

Unmet Needs of Adolescent and Young People's Sexual and Reproductive Health in Iran

More than one fourth of the total population in Iran are young people aged 10-24 (1). On the one hand, strong cultural and religious values surround sexuality before marriage and on the other hand, shifts towards greater interaction between young men and women are occurring in response to the spread of education among females, the postponement of marriage, and outside influences (2-4). Although illegal, satellite is widely accessible (5, 6). Spread of social networks and communication technology has been fast among young people. Even sexuality is reflected openly in some rap music which is illegally accessible among adolescents and young people.

Despite the recognition that such social and communication changes make the interchange of information including those with sexual content easier and faster among people, facilitate interpersonal communication and relationships and in fact provide greater opportunity for premarital liaisons and sex, there is still no comprehensive policy and program that target unmarried youth to address values, abstinence as well as safe sex in this country.

One important reason can be denial of premarital sex (7). It might be claimed that sex is supposed to be confined within marriage in Iran and premarital mandatory courses have been designed to youth who intend to marry. The answer is that, evidence shows that despite normative inappropriateness (8), and legal and religious prohibition, a significant minority of females and relatively greater proportion of young men, do not wait until marriage to initiate sex (9). Due to the fact there is no supportive services, sexually active youth are exposed to social and medical risks associated with premarital sex (such as STIs, HIV, unwanted pregnancy, unsafe abortion, violence, and suicide). Hence, these premarital counseling programs, only target youth who postpone sex until after marriage. How about the rest of young people? For any reason, whether they should be overlooked?

In fact, in contrary to huge social pressure on young people for premarital sex, no formal education has been designed for them. Stigma on communication about sexuality (7), strong taboo and gender double standard in sexuality before marriage, make these outcomes unrecognized. Even most parents and teachers hesitate to communicate with young people about consequences of premarital sex, protection against risk before they get involved in such relations. One may claim that youth are not aware of sexuality and should not be communicated on sexuality issues until they marry. The answer is that today's young people are in fact different from last generation. They are aware of sexuality, but their information and knowledge are not detailed and they have a lot of misperceptions and myths (10) because they received their information mainly from their peers and unreliable sources which are detached from values.

Recent rise of sexual transmission of HIV has led to some degree of realization of the significance of addressing safe sex for young people in schools to protect them against HIV/AIDS. However, it focuses mainly on unsafe injection, not much of unsafe sex and safe sex. Addressing protection by condom is still difficult for unmarried young people in Iran. Most parents even do not know whether they should talk with their teenager or not, what topics do they need to address, when do they need to start and how? They lack the knowledge and the skills to do so. Teachers are also ill-prepared and lack information and skills.

One significant barrier is the fear that such programs might have negative influences on young people. Robust scientific evidence approved positive outcome of such programs. They improved awareness of risk and knowledge of risk reduction strategies, increased self-effectiveness and intention to practice safer sex, and delayed the onset of sexual activity (11). In a systematic literature review conducted in 2005, Douglas Kirby analyzed 83 studies of curriculum based programs that were published in 1990 or later, employed experimental or quasi-experimental design, and had sample sizes of 100 or more, and he found that 72 percent of programs in developing countries had positive impacts on changing behavior (12).

To achieve a healthy population, we need to have a healthy young generation who drive the development in the country. Hence, we need to invest now on adolescent sexual and reproductive health. The consequences of such ignorance would have devastating effects on young generation now and in coming decades. The school setting can be an appropriate place for such programs because of access to huge number of young people and their parents. These programs should be age appropriate, culturally sensitive, and bounded with

values and cultural norms, and comprehensive. These programs need to address values surrounding relationships, protection, risks of STIs and HIV and pregnancy as well as physiology and anatomy.

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Farideh Khalajabadi-Farahani^{*}, Ph.D.
Associate Editor of the Journal

^{*} Department of Population, Health and Family Planning, National Institute for Population Research, Tehran, Iran