs and strengthening their meaningful participation in mass gathering preparedness and management. Future planning should support women's involvement in decision-making, enhance the training and coordination of volunteer networks, and ensure accessible maternal, child, and family support services. Further research could build on these findings by examining the quality, accessibility, and effectiveness of such arrangements.

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Footnotes

AI Use Disclosure: The authors used ChatGPT (OpenAI) to assist with English-language editing and to improve the academic phrasing of the manuscript. All AI-assisted content was reviewed and revised by the authors, who take full responsibility for the accuracy, interpretation, and final content of the manuscript.

Authors' Contribution: Erfan Yousefzadeh contributed to the conception and design of the study. Erfan Yousefzadeh, Somaieh Roohani Majd, and Yasaman Fallah conducted the field observations, collected documentary information, and drafted the manuscript. Erfan Yousefzadeh and Yasaman Fallah contributed to the development and critical revision of the manuscript. Yasaman Fallah supervised the study. All authors reviewed and approved the final manuscript.

Conflict of Interests Statement: The authors declare that they have no conflicts of interest.

Data Availability: The dataset presented in this study is available from the corresponding author upon request during submission or after publication.

Ethical Approval: This study was conducted as a descriptive field report documenting the activities of organizations involved in a public event and was based on direct observations and aggregated administrative information. No interventions involving individual participants were performed, no interviews or individual-level assessments were conducted, and no personally identifiable information was collected.

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References

1. Alhajri W, Templeton A, Moore A. Social norms and risks at mass gatherings: A systematic review. *Int J Disaster Risk Reduct*. 2023;**88**. 103586. https://doi.org/10.1016/j.ijdrr.2023.103586.
2. Kanaujiya AK, Tiwari V. Crowd management and strategies for security and surveillance during the large mass gathering events: The prayagraj kumbh mela 2019 experience. *Natl Acad Sci Lett*. 2022;**45**(3):263-273. [PubMed ID: 35431383]. [PubMed Central ID: PMC8989104]. https://doi.org/10.1007/s40009-022-01114-w.
3. World Health Organization. *Public health for mass gatherings: Key considerations*. 2015. Available from: https://iris.who.int/handle/10665/162109.
4. Hashemian A, Direkvand-Moghadam A. Reproductive and health challenges of women pilgrims during the Arbaeen pilgrimage: A qualitative study. *Adv Hum Resour Dev Manag*. 2025;**1**(1):67-75. https://doi.org/10.55578/hrdm.2512.007.
5. Ziaei T, Kiani Z, Simbar M, Heydari M, Soltani A. Medical Challenges for Women and Ways or Strategies to Deal with Them During the Arbaeen Pilgrimage: A Qualitative Study Utilizing Content Analysis Approach. *Mass Gather Med J*. 2025;**2**(2). e165013. https://doi.org/10.69107/mgmj-165013.
6. Shafiq Y, Muhammad A, Noor S, Kumar K, Chhipa UEA, Valente M, et al. The modification of risk assessment ranking when considering the female population and children in the INFORM risk index for selected countries. *Sci Rep*. 2025;**15**(1):26527. [PubMed ID: 40691186]. [PubMed Central ID: PMC12279985]. https://doi.org/10.1038/s41598-025-10490-4.
7. Sule FA, Uthman OA, Olamijuwon EO, Ichegbo NK, Mgbachi IC, Okusanya B, et al. Examining vulnerability and resilience in

maternal, newborn and child health through a gender lens in low-income and middle-income countries: A scoping review. *BMJ Glob Health*. 2022;7(4). e007426. [PubMed ID: 35443936]. [PubMed Central ID: PMC9024279]. https://doi.org/10.1136/bmjgh-2021-007426.

8. United Nations Office for Disaster Risk Reduction. *Sendai framework for disaster risk reduction 2015-2030*. 2015. Available from: https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030.
9. Zaidi RZ, Fordham M. The missing half of the Sendai framework: Gender and women in the implementation of global disaster risk reduction policy. *Prog Disaster Sci*. 2021;**10**. 100170. https://doi.org/10.1016/j.pdisas.2021.100170.
10. Abdalla S, Ramadan E, Al Mamari W. Enhancing gender-responsive resilience: The critical role of women in disaster risk reduction in Oman. *Prog Disaster Sci*. 2024;**24**. 100376. https://doi.org/10.1016/j.pdisas.2024.100376.
11. Hemachandra K, Amaratunga D, Haigh R. Role of women in disaster risk governance. *Procedia Eng*. 2018;**212**:1187-1194. https://doi.org/10.1016/j.proeng.2018.01.153.
12. Moulaei K, Bastaminejad S, Haghdoost A. Health challenges and facilitators of arbaeen pilgrimage: A scoping review. *BMC Public Health*. 2024;**24**(1):132. [PubMed ID: 38195530]. [PubMed Central ID: PMC10777642]. https://doi.org/10.1186/s12889-024-17640-9.
13. Alhajri W, Moore A, Templeton A. Shared social identity and social norms shape risk-taking at mass gatherings. *Br J Soc Psychol*. 2024;**63**(4):1922-1942. [PubMed ID: 38780116]. https://doi.org/10.1111/bjso.12767.
14. Drury J. The psychology of crowd behavior. *Annu Rev Psychol*. 2026;**77**(1):339-364. [PubMed ID: 40763250]. https://doi.org/10.1146/annurev-psych-012125-121447.
15. Hopkins N, Reicher SD, Khan SS, Tewari S, Srinivasan N, Stevenson C. Explaining effervescence: Investigating the relationship between shared social identity and positive experience in crowds. *Cogn Emot*. 2016;**30**(1):20-32. [PubMed ID: 25787295]. [PubMed Central ID: PMC4704436]. https://doi.org/10.1080/02699931.2015.1015969.
16. Islamic Republic of Iran Broadcasting. *[More than 2,000 volunteers serving pilgrims at 101 mother-and-child Mawakib]*. 2026, [cited 2026 Jul 5]. Persian. Available from: https://www.irib-news.ir/00OWVe.
17. Islamic Republic of Iran Broadcasting. *[From 81 mother-and-child Mawakib to dedicated accommodation centers for women: Healthcare arrangements for the funeral ceremony]*. 2026, [cited 2026 Jul 5]. Persian. Available from: https://www.irib-news.ir/00OW63.
18. Iranian Students News Agency. *[Establishment of 25 accommodation centers for women and girls with a capacity of 19,750 persons]*. 2026, [cited 2026 Jul 5]. Persian. Available from: https://www.isna.ir/news/1405041106572.
19. Shahr News Agency. *[Capital prepares accommodation capacity for more than 200,000 female pilgrims]*. 2026, [cited 2026 Jul 5]. Persian. Available from: https://www.shahr.ir/xJsh.
20. ShahreAra News. *[Women of Astan Quds Razavi participate in service provision: 300 Razavi homes for accommodating pilgrims]*. 2026, [cited 2026 Jul 5]. Persian. Available from: https://shrr.ir/001nVv.
21. Hamshahri Online. *[Allocation of 170 hectares of women-specific spaces and preparation of mother-and-child service facilities for the funeral ceremony]*. 2026, [cited 2026 Jul 5]. Persian. Available from: https://www.hamshahrionline.ir/xbVS2.
22. Iranian Students News Agency. *[Establishment of 100 women-managed Mawakib and 100 child-focused stations in Semnan Province during the funeral ceremony]*. 2026, [cited 2026 Jul 5]. Persian. Available from: https://www.isna.ir/news/1405041005979.
23. Tasnim News Agency. *[63 women-led and women-participatory Mawakib ready to host mourners in North Khorasan Province]*. 2026, [cited 2026 Jul 5]. Persian. Available from: https://tasnimnews.ir/3639894.
24. Tasnim News Agency. *[Establishment of child-focused Husseiniyehs for pilgrims attending the funeral ceremony in Qom]*. 2026, [cited 2026 Jul 4]. Persian. Available from: https://www.tasnimnews.ir/fa/news/1405/04/10/3631163.
25. Tasnim News Agency. *[Establishment of dedicated routes for mothers and children during the funeral ceremony]*. 2026, [cited 2026 Jul 4]. Persian. Available from: https://www.tasnimnews.ir/fa/news/1405/04/07/3627842.
26. Tasnim News Agency. *[Special measures to prevent children from getting lost during the funeral ceremony]*. 2026, [cited 2026 Jul 4]. Persian. Available from: https://www.tasnimnews.ir/fa/news/1405/04/12/3632377.
27. Tasnim News Agency. *[Distribution of identification cards for attendees of the funeral ceremony]*. 2026, [cited 2026 Jul 6]. Persian. Available from: https://www.tasnimnews.ir/fa/news/1405/04/10/3629536.
28. Tasnim News Agency. *[Special arrangements for women and children during the funeral ceremony in Qom]*. 2026, [cited 2026 Jul 6]. Persian. Available from: https://www.tasnimnews.ir/fa/news/1405/04/12/3631851.
29. Khabar Online. *[Photographs documenting women's presence at the farewell ceremony]*. 2026, [cited 2026 Jul 6]. Persian. Available from: https://www.khabaronline.ir/xq4Pk.
30. Tehran Times. *Millions of mourners stream through Tehran as national funeral procession honors martyred Leader*. 2026, [cited 2026 Jul 5]. Available from: https://www.tehrantimes.com/news/527922/Millions-of-mourners-stream-through-Tehran-as-national-funeral.
31. Pérez-Gañán R, Dema Moreno S, González Arias R, Cocina Díaz V. How do women face the emergency following a disaster? A PRISMA 2020 systematic review. *Nat Hazards (Dordr)*. 2023;**116**(1):51-77. https://doi.org/10.1007/s11069-022-05663-7.
32. Lee CC, Huang KC, Kuo SY, Lin YJ, Ke KY, Pan TY, et al. Gender matters: The role of women in community-based disaster risk management in Taiwan. *Int J Disaster Risk Reduct*. 2022;**77**. 103046. https://doi.org/10.1016/j.ijdrr.2022.103046.
33. Lami F, Hameed I, Arbaji A. Assessment of temporary community-based health care facilities during arbaeenia mass gathering at Karbala, Iraq: Cross-sectional survey study. *JMIR Public Health Surveill*. 2019;**5**(4). e10905. [PubMed ID: 31588911]. [PubMed Central ID: PMC6800459]. https://doi.org/10.2196/10905.
34. Nazari S, Araghizadeh H, Shamsi A, Ghorbani M, Afzali M, Mahdian H. Investigating health and treatment measures during the Arbaeen procession 2022: A qualitative study. *Am J Disaster Med*. 2024;**19**(2):151-160. [PubMed ID: 38698514]. https://doi.org/10.5055/ajdm.0453.
35. Costa V, Stéfani GM, Ferenhof HA, Lima FS, Cola M. Children's health care in mass-casualty incidents: A systematic literature review. *Prehosp Disaster Med*. 2021;**36**(6):739-746. [PubMed ID: 34658318]. https://doi.org/10.1017/S1049023X21001060.
36. Hermosilla S, Metzler J, Savage K, Musa M, Ager A. Child friendly spaces impact across five humanitarian settings: A meta-analysis. *BMC Public Health*. 2019;**19**(1):576. [PubMed ID: 31092239]. [PubMed Central ID: PMC6521445]. https://doi.org/10.1186/s12889-019-6939-2.
37. Rebmann T, Gupta NK, Charney RL. US hospital preparedness to manage unidentified individuals and reunite unaccompanied minors with family members during disasters: Results from a nationwide survey. *Health Secur*. 2021;**19**(2):183-194. [PubMed ID: 33259755]. https://doi.org/10.1089/hs.2020.0065.