

The Priorities of Iranian Male Adolescents Health Needs

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Abstract

Health in the adolescence period guarantees the next generation's health. The assessment of health needs is the first stage for the implementation of health promotion interventions. This study aimed to assess the priorities of male adolescent's health needs in Tehran, Iran, in year 2015. This cross-sectional correlational study was conducted with 1,200 male adolescents aged between 13 and 18 years. Single male adolescents studying in public guidance and high schools in Tehran, Iran, in year 2015 were chosen using a random multistage sampling method. Data were collected using the male adolescent health need assessment scale. The data were analyzed using descriptive and inferential statistics. It was found that while the lowest score was for the domain of sexual health, other domains had average or higher than average scores. More attention should be paid to the sexual health needs of male adolescents. Policy makers need to design strategies that help meet the health needs of male adolescents.

Keywords

health, male adolescents, need assessment

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Introduction

In most developing and developed countries, a significant portion of the population is in the adolescence period. Addressing the health care issues of adolescents is required for improving the health of the family, society, and next generation (Simbar, 2014). Adolescence is the time of transition from childhood to adulthood and is a requirement for the achievement of competencies and abilities. Health in adolescence depends on the quality of the adolescent period, because physical, psychological, and social issues such as unsuccessful marriage, high-risk pregnancy, mortality, unhealthy habits, and behaviors originate from this period (Hatami, Razavi, Eftekhari Ardebili, & Majlesi, 2012).

According to the international conference on population and development (1994), adolescents' health needs are highlighted in reproductive health care across the world. Also, all countries are committed to identify and meet adolescents' health needs (International Conference on Population and Development, 1994).

Adolescent health has become a priority on the global agenda. UNFPA and WHO, aims to design strategies to both advocate for increased investments in adolescent health that describes process for identifying the health needs, priorities and actions for adolescents to survive (WHO, 2017).

Such a transition period is associated with numerous problems in male adolescents compared with female adolescents. High-risk sexual behaviors, accidents, alcohol, and drug abuse are some of health-related issues in male adolescents. In this respect, paying attention to adolescents' health needs helps with preventing and resolving their problems in this period and subsequently in adulthood (Sajjadi, Moshki, Abasnezhad, & Bahri, 2012).

It is believed that decisions made by male adolescents have an integral role in the improvement of family and community health (World Health Organization [WHO], 2013). Male adolescents' understandings and knowledge of their own health needs help them follow healthy behaviors and select better health options for themselves, partners, and wives. Men's participation in

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health care practice is key to promoting gender equality and the reducing health inequalities. Male adolescents' health has a central role in the development of the society's health (WHO, 2010). The aim of this study was to assess the priorities of health needs of male adolescents in Tehran, Iran, in year 2015. The findings of this study can guide health care providers in planning and promoting both adolescents' and the society's health.

Method

This cross-sectional correlational study was conducted between September and January 2015. Samples were consisted of 1,200 male adolescents aged between 13 and 18 years old studying in public guidance and high schools. The following inclusion criteria were considered to choose the samples: aged between 13 and 18 years old, being single, and studying in public guidance and high schools. Those adolescents who announced their unwillingness to take part in this study were excluded. To recruit the samples, a random multistage sampling method was used. Data were collected using the Male Adolescent Health Need Assessment Scale (MAHNAS). The data were analyzed using descriptive and inferential statistics. Using the table of random numbers, a number of areas from the four districts of Tehran (North, South, East, and West) were selected. Next, the total sample size was estimated based on the proportion of the number of adolescents in each district. A number of guidance and high schools in each district and a few classes at different educational levels were selected using the table of random numbers. The adolescents in the classes were invited to participate in this study and were requested to fill out data collection tools, which were the self-reported demographic data questionnaire and the MAHNAS.

The MAHNAS was consisted of 49 questions regarding adolescents' health needs classified under the four domains of "physical health," "sexual health," "psychological health," and "social health" with a 5-point Likert-type scale (*always* = 5, *often* = 4, *sometimes* = 3, *rarely* = 2, *never* = 1). The range of this scale's scores was from 49 to 245 with a higher score indicating a better health condition and lower needs for health care. The psychometric properties of this scale was determined using Cornbach's α coefficient of .79 and intraclass correlation index of .89 using a test-retest method (Zare, Simbar, Shahhosseini, & Alavi Majd, 2016).

The collected data were analyzed using descriptive (means and frequencies) and inferential (*t* test, one-way analysis of variance, and the Pearson correlation coefficient) statistics via the SPSS Version 22.

Table 1. Demographic Characteristics of the Samples.

Variables	N (%)
Grade	
Guidance school (Grades 7, 8, and 9)	606 (50.5)
High school (Grades 10, 11, and 12)	594 (49.5)
Total	1,200 (100)
School	
Secondary	807 (67.3)
Technical	393 (32.7)
Total	1,200 (100)
Father's educational level	
Illiterate	226 (18.8)
Diploma	424 (35.3)
Associate degree	158 (13.2)
Bachelor's degree	353 (29.4)
>Bachelor's degree	39 (3)
Total	1,200 (100)
Mother's educational level	
Illiterate	222 (18.5)
Diploma	404 (33.7)
Associate degree	235 (19.5)
Bachelor's degree	236 (19.7)
>Bachelor's degree	103 (8.6)
Total	1,200 (100)
Father's occupation	
Unemployed	122 (10.2)
Businessman	372 (31)
Worker	350 (29.2)
Employee (officially hired worker)	262 (21.8)
Retired	94 (7.8)
Total	1,200 (100)
Mother's occupation	
Housewife	443 (36.9)
Bossiness woman	265 (22.1)
Worker	292 (24.3)
Employee	197 (16.4)
Physician	3 (0.3)
Total	1,200 (100)

Findings

The mean and standard deviation of the samples' age were 15.49 and 1.7 years, respectively. More demographic data of the samples were presented in Table 1.

The Kolmogorov-Smirnov test was performed to ensure of the normal distribution of data ($Z = 789, p > 604$) and use parametric tests. The order of the scores for the adolescents' health needs from high to low was as follow: physical health, psychological health, social health, and sexual health. Table 2 showed the mean, lowest, and highest scores of the adolescents' health needs for each domain.

The lowest score indicating the highest health needs was for the domain of sexual health. Also, the highest score indicating the lowest health need was for physical

Table 2. The Mean of Adolescents' Health Scores Based on the Score of 100 in Each Domains.

Domains	M (SD)	The lowest score	The highest score	One-way analysis of variance
Physical health	67.49 (4.11)	47.92	85.42	$p = .001$; $F = 35.67$
Social health	63.72 (15.5)	44.23	78.85	
Psychological health	64.29 (4.11)	50	75	
Sexual health	32.25 (10)	6.25	62.50	
Total	62.3 (2.76)	54.08	69.90	

health. The one-way analysis of variance showed statistically significant differences between the means of the male adolescents' health needs domains. Accordingly, the priorities of health needs were as follows: sexual health, social health, psychological health, and physical health.

In the current study, the Pearson correlation coefficient showed a reversed correlation between health scores and the adolescents' age. It means that older adolescents achieved lower health scores in all aspect of health needs ($p < .000$). Also, statistically significant differences were shown between all aspects of health scores and mother's educational level, indicating that the higher the adolescents' health scores, the higher the educational level of the mother ($p < .000$). There was not positive association between the father's education level and the adolescents' health status.

Discussion

In the current study, a valid and reliable tool was used to assess the health needs of male adolescents for making appropriate policies aiming at the improvement of adolescents' health. The large sample size and data collection on the different aspects of male adolescents' health needs were the characteristics of this study.

Our findings identified that the mean score of the adolescents' health in the domain of physical health was in an acceptable condition. Similarly, a study in Turkey in 2004) with 1,020 adolescents reported that 54.6% of them washed their hands with soap twice daily. The adolescents' health behaviors were in an intermediate level (Yalçın, Yalçın, & Altın, 2004).

Available studies in Iran mainly focused on physical health indices and oral health (Eslamipour, Heydari, Mousavizadeh, & Ghayor, 2015), exercise (Salehi Omran, E., & Abedini Beltarak, 2014), and nutrition (Delorian, Khosravi, Abbasian, M., & Haghighi, 2010). Therefore no studies were conducted to assess the comprehensive needs of adolescents.

The highest score after physiological health was in the field of psychological health. Similarly, another study on the psychological health of adolescents in Arak showed

that the percentage of psychological health was 60.1. Another finding of this study was that male adolescents had a higher level of psychological health needs compared with female adolescents (Jafari Manesh, Ranjbaran, Najafi, Jafari Manesh, & Alibazi, 2015). Conversely, Shahhosseini, Simbar, and Ramezankhani (2011) reported that the highest health needs of female adolescents were in the domain of emotional-psychological with a large gap between the ideal and current conditions (Shahhosseini et al., 2011). The score of emotional needs in another study on the emotional needs of female adolescents in Mazandaran was reported as 38.83 (Shahhosseini, Simbar, Ramezankhani, & Alavi Majd, 2012). Comparisons between the findings of this study and those of other studies related to female adolescents' emotional health needs suggest that girls have more needs with regard to mental-psychological aspects than boys. Although there is a need to conduct similar studies on psychological needs in both genders, differences among genders in terms of emotional and psychological needs and the vulnerability of girls are evident. Differences in behaviors, emotions, thinking and communication style, and reactions are related to gender differences. Since male adolescents are more satisfied with their place in society, they have a positive self-concept that influence their psychological health needs. Therefore, the need for psychological independence is felt more in girls than in boys.

According to the current study, the score of social health needs was higher than the scores of physical and psychological health needs. The percentage of social health needs was in the intermediate level. Similarly, the findings of a study on the assessment of health-related quality of life and social-economic conditions based on adolescents' age and gender showed that the means of social health and health-related quality of life were higher than 50%. Also, social health was higher in male adolescents than female adolescents (Nik-Azin, Shaeri, & Naeinian, 2013). The role of social factors in adolescents' health is undeniable. The physical needs of adolescents have always been the center of attention and the social needs have been often ignored, though a epidemiologic transition has changed the face of adolescents' health needs. Such an ignorance of adolescents' health needs leads to their vulnerability to an increase in the prevalence

of addiction, school failure, and sociopsychological disorders. Although adolescents' mortality is uncommon, it increases the global burden of diseases and disabilities. There is a need to plan for prevention of the development of health-related crisis in adolescents in the future (Babaei, 2003). Educating health care staff about the social and behavioral health needs of adolescents, helping adolescents use their potential, and improving parents' knowledge of what threaten their children's health are suggested. In addition, adolescents' participation in the improvement of their health and creation of the feeling of responsibility among them toward their own health can increase the level of society's health.

In this study, the highest priority of health needs was related to sexual health needs. In line with the current findings, a study in Canada with 228 male and female adolescents aged between 16 and 20 years showed that 51.2% of adolescents experienced sexual problems and 51.1% of them suffered from anxiety related to sexual issues. Canadian adolescents had a higher sexual health needs score (O'Sullivan, Brotto, Byers, Majerovich, & Wuest, 2014). The results of a review study on the trend of sexual and reproductive health in developing countries identified that adolescents' health was ignored by parents and schools, though there was an increasingly growth in the trend of sexually transmitted diseases and AIDS (Hindin & Fatusi, 2014). WHO (2014) reported that there were insufficiencies in the provision of sexual and reproductive health care. Although teenagers aged 10 to 19 years account for a quarter of the population of Latin America, there is a need for educational services in the field of sexual and reproductive health. Some probable reasons for this condition are a lack of trained healthcare staff in the field of adolescent health care services, insufficiencies in monetary and human resources, cultural barriers to and negative attitudes about adolescents' health care services, and insufficient information in the field of sexual health among adolescents (Huaynoca, Svanemyr, & Venkatraman, 2015).

The findings of this study showed that sexual needs were health priorities from the adolescents' perspectives. Gender inequalities in the Iranian culture and context are shown in the social acceptability of premarital sexual relationships for males rather than females. Such an inequality in terms of the gender role and reproductive health increases the risk for high-risk behaviors in males, because it is more acceptable for males to have a sexual relationship with multiple partners before marriage without being penalized. Therefore, they are at risk for sexually transmitted diseases and AIDS. In this respect, improvement of adolescents' sexual health requires giving a priority to the comprehensive educational programs for parents designed based on the Iranian culture and context. Besides, schools and teachers play important roles in the education of adolescents and

improvement of their knowledge regarding high-risk sexual behaviors (Schuster et al., 2008; Turnbull, van Wersch, & van Schaik, 2008). As a confirmation to the aforementioned strategy, studies conducted between 2002 and 2012 on the outcomes of sexual health education in schools reported significant changes in adolescents' knowledge, attitudes, and behaviors (Amaugo, Papadopoulos, Ochieng, & Ali, 2014). Given the weaknesses in the Iranian health care system in terms of sexual and reproductive health care services, implementation of strategies for the delivery of appropriate health care services to adolescents is required.

It was identified that a negative significant relationship was available between adolescents' age and their health scores. The findings of one study in 34 European countries reported that adolescents felt more needs during the teenage period in the physical, emotional, social, and economic fields (Elger et al., 2015). Diverse changes in the adolescent period and the increase of their age endanger their health. Mortality and morbidity; physical growth retardations due to chronic diseases, sexually transmitted diseases, and AIDS; and psychological issues such as depression, suicide attempts, and drug and alcohol abuse are prevalent during this life period (DiClemente, Hansen, & Ponton, 2013).

In addition, this study's findings showed a positive significant relationship between the mother's educational level and the adolescents' health needs scores. Another study on the effect of parents' educational level on the adolescents' health reported that adolescents with educated parents had a higher level of health. The educational level of parents is considered the most important factor influencing their health condition (Willekens, Daenekindt, & Lievens 2014). A probable reason for such a finding is that educated mothers are more aware of their adolescents' health needs and therefore use appropriate methods to help their children during this transition period.

Conclusion

The assessment of the health needs of male adolescents indicated that sexual health needs had the highest priority. The assessment of sexual health needs of adolescents is a complex task and needs collective efforts by health care-related institutions. More attention should be paid to the sexual health needs of male adolescents. Policy makers need to devise strategies for meeting the health care needs of male adolescents.

Limitation

The sample of this study was restricted to adolescents studying in public schools. It is possible that male adolescents in private schools have different needs, which warrants future studies.

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