

## EXPLAINING SEXUAL HEALTH NEEDS AMONG ADOLESCENT BOYS IN IRANIAN SOCIETY

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### ABSTRACT

Enough attention to sexual and reproductive health of adolescent is an investment in the future of any country. Understanding of sexual and reproductive health need, prioritizing and determining the strategy to reach them in order to passing the critical adolescent period is required. This qualitative study carry out with content analysis approach. 61 male adolescent and 9 key informant represent their comment and experiences about sexual and reproductive health needs. Sampling was purposive in Tehran 2014. Data was analyzed by conventional content analysis. Findings are describes in three theme and 7 sub-themes which includes: 1. Proper sex education (promoting the role of family, promoting the role of school), 2. Management the factors affecting on sexuality (Modified environmental triggers, establish the healthy relationship between the sexes and the role of religious beliefs) and 3. Sexual and reproductive service centers (creating sexual and reproductive centers and creating suitable condition for use them among adolescents). To promote sexual and reproductive health in male adolescent, developing health driven application based on sexual health needs is necessary to health policymaker.

**KEYWORDS:** Need, Sexual and Reproductive Health, Male Adolescent.

### INTRODUCTION

Healthy adolescence is called as a passage for healthy adulthood and future (Johnson et al, 2014). Promoting the whole aspects of adolescent's health relies on understanding their needs. Understanding their health needs is important in improving strategies to prevent from high risk behaviors and providing them with care services. It will lead to the promotion of society's health (Chen et al, 2007). Sexual and reproductive health are among the key aspects of health in adolescents (Koohestani et al, 2009). Sexual health comprises sexual development and reproductive health as well as the ability to make and maintain proper interpersonal relationships, valuing one's body, confidential interaction with both genders through proper ways and expressing like, love and intimacy based on stable personal and social values (Monasterio et al, 2007). The knowledge of sexual health is among the main issues for the present adolescents (Satcher, 2001). Each year, about a half of new cases infected by sexually transmitted infections includes adolescents. Yet, this group compose one fourth of the sexually active population of the world (Caruthers et al, 2014). Today, boys' role in pregnancy and their commitment of high risk sexual behaviors have turned out to be among the issues of public health (Sitnick et al, 2014). Male adolescents have unhealthy behaviors in expressing the mentalities formed their lifestyle (Zareian et al, 2007). Adolescents compose about %30 of Iran's population. Carelessness sex mostly happen among boys and between 16 and 21 years of age (Ahmadabadi et al, 2008). A study showed %32 boys had experienced sex before marriage (Simbar et al, 2005). Another study demonstrated that high risk sexual behaviors are increasing among boys in Tehran (Mohammadi et al, 2003). Explaining male adolescents' sexual health needs as the prerequisite to achieve basic human rights, the significance of adolescents' health and their frequency in the age pyramid of Iran's population, and lack of adequate studies in this area are factors justifying the importance of this research. Hence, this study was designed to explain sexual health needs among male adolescents in Tehran.

### MATERIALS AND METHODS

This is a qualitative research with content analysis approach. To collect data Focused group discussion, semi-structured and deep interviews were applied. The inclusion criteria for adolescents included single boys 13-18 years and residing in Tehran. Sampling was done by purposive method and kept on until data saturation. Interviews were held wherever adolescents were available (schools, mosques, parks, houses of culture, sport clubs). Similarly, to achieve more extensive information personal interviews were held with key individuals aware of adolescents' sexual health including fathers and mothers having male adolescents, teachers, a psychologist, a reproductive health expert,

and a pediatrician. Based on interview guidelines, interview questions began with, what does sexual health mean to you?, What would you need, if you want to be sexually healthy? All interviews were recorded and then transcribed immediately. Conventional content analysis method was used to analysis of data and Data rigor was confirmed by Lincoln & Goba criteria (Haber & LoBiondo-Wood, 2013).

**RESULTS**

In this study, 61 individuals generally participated in 7 focused group discussions, 10 semi-structured deep interviews held with adolescents and 9 semi-structured deep interviews with key individuals including two fathers, two mothers, a teacher, a psychologist, a school counselor, a pediatrician, and a reproductive health expert. Fifty two Adolescents participated in the study that were selected based on their different characteristics such as age, and different mothers’ and fathers’ job and job education.

**Table 1: Explaining Sexual Health Needs among Male adolescents**

the main themes	the secondary themes
proper sexual training	enhancing the role of family enhancing the role of school
managing factors affecting sexual affairs	reforming and justifying environmental tempting factors contextualizing healthy relationships between two genders the role of religious beliefs
sexual health services centers	the establishment of sexual and reproductive health services centers appropriate contextualization for using these centers

**1) Proper Sexual training: Enhancing the role of family:** Most participants believed that the basis of adolescents’ proper sexual behaviors is established at home. Despite this main critical role of family, Families do not treat with proper knowledge and attitude.

“No one has taught us anything about them (sexual affairs) so we can teach them to our children.” (A mother )

**Enhancing the role of school:** Participants considered the role of school as necessary for the completion of family’s role and, sometimes, even as what covers the failures of family’s role. But schools had neglected their role.

“School can help us, we can talk to our teachers easier than our parents” (A 16-year-old adolescent).

**2) Managing Factors Affecting Sexual Affairs:**

**Reforming and justifying environmental tempting factors:** The most frequent factor includes the exposure to satellite.

“Now, satellite is the young’s pattern, well, most series and/or channels tempt boys.” (A mother).

**Contextualizing healthy relationships between two genders:** Participants pointed the relationships between opposite sex is increasingly in our society and is affecting adolescents’ sexual health. Participants consider the creation and expansion of suitable context for establishing healthy relationships between two genders as necessary.

“The friendship between boys and girls have consequences. To be frank, where do all these sexual diseases and unwanted abortions come from?” (A pediatric)

**The role of religious beliefs:** The inhibitive factors regarding unhealthy sexual behaviors were religious lessons and beliefs, in this study. “I feel like God’s watching me, When you’re aware of God’s presence, you feel guilty.” (A 15-year-old adolescent).

**3) Sexual and reproductive health Services Centers:**

**Establishing sexual and reproductive health services centers:** These services were among the factors considered to be very necessary by adolescents and experts. “They don’t care about adolescent’s sexual health, they should establish a foundation for adolescents as they do so for special diseases” (A 17-year-old adolescent).

**Appropriate contextualization for using sexual and reproductive health centers:** Numerous reasons were mentioned for adolescents’ reluctance in using these centers including not knowing the centers exist in society, lack of the culture of referring to these centers, lack of specialized personnel, clients’ shame, and lack of desirable services. “If they want to teach how to prevent from gonorrhea infection, who might go, peers may give you a bitter look” (An adolescent).

**DISCUSSION**

This study identified sexual and reproductive health needs among male adolescents in Iranian society using qualitative method. Results of this study showed that adolescents need proper sexual training to achieve sexual health. This cannot be done, unless family’s role is promoted. Sexual training includes actions taken during the primary period of human’s life for the sake of the balanced and well-tuned growth of his sexual instinct (Wight, 2013). Sexual behaviors in adulthood originate from sexual training in childhood and adolescence. Hence, if they are sexually trained well, they

will better control and satisfy respective emotions (Monasterio et al, 2007). It is demonstrated that parents' establishing appropriate relationship with children leads to postpone sexual relationships (Paxton et al, 2014).

Unfortunately, despite the significance of parents' power, Iranian families' attitude and performance are assessed as weak. In a study, Tehran families' attention to sexual awareness in adolescents' sexual training was low (Sobhaninejad et al, 2008). Achieving adolescents' proper sexual training requires a comprehensive training plan for parents. Specific content and protocol for these trainings and the provision of instructional resources suited the culture and requirements of Iranian society are the priorities of adolescents' sexual health needs. Besides, the role of school is also important in proper sexual education. School has the critical role in sexual education. Lack of proper relationship between parents and adolescents and the shameful relationships among them, leave the role to school (Lewis, 2004). To promote sexual health through schools, several strategies are recommended such as: attracting parents in policymaking, planning the training guidelines and resources for sexual health based on society's cultural context, enhancing schools' to educate sexual health, and training professional counselors at schools.

Another important theme in this study is the management of factors affecting sexual affairs. The most frequent factor is the increasing use of virtual space and satellite channels as the critical factors in threatening adolescents' sexual health. A study showed adolescents are the maximum internet users in Iran (Memar et al, 2013). Various programs of mass media have turned out to be a passage of advertising abnormalities among youth (Shirvani et al, 2013). Therefore, proper training and timely education for preventing the adverse impacts of unsuitable satellite, internet, and social networks programs tempting adolescents are necessary. Among other effective concepts in male adolescents' sexual health is the contextualization of healthy relationships between two genders. The relationship between heterosexual peers is an effective factor on adolescents' health. The consequence of unhealthy relationships is placed in an extensive range from mental dependency to sexually transmitted diseases (Ahmadi et al, 2007). To realize healthy relationships between heterosexual peers, it is required to respect privacy with the opposite sex and use the methods of controlling and adjusting sexual instinct. Based on the participants' ideas, religious beliefs are significant factors in controlling and managing male adolescents' sexual relationships and behaviors. Religion, as a value system, prepares the best ground for a healthy personality. Hence, it can be inferred that commitment to religious lessons and beliefs is a strong dam against social harms and contributes to the maintenance of privacy between both sexes (Allport & Ross, 1967). A systemic review showed that Moslems comprised the least infection level. There is a significant relationship between high religious beliefs and the reduction of HIV infection risk (El-Bassel, 2014). Adolescents with further dependency and belonging to church and regularly participate in the rituals generally have more negative attitude toward pre-marriage relationships (Kabiru, 2009). Religious values have maximum power to explain pre-marriage relationships and friendships (Movahed et al, 2006). Therefore, the strategies of reducing the intensity and pressure of sexual instinct should be taught to adolescents through highlighting belief and worshiping factors, moral, spiritual and mental cares like controlling look, behavior, and fantasy.

The result of present study showed the need to sexual and reproductive health services centers. Adolescents need specialized services. Access to the highest health standards is a human right (Haller et al, 2007). In Iran, primary health care services are considered as the public facilities. They are not specifically designed for serving adolescents. Yet, adolescents need exclusive services. They have less information, experiences, and facilities regarding how to maintain their health (especially, their reproductive health) as compared to adults, while they are at higher risk. Provision of specialized reproductive health services was also emphasized in another study on girl adolescents' health needs (Shahhoseini et al, 2012). Several strategies are recommended for providing adolescents friendly health services such as: physically appropriate and clean centers, feasible access to care, friendly and respectfully behavior of skilled providers and adolescent's participation in planning, implementing and evaluation of services (Ambresin et al, 2013).

## CONCLUSION

Sexual and reproductive health needs have various aspects in male adolescents. Meeting sexual health needs of such a huge group is a complicated task which requires cooperation and concordance between all organs. We hope that results of this study are considered by policymakers in adolescents' health so as to effectively pave the way for promoting and improving the sexual and reproductive health of this group.

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