

Barriers to Youths' Use of Reproductive Health Services in Iran

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Abstract: Access to and obtaining youth reproductive health is a component of the Millennium Development Goals (MDG). Although many country are committed to provide reproductive health service for young people, numerous studies indicate youth dissatisfaction regarding access to information and health services. Iran is one of the countries that offer such services. This article intends to assess the barriers hindering access to reproductive health services from the viewpoint of university students. This qualitative research was conducted based on content analysis. Thirty eight female and male university students were enrolled. Semi-structured questions administered over 7 sessions were used to gather the required data. From this research four themes were extracted (subcategories are given in parentheses): individual issue (lack of skills in use of preventive health services for adolescents, shame and embarrassment), cultural issues (social stigma, gap between social norms and behaviors, diversity of views in society), institutional issues (inappropriate youth services in schools, inappropriate youth health services, youth information services), and parental involvement (parental shame, poor parenting skills). Since our country's population is young and the Western culture gradually influences our culture through the mass media, the reproductive health programs should be developed properly and in accordance with the young's needs and based on our Islamic-Iranian culture. [Keramat A, Vakilian K, Mousavi SA. **Barriers to Youths' Use of Reproductive Health Services in Iran** *Life Sci J* 2013;10(2):943-949] (ISSN:1097-8135). <http://www.lifesciencesite.com>. 132

Keywords: Health services, Student, Reproductive Health, Youth

1. Introduction

Iran is located in the Middle East and its total population is about 75,000,000 with 25% of it consists of young people (15- 24 years) accounting for some 25% in 2006 (<http://www.amar.org.ir> 2006). According to statistics issued by center for Disease Control, the prevalence of behaviors threatening health, including smoking, tobacco use, alcohol use, high risk sexual behaviors, and drug abuse, is increasing among the youth (World Health Organization). Similarly, the Iranian young people face particular risk factors such as alcohol, drug, and smoking (Serajzadeh & Feizi, 2007; Ziaaddini & Zare-zadeh, 2006; Barikani, 2008). A study in Tehran addressing high-risk health behaviors in students showed that 2.20 % engaged in sexual relationships (Garmarudy et al. 2009). Another study in Iran found high-risk sexual behaviors; for instance, 32% of those who experienced sexual intercourse had more than two sexual partners and 39.8% did not use any protection during intercourse (Moumennasab et al, 2006). On the other hand, AIDS, a critical disease endangering health both socially and psychologically, results from high risk sexual behaviors that not only adults but also children and adolescents are affected by.

The total number of registered HIV/AIDS cases in Iran was reportedly 7,510 by late September 2004, and reached 20,130 in 2009 (<http://www.shia-news.com>, 2009). In recent years, the expansion of urbanization, pervasive mass media and the presence of women in society have introduced premarital

relationship, as a form of modern communication, to the Iranian young people (Ahmadi et al, 2000; Jokar, 2004). While the importance of youth reproductive health policy is now recognized more than the past, developing intervention strategies for implementing on formal, large scale still faces many challenges (WHO, UNFPA, UNICEF, 1995). In order to design and implement successful programs, it is crucial for health professionals to understand the patterns of adolescent needs, and the programs must consider the different elements of their target adolescent population (Kelly et al. 2005). Therefore, we decided to study the youth reproductive health in a university. Since students constitute a major part of our society, their needs should be taken into serious consideration. Consequently, understanding their needs, values and norms governing their behavior can help researchers and social scientists to anticipate some of the social realities. Hence, this study with its nature-oriented perspective aims to define these needs. We used focus groups discussions for this study, as FGD is a form of group interview that established communication between research participants in order to generate data (Kitzinger, 1994). It is useful for exploring people's knowledge and attitude. It can be used to examine not only what people think but also how they think and why they think in that manner (Merton et al, 1956).

2. Material and Methods

Qualitative researches are based on a nature-oriented paradigm that focuses on the principle of multiplicity of realities, the reliability of mentality versus

objectivity, the whole recognizing and the universality of humanistic phenomena, and reflecting the role of cultural conditions on research data and, thus it is appropriate for the discovery of human issues (Polit & Beck, 2007). Data in this study were analyzed based on content analysis. Content analysis is a systematic method of classification and coding that can be used in text information discovery, and in revealing patterns of words used, their frequency and structure, and relationship between them, communication analysis (Grbich, 2007). Content analysis, something beyond extracting data from text content is objective, but through which, the themes and patterns hidden within the data content of the study participants can be revealed (Hsieh & Shannon, 2005). Therefore, in this study, using this method and based on the descriptions given by the participants, overt and hidden concepts specified by coded, summarized, and classified concepts and themes were extracted. Codes were derived based on meaningful units of the descriptions of participants, and then classified based on differences or similarities (Graneheim & Lundman, 2004). Sampling process, data collection and analysis of the 38 volunteers willing to participate in this present research was completed through a purpose-based approach. Before participating, the entire participant signed informed consent forms. Focus-group study was conducted over seven sessions during which semi-structured questions with a maximum of 90 minutes were administered to each group. Before entering the interview, the participants were informed of the subject of discussions.

Sampling was conducted among students of different academic disciplines, as well as between both residing inside and outside dormitories. The interview began with two general questions. After that, according to the interview process, probe questions were asked.

Interviews were recorded and personal characteristics of people were registered. When no new data was extracted as a new code or a new category, it was understood that the data had been saturated and no more meetings were held (Munhal, 2007; Normank & Lincoln, 2003). Verbal communications of the participants, which was recorded on tape, together with non-verbal communication was soon transcribed. Interviews were reviewed several times, and then the text pieces were broken into units of meaning. Subsequently, summarized semantic units and codes were extracted in the form of words or phrases. Codes, based on the conceptual and semantic similarity, were classified. Decreasing trend of data in all stages including sub-categories and main categories was moving until not only conceptual units lowered, but also the main categories and sub-categories became more abstract and conceptual. Credibility was

established mainly through member checking. Member checking was used in 3 ways at various stages of data collection and data analysis: (1) at the pilot stage, the interviewer discussed the interview questions with participants at the end of each interview; (2) during formal interviews, the interviewer fed ideas back to participants to refine, rephrase, and interpret; (3) in an informal post-interview session, each participant was given the chance to discuss the findings (Foster, 2004). The dependability of the research was accomplished by the supervisor's review, the text of some interviews, codes and categories derived, were analyzed by several faculty members, indicating 92% agreement in the extracted results. In order to increase the transferability of statuses to other groups, participants were used of different socioeconomic and educational class and rich description and reporting of the research process (Foster, 2004). Ethical considerations, such as obtaining informed consent during research, expressing the study purpose, way of collaborating, collecting methods and data recorder, maintaining the confidentiality of information, the right to withdraw from study at any time, accepting their request for confidentiality of their field of study and university were respected. This article is part of a dissertation approved in the local ethics committee in Shahroud University of Medical Sciences.

3. Results

The forest herbs species in the oak and pine forests belongs to 21 families. The total number of species present in the oak forest and pine forest was 32 and 41, respectively.

1. Individual issues

1.1. Lack of skills for using preventive health services for adolescents

Although adolescents noted that obtaining information about reproductive health services is easy, they lack the proper skills to use the services, or do not understand how to use them. It seems their knowledge is limited to low levels of learning and this can lead to negative consequences. Most of the student, both boys and girls, said that they hardly think about sexually transmitted diseases during premarital relationships.

One boy said, "AIDS and sexually transmitted diseases are the last thing on the mind of somebody who is having sex. They want their needs to be satisfied, rather than think about what risks might be ahead".

One girl said, "Now, high school students know about the methods of contraception, but they don't know much about their importance or how to use them".

1.2. Shame and Embarrassment

The participants felt embarrassed to discuss sexual and reproductive health matters with their family and counselors.

One of the girls said, "The college counselor knows me and I feel uncomfortable talking to her about what I want to ask. We fear the counselor may share the information with others".

One boy said, "Fathers never talk about reproductive health issues to their children".

One of the girls said, "Some girls feel comfortable with their mothers talking about that they received a marriage proposal from someone, but not about sex".

Most unmarried boys and girls felt ashamed and uncomfortable buying contraception from local stores. Although a large number of stores provide these services, most youngsters prefer to get them from their friends.

One of the girls said, "It is still so difficult for an unmarried daughter to get into the pharmacy and buy pills or other contraception".

One of the boys said, "I prefer to get condoms from my friend".

2. Cultural Issues

2.1. Social Stigma:

Social stigma is one of the problems that the youth face, and it is an obstacle challenging access to reproductive health services. The youth in our study felt that obtaining reproductive health services is a highly stigmatized behavior that marginalizes them in community. Young people believe that the society views such boys and girls as immoral people who are not committed to healthy sexual relationships.

A female participant said, "The community has a negative attitude toward it and the public has a very negative view of it."

A male participant said, "If people find out that you had sex before marriage, they will have a negative opinion and treat you like an offender."

2.2. Gap between social norms and behaviors

The socio-cultural context of Iran has changed for adolescents and they find themselves different from past generations.

Students believe that their generation differs greatly from their parents' and they hold different beliefs concerning reproductive health issues and relationships before marriage. Young students tend to become familiar with the features of the opposite sex before the marriage, because they have not gained this experience in childhood or possibly because they do not have any sibling to get familiar with the psychology of the opposite sex. Therefore, university provides a place where these friendships form, some of which will lead to sexual encounter and thus reproductive health services are greatly needed.

A male participant said, "In my opinion, about 80% of young people in the society think that they should have a relationship and know each other before they get married and start living together".

Another says, "Now girls and boys study in separate schools and this limits our knowledge of the opposite sex."

Another says, "The relationship (with the opposite sex) is not bad because we were in separate schools, and our mothers and sisters were the only members of the opposite sex that we could know; So we have had no relationship with the opposite sex and know almost nothing of them.. Therefore, these friendships helps us recognize the moods of the opposite sex, but if these friendships will not lead to sexual relations".

2.3. Diversity of opinions in society

Youth believe that different families hold various opinions regarding premarital relationships. The result would be that policy makers will not include comprehensive and friendly services for adolescents when composing their written and practical programs.

Discussion of these issues are forbidden in traditional families, while there are families that treat this matter intellectually and allow the youth to have healthy relationships before marriage within their families, and a few of them may be aware of their children's sexual relations. So these contradictions in society can seriously affect the youth planning.

A male participant said, "I was so limited in my family, my parents didn't let me have a relation with a girl. But here (in university), it's easier to communicate and have a relationship".

Another male participant said, "Because our society is in transition from tradition to modernity, many families have lost their traditional behaviors and they are less strict about premarital relations".

A girl said, "I have friends whose families are aware of their relations and say it is not a problem".

As societies resume industrialization and urbanization, some adolescents experience social upheaval resulting from conflicting values. Societal norms for adolescent sexuality are different from those of the older generation.

For example, the Iranian community considers it a precious value for girls to remain virgin until married. Therefore, political laws support limited sexual relations among youths. The traditional Iranian is strongly religious; nevertheless, the ever-increasing influence of the Western culture via internet and satellite television is altering the paradigm, encouraging a section of the Iranian adolescence to engage in premarital relationships in order to discover the ideas and thoughts of the opposite sex. Although most adolescents deny the premarital sex, as it is

considered a grave sin, a few of them are sexually active due to the increasing age of marriage.

3. Institutional issues

3.1 Inappropriate youth services in schools

The students believed that there are no uniform and appropriate services for young people. For example, different schools use different curricula and teaching methods for this subject, and the current trainings are not designed particularly for the age and needs of adolescents.

A boy said, "After your family, the school should inform you and unfortunately many schools do not do this".

A girl said, "There are effective trainings but when they reach the main and susceptible stages (i.e. sex), the sessions end".

Another girl said, "Life skills are taught superficially in schools".

A boy said, "Sexual health problems are not the same for different ages and must be addressed according to the age. For example, when a high school boy does not have sex with a girl, his main problem will be masturbation".

In addition, the school counselor was too embarrassed to transfer this data easily. The college counselors are also not skilled enough to answer our questions.

One boy said, "Schools are too embarrassed to talk of issues about peak of sexual maturity periods Sexual deviations in this period."

A girl said, "College counselors are not skilled and they are students at my age".

A boy said, "Most of school counselors do not speak about these issues".

3.2 .Inappropriate youth health services

Centers which provide sexual health services to the youth are not found everywhere in the society. In some cities, young people can call the counselors to get information from them but the publicity is quite poor and most youths are not aware of these services.

A presentation of reproductive health in university is in the form of "Population and Family Planning" course, so it is possible to learn about family planning methods.

3.3. Youth information services

Provision of reproductive health information through other methods, such as mass media (IRIB), is not performed in a clear and explicit manner. Even small-town libraries avoid lending out books about sexual and reproductive health to young people.

One boy said, "There are no other facilities. Small-town libraries avoid providing this kind of books, and there are no other centers".

Another boy said, "The best way in sexual health is training, which they have restricted to family planning courses in universities".

A male participant said "one day I went to the library of a park near our house to get a book about sexual health when I was 17 years old, but they refused it, saying that people under 19 are not permitted to borrow it".

4. Parental involvement.

Some students think that families have an important role in training youth, but they noted that families tend to be less involved with their children's sexual and reproductive health, with the following reasons mentioned:

4.1. Parental shame:

Students believed that issues such as shame and embarrassment in families prevent parents and especially fathers from getting involved and giving information and education about reproductive health issues.

The other boy said, Mothers and especially housewives can talk more comfortably to their daughters and this relation is weaker with their sons. On the other hand, fathers are less comfortable with their sons and can't explain these issues to them."

Another said "Because of shame, families cannot discuss lots of these issues".

4.2. Poor parenting skills

Lack of awareness, skills, and accurate information about reproductive health issues in parents are obstacles which hinder parents from getting involved with educating their children, while the youth are eager to obtain reproductive health information from their families. It seems that involving parents in training programs and encouraging them to transfer their information to their children can circumvent the other barriers listed in this research.

One boy said, "Families who do not hesitate to do anything for the fruit of their life should know that the most important thing they must do is to inform their children, but they do not do it and it has negative consequences for them. When the young are informed by their family, there is no longer any need to refer to the center. "

4. Discussions

The present study showed that students have had many obstacles to access sexual reproductive health services and correct information.

Many studies in developing countries show that unmarried young people have difficulties

communicating with their families, obtaining information about sexuality, reaching contraceptive methods and using reproduction centers (Tangmunkongvorakul et al, 2005; Klingberg-Allvin et al, 2007; Warenius et al, 2006).

Developing of nations in various dimension such as, demographically, economically, socially, culturally, and politically related to Meeting the sexual and reproductive health of young people needs. Also it is important to accomplish the Millennium Development Goals (MDGs). However, target for MDG (Barikani, 2008) for universal access was included only in October 2006 (Lloyd, 2005). Now, in 2012, some countries like Iran have not achieved this goal.

The results of this study also showed that the gap between the generations is one of barriers correlated to the public culture. Boys and girls are apparently forced to behave according to social stereotypes. These stereotypes are transmitted in different ways to people; for example in our social stereotype, a "good" girl is one who avoids any type of sexual relationship with the opposite sex and those who do not meet these expectations are considered "bad" girls (ZohrehVand, 2004). Consequently, the feeling of shame and social stigma may result in fewer girls and boys using sexual and reproductive health services, and this embarrassment prevents them from getting information from health personnel, teachers and even their families. Studies show that in societies face many cultural and social challenges for safe sexual behavior (Last, 1998). For example, discussion of sex is a taboo in Mongolia and using methods of contraception and having a condom with teenagers is a social stigma. Finding condoms by parents embarrasses the teenagers. Buying condoms is embarrassing for men and while the women are responsible for contraception, they are labeled licentious if they buy it (Oyungerel et al, 1999). On the other hand, the results showed that the young students have a different attitude from their families and older generation about relationships before marriage and reproductive health issues. They wish to become more familiar with the moods of the opposite sex before getting married.

One study showed that students had a more positive attitude toward relationships with the opposite sex before marriage than their parents (Movahed et al, 2006). Others studies confirmed the growing eagerness among youth towards these relationships, especially in young boy (Asadi, 2006; Ghaffari, 2007). Cultural taboos are challengeable; for example in Nepal, the government supplies family planning services to married couples only. The consequence of this law is that almost 25% of girls become pregnant in teen age, two-thirds of new cases of HIV occur among adolescents, and over half of all abortions occur among

women aged under 25 years (IPPF, 2008). Although adolescents in Iran tend to have more conservative norms toward sexual behavior and are more likely to initiate sex after marriage, some adolescent are influenced by the Western culture through invasive mass media. Role of acculturation may play an important role in sexual behavior. Acculturation is defined as the process of "changes in attitudes, values, and behavior due to contact between two cultures" (Berry et al, 1986) Rapid socialization in the process of globalizing has increased unhealthy behaviors such as high risk sexual activity, alcohol use, smoking and drugs addiction (Tangmunkongvorakul et al, 2005). Although attitudes toward sexuality have been changing due to the encounter with Western culture, many Iranian youths still hold a relatively conservative behavior toward sexuality. In addition, this problem can be specified by HIV infection rates in youth, which is still low in Iran (<http://www.shia-news.com>, 2009). It indicates that the role of public culture, i.e. mental structures such as values, attitudes and cultural norms of community, is still so great as to curb high risk sexual behaviors in the society (Movahed et al, 2009). This study showed that parents' communication with teenagers about premarital relations was very poor: fathers were completely removed from involvement in this issue and even mothers were not aware of the quantity and quality of these relationships.

A study in Taiwan found that because of the inability of community to be in accordance with the transitional generation as well as poor communication with parents, the incidence of unwilling teenage pregnancy has been rising (Tsai & Wong, 2003). Researchers believed that as long as the parents fear making appropriate communications with teenagers and talking to them about sex issues and the ways to deal with stress, young adults will be exposed to relationship with vulnerability (Tsai & Wong, 2003). Many studies show that most of adolescents do not receive contraceptive counseling and sexually transmitted disease services, especially about high-risk sexual behaviors (Blum et al, 1996; St Lawrence et al, 2002). American national reports showed that 1/4 of people have been talking with them by health care workers about sexually transmitted diseases, 26% of boys and 15% of girls have been talking with them about contraception (Ackard & Neumark-Sztainer, 2001). These trends show that physicians lack the to discuss sexual health issues (Blum, 1987). Other barriers in sexual counseling and screening services include being uncomfortable when discussing sexual issues and concerns about lack of confidentiality (Cheng et al, 1993). The results of the present study showed adequate reproductive health services for youth in Iran. Today, an important issue in health care, which is always appreciated by officials, is to achieve quality of

care and satisfaction of those who receive it; it is considered as the most important responsibilities of managers and professional staff in the health services and clinical treatment, gaining more importance every day (Kohan, 2003). Evaluation of reproductive health services for adolescents in Iran showed that the weaknesses of these health centers are lower quality, inadequate sanitation in some centers, lack of skilled personnel, and limitation of most centers to morning shifts. These centers are usually open when the adolescents are in school or at work and therefore, teens cannot receive the services. In addition, the number of centers established to provide services is too limited. In addition to this problem, poor publicity results in a small number of teens and youth referring to these centers. The authors recommend the integration of reproductive health programs in schools curricula as one of the keys to success in improving the reproductive health of adolescents and young people.

We suggest that a comprehensive service package should be prepared in different centers so that centers implement their programs based on a single clear framework, not according to their varying tastes and abilities. In this package the reproductive health programs would be integrated into the country's educational system. Implementing such a comprehensive plan requires the participation and collaboration of different institutions, especially the Ministry of Education and Cultural Institutions (Ramezanzadeh et al, 2009).

5. Conclusion

Since our country's population is young and the Western culture gradually influences our culture through the mass media, the reproductive health programs should be developed properly and in accordance with the young's needs and based on our Islamic-Iranian culture. These programs should be planned based on comprehensive studies and researches about formation of components of relationships, with emphasis on appropriate solutions to control them in a healthy way.

Acknowledgement

Sincere thanks to the Deputy of Research in Shahroud University of Medical Science as well as the students who participated in this study. The authors would like to thank Farzan Science, Research & Technology Institute for technical assistance.

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