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Iranian Female Adolescents' Reproductive Health Services Needs: A Qualitative Study

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Abstract: The first International Conference on Population and Development stressed that adolescents have unique reproductive health services needs that are distinct from those of adults and still poorly are addressed in the most of the world. This paper sought to explore the Iranian female adolescents' needs for reproductive health services to plan support services. This qualitative study conducted in Sari in the North of Iran. Sixty-seven female adolescents between the ages of 12 and 19 participated in 8 focus group discussions. In addition, semi structured interviews were performed with 11 key informants including: parents, school staffs and health care providers. Participants were selected based on purposive sampling and with maximum variety. All tape-recorded data was fully transcribed and thematic analysis was done to identify key themes. Findings of this research emphasized on 2 overarching themes including: "Reinforcement of facilitators" and "Reduce barriers". Special clinics, Accessibility to services, Adolescents' participation and Well-trained health care providers were the main needs as the first theme subcategories and "Privacy and Confidentiality" and "Not being stigmatized" were 2 main subcategories of the second theme. Provision of comprehensive services for adolescents and appropriate youth-friendly services are necessary at all levels.

Key words: Adolescents · Reproductive health services · Health needs · Thematic analysis · Qualitative Study

INTRODUCTION

Adolescents who are people between the ages of 11 and 19 according to the definition of World Health Organization (WHO), are included a population over 1.2 billion of the world's population [1]. This age group in transition from childhood to adulthood will be exposed with significant physical, mental and social changes and following these various changes will have different needs. With this large number of young people population, the demographic pattern of the world's population has caught the attention of many, although recently has research begun to address their health needs [2].

More than 500 million adolescent girls who live in the developing countries represent a huge untapped potential. They hold the key to break the intergeneration cycle of poverty because of the dual productive and reproductive roles that young women play [3]. Promoting adolescents health depends on recognizing their needs, adolescents' awareness of existing care services and use of the services. Understanding the health needs of youth is essential in promoting preventive strategies of adolescents' high risk behaviors and providing them with health services; thus, it will result in Adolescents health, followed by community health [4, 5].

One of the most important needs of teen girls is reproductive health services, which is different from adults' needs. Teenagers might be resisted or prevented by adults to receive reproductive health services. Compared to adults, this age group has less information, experiences and facilities for preservation of their reproductive health [2,6]. Therefore, they are exposed to risky behaviors that affect their adulthood. Furthermore, the continuing growth in the absolute numbers of young

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people as well as the lengthening period of years spent unmarried (and in many cases sexually active) ensure a rapid and continuing growth in young people's need for education, as well as for reproductive and other health services [1,7]. The sexual and reproductive health of young people is recognized as key to the development of nations, demographically, economically, socially, culturally and politically. Meeting their needs is patently critical to achieving the Millennium Development Goals (MDGs). However, the inclusion of universal access to reproductive health as a target for MDG 5 occurred only in October 2006 after prolonged negotiations reflecting the reluctance, in circles of influence, to provide support where there are certain sociopolitical sensitivities [2].

Denial of young people's sexuality and rights by conservative and traditional forces has lethal consequences, especially for those living in poverty. It is not, therefore, a surprise, but a tragedy, that 2.5 million unsafe abortions occur each year among teenagers, which is one of the major causes of death among teen girls and the most common group of sexually transmitted infections including AIDS, are people between the ages of 15 and 19 [1]. It is important to consider the links between health and human rights broadly when relating to adolescents and youth because many of the social determinants are also articulated as rights-the rights to education, information, housing and social security [2]. Despite the emphasis of WHO on explaining and providing the required reproductive health services of teenagers and promoting youth-friendly health services, these needs are not met properly in many parts of the world [8, 9].

The Islamic Republic of Iran with 15 million adolescents is one of the youngest countries of the world [10].The condition of existing reproductive health centers shows that these centers are ranked as moderate and low in terms of eligibility standards and recommendations of WHO [11, 12]. On the other hand, the required reproductive health services in different fields of cultural, social and economic conditions of different societies can be expressed and prioritized in various forms [13, 14]. Based on available information, it seems that there has not been sufficient effort in deep and comprehensive understanding of reproductive health needs for Iranian teen girls. Thus, deeper examination of what is understood and experienced by Iranian adolescents as reproductive health services is essential. Poor studies about adolescents' reproductive health needs, importance and population of youth in age pyramid of the country, along with serious vulnerabilities of Iranian teenagers in behaviors related to reproductive health [12, 15] are the necessities to conduct this study.

The main question of the study was “what is the perception of Iranian girls about female adolescents' reproductive health services?”.

MATERIALS AND METHODS

Participants and Data Collection: The participants were 67 female students between 12 and 19 years old in middle school and high school living in Mazandaran province that had participated in eight focus group discussions containing 6-10 individuals in each group from august 2009 to march 2010. Also, in order to achieve broad information about adolescents’ reproductive health needs that may be ignored by the adolescents, some interviews were taken with key informants including parents, teachers, schools consultants and health care providers. Sampling was done initially based on the purposive sampling and continued with a maximum variation. When the new data was not added on previous findings and saturation of information was occurred, sampling was discontinued. A few general questions as the interview guide was designed that had open answers and the answers of the participants led the interview process. All conversations were recorded on MP3 Player. Then the recorded data were transcribed literally and analyzed. Demographic characteristics such as age, education level and location of residence besides the questions about reproductive health needs were introduced. Interviews were semi-structured with duration of 60-90 minutes. During the interviews, notes were written about the nonverbal signals and the topics they raised. The main guiding questions in this research were: As a teenager, when do you think about your reproductive' health needs, what in your mind? And what health promotion services do teens need? In continue, these questions accompanied with exploration questions (such as answer with more details, explain your mean clearly…) to get deeper information. Interview guide was discussed and evaluated as a pretest for confidence of test questions and enough time for questioning before main interview. Research environment was appropriate for natural and real qualitative research setting. All interviews were done by the first researcher mainly in the room of the school counselor. as well, a number of interviews were performed in urban and rural health care centers and with invitation of adolescents in accordance with health care providers.

Data Analysis: Data analysis was done by conventional qualitative content analysis method. Thus, the verbal communications of participants on the tape was recorded as soon as possible and along with non-verbal communication were copied. All transcripts were read by

the investigators separately to bring out the main ideas. Transcription text of interviews was broken to semantic units and then to the smallest meaningful units (code) after several times browsing. Then the codes were reviewed according to the focal point and semantic similarity to replace in the main categories and sub categories. After that, the primary texts and the final categories were revised several times. In each review, changes in the number, content and name of the categories was given. Finally, the group of researchers reached a common consensus about the name of categories and their content.

Validity: In this study, credibility and consistency of the data were confirmed through several methods. First, the evolving results were discussed continuously among the authors. The second review of the transcripts, codes and grouped codes, concepts and designed relationships was carried out by a number of colleagues as a peer check and some of the participants as a member check. This was then also checked by some adolescents who had not participated in the survey to verify the fitness of the results. Sampling strategies allowed for maximum variation to occur and a vast range of views and perspectives to be considered. Prolonged engagement with participants in the research environment allowed the researcher to gain participants' trust and better understanding of their situation and obtain deeper and more reliable data. The researcher documented the steps followed in the research and the decision was made to save the auditability for other researchers to perform the steps of the research in future studies.

Ethical Consideration: Ethical approval was obtained from the ethical committee at Shahid Beheshti University of Medical Sciences. The permission for interviews and recording was obtained from the Area School and Health Organization Chief Executive Officers when required. All of the participants were informed of the purpose and design of the study and that the participation was voluntary with concern for confidentiality and anonymity. They had right to withdraw the study at any time. Participants provided written informed consent before the beginning of interviews and focus group discussion and the explicit permission was sought before audio taping.

RESULTS

The participants consisted of 67 single, Muslim adolescents aged between 12 and 19 and 11 key informants consisted of: 5 parents, 3 teachers and school counselors, 2 obstetricians and one midwife. Table 1 shows some of sociodemographic characteristics of adolescents.

Table 1: Sociodemographic characteristics of the adolescents ($n = 67$)

Variables	No	%
Age (years)		
12-14	21	32
15-19	46	68
Education		
Middle school	18	27
High school	49	73
Residency		
Urban	32	47
Rural	35	53

In this study two main categories and 6 subcategories were emerged from the data analysis (Table 2). The summary of the findings is presented here.

Table 2: Emerged themes and their subcategories

Theme	Subcategory
Reinforcement of facilitators	Need to Special clinics
	Need to Accessibility to services
	Need to adolescents' participation
	Need to Well-trained health care providers
Reduce barriers	Need to privacy and Confidentiality
	Need to not to stigmatized

Reinforcement of Facilitators

Special Clinics: Establishing special centers could be one of the most important themes that shape the concept of reproductive health services needs for adolescents, since this subject-matter has been taken from statements of many of the participants. The following is an example of statements of an 18 year-old urban teenager:

"There must be special places allocated to adolescents, in which they can express their issues, whether in terms of health or psychology; because they have some questions and there is no one and nowhere to give them a proper answer."

Accessibility to Services: The need for availability of the reproductive health services for adolescents is another finding of this study. In this regard, one of the fathers expressed:

"There must be clinics of counseling and assessing teenagers' high-risk behaviors in public centers to distinguish problems sooner. I have seen a couple of billboards in the city known as High-risk behavior center, but not accessible and identifiable for all the people and not informative enough."

Adolescents' Participation: One of the most important themes that was mentioned by participants was the need for participation of adolescents. In this regard, one of the rural teens expressed:

"If health centers establish a good relationship with the youth, give them responsibilities and ask for their comments, they will be more eager to participate."

Well-Trained Health Care Providers: One of the emphasized issues mentioned by participants was the importance of presence of well-trained and experienced personnel, who could provide teenagers with reasonable educational and consultation services. An 18 year-old rural teenager said:

"Since teenagers cannot go to town when they are faced with a problem, the health center in the neighborhood must be facilitated; there must be someone in the health center with whom we can talk and confer, for example we can ask for her advice about marriage."

Reduce Barriers

Privacy and Confidentiality: Confidentiality of information and secrecy was another important factor mentioned by the participants. Regarding this, a 17 year-old rural teenager stated:

"Trust must be earned by teenagers to refer to reproductive health centers; the environment of rural and even the urban areas are in such a way that, even the simple relationships with the opposite sex is kept hidden by girls from their families and those around. Thus, they do not refer to neighboring centers and prefer to go to unacquainted places."

Not Being Stigmatized: According to participants, false beliefs about the clients are another barrier that prevents teenagers from using the provided services. A 19 year-old urban teen said:

"The complications of referral might prevent teenagers to refer to health centers and being labeled is the first problem. Being a patient, especially with certain conditions, is one of the reasons that makes teens labeled."

DISCUSSION

The present qualitative study has been conducted in order to investigate the structure of reproductive health services, required for young girls. The main characteristics of the present study are naturalistic point of view, regardless of prejudice and limitations of positivism in order to collect and gather various experiences and views together and deep and comprehensive dealing with the research subject. Since the major reproductive health services in Iran are provided by primary health care services, which have a wide coverage in the country, utilizing the existing capacities along with creating new potential cares to meet the changing needs of the adolescents is one of the effective ways in providing teenage girls with reasonable reproductive health services. Successful experiences of many countries in promoting adolescent health are consequences of integration of required reproductive health services by youth and primary health care [16, 17].

One of the major mentioned themes of this study was the need for establishing and enhancing the specific reproductive health centers for juvenile. Along with other studies [18], the results of this study have shown that although the existence of these centers are essential to promote the reproductive health services, they could be effective if they are enough available and informative for teenagers. In their study, Agampodi *et al.* [18] mentioned teenagers' unawareness of provided reproductive health services is one of the weaknesses of offered health services for youth. Ramezanzadeh *et al.* [12] in their study, with the aim of surveying the reproductive health centers, stated that most of these centers offer services in working hours and this unavailability along with the weak advertisements are the main factors that prevent teenagers from visiting these centers. Thus, it seems that more attention must be paid to working hours of health services, to answer the questions and needs of teenagers after usual working or school hours. Creating and developing more innovative methods, such as free telephone lines, mail boxes and utilization of virtual capabilities can increase the coverage of counseling services.

According to participants of the study, the need for adolescents' participation in reproductive health services was another important factor which could improve reproductive health care services' quality. According to WHO, using the comments and opinions of teenagers in designing and providing specific services for youth is one of the main features of youth-friendly services [19]. Existence of such interactions with teenagers not only encourages teens and peer group to share their experiences together which in turn lead to more influences on participants' education [20], but also could increase adolescents' use of provided service. Adolescents' participation lets the providers distinguish the specific needs of teenagers based on their local region and consequently prioritize the resources and facilities on the same basis [5, 2].

The need for trained health personnel was a secondary emerged theme in this study. In order to promote the quality of reproductive health services, presence of the personnel with appropriate practical and scientific skills is essential. These skills will lead the providers of health care to create a friendly environment for teenagers, which in turn lead to more acceptances of teenagers of the offered services [17, 21]. Although achieving international standards in functional fields of health services requires new organizational positions, training the existing work force is one of the most economical ways in the short-time.

Another subsidiary theme of the study was the concept of trust. Many of participants stated that this concept has a key role in teenagers' use of reproductive health services. Reliance of adolescents on health care systems, which was mentioned in other studies as a major factor in reproductive health services [12, 18], not only prevents teenagers to refer to unsafe people and centers to receive medical and counseling services [21], but it will provide a good opportunity for health providers to have a more accurate assessment of the health condition of adolescents and required care services. Participants expressed that false beliefs of other people about the visitors of the centers might also prevent teenagers from referring to these centers. Consistent with results of this study, other studies have shown that the fear of stigmatization in case of referring to reproductive health centers is one of the main reasons of not referring to these centers [21, 22]. Therefore, it seems that reforming the false beliefs of society is one of the main themes, which must be addressed thoroughly. Assistance and cooperation of all associations in the society, especially those who are involved with teenagers are among the essential solutions that could be mentioned. Attracting the social support of parents, religious leaders and schools and their cooperation with health authorities and teenagers, along with mass media support pave the way to change the false beliefs of the society.

The main focus of this study was on investigating the structure of the required reproductive health services for adolescents girls and it was based on subjective views of teenagers and key informants. Our findings showed that the structure of reproductive health services for adolescents girls could start with integration of the adolescents' health services in primary health care program and continue with qualitative and quantitative development of specific services to adolescents, based on their special needs and youth-friendly services. Obviously, meeting the needs of such a big group, especially in fields of reproductive health, is complicated and beyond the capacity of one organization or institute; it calls for cooperation and assistance of all the related institutions, otherwise, unwanted changes of teenagers' reproductive health and remaining as a marginal matter is anticipated.

This study is an initial step for more future qualitative studies, in order to achieve detailed information about any of the debated subjects. Conducting similar studies about required reproductive health services for teenage boys or other age groups are the recommendations of this study.

Limitations of the study could be mentioned as not being able to interview with some of the teenagers, since they had left the school or started working at their early ages.

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