

THE EXPLORING OF MALE ADOLESCENTS' SEXUAL AND REPRODUCTIVE HEALTH NEEDS IN SOCIO CULTURAL CONTEXT OF IRAN: A QUALITATIVE STUDY

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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 (13-18 years old) male adolescent, in 10 individual semi-structured in- depth interview and 7 focus group discussions, also 9 key informant represent their comment and experiences about sexual and reproductive health needs. Sampling was purposive among samples who are resident in various region 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, in conclusion 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). The present adolescent's health is considered to be among the main tenets of society's health in the world (Koohestani et al., 2009). 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 (Parkes et al., 2004; Chen et al., 2007). Sexual and reproductive health are among the key aspects of health in adolescents. These were further taken into consideration following the International Conference on Population and Development in Cairo in 1994 (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). Drug abuse and improper sexual behaviors begin in this period. These improper behavioral patterns affect the person's whole life (Barikani, 2008). Each year, about a half of new cases infected by sexually transmitted infections includes adolescents between 15 and 24 years of age. 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). In Iran, based on the study by Zareian, male adolescents have highly emphasized unhealthy behaviors in expressing the mentalities formed their lifestyle. This is influenced by their personality aspects appearing in adolescence more than ever. It has mainly negative function

(Zareian *et al.*, 2008). Adolescents compose about %30 of Iran's population. Sexual indirections mostly happen among boys and between 16 and 21 years of age (Zadehmohamadi and Ahmadabadi, 2008). In a study by Simbar *et al.*, (2005), %32 boys had experienced sex before marriage (Simbar *et al.*, 2005). A study by Mohammadi *et al.* showed that high risk sexual behaviors are increasing among boys in Tehran. Having sexual intercourse before marriage, having several sex partners, not using contraceptive methods and/or irregular use of them, being exposed to obligatory and suspicious sex as well as being raped are no longer unusual (Mohammadi *et al.*, 2003). Obviously, having a healthy transition stage regarding sex and reproductive health considerably depends on knowing needs and satisfying them aiming to justify sexual and reproductive health behaviors acquired in adolescence. 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, their serious and increasing susceptibility, 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. It is considered to be the basis for future planning to promote the health of this class.

MATERIALS AND METHODS

This is a qualitative research and of content analysis type. Conventional content analysis is potentially among the main qualitative research techniques in social sciences. This technique analyzes data to detect them (Holloway and Wheeler, 2013; LoBiondo-Wood and Haber, 2013). To collect data suitable for qualitative research, concentrated group discussion, semi-structured and deep interviews were applied between February 2014 and June 2014. The entrance criteria for adolescents included single boys between 13 and 18 years of age residing in Tehran. All participants agreed to participate in interviews and interested in and able to express their experiences, feelings, and ideas regarding sexual health. Sampling was done by purposive method and kept on until data saturation. Research setting included natural and real environment as in qualitative study. Interviews were held wherever adolescents were available (schools, mosques, parks, houses of culture, sport clubs).

Similarly, to achieve more extensive information regarding sexual health needs and obtaining deeper data, personal interviews were held with key individuals aware of adolescents' sexual health including fathers and mothers having male adolescents between 13 and 18 years of age, teachers, a psychologist, a reproductive health health expert, and a pediatrician. The entrance criteria of informed people included having single boys between 13 and 18 years of age aware of adolescents' issues with at least two years of work background in adolescents' affairs. Personal interviews with informed key people were again held in places they had chosen such as schools, counseling clinics, office, and the Ministry of Health and Medical Education.

Based on interview guidelines, interview questions began with a general question about sexual health. That is, what does sexual health mean to you?, What would you need, if you want to be sexually healthy? Exploratory questions were also used for clarifying the ideas for both research and participants. Each interview last between 30 and 45min. All interviews were recorded and then deeply transcribed together with nonverbal communication, at the first chance.

After several reviews, transcribed interviews were broken into semantic units and then into the smallest semantic units (code). Then, codes were revised for several times. They were placed in classes and subclasses based on the centrality and semantic similarity. Primary texts and final classes were revised for several times and final changes were made. In the end, researcher and participants reached common agreement on the meaning of data and the content and subject of the emerged classes (LoBiondo-Wood and Haber, 2013).

The ethical issues (including conscious consent, the confidentiality of participants' information and secrets, the right to withdraw from the study whenever one wanted, the right to have the recorded tape and its transcription) were met during this research. Various methods were used to enhance data reliability; for instance, continuous observation and examination, allocation of adequate time to data collection, having good relationship with participants, holding interview in places selected by participants. Beside reviewing, reforming and approving handwritings by participants (the revision of manuscripts, codes, classes, and themes extracted from each interview) as well as using external observers (two professors familiar with qualitative research and data analysis approved the validity of coding process), and also researcher's attempt to search and analyze biased evidence (through holding interviews with adolescents with various economic and social conditions) contributed to the further acceptability of the research data. For more communicability, the details and stages of research were deliberately described (Elo and Kyngäs, 2008).

RESULTS

In this study, 61 individuals generally participated in 7 concentrated 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. The demographic specifications of adolescents are listed in Table 1.

Table 1: demographic features of adolescents (n=52)

participants' demographic specifications		No (%)
mean age		15.5 ± 1.2 years
Education	the first grade of high school	22 individuals (42.3)
	the second grade of high school	17 (32.7)
	technical and vocational training labor and knowledge	7 (13.5)
	dropout	6 (11.5)
father's education	illiterate – below diploma	15 (28.8)
	diploma	23 (44.2)
	higher education	14 (27)
mother's education	illiterate – below diploma	19 (36.5)
	diploma	28 (53.9)
	higher education	5 (9.6)
father's job	unemployed	5 (9.7)
	worker	11 (21.1)
	employee	9 (17.3)
	self-employed	27 (51.9)
mother's job	household	32 (61.5)
	employee	15 (28.9)
	self-employed	5 (9.6)

Table 2 shows the results of data analysis. The main themes include: 1) proper sexual training, 2) managing factors affecting sexual affairs, and 3) sexual and reproductive health services centers.

Table 2: Explaining Sexual Health Needs among Male adolescents

the main themes	the secondary themes
proper training	sexual enhancing the role of family enhancing the role of school
managing factors affecting sexual affairs	sexual 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

The secondary themes describing “proper sexual training” include: enhancing the role of family and enhancing the role of school.

Enhancing the role of family: Most participants believed that the basis of adolescents ‘proper sexual behaviors is established at home. Despite the perception of the main critical role of family, necessary empowerment is not felt in this regard. Families do not treat with proper knowledge and attitude. Participants mentioned their experiences as

follow: “No one has taught us anything about them (sexual affairs) so we can teach them to our children. If I had this experience, now, I would know how to communicate with my son. Yet, I’m not even able to teach him the least that I know” (An adolescent’s mother – below diploma). 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. At the same time, they acknowledged that schools had not only neglected their role, but are also consciously inclined to undertake it: “School can help so much. We can talk to our teachers easier than our parents. But they don’t talk about these affairs at all. They either don’t know anything or prefer to run” (A16-year-old adolescent – student).

2) Managing Factors Affecting Sexual Affairs

The secondary themes describing “managing factors affecting sexual affairs” include: Reforming and justifying environmental tempting factors, contextualizing healthy relationships between two genders, and the role of religious beliefs. Reforming and justifying environmental tempting factors: According to participants, environmental factors have considerable impact on adolescents’ sexual affairs. Various environmental factors can lead to high risk sexual behaviors in adolescents. The most frequent factor includes the exposure to satellite channels.

“Now, satellite is the young’s pattern, well, most series and/or channels tempt boys. These dialogues, clothing and makeup even tempt adults...(laughter) let alone children” (An adolescent’s mother – Graduate). Contextualizing healthy relationships between two genders: Participants pointed the relationships emerged between male and female adolescents and increasingly become epidemic in our society as one of the factors affecting adolescents’ sexual behaviors. Participants consider the creation and expansion of suitable context for establishing healthy relationships between two genders as necessary. A pediatrician also working in the Ministry of Health and Medical Education said that: “The friendship between boys and girls is no longer a new thing. You see them walking together all over the city. Well, these friendships have consequences. To be frank, where do all these sexual diseases and unwanted abortions come from? If children had learned what the correct relationships are, the whole problems would have not existed under the skin of our city”.

The role of religious beliefs: The main inhibitive factors regarding unhealthy sexual behaviors were religious lessons and beliefs, in this study. Based on results, actually, the more established the religious beliefs are in families, the further the children’s sexual safety will be. The boldness of the issue is seen in participants’ comments. “I feel like God’s watching me, always tell myself that you shouldn’t let anything affect you. When you’re aware of God’s presence, you will hate yourself, you feel guilty. The same feeling of guilt leads you to control yourself” (A 15-year-old adolescent – student).

3) sexual and reproductive health Services Centers

The secondary themes describing “sexual and reproductive health services centers” include: the establishment of sexual and reproductive health services centers and appropriate contextualization for using them. Establishing sexual and reproductive health services centers: The need for providing adolescents with services regarding sexual affairs and reproductive health were among the factors considered to be very necessary by adolescents and experts aware of adolescents’ affairs. “They don’t care about adolescents, because they’re less concerned about what the disaster may happen to them. 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. Numerous reasons were mentioned for adolescents’ reluctance in using these centers including not knowing the centers exist in society, lack of policymakers’ concern about these centers, lack of the culture of referring to these centers, lack of specialized personnel trained in adolescents’ affairs, clients’ shame, and lack of desirable services provision from clients’ perspective. An example of these comments is given below: “Now, suppose they said that let’s teach you how to prevent from gonorrhoea infection...who might go...who would dare go...all peers may give you a bitter look...one prefers not to stick around these centers” (a 17-year-old adolescent –dropped out).

DISCUSSION

This study identified sexual and reproductive health needs among male adolescents in Iranian society using qualitative method. A naturalistic look aside from judgments and limitations of empiricism paradigms for collecting experiences and various views during deep holistic encounters with the subject of the study is considered among the characteristics of this research.

Results of this study showed that adolescents need proper sexual training to achieve sexual and reproductive 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. It is mainly aimed to establish sexual awareness, develop sexual behaviors, contribute to the fulfillment of sexual duties, help generation continuance and survival, and peacefulness in life (Wight and Fullerton, 2013). Responsible parents cannot be indulgent about their children's sexual instinct. This is because sexual behaviors in adulthood originate from sexual training in childhood and adolescence. Between 13 and 17 years of age, adolescents are highly vigorous to obtain sexual information. Hence, if they are sexually trained well, they will better control and satisfy respective emotions (Vandermassen, 2004).

In the US, Paxton et al. (2014) concluded that parents' accountability in this regard and establishing appropriate relationship between family and children will postpone sexual relationships in adolescence (Paxton et al., 2014). Unfortunately, despite the significance of parents' power, Iranian families' attitude and performance are assessed as weak. In a study by Sobhaninezhad et al., mean Tehran families' attention to sexual awareness in adolescents' sexual training was below medium level (Sobhaninezhad et al., 2007). Based on a study by Sadegh et al., only %25.9 mothers were able to properly respond their children's questions. Results of this study demonstrated the importance of training and empowering mothers (Sadegh et al., 2006). Achieving adolescents' proper sexual training requires the formulation of 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 can be regarded as the priorities of adolescents' sexual health needs. Beside the significance of parents' role, the role of school is also important in proper sexual education. A study by Lewis in the US indicated that school has the critical role in sexual education. Although some families play this role well, this is not general. He believes that lack of proper relationship between parents and children – especially in adolescence – on one hand, and the shamefulness among them, on the other, merely leave this role to school (Lewis, 2004). In this respect, it must be noted that school and instructors' role regarding the proper training and management of sexual behaviors and provision of appropriate instructions in this area is accepted in most societies (Schuster et al., 2008; Turnbull et al., 2008).

A systematic review study done in Nigeria in 2014 show that studies examined sexual training consequences at school between 2002 and 2012 all approved the significant changes in the enhancement of awareness and healthier attitude and above all healthy sexual behaviors in students. They confirmed the role of schools in adolescents' healthy sexual training (Amaugo et al., 2014). The study by Abolghasemi et al. (2010) in Tehran showed that although the role of this important organ is known, instructors do not have adequate power to accomplish children's sexual training (Abolghasemi et al., 2010). To promote sexual health through promoting the role of schools, it is recommended that the followings are included in the rubrics of honorable officials of education department: attracting parents' participation in and support for policymaking, planning, and developing the content of sexual training in order to empower parents to obtain awareness and proper attitude toward children's appropriate sexual education at schools, preparing resources based on society's cultural context, sexual training guidelines for home and school, changing the culture at the level of organizations and institutes for sexual training at school, executive instructions for these trainings, enhancing schools' instructors' skills to manage students' sexual behaviors, 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 and epidemic use of virtual space and satellite channels. This is a critical factor in threatening adolescents' sexual health. Results of the study by Memar et al. showed that, based on a generation classification, the third generation includes maximum internet users in Iran. They are also more apt to the consequences of virtual networks as compared to other generations. This creates a wide spectrum of identity crisis in adolescents and the young (Memar et al., 2013). Shirvani and Mirzaeian also believe that various programs of mass media – aside from enhancing general and effective knowledge – have turned out to be a passage of advertising abnormalities; especially, among adolescents and the young. The issue is so critical to be called as a global crisis. Results of this study showed that adolescents' attitude toward the advantages and disadvantages of satellite programs were significantly different before and after training (Shirvani & Mirzaeian, 2013). Concerning the positive effect of proper training and timely education on preventing from the adverse impacts of unsuitable satellite, internet, and social networks programs tempting adolescents, it is recommended that, before everything, investments are done in the method of training and enhancing awareness and creating proper attitude in adolescents at home and school. Then, they can avoid infection and sin with full awareness and will. Physical encounters and confining the improper use of internet

and satellite should only be used as a complementary security plan. Among other effective concepts in male adolescents' sexual health is the contextualization of healthy relationships between two genders. Parvizi and Ahmadi also introduced the relationship between heterosexual peers as a factor affecting adolescents' health. They cited it as the introduction of deviations. This is because the consequence of these unhealthy relationships is placed in an extensive range from underachievement and mental dependency to sexually transmitted diseases (Parvizi and Ahmadi, 2007).

Results of various studies indicate that inclination to make friendship with heterosexual peers has increased. Despite all cultural and religious backgrounds, the shift in adolescents' friendship pattern will turn out to become one of cultural and then hygienic challenges. Accordingly, controlling relationships and preventing from the unintentional consequences must be considered (Crouter and Booth, 2014). 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 participants' ideas, religious beliefs are significant factors in controlling and managing male adolescents' sexual relationships and behaviors. Allport also mentioned that 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 and Ross, 1967).

In New York, 137 articles concerning HIV infection and religious beliefs were systematically reviewed in 2014. This 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 (Shaw and El-Bassel, 2014). Kabiru and Orpinas believe that adolescents with further dependency and belonging to church and regularly participate in the rituals generally have more negative attitude toward pre-marriage relationships (Kabiru and Orpinas, 2009). In this regard, results of research by Movahed et al. (2006) and Yousefi (2008) also showed that religious values have maximum power to explain pre-marriage relationships and friendships. In this respect, the strategies of reducing the intensity and pressure of sexual instinct must be taught to adolescents through highlighting belief and worshiping factors, moral, spiritual and mental cares like controlling look, behavior, and fantasy. They should not be left alone on this rough road relying on rich culture and religion.

Among other significant themes of this research is the need to sexual and reproductive health services centers. Adolescents and youngsters need specialized centers and services. This is because, based on a WHO definition, any human has the right to have access to the highest health standards (Haller et al., 2007). In Iran, primary hygienic cares are considered as public facilities. They are not specifically designed for serving adolescents. Yet, adolescents and the young need exclusive services. They have less information, experiences, and facilities regarding how to maintain their health (especially, their reproductive health) as compared to adults. Accordingly, they are at higher risk. Results of Shahhoseini et al (2012) study on girl adolescents' health needs have also emphasized the provision of specialized services regarding reproductive health as well as general services for adolescent girls (Shahhoseini *et al.*, 2012). To provide adolescents and the young with services, more specialized methods must be used. Among them the followings can be implied: the appropriate physical qualities of the centers, the specifications of services employees and suppliers, and the quality of executive affairs and processes suited adolescents and the young's conditions and needs. In fact, these are factors providing suitable context for adolescents' use. Their opinions about the effective indices in using sexual and reproductive health services were examined by reviewing 22 quantitative and 6 qualitative studies. These indices include feasible access to care services, the attitude of service providers toward adolescents and their salary, how they treat the clients (respect and friendliness), service providers' medical qualifications, environments suited adolescents' age (cleanness and attractiveness), how and how much adolescents are involved in these cares and, finally, results of these centers for adolescents (Ambresin *et al.*, 2013).

Results of the study by Ramezanzadeh et al. (2010) showed that centers providing services for adolescents and the young are rated at weak and medium levels in Iran. Besides, boys receive less instructional services as compared to girls. This is to some extent due to boys and men's general resistance to receive instructions and services regarding health and to some extent due to the deficiencies of planning for boys' training (Ramezanzadeh et al., 2010). Based on the importance of male adolescents' sexual health and their needs to use sexual and reproductive health services in Iranian society, on one hand, and the existing gap and ignorance regarding the planning and integration of these centers with the health system of Iran, it is expected that the provision of male adolescents' sexual and reproductive health needs is turned out to become one of the objectives of Iran health system.

CONCLUSION

Sexual and reproductive health needs have various aspects in male adolescents. Providing the needs of such a huge group – especially sexual and reproductive health – is a complicated task. It cannot be done only by an organization or complex. Rather, it 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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