

Premarital Sexual Relationships: Contraceptive Knowledge and Practice among Iranian Youths

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Abstract

Objective: The youths' sexual behaviors are counted as the main priorities of the public health due to the high prevalence of unwanted pregnancies, illegal abortions, and sexually transmitted infections. This research was carried out to explain the youths' contraceptive knowledge and practice in premarital sexual relationships. **Methods:** This qualitative research was carried out on 30 single boys and girls aged 18–24, living in Isfahan, Iran, who had already started sexual activities. Data collection was done with semi-structured interviews. The data were analyzed by using conventional content analysis. **Results:** Two main categories were extracted including inadequate awareness regarding contraception (with subcategories “unreliable information sources” and “gender inequality in familiarity with contraceptive methods”) and inappropriate contraceptive practice (with sub-categories “use of unreliable contraceptive methods” and “gender inequality in applying contraceptive methods”). **Conclusion:** Sexual health education programs should equip the youths with adequate knowledge on contraception and use of reliable contraceptive methods. Furthermore, attempts should be made along with tackling gender inequality is very significant for youths' sexual and reproductive health security.

Keywords: Contraception, contraceptive method, Iran, premarital sex behavior, sexual behavior, sexual knowledge, Youth

INTRODUCTION

In the recent years, sexual behaviors of youths are categorized as one of the main health priorities due to the high prevalence of unwanted pregnancies, illegal abortions, sexually transmitted infections (STIs), and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS).^[1]

All over the world, girls and boys mature at younger ages; they marry later and commit to premarital sex to a greater extent in the exercise of their venture.^[2] Unwanted pregnancy which happens due to unprotected and premature sexual intercourse can lead to unsafe induced abortions which will cause mental and physical problems for the mother, and it can bring up her death even.^[3] Besides, in the case of continuation of pregnancy, the risk of problems including pregnancy-induced hypertension, anemia, prolonged labor, preterm labor, low birthweight, postpartum hemorrhage, and infection would increase.^[4] Hence, pregnancy is known as the worst killer of the women among 15–19 all over the world. Its worth noting that after delivery social and economic problems make special

limitations for mother and her baby which endangers their physical and psychological health.^[2]

The youths' sexual behaviors are affected by different psycho-social factors such as family, mass media, alcohol and drug use as well as friends and peers.^[5,6] Moreover, no one can deny the impact of the youths' contraceptive knowledge and practice. In a study among students in Nigeria, it was shown that there was a fairly high level of knowledge and relatively low use of contraceptives.^[7]

Somba *et al.* in a cross-sectional study among female undergraduates' students in Tanzania showed that the majority of students were sexually active, with the majority who started sexual activities at young ages. Most of the students had

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knowledge of contraception; although, the rate of contraception use was still low.^[8]

Iran is among those societies where the limitations and prohibitions of premarital sexual relationships are performed. However, despite cultural and religious prohibitions, it seems that in the process of modernization and ongoing transition situation, Iranian youths like those of other societies are exposed to sexual experiences and engagement in sexual relationships. There are some evidence that in the recent years, risky sexual behaviors among youths is observed,^[9] and hence, both young men and women are susceptible to sexual and reproductive health hazards such as pregnancy, unsafe abortion, STIs, and HIV/AIDS. In Iran, several researches have studied sexual behaviors among the youth, but contraceptive knowledge and practice among them in sexual relationships are not well addressed.

Regarding the high priority of paying attention to the youths, sexual and reproductive health, prevention and controlling risky sexual behaviors and related consequences, it necessitates deeper perception of sexual relationships engagement among youths by qualitative research. Moreover, due to the complexity of human sexual behaviors, especially in youths, it is necessary to discover and understand deeply how these behaviors are formed and conceptualized. In this paper, the youths' contraceptive knowledge and practice in premarital sexual relationships are explained and reported.

METHODS

This research was a qualitative study using content analysis approach.

Recruitment and participant selection

The participants of this study were 30 single boys and girls of 18–24 years old who were living in Isfahan, Iran and have already started their sexual activities. They were volunteers to participate in this study. An exclusion criterion was participant nontendency to go on with the research. The access to these participants was made possible through universities, parks, and sport clubs since in these locations the number of youths is great. The purposeful sampling and snowball methods were applied.

For the sake of creating variety among the samples, participants were chosen from the age of 18–24 years old. It was tried to have a balanced sample in terms of the number of the genders. The participants were from different economic and social backgrounds. Research ethics confirmation (ethical approval code: 390436) was received from the Ethics Committee of Isfahan University of Medical Sciences and informed consent, anonymity, confidentiality, and the right of leaving research in any desired time was preserved.

Data collection procedures

To collect data; individual interviews (in-depth and semi-structured) were done. Most interviews were conducted in a meeting, however; due to an expanded and comprehensive

response to the number of participants and their complete dominance of issue, to prevent prolonged interviews and fatigue, in some cases, the number of sessions the interview was two and even three sessions. Interviews lasted from 45 min to 135 min. Interviews continued until data saturation occurred.

All the interviews began with one main question “what do you know about relationships and friendships among girls and boys in our society? Please explain it?” Then answers by the participants directed the interviews. In addition, as the interviews went on, more detailed questions (based on the interview guide) were asked including: contraceptive knowledge and use among youths and other subjects which extracted some data related to the issue under the study. In this study, all of the nonverbal behaviors of the interviewees were considered, and field notes were taken in this regard. All of the interviews were done in places which were in agreement of interviewee.

Data analysis

Data analysis was performed manually. The script of the recorded interviews was prepared word by word. These scripts were analyzed through conventional qualitative content analysis. Qualitative content analysis is the subjective interpretation of the content of textual data through systematic process of coding and identifying themes or patterns.^[10]

The interviews were read through several times to obtain a sense of a whole. Then the text was divided into meaning units. The meaning units were abstracted and labeled with a code. The various codes were compared based on differences and similarities and sorted into four sub-categories and two main categories, which constitute the manifest content.

Rigor and trustworthiness

To make sure of the credibility of the data, 18 months was spent on data collection. The researcher by dedicating time to make friendly relationship with the youths asked them to participate voluntarily in the research. To truly understand the participants' sayings, each data were read in different situations for at least three times. In this way, the prolonged engagement with the data made the data deep and expanded. The researcher also talked with people of different economic, social, and educational levels to add the credibility of the data.

For credibility confirmation of the gained contents, in another session, the coded interviews were discussed with five participants to get their final opinions. Hence, member checking was done.

Data were confirmed by three university professors who were in the field of sexual behavior, nursing, and clinical psychology. After reviewing the coded texts, the viewpoints of these people about coding or conceptualization were gathered and the necessary revisions were applied.

Data transferability was gained through data revision by 2 boys and 2 girls. They had similar characteristics with the participants of the study, but they did not take part in the

study. To gain the dependability, external audit was used. Data analysis was made possible through an expert researcher who was not involved in this study. He was considered as an external expert.

RESULTS

Participants' demographic characteristics are shown in Table 1. Data analysis showed two main categories were extracted including inadequate awareness regarding contraception and inappropriate contraceptive practice.

Inadequate awareness regarding contraception

This main category including two sub-categories "unreliable information sources" and "gender inequality in familiarity with contraceptive methods."

Unreliable information sources

The participants narrated that they learned about contraceptive methods mostly through friends and in some cases by searching the net. They counted this issue as the result of feeling shy and consequences of talking about premarital sexual relationships in the community. A 20-year-old girl stated that:

"Any girl or boy who is a college student doesn't ask questions directly because of being afraid and worried."

The participants were familiar with condoms more than other contraceptive methods. They considered condoms very safe for contraception. They were familiar with coitus interruptus and some of them (especially older ones) knew about using oral contraceptive pills (OCPs) in the form of emergency contraception (EC).

Gender inequality in familiarity with contraceptive methods

According to the participants' narrations the boys' contraceptive knowledge and the information are more than that of girls. They noted the existence of a dual sexual standard in society and the more freedom given to the boys. A 24-year-old boy stated that:

"Almost all people believe that it is no problem if a boy has had sex with some girls. However, it is very important if a girl does the same thing."

The participants mentioned that following more freedom and as a result of more premarital sexual engagement by boys, they try to gain more information about contraceptive methods

from different sources. The participants counted pregnancy as the main problem for boys in premarital sexual relationships and they believed that contraception is the most important concern for the boys due to the consequences of the premarital pregnancy (i.e., compulsory marriage). A 23-year-old girl stated that:

"The boys are also worried for such things (premarital pregnancy), they even know more than about contraceptive methods (in comparison with girls), because they know they will need it, so they try to learn it."

Inappropriate contraceptive practice

This main category including two sub-categories "use of unreliable contraceptive methods" and "gender inequality in applying contraceptive methods."

Use of unreliable contraceptive methods

The participants narrated that in the beginning of vaginal sex with regular (steady) partners, they commonly use condoms and in the case of unavailability, they use coitus interruptus or EC. One of the participating midwives stated that:

"The young people know that they should use contraceptive methods. As far as I know they usually use condoms and coitus interruptus."

The participants narrated that in nonvaginal sex such as inter-femoral sex and also genital rubbing the youths use coitus interruptus as a safe and acceptable method for contraception. A 20-year-old girl stated that:

"Well, in inter-femoral sex we prevent pregnancy naturally."

According to the participants, narrations, in inter-femoral sex and also genital rubbing when the boy is ejaculated and unwantedly the semen is poured on the girl's external genitalia, OCPs in the form of EC is used. A 22-year-old girl stated that:

"One of my friends would say - Once I had inter-femoral sex and the semen was poured on my body. She was afraid of pregnancy, so quickly she took four low dose pills and four more pills 12 h later."

Gender inequality in applying contraceptive methods

According to the participants' narrations although using condoms for contraception at the beginning of vaginal sex with regular sex partners is common, after a while and as friendship continue, condoms is not used by the boys any more due to decrease in sexual pleasure. As a result, they replace it with EC or coitus interruptus. A 22-year-old girl stated that:

"The boy nags and rejects condoms because he thinks it is not cool to use it. Hence, the girl has to take pills."

DISCUSSION

The aim of this study was to explain the youths' contraceptive knowledge and practice in premarital sexual relationships. Based on the results, the most popular method of contraception among the participants (especially boys) were condoms. In a

Table 1: Participant's demographic characteristics

Demographic characteristic	Person or year
Sex	
Male	13
Female	17
Age	18-24
Educational level	
School student	5
University student	23
Bachelor's degree	2

study, among students in university, the male condoms were the main contraceptive type reported out of the many modern and conventional methods of contraceptives.^[11] Somba *et al.* showed condoms and OCPs were the most popular methods of contraception among female students.^[8]

According to the results, the youths gained the information on contraception mainly from friends and in some cases through searching the Internet. While in a research the Internet and peers were mostly mentioned as main sources of knowledge about contraception.^[12] Furthermore, in a research in Tanzania the main sources of information about contraception were friends, radio, and school.^[8]

It seems that the youths who are engaged in sexual activities; do not have access to the information sources to answer their questions due to prohibition of premarital sexual relationships in the society. As a result, they mostly get information about contraception from friends who are not necessarily reliable sources and this issue could expose them to unwanted pregnancy.^[13] Yip *et al.* showed sexually active girls and boys have often refrained from seeking medical advice on sexual and reproductive health despite feeling the need for it, mainly due to feelings of shame, fear, and insecurity.^[14]

According to the results, the youths recognize condoms as a very safe method of contraception which is commonly used at the beginning of vaginal sex with regular partners. Boamah *et al.* in a study found that male and female aged 15–19 years commonly used condoms for contraception.^[15] According to another study, the most common contraceptive method included condoms, coitus interruptus and periodic abstinence among the youths.^[8]

Based on the results, although condoms are commonly used at the beginning of vaginal sex with regular partners, after a while the boys stop using them and they are replaced by coitus interruptus or EC. It is clear that coitus interruptus can be along with unwanted pregnancy due to the existence of sperm in preejaculate fluid and also the inherent difficulty in separating preejaculate fluid from the ejaculate.^[16] Furthermore, the probability of pregnancy cannot be denied in using coitus interruptus in inter-femoral sex and genital rubbing and can expose the youths to unwanted pregnancies.

It is determined that EC are recommended for occasional use only after unprotected intercourse and are not recommended for regular use as an ongoing contraceptive method because of the higher possibility of failure compared with OCPs.^[17] Besides, these components should be taken as soon as possible after unprotected sex for the highest effect. If not, the unwanted pregnancy probabilities will increase.^[18]

Therefore, the youths' easy access to sexual and reproductive health services is highly important. These services should make the clients sure about the confidentiality of their personal information and being fair toward them. Furthermore, planning and proper policies for regular educational programs on sexual health and contraception via schools and universities

can be helpful. According to the results of the present study, since friends are the main source of getting information about contraception, providing educational programs can be through peer-based educational approach.

According to the results, the existence of dual sexual standard about premarital sexual relationships in the society and boys' more freedom has made them go after gaining more information about contraception.

The sexual double standard includes different society expectations about proper and appropriate sexual behaviors for girls and boys. It means that the society has more acceptances about the boys' sexual behaviors compared to that of girls. The boys are considered free in premarital sexual relationships whereas the girls are expected to protect themselves from such relationships until marriage.^[19,20]

Based on the results, boys have more power for choosing and applying the contraceptive method. They want to have more enjoyable sex by not using condoms and using coitus interruptus or leaving the burden of duty to the girls (by using EC). As a result, the probability of unwanted pregnancy elevates. The results of a study among youths in Mozambique also showed that social norms and cultural gender roles often contradict and hinder risk-avoiding behavior.^[21] More research suggests that attitudes toward responsibility for the use of contraception among young people are strongly gendered.^[22]

Hence, it is necessary to change the power relationships among men and women. Thus, it is suggested to remove gender inequality, dual sexual standard amendment as well as improving gender equality in sexual socialization.

This study has one limitation. Although in the present study attempts were made along with maximum variation sampling, there is a possibility for the participant to be limited to small networks of peers and friends. Despite this limitation, the study has made an important first step toward understanding the contraceptive knowledge and practice in Iranian youths' premarital sexual relationships.

CONCLUSION

Attempts should be made along with tackling gender inequality and girls' empowering. Furthermore, providing the youths with the educational programs related to sexual health and contraceptive knowledge and practice can be through peer-based educational approach. In this regard, it is suggested to investigate the effects of educational interventions on youths' responsibility taking for contraception.

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Conflicts of interest

There are no conflicts of interest.

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