

**Sexual Health and Relationship Education and Supporting Services  
Available to Young People in Tehran; Needs Assessment and Programme  
Design**

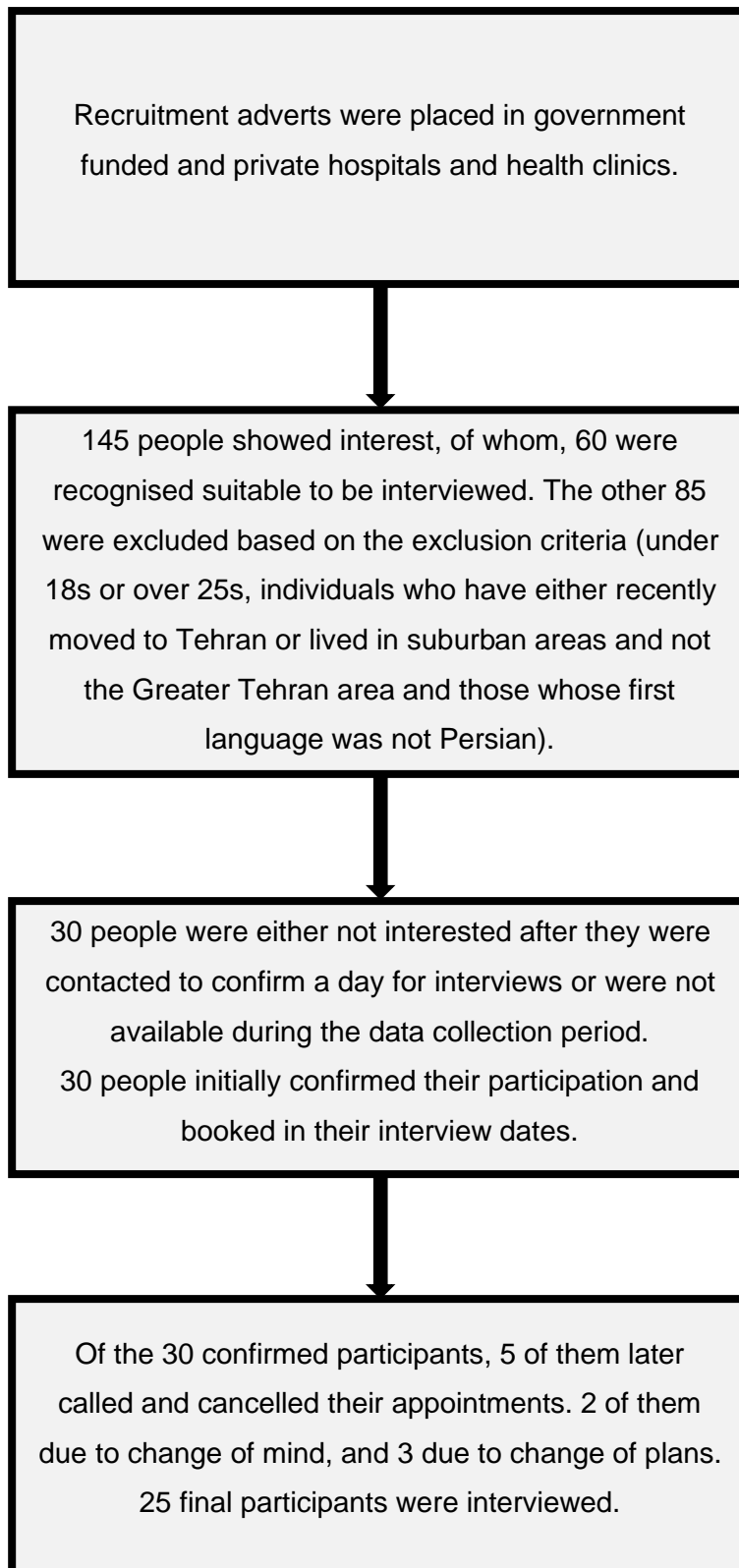
**Appendix**

## Contents

|   |     |
|---|-----|
| Appendix .....  | 1   |
| Appendix Chapter 3 (Study 1).....   | 3   |
| Appendix 3.1: Sampling and Recruitment Flowchart.....   | 4   |
| Appendix 3.2: Participant information sheet.....  | 5   |
| Appendix 3.3: Characteristics of the Interviewees.....  | 9   |
| Appendix 3.4: Interview Protocol.....   | 12  |
| Appendix 3.5: 12 Main Themes.....   | 16  |
| Appendix 3.6: Thematic Map.....   | 17  |
| Appendix 3.7: Quotes grouped by themes and sub-themes .....   | 21  |
| Appendix Chapter 4 (Study 2).....   | 84  |
| Appendix 4.1: Sampling and Recruitment Flowchart.....   | 85  |
| Appendix 4.2: Participant information sheet.....  | 86  |
| Appendix 4.3: Characteristics of the Interviewees.....  | 90  |
| Appendix 4.4: Interview Protocol.....   | 95  |
| Appendix 4.5: 11 Main Themes.....   | 98  |
| Appendix 4.6: Thematic Map.....   | 99  |
| Appendix 4.7: Quotes grouped by themes and sub-themes .....   | 103 |
| Appendix Chapter 5 (Study 3).....   | 145 |
| Appendix 5.1: Identified Persian language SHRE materials .....  | 146 |
| Appendix 5.2: Programme outline presented to Tehranian stakeholders   | 153 |
| Appendix 5.3: Instructions for stakeholder consultations .....  | 165 |
| Appendix 5.4: Stakeholder consultation topic guide .....  | 167 |
| Appendix 5.5: Stakeholders' comments after reviewing the material (noted<br>by the candidate during online meetings)..... | 168 |

## Appendix Chapter 3 (Study 1)

### Appendix 3.1: Sampling and Recruitment Flowchart



## **Appendix 3.2: Participant information sheet**



### **A Qualitative Assessment of the Sexual Health Education, Training, and Service Needs of Young Adults in Tehran**

#### **INFORMATION SHEET FOR PARTICIPANTS**

Thank you for taking an interest in this project. Please read this information sheet carefully before deciding whether to participate.

#### **What is the aim of the project?**

This study is conducted as a part of a PhD course. The study aims to understand the educational and training needs of young adults living in Tehran in relation to sexual health and relationships.

#### **Description of participants required**

We are recruiting 18-25-year-old Iranian nationals, both males and females, who live in Tehran and speak Persian as their first language and do not have physical or psychological conditions that will prevent them from answering questions and holding discussion.

Individuals above or below this age range, of other nationalities, living in cities other than Tehran, with relevant physical and psychological conditions and those who do not speak Persian as a first language, are not able to participate in this study.

### **What will participants be asked to do?**

Should you agree to take part in this project, you will be asked to be interviewed and to have your interview audio-recorded anonymously. There will be approximately 20 questions and you will not be asked your name or other identifying details. Your responses will remain confidential.

The focus of the questions will be on what kind of sexual health education and training you have received, what you think of that education, whether you would value additional sexual health education and whether you would value additional sexual health services.

There will be no harm or risks to you in taking part in this study.

### **Time commitment**

We expect that interviews to last about 60 minutes, but some may be shorter or longer depending on what you have to say.

### **Payment/reward to volunteers/interviewees**

There are no payments or rewards made to you, as you are agreeing to participate on a voluntary basis.

### **Can participants change their mind and withdraw from the Project?**

You may withdraw from the study at any time without any disadvantage to yourself of any kind.

### **What data or information will be collected and what use will be made of it?**

Questions will focus on sexual health education and sexual healthcare provision and accessibility in Tehran. Your comments might also generate some new questions.

This study involves an open-questioning technique where the precise nature of the questions asked have not been determined in advance, but will depend on the way in which the interview develops. Consequently, although the Medical School Research Ethics Committee is aware of the general topics to be explored in the interview, the Committee has not been able to review the precise questions to be used.

If the line of questioning does develop in such a way that you feel uncomfortable, you may decline to answer any particular question(s).

Your responses will be analysed along with other comments from other participants and will help us to understand the needs of young adults in Tehran in relation to sexual health and relationship education and training. Your comments will be anonymised, and only the researcher will have access to them. Although the final analysed results will be published, any data included will not be individually identifiable. If you wish, you may later receive a summary of results.

The data collected will be securely stored so that only the researchers will be able to gain access to it.

After the project is finished, the anonymised data will be stored in a repository and may be analysed by other researchers/will be publicly available as required by the government or journal.

### **Why me?**

We are studying relationships and sexual health needs of 18-25-year-old Tehran residents. You have been chosen because you have volunteered to take part in this study, and you are an 18-25-year-old Tehran resident who match this study's inclusion criteria.

## **What if participants have any questions?**

If you have any questions about our project, either now or in the future, please feel free to contact either:

Narges Sheikhsari ([ns493@exeter.ac.uk](mailto:ns493@exeter.ac.uk))

or

Professor Charles Abraham ([c.abraham@exeret.ac.uk](mailto:c.abraham@exeret.ac.uk))

## **Complaints**

If you have any complaints about the way in which this study has been carried out, please contact the Chair of the University of Exeter Medical School Research Ethics Committee:

Ruth Garside, PhD

Chair of the UEMS Research Ethics Committee

Email: [uemsethics@exeter.ac.uk](mailto:uemsethics@exeter.ac.uk)

**This project has been reviewed and approved by the  
University of Exeter Medical School Research Ethics Committee**



### Appendix 3.3: Characteristics of the Interviewees

| Characteristics of the interviewees |     |        |                    |                            |                        |                            |  |
|-------------------------------------|-----|--------|--------------------|----------------------------|------------------------|----------------------------|--|
| Interviewee Number                  | Age | Gender | Sexual Orientation | Level of Education         | Marital Status         | Religious/Spiritual Belief | District of Residence and Socioeconomic Status |
| 1                                   | 22  | Female | Heterosexual       | BA Graphic Design          | Single                 | Muslim                     | 5<br>Middle Class                              |
| 2                                   | 18  | Female | Heterosexual       | High School Diploma<br>Art | Single                 | Agnostic                   | 1<br>Upper Class                               |
| 3                                   | 20  | Female | Heterosexual       | BA English<br>Literature   | Single                 | Agnostic                   | 1<br>Upper Class                               |
| 4                                   | 25  | Male   | Heterosexual       | BA Software Engineering    | Single                 | Theist                     | 11<br>Lower Middle Class/Working Class         |
| 5                                   | 25  | Female | Heterosexual       | MA<br>Eco -Tourism         | Single                 | Agnostic                   | 5<br>Middle Class                              |
| 6                                   | 25  | Male   | Heterosexual       | BA Industrial Engineering  | Single                 | Agnostic                   | 7<br>Middle Class                              |
| 7                                   | 21  | Male   | Heterosexual       | BA Industrial Design       | Living With<br>Partner | Theist                     | 1<br>Upper Class                               |
| 8                                   | 25  | Female | Heterosexual       | BA Accounting              | Single                 | Agnostic                   | 2<br>Upper Middle Class                        |

| Characteristics of the interviewees |     |        |                    |                                    |                             |                            |  |
|-------------------------------------|-----|--------|--------------------|------------------------------------|-----------------------------|----------------------------|--|
| Interviewee Number                  | Age | Gender | Sexual Orientation | Level of Education                 | Marital Status              | Religious/Spiritual Belief | District of Residence and Socioeconomic Status |
| 9                                   | 22  | Male   | Heterosexual       | BA Software Engineering            | Single                      | Theist                     | 9<br>Lower Middle Class/Working Class          |
| 10                                  | 24  | Male   | Heterosexual       | BA Interior Design                 | Single                      | Theist                     | 10<br>Lower Middle Class/Working Class         |
| 11                                  | 25  | Female | Heterosexual       | MA Accounting                      | Single                      | Theist                     | 15<br>Lower Middle Class/Working Class         |
| 12                                  | 25  | Female | Heterosexual       | MA Communications                  | Living With Partner         | Theist                     | 8<br>Middle Class                              |
| 13                                  | 25  | Female | Heterosexual       | High School Diploma<br>Photography | Single                      | Theist                     | 14<br>Lower Middle Class/Working Class         |
| 14                                  | 25  | Female | Heterosexual       | MA Information Technology          | In a Long-Term Relationship | Muslim                     | 14<br>Lower Middle Class/Working Class         |
| 15                                  | 25  | Female | Heterosexual       | BA Government Management           | In a Long-Term Relationship | Theist                     | 10<br>Lower Middle Class/Working Class         |
| 16                                  | 25  | Female | Heterosexual       | MA Chemistry                       | Single                      | Agnostic                   | 14<br>Lower Middle Class/Working Class         |
| 17                                  | 19  | Male   | Homosexual         | BA Urban Engineering               | Single                      | Theist                     | 1<br>Upper Class                               |

| Characteristics of the interviewees |     |        |                    |  |                             |                            |  |
|-------------------------------------|-----|--------|--------------------|--|-----------------------------|----------------------------|--|
| Interviewee Number                  | Age | Gender | Sexual Orientation | Level of Education                       | Marital Status              | Religious/Spiritual Belief | District of Residence and Socioeconomic Status |
| 18                                  | 18  | Female | Bisexual           | High School Diploma<br>Maths             | Single                      | Agnostic                   | 1<br>Upper Class                               |
| 19                                  | 24  | Female | Heterosexual       | BA Fashion Design                        | In a Long-Term Relationship | Theist                     | 1<br>Upper Class                               |
| 20                                  | 23  | Female | Heterosexual       | MA French Literature                     | In a Long-Term Relationship | Atheist                    | 3<br>Upper Class/Upper Middle Class            |
| 21                                  | 25  | Male   | Heterosexual       | MA Chemistry                             | In a Long-Term Relationship | Agnostic                   | 1<br>Upper Class                               |
| 22                                  | 25  | Female | Homosexual         | MA Communications                        | Single                      | Agnostic                   | 16<br>Lower Middle Class/Working Class         |
| 23                                  | 20  | Female | Heterosexual       | BA<br>Rail Engineering                   | Single                      | Agnostic                   | 18<br>Lower Middle Class/Working Class         |
| 24                                  | 22  | Female | Heterosexual       | High School Diploma<br>Computer Sciences | In a Long-Term Relationship | Agnostic                   | 14<br>Lower Middle Class/Working Class         |
| 25                                  | 25  | Female | Heterosexual       | BA<br>Industrial Engineering             | Single                      | Muslim                     | 15<br>Lower Middle Class/Working Class         |

### **Appendix 3.4: Interview Protocol**

Interview Topic Guide for “A qualitative assessment of the sexual health education, training, and service needs of young adults in Tehran”

Asked to confirm consent before each interview:

Can you confirm that you have read the participant information sheet I have provided and that you are aware that you can stop the interview at any time without explaining why?

Can you confirm that you understand that I do not wish to know your name and all data will be anonymised and we combine data across interviews in our analyses?

Can I confirm that you are happy for me to record this interview?

Before we begin, I want to clarify that, while I am interested in your view of sexual health education and sexual health services and how useful these are to you, I am not going to ask you any questions about your sexual preferences. My research is not concerned with individual’s sexual behaviour. I am interested in education and services in Tehran that are relevant to sexual health. So, I will be asking you about how you have experienced such education and services.

I am going to ask you questions about sexual health education and training, including education and training that you have received and any education or training you feel would be beneficial to you. Do you also understand that I will audio record the interview and that you can refuse to answer any question and end the interview at any time?

1. Can I ask you a few questions about your background, but not your name or anything specific that could identify you?
  - a. Which age group are you in?

- b. How long have you lived in Tehran?
  - c. In which district do you live?
  - d. What is your educational background?
  - e. How would you describe your spiritual and/or religious beliefs?
2. How well educated do you think young adults are in Tehran in relation to their sexual health?
  3. How concerned do you think young adults in Tehran are about unwanted pregnancy and/or sexually transmitted infections?
  4. What sexual health education have you received and who provided this?
    - a. Can you tell me about the topics that were included in this sexual health education?
    - b. How useful and comprehensive would you say this sex education was?
    - c. Are there any particular topics that you would have liked to have more coverage of?
  5. Do you think you know more or less than a typical 18-25-year-old in Tehran about sexual health risks and how to maintain sexual health?
  6. Where did you obtain the majority of your knowledge about sexual health (e.g., school, peers, etc.)?
  7. How confident do you feel that you can prevent unwanted pregnancy or STI in your present or future sexual relationships?

8. Do you think sexually active young adults in Tehran are protecting themselves against sexually transmitted infections?
  - a. If so, how?
  
9. Do you think sexual health education in Tehran needs to be extended or changed?
  - a. If so, how?
  
10. At what age do you think sexual health education should begin?
  - a. Should some topics be delivered at later developmental stages? What would you suggest?
  
11. How familiar would you say a typical 18-25 Tehranian is with the anatomy and function of their own sexual organs and those of the opposite sex?
  - a. Would you be able to name male and female sexual organs?
  
12. How confident and in control do you think a typical 18-25-year-old Tehranian is in managing sexual relationships?
  
13. Thinking about sexually transmitted disease, would you be able to provide me with examples of common sexually transmitted infections that a young adult would want to protect themselves from?
  - a. How is each infection transmitted? How many people do you think are affected by each infection/disease in Iran?
  
14. What contraception methods do you or your partner currently use or plan to use in your future relationships? Why?
  
15. How accessible do you find contraceptive methods and sexual healthcare for young adults in Tehran?

16. Can you think of any reasons that young adults would avoid seeking sexual health knowledge and/or sexual healthcare in Tehran?
17. If you were advising a friend on how to improve their sexual health knowledge what would you recommend?
18. If you were advising a friend worried about having a sexually transmitted infection or an unwanted pregnancy, what would you recommend?
19. Do you regard sexual health care (including contraception pills, condoms, educational materials, visits to doctors, etc.) inexpensive or expensive? Do you think the cost is justified?
20. What would be your top five recommendations for improved sexual health education and training in Tehran?
21. Would you like to add anything more?
22. Thank you very much for your time. How did you find participating in our study? Do you have any further questions?

### **Appendix 3.5: 12 Main Themes**

1. Sexual Health Knowledge and Perceptions of Personal Understanding
2. Used and Recommended Sources of Sexual Health Information
3. Availability and Quality / Content of Sexual Health Education
4. Understanding and Negotiation of Sexual Relationships
5. Concerns about Sexually Transmitted Infections (STIs)
6. Concerns about Pregnancy
7. Contraception and Condoms
8. Barriers to Using Sexual Health Services
9. Sexual Prohibition
10. Socioeconomic Sexual Health Inequalities in Tehran
11. Gender Power Inequalities in Sexual Relationships
12. Recommendations for Improved Sexual Health Education and Services in Tehran



## **Appendix 3.6: Thematic Map**

Below, the main themes identified from the analyses are described and all sub-themes are listed. There were 12 themes and 31 sub-themes.

### **1. Sexual Health Knowledge and Perceptions of Personal Understanding**

(six sub-themes)

*In general, sexual health knowledge was insufficient amongst all participants. This is reflected in quotes regarding knowledge of STIs and sexual organs, and their misunderstandings about different aspects of sexual health and relationships. Participants also reflected on their level of knowledge compared to their peers. Quotes were categorised into six sub-themes.*

- i. Knowledge of STIs; symptoms and transmission
- ii. Knowledge of sexual organs
- iii. Similar to others
- iv. Inferior to others
- v. Superior to others
- vi. Deprivation and knowledge of sexual health

### **2. Used and Recommended Sources of Sexual Health Information** (six sub-themes)

*Interviewees highlighted various resources of sexual health information. While the internet and social media were the most quoted, other sources of information were also mentioned. Quotes were categorised into six sub-themes.*

- i. The internet and social media
- ii. Parents
- iii. Pornography
- iv. Books
- v. Personal or friend's experience
- vi. Doctors

### **3. Availability and Quality / Content of Sexual Health Education**

*Interviewees expressed various opinions regarding sexual health education which was provided at school, university or pre-marriage classes.*

### **4. Understanding and Negotiation of Sexual Relationships** (three sub-themes)

*Interviewees expressed understandings of sexual relationships and how to negotiate their needs. In these quotes, interviewees have commented on matters such as their level of confidence and power in managing sexual relationships. Quotes were categorised into three sub-themes.*

- i. Familiarity implies health in sexual partners
- ii. Confidence and power in managing sexual relationships
- iii. Communication in Sexual Relationships

### **5. Concerns about Sexually Transmitted Infections (STIs)** (four sub-themes)

*This theme illustrates interviewees' concerns with STIs. Some concerns were caused by lack of sexual health education, e.g., ambiguity and lack of education on STIs, while others were created as a result of personal choices and social behaviours, e.g., multiple partners and STIs. Quotes were categorised into four sub-themes.*

- i. Ambiguity and lack of education on STIs
- ii. Invisibility of STIs
- iii. Fear and worry about STIs
- iv. Perception of other groups' lack of concern

## **6. Concerns about Pregnancy** (two sub-themes)

*Interviewees were generally more concerned with pregnancy than STIs. These concerns were recorded in quotes categorised into two sub-themes.*

- i. Fear and worry about pregnancy outside marriage
- ii. Visibility of pregnancy leading to social and personal issues

## **7. Contraception and Condoms** (five sub-themes)

*Interviewees expressed their views about STIs and pregnancy prevention methods' availability, cost, and quality. They identified condoms as the most popular contraceptive method. Quotes were categorised into five sub-themes.*

- i. Condom availability and accessibility
- ii. Condom cost
- iii. Quality of Iranian condoms
- iv. Ease of use
- v. Inconsistent use

## **8. Barriers to Using Sexual Health Services** (six sub-themes)

*Interviewees expressed their views on the availability of sexual health services, including sexual health clinics. They mentioned doctors as a source of sexual health knowledge, while doctors were also deemed as not trustworthy by some participants. Interviewees also identified various psychological barriers to seeking sexual healthcare in Tehran, including personal and social barriers. Quotes were categorised into six sub-themes.*

- i. Cost of visiting doctors and sexual healthcare
- ii. Trust in doctors
- iii. Embarrassment as a barrier to sexual protection
- iv. Taboo, shame, and social disapproval as barriers

v. Health motivation

vi. Denial / fear

## **9. Sexual Prohibition**

*Interviewees commented on social and cultural norms and behaviours which portray sex as shameful or unacceptable for unmarried people.*

## **10. Socioeconomic Sexual Health Inequalities in Tehran**

*Interviewees highlighted inequalities in sexual health and service availability and accessibility in Tehran based on socioeconomic status.*

## **11. Gender Power Inequalities in Sexual Relationships**

*Interviewees commented on women's empowerment, or lack of it in sexual relationships.*

## **12. Recommendations for Improved Sexual Health Education and Services in Tehran**

*Interviewees offered various recommendations on how sexual health education and services in Tehran could potentially be improved.*

### **Appendix 3.7: Quotes grouped by themes and sub-themes**

Below all quotes extracted from the interviews are categorised into the identified themes and sub-themes. Overall, these quotes represented 80% of the text in transcribed interviews. The number of quotes in each of the 12 themes was as follows: Sexual Health Knowledge and Perceptions of Personal Understanding (N=111), Used and Recommended Sources of Sexual Health Information (N=90), Availability and Quality / Content of Sexual Health Education (N=43), Understanding and Negotiation of Sexual Relationships (N=14), Concerns about Sexually Transmitted Infections (STIs) (N=22), Concerns about Pregnancy (N=21), Contraception and Condoms (N=65), Barriers to Using Sexual Health Services (N=66), Sexual Prohibition (N=19), Socioeconomic Sexual Health Inequalities in Tehran (N=13), Gender Power Inequalities in Sexual Relationships (N=12), and Recommendations for Improved Sexual Health Education and Services in Tehran (N=29).

The following annotations are used: Participant (P), Female (F), Male (M), Agnostic (AG), Atheist (AT), Theist (TH), Religious (R), High Income (HI), Middle Income (MI), and Low Income (LI).

## **1. Sexual Health Knowledge and Perceptions of Personal Understanding**

Mainly in response to questions 6,12 and 14 from the interview protocol.

14. Thinking about sexually transmitted disease, would you be able to provide me with examples of common sexually transmitted infections that a young adult would want to protect themselves from?

- a. How is each infection transmitted? How many people do you think are affected by each infection/disease in Iran?

12. How familiar would you say a typical 18-25 Tehranian is with the anatomy and function of their own sexual organs and those of the opposite sex?

- a. Would you be able to name male and female sexual organs?

6. Do you think you know more or less than a typical 18-25-year-old in Tehran about sexual health risks and how to maintain sexual health?

### 1i: Knowledge of STIs; symptoms and transmission

*HIV, HPV, Syphilis. (p8, F, 25, AG, HI)*

*Gonorrhoea, Syphilis. (p7, M, 21, TH, HI)*

*HPV, Gonorrhoea, AIDS. (p5, F, 25, AG, MI)*

*AIDS, Hepatitis C, Gonorrhoea. (p4, M, 25, TH, LI)*

*Gonorrhoea, HPV and Aids. (p3, F, 20, AG, HI)*

*Gonorrhoea. Syphilis. HIV. (p25, F,25, R, LI)*

*HIV can be transmitted through using shared needle and also sex. I think during sex when the guy ejaculates, the transfer of such fluid into the female's body will transfer the HIV virus. (p24, F, 22, AG, LI)*

*AIDS, HPV which I've heard is becoming really common these days especially among Iranians. (p24, F, 22, AG, LI)*

*AIDS, HPV. (p23, F, 20, AG, LI)*

*Gonorrhoea, AIDS, Hepatitis. (p21, M, 25, AG, HI)*

*AIDS, HPV. (p20, F, 23, AT, HI)*

*AIDS. (p2, F, 18, AG, HI)*

*HPV is being talked about a lot recently. I also know about HIV. (p19, F, 24, TH, HI)*

*HIV, HPV and Hepatitis. (p18, F, 18, AG, HI)*

*Gonorrhoea and AIDS. (p17, M, 19, TH, HI)*

*AIDS, Hepatitis, HPV, herpes. AIDS gets transmitted through blood and sex. Don't know about the others. (p16, F, 25, AG, LI)*

*AIDS, Hepatitis, Gonorrhoea. (p14, F, 25, R, LI)*

*AIDS, Hepatitis, HPV and Gonorrhoea. (p15, F, 25, TH, LI)*

*Hepatitis, AIDS, HPV. (p13, F, 25, TH, LI)*

*HIV can get transmitted through blood for example through oral sex, if there is an open wound in my mouth the virus can get transmitted to my body. It's not just sex it can also get transmitted through using contaminated needles and blades. (p12, F, 25, TH, MI)*

*HIV, HPV. (p12, F, 25, TH, MI)*

*HPV, Syphilis. (p11, F, 25, TH, LI)*

*I only know about HIV. (p10, M, 24, TH, LI)*

*HIV. (p10, M, 24, TH, LI)*

*AIDS. (p1, F, 22, R, MI)*

*HPV, delayed ejaculation, decreased sex drive, orgasm related issues, and skin related diseases, Fungi, Varicocele. (p6, M, 25, AG, MI)*

*Gonorrhoea, Syphilis, that's all. I don't know how they get transmitted; I think from anal sex. Fortunately, I don't prefer anal sex so I'm not going to get these diseases. (p15, F, 25, TH, LI)*

*For gonorrhoea I think it gets transmitted through intercourse. I've read about gonorrhoea on the internet. Men can get it but it doesn't get transmitted to women. I don't know exactly how though. (p14, F, 25, R, LI)*

*Gonorrhoea I think is transmitted orally and from mother to child. (p15, F, 25, TH, LI)*

*I believe UTI mostly comes from having sex. (p21, M, 25, AG, HI)*

*Although HPV is related to cleanliness in my opinion. (p24, F, 22, AG, LI)*

*I believe women who are HIV positive in Iran are way more than men. Maybe around 40% of women who are in bad conditions in Iran are HIV positive. By bad conditions I mean women who are careless with their sexual relationships or who are addicted because these are the ones who would get into any kind of sexual activity. I believe HIV rates are lower among men. (p24, F, 22, AG, LI)*

*Addicted people usually get both Hepatitis and AIDS. I've heard in foreign countries a cure has been found for it. We don't have it here in Iran, I guess. If you get AIDS in Iran there's no cure or treatment for you. (p21, M, 25, AG, HI)*

*AIDS which the chances of getting it is way more unlikely than the other STIs. Chances of getting AIDS are really low, even if your partner has AIDS, chances of you getting it is really low. (p21, M, 25, AG, HI)*

*I don't know if it was syphilis or Lupus. (p1, F, 22, R, MI)*



1ii: Knowledge of sexual organs

*I have balls, two of them, I have a penis then my prostate which is behind all of these. They have a vagina, I don't know their names, they have this thing that they urinate from, ovaries and uterus but I don't know where they are placed. (p10, M, 24, TH, LI)*

*Vagina, Clitoris, Anus. Balls. (p11, F,25, TH, LI)*

*Vagina, Uterus, Ovaries and Clitoris, Testicles and Penis. (p12, F, 25, TH, MI)*

*Vagina, Penis, Anus. (p13, F, 25, TH, LI)*

*Vagina, Ovaries, Uterus. Penis, Testicles. (p14, F, 25, R, LI)*

*Uterus, Ovaries. Anus, Testicles, Prostate. (p15, F, 25, TH, LI)*

*Uterus, Ovaries. Testicles, Prostate, Penis. (p16, F, 25, AG, LI)*

*Penis, Anus. Vagina. (p17, M,19, TH, HI)*

*Clitoris, Vagina, Anus, Uterus and Ovaries. Penis and Testicles, Prostate. (p18, F, 18, AG, HI)*

*Vagina, Ovaries. Two Testicles and Penis. (p19, F, 24, TH, HI)*

*Clitoris, Urethra, Vagina, Anus, the G-spot is in the uterus. Two testicles, penis, prostate is inside the testicles. Male's anus is their G-spot, inside their anus. (p2, F, 18, AG, HI)*

*Vagina, Uterus, Ovaries. Testicles, Penis, Prostate which is something that is placed near the anus. (p20, F, 23, AT, HI)*

*Prostate, Testicles, Penis, Clitoris, Uterus. Women's prostate is their G-spot, but I don't know where it is located. (p21, M, 25, AG, HI)*

*Vagina, Clitoris. Testicles, Penis. (p21, M,25, AG, HI)*

*Vagina, Ovaries, Uterus. Testicles, Prostate which is inside the testicles. (p23, F, 20, AG, LI)*

*Vagina, Hymen, Ovaries. Testicles, Penis, Prostate which is obviously inside or maybe it is near the Testicles. (p24, F, 22, AG, LI)*

*Ovaries, Uterus, Urethra, Vagina, Anus. Prostate, Penis and Testicles. (p25, F, 25, R, LI)*

*Penis, Testicles, Uterus, Ovaries, Anus, Vagina, Urethra. (p4, M, 25, TH, LI)*

*I don't know, there are two holes, one is for sex and the other one is for urinating, Umm, That's it! And clitoris. They have Testicles, two of them and a hole for urinating and ejaculation and that's all. I don't know where the prostate is located but I've heard of it. (p5, F, 25, AG, MI)*

*The penis. Anus, Urinary tract, Vagina. (p9, M, 22, TH, LI)*

*Uterus, Ovaries, Clitoris, Labia and Urethra. Vagina leads to the uterus and has the g-spot in it. Penis, testicles which produce sperms, their prostate which is placed between their testicles. (p3, F, 20, AG, HI)*

*Penis, two testicles, prostate which is close to the testicles. Clitoris, vagina which they also urinate from, anus. (p6, M, 25, AG, MI)*

*Penis, two testicles. I don't know where the prostate is, I think it must be somewhere around the testicles. Vagina, Ovaries are above the uterus, urinary tract, clitoris and labia. (p7, M, 21, TH, HI)*

*Ovaries, Uterus, Clitoris, G spot, Vagina, Hymen, Anus and Urethra. Penis, Testicles, Prostate which is behind the testicles. (p8, F, 25, AG, HI)*

*I think our level of knowledge is the same but some guys don't know that women's urethra is separated from their vagina, they think we urinate from our vaginas. Because they have only one way out on their penis, they think we are the same. (p8, F, 25, AG, HI)*

*Prostate which is a vein under the testicles. (p9, M, 22, TH, LI)*

*Anus, Uterus. We get to the uterus through the anus and we urinate from the vagina. The prostate which is the hole (she then drew a picture and it was understood that she thought of anus as prostate.). Women also have prostate, but I'm not sure where it is. (p1, F, 22, R, MI)*

*Penis, Anus, the Prostate gland hangs among the balls at their front. (p13, F, 25, TH, LI)*

*G Spot and Ovaries. (p19, F, 24, TH, HI)*

*Clitoris, Urethra, Vagina, Anus, the G-spot is in the uterus. (p22, F, 25, AG, LI)*

*... Prostate which is placed in men's thighs. (p14, F, 25, R, LI)*

*Vagina, Hymen, Ovaries. (p24, F, 22, AG, LI)*

*Testicles, Penis, Prostate which is obviously inside or maybe it is near the Testicles. (p24, F, 22, AG, LI)*

*Testicles, Prostate which is inside the testicles. (p19, F, 24, TH, HI)*

*Clitoris, Uterus. Woman's prostate is their G-spot, but I don't know where it is located. (p21, M, 25, AG, HI)*

1iii: Similar to others

*I think our level of knowledge is the same. (p8, F, 25, AG, HI)*

*I guess we all know about the same. (p5, F, 25, AG, MI)*

*I think we all have the same level of knowledge. (p12, F, 25, TH, MI)*

*I don't think some know more than the others, everyone's knowledge is about the same level because no one has ever been educated for this. (p4, M, 25, TH, LI)*

*I think we all know the same. (p12, F, 25, TH, MI)*

*We probably all know the same. (p24, F, 22, AG, LI)*

*[On the knowledge of sexual organs] I guess we know all the same. (p21, M, 25, AG, HI)*

*I know more about the anatomy of men and girls know more about their own bodies. It also depends on if the person has done some research or not. Sexual orientation matters too. Like I'm gay and don't really care what happens in women's bodies. (p17, M, 19, TH, HI)*

*[On the knowledge of sexual organs] We all know the same. (p1, F, 22, R, MI)*

*I think we all know the same. (p15, F, 25, TH, LI)*

*I believe we all know the same. (p16, F, 25, AG, LI)*

*I think we all know the same. (p14, 25, F, R, LI)*

*Amongst normal people, we all know the same. (p12, F, 25, TH, MI)*

1iv: Inferior to others

*Others know much more definitely. I don't know that much. But no-one is 100% familiar with the opposite sex's body. (p5, F, 25, AG, MI)*

*Others know better than I do. (p24, F, 22, AG, LI)*

*Friends and people around my age know more. Because they are in relationships and such things become issues for them so they have done more research about it, that's why they have more information. (p23, F, 20, AG, LI)*

*Because I don't know much, I guess others know better. (p22, F, 25, AG, LI)*

*It depends, if the person is single, they might not notice or care about these things however if they are in a relationship, they might even know more than me. (p20, F, 23, AT, HI)*

*I think my friends know more than me because I don't know much. (p19, F, 24, TH, HI)*

*I have a friend that hasn't even kissed a boy at this age but knows more than me. So, I don't think it depends on if you do it or not. I think my friends have more information than I do. (p19, F, 24, TH, HI)*

*I'm somewhere in between, some might know more than I do. (p18, F, 18, AG, HI)*

*Others know better than I do. (p15, F, 25, TH, LI)*

*[On the knowledge of sexual organs] Others probably know better. (p13, F, 25, TH, LI)*

*I know less than others. (p1, F, 22, R, MI)*

*I don't know much about sexual organs; others must know much better. (p10, M, 24, TH, LI)*

1v: Superior to others

*Those who study in fields of medical sciences or biology, they definitely have more information than I do. (p12, F, 25, TH, MI)*

*I think I know more than others. Others know less. (p7, M, 21, TH, HI)*

*I believe I know relatively more, taking the full range of knowledge at 100%, I know 50% and other young adults know 30%. (p3, F, 20, AG, HI)*

*I think I know more than my friends. There might be some people in my friends' circle that have much more knowledge than me but overall, I can claim I know much more. (p25, F, 25, R, LI)*

*I know more than others, same as my partner. I know more about stuff that are related to men and my partner knows more about women. Compared to others I know much more however my friends know about some stuff by experience. Experience equals knowledge. (p21, M, 25, AG, HI)*

*I almost know 80% of my own body. But not everyone knows as much. (p2, F, 18, AG, HI)*

*Compared to people around me I know more. (p13, F, 25, TH, LI)*

*I'm sure I know about 40% of it. I can't claim I know more than other young adults, amongst people whom I hang out with, I know more than the others. Mostly I know more than the others. (p2, F, 18, AG, HI)*

*I guess I am good where I am but I can also see other people who have less information. (p11, F, 25, TH, LI)*

*I would say the educated people or umm I don't know like those whose parents are in the educational system or are doctors, those are that minority that know about this stuff. (p10, M, 24, TH, LI)*

#### 1vi: Deprivation and knowledge of sexual health

*The main problem for people in deprived areas who don't use protection is lack of knowledge. If they knew it's good for them, they would have bought it. For example, when I tell my friend to be careful, she already has a baby at the age of 22, she would say never mind if God wants to give you a child he would, it is out of our hands. (p24, F, 22, AG, LI)*

*The district you live in plays a determinant role, people in deprived areas are more likely to have unprotected sex that's why the stats for unintended pregnancy is much higher in these areas. Poverty is a big factor; it causes limitation of options and education. (p25, F, 25, R, LI)*

*Some people from the deprived parts of the society might question why they should pay for such things at all. When prioritising their issues and costs, they don't see any reason to pay for such things. Cultural and educational background plays an important role. (p9, M, 22, TH, LI)*

*In deprived areas the culture is a bit different and they are more conservative. (p19, F, 24, TH, HI)*

*In the affluent districts people easily go and ask for condoms because they have accepted the fact that they need to use them for the sake of their own health and protection but the belief that bad things only happen to others is growing among poorer people. (p5, F, 25, AG, MI)*

## 2. Used and Recommended Sources of Sexual Health Information

Mainly in response to questions 7,18 and 19 from the interview protocol.

7. Where did you obtain the majority of your knowledge about sexual health (e.g., school, peers, etc.)?

18. If you were advising a friend on how to improve their sexual health knowledge what would you recommend?

19. If you were advising a friend worried about having a sexually transmitted infection or an unwanted pregnancy what would you recommend?

### 2i: The internet and social media

*Searching on the internet. For example, I used to search sex and how to do it, the key words I used were sex or women's climax and orgasm, or how to make your partner satisfied in sex so that I can be a better partner in sex. I tried to search and learn more about women because it is not only about reaching orgasm yourself, making your partner satisfied is more important because men can reach orgasm much easier but it can happen very often that women don't reach orgasm. Also, I wanted to last longer. Things like that. So, the internet was my one and only source and answered many of my questions. (p10, M, 24, TH, LI)*

*I was researching as I was studying English, I used to search in English so my sources were online and I searched about STIs, the pregnancy process, what do guys like, what do girls like. (p11, F, 25, TH, LI)*

*I searched about cons of having anal sex and read a lot about it or chances of getting pregnant or delayed periods. (p12, F, 25, TH, MI)*

*I didn't receive any education, I searched about it but it was after my first sexual experience. I read things online and gained the information I needed. (p15, F, 25, TH, LI)*

*I don't know of any reliable sources. I got all my knowledge from the internet. (p8, F, 25, AG, HI)*



*Every time I have an issue, I go and search about that specific subject on the internet. (p22, F, 25, AG, LI)*

*I read a lot about STIs on the internet however I haven't read any books about them. These kinds of books can be found but I have never tried to find and read them. (p22, F, 25, AG, LI)*

*We haven't received any education however we have learned some stuff on our own. By googling, if something becomes a question, we would google it. (p22, F, 25, AG, LI)*

*I get most of my information from social media. I haven't read any book about this subject. By social media mostly I mean Telegram and Instagram. On Instagram I follow pages about women's health. (p23, F, 20, AG, LI)*

*I've googled the things I know. (p18, F, 18, AG, HI)*

*I got the more accurate information from the internet. (p20, F, 23, AT, HI)*

*Stuff that I googled about were things like the natural cycle. This is the last thing I searched on the internet. I haven't read books or watched videos. (p25, F, 25, R, LI)*

*In my opinion if you know how to search on the internet properly and you speak good English, you're good, as you can find reliable sources in this field. That would be great. If you read articles from random websites in Persian it wouldn't be really helpful and reliable. (p5, F, 25, AG, MI)*

*It was on Instagram from pages like "Organic minded". I've found it recently, the content is great, and I read it and take screenshots and send them to my partner so he would read them too. (p20, F, 23, AT, HI)*

*I mostly searched on the internet. For instance, in my Telegram, I have this channel called "Scientific Sexology Team". Some of the stuff this channel shares is really helpful so I share it with my friends. I used to google my questions when I was younger but now, I don't need to. I don't know, maybe someday I need it again. I used to search these: How do you get pregnant? How can you prevent it? How can you show your love? How can you satisfy your partner? (p24, F, 22, AG, LI)*

*After the age of 20 when the person gets in a relationship, they would start searching about it on the internet, YouTube or websites like that, they gain this information on their own, it's not like there's a class for it. (p21, M, 25, AG, HI)*

*I've found an Instagram page which belongs to a lady who is a psychiatrist and talks about all of these sexual health and relationship stuff. That helps a lot. (p3, F, 20, AG, HI)*

*Those with a bit of more knowledge have learned through googling or other forms of searching resources. They've done it all by themselves, not so much from the family or school. (p5, F, 25, AG, MI)*

*I searched the internet. (p16, F, 25, AG, LI)*

*I've got the information I have now from books and the internet. As far as I know it's the same with my friends. (p8, F, 25, AG, HI)*

*What we know is either from experience or searching on the internet. We have earned all the knowledge we have by ourselves. (p22, F, 25, AG, LI)*

*There wasn't any sexual health education in school, anything I know now I've learnt from the internet or my friends. It all depends on how much you have researched on your own. (p22, F, 25, AG, LI)*

*I would tell them to stick to the internet. Nothing else. (p10, M, 24, TH, LI)*

*Search online and read about it. (p12, F, 25, TH, MI)*

*Actually, there's this page on Instagram which I follow: Organic minded. I would introduce that to her. (p11, F, 25, TH, LI)*

*Searching the internet. (p15, F, 25, TH, LI)*

*I would tell them to search the internet. (p17, M, 19, TH, HI)*

*Search the internet. (p24, F, 22, AG, LI)*

*Search the internet. (p18, F, 18, AG, HI)*

*Search the internet. (p16, F, 25, AG, LI)*

*It depends on the problem they have. I would ask what their problem is. I don't know about everything but I would suggest him to search the internet. (p17, M, 19, TH, HI)*

*I would recommend them to search the internet. Also, I would tell them to take care of their health. (p19, F, 24, TH, HI)*

*If I don't know any solutions, I would search and help her. (p19, F, 24, TH, HI)*

*I believe the internet is the only way that can help us in Iran. (p20, F, 23, AT, HI)*

*I would send them stuff on Telegram for them to see. I mean I would tell them to search online. I would have asked them how much they know and then based on their answer I would have sent them what I have found useful on WhatsApp or Telegram. When they become eager enough, they will go and search further for themselves. (p21, M, 25, AG, HI)*

*I would tell him/her to search it on the internet. (p9, M, 22, TH, LI)*

*I don't know of any reliable sources. I got all my knowledge from the internet; I don't know of any legit source to recommend. (p8, F, 25, AG, HI)*

*Search their issues on the internet. (p6, M, 25, AG, MI)*

## 2ii: Parents

*Parents also don't discuss it. Neither parents nor schools would teach us anything. (p20, F, 23, AT, HI)*

*Parents also haven't discussed it with us. (p23, F, 20, AG, LI)*

*Parents don't inform their kids about this subject so you start to notice and find out things from talking to your friends. (p4, M, 25, TH, LI)*

*They said you would find out yourself. Mostly the adults, including teachers and parents, wouldn't welcome such topics. (p1, F, 22, R, MI)*

*Parents wouldn't talk about it. (p10, M, 24, TH, LI)*

*I didn't learn anything from my parents or a person who would know professionally. Because it's a taboo to speak of and it sounds really bad and ugly to our parents. (p7, M, 21, TH, HI)*

*Parents also don't talk about it. There aren't so many people whose parents would teach them or talk to them about this stuff. (p8, F, 25, AG, HI)*

*I feel people my age haven't learned anything from their parents. (p9, M, 22, TH, LI)*

*Again, our parents have not taught us much. (p9, M, 22, TH, LI)*

*My parents never talked to me about it. They are not conservatives however they never brought up the conversation. (p21, M, 25, AG, HI)*

*This should start within families but unfortunately it is a taboo to speak of within the family members so they don't teach their kids. (p10, M, 24, TH, LI)*

### 2iii: Pornography

*I haven't read a book about it; I have only watched porn. (p6, M, 25, AG, MI)*

*Before I started dating, I used to learn from watching porn. (p7, M, 21, TH, HI)*

*I watched porn. Porn really did help me, because there wasn't anything else that would show everything as real as it was. It helped me to see, understand, and discover things. However, watching porn is not healthy as it might make you have unrealistic expectations from yourself or your partner. (p5, F, 25, AG, MI)*

*I learned about different positions and how we have sex from porn. In my opinion porn can be educational. (p17, M, 19, TH, HI)*

*I started hating my parents for a while when I learned that I am a result of such a relationship, and it was so weird to me to find out my parents have done things to each other that you see in porn movies. Before that I had watched some porn and I used to think it was a bad thing to do. Then I learned that creation is based on such things. (p4, M, 25, TH, LI)*

*We got introduced to these things by watching porn. Porn has taught us a lot and with porn we have gained knowledge and experience. (p10, M, 24, TH, LI)*

*Up to the age of 15 I used to believe the engagement ring was the reason for pregnancy. I hadn't asked anyone; it was my own conclusion. Imagine that. 15! Then I was introduced to porn and I wanted to get into such relationships. Porn made me see stuff, the stuff that you haven't ever seen or talked of in your life and you don't have any idea about, you haven't seen a girl naked up to that age. (p10, M, 24, TH, LI)*

### 2iv: Books

*I just went and read the books that my mom had about pregnancy. (p1, F, 22, R, MI)*

*I read books. (p16, F, 25, AG, LI)*

*It was nothing in school but my dad had bought me an oxford encyclopaedia, I was around 13-14 years old. This book explained everything from A-Z, fertility and other stuff. So, when I learned about it, I went to school and explained it to my classmates. (p6, M, 25, AG, MI)*

*I've got the information I have now from books and the internet. As far as I know it's the same with my friends. (p8, F, 25, AG, HI)*

*I started reading [about sexual health and relationships]. (p18, F, 18, AG, HI)*

*I would tell them to go and read some books. Now you can find reliable books on the internet. The other option is going to see a doctor. (p25, F, 25, R, LI)*

*I would tell him/her to search it on the internet or read a book about it. (p9, M, 22, TH, LI)*

#### 2v: Personal or friends' experience

*What we know is either from experience or searching on the internet. We have earned all the knowledge we have by ourselves. (p22, F, 25, AG, LI)*

*I started to understand it on my own or friends explained it to me. (p1, F, 22, R, MI)*

*It's not perfect but the point is that most of the information they get is from their own experience, not from the education anywhere in school or university or anywhere else. They have to experience it to learn. I started experimenting. (p11, F, 25, TH, LI)*

*I believe nowadays the knowledge is increased due to the exchange of information that kids do between themselves. This can interest others that have no idea what is going on and they'll go and search further. This education spreads on a very personal level and the knowledge expands in more private groups. (p18, F, 18, AG, HI)*

*There wasn't any sexual health education in school, anything I know now I've learnt from the internet or my friends. It all depends on how much you have researched on your own. (p22, F, 25, AG, LI)*

*I would tell them about my experiences. (p19, F, 24, TH, HI)*

*We just share our personal experiences with each other really. As none of us knows better to give advice to the others. (p10, M, 24, TH, LI)*

*I first would talk to them and advise them based on my own experience. (p21, M, 25, AG, HI)*

*A friend of mine once asked me this and I told her about my experiences. I told her about what I knew. (p22, F, 25, AG, LI)*

*It depends on the issue. Many of my friends come and tell me about their issues and I advise them based on my experiences, but I always remind them it worked for me, you should try it for yourself to see whether it works for you too. I wouldn't ever say anything for sure. (p7, M, 21, TH, HI)*

## 2vi: Doctors

*Go see a doctor. (p1, F, 22, R, MI)*

*Go see a doctor. (p23, F, 20, AG, LI)*

*I would suggest her to go see my gynaecologist. Because I trust her in her work. (p11, F, 25, TH, LI)*

*I would suggest her to go visit a gynaecologist. (p12, F, 25, TH, MI)*

*I would suggest they go see a doctor. (p13, F, 25, TH, LI)*

*I would tell them to go and see a gynaecologist. (p14, F, 25, R, LI)*

*If I don't know about it, I would tell them to go see a doctor. (p14, F, 25, R, LI)*

*I would help them if I can, if not I would tell them to go see a doctor. (p15, F, 25, TH, LI)*

*If I don't know anything about it, I would tell them to go see a doctor. (p16, F, 25, AG, LI)*

*I would tell them to go see a doctor. (p24, F, 22, AG, LI)*

*I'd tell them to go visit a doctor, although it could be expensive, but it's my only advice. (p8, F, 25, AG, HI)*

*I'd tell them to visit a doctor. (p2, F, 18, AG, HI)*

*Again, I'd tell them to visit a doctor. A good one, a doctor who wouldn't ask her why she is pregnant while she's not married, a doctor who doesn't judge. (p2, F, 18, AG, HI)*

*I would tell them to go and see a doctor. And if she/he has issues with her/his partner I would suggest them to talk and discuss it with their partner. (p5, F, 25, AG, MI)*

*I'd tell them to go and see a doctor. (p7, M, 21, TH, HI)*

*I would tell her to go visit a doctor. (p22, F, 25, AG, LI)*

*I would tell them to see a doctor. (p4, M, 25, TH, LI)*



### 3. Availability and Quality / Content of Sexual Health Education

Mainly in response to question 5 from the interview protocol.

5. What sexual health education have you received and who provided this?

- a. Can you tell me about the topics that were included in this sexual health education?
- b. How useful and comprehensive would you say this sex education was?
- c. Are there any particular topics that you would have liked to have more coverage of?

*In my opinion there is nothing to be ashamed of. Some might say what are these shameful things that they have put in our books. But we should start learning this kind of stuff someday so what's better than learning them in our schools rather than going and learning it from someone who doesn't have the proper knowledge themselves. If we don't teach them, they would go and experience it themselves. (p1, F, 22, R, MI)*

*In schools they don't teach these kinds of things. (p10, M, 24, TH, LI)*

*For me the only person who could help a bit was my biology teacher, however she wouldn't get into details, I mean they couldn't, as if they weren't allowed to. I mean not only the teachers had boundaries to get into these kinds of matters but also the students themselves couldn't ask. (p3, F, 20, AG, HI)*

*...They used to teach a lot of stuff in it but this module is completely removed from the curriculum now because they want to increase the population. But in that module, they talked about all pregnancy prevention methods. (p14, F, 25, R, LI)*

*Our educational system teaches us absolutely nothing about this kind of stuff. (p9, M, 22, TH, LI)*

*I think the new generation are more educated, and there's no hope in our educational system. Maybe there were some teachers who told us some stuff but it was really vague and useless. (p9, M, 22, TH, LI)*

*From the scale of 1 to 10 I would say 1. Because that information was really basic and I had known much more than that from the internet, but it was something new for some people. I even remember that a girl asked if she takes birth control pills would she become infertile forever and this was so weird for me because she used to have parallel and different relationships with different guys and I thought to myself how is this possible? How can she be so illiterate? (p8, F, 25, AG, HI)*

*We've never had an official sex education class. They always try to keep kids away from these kinds of topics and there are no resources for those who get into this kind of stuff. (p8, F, 25, AG, HI)*

*In the first year of high school in our biology class there were two pages about chromosomes and sperms. It was so vague that I can't even recall what it was about. In university we had this module that didn't have any books or other teaching materials. They provided us with 5 pages of information, briefly explaining birth control pills, IUD and tubectomy. Of course, now all of these are omitted from the educational system and instead now they have come up with a module about great values and meaningfulness of having a family and the foundations of it. Because there is this general policy to increase the population. (p8, F, 25, AG, HI)*

*If I wanted to get married with that level of knowledge, I would have been screwed. That's zero information they give us. (p1, F, 22, R, MI)*

*Because it was only like, they just told us how to prevent pregnancy. (p11, F, 25, TH, LI)*

*In my opinion it's very low. Because we can't get ourselves educated in official ways. In school and even in university, no education is given to us. We only have a two credited module in our universities called "Family Planning" which I have personally passed it and my friends and people around my age have done it also but it's not enough at all and they don't teach the necessary stuff. Young adults usually ask basic questions from each other that have very simple answers but no one has ever given them the right answers. (p12, F, 25, TH, MI)*

*I went to a religious school. There were absolutely no teachings about sexual health. Even if someone wanted to get married had to leave the school because she might have found some sexual information and they were scared that it might get shared with others. (p12, F, 25, TH, MI)*

*2/10. I would give 1 point to our lecturer who was a good lecturer however she only talked about women's general issues and not sexual issues. Mostly women's social issues. Second point was for the prevention methods for unintended pregnancy that everyone should know about. (p12, F, 25, TH, MI)*

*I've learned everything I know through experience. No one has taught me anything. There was absolutely zero education. (p13, F, 25, TH, LI)*

*Nothing, I haven't gone to university therefore I didn't take the "Family Planning" module as well. (p13, F, 25, TH, LI)*

*Except for the Family planning module that we passed in university which was not detailed enough, I would say nothing. I used others' experiences when I started having sex. For my first sexual relationship I wasn't taught anything from anyone, I had only read about it online. For the "Family Planning" module lecturers only taught about the family issues but told us to read the parts which was about sexual stuff at home. They didn't find it appropriate for a mixed audience. (p14, F, 25, R, LI)*

*I would say 5/10 and it is only for the pregnancy prevention methods that they taught us which they don't anymore, it is because of the plan to increase the population. (p16, F, 25, AG, LI)*

*Nothing, in high school they just told us that after having sex or masturbation you should wash yourself in the way that religion approves, stuff like that. They only talked about the religious parts. So, no education was given and it's never been talked about. (p17, M, 19, TH, HI)*

*There is absolutely nothing from school. (p18, F, 18, AG, HI)*

*Very little. Even nothing. After I already knew everything from my friends, my mom sat me down and talked to me about it. That's all. (p19, F, 24, TH, HI)*

*Nowadays families give more information to their kids, but schools don't give any education in this regard. (p19, F, 24, TH, HI)*

*In university there's this module called "Family Sciences" which I haven't taken it yet, but I've heard the content is things like love your husband and stuff like that. It's not sexual health per se, it's supposed to have that undertone to it. (p19, F, 24, TH, HI)*

*There wasn't any sexual health education in school. (p2, F, 18, AG, HI)*

*1/10. Because it was only about how sperm goes inside the egg. That was all. (p2, F, 18, AG, HI)*

*Absolutely nothing. We never received any education about it because even talking about it was considered taboo. Parents also don't discuss it. Best case scenario is that we search it online or a friend would tell us something, that's all. Neither parents nor schools would teach us anything, nothing from the educational system and not even university. Nothing was explained to us about sexual health. (p20, F, 23, AT, HI)*

*I took the new version. It seems that the previous version was about sexual health and stuff like that but not now. In the new version, they mostly talk about morality in the family. Things like the qualities that girls, boys or mothers and fathers should have. Stuff like that. There's absolutely nothing about sexual health in it. Absolutely zero. It meant nothing. (p20, 23, F, AT, HI)*

*In university there was "Family Planning" module but now it has been changed to "Family Sciences" with very different subjects such as religious stuff with no mentioning of sexual health. They just say it is not a good idea at all to have sex before marriage or to speak of it! (p21, M, 25, AG, HI)*

*Nothing. Nothing in school. In university we had this module called “Family Planning” which was absolute nonsense and didn’t have anything useful. (p22, F, 25, AG, LI)*

*We haven’t received any education however we have learned some stuff on our own. There wasn’t any education in school. (p23, F, 20, AG, LI)*

*We never have received that kind of education. There’s nothing in school. There was no education about this during school. We used to ask each other and there was no education from our teachers whatsoever. I haven’t passed the “Family Planning” module because I never went to university. (p24, F, 22, AG, LI)*

*This is the only official education I’ve received. I was 21 years old when I took the “Family Planning” module. This module is now completely changed because they want to increase the population. They have changed the name of the module to “Family Sciences” with no trace of teachings about pregnancy prevention. Family Planning was more about unintended pregnancies and ways to avoid it and STIs prevention but in Family Sciences they only talk about STIs and sex really briefly and nothing about pregnancy prevention. (p25, F, 25, R, LI)*

*3/10 at best. I give it a 3 just for the basic stuff that they taught us. (p25, F, 25, R, LI)*

*Anyone who got into university got to learn about this stuff. Now that they’ve changed the module, there is way less information available to students. If there are people who don’t attend university, they can benefit from brief explanatory classes that are held in health clinics before you get married and are compulsory. I think they only give a very brief explanation about sexual organs. You can’t say it is useful, really. People who get married without having a university degree will be very uneducated and sexually illiterate specially if they don’t read and research on their own as they’ve never received enough education or any education at all for that matter. (p25, F, 25, R, LI)*

*I haven’t received any sexual health education of any kind. (p3, F, 20, AG, HI)*

*In my opinion we live in a very conservative country and most people have a conservative perspective towards most issues so the only education kids get from their families would be if someone wants to touch you in a way you are uncomfortable with just run away and tell an adult about it. (p7, M, 21, TH, HI)*

*I attended a very religious secondary school. One day one of our teachers came and told us masturbating is really bad. He was so dogmatic that he told us masturbating equals killing the future population. He never mentioned how babies are made and stuff like that, but he told us we have to wait, masturbation is not a good thing to do. It was really ambiguous. Then at university there was this module called "Family Planning" which wasn't that bad, it was more about preventing unintended pregnancy rather than educating us about STIs. After all that, I might know about 20 to 30 percent of the whole subject. Things they teach in that module have completely changed because of current plans to increase the population. With all I said, how well educated do you think all of us are? Absolutely uneducated. (p6, M, 25, AG, MI)*

*It was nothing in school. (p6, M, 25, AG, MI)*

*Nothing really in school. In university we had this module called "Family Planning" and that was it, which wasn't enough. Current national policy is to increase the population and this module would contradict with that goal; therefore, they have removed the module from current and future students' curriculum. (p5, F, 25, AG, MI)*

*The thing is that we already knew the stuff that they taught us, I mean these classes weren't really necessary because the students knew much more. People who had the experience of sexual relationships didn't need to be told, they knew all that stuff. It was too late. (p5, F, 25, AG, MI)*

*Currently, when you want to get married, they send you to a two hours class to teach you this stuff. Imagine only 2 weeks before you want to start your life as a couple. It is pathetic. You and your partner have done so many things sexually so far and 2 weeks to your marriage you would find out about things you used to do wrong. It is too late. (p4, M, 25, TH, LI)*

*We all learned about our differences in sexual organs, while pretending to be doctors and patients when we were kids. It was a game that helped us figure things out. We didn't get any education. (p4, M, 25, TH, LI)*

*Before getting into university and having a 2-credit module about family planning which is really vague, there is no education at all. (p4, M, 25, TH, LI)*

#### **4. Understanding and Negotiation of Sexual Relationships**

Mainly in response to questions 8, 9 and 13 from the interview protocol.

8. How confident do you feel that you can prevent unwanted pregnancy or STI in your present or future sexual relationships?

9. Do you think sexually active young adults in Tehran are protecting themselves against sexually transmitted infections?

a. If so, how?

13. How confident and in control do you think a typical 18-15-year-old Tehranian is in managing sexual relationships?

#### 4i: Familiarity implies health in sexual partners

*I got vaccinated for HPV but before that I've had unprotected sex with someone whom I really trusted and didn't even think that he might've had unsafe sex before me. After that all of my sexual activities were protected ones. (p8, F, 25, AG, HI)*

*I've never had a partner before this guy but he told me he's been with 3 or 4 girls before. I prefer to believe that those girls were all healthy. (p25, F, 25, R, LI)*

*We didn't get tested together because we didn't see it necessary. I think I believed that my partner is healthy. I decided to trust him. I think we will never get ourselves tested and I would carry on with this trust unless I see a symptom on his body. (p25, F, 25, R, LI)*

*I know him, that's why I have sex with him. I know him through the connections we've had. (p24, F, 22, AG, LI)*

*Time and duration that you know the person could be an insuring factor. For instance, you know someone for 10 years and you are sure that she has only been with you during this period of time. There's no guarantee, it all depends on the trust that exists between the partners. (p21, M, 25, AG, HI)*

*It rarely happens that someone becomes concerned about STIs because they trust their partners and believe that they haven't been with unhealthy people. They would say I've known this person for such a long period as if longevity and duration of knowing someone before sleeping with them is a guarantee of them being sexually healthy. It's stupid I know, but almost everyone is like that. (p14, F, 25, R, LI)*

*50 percent of youth are protecting themselves and the rest are having unprotected sex. I don't think it is costly at all. It is more because of lack of knowledge and false trust. They believe whoever they are sleeping with is definitely healthy and they don't believe it can happen to them too. I used to be like that not so long ago, I used to be confident of my partners' health but now I have doubts and protect myself. (p13, F, 25, TH, LI)*

#### 4ii: Confidence and power in managing sexual relationships

*I can protect myself, but it doesn't mean that I wouldn't be worried about things but I have enough information and I have enough experience to deal with these situations. (p11, F, 25, TH, LI)*

*I have never had any concerns about it because I think I know how to protect myself. I believe I know how to take care of myself. (p15, F, 25, TH, LI)*

*If someone tries to force me into having sex with them, I can always defend myself and get over my shyness. Because if I actually am honest to myself, I know that there are so many people who want to have sex and I don't have to give in to just anyone for the sake of having sex. Therefore, I think I can 100% manage my sex life. (p17, M, 19, TH, HI)*



*I can only manage it to an extent that if my partner gets pregnant, I know how to abort the child. We don't know how to properly manage a sexual relationship at all. (p4, M, 25, TH, LI)*

*In my opinion, sex is related to confidence in so many ways. I mean it depends on how attractive or lovable you think you are. The stronger this feeling the more you can manage your relationships and the less you have this feeling, chances are you mess it up more and you can't manage it properly. I think I'm not that confident yet to manage my relationships properly. (p5, F, 25, AG, MI)*

#### 4iii: Communication in Sexual Relationships

*It all depends on their relationship and their partners. If they are able to discuss and talk about everything and be comfortable with each other, everything can be solved and managed. For example, myself, I always wanted to talk about STIs with my partners but I was always scared of them telling me I was accusing them of being ill, so I never told them that I was concerned about STIs. I only said let's use condoms because I am scared of getting pregnant, so I always hid my concerns about STIs. (p8, F, 25, AG, HI)*

*I usually try to talk about these kinds of stuff before starting any relationship and would tell him about what I want before sex. (p14, F, 25, R, LI)*

### **5. Concerns about Sexually Transmitted Infections (STIs)**

Mainly in response to questions 4 and 9 from the interview protocol.

4. How concerned do you think young adults in Tehran are about unwanted pregnancy and/or sexually transmitted infections?

9. Do you think sexually active young adults in Tehran are protecting themselves against sexually transmitted infections?

a. If so, how?

### 5i: Ambiguity and lack of education on STIs

*Because they haven't been warned enough about it although there was a period that HIV became a hot topic, however it was really vague due to the conservative nature of our society. Even in the university it is vague, they only come and give out names of some STIs. I mean people are not concerned because they don't know about it. (p25, F, 25, R, LI)*

*There are STIs out there that I may not know about, but pregnancy is a straightforward process to understand and to avoid. (p8, F, 25, AG, HI)*

*I am mostly concerned about the STIs. Because I've seen it in people around me, not a specific disease but I've seen friends of mine with different infections. They have gotten UTI and they were boys. I believe UTI mostly comes from having sex. (p21, M, 25, AG, HI)*

*About STIs because they are getting more various, they are causing more concerns so I'm being more careful. For example, I hadn't heard about HPV before but I've learned about what it is recently. About Hepatitis for instance, I'm really worried about how it gets contracted. My biggest concerns are the common sexual diseases. (p13, F, 25, TH, LI)*

*We haven't been educated for it and this can be as harmful as the diseases themselves. We don't consider STIs as serious diseases. We need to learn about them. (p9, M, 22, TH, LI)*

### 5ii: Invisibility of STIs

*The fact that you can hide your STI from others makes them not to be concerned about it. (p12, F, 25, TH, MI)*

*...These diseases don't show visible symptoms so no one would find out about it, for example HPV, no one would find out about it most probably. (p12, F, 25, TH, MI)*

*You know STIs are something that you get and you are the only one who is going to know and is gonna be bothered. (p11, F, 25, TH, LI)*

### 5iii: Fear and worry about STIs

*I have never had any concerns about it (STIs) because I think I know how to protect myself. I believe I know how to take care of myself. (p15, F, 25, TH, LI)*

*The majority aren't concerned about STIs. (p14, F, 25, R, LI)*

*I'm really concerned about STIs to the extent it kills the joy of having sex. I'm more scared of HIV, because they have presented it as this big and scary disease that ends up killing you. (p17, M, 19, TH, HI)*

*I am really afraid of STIs. (p16, F, 25, AG, LI)*

*STIs concern me the most. You know if you give your STI to someone else you might change the course of their lives forever. (p4, M, 25, TH, LI)*

*I get worried because you can't tell if your partner is healthy or not. (p16, F, 25, AG, LI)*

*To be honest I haven't thought about pregnancy so I haven't been concerned about it but for STIs I would say yes. I usually try to look for visible symptoms in my partners to see if they have STIs that have visible symptoms such as HPV. I am concerned about STIs but not for unintended pregnancy. (p14, F, 25, R, LI)*

*...You can abort the baby but HIV will stay with you forever. (p17, M, 19, TH, HI)*

*My other partners always insisted on not using a condom but I never accepted. Mostly because of the fear of HPV and AIDS. I'm generally concerned about the STIs. 100% of women are concerned about unintended pregnancy, but only 10% are concerned about the STIs. (p8, F, 25, AG, HI)*

*I am personally more concerned about the STIs. (p18, F, 18, AG, HI)*

#### 5iv: Perception of other groups' lack of concern

*People around me usually get concerned when something happens to them. However, it rarely happens that they become concerned to the point that they want to protect themselves or use preventive methods to avoid any issues. (p14, F, 25, R, LI)*

*Some guys are careless and don't use any kind of protection, they just want to have sex. (p18, F, 18, AG, HI)*

*Guys will be very careless most of the time and they are like: Who's got time and energy for such stuff. There might be so many people who can afford it financially but then that carelessness stops them from seeking medical attention. (p21, M, 25, AG, HI)*

*I believe people who are younger than us are more careless in their sexual relationships and people around my age are more careful. (p8, F, 25, AG, HI)*

#### **6. Concerns about Pregnancy**

Mainly in response to question 4 from the interview protocol.

4. How concerned do you think young adults in Tehran are about unwanted pregnancy and/or sexually transmitted infections?

#### 6i: Fear and worry about pregnancy outside marriage

*There is no concern about unintended pregnancy, there are thousands of ways to prevent it. Even if it happens again there are thousands of ways to fix it. I have absolutely zero concerns. (p13, F, 25, TH, LI)*

*Others are really stressed about getting pregnant although you can simply prevent it or you can solve it afterwards, there's nothing to worry about. (p13, F, 25, TH, LI)*

*Unintended pregnancy is not that important to me. (p4, M, 25, TH, LI)*

*They are concerned about pregnancy because they know about it. (p25, F, 25, R, LI)*

*Unintended pregnancy is a different story, because of the laws of our country it has become a great concern for everyone. I see lots of people who are worried about pregnancy after having a sexual relationship. Because here you should put your names on the paper and get married legally before doing anything. If you don't find out and the pregnancy gets to the stages that you can do nothing about it, either some would seek abortion which is not legal or they are forced to get married which has got a hefty price. You're making a pricey decision by force without even being ready for it. A gunshot wedding, they call it! That's why there is so much concern about unintended pregnancy, it is so much that it surpasses the worries for STIs, so no one would even think about STIs at all. (p10, M, 24, TH, LI)*

*Because in Iran, it is illegal for people to have sexual relationships before getting married. It is something everyone does, but you would be blamed for it. Becoming pregnant out of marriage is way worse, people are getting more open minded but still there are many dogmatic people out there. Unintended pregnancy is definitely much worse because STIs might be treated but you can't "treat" pregnancy. (p2, F, 18, AG, HI)*

*I am concerned about pregnancy, because I don't believe in common prevention methods and I use natural methods. Natural method means pulling out before ejaculation. I usually do this. (p16, F, 25, AG, LI)*

*I guess I'm more scared of pregnancy. (p11, F, 25, TH, LI)*

*I've had friends who had the phobia of becoming pregnant so they couldn't really enjoy having sex even while wearing condoms or using other preventive methods. (p14, F, 25, R, LI)*

*For heterosexuals the unintended pregnancy is more of an issue. It doesn't only concern girls but also boys are concerned, I mean boys also freak out about what to do and how to fix the mess. (p18, F, 18, AG, HI)*

*In my opinion this concern is more towards unintended pregnancy. Not for me but for people around me. They are more scared of pregnancy. (p19, F, 24, TH, HI)*

*I am concerned about unintended pregnancy, obviously it isn't my fault if it happens. My partner should be more responsible and pull out on time. (p20, F, 23, AT, HI)*

*99% of those who have sex are concerned about unintended pregnancy. (p25, F, 25, R, LI)*

*In my case I'm really scared of unintended pregnancy and I carry this fear with me every single time I have sex. (p5, F, 25, AG, MI)*

*They're mostly scared of unintended pregnancy. (p9, M, 22, TH, LI)*

#### 6ii: Visibility of pregnancy leading to social and personal issues

*If you get pregnant the whole world would find out after 9 months. Even after 4 months everyone will notice so they see that the consequences of getting pregnant is so much more, it's even same for boys, they think if my partner is pregnant, she would definitely expect me to marry her or I would get into trouble or I need to pay for the abortion or even the struggle of thinking about keeping the baby or not or our relationship might be damaged and so many thoughts like that. (p12, F, 25, TH, MI)*

*I think some people are more concerned about unintended pregnancy because of their social image. (p17, M, 19, TH, HI)*

*I remember that it was around 1 or 2 years ago that we were in a gathering and one of my closest friends came by and she was like I am 100% sure that I am pregnant and we were all scared as hell, not because of the pregnancy itself but because of the consequences. Therefore, I believe probably everyone is concerned. The social judgement that comes with those things ruins your life for good. (p18, F, 18, AG, HI)*

*I know that concerns are much bigger for unintended pregnancy because umm, pregnancy has some consequences, first and foremost would be getting excluded from the family. Secondly, you have to raise a child which obviously doing so independently in Iran is really difficult especially for women. (p3, F, 20, AG, HI)*

*Pregnancy is the main concern because they are worried about their reputation and what society would think of them. (p4, M, 25, TH, LI)*

*If there is any concern at all, it's for unintended pregnancy and the main reason is families being traditional and conservative. The second reason is the endless expenses that come with it. (p7, M, 21, TH, HI)*

## **7. Contraception and Condoms**

Mainly in response to question 15 from the interview protocol.

15. What contraception methods do you or your partner currently use or plan to use in your future relationships? Why?

*[I] use natural methods. Natural method means pulling out before ejaculation. (p16, F, 25, AG, LI)*

*Male condoms, because in addition to contraception it prevents STIs. (p9, M, 22, TH, LI)*

*Condoms, but we don't always use it while having oral sex. It depends on the situation. Actually, you can't rely on withdrawal. One of my coworkers was pregnant for the second time so I asked her why you don't use protection, why don't you take pills. Then I found out they use withdrawal so I'm not sure if it's a good method after all. (p24, F, 22, AG, LI)*

*Condoms and contraceptive pills. (p18, F, 18, AG, HI)*

*Just regular condoms. Because I trust them and know more about them than the other methods. (p19, F, 24, TH, HI)*

*Male condoms and pills at the same time because prevention is better than looking for treatment. (p2, F, 18, AG, HI)*

*Just condoms because it seems pills are a bit problematic for me. (p20, F, 23, AT, HI)*

*I use condoms and if not, I am really careful. (p21, M, 25, AG, HI)*

*The thing is I know many of them wouldn't use it. For instance, this person has sexual relationship and when you ask if they use condoms, she would say no he just pulls out at the last moment and ejaculates outside, then I would say do you know that pre-ejaculatory fluid could .... She would say no, no, no it's totally fine. I know that at the heat of the moment many people would neglect it. (p3, F, 20, AG, HI)*

*You can find pills everywhere. (p10, M, 24, TH, LI)*

*Contraceptive pills and stuff like that can be easily found, I don't know about the prices, I just know they can be easily found and are accessible. (p18, F, 18, AG, HI)*

#### 7i: Condom availability and accessibility

*Condoms, because of accessibility. (p1, F, 22, R, MI)*

*Condoms because it is the most accessible method. (p14, F, 25, R, LI)*

*It is accessible everywhere. Condoms are everywhere and can be easily purchased. I don't think Iran makes condoms. Condoms can be found everywhere but the quality might not be that good depending on the social economy of that neighbourhood you're shopping in. (p10, M, 24, TH, LI)*

*I think condoms can be found in every pharmacy. And definitely in deprived areas there are pharmacies that provide different brands of condoms. So, condoms are accessible everywhere. (p12, F, 25, TH, MI)*



*I don't think the accessibility depends on the districts that you live in. It all depends on how much the person cares. Because there are people who don't earn much however they really care about their sexual health and go see doctors and things like that. (p14, F, 25, R, LI)*

*Everything is accessible everywhere. (p15, F, 25, TH, LI)*

*You can easily find condoms everywhere. I don't know much about the quality. I think it is accessible. (p17, M, 19, TH, HI)*

*I don't know about good doctors but condoms are accessible everywhere. (p19, F, 24, TH, HI)*

*I don't know about pills and doctors. In deprived areas the culture is a bit different and they are more conservative so I don't know if they go after it or not. I mean they are accessible so it depends on the person and whether he wants to get it or not. (p19, F, 24, TH, HI)*

*I think it is available for everyone. (p22, F, 25, AG, LI)*

*It is accessible everywhere. You can find it in both pharmacies and supermarkets. Therefore, the accessibility and availability are good. (p22, F, 25, AG, LI)*

*Thank God, you can find it everywhere. You can even find it in supermarkets now. Condoms are everywhere, I mean it can be found in all districts. (p25, F, 25, R, LI)*

*Condoms are available everywhere, even in supermarkets. You can find condoms. (p3, F, 20, AG, HI)*

*Iran doesn't produce condoms but you can find almost everything you need. (p6, M, 25, AG, MI)*

*I don't think it's accessible. (p11, F, 25, TH, LI)*

*I think the only place that condoms, foreign condoms can be bought are pharmacies or supermarkets. (p9, M, 22, TH, LI)*

#### 7ii: Condom cost

*They are expensive. I think if a middle-class couple want to have regular sex, for example 2 or 3 times a week, this would be a heavy cost for them, they might be able to handle it, although hardly, but anyone from lower class families can't. Birth control pills are cheaper but, in my opinion, they are the worst for women. Overall, the contraceptive methods get more limited as the socioeconomics go lower. I believe only women from working class backgrounds use pills. Especially as people from more deprived areas usually have lower levels of education, and therefore it is common that men who are selfish say they don't want to use condoms because they don't like it and women have no option but to accept to take pills to prevent pregnancy because they can't afford other methods. (p8, F, 25, AG, HI)*

*I don't think that costs are cheap or reasonable. There is no Iranian produced condom. Condoms are around 170000 Rials per pack. I don't know about the price of pills because I don't purchase them. Maybe I can afford this cost but someone from a deprived area, or someone who works as a pizza delivery guy, can't afford it and would not pay such prices as they think it's not worth it. (p4, M, 25, TH, LI)*

*The price is average. Though not everyone can afford it. I think the price of condoms should be around 300000 to 3500000 Rials per pack. Nowadays people in Iran are facing various financial difficulties and also many people have other priorities. Some people prefer to buy new clothing rather than paying for their sexual health. (p3, F, 20, AG, HI)*

*I think they are expensive. For foreign condoms, as imports are getting more complicated due to sanctions, the prices are getting higher, so they are more expensive specifically for poorer people, we can see that they have more children as a result, maybe lots of them are the results of unintended pregnancy. (p20, F, 23, AT, HI)*

*It is not cheap unless it has a bad quality. If you want something with high quality you have to pay a lot. For instance, condoms, a package with 3 condoms in it is around 210000 Rials. (p16, F, 25, AG, LI)*

*Condoms are relatively cheap but it's not the same for visiting doctors. (p19, F, 24, TH, HI)*

*I think the majority can afford it but they think it's not worth it, personally I believe it is worth it and I would spend my money on it. (p3, F, 20, AG, HI)*

*The cost is reasonable. The last time I bought condoms, which was one year ago, a pack with 6 or 8 condoms was 150000 Rials. (p24, F, 22, AG, LI)*

*It's reasonable. Condom packs are around 300000 Rials with 6 condoms inside. They are not expensive. Working class people can definitely afford it, however there are people below that level, people who are poor or jobless. These people have unprotected sex. If this is what you mean by inexpensive, it is not for everyone, because in my perspective inexpensive means something the majority can afford. It doesn't include poor people. In my opinion it doesn't include jobless people either, because they can't afford it anyway. Other necessary things that they can't afford are food and clothes. Therefore, when they can't afford such basic things, they don't fit into my statistical range. It is affordable and reasonable for people who can afford basic stuff. (p23, F, 20, AG, LI)*

*I don't know about the prices but I think they are reasonable. (p22, F, 25, AG, LI)*

*I guess condoms are just fine. 3 in a pack sells for something like 60-200 thousand Rials. It's only the brand that is different. I personally buy "Good Life" for around 400000 Rials. Therefore, everyone from every socio-economic background can at least get the Iranian or Chinese ones. I understand that they are not good brands but at least they can protect to an extent, probably. (p21, M, 25, AG, HI)*

*It's neither expensive nor cheap. Condoms are 300000 Rials per package, which contains 3 to 4 condoms. It's regular. (p15, F,25, TH, LI)*

*It is something regular, everyone can purchase it but I don't know the exact price.*  
(p13, F, 25, TH, LI)

*Condoms are relatively cheap.* (p19, F, 24, TH, HI)

*Iranian condoms are really cheap, I think a package with 12 condoms costs only 60000 Rials.* (p12, F, 25, TH, MI)

#### 7iii: Quality of Iranian condoms

*The Iranian ones that are sold for 60000 Rials are not good at all.* (p21, M, 25, AG, HI)

*From what I've heard Iranian produced condoms are not reliable at all.* (p20, F, 23, AT, HI)

*Iranian condoms are accessible for everyone but lack quality and tear apart easily.* (p8, F, 25, AG, HI)

*I haven't ever seen Iranian condoms. The current policy of increasing the population is in contrast to these things so why would we produce it?* (p9, M, 22, TH, LI)

#### 7iv: Ease of use

*I guess the easiest and cheapest are condoms which I have always used.* (p11, F, 25, TH, LI)

*Condoms because it's easy to use and you can find it anywhere.* (p12, F, 25, TH, MI)

*Condoms, it is the easiest and most accessible method.* (p13, F, 25, TH, LI)

*Condoms and pills because they are easy to use.* (p15, F, 25, TH, LI)

*Contraceptive pills and condoms. Because they're easily available. (p18, F, 18, AG, HI)*

*Condoms and pills because they are easy to access. (p23, F, 20, AG, LI)*

*The easiest way is to use condoms, however I really wanted to use an IUD but when I went and saw my gynaecologist, she told me they only do it for women who have given birth. (p25, F, 25, R, LI)*

*Withdrawal, condom, natural cycle. Because of convenience. (p3, F, 20, AG, HI)*

*Condoms. They're easy to find and use. (p4, M, 25, TH, LI)*

*Male Condoms. Because of accessibility and ease of use. I'd actually wanna try female condoms to see how they feel. But I'm not going to use pills. (p5, F, 25, AG, MI)*

*Condoms or pills. Ease of use and accessibility. (p6, M, 25, AG, MI)*

*I don't usually use any but if I do, I would go for male condoms and that's for accessibility and convenience. (p7, M, 21, TH, HI)*

*Male condoms only because it's the most accessible, easiest and cheapest method. If I get into a serious relationship with someone, I would ask him to undergo a tubectomy. Maybe I would try IUD one day but I will never take birth control pills for sure. They mess up your entire system. (p8, F, 25, AG, HI)*

## 7v: Inconsistent use

*I know so many people among my friends that condoms and contraceptive pills mean nothing to them. (p18, F, 18, AG, HI)*

*All the people that I know have unprotected sex. (p17, M, 19, TH, HI)*

*I had this friend whom I told just go and buy it [condoms] but he refused. He said I don't like it and nothing has happened and nothing will happen to me, which is a wrong attitude. (p21, M, 25, AG, HI)*

*Using condoms is always a thing that others advise me about but I've always refused. (p10, M, 24, TH, LI)*

*I don't like using condoms. It doesn't give the real touching sensation; it is like you are putting it in plastic. I prefer to be sure of myself and my partner. I mean to be sure that neither of us have any diseases. (p10, M, 24, TH, LI)*

*In my opinion you're better off not using condoms because you might be risking with a low quality one, maybe this way you would pull out because you don't have that trust. Still unintended pregnancy might happen, you would never know. Better to put that trust in yourself rather than a piece of plastic. (p10, M, 24, TH, LI)*

## **8. Barriers to Using Sexual Health Services**

Mainly in response to questions 16 and 17 from the interview protocol.

16. How accessible do you find contraceptive methods and sexual healthcare for young adults in Tehran?

17. Can you think of any reasons that young adults would avoid seeking sexual health knowledge and/or sexual healthcare in Tehran?

*No, I don't think there are such things actually as sexual health clinics. (p10, M, 24, TH, LI)*

*No, I haven't ever heard of those [sexual health clinics]. (p2, F, 18, AG, HI)*

*I've never heard of such clinics and if there are any, there is no advertisement for them. (p4, M, 25, TH, LI)*

*I haven't heard of such places [sexual health clinics]. (p5, F, 25, AG, MI)*

*No not that I know of [sexual health clinics]. (p6, M, 25, AG, MI)*

*I don't know any sexual health clinics in Tehran though, so maybe for people like me, who have the money to spend, a part of it is the lack of information on where to go, and who to trust to spend their money on. (p7, M, 21, TH, HI)*

*I think there are some sexual health centres that are supervised by either community centres or Ministry of Health, I don't know exactly but I've heard you can get tested for HIV for free. I haven't seen any adverts or general information about it though, because it's not something that is meant for public knowledge. It's kind of a hidden service, because of sex being a taboo. (p8, F, 25, AG, HI)*

*So many don't know that sexual health clinics exist, for example the centres that I told you before that test for HIV for free, I heard about them from a friend, I haven't seen any advertisements or public notices about them in the city, magazines or newspapers, not even a billboard. (p8, F, 25, AG, HI)*

*I've heard of some sexual health clinics, but I've heard they only serve married couples. I've seen some kiosks recently that inform people about AIDS. There was one in front of the subway station. In the "Family Sciences" module they tell us that we should refer to these clinics, but where are these places and why we don't see any advertisements about them? We don't see anything about it neither on TV nor on billboards. If they exist, why do they hide it from us? (p9, M, 22, TH, LI)*

*We don't know where the sexual health clinics are. (p9, M, 22, TH, LI)*

*All good doctors are accessible in all areas of the city. (p22, F, 25, AG, LI)*

## 8i: Cost of visiting doctors and sexual health care

*Even I might avoid going to see the doctor if it costs me a lot. (p16, F, 25, AG, LI)*

*I have so many questions which I don't have the answers to and I can't afford to visit a doctor to ask them. (p8, F, 25, AG, HI)*

*Poverty is a real issue. In below average families, mothers constantly sacrifice themselves. They prioritise every cost of the house over their health. This is really bad, that's why we see that so many pre and post pregnancy tests don't get done in such families. So many cancer patients could have been treated and cured but unfortunately, they get to it when it is too late. (p25, F, 25, R, LI)*

*[Naming barriers in seeking sexual healthcare] Expenses, embarrassment, seeing disease as permanent disability and damage. Sexual stuff being a taboo. (p6, M, 25, AG, MI)*

*It all depends on the social economic situation of each individual. Imagine a manual worker, no matter how hard he works his income won't ever be enough for his day-to-day expenses, let alone the expenses for sexual healthcare. But in my opinion people should save a part of their income for this purpose just like they do for their cardiologists. (p7, M, 21, TH, HI)*

*One reason is this, and the other one is doctors' expensive costs that make so many people forget about going and seeing a doctor, they would say they rather search it on the internet on their own. (p20, F, 23, AT, HI)*

*It could be for various reasons. First is that most of us are financially dependent on our families and we don't want to spend all that pocket money which is not much on visiting doctors so we prefer to go with our parents so that they would pay. (p2, F, 18, AG, HI)*

*I would pay anything because it is really important to me. It is expensive though. (p6, M, 25, AG, MI)*



*I guess the right way is to get tested for STIs at least once a year but I don't do it because it is so expensive for me. (p4, M, 25, TH, LI)*

*It is expensive but some would pay for it. Those who are rich and care about their sexual health. Most people don't care but it should be cheap so that everyone can benefit from it. (p2, F, 18, AG, HI)*

*Right now, it is expensive, but it would be better to be cheaper and more reasonably priced so that everyone can afford it. (p17, M, 19, TH, HI)*

*As a whole, sexual healthcare including tests for detecting STIs and doctor visits are expensive. (p17, M, 19, TH, HI)*

*It's not like it's that expensive that no one can afford it. However, it might not be really affordable for everyone to visit a doctor a few times a year. (p14, F, 25, R, LI)*

*Actually, it's as high as other kinds of medical care you can have, it's not very expensive but it's not also reasonable. The problem here is that if a person wants to afford all these, maybe he or she doesn't have any income so if you don't have any income it's going to be hard for you to afford that. Especially in the 18-25-year-old age range. (p11, F, 25, TH, LI)*

*The HPV vaccine for instance, I paid around 10 million Rials for it. Middle class people can't afford this amount easily and lower-class people can't afford it at all. The cost of getting tested for HPV is around 3 to 4 million Rials. When they can't even afford getting tested, they subsequently forget about the treatment, even when the test comes positive for STIs. The cost is the biggest obstacle. The cost of visiting a specialist doctor is 600000 Rials. How many times can someone afford that? Imagine someone who is trying for pregnancy or someone who needs treatment. It's a hefty cost. (p8, F, 25, AG, HI)*

*The cost of a single visit for some doctors is really high. (p19, F, 24, TH, HI)*

*Also, the cost of treatment is not cheap at all. For example, a simple test for STIs can cost around 2000000 Rials. (p16, F, 25, AG, LI)*

*The costs are almost reasonable. (p25, F, 25, R, LI)*

### 8ii: Trust in doctors

*Doctors are not trustworthy. (p4, M, 25, TH, LI)*

*We are scared to tell the doctor about our issues, for example to tell them we've had sex out of marriage; and they would let our families know about it. I'm absolutely terrified about that. (p2, F, 18, AG, HI)*

*Actually, the problem I had with my gynaecologist; she would say you are too young to have sex. I was 22 then. I was like my mother had me when she was 22. I'm not getting bothered with sex, I am enjoying it. (p11, F, 25, TH, LI)*

*Maybe it is the attitude of the doctors. Because I have this experience with a few gynaecologists, they treated me terribly and were like why did you have sex out of marriage and stuff like that. Having an experience with a doctor like this would make you think that everyone would treat you the same. The doctor that I used to go to was really judgemental, when she found out that I wasn't married and I was sexually active, she examined me with hate and didn't properly answer my questions. (p20, F, 23, AT, HI)*

*The fear of being blamed and judged by the doctors, why did it happen? Why were you careless? Why have you done this? (p14, F, 25, R, LI)*

*Then going to the doctor with parents is really scary as you are worried about what the doctor would tell them. (p2, F, 18, AG, HI)*

*We have always been distrustful of everyone, teachers would always turn us in to the principal's office, anything we ever told our mom she would tell dad, that's how we've become so cynical of everyone and everything. (p2, F, 18, AG, HI)*

### 8iii: Embarrassment as a barrier to sexual protection

*I think they are embarrassed to go to the pharmacy and ask for condoms, especially boys, I've seen it among my friends. (p19, F, 24, TH, HI)*

*They are also embarrassed to go buy condoms. (p6, M, 25, AG, MI)*

*The problem is me myself or the majority of people I know, regardless of their gender, feel embarrassed to go and ask for it in their own neighbourhood, or even other neighbourhoods as they are scared to get caught red handed by someone they know. For pills it's easier but pregnancy home tests are the same as condoms. You would think what the other person next to you would think about you, what if they are an acquaintance who would tell your father. When I was younger, I was really embarrassed to ask the pharmacist for condoms. But from a point onwards I told myself it's their job to sell those things but still I am afraid of running into someone I know. It is really awkward for me to ask for it if there is anyone else around, so I prefer not to buy the condoms myself. This situation is even worse in more deprived areas because of different social norms. (p3, F, 20, AG, HI)*

*Some people are embarrassed to go and ask for condoms in a pharmacy because it's usually out of hands' reach and you should ask someone to give it to you. If it's a lady selling it, it's even worse for men, they would be even more embarrassed. Again, if there is a huge age difference and the lady is so young, men would be further embarrassed. (p21, M, 25, AG, HI)*

*I guess people are embarrassed to go and ask for it in pharmacies, it might be one of the main reasons that they don't use it. For example, they are embarrassed to go and ask for lubricants or condoms. (p22, F, 25, AG, LI)*

### 8iv: Taboo shame and social disapproval as barriers

*[On what would stop them from visiting a doctor] Sexual stuff being a taboo. (p6, M, 25, AG, MI)*

*I believe it's the cultural background. They are like we don't have sex out of marriage and it's a very sensitive issue. It is a taboo so you can't tell people I had sex and because of that something has happened to me and now I need to go see a doctor. Or even nothing has happened and I want to go see a doctor for my sexual health. This is not really common. Therefore, I believe first is the fear that we have of the judgement we get and second is the taboo which hasn't been broken yet and above all is the worry of what people might think and judge. (p18, F, 18, AG, HI)*

*The embarrassment of being judged for having sex out of marriage. For example, they would be embarrassed or scared of their reputation to say they have gotten an STI. I don't think people would think that the doctor would call the cops, although they could and there is law enforcement in place for sex out of marriage, but they are scared that the doctor might call and tell their parents about it. For example, my mom suggested I go to a doctor who is a friend of my aunt but I refused. I searched and found another doctor. Because my mom is really sensitive about our family's reputation and at that time, she didn't know that I was having sex out of marriage, that's why I didn't go to that doctor to avoid any consequences. (p19, F, 24, TH, HI)*

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*In my opinion the fear of bringing it up is the main reason. If the person has sex out of marriage, they would be afraid that others might find out specially if they are a female. But if they're ok with it (others knowing of their out of marriage relationship), then I can't see why they wouldn't visit a doctor. (p5, F, 25, AG, MI)*

*I think it's the fear of getting judged by others. What others might think of me if they find out that I have sex out of marriage. I know so many guys that believe that their girlfriends are not decent and good people because they sleep with them. If she's a good girl, why did she have sex with me? This backward weird conservative way of thinking has roots in our male dominant society which puts our women under so much pressure that she can't find the courage even at the age of 30 to say I'm independent and this is my personal territory and not even my parents have the right to talk about my personal life. (p12, F, 25, TH, MI)*

*You could be scared of being judged. About your health, about your experiences.  
(p11, F, 25, TH, LI)*

*Because having sex here is a much-hidden thing. You wouldn't go and visit a  
doctor. (p10, M, 24, TH, LI)*

*Maybe they are embarrassed to go and get naked in front of the doctor and get  
checked up. (p13, F, 25, TH, LI)*

*Many people hate the special bed that gynaecologists use, the one that you  
should bring up your legs to. Or they are embarrassed. (p22, F, 25, AG, LI)*

*The embarrassment of getting naked in front of a stranger should be the reason.  
(p24, F, 22, AG, LI)*

*The first reason is embarrassment. People feel embarrassed to reveal their  
personal and private life to the doctor. (p2, F, 18, AG, HI)*

*The first problem is that ridiculous shame that we Iranians have. It seems we get  
annoyed by going to a doctor and telling them I have this or that pain. Why would  
we immediately go and see a doctor if we feel pain in our heart but when we have  
sexual problems we wouldn't? (p9, M, 22, TH, LI)*

#### 8v: Health motivation

*They think it only happens to others and they are always safe. They think it's not  
possible to get a virus so they never concern themselves about it. (p12, F, 25,  
TH, MI)*

*Umm, about the STIs, from what I know, people generally aren't concerned about  
their health until something happens to them. (p3, F, 20, AG, HI)*

*[On what would stop them from visiting a doctor] Carelessness. (p14, F, 25, R,  
LI)*

*The only reason that comes to my mind is carelessness or laziness. Otherwise, there's no embarrassment or things like that. If I need to go to the doctor I would do it for sure, the only thing that stops me from doing that is laziness. For other women it depends on their age. Current generation is not embarrassed at all. Our main issue is carelessness and laziness. I don't think we are scared or ashamed or anything. (p23, F, 20, AG, LI)*

*Sometimes it is because of carelessness though. Some people simply don't care. (p16, F, 25, AG, LI)*

*Maybe it's not important to them or they neglect it. (p13, F, 25, TH, LI)*

*Not prioritising this issue. Not caring enough about it. (p10, M, 24, TH, LI)*

*There are some people who don't care at all. (p18, F, 18, AG, HI)*

*There are some who care and protect themselves, on the other hand some people don't care at all; these are in the majority. In my opinion young adults who are educated care more about protecting themselves. Obviously, those who are from poor families don't care much. (p9, M, 22, TH, LI)*

#### 8vi: Denial / fear

*If there's anything in my mind that would stop me from doing it, is running away from problems. I mean I don't want to know that I'm sick but I have to do it anyway. I think you get stressed after having unprotected sex. It scares you. So, the main reason that stops me from going to visit a doctor is the fear of knowing that I have an illness. That should be the same with others too. (p17, M, 19, TH, HI)*

*[On what would stop them from visiting a doctor] Seeing disease as permanent disability and damage. (p6, M, 25, AG, MI)*

*Knowing you are ill is scary to some and so many people don't want to face the harsh truth. (p8, F, 25, AG, HI)*

*So many people don't care about STIs or pretend that they don't exist. (p19, F, 24, TH, HI)*

## **9. Sexual Prohibition**

Mainly in response to question 17 from the interview protocol.

17. Can you think of any reasons that young adults would avoid seeking sexual health knowledge and/or sexual healthcare in Tehran?

*There are concerns, I mean the fear of getting into trouble. Other than the problem itself, the parents who wouldn't accept such things are another issue. We Iranians have this ridiculous shame which is a useless cliché in my opinion that causes us not to talk about these kinds of matters in our families. Imagine if someone gets an STI or is pregnant without being married, she/he can't even share and talk about it to get any help so the situation gets constantly worse. I believe young people are scared of discussing these things and getting into trouble. (p9, M, 22, TH, LI)*

*They told us not to masturbate or you would go blind, meanwhile my eyes got weak and I started wearing glasses, this made me feel guilty and I was getting bullied by the other kids for this reason and I had no way to prove them wrong. (p6, M, 25, AG, MI)*

*In Iran it is not legally supported for two people to love each other, have a relationship, get pregnant and then go and think about if they want to get married or not. (p4, M, 25, TH, LI)*

*The common belief is this fantasised picture of no one has sex before marriage whilst at least 90% of people have sex before getting married, to the extent that they take decisions to get married or not, solely based on their satisfaction with their sex life. But the common belief is that no way, 2 families are introduced together and the groom sees the bride for the first time on that day and no one touches each other and no one stays over. It's hilarious the way society buries their head in the sand, only not to see it all happening. (p4, M, 25, TH, LI)*

*There's a fear of reputation and social credit as well. For example, I have this friend who really wants to go to a gynaecologist that her mom usually visits, because she knows she/he is a great doctor that her mom has chosen, but she is worried that the doctor would call her mom and would tell her about her issues, she is scared of her mom's reaction. (p4, M, 25, TH, LI)*

*In our culture, virginity is really important. I think it is the same with all Muslim countries. (p25, F, 25, R, LI)*

*I know girls who give in to any form of sexual relationship other than the vaginal intercourse only to protect their virginity, it's a huge concern for so many people to the extent they put themselves in painful positions to please the guy they're with but also to stay virgin. (p25, F, 25, R, LI)*

*Most young adults are stressed about this because it's not a normal thing to lose your virginity before marriage or worse, getting pregnant. It is frowned upon. (p23, F, 20, AG, LI)*

*I believe here people are more concerned about what others might think of them, not the disease itself. In my opinion you are 40% concerned about the disease and 60% concerned about others' judgement. What others think of me is the main issue. That's why I use protection. (p23, F, 20, AG, LI)*

*I am a lesbian but I had to pretend I was straight for so many years. At first, I thought I have to be straight because it is the social norm. A friend of mine encouraged me to come out, she said you are a lesbian, you just haven't figured it out. By social norms I mean people only find it normal if you are in a relationship with the opposite sex. It is a taboo to date the same sex although it is becoming more common. Even modern parents don't accept it. (p22, F, 25, AG, LI)*

*In my opinion it's all about the limitations that parents create because they have issues with their daughters having a boyfriend so the girls see it much easier to date girls. If you bring your girlfriend home, your mom wouldn't find out. (p22, F, 25, AG, LI)*



*I believe it's the cultural background. They are like we don't have sex out of marriage and it's a very sensitive issue. It is a taboo so you can't tell people I had sex and because of that something has happened to me and now I need to go see a doctor. Or even nothing has happened and I want to go see a doctor for my sexual health. This is not really common. Therefore, I believe first is the fear that we have of the judgement we get and second is the taboo which hasn't been broken yet and above all is the worry of what people might think and judge. (p18, F, 18, AG, HI)*

*I took part [in your study] because I know the majority wouldn't accept to participate in such an interview easily because of the fear and taboos that exist within our society so people don't want to talk about their sexual life. They feel they should be embarrassed about their sexual relationships. (p12, F, 25, TH, MI)*

*One of the problems that we have is that until recent years, people from our generation couldn't talk about sexual relationships with each other. I have 2 sisters that are born at the beginning of 80s and they never talked about their sexual relationship with each other or even with their friends, they see it as a taboo. When I started asking them about sexual stuff as their little sister, it was hard for them to answer and maybe a bit weird to talk about sex. Therefore, this lack of communication resulted in my lack of information compared to the other kids who were born after 1995-1996. (p12, F, 25, TH, MI)*

*I don't think I have any emotional support within my family or anyone I can talk to. So, I'll be double stressed in case I have an STI, that I have to tell them that I'm gay and I am ill. (p17, M, 19, TH, HI)*

*The thing that matters mostly in this case is that when it comes to sex others mostly your parents and people around are going to judge you. The worst feeling you can get is you are alone in this case. Whatever happens it's on you, you have to take care of it by yourself, so that's my biggest worry ever. It would be like it's never going to be acceptable in their eyes so it's like for example parents don't support you as a thief so it's like you are a thief it's not acceptable. So, the worst feeling you can get is that you are alone in this. They are religious and also, they see this society, they look at the majority of people who they think are not*

*accepting sex out of marriage, so that's why they judge you. You know if you think very deep through it you would be really scared inside. (p11, F, 25, TH, LI)*

*Another issue is that in families sexual relationships are a taboo so they never talk about it with their children. Even the simplest stuff such as using condoms would not be taught to kids. When these young adults start getting into sexual relationships, they don't have a clue about it and they start to learn about it little by little by experimenting. (p12, F, 25, TH, MI)*

*Because they don't generally go to the doctor much, I don't know if it's because of their families or the embarrassment they have to face within their families. (p3, F, 20, AG, HI)*

## **10. Socioeconomic Sexual Health Inequalities in Tehran**

Mainly in response to questions 10, 11 and 17 from the interview protocol.

10. Do you think sexual health education in Tehran needs to be extended or changed?

a. If so, how?

11. At what age do you think sexual health education should begin?

a. Should some topics be delivered at later developmental stages? What would you suggest?

17. Can you think of any reasons that young adults would avoid seeking sexual health knowledge and/or sexual healthcare in Tehran?

*In different parts of the city, you can have different facilities, different shops, different parks, and different cinemas, so it's also the same with the gynaecologists. I guess whatever you search for, you can get. You can have access to different parts of the city. It's definitely going to be hard, but it's possible. (p11, F, 25, TH, LI)*

*For better doctors you have to go to the rich areas. (p11, F, 25, TH, LI)*

*And poor areas don't have much of a choice, both with doctors, and contraceptives and condoms. (p1, F, 22, R, MI)*

*In deprived districts there is a lack of accessibility to certain sexual health facilities and also there are obvious financial issues in families living in these areas. (p6, M, AG, MI)*

*The situation is much better in affluent districts which means the accessibility decreases as you go to the more deprived areas. (p20, F, 23, AT, HI)*

*Certainly, the brands that are being sold here might have a high price and people who live in deprived areas can't afford it so pharmacies in those areas won't sell it in those areas. Therefore, depending on which district you live in, you can find different stuff. (p23, F, 20, AG, LI)*

*I think it's more accessible in more affluent districts of Tehran and people would more comfortably purchase it. And as you go down to more deprived districts the accessibility decreases and even people are more ashamed or embarrassed to ask for condoms. I mean it is not the same in different districts with different social classes. (p5, F, 25, AG, MI)*

*Expensive condoms are not available in deprived areas and if anyone wants to buy them, they would have to buy it from the affluent areas. (p6, M, 25, AG, MI)*

*Better and more expensive condoms can only be found in more affluent areas. (p8, F, 25, AG, HI)*

*The chance of finding high quality stuff with authentic brands in wealthier districts is way higher but it all depends on how much the person cares, if it is important to them, they would go to other districts and would pay for it, whatever the price. (p16, F, 25, AG, LI)*

*In affluent areas it's much easier to purchase. In these districts people have more purchasing power and are richer. Also, there are more varieties in these districts. In deprived areas you can only find stuff to survive. I mean rich people take more care of themselves. Because their knowledge is much more. Therefore, it is not accessible in every district, in deprived areas it is less accessible. (p24, F, 22, AG, LI)*

*I suppose you can find condoms everywhere but if it is the same brand, I'm not sure. I have never shopped in different areas. Even from time to time it's different, for example if I shop this month, I can find the brand, if it goes to next month, I cannot find it. They cannot supply it from the same source. Maybe because everything is imported. I suppose some of them are from Thailand and some of them are made in Iran also. (p11, F, 25, TH, LI)*

*In some districts of Tehran sex is still a taboo. The poor areas I mean. So, what you can find here can't be found there, because there is no demand for it. (p18, F, 18, AG, HI)*

### **11. Gender power inequalities in sexual relationships**

Mainly in response to questions 13 and 15 from the interview protocol.

13. How confident and in control do you think a typical 18-15-year-old Tehranian is in managing sexual relationships?

15. What contraception methods do you or your partner currently use or plan to use in your future relationships? Why?

*We don't use condoms because he is not into it. (p24, F, 22, AG, LI)*

*I always strongly suggest using condoms although my boyfriend doesn't like it at all, I don't usually let it happen that we have unprotected sex more than 2 times in a month. (p19, F,24, TH, HI)*

*Even now if my partner doesn't want to use condoms, I can't tell him no. I think the problem is within me, I'm too shy and I also give in to my mental fantasies over my health. (p17, M, 19, TH, HI)*

*If he doesn't want to use condoms I would accept because I don't want to annoy him. (p24, F, 22, AG, LI)*

*I'm comfortable expressing opposition to the things that I don't approve of. (p15, F, 25, TH, LI)*

*Even if I get into a new relationship and I love my new partner very much I think I still can manage and control things that are really important to me. The things that are important to me are for example I never should be treated like a slave, I have to be respected, there needs to be mutual feelings involved and protection must be used. It is important that I'm in mood for having sex and they respect that. It has happened that I said no, no matter how hard the person wanted it. (p19, F, 24, TH, HI)*

*I should manage things for the sake of my own safety and health just the way I have managed it successfully so far and I should be able to carry it on. For instance, using condoms, getting routinely checked by a doctor. (p12, F, 25, TH, MI)*

*I believe sexual relationships in Iran are used as a weapon. Men want sex and women want money and both sides use what they have to get what they want. Therefore, nothing else matters to them, neither STIs nor sexual health knowledge. We have a society that doesn't follow a certain way or form, it's not completely conservative and traditional nor completely modern, but still marriage and being married have a great value and are important in our women's lives. It is this thing that without it, women don't seem to have the value they should for society. That's why women try whatever they can to get married and to achieve this goal, they would do anything. Therefore, when sex becomes something that gets you to money or whatever else you want, it wouldn't matter if you are healthy or you are actually enjoying it. You are just a tool in a system, that's it. (p8, F,25, AG, HI)*

*I have this friend that her partner doesn't like using condoms and asks her to do whatever she wants as a substitute contraception method, and she accepts because maybe she loves him or she wants sex with that person or she might want to look strong and cool in her partners eyes, so she puts herself at second place, something that so many women do in my opinion. In my opinion sex is related to confidence in so many ways. I mean it depends on how attractive or lovable you think you are. The stronger this feeling the more you can manage your relationships and the less you have this feeling, chances are you mess it up more and you can't manage it properly. I think I'm not that confident yet to*

*manage my relationships properly, for example if I really love someone and he wants to have sex without condoms I would accept because I don't want to disappoint him although it scares the hell out of me and I believe it's totally wrong. As I said earlier, I believe many women would do it. (p5, F, 25, AG, MI)*

*There is this need in girls to please guys, and they tend to agree with whatever guys tell them, like not using condoms or having rough sex. I've seen this in my friends' relationships. (p14, F, 25, R, LI)*

*It might happen that in the middle of sex would give in to whatever he wants in order to avoid ruining the pleasure of the moment. (p16, F, 25, AG, LI)*

*In Iran boys control girls and they do whatever they want and girls don't have a say in it, the girls would be fooled and would say yes to anything like "No condoms?" Fine, "you don't like it"? Fine. I've seen so many people like that. (p21, M, 25, AG, HI)*

## **12. Recommendations for Improved Sexual Health Education and Services in Tehran**

Mainly in response to question 21 from the interview protocol.

21. What would be your top five recommendations for improved sexual health education and training in Tehran?

*In my opinion they should start with introducing the female and male's sexual organs. Then they should talk about sexual health and preventive methods. (p1, F, 22, R, MI)*

*There should be mixed-gender classes. It shouldn't be formal but needs to be serious. They should let the participants share their opinions. (p1, F, 22, R, MI)*

*In my opinion schools should be mixed-gender. They could then start sexual health education from junior high school like somewhere around ages 15-16. The age that sexual relationships might happen, there aren't many people that start at younger ages. Puberty is a good age to start learning about sexual health. (p10, M, 24, TH, LI)*

*Short sessions would be enough. There should be mixed classes for both genders. It should be in small places with a small number of people, 10 people at max so that they can ask their questions comfortably. They should be able to have discussions. (p10, M, 24, TH, LI)*

*It should be done before you are 18.... To know their body, to know the limits, how much each person can get close to them, to learn about the opposite sex, the organs, how does it work? That's it. (p11, F, 25, TH, LI)*

*It should be in a group, maybe groups of 10 and I think it should be done separately for each sex, so that its formal and no one makes fun. I would like to have discussions, maybe after the teaching part is over, we can actually have a discussion between 2 groups, girls and boys together and to get the feedback or maybe let them answer each other's questions, that's it. (p11, F, 25, TH, LI)*

*I think the age of 9 for girls and 11 for boys. Because girls start to get curious about sexual relationships at the age of 8 or 9 and they generally date and have sexual relationships with boys who are 1 or 2 years older than them. This is what I think, because this is my own experience so when we start teaching them when they are 9 and 11 until they get to the age of 16 and 18, they have learned stuff that will be helpful to them. Girls' periods usually start at the age of 9 or 10, so in an open-minded society we should teach them about the anatomy of their bodies so that they don't get shocked when it all starts and make them prepared for it. It's normal for kids to start noticing the opposite sex after the age of 10 or 11 so it would be better for them to know about it and be prepared so that if any sexual interaction happens for example at the age of 15, they know what they are doing and what are the risks and how they can protect themselves. (p12, F, 25, TH, MI)*

*Have specialists that people can trust such as health specialists and sexologists and ask them to educate people. Workshops and classes should be free so that everyone can comfortably participate without being concerned about the costs. People who can't afford to pay for such classes are the main audience that need these classes and education. If we were in a country other than Iran, I would have said there is no difference but here in Iran classes need to be single sex. Because of the taboos, the embarrassment and the uncomfortable feeling that people have*

*towards the opposite sex, they might not be able to ask their question comfortably. (p12, F, 25, TH, MI)*

*It should be started from the beginning of elementary school with teaching about sexual organs, then they should carry it on with sexual health in middle school. (p13, F, 25, TH, LI)*

*It should be mixed because if any questions come up both genders should know. There is nothing that should be taught differently for either sex. That's all. (p13, F, 25, TH, LI)*

*From the early years of elementary school, they should teach kids about their sexual organs, and after puberty which means around the ages of 12 to 13, they should start teaching about sexual health. (p14, F, 25, R, LI)*

*Some classes need to be mixed and some need to be single sex. Like some classes aimed at women's health or men's health should be held separately for each gender. The participants should be given brochures that are easy to read, interesting and engaging to take home with them. They should be allowed to discuss things and ask questions. (p14, F, 25, R, LI)*

*They should teach kids about sexual organs from the first year of elementary school. After the age of 12 they should start teaching sexual health. (p15, F, 25, TH, LI)*

*There should be a maximum of 10 participants in each class and they should be able to have discussions. The classes should be mixed-gender. (p15, F, 25, TH, LI)*

*Teaching about sexual organs should start around the ages of 4 or 5 in order to avoid child molestation and sexual assaults not essentially for the sake of learning about sexual relationships. Sexual health and advice on sexual relationships should start at the ages of 12 or 13. (p16, F, 25, AG, LI)*



*Classes should be held with a maximum of 15 participants. The teaching material should be given to the participants in brochures or should be accessible on the internet. They should use visual stuff such as films or animation in order to make it interesting. The information should be put in the simplest way possible and easiest to comprehend. Some classes should be mixed and some not for example knowing about women's health is not necessary for men, so it could be held for women only. (p16, F, 25, AG, LI)*

*In my opinion middle school is the time that kids start everything. They start becoming curious and want to try everything. I started to find out about these kinds of things when I got into middle school, before that I used to think I'm the result of my mom and dad praying. Praying at the same time for me and my brother and sister to get born. We are triplets. Anyway, I wouldn't tell them about STIs because it would 100% make them scared. I would explain about how these things happen scientifically. Like pregnancy and sexual orientation. I think knowing brings fear with itself. Then I would tell them about STIs and how they can use condoms to protect themselves. (p17, M, 19, TH, HI)*

*In my opinion everything needs to be told as soon as possible. Because there are so many kids who would start having sex at that time so it would be better for them to know it before it's too late. It's always better to know things as soon as possible. (p17, M, 19, TH, HI)*

*Some girls might not be comfortable sitting in a class with guys. I mean you should give them the option to choose if they want to participate in mixed-gender classes or the single sex ones. There should always be a choice in these kinds of situations. (p17, M, 19, TH, HI)*

*I believe education must start at a very young age but it's not necessary to open up everything for younger ages. I don't believe we should separate genders from each other when everyone lives in peace and harmony together. We can tell them about their sexual organs. Kids in elementary school can get familiar with their body and what organs they have, how they look and how they work. In middle school we should work on their sexual health and disease prevention. (p18, F, 18, AG, HI)*

*Families should stop treating this topic as a taboo and kids should get educated about it in schools. Schools should be mixed-gender because children don't start thinking about sexual relationships from the start, first we should fix the normal human relationships and emotional relationships. Here kids don't have much interaction with the opposite gender on daily basis in schools so there isn't a normal understanding and so when they get into the university which is mixed-gender, the sexual side of human relationships gets bold for them all of a sudden. They don't have any emotional relationships with the girls, I am saying this because I'm a boy but I am sure it is the same for the girls. (p10, M, 24, TH, LI)*

*I think health centres or places like that are a good place for holding classes. For example, hold conventions in hospitals or in consulting institutes. (p18, F, 18, AG, HI)*

*From age 9. They're not too young or too old. Just the right age to tell them things. First, I would tell them about the differences between boys' and girls' sexual organs. Then at the age of 10 or 11 I would teach them about how sexual relationships work and how they can protect themselves. (p19, F, 24, TH, HI)*

*The participants preferably should be from students or those who are about to get married. They need it the most. It should be mixed-gender. Each class should have 20 to 30 participants so that they can ask their questions and learn from others. Discussions should be allowed. Teaching subjects should come with visual pictures and videos like PowerPoint or animation. (p19, F, 24, TH, HI)*

*Age 10. They could start with how pregnancy happens then as we grew older, they could teach us about contraception methods. The [educational material on] internet could also be beneficial. (p2, F, 18, AG, HI)*

*Flash cards are a good idea, for example for teaching about genitals. Classes should be mixed-gender. Use of educational videos would also be nice. (p2, F, 18, AG, HI)*

*I would start it from year one of elementary school. Children should know that the body of a girl and a boy are different. Then in Middle school I would teach them about pregnancy and sexual health, however most of them would already know from talking to their friends. I started to find out about this stuff at the 4th year of elementary school (age 10) and as the time passed, I learned more. (p20, F, 23, AT, HI)*

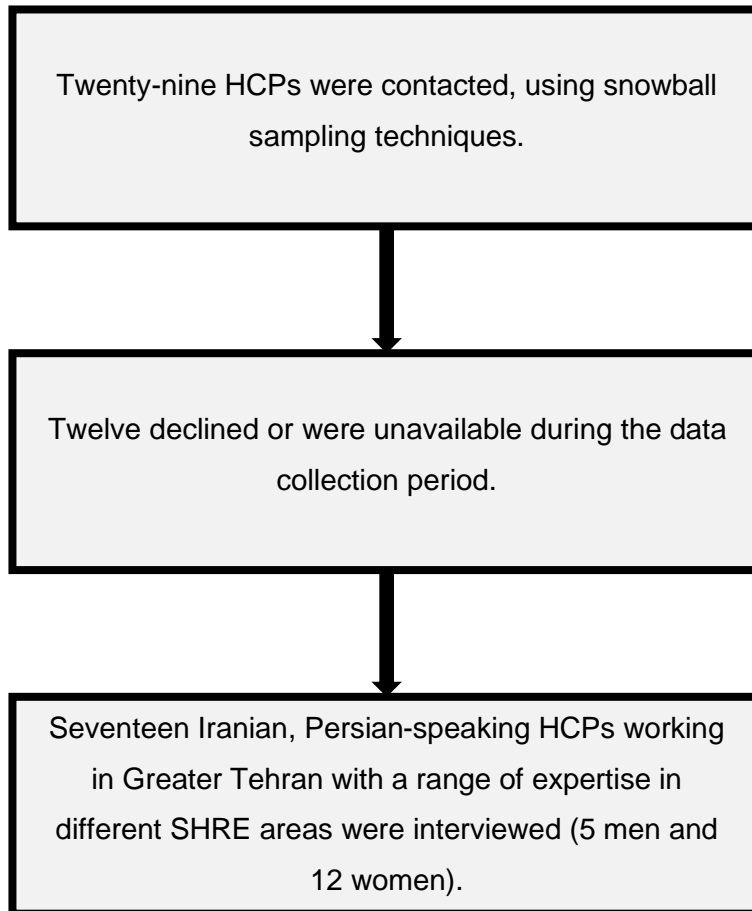
*In my opinion it would be better for the classes to be mixed-gender, so that we all benefit from it equally. In richer districts most people have the knowledge but if they hold the classes in city centre locations, everyone can attend and improve their knowledge. The costs should be reasonable so that poor people can also attend and benefit. (p20, F, 23, AT, HI)*

*I would hold free classes because we love free stuff as a nation, just take a look at free food stalls! (p2, F, 18, AG, HI)*

*Conventions can be held for free; our people love free stuff. (p7, M, 21, TH, H*

## Appendix Chapter 4 (Study 2)

#### Appendix 4.1: Sampling and Recruitment Flowchart



## **Appendix 4.2: Participant information sheet**



### **Healthcare Professionals' Assessments of, and Recommendations for, Sexual Health Education and Service Provision for Young People in Tehran**

#### **INFORMATION SHEET FOR PARTICIPANTS**

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether to participate.

#### **What is the aim of the project?**

This study is conducted as a part of a PhD course. It aims to understand healthcare professionals' expert opinion on 18-25-year-old Tehran residents' sexual health and relationships needs.

#### **Description of participants required**

We require Iranian healthcare professionals, both males and females, who live in Tehran and speak Persian as their first language and do not have conditions that prevent them from holding a discussion or answering interview questions.

Individuals with other job descriptions, of other nationalities, living in cities other than Tehran, with relevant physical and psychological conditions and those who do not speak Persian as a first language, will not be able to participate in this study.

## **What will participants be asked to do?**

Should you agree to take part in this project, you will be asked to be audio-recorded and interviewed. There will be approximately 20 questions and you will remain anonymous during the study. Your comments will remain confidential.

The questions will focus on education training and services relevant to sexual health available to young adults in Tehran.

This study involves an open-questioning technique where the precise nature of the questions asked have not been determined in advance but will depend on the way in which the interview develops. Consequently, although the Medical School Research Ethics Committee is aware of the general topics to be explored in the interview, the Committee has not been able to review the precise questions to be used.

In the event that the line of questioning does develop in such a way that you feel uncomfortable, you may decline to answer any particular question(s). You can also withdraw from the study at any stage for any reason, without any disadvantage to yourself of any kind.

There will be no harms or risks associated to you through taking part in this study.

## **Time commitment**

Interviews are anticipated to take between 45-60 minutes but might be shorter or longer based on what you have to say.

## **Payment/reward to volunteers/interviewees**

There are no payments or rewards made to you, as you are agreeing to participate on a voluntary basis.

## **Can participants change their mind and withdraw from the Project?**

You may withdraw from participation in the project at any time without any disadvantage to yourself of any kind.

## **What data or information will be collected and what use will be made of it?**

You will be asked about your views on the sexual health education and sexual health services available to young adults in Tehran. You will also be asked to comment on new or additional services such as a sexual health education workshop for young adults. Your comments might generate some new questions.

Your response will be analysed, using thematic analyses, along with responses from other participants to help us to understand sexual health needs and provision for young adults in Tehran. Your response will be anonymised, and only the researchers will have access to them. Although the final analysed results may be published, any data included will not be individually identifiable. If you wish, you may later receive a summary of results.

The data collected will be securely stored so that only the researcher will be able to gain access to it.

After the project is finished, the anonymised data will be stored in a repository and may be analysed by other researchers/will be publicly available as required by the government or journal.

## **Why me?**

You have been chosen because you have volunteered to take part in this study and you are a healthcare professional, living and working in Tehran, working with the target group whom we are studying.



## **What if participants have any questions?**

If you have any questions about our project, either now or in the future, please feel free to contact either:

Narges Sheikhsari ([ns493@exeter.ac.uk](mailto:ns493@exeter.ac.uk))

Or

Professor Charles Abraham ([c.abraham@exeret.ac.uk](mailto:c.abraham@exeret.ac.uk))

## **Complaints**

If you have any complaints about the way in which this study has been carried out, please contact the Chair of the University of Exeter Medical School Research Ethics Committee:

Ruth Garside, PhD

Chair of the UEMS Research Ethics Committee

Email: [uemsethics@exeter.ac.uk](mailto:uemsethics@exeter.ac.uk)

**This project has been reviewed and approved by the  
University of Exeter Medical School Research Ethics Committee**

### Appendix 4.3: Characteristics of the Interviewees

| Characteristics of the interviewees |     |        |  |   |  |                      |
|-------------------------------------|-----|--------|--|---|--|----------------------|
| Interviewee Number                  | Age | Gender | Job and Level of Education   | Managerial level  | Level of influence on policy-making and/or programme development   | District of Practice |
| 1                                   | 60  | Female | MD/OBGYN<br><br>University Professor<br><br>Advisor to WHO and UNFPA Iran<br><br>Vice President of Iranian society of OBGYN  | Ex-president of the largest OBGYN training hospital in Iran             | Highly influencing policies during 1997-2005<br><br>Currently advisor to international organisations in Iran | 7<br>Middle Class    |
| 2                                   | 57  | Male   | MD/Urologist   | Private practice only   | N/A  | 6<br>Middle Class    |
| 3                                   | 55  | Male   | GP/MPH<br><br>Ex Assistant director of department of health in Iran<br>University of Medical Sciences<br><br>Ex Director of HIV and STIs control programme in the Ministry of Health during 1997-2005. | Currently president of blood donation section in the Ministry of Health | The highest influencer during 1997-2005<br><br>Currently advisor to UNAIDS in Iran                           | N/A                  |

| Characteristics of the interviewees |     |        |  |  |   |                                     |
|-------------------------------------|-----|--------|--|--|---|-------------------------------------|
| Interviewee Number                  | Age | Gender | Job and Level of Education   | Managerial level   | Level of influence on policy-making and/or programme development  | District of Practice                |
| 4                                   | 60  | Female | MD/OBGYN<br><br>University associate professor   | Private practice only  | N/A   | 3<br>Upper Class/Upper Middle Class |
| 5                                   | 45  | Female | Masters in healthcare management<br><br>HIV expert in Iran<br>University of Medical Sciences | Delivers and co-designs HIV prevention programmes for high-risk population | Has moderate influence on designing HIV prevention programmes targeting high-risk population                            | N/A                                 |
| 6                                   | 42  | Female | PhD maternal health<br><br>Co-designer of pre-marriage classes materials                     | Co-designer of pre-marriage classes materials                              | No influence<br>Only designs material within the framework advised to her from higher level policy making organisations | N/A                                 |

| Characteristics of the interviewees |     |        |   |   |  |                      |
|-------------------------------------|-----|--------|---|---|--|----------------------|
| Interviewee Number                  | Age | Gender | Job and Level of Education  | Managerial level  | Level of influence on policy-making and/or programme development | District of Practice |
| 7                                   | 49  | Female | GP/MPH<br><br>Associate director of the north west Tehran health centre<br><br>Co-designs and supervises delivery of HIV prevention programmes aimed at students at school and university | Associate director of the north west Tehran health centre | Co- designs and supervises delivery of programmes only           | N/A                  |
| 8                                   | 55  | Female | MD/OBGYN<br><br>University associate professor  | Private practice only                                     | N/A  | 1<br>Upper class     |
| 9                                   | 47  | Female | MD/OBGYN  | Private practice only                                     | N/A  | 1<br>Upper class     |
| 10                                  | 48  | Female | MSc midwifery<br><br>Health consultant for HIV prevention programmes aimed at students at school and university   | N/A   | N/A  | N/A                  |

| Characteristics of the interviewees |     |        |  |   |  |                                 |
|-------------------------------------|-----|--------|--|---|--|---------------------------------|
| Interviewee Number                  | Age | Gender | Job and Level of Education   | Managerial level  | Level of influence on policy-making and/or programme development   | District of Practice            |
| 11                                  | 47  | Female | GP<br>Deputy manager of CDC in north western Tehran health centre<br><br>Co-creates policies for treatment and controlling of HIV in the Ministry of Health's CDC division | Deputy manager of CDC in north western Tehran health centre | Co-creates policies for treatment and controlling of HIV in the Ministry of Health's CDC division          | N/A                             |
| 12                                  | 44  | Female | MD/OBGYN   | Private practice only                                       | N/A  | 7<br>Middle class               |
| 13                                  | 42  | Male   | MD/Infectiologist<br><br>Head of HIV/STIs referral centre in a high-risk area  | Head of HIV/STIs referral centre in a high-risk area        | Provides the Ministry of Health with research around high-risk population STIs and HIV infection condition | N/A                             |
| 14                                  | 35  | Male   | BA Psychology<br><br>Psychologist at Centre for behavioural diseases   | N/A   | N/A  | Centre for behavioural diseases |

| Characteristics of the interviewees |     |        |   |                       |  |                                     |
|-------------------------------------|-----|--------|---|-----------------------|--|-------------------------------------|
| Interviewee Number                  | Age | Gender | Job and Level of Education  | Managerial level      | Level of influence on policy-making and/or programme development | District of Practice                |
| 15                                  | 30  | Female | MA Social working<br>Social worker at Centre for behavioural diseases | N/A                   | N/A  | Centre for behavioural diseases     |
| 16                                  | 55  | Female | MA Counselling<br>Counsellor at Centre for behavioural diseases       | N/A                   | N/A  | Centre for behavioural diseases     |
| 17                                  | 43  | Male   | MD/Psychiatrist   | Private practice only | N/A  | 3<br>Upper Class/Upper Middle Class |

#### **Appendix 4.4: Interview Protocol**

Interview Topic Guide for: “Healthcare professionals’ assessments of, and recommendations for, sexual health education and service provision for young people in Tehran”

1. I am going to ask you questions about sexual health education and training for young adults in Tehran. Do you also understand that I will audio record the interview and that you can refuse to answer any question and end the interview at any time? Do you wish to continue?
2. What is your area of expertise and how does it relate to sexual health education and sexual healthcare for young adults in Tehran?
3. How well educated do you think young adults in Tehran are in relation to sexual health (e.g., in relation to prevention of unwanted pregnancy and sexually transmitted infections)?
4. Are you aware of any common misconceptions or gaps in sexual health knowledge among young adults in Tehran?
  - a. Can you describe these?
5. How adequate/comprehensive do you think sexual health services are for young adults in Tehran?
6. Are you aware of any health problems arising from inadequacies in sexual health knowledge or services among young adults in Tehran?
7. How concerned do you think young adults are in Tehran are about unwanted pregnancy and/or sexually transmitted infections?
8. What do you think about available sexual health education for young adults in Tehran, including pre-marriage classes and university modules?

9. Do you think sexual health education in Tehran needs to be extended or changed?
  - a. If so, how?
  
10. What do you think about available sexual health services for young adults in Tehran?
  - a. Do you think these are known of and accessible to most young adults in Tehran?
  
11. Do you think sexually active young adults in Tehran are protecting themselves against sexually transmitted infections?
  - a. What protection do you think they use?
  
12. How confident and in control do you think a typical 18-15-year-old Tehranian is in managing sexual relationships?
  
13. Can you identify barriers to young adults seeking sexual health knowledge and/or sexual healthcare in Tehran?
  
14. Do you think sexual healthcare (including contraception pills, condoms, educational materials, visits to doctors, etc.) for young adults in Tehran is inexpensive or expensive?
  - a. Do you think the cost is justified?
  
15. What are your top five recommendations for improved sexual health education and training in Tehran?



16. Do you think a drop-in morning or afternoon workshop for young adults in Tehran on protection against sexually transmitted infections and unwanted pregnancy would be a good idea?

a. If such a workshop were to be run, what would you recommend as the top five content areas it should cover?

17. Would you be willing to advise further on the content of such a workshop?

18. Would you like to add anything further?

19. Is there anyone else working in this field in Tehran you would recommend we try to contact?

## **Appendix 4.5: 11 Main Themes**

1. Current Sexual Health Needs
2. Cultural and Social Barriers
3. Current Sexual Health Educational Provision
4. Limitations of Current Sexual Health Educational Provision
5. Informal Sexual Health Education and Their Limitations
6. Sexual Health Services for Young People
7. Barriers to Seeking Sexual Healthcare
8. Recommendations for Improved Sexual Health Education and Services in Tehran
9. Support for a New Workshop
10. Content Suggestions for a New Workshop
11. Workshop Delivery Suggestions

## **Appendix 4.6: Thematic Map**

Below, the main themes identified from the analyses are described and all sub-themes are listed. There were 11 themes and 28 sub-themes.

### **1. Current Sexual Health Needs** (two sub-themes)

*Increasing numbers of patients in Tehran diagnosed with various STIs, especially HPV and Genital Herpes were discussed. Interviewees inferred that these represented new and riskier sexual behaviour patterns. Some healthcare professionals were also concerned about unintended pregnancy worries amongst clients. Quotes were categorised into two sub-themes.*

- i. Increasing STIs Prevalence
- ii. Clients' Concerns About Unintended Pregnancy

### **2. Cultural and Social Barriers** (four sub-themes)

*A number of cultural and social barriers faced by young adults when accessing sexual health services were mentioned by interviewees. Participants highlighted the lack of legal support for individual sexual choices as a barrier to such services which reiterates social taboos and stigmas. Quotes were categorised into four sub-themes.*

- i. The Iranian Legal Context
- ii. Social Norms and Taboos
- iii. Gender Inequalities
- iv. Pre 2008 / 2013 Policy and Services

### **3. Current Sexual Health Educational Provision**

*Provision of sexual health interventions, including HIV awareness courses delivered in high schools and STIs awareness courses delivered in universities were discussed. These various programmes are not officially evaluated and the number of users/recipients is unknown.*

#### **4. Limitations of Current Sexual Health Educational Provision** (five sub-themes)

*Various limitations of the current sexual health provision were discussed by interviewees. These covered different areas, including organisational, political, and structural limitations. Quotes were categorised into five sub-themes.*

- i. Lack of Sexual Health Knowledge
- ii. Lack of Self and Relationship Management Skills
- iii. Pre-Marriage Provision
- iv. Organisational and Cultural Constraints on Improved SHRE
- v. Lack of Formal Evaluation of Programmes and Content

#### **5. Informal Sexual Health Education and Their Limitations** (two sub-themes)

*Healthcare professionals shared their opinion regarding young adults' sources of education. Quotes were categorised into two sub-themes.*

- i. Friends
- ii. The internet and social media

#### **6. Sexual Health Services for Young People** (two sub-themes)

*Sexual healthcare services offered by "Centre for Behavioural Diseases" were discussed by interviewees. Quotes were categorised into two sub-themes.*

- i. Services in Centre for Behavioural Diseases
- ii. Funding Limitations

#### **7. Barriers to Seeking Sexual Healthcare** (four sub-themes)

*Socioeconomic inequalities and expensive doctor visits were mentioned as major barriers to accessing sexual healthcare. Quotes were categorised into four sub-themes.*

- i. Lack of Publicity for Government Funded Sexual Healthcare Facilities
- ii. Costs
- iii. Inequalities in Sexual Health and Care Seeking
- iv. Distrust in Available Services

## **8. Recommendations for Improved Sexual Health Education and Services in Tehran** (two sub-themes)

*Interviewees recommended two main solutions to improve sexual health amongst young adults. Quotes were categorised into two sub-themes.*

- i. Creation of Official Sources of Information
- ii. Official School / University based SHRE

## **9. Support for a New Workshop**

*It was unanimously believed that an educational workshop/day course would be a beneficial intervention in the absence of officially provided SHRE.*

## **10. Content Suggestions for a New Workshop** (four sub-themes)

*Interviewees commented on headlines and subjects that need to be covered in a potential educational intervention (e.g.; a day course or a workshop). Quotes were categorised into four sub-themes.*

- i. Anatomy of Sexual Organs
- ii. Pregnancy Prevention, STIs Protection, and Condom Use
- iii. Provision of Contact Details for Available Sexual Healthcare
- iv. Self and Relationship Management Skills

## **11. Workshop Delivery Suggestions** (two sub-themes)

*Recommendations were provided on ways to deliver a workshop/day course. Quotes were categorised into two sub-themes.*

- i. Mixed or Single Gender Classes
- ii. Group Discussions and Q&A

#### **Appendix 4.7: Quotes grouped by themes and sub-themes**

Below all quotes extracted from the interviews are categorised into the identified themes and sub-themes. Overall, these quotes represented 80% of the text in the transcribed interviews. The number of quotes in each of the 11 themes was as follows:

Current Sexual Health Needs [9], Cultural and Social Barriers [31], Current Sexual Health Educational Provision [8], Limitations of Current Sexual Health Educational Provision [49], Informal Sexual Health Education and Their Limitations [27], Sexual Health Services for Young People [8], Barriers to Seeking Sexual Healthcare [26], Recommendations for Improved Sexual Health Education and Services in Tehran [16], Support for a New Workshop [12], Content Suggestions for a New Workshop [33], Workshop Delivery Suggestions [12].

The following annotation is used: Participant (P), Female (F), Male (M), General practitioner (GP), Obstetrician and gynaecologist (OBGYN), Infectiologist (INF), Psychiatrist (PSY), Urologist (URL), Private Practice (PP), University professor (UP), University Associate Professor (UAP), PhD (PhD), Master of public health (MPH), Masters (MS), Bachelors (BA), Medium managerial level (MML), High managerial level (HML), Moderate influence on policy making (MPI), High influence on policy making (HPI), practice located in High Income area (HI), and practice located in Middle Income area (MI).

## 1. Current Sexual Health Needs

Mainly in response to questions 3, 4, 6 and 7 from the interview protocol.

3. How well educated do you think young adults in Tehran are in relation to sexual health (e.g., in relation to prevention of unwanted pregnancy and sexually transmitted infections)?

4. Are you aware of any common misconceptions or gaps in sexual health knowledge among young adults in Tehran?

a. Can you describe these?

6. Are you aware of any health problems arising from inadequacies in sexual health knowledge or services among young adults in Tehran?

7. How concerned do you think young adults in Tehran are about unwanted pregnancy and/or sexually transmitted infections?

### 1i. Increased Number of STIs

*If I compare the present day to the past, I would say in the past 20 years, it is so obvious that number of patients with HPV has increased significantly and HPV has spread in a large scale, another STI that has become common and widely spread is genital herpes while it all could be prevented by using condoms and right education. There are vaccines for HPV but people and families need to get educated and encouraged to use it.... Unfortunately, now we are dealing with a wave of HIV infections from unprotected sex because there is no sexual education. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*10 or 15 years ago HPV wasn't this common, it existed but not this much. We used to see patients who had herpes here and there but it was really rare. But nowadays these 2 STIs have become really common. I mean among the patients that I visit daily that could be around 12 to 17 patients a day, in a week I might see 4-8 patients with HPV/Herpes. For instance, I would definitely tell a young girl who is 18 or 19 to get vaccinated for HPV. Before I didn't see much need for it, especially because it's expensive, but now I tell everyone. (P2, M,57, URL, PP, MC)*



*I've seen so many cases of HPV, not so many gonorrhoea cases but we have lots of cases of chlamydia. 20 years ago, no one would come to visit me for such STIs. It's crazy how many STIs cases we see nowadays. Seems like there is so much unprotected sex going on. (P4, F,60, OBGYN, UAP, PP, UM)*

*HPV is scarily on the rise. Some of our health centres' staff tell us that from every 2 or 3 patients 1 is HPV positive. It is among our young adults and teenagers in particular. (P6, F,42, PhD)*

*Nowadays HPV has become very common, so are herpes and vaginal infections, because multi partnership is more common (P9, F,47, OBGYN, PP, U)*

*Herpes and HIV specifically have grown rapidly. (P13, M,42, INF, HPI, HML)*

#### 1ii. Clients' Concerns About Unintended Pregnancy

*[They worry about it] Obviously because pregnancy is something the public will see and judge. (P4, F,60, OBGYN, UAP, PP, UM)*

*They are most concerned about unintended pregnancy and getting STIs would be the second if I want to put them in order. They might be afraid of what happens next and fear of the probable consequences. Yes, I'm pregnant and unmarried, now what should I do? (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*In my opinion if there's any concern, it is for pregnancy and not STIs. They are concerned about getting pregnant because they have no idea what they should do next. It's a big problem for them that they don't know how to solve. (P6, F,42, PhD)*

## 2. Cultural and Social Barriers

Mainly in response to questions 12 and 13 from the interview protocol.

12. How confident and in control do you think a typical 18-15-year-old Tehranian is in managing sexual relationships?

13. Can you identify barriers to young adults seeking sexual health knowledge and/or sexual healthcare in Tehran?

### 2i. The Iranian legal context

*There's no legal support [for young adults having sex out of marriage]. Pregnancy would become obvious gradually and should be dealt with so getting an abortion will become the person's only option and then it leads to a likely unsafe abortion that unfortunately happens a lot in Iran. Abortion is not legal in Iran unless mother's health is at risk or the foetus has a serious problem. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*Men are not like this [afraid of consequences of sex out of marriage] because society and the law are on their side. (P6, F,42, PhD)*

*[Commenting on reasons for fear of unintended pregnancy] Maybe because of our culture which is very male oriented. Another reason could be the lack of legal support for sex out of marriage. (P2, M,57, URL, PP, MC)*

*The health system is a barrier in itself. You visit a health centre and you're asked whether you're married or not. We all know sex out of marriage is illegal, if you go and lie and say yes, I am married, they want your husband's confirmation for providing you with IUD or tubectomy. If you say I'm not married, they won't give you the service, let alone they might be judgmental or might call the police. Why would a sane person put themselves in such a position of distress and humiliation? (P3, M,55, GP/MPH, HPI, HML)*

*If there was any legal support maybe they [young adults] could have overcome these situations. At least when you were in a difficult or unpleasant sexual relationship, you knew you could be supported by law. But our legal system does not recognise domestic violence as a thing and premarital sex is even worse to them. So, people just keep quiet and try to deal with it themselves. (P3, M,55, GP/MPH, HPI, HML)*

*Maybe if there was legal support and protection this fear [of unwanted pregnancy] would decrease. (P4, F,60, OBGYN, UAP, PP, UM)*

*We don't have any legal support for sex out of marriage and its consequences. Do you know how many cases of civil partnership we have now? I didn't see such a thing back then [when I first started working]. The thing that I see a lot nowadays is that couples live together without getting married, and one of their main issues is how to have a baby. I tell them to first go and see a lawyer to find out who will be the baby's legal guardian. I ask them not to have a baby before understanding this so that they don't put themselves and the baby under stress. (P4, F,60, OBGYN, UAP, PP, UM)*

*If a legal support system existed, we would have had to accept. For example, the person chooses to have sexual relationship before marriage which is punishable under the current law. So instead of legal support, there's a penalty. Therefore, in this situation you can't expect any authority to provide education for young adults [who are mostly unmarried]. (P5, F,45, MS, MPI, MML)*

## 2ii. Social Norms and Taboos

*It hasn't become normal in our culture for people to seek sexual healthcare for their sexual issues. (P10, F,48, MS)*

*Sex and its related matters are still a taboo here. Talking about it is yet to become normal. (P12, F,44, OBGYN, PP, MC)*

*Our society hasn't reached that level of insight that looks at this subject [sexual health] as a normal thing in their daily life that needs to be taken care of. The majority haven't reached that point. It is considered a taboo even by educated people. (P12, F,44, OBGYN, PP, MC)*

*This topic is a taboo, and that's why they [young adults] don't learn this stuff from parents. (P2, M,57, URL, PP, MC)*

*It is the society. For example, if you are HIV positive you can't convince anyone that you got it from a dentist visit or a tattoo artist. (P2, M,57, URL, PP, MC)*

*The word "Sex" itself is a taboo for us. (P5, F,45, MS, MPI, MML)*

*80% of the problems are cultural and caused by what society forces us to do against our human nature and preferences. It also has side effects, for example when a girl chooses to do things differently and has sex out of marriage, she will end up in my clinic for anxiety issues. "What if people know, what if I become pregnant, what if I get sick, what if my boyfriend won't marry me and chooses a virgin". See how lack of education and strong roots of social stigma and judgement ruin someone's life? (P17, M, 43, PSY, PP, UM)*

*[Reason for not visiting a doctor for sexual health reasons] Embarrassment because they think others might think of them badly. This fear and shame of being judged stops them from visiting a doctor. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*Sexual health and sexual issues are yet to become normal in families here in Iran, the fact that you need to take care of your sexual health. (P9, F,47, OBGYN, PP, U)*

### 2iii. Gender Inequalities

*In fact, women are really passive in their sexual lives and they actually let their sex partners tell them what they want and these women would accept it no matter what. Maybe because they are afraid of getting rejected or losing their partners. Yesterday this young lady came to visit me, she told me that she wants to have sex and I told her that there is no problem but never forget to use condoms because it protects you from STIs but she told me that her partner doesn't like to use it. I told her it doesn't matter if he doesn't like it, which one is the priority? Your health or his preference? But it was so obvious that she would choose her partner's preference over her health. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*We live in a male dominant society so in most cases it's the male's decisions that gets considered and men's needs are the main priority and if the woman resists it might turn to violence against herself. So, she has to give in. (P3, M,55, GP/MPH, HPI, HML)*

*Our women are used to saying "yes, sir" especially when they are in love or in a relationship, they give in easily. (P6, F,42, PhD)*

*When we ask women why they don't use condoms, they would tell us that my partner doesn't like to use them. (P15, F,30, MS)*

*In the case of women, they don't usually choose not to use condoms themselves. They might try to teach their partners about some behaviours or get along with them and see what is comfortable for them however it doesn't help much. Men feel they always know it all. (P17, M, 43, PSY, PP, UM)*

### 2iv. Pre 2008 / 2013 Policy and Services

*All services that sexual health centres provide used to be free. But after the recent policy aimed at increasing the population, they don't offer contraceptives and condoms for free anymore. Now the HIV trend is on the rise because they have stopped this service. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*We established an organisation for registering and reporting STIs and we also planned and encouraged discussions about HIV nationally. In fact, I was the main policymaker we used to get consultation and help from various professionals who were active in academic sectors with different backgrounds and fields of study. (P3, M,55, GP/MPH, HPI, HML)*

*For STIs our main duty was controlling the diseases with focus on HIV. We have another department in the Ministry of Health which is called the Education Department. Health education to be more precise. They are the ones who make most policies for information and communication. In that period of time which I believe was the golden era, the reform years, HIV used to be a taboo and a stigma and you couldn't talk about it comfortably, it was the same case for STIs. In this golden era the taboo was broken in a way that when I left my position after 10 years, they were discussing teams that would go to different areas of the city and provide free HIV tests for young adults. We are talking about the year 2006-7. Now it's all gone. (P3, M,55, GP/MPH, HPI, HML)*

*Talking about education, we came up with 5-minute teasers or 20-minute animations that had a specific funny character. It had 20 episodes with HIV prevention and safety tips as the main subject. It was broadcasted day and night on TV, the same TV that denies STIs exist today. Also, we released 2 books about what parents need to know about HIV prevention. I believe it was the first of its kind to make parents aware of such subjects. The book was published and was distributed only once, as we hit 2007 and it was removed from the market. I think it was a great combination with the TV teasers. Then we put forward the idea of having a step-by-step training in our schools with the Ministry of Education, we had many meetings and demanded all of these, however it never got executed. We asked them to start by educating elementary school kids about their bodies and then expand the subject. We even offered to provide them with some headlines and topics; however, the Ministry of Education went through some policy changes at that time and all our efforts got shut down. We had come up with some effective topics and headlines that were approved by all of us and with a language that wouldn't be offensive to anyone. (P3, M,55, GP/MPH, HPI, HML)*

*A council was formed immediately in the country. The president was the head of this council which was called "The High Council of AIDS", however the successor of President Khatami decided to dissolve the council and kind of reversed all President Khatami did. So, the council gave us the permission to build a clinic and pre-marriage classes were introduced. These 1-hour classes were about what contraception is or how long couples need to wait between pregnancies. STIs aren't currently part of the pre-marriage tests. It used to be in the reform years. I'm not sure why, but they stopped them. (P3, M,55, GP/MPH, HPI, HML)*

*We had places called "special consultation centres for vulnerable women". In fact, we meant sex workers. Sex workers from more deprived areas or those who work in streets. We used to try to attract these people, we managed to bring in 6000 to 7000 of them with 30 centres running in the whole country. Then we started research on the conditions of sex workers in Tehran for the first time. It never got published and became classified. Then we did the same thing in Shiraz, the thing that we insisted on in "special consultation centres for vulnerable women" was that you should accept the fact that we do have sex workers because if you ignore this fact, these people would continue their activities underground then you won't be able to get access to them. These people have to be accessible so that you can educate or treat them, we mentioned all of these in our instructions. We even created a booklet for sex workers without any logos and distributed it among them, there wasn't anything similar to it so that we could just translate. We learned from sex workers and then provided for them. We held focus group discussions about what these people went through, these were the information that we wrote and executed, and all of these happened step by step. After leaving that position, I have no idea how things are now, but everything kind of stopped and vanished after the Khatami era. I don't even know where the centre for vulnerable women is. Hard liners were the ones who didn't let it continue and they never will. (P3, M,55, GP/MPH, HPI, HML)*

*I can't see why we are doing it to our own people. 10 years ago, 15 years ago, the same people received the same care for free and with absolute respect and confidentiality. Now this is how it is. As if we go backwards instead of moving forwards. (P3, M,55, GP/MPH, HPI, HML)*

*In the past couples were encouraged to use permanent contraception methods such as vasectomy after having 2 kids however nowadays they just give a brief introduction for contraception methods but they don't encourage it anymore. (P3, M,55, GP/MPH, HPI, HML)*

*I used to teach the "Family Planning" module at university. The one that I used to teach was about methods of family planning like pregnancy prevention with a more open perspective on the subjects. It also covered common STIs.... Right now, if you go to any health centre you can get contraceptives or condoms, however under some conditions. Either you have to have a kid under the age of 2 or have 5 children or you should be 35 years old and have 3 children or you should be 40 years old and above or have a specific chronic disease. These conditions apply to all contraception methods including condoms. This is all after the policy to increase the population. Before that, this all was free. (P6, F,42, PhD)*

### **3. Current Sexual Health Educational Provision**

Mainly in response to question 8 from the interview protocol.

8. What do you think about available sexual health education for young adults in Tehran, including pre-marriage classes and university modules?

*From what I know in Iran there are specific centres under the supervision of the Ministry of Health, they offer pre-marriage classes. (P2, M,57, URL, PP, MC)*

*The main strategy of our National Strategic Plan is to educate and inform. We have target groups, each individual gets categorised into three groups of "high-risk", "at-risk", and "general population". So, we provide educational packages for each of these groups. These educational packages' contents are simple and comprehensible, it starts with how HIV is an infectious disease and how it gets transmitted, how it should be treated and how it can be prevented. Anyone who refers to health centres and asks for it, can receive this education. (P5, F,45, MS, MPI, MML)*



*We have a centre called “Youth Centre” that is under our control, we recruit high-risk and at-risk young adults there. It is developed by UNICEF’s “All in Project”. It is located in “Yaft Abad” which is a deprived area. When we started this “All in Project” there were only 5 countries that had started this project and we were the first one across the Middle East and EMRO area. Its public name is “Youth Health Centre”. 50% of its fund comes from UNICEF and the other 50% is supplied from the national budget. This programme teaches young adults about HIV. (P5, F,45, MS, MPI, MML)*

*We hold pre-marriage classes here. 2 hours of these classes are dedicated to sexual and pregnancy health. Around 90 minutes for ethics and religious rules, 45 minutes of legal rights, and 90 minutes is dedicated to psychology. (P6, F,42, PhD)*

*There are 9 centres that are being covered by us (Iran University of Medical Sciences). 4 of these centres are placed in Tehran and 5 in other cities. There are other universities that hold such classes like “Tehran University” or “Shahid Beheshti University”. “Tehran University” has 3 centres in general but “Shahid Beheshti University” has more centres than us; however I have no idea how many of these centres are placed in Tehran. They have 15 pre-marriage education centres. The classes are for free and are compulsory for anyone who wants to be married. They are single sex. (P6, F,42, PhD)*

*It is mostly around sexual organs and preparation for sex [in pre-marriage classes] unless they have other questions, at the end of classes, DICs (drop-in clinics) and our AIDS centres are introduced so that if anyone is interested, they refer to one of these places to get themselves tested. (P6, F,42, PhD)*

*If they [young adults] refer to us by themselves, they will be advised [about HIV]. We also send our teams to schools in order to educate them particularly in occasions like world AIDS week. Other than these occasions, it is not compulsory for our teams to go to schools and teach kids. (P7, F,49, GP/ MPH, HPI, HML)*

*Based on protocols that's been given to us, there is a plan called "Health Ambassadors". HIV is included in the contents that need to be taught in the "Health Ambassadors" programme so if it gets executed properly it would be great. We have to teach the trainers, and trainers will transfer this information to the students and based on the goal that the Ministry of Health team has set, trainers should choose and teach 10 percent of the students in each school to become Health Ambassadors themselves. We have provided different packages for different school levels in the "Health Ambassadors" programme, for example there's a package specifically made for elementary students, one for middle school students and one for high school; and our trainers should teach and educate students based on these packages. HIV has to be taught in Middle school and High school. At the university level we also have the "Health Ambassadors" scheme and HIV is more highlighted in this level, it also includes STIs other than HIV. (P7, F,49, GP/ MPH, HPI, HML)*

#### **4. Limitations of Current Sexual Health Educational Provision**

Mainly in response to questions 8, 9, 11 and 12 from the interview protocol.

8. What do you think about available sexual health education for young adults in Tehran, including pre-marriage classes and university modules?

9. Do you think sexual health education in Tehran needs to be extended or changed?

a. If so, how?

11. Do you think sexually active young adults in Tehran are protecting themselves against sexually transmitted infections?

a. What protection do you think they use?

12. How confident and in control do you think a typical 18-15-year-old Tehranian is in managing sexual relationships?

#### **4i. Lack of Sexual Health Knowledge**

*As you might already know there's no official education about this topic in schools and universities, the only education that exists around this matter is pre-marriage classes which I have no clue who holds it and who the educators are. (P4, F,60, OBGYN, UAP, PP, UM)*

*There's no official education around this topic in our schools. (P5, F,45, MS, MPI, MML)*

*So, there's no official education and it's the people themselves who are after learning. (P5, F,45, MS, MPI, MML)*

*We don't have any particular education in our schools and universities. (P6, F,42, PhD)*

*All I'm saying is if they know how to say "No" and how to manage their sexual life, they have learnt it all by themselves. There has never been any motivation or education for that. (P8, F,55, OBGYN, UAP, PP, U)*

*Most young adults who come to my clinic don't know even the most basic information.... So, their information isn't reliable and basically one of the common questions that I get is what contraception method should they use, and even sometimes it happens that they ask how they should have sex or what position is better to go with. They also almost don't know anything about STIs. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*Most of our referrals come here [Centre for Behavioural Diseases] for STIs testing, HIV specifically. Yet, they have no information whatsoever, regarding STIs or pregnancy or anything else related to their sexual and relationship health. (P16, F,55, MS)*

*There's definitely a need for education so that young adult sexual health is improved or actually fixed. I can see recently that morning after pills are getting used more and more. There are women that have been married for years and they don't know anything about it, however I see that it is getting more common among our young adults. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*During the time that I was in contact with students, which was for the campaigns that we had for HIV awareness, I learned that everyone is eager to learn; however, they don't know from where and how? Our problem is the lack of right sources of information. (P11, F,47, GP, HPI, HML)*

*I feel their knowledge is improving; however, it is not sufficient. For example, about their hormonal condition, sexual stuff, infections, transmission methods, and STIs, their knowledge has improved a lot; however, you can see a lot of incomplete information among them. Like they don't know all symptoms or all transmission methods, but they know some. (P8, F,55, OBGYN, UAP, PP, U)*

*They are not educated about this stuff at all. For instance, a patient who wants to get married, imagine this person is a 26, 27-year-old. They come and say I want to have sex with my wife, where should I put my penis? Then I have to draw it to explain it to him. Because men have a literally external genitalia, they don't have much question about it, but to explain the female body, I have to over explain everything. (P2, M,57, URL, PP, MC)*

*They need to get more educated but there aren't any official resources or courses. (P9, F,47, OBGYN, PP, U)*

#### 4ii. Lack of Self and Relationship Management Skills

*When I see young adults in our society, I can see that they have heard about HIV and they know about the transmission methods, but what is really interesting to me is that people have the knowledge but not the skill set to protect themselves. In fact, they only have information. (P5, F,45, MS, MPI, MML)*

*They don't have the skills to use condoms. They don't have the skills to say "No". (P5, F,45, MS, MPI, MML)*

*With all this being said, with absolutely zero official education, our youth are doing great. They have tried and found information for themselves as much as they could. But then you can see it's only information and no skills in cases like the current HIV transmission pattern shift. Currently, unprotected sex is unfortunately the main way of HIV transmission. So even if there is some information, there is no behaviour change behind it. (P5, F,45, MS, MPI, MML)*

*I think no one has the ability to manage their sexual relationships as they have never been taught or encouraged to do so. (P3, M,55, GP/MPH, HPI, HML)*

*I believe our young adults don't have the necessary skill sets to manage their sex lives at all, because they haven't been trained for it. (P5, F,45, MS, MPI, MML)*

#### 4iii. Pre-Marriage Provision

*Education that is offered before marriage is 2 sessions that are basically a few hours. Apparently, they are extending the hours; however, I'm not so sure about it. They have come to realise further education is needed so they are increasing the hours, because unfortunately the divorce rate is really high in Iran and they have gathered sexual relationship dissatisfaction is the main reason. However, in these classes they don't teach much so it's not sufficient [education]. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*I can say this without a doubt that 99% of them [those who have attended pre-marriage classes] have no idea that pre-ejaculatory fluid can lead to pregnancy. This should tell you how educated our young people are and how efficient pre-marriage classes are. (P16, F,55, MS)*

*Pre-marriage classes fail to work as they are redundant and useless. This is just sad really. (P10, F,48, MS)*

*These classes are better than nothing but are not really effective. They're short and not much necessary content is covered in them. Contraception methods are currently removed from those classes due to recent policies. Also, there is no evaluation of them. (P11, F,47, GP, HPI, HML)*

*I believe pre-marriage classes are useless and pretentious, they don't teach anything practical and useful. And it's not like they provide different methods for different people in accordance to their behaviour, they have a specific model, a structured plan that they follow. In my opinion it hasn't been effective. (P12, F,44, OBGYN, PP, MC)*

*I find the pre marriage classes absolutely absurd and useless. First problem is that these classes are in public so the person wouldn't feel comfortable enough to ask their questions. The second problem is that it is mandatory so it means the person "has to" attend this class. Another issue is the teachers. It doesn't matter if the teacher has one class or 20 classes a day or even no classes, they get the same salary. If these classes were operated by the private sector, the teachers had more income if they did their job better or got more clients and things would be different. It is also not the right time, couples are busy and under stress for their wedding but have to mandatorily come and sit these classes with no enthusiasm, and because the age of marriage has increased these people already have some information from before, they may have received it online or from friends and God knows how much of it is wrong, they have lived their sexual life based on that information so the damage might be already done. So, it is too late for these classes. (P3, M,55, GP/MPH, HPI, HML)*

*It might be effective for dumb people. The package is completely standardised and specified. You are not allowed to say anything out of the specified framework. I don't have much information about pre-marriage medical tests, I just know that they are told about HIV and will be asked to get themselves tested if they want to, however we don't have a full STIs test before marriage. The information provided [in pre-marriage classes] is so minimal that makes the whole thing so useless. (P5, F,45, MS, MPI, MML)*

*Some changes have been made to pre-marriage classes. Nowadays they have added subjects like rights, sharia laws, and ethics, so in total it is 6 hours. But they have omitted contraception methods because of the increasing population policy. The classes were never effective, but now they are officially useless. (P7, F,49, GP/ MPH, HPI, HML)*

*The only thing that I'm sure about its existence is the compulsory pre-marriage classes which are for free, so every couple that decides to get married should pass these classes. Although I don't think these classes are effective at all. (P8, F,55, OBGYN, UAP, PP, U)*

*The classes that are being held are only for a few hours. You can't get to the roots of a problem that is embedded in our culture in just a few hours. It may have some effects and could be a trigger and might push them to care more about their sexual health however it can't change the culture. (P9, F,47, OBGYN, PP, U)*

*I never see a difference between my married and unmarried patients in terms of sexual health knowledge or safer sexual behaviour. That can mean that these classes are probably nonsense. I haven't gone to these classes to check what they teach. Such classes should take place way earlier than that. Someone might want to get married at the age of 40. They will experience and do things without knowing what's the right thing to do. (P13, M,42, INF, HPI, HML)*

#### 4iv. Organisational and Cultural Constraints on Improved SHRE

*2 years ago, we had a project called "prevention of risky behaviours in young adults", in this project a questionnaire was provided by the Ministry of Health and we were supposed to give it out to 1200 students in north-west of Tehran because there are so many universities in that area. At first, while giving the questionnaires to the students we told them that we don't need any names or ID numbers, please just fill it in with honesty. Then an investigator from the Ministry of Health said that who knows, maybe you have faked all responses, you have to give us at least an ID number or a phone number. So, except the first 200 questionnaires that were filled in with honesty and contained reliable data, the other 1000 questionnaires were filled in by people who never had a girlfriend or boyfriend or never used drugs or even never smoked hookah, which is obviously impossible. They were all so innocent that none of them had ever watched porn on the internet, imagine that. I was like this project has already failed. You can't get a reliable result when the students feel that there's a little chance that they might get caught if they give out their identity. Because you can't tell people you will contract HIV through unprotected sex and then interrogate them in surveys with names and ID numbers whether you have had unprotected sex. Things don't work that way. (P10, F,48, MS)*

*High schools are restricted. Ministry of Education doesn't give permission for any action [regarding sexual health education]. Imagine kids in the first or second year of high school or even middle school, they are curious and full of questions with lots of issues but there's no health trainer or counsellor to help them out. (P10, F,48, MS)*

*Some schools that are in affluent areas of the city might have counsellors, however these counsellors only encourage students to study more. Which means they only bring educational counsellors and behavioural counselling is not their priority. So, there is literally no education. They don't care that kids have questions about their puberty, behaviours, and emotions. They pretend that it doesn't exist. (P10, F,48, MS)*

*Right now, we are planning to educate students about puberty in schools and they have already given us a few red lines that we shouldn't cross. (P10, F,48, MS)*

*You can't ask someone not to do this or that, you have to tell them about the consequences of what they do. Right now, if we have somehow managed to be successful against HIV is all because we talked about it, in the past we couldn't talk about it openly and we could only mention it in some specific places within the ministry. Then they found out that it doesn't work like that, you have to go out there and tell people the truth. (P10, F,48, MS)*

*We do have health ambassadors but unfortunately there's no platform for them to do their job, so to be honest it's just to show off. At first kids would be like "one will get a certificate" so they would be eager to participate but after going through all the training they would be like "why would I get myself into so much trouble". I asked so many of these ambassadors – that came here after their training – about their activities but no one has given me a report yet. However, there might be some university students who are really interested but are too embarrassed or even scared to do anything at their universities because people would talk behind their back or label them. (P10, F,48, MS)*



*The concern of our colleagues in the Ministry of Education was the parents of students not being prepared for such things, they would say you should start with the parents first; and the explanation to their hypothesis was that imagine you teach something in a class let's say condoms, when the student goes back home and tells their parents that today they had discussions and learned about condoms, because parents aren't ready, this would create conflict between parents and the schools. This is what concerned the Ministry of Education the most at the time. They would say it's not possible to start teaching kids before preparing parents. So, the whole thing didn't go forward. Even now in Tehran you can see that people's priorities are diabetes or blood pressure instead of HPV. We have an almost young society however just look at the trends of our society, you see adverts related to blood sugar or blood pressure and no messages related to HPV, why? Because of the stigma that exists about these subjects, you can't talk about it openly and comfortably as you do about blood pressure. In schools if they decide to bring in a health speaker, they would never ask them to talk about HPV, they want them to talk about nutrition or brushing your teeth. (P3, M,55, GP/MPH, HPI, HML)*

*Another issue is the stigma that is around HIV, even the person that teaches about it thinks of it as a taboo; it is true that this person has read the package contents, but they are still not ready to teach it to others. Our almost non-existent training programmes are not effective because the teachers haven't been trained and our Ministry of Education is close-minded. It is obvious that by using teachers who aren't updated and don't have the necessary skill sets to deal with students, any programme to educate young adults would be doomed to fail. Then young adults won't learn to protect themselves. (P5, F,45, MS, MPI, MML)*

*Now we can't really teach about pregnancy prevention because these [pre-marriage] classes are under surveillance and we have to talk and teach in line with the population increase policy. (P6, F,42, PhD)*

*It all depends on each health staff; some might be interested to go and teach on regular days and some don't feel like doing it, especially for private schools. I believe one of our main weaknesses is this, because health teachers' salaries do not include HIV education so the teachers don't feel motivated to go and teach and they prefer to spend their time in health centres instead. On the other hand, we don't have enough manpower to cover all schools so what happens is we have to prioritise. Some schools get the education and some won't so we can't claim that everyone is getting the HIV education. (P7, F,49, GP/ MPH, HPI, HML)*

*We don't have enough budget in order to set up as many centres as possible with enough trainers and experts. (P7, F,49, GP/ MPH, HPI, HML)*

*Our education system doesn't let us go to schools to educate students about this stuff, the reason they give us is that the parents might complain about why did you tell this stuff to our naive children? They hadn't heard about this before! (P15, F,30, MS)*

*Most of the decisions regarding this age group are being made by people who are from other generations and might not understand their issues in full capacity, so we need to communicate with them [young adults] to understand their real problems. (P10, F,48, MS)*

*What I am trying to say is that these people are not stupid. The problem is that we as legislators and policymakers who are in charge of education are underestimating these people. The content of what we teach is not even at the level of the comprehension of the rural kids, let alone others. We act so basic and we think we are doing a very good job. Education policymakers and execution of educational legislations and planning for students are not up to date at all. This is my conclusion from what I've seen during all this time that I'm working. This means legislators and educators are not up to date. (P11, F,47, GP, HPI, HML)*

*Officials and the society are 2 separate groups in this matter which means there's a huge gap between the people and the official organisations. (P5, F,45, MS, MPI, MML)*

#### 4vi. Lack of Formal Evaluation of Programmes and Content

*No official evaluation has been done to see how effective these classes [pre-marriage] are. So, it's a broken cycle being constantly repeated. (P3, M,55, GP/MPH, HPI, HML)*

*There's also no evaluation or appraisal. They've only kept doing it [pre-marriage classes] for the past 10 years or so. (P5, F,45, MS, MPI, MML)*

*Our monitoring covers different areas. A part is checking the teaching methods and a part is checking the quality of venue and educational tools used, and finally checking the quality of information with a series of questions. After these classes we don't have any access to the couples to observe the effectiveness of these classes so our only way is to see if they were satisfied with the classes or not right after it. We ask a few questions to see if they think the education that they got was good and sufficient; however, to determine the real outcome of these classes we haven't had any access to any of them afterwards and unfortunately no research has been done about it and all we've done was "post testing" at best. This can't be a real evaluation. (P6, F,42, PhD)*

*We just educate them [in pre-marriage classes] but evaluation is not something we have ever done. (P7, F,49, GP/ MPH, HPI, HML)*

*We have only opened centres for behavioural diseases but we have never assessed how many people know of these centres or refer to them on a monthly basis. (P11, F,47, GP, HPI, HML)*

*Also, there is no evaluation of them [pre-marriage classes]. It would be awesome if someone would come and do an evaluation to see what issues these couples have faced after a few years of passing these classes? And how have they managed to solve them? (P11, F,47, GP, HPI, HML)*

## 5. Informal Sexual Health Education and Their Limitations

Mainly in response to questions 3 and 8 from the interview protocol.

3. How well educated do you think young adults in Tehran are in relation to sexual health (e.g., in relation to prevention of unwanted pregnancy and sexually transmitted infections)?

8. What do you think about available sexual health education for young adults in Tehran, including pre-marriage classes and university modules?

### 5i. Friends

*Young adults know some stuff but not much, and they have learned it from their friends. They only use withdrawal. They only do it because their friends do it. (P2, M,57, URL, PP, MC)*

*When there's a problem people usually first look for a solution from the people they know and if it doesn't get resolved they refer to us as a last resort. They first ask their friends. (P17, M, 43, PSY, PP, UM)*

*They find out about us [Centre for Behavioural Diseases] from friends or peer groups. (P14, M,35, BA)*

*They have heard and learned about contraception methods from others and those others have heard it from other people as well. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*They talk to their friends about it [their sexual health issues]. (P2, M,57, URL, PP, MC)*

*They receive education and information from other sources. Like their friends. (P5, F,45, MS, MPI, MML)*

*Most of the information they get is from friends and word of mouth. Actually, our young adults are discovering things on their own. They're not so well educated. (P2, M,57, URL, PP, MC)*

## 5ii. The internet and social media

*Kids who are embarrassed to ask their questions from grown-ups would reach out to social media to get their answers. (P10, F,48, MS)*

*There is an increasing use of the internet and social media; and it has contributed to people's sexual knowledge to an extent, however it doesn't mean their knowledge is correct. (P13, M,42, INF, HPI, HML)*

*Nowadays our young generation rely on social media. (P3, M,55, GP/MPH, HPI, HML)*

*Their main source of information is definitely the internet. (P4, F,60, OBGYN, UAP, PP, UM)*

*The internet. Like social media and online forums. (P5, F,45, MS, MPI, MML)*

*All the information is on social media. They will learn where they can find the most reliable information. They will learn it like all the other things they do. The society is helping itself with no official support. (P5, F,45, MS, MPI, MML)*

*The general population is getting itself educated by using social media. (P5, F,45, MS, MPI, MML)*

*Nowadays almost everyone has access to some kind of information thanks to the internet, however you can't distinguish right information from wrong information. I think our young adults get their needed information from the internet and therefore the reliability of the information they receive is an issue. (P7, F,49, GP/MPH, HPI, HML)*

*Almost all my patients google their questions. (P13, M,42, INF, HPI, HML)*

*We live in the age of WhatsApp and Instagram. If you as a mother don't inform your kid, she/he would go and get all sorts of wrong and unreliable information on Instagram. (P15, F,30, MS)*

*People turn to Instagram and Telegram to learn absolutely unreliable stuff. (P17, M, 43, PSY, PP, UM)*

*No one knows that many of these information is wrong and the interesting part is that the websites that provide false information are more attractive and know how to get the attention of users by focusing on the action of sex not sexual health. Especially with most contents being blocked. Blocked contents create more curiosity, the youth want to know what is this secret that is blocked. (P10, F,48, MS)*

*They mostly use online resources and since not all the online data can be reliable, this has become troublesome. (P12, F,44, OBGYN, PP, MC)*

*Social media has its pros and cons. You are exposed to right information and the wrong ones and you can't ask questions. You see something and some questions will pop up into your mind. It is one-sided and you can't distinguish the right information from wrong ones. (P3, M,55, GP/MPH, HPI, HML)*

*But then the internet is like an ocean, anything could be found in it and many sources of information could be unreliable or misleading. (P4, F,60, OBGYN, UAP, PP, UM)*

*God knows how reliable the information is that I would find by myself, either online or elsewhere. (P5, F,45, MS, MPI, MML)*

*Considering social media, I think the amount of false information that they get is much more than the right ones. (P6, F,42, PhD)*

*Right now, social media is contributing to misconceptions. If only they could put some sort of control over these [Telegram] channels we wouldn't have this much false information among our youth. (P6, F,42, PhD)*

*How much of this information [online resources] is reliable? How much of it is true and how much of it helps their decision making about their health and relationships? It all depends on luck. (P16, F,55, MS)*

*Also, the internet has had both positive and negative effects. The positive effect is that they have access to educational videos on YouTube. People can learn things from it; however, the negative effect of the internet is the incomplete knowledge of STIs and the fear that comes with it. There is so much unreliable information on STIs and we have patients coming to us in fear because they think that random rash is now an HPV symptom. And they won't believe us when we assure them it's a simple rash or allergic reaction. They keep saying but google told me this is a serious illness. (P2, M,57, URL, PP, MC)*

## **6. Sexual Health Services for Young People**

Mainly in response to questions 5 and 10 from the interview protocol.

5. How adequate/comprehensive do you think sexual health services are for young adults in Tehran?

10. What do you think about available sexual health services for young adults in Tehran?

- a. Do you think these are known of and accessible to most young adults in Tehran?

### 6i. Services in Centre for Behavioural Diseases

*Other than counselling, free HIV tests are provided to them; however other STI tests are not included. Here I give MSMs couple therapy or individual therapy. (P14, M,35, BA)*

*Here we give them free condoms. Our services are free for everyone, but all we ever see is super high-risk population, like low end male or female sex workers. High end female sex workers go to our other centre, which is designed for them only. (P14, M,35, BA)*

*There is not much use in them [Centre for Behavioural Diseases] for the general population, mostly high-risk people attend them. (P11, F,47, GP, HPI, HML)*

*When people come here to get tested, they first go through a counselling session and then we test them for HIV based on the risky behaviours they've told us about during that process. We take HIV rapid tests however our main focus is on counselling. Our counselling process works like this: the person refers here and tells us that he/she has had unprotected sex. Either with a sex worker or a partner. Based on this information, we can tell if getting tested is necessary or not. If they used condoms every time they had sex then these people don't need to get tested; however if they had unprotected sex even once, we will take the test. So, it goes like this: have you ever had unprotected sex? If yes, you need to take the rapid test. Or sometimes the person comes here and tells us that I shared a needle with someone else, whether it was for using drugs or injecting hormones in the gym, these people are considered as high-risk, it goes the same with children with HIV positive parents. If the result of the rapid test comes out positive, they are sent for further clinical tests. We only do HIV tests here and other STIs are not screened in this centre. People will need to go to a specialist if they have other STIs symptoms. (P15, F,30, MS)*

*The Centre for Behavioural Diseases doesn't do much [for the general population], because it has become kind of exclusive to high-risk people. (P10, F,48, MS)*

#### 6ii. Funding Limitations

*Health budget is mostly focused on high-risk groups. For the general population there have not been much done in terms of sexual health. (P7, F,49, GP/ MPH, HPI, HML)*

*Unfortunately, at the moment all of our sexual health services, which are limited compared to the other countries, are only tailored for the high-risk groups. (P14, M,35, BA)*



*If a person is a sex worker our health centres would provide them with free condoms, however the general population should pay for it and there are some people who might not have anything to eat then imagine they should pay 30000 Tomans (around 2 pounds) for a package of condoms that they don't know if it is of good quality or not, so they would ignore it. Therefore, it is expensive for everyone unless you are a sex worker. We should beg our sex workers to take free condoms and use them. But for regular people, they come and beg us for condoms and we can't give them anything, as we are told not to. (P6, F,42, PhD)*

## **7. Barriers to Seeking Sexual Healthcare**

Mainly in response to questions 5,10,13 and 14 from the interview protocol.

5. How adequate/comprehensive do you think sexual health services are for young adults in Tehran?

10. What do you think about available sexual health services for young adults in Tehran?

- a. Do you think these are known of and accessible to most young adults in Tehran?

13. Can you identify barriers to young adults seeking sexual health knowledge and/or sexual healthcare in Tehran?

14. Do you think sexual healthcare (including contraception pills, condoms, educational materials, visits to doctors, etc.) for young adults in Tehran is inexpensive or expensive?

### 7i. Lack of Publicity for Government Funded Sexual Healthcare Facilities

*Maybe 10% know of such places. And those are the ones who've studied health sciences or medicine as they kind of are in related fields. There is a budget dedicated to the "Centre for Behavioural Diseases" but no one knows where it is and therefore it's become a centre for high-risk people. I think mostly sex workers would refer to these centres. (P6, F,42, PhD)*

*There are health centres but the biggest problem is that unfortunately almost no one is aware that these facilities exist. In other words, there's no publicity and promotion for these facilities. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*Regarding sexual healthcare facilities, there might be some centres but I don't know about them. (P12, F,44, OBGYN, PP, MC)*

*They say these centres exist; however even I as a doctor don't know where they are, let alone the regular citizens. (P4, F,60, OBGYN, UAP, PP, UM)*

*They are not publicised, as I said earlier, if someone wants to find something they will, otherwise there is no direct advertisement for such centres. (P5, F,45, MS, MPI, MML)*

*Your workshop could be a starting point to make such centres public, as there's never been any advertisement for them. (P7, F,49, GP/ MPH, HPI, HML)*

*I don't know maybe there are places; however, they don't really encourage people to refer to them. There is no advertisement or anything. (P8, F,55, OBGYN, UAP, PP, U)*

*Unfortunately, the general population doesn't know about us [the Centre for Behavioural Diseases], so we don't see many regular people here. (P14, M,35, BA)*

*So many people don't know about our centre [Centre for Behavioural Diseases]. (P15, F,30, MS)*

## 7ii. Costs

*Unfortunately, the truth is visiting a doctor is expensive. I believe sexual health and education should be free. I believe all contraception methods should be offered for free to everyone, just like before. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*It [sexual healthcare] must be offered for free. Now the prices are really high and it is expensive. (P2, M,57, URL, PP, MC)*

*I believe it all depends on the socioeconomic levels of each individual; however, I think people are now more willing to spend to protect themselves compared to ten years ago. And I believe the cost is more justified to them than before. But still so many people might not be able to afford it. We have no statistics of how many people buy contraceptives regardless of the costs. (P3, M,55, GP/MPH, HPI, HML)*

*To be honest contraceptives and condoms are cheap in comparison to other stuff, but do people prioritise it to food and other commodities? I don't think so! (P4, F,60, OBGYN, UAP, PP, UM)*

*Yes, it is costly. Not so many can afford it. For example, a young girl who doesn't have a job and gets pocket money from her parents should pay around 250000 Tomans (around 15 pounds) for these tests. HIV tests are really expensive. In general, the tests that we ask our patients to have such as VDRL, HIV or Hepatitis C are very expensive. (P4, F,60, OBGYN, UAP, PP, UM)*

*The cost [for sexual healthcare and contraceptives] is unreasonably expensive. (P8, F,55, OBGYN, UAP, PP, U)*

*They are [sexual healthcare and contraceptives] relatively expensive, especially in the current economic situation. (P9, F,47, OBGYN, PP, U)*

*Those who can afford it, refer to private clinics and doctors, and receive all care needed, at times even illegally, like abortion. Those who can't, the absolute majority, suffer in silence. (P3, M,55, GP/MPH, HPI, HML)*

*Expenses are the main barrier to seeking sexual healthcare and contraception. Not everyone is affluent and people would rather prioritise their other needs to sexual healthcare or condoms. (P7, F,49, GP/MPH, HPI, HML)*

*Healthcare in general is really expensive nowadays and since there are no government funded sexual health clinics, or maybe there are and no one knows about them, people have to see private doctors and that is really expensive. (P8, F,55, OBGYN, UAP, PP, U)*

### 7iii. Inequalities in Sexual Health and Care Seeking

*Now that this taboo [sexual matters] is broken [for affluent people], people's knowledge has increased. Although as I said earlier, it is still a taboo for poor people. For those who struggle financially it still is a taboo. This is kind of a gap of its own, because the socioeconomics have grown people so apart that even in their cultural and personal beliefs the affluent are so progressive and different. (P4, F,60, OBGYN, UAP, PP, UM)*

*One reason [for not visiting doctors] is embarrassment for lower class citizens, as sex amongst them is still a taboo. And then it is cost of sexual healthcare, again for the same social class. I don't think affluent citizens face any barriers. (P4, F,60, OBGYN, UAP, PP, UM)*

*It all depends on their social class and their education level [whether they're sexually educated or not]. People who are well educated and are from upper classes have a better condition. However, from what I see people in deprived areas don't have much information compared to the affluent ones. Therefore, I believe people who live in more deprived areas of Tehran have less knowledge. It is right that they have access to the internet and cell phones, but maybe they don't refer to the right sources. (P8, F,55, OBGYN, UAP, PP, U)*

*We are in an affluent area of Tehran, so normally I would expect people who refer to us to have a better level of knowledge in sexual health. They do have more knowledge in comparison to those who live in deprived areas. (P9, F,47, OBGYN, PP, U)*

#### 7iv. Distrust in Available Services

*And those who want to learn don't trust us. We are not trustworthy in their eyes. Unfortunately, our health system hasn't managed to introduce itself to all levels of society with a good impression. Now look at the whole country and you wouldn't find even one high school student that would refer to us to ask their sexual questions. They wouldn't. Because we still haven't managed to gain their trust and make them aware of our full range of services. There is no trust, that's why if you are a university or high school student and have an issue or even want to have a sexual relationship you wouldn't refer to a doctor like me and say: I want to have sex with my partner, what should I do? You would Google it. (P11, F,47, GP, HPI, HML)*

*Also, they don't trust these services [Centre for Behavioural Diseases], they don't trust them being confidential and non-judgmental. It means people find the internet and their friends as trusted sources instead of us. That's sad, but once we have lost this trust, we can't gain it back so easily. We never had that trust in the first place, so I really don't blame people for not trusting us. (P11, F,47, GP, HPI, HML)*

*We can't communicate or gain the trust of our young adults who are at risk of getting STIs as long as we carry an official name and logo with us because officials have failed to gain society's trust. Because we don't approve and accept different groups that live within this society. .... I even once mentioned it in a national committee meeting that students can't trust their teachers. Because they are scared that they would tell their parents or even other teachers. Our young adults are interested in getting educated, they have a lot of questions. However, they don't find someone who they can fully trust to ask these questions from. (P5, F,45, MS, MPI, MML)*

## **8. Recommendations for Improved Sexual Health Education and Services in Tehran**

Mainly in response to questions 9 and 15 from the interview protocol.

9. Do you think sexual health education in Tehran needs to be extended or changed?

a. If so, how?

15. What are your top five recommendations for improved sexual health education and training in Tehran?

### 8i. Creation of Official Sources of Information

*Our general population is getting wrong information from unreliable sources online, however, we can change that by guiding them to use reliable sources. We can provide reliable information sources online, so that we can encourage them to go to these websites and learn about things anonymously and privately. (P14, M,35, BA)*

*I believe the Ministry of Health or Education should start a serious educational or awareness raising campaign and they have to provide websites or (Telegram) channels to educate people about sexual health. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*This is where the policymakers need to step in, they don't want face-to-face communication about sex? Fine, tell our children what online source is reliable and educative and they will find the way. (P4, F,60, OBGYN, UAP, PP, UM)*

*I really believe in social media and the internet. I would have developed reliable sources on social media and the internet. I would have introduced reliable online sources to young people and would have asked them to go learn things there confidentially and comfortably. (P5, F,45, MS, MPI, MML)*

*Young adults constantly search and find a variety of sources of information. We need to at least tell them about reliable sources. (P11, F,47, GP, HPI, HML)*

## 8ii. Official School / University based SHRE

*I believe this education needs to be started gradually from the end of elementary school and the beginning of high school years in all classes. Pre-marriage is just too late. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*If I was in charge of this country's education planning, I would choose pre-school and elementary school to start teaching about sexual health. (P17, M, 43, PSY, PP, UM)*

*If I was in charge of policy making and education planning, I would start a sexual health course in schools. I would start it from age 10. When it becomes part of the curricula, exams will be taken and level of knowledge would be examined so if there's any gap in the education or communication method, it can be worked on. I would have included a chapter on consent and importance of sexual choices being a private issue that no one can judge or critique. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*We need to find a solution so that we can start the [sexual health] education from high school level. (P10, F,48, MS)*

*In my opinion it all should start in school. If they learn this information, they can be saved from so many diseases such as HPV and herpes. (P2, M,57, URL, PP, MC)*

*It should start from high school. I believe kids need to be educated from the age of 12 or 13. For sexual organs and anatomy I would start then and later in high school I would move to sexual hygiene and sexual health and self-care. (P4, F,60, OBGYN, UAP, PP, UM)*

*We need serious and rigorous sexual health education right after elementary school. We need to teach them a comprehensive course and let them ask all their questions. But I'm not the one who sets policies, unfortunately. (P5, F,45, MS, MPI, MML)*

*Sexual health education should start at elementary school and before they hit puberty. I believe sexual health is a priority. (P9, F,47, OBGYN, PP, U)*

*If I were a legislator, I would start it from elementary school. SHRE should be given to elementary school students so that they learn things from a young age and learn to live with it. I think our educational system is way out of date. Teachers haven't been trained about this stuff so children can't talk to them or ask them even about puberty. (P6, F,42, PhD)*

*It would be effective if it was an early and continuous education because a single session is not effective enough to change one's behaviour and form of thinking, if we want it to be effective it should be continuous and ongoing. We are in need of public health and sexual health specialists to take over this role. (P6, F,42, PhD)*

*It should start from elementary school. Considering the increasing number of sexual abuse and child molestation cases, I think we have to teach our children about their personal privacy and how much they should let a stranger get close to them, I would start teaching this stuff very early. Then I would teach them about how they can protect themselves, differences between male and female bodies so that they don't think of the opposite sex as something scary and alien. I believe elementary school is the best time to start educating kids, however it should be in accordance to their age. I think it should get started in elementary school and then be continued until university. (P8, F,55, OBGYN, UAP, PP, U)*

## **9. Support for a New Workshop**

Mainly in response to question 16 from the interview protocol.

16. Do you think a drop-in morning or afternoon workshop for young adults in Tehran on protection against sexually transmitted infections and unwanted pregnancy would be a good idea?

- a. If such a workshop were to be run, what would you recommend as the top five content areas it should cover?

*Everyone's been waiting for such a thing to happen. They will show interest. (P3, M,55, GP/MPH, HPI, HML)*



*They're craving such a thing. If anyone knows there is such a workshop going on, they will come running. (P5, F,45, MS, MPI, MML)*

*Honestly, I think everyone would love to attend such a workshop. There are no alternatives. This is like fresh air, a new idea. Something they have really wanted for so long. (P6, F,42, PhD)*

*Everyone would love free extra information. I see no barrier to it whatsoever. They will learn about sexual health and they will receive information for sexual health centres. It's free and it's educative, this can't get better. (P7, F,49, GP/MPH, HPI, HML)*

*I think it's a great idea. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*That would be cool. (P11, F,47, GP, HPI, HML)*

*Oh yes, anything is good as there is no other alternative. (P4, F,60, OBGYN, UAP, PP, UM)*

*It would be great. (P7, F,49, GP/MPH, HPI, HML)*

*Yes, although 2 hours is not enough, it could be a good start. (P13, M,42, INF, HPI, HML)*

*Yes, it sure is [helpful]. Any reliable education in our country's current situation, where there is absolutely no education, is good in my opinion. (P14, M,35, BA)*

*Based on what we see here, yes, definitely would be helpful. (P15, F,30, MS)*

## 10. Content Suggestions for a New Workshop

Mainly in response to question 16 from the interview protocol.

16. Do you think a drop-in morning or afternoon workshop for young adults in Tehran on protection against sexually transmitted infections and unwanted pregnancy would be a good idea?

- a. If such a workshop were to be run, what would you recommend as the top five content areas it should cover?

### 10i. Anatomy of Sexual Organs

*The first thing that definitely needs to be taught is the anatomy of sexual organs. I would explain it in a way that is simple and easy to understand. They should learn about what happens during sex and how pregnancy happens. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*One of the things that I would teach about in the workshop would be sexual organs. (P15, F,30, MS)*

*First should be sexual organs. (P2, M,57, URL, PP, MC)*

*Sexual organs and anatomy. (P3, M,55, GP/MPH, HPI, HML)*

*[Sexual] Anatomy. (P5, F,45, MS, MPI, MML)*

*Sexual organs and anatomy. Puberty and body changes, periods, importance of having them regularly, and importance of missing periods; and therefore visiting a doctor for it. (P9, F,47, OBGYN, PP, U)*

*They should learn and get familiar with their sexual organs. (P17, M, 43, PSY, PP, UM)*

## 10ii. Pregnancy Prevention, STIs Protection, and Condom Use

*How conception happens, how to aid or avoid it, how to keep healthy against STIs, and should that happen, who to go to and how to fix things. What STIs are out there and how are each transmitted. What treatment options or protection methods are available and why it is so important to buy, carry, and use condoms. (P16, F,55, MS)*

*I would teach them about sexual health, STIs symptoms and transition methods. (P15, F,30, MS)*

*STIs are issues related to sexual relationships, therefore they need to learn about them. (P1, F,60, OBGYN, UP, HPI, HML, MC)*

*I would teach them about protection against STIs and contraception methods, and also about different STIs and their transmission methods. (P14, M,35, BA)*

*So, the content would be STIs symptoms and prevention and pregnancy prevention. (P10, F,48, MS)*

*STIs and contraception. Because these are the real basic and important ones if you only have 2-3 hours. (P6, F,42, PhD)*

*I would definitely teach them about STIs. I would teach them about having a healthy and protected sexual relationship. I would teach them about the protection methods, then I would talk about their concerns and problems that they might face; and I would explain what they should do next if something happens while they were under the influence of some drugs or have unprotected sex. If they were at risk, what they should do to reduce the damage or stop it from escalating. Couples need to learn about contraception methods together. I think having a general and comprehensive knowledge about contraception methods would be helpful. Then they can choose what method is best for them to choose. (P11, F,47, GP, HPI, HML)*

*Then I will cover contraception methods and how each has cons and pros. Then STIs and their symptoms. Then I would add that they need to get vaccinated for HPV and get tested for STIs. (P12, F,44, OBGYN, PP, MC)*

*They should learn about STIs. (P2, M,57, URL, PP, MC)*

*STIs prevention and protection and then pregnancy and contraception. We constantly hear young adults saying “Oh, I never knew you can get pregnant that way” or “Wow, so HIV could be transmitted that way too?” So, yea, this is the main topic. (P5, F,45, MS, MPI, MML)*

*STIs prevention and symptoms. Contraception of all kinds and how serious is the risk of STI transmission and unwanted pregnancy. (P3, M,55, GP/MPH, HPI, HML)*

*Pregnancy prevention because there is no other class teaching that. STIs, their symptoms and methods of transmission need to be discussed. STIs are important. Making sure that if they are going to have sex, they use condoms and make sure their partners are healthy through regular tests. (P7, F,49, GP/ MPH, HPI, HML)*

*Contraception methods so if they happen to have sex, they don't end up going through unwanted pregnancy, abortion and things like that. The other important subject to teach them is STIs which is really common nowadays. How can they avoid them and protect themselves against them, whether with vaccination or using condoms? Introducing places that they can refer to in order to get vaccinated or tested for STIs in Iran and encourage them to always use condoms in order to prevent the transmission of STIs. (P8, F,55, OBGYN, UAP, PP, U)*

*If I had 2 hours, I would teach them about protecting themselves, in fact I would teach them how to have a safe sexual relationship. I would tell them to buy and use condoms. Some people have the money to buy condoms but they prioritise other stuff that is not necessary. We should teach this stuff however you can't do it all in just 2 hours. Condoms will be my main suggestion. So, my advice would be using condoms every time at all costs and purchasing them even if they have*

*to sacrifice mini pleasures. Then I would teach them about STIs' transmission methods. (P13, M,42, INF, HPI, HML)*

*They should be taught about using condoms, then they should learn about STIs and their symptoms and when they need to see a doctor for it, and also pregnancy prevention. (P4, F,60, OBGYN, UAP, PP, UM)*

*First thing should be unprotected sex which is really important to talk about and learn to avoid. STIs and their symptoms and transmission methods and how common they are. What are the risk factors and how could they be avoided or limited? Contraceptive methods and their failure rates, which methods are out there and who should choose what method. (P9, F,47, OBGYN, PP, U)*

*Also teach them about all STIs, prevention and protection methods, treatment options, and also contraceptive methods and consistent condom use. (P17, M, 43, PSY, PP, UM)*

#### 10iii. Provision of Contact Details for Available Sexual Healthcare

*I would also include addresses and contact details of our centres in that workshop, in case anyone wants to come over. (P15, F,30, MS)*

*I would also provide them with this centre's contact details so that they could visit us if they ever need any sexual healthcare. (P16, F,55, MS)*

*I would tell them the contact details and locations of sexual health centres in case they need to refer to a specialist. (P13, M,42, INF, HPI, HML)*

#### 10iv. Self and Relationship Management Skills

*I would at least educate them about how a healthy sexual relationship looks like, how it can happen and what are the basics for it. Why should we learn to say “No” to persuasive and pushy people? Why should we always use condoms, carry condoms and don’t expect it from the other person. Care for yourself. Things like these. They still have to learn to say “No”. It’s ok not to want to have sex with someone only to keep or please them. Our schooling system creates robot-like humans who constantly say “yes, sir”, and can’t disagree or say “No” without feeling there will be consequences. You should give them advice on how worthy and important their health is and that they shouldn’t gamble it on keeping a relationship going. Neither should they give in because of embarrassment or their ego. (P12, F,44, OBGYN, PP, MC)*

*I believe now the most important subject that needs to be covered is the management of sexual relationships, which is really important for both sides. (P3, M,55, GP/MPH, HPI, HML)*

*Consent and healthy decision making. (P6, F,42, PhD)*

*Self-protection and learning to say “No”, so that they won’t get STIs. (P7, F,49, GP/ MPH, HPI, HML)*

*Social and communication skills, like learning to have the courage to say “No”, even if there is a risk that they would lose the person’s interest or the relationship altogether. (P8, F,55, OBGYN, UAP, PP, U)*

*We should put our focus and attention on topics like emotional regulation and creating health motivation for individuals. STIs and health education is the first step for sure; however, teaching emotional regulation methods should follow after. They need to learn that they shouldn’t sacrifice their life and future for an instant pleasure by taking high-risk actions. Other than these they need to learn about negotiation skills and the skill to say “No”. This is way beyond the scope of your intended workshop, but if you ever wish to continue those workshops to more than a single session, I believe what I said is a must. (P14, M,35, BA)*

## 11. Workshop Delivery Suggestions

Mainly in response to question 16 from the interview protocol.

16. Do you think a drop-in morning or afternoon workshop for young adults in Tehran on protection against sexually transmitted infections and unwanted pregnancy would be a good idea?

- a. If such a workshop were to be run what would you recommend as the top five content areas it should cover?

### 11i. Mixed or Single Gender Classes

*First is gender separation when it comes to such stuff, because these are sensitive subjects in our culture and not everyone is comfortable with them. You will definitely need to ask your audience whether they want to be in mixed or single gender settings for such education. (P10, F,48, MS)*

*Well, usually religious women don't like to participate in mixed-gender classes. (P8, F,55, OBGYN, UAP, PP, U)*

*I believe in order to make them attend comfortably and ask their questions without hesitation, these classes would be better to be separated for each gender. (P8, F,55, OBGYN, UAP, PP, U)*

*These classes should never be single-gender. (P16, F,55, MS)*

*Mixed-gender classes might make them feel uncomfortable and it may stop them from attending the class. Although if they've specifically asked for mixed-gender classes, then they would show up. (P13, M,42, INF, HPI, HML)*

*I suggest that classes shouldn't be mixed-gender, at least at basic levels because it will become a speed-dating situation, I mean it will surpass education as the main purpose, so I don't suggest it. (P17, M, 43, PSY, PP, UM)*

*The workshop should be mixed-gender. (P4, F,60, OBGYN, UAP, PP, UM)*

## 11ii. Group Discussions and Q&A

*Engage them and let them interact with you and with one another. (P10, F,48, MS)*

*Ask them to tell you what else they want to hear. Or maybe they want to ask questions for the rest of 1.5 hours. Let them do that. A lot could be understood from their questions. Maybe their priority is different to what we deem as priority. (P3, M,55, GP/MPH, HPI, HML)*

*... And then a certain amount of time for questions and answers. Let them ask even the stupidest questions they may have. Let them feel it's ok to ask and not be judged for it. (P5, F,45, MS, MPI, MML)*

*You should allow time for discussion and questions. This way they will learn from each other as well. (P4, F,60, OBGYN, UAP, PP, UM)*

*Then let them ask any questions they might have, and let them be as open as they wish to be. It's their first chance in their lifetime. (P17, M, 43, PSY, PP, UM)*



## Appendix Chapter 5 (Study 3)

## Appendix 5.1: Identified Persian language SHRE materials

- i. Four booklets for pre-marriage classes
- ii. Six slides for HIV awareness in high schools
- iii. One unofficial course plan for universities

### *i. Pre-marriage classes:*

#### **Book 1: Marriage and Islamic teachings, emotional and social relationships, sexual relationships, and healthy childbearing**

This book contains 80 pages and includes non-SHRE and limited SHRE content. Half of the book (up until page 42) consists of religious teachings for a happy marriage.

#### Example of non-SHRE content:

*Marriage and its importance in Islam:* According to Islamic teachings, marriage is an important duty that leads to family creation. Islam advises early marriages before the need for sexual relationships becomes an urge. Marriage is good for individuals as it provides them with an institution in which they can settle and relax. The right place to have sex is where there is no way the couple could be seen or heard. If the couple, specifically the woman, feels heard or watched, they will experience spasms. Most women feel ashamed or scared of their first experience. Their spouses have to be kind and careful and considerate with them. The missionary position is taught briefly and vaguely.

*Childbearing:* 18-35 is the best age range for pregnancy. Basic and vague female and male biology are then explained with formal and/or medical names. Women should exercise regularly, take iron and folic acid supplements and visit their dentist before pregnancy to ensure a healthy child is born. Men should avoid hot baths and cigarettes before pregnancy (to increase sperm quality).

*Social and emotional aspects of marriage:* It is important to get married to avoid depression and getting into unlawful relationships. To make a marriage last, you

need to be passionate and kind and buy each other gifts. Appreciate one another and keep the communication going. Respect your spouse and their family. Sexual relationships: The right time is when you are not tired or stressed. Islam advises couples to shave, wear perfume and have regular sex. Do not have sex when either of you is sick or stressed.

Example of SHRE content:

Page 42 includes the below subjects: Sexual anatomy of male and female organs.

*Sexual anatomy of males:* Males' genitals include a penis and 2 testicles that are outside his body and the prostate [gland] which is inside (literal translation). Sperms are made by the prostate.

*Sexual anatomy of females:* Females' genitals are both inside and out. Ovaries, tubes, uterus, and cervix are inside. Large and small lips (labia), hymen (translated as virginity veil), clitoris, and vagina are outside. The clitoris is the most sensitive part. Your hymen will be torn apart (literal translation) with intercourse and it will bleed a small amount. The bleeding might be more or less depending on the hymen type.

The rest of the content is again irrelevant to SHRE. On pages 66-69, combined pills as a method of contraception are explained:

*Contraception:*

Pills: taken once a day, only 2 in 100 women become pregnant when taking the pill correctly. In healthy women, the pill can prevent specific cancers (the cancers are not named). The pill will reduce period pain and load. Be faithful to your spouse since pills do not prevent STIs. To protect against STIs one must use condoms. It is easy to stop taking the pill and soon afterward there are chances of pregnancy. Not everyone can take the pill, so consult your doctor first. The common side effects are nausea, headaches, breast tenderness, and spotting or

change in your periods. This will usually go away in 3 months. All women aged between 20-65 who have at least married once, need to do a smear test.

Things to remember: if you forget to take the pill, there is a risk of pregnancy. If you have any issues, visit a service unit. Although rare, if you feel chest pain, shortness of breath, or excessive water retention in your legs, see your doctor or go to a hospital immediately.

Always tell your doctor that you are taking the pill. If you take medication for epilepsy, you need to use condoms and take the pill simultaneously. If you take the epilepsy medication for a period longer than a month, visit a service unit to change your contraception method.

*Injections* (pages 70-72): when done monthly, only one in 100 women becomes pregnant. Same details as for the pill, including side effects and cautionary measures repeated. How to receive injections: The injection should be done every 30 days. It still could be done 2-3 days later than the 30 days. Injections should not be done more than 33 days apart. The first injection should be done on days 1-5 of your period.

*Condoms* (pages 73-75): the only method that prevents STIs and pregnancy at the same time. Condoms are made of latex and everyone can use them, unless they are allergic to latex. You can use condoms along with another contraception method. It could be bought from pharmacies and is easy to use. Condoms will not reduce sexual pleasure. How to use condoms: a new condom should be used every time you have sex and condoms should not be used multiple times. Open condom packaging carefully so that your fingernails would not tear the condom apart. You should put the condom at the tip of your penis and drag the condom ring towards the end of your penis (literal translation). To avoid the condom coming off, after ejaculation, hold the condom ring with your hand and bring out your penis from the vagina while still erect. If you think you do not know how to properly use a condom, visit a service unit. Always ensure you have enough condoms and buy them in advance. If the condom is torn or comes off, use emergency contraception. Always have emergency contraception on hand. Condoms can cause itching. If the itching persists, you might have infections or

be allergic to latex. If you are allergic to latex, you have to stop using condoms. Use condoms with lubricants. Do not use mineral oils or paraffin with condoms. Do not leave condoms under direct sunlight.

*Emergency contraception* (pages 76-78): Only use up to 120 hours after sex when your usual method was missed or not done correctly. Same details as for the pill, including side effects and cautionary measures repeated. Ways to take the emergency contraception: either 2 levonorgestrel pills in one taking or LD pills 4 in on go and 4 after 12 hours or 4 white triphasic pills in one go and 4 white pills after 12 hours. Take emergency contraception as soon as you realise you have had unprotected sex. It is better to eat before taking the pills. If you vomit after taking the pills, repeat the same dosage. Do not use this method more than once in a menstrual cycle. If you take medication for epilepsy, you have to take 4 levonorgestrel. This method can affect your menstrual cycle. If your period is more than 7 days late, there is a chance of pregnancy. You will need a blood test in this case to detect pregnancy. If you get pregnant while on contraception, do not worry as this will not affect the foetus.

## **Book 2: Marriage and Islamic teachings, Spouses' rights according to Islam**

This booklet has 55 pages and does not contain SHRE material. The booklet is focused on the couple's rights within a legally registered marriage.

### Example of non-SHRE teachings concerning legal rights of spouses and divorce laws:

*Rights during engagement and after the proposal:* Since they are not married, they do not have the right to have sexual relationships. This is a time for the man and woman to know each other. Some guidelines are mentioned about gifts and who is allowed to keep them when and if the marriage is called off.

*Rules applied when getting officially married:* If the man asks for a divorce, she receives half of the man's belongings which were acquired after marriage. More is explained on other grounds where the woman can ask for a divorce, for example in case the man is severely ill or "insane". Men should always pay for

day-to-day expenses and all living costs. Women are not obliged to do the housework and therefore can ask for a regular salary to do so. Men are responsible for decision-making and leading the household.

### **Book 3: A guide to a happy and lasting marriage for young couples**

This book contains 118 pages and includes subjects such as house chores and division of duties, saving and financial stability, cooking and managing a healthy diet, and raising a happy child. This book has no SHRE content.

#### Example of the book's content:

There is no such a thing as a good or bad diet, there should only be a balanced diet for healthy eating. Use mostly vegetables and fruits as a part of every meal and reduce your salt and sugar intake. Limit the fat in the food you consume and try to keep your body weight in a healthy range. Having a proper meal plan for the week will help you prepare healthy meals and keep track of a healthy diet. These 8 principles will help you and your family stay healthy:

1. Eat a variety of food to avoid getting bored with the same meal plans.
2. Keep your body in the normal weight range.
3. Only eat wholewheat products and avoid processed food.
4. Limit oil and fat intake.
5. Limit salt intake.
6. Limit sugar intake.
7. Feed your new-borns with breast milk only.
8. Drink at least 8 glasses of water every day.

### **Book 4: Love and Tranquillity**

This book has 140 pages with a focus on Islamic ways of managing life. For example, how to compromise or be flexible towards your spouse, as is advised by religious leaders. There are stories and religious analogies on resilience, flexibility, problem-solving, and standing together during difficult times. Example of a story on keeping the family matters private: Imam Sadiq, an important

religious figure close to the prophet, advises us that “family affairs and secrets are like blood in your veins, just like you don’t let your blood out or someone else’s blood in your veins, don’t ever let someone other than your spouse in your private circle or share your secrets with anyone other than them.”

## ***ii. HIV awareness material proposed for teaching in High schools***

This is up to the school manager to deliver or cancel this extra hour of education. The material delivered in each session could be different depending on the lecturer and the audience. It is unknown how many students have received / will receive this education and with what details. Since the COVID-19 pandemic, these classes and pre-marriage classes have been cancelled. None of the 25 young adults we interviewed have received this education.

### Six Slides:

*Slide 1:* HIV which is commonly known amongst the general public as AIDS, is a viral infection that could be controlled if recognised and treated in the early stages. Our bodies are equipped with an immune system that fights against infections and illnesses with the help of white blood cells.

*Slide 2:* HIV lives in white blood cells and weakens the immune system significantly. The HIV virus only survives in the human body and is quickly diminished on surfaces. Since white cells only exist in the blood and body fluids, the only way the HIV virus can travel between bodies is through blood and body fluids.

*Slide 3:* Therefore, we would not catch HIV through socialising with HIV-positive patients, and we will only become infected if we have sex without condoms or share needles with HIV-positive people. A mother can pass on HIV to her child if she is not actively receiving anti-HIV medication.

*Slide 4:* Those who have other STIs are more susceptible to contracting the HIV virus. Once the virus enters the body, there are “several months” until the virus could be detected in blood tests. This is called a window period. In this period,

the patient has no symptoms. It is important to identify and treat the virus at the earliest stage so that the patient can experience a normal life span and life experience.

*Slide 5:* Pictures of the stages of the disease.

- a. Window period: No symptoms, negative test result.
- b. Infection period: No symptoms, positive test result.
- c. AIDS: Symptoms are present, positive test result.

*Slide 6:* There is no cure for HIV but with early diagnosis, a certain medication will be prescribed and the patient will have a normal life experience with no symptoms.

### ***iii. Module taught at the Universities (Science of Family and Population)***

The content is similar to the other non-SHRE materials taught in pre-marriage classes. There is an unofficial course plan for the module, that is only used as a guide; and therefore, classes could vary in content.



## **Appendix 5.2: Programme outline presented to Tehranian stakeholders**

### **A programme outline for a Sexual Health and Relationship Education (SHRE) programme for 18-25-year-old young adults living in Tehran.**

Sexual health and relationship education (SHRE) should enable young adults to manage their relationships safely and respectfully by providing them with information, advice, and skills needed to optimise sexual health and relationship management. Research shows that comprehensive SHRE programmes can minimise risky sexual behaviour patterns, such as inconsistent condom use; and can therefore reduce the spread of sexually transmitted infection (STI), unintended pregnancies, and abortions. SHRE can also help young people to improve the quality of their relationships so that they are based on mutual respect and understanding. In many countries, SHRE is a part of the school curriculum. In Iran however, SHRE is not included in schools' or universities' curricula.

Below is a list of subjects and objectives which we recommend for an SHRE programme to be delivered in Iran, based on the advice from international organisations and needs assessment studies with professionals and young people in Tehran. This programme should be delivered in an open, interactive, and engaging manner.

The subjects are divided into essentials and desirables. The essential topics are the ones that we think should be prioritised. For example, we believe it is necessary to educate young adults on sexual anatomy and puberty, pregnancy, condom use, and STIs. Other topics, while being very important, have been labelled as desirable. These include violence prevention, sex, and gender and sexual rights.

Subjects are listed in the order that we think makes the most sense. Suggested timings were discussed with healthcare professionals in Tehran and encompass our best estimates as to the time that would be required.

We have also included links to English-language SHRE contents that illustrate the existing educational resources relevant to or covering our selected subjects.

We are interested in your ideas on all of this content. Thank you in advance for your valuable time.

## **Principles of SHRE delivery**

SHRE should be age and culturally appropriate and should provide useful information while supporting the development of skills to enhance relationship management, including communication, negotiation, and conflict management skills. We envisage a safe, non-judgemental, and confidential environment is needed to make this programme work. For example, students need to be assured that any disclosures or questions will remain confidential, for them to participate in discussions, without fearing prejudice or judgement.

## **SHRE Content**

**Consent:** *Essential, 60 minutes + Q&A*

*This section aims to explain that provision of consent is to freely and willingly express agreement towards something. Consensual sex necessitates explicit joint agreement. Consent cannot be assumed. It is important to discuss consent and clarify what is involved in respectful and safe sexual behaviour in which both parties' participation, pleasure, and agreement are explicit.*

Objective(s):

- To present and facilitate the discussion of definitions of consent, coercion, and pressure.
- To provide information on what consent is and how to give and receive consent.
- To emphasise the unacceptability of coercion and the importance of individual rights.
- To explain the skills needed to provide, check upon, and refuse consent.
- To highlight that sexual consent can be withdrawn at any time, by either partner.

- To practice giving and refusing consent in a range of situations through role-playing.

Illustrative resource(s): <https://www.brook.org.uk/your-life/how-to-give-and-get-consent/>

### **Sexual and Reproductive Organs: Essential, 60 minutes + Q&A**

*This section discusses males' and females' sexual and reproductive organs and how these function in relation to sexual activity and reproduction.*

Objective(s):

- To describe external and internal male and female sexual and reproductive organs, and explain how these change during and after puberty.
- To explain the functions of sexual organs in relation to reproduction, sexual activity, and sexual pleasure.
- To provide instructions on observing genital hygiene.
- To display and discuss models of male and female bodies, including sexual and reproductive organs.

Illustrative resource(s): <https://www.brook.org.uk/topics/my-body/>

### **Puberty and Body Changes: Essential, 60 minutes + Q&A**

*This section will explain that puberty is a normal stage of development into adulthood and involves changes to our bodies, hormones, and emotions. These changes also affect our sexual anatomy and how we behave sexually.*

Objective(s):

- To explain the age range in which boys and girls experience puberty and body changes during puberty.

- To explain the menstrual cycle and the various physical symptoms and feelings associated with periods, including premenstrual syndrome.
- To highlight products available in the local shops, including sanitary pads and menstrual cups, covering information on the pros and cons of each product.
- To display and demonstrate how these products are used and disposed of.
- To emphasise that menstruation is a natural and normal part of a female's development and should not be secret or stigmatised.
- To reiterate that periods should occur regularly from puberty to menopause but not during pregnancy.
- To provide contact details of clinics and health centres offering help and advice for painful, irregular, or missing periods.

Illustrative resource(s): <https://www.brook.org.uk/topics/my-body/>

**Pleasure:** *Essential, 45 minutes + Q&A*

*This section involves discussions around the importance of mutual pleasure in sexual relationships and highlights that sex should not only be a mean for reproduction.*

Objective(s):

- To reiterate that consent is critical; and desire and willingness must be expressed by both partners.
- To provide information on penetrative and non-penetrative sex, including mutual pleasure.
- To highlight that having sex is a mean for reaching mutual pleasure and should not be exclusively viewed as a mean for reproduction.

Illustrative resource(s): <https://www.brook.org.uk/topics/sex/>

## **Communication and Decision-Making Skills: Essential, 45 minutes + Q&A**

*This section will cover the importance of self-management skills and making informed decisions to protect one from risky behaviours and sexual encounters.*

Objective(s):

- To provide information on behavioural risk-assessment and understanding consequences of decisions, including decisions made based on peer-pressure, or the influence of alcohol and drugs.
- To exemplify good communication skills, such as negotiating condom use, resisting pressure, and practising to say “No”.
- To illustrate how making informed decisions can protect an individual’s and their partner’s sexual health and relationship well-being.
- To discuss situations, in which making good decisions could be difficult or challenging and to provide information on the importance of having a prepared plan to keep safe.

Illustrative resource(s): <https://www.brook.org.uk/topics/relationships/>

## **Relationship Management: Essential, 45 minutes + Q&A**

*This section will cover relationship management skills, including the importance of seeking and providing consent, mutual respect, trust and openness.*

Objective(s):

- To reiterate that consent is critical; and desire and willingness must be expressed by both partners.
- To explain and highlight the importance of using condoms and other contraceptives.
- To address any misconceptions about pornography; and provide opportunities to discuss the relevance of pornographic portrayals of

sexual relations to real-world sexual relationships, including consideration of how pornographic content can be misleading to mutual consent, pleasure, and respect.

- To establish that all relationships should be based on mutual respect, responsibility, openness, and acceptance.
- To explain the need for trust, commitment, communication, and power balance in a sexual and loving relationship.

Illustrative resource(s): <https://www.brook.org.uk/topics/relationships/>

### **Sexually Transmitted Infections (STIs) and HIV: Essential, 120 minutes + Q&A**

*This section will cover Sexually Transmitted Infections (STIs) and HIV, and how these are contracted when someone has sex without a condom with another person who has the infection. There are various STIs with different symptoms. It is important to know about their transmission routes, symptoms, and treatment options, as well as how to protect oneself and one's partner from contracting STIs.*

Objective(s):

- To describe a range of STIs, including chlamydia, Human PapillomaVirus (HPV), herpes, gonorrhoea, HIV, and syphilis; explaining their symptoms, how they are transmitted, how to reduce transmission risk through safer sex (including condom use), and the importance of testing.
- To remind students that some STIs may be present for some time without symptoms; and to reiterate the importance of testing, including how and when to get tested.
- To describe STI prevalence globally and nationally.

- To emphasise the increased risk of STI transmission associated with multiple sexual partners and inconsistent condom use; highlighting that condoms are the only protection against STIs.
- To offer information on doctors, healthcare providers, and community health centres providing confidential advice and testing.
- To provide instructions on how to access local treatment options.
- To provide guidance on managing unsafe sexual situations and risky behaviours such as having sex after having drinking alcohol or taking drugs.
- To illustrate the importance of regular smear tests, administration of HPV vaccines, and providing information on available treatments for controlling herpes.

Illustrative resource(s): <https://www.brook.org.uk/topics/stis/>

**Contraception and Condom Use: Essential, 180 minutes + Q&A**

*To persuade students that, if used correctly, contraceptives can prevent pregnancy. There are various contraceptive options, and each is used differently. All methods are effective to variable degrees. They can be used short-term or permanently. To remind the student that condoms are the only protective method to prevent both STIs and unintended pregnancies. They are easy to use and dispose of. Young people must be well-informed about condom use and have the skills to acquire, negotiate, and use them correctly. This section will help participants choose a method that best suits them and their relationship.*

Objective(s):

- To explain that condoms protect against unintended pregnancy and are the only protection against STIs.
- To emphasise that condoms must be used correctly every time one has sexual intercourse with every partner to be effective. Condoms provide efficient protection when used correctly and consistently.

Correct and consistent condom use can protect individuals against STIs and allow for enjoyable sex without the worry and regret that follow unprotected sex. To emphasise that condoms should be used for oral and penetrative sex

- To identify locally available condoms, including what brands are available at what prices; and discuss plans on how to acquire and discreetly carry condoms.
- To illustrate and demonstrate correct condom use and practice handling condoms, including unwrapping and placement when blindfolded.
- To exemplify and demonstrate communication, negotiation, and refusal skills needed to clarify that sex is wanted or unwanted, only acceptable with protection, and that even after advanced intimacy, they may need to stop because of withdrawal of consent.
- To raise and discuss the issue of long-term relationships. At what point would a couple agree to abandon condom use while using other methods of contraception? The matters to discuss include mutually shared STI tests, trust in sexual fidelity, and relationship commitment.
- To consider rare risks of condom use, including latex allergies and latex-free alternatives.
- To discuss the correct and consistent use of contraceptives apart from condoms.
- To describe and provide instructions for use on contraceptives (other than condoms), their effectiveness, benefits, and side-effects including reversible and permanent (sterilisation) methods, emergency contraception, and longer-acting reversible contraception or LARC (implants, intrauterine devices). To show a variety of locally available contraceptive methods and providing information on how and where these could be accessed.
- To describe the decision parameters and provide opportunities for discussion of how to decide on the best contraceptive method, including what is available locally and at what price.



Illustrative resource(s):

<https://www.brook.org.uk/topics/contraception>

and

<https://www.brook.org.uk/your-life/condoms/>

**Fertility and Reproduction: Essential, 30 minutes + Q&A**

*This section will explain how pregnancy happens, and what are the available ways to test for pregnancy.*

Objective(s):

- To remind that lack of condom and contraceptives use is likely to result in an unintended pregnancy.
- To explain how pregnancy happens.
- To provide information on pregnancy testing.

Illustrative resource(s): <https://www.brook.org.uk/topics/pregnancy/>

**Abortion: Essential, 30 minutes + Q&A**

*Lack of sexual health knowledge and having unprotected sex can result in an unintended pregnancy. It is important to know how to plan for a pregnancy, and learn about your options if continuing a pregnancy is not the best decision for you and your relationship.*

Objective(s):

- To provide information on abortion, its legality and accessibility in the local context, and its potential consequences.

Illustrative resource(s): <https://www.brook.org.uk/topics/pregnancy/>

**Access to SHRE Resources and Sexual Health Services: *Essential, 20 minutes + Q&A***

*You have the right to access sexual health educational resources and sexual healthcare and testing facilities, to be sexually healthy, and receive the advice and care you need.*

Objective(s):

- To provide information on available resources for self-study in Persian
- To provide information on (1) local clinics and sexual health services and (2) test centres young adults can visit.

Illustrative resource(s): N/A

**Gender and Sex: *Desirable, 60 minutes + Q&A***

*Sex, sexuality, and gender can be confusing to discuss. Learning about each of these definitions and how to engage in respectful conversations about them enables us to navigate our self-identification and manage social encounters with acceptance and understanding.*

Objective(s):

- To define and enable opportunities to discuss definitions and differences of sex, sexuality, and gender and how do they relate to one another.
- To encourage non-judgmental discussions about different sexual identities and orientations, including heterosexuality, homosexuality, asexuality, and transgenderism, and to emphasise on inclusion and acceptance.
- To explore gender roles and stereotypes; and to discuss perceptions of masculinity and femininity within the family and society, and how these lead to gender inequalities and gender bias.

Illustrative resource(s): <https://www.brook.org.uk/topics/gender/>

**Sexual Rights:** *Desirable, 60 minutes + Q&A*

*Understanding sexual rights enables us to recognise diversity and inclusion in our social circles and therefore promotes tolerance towards sexual differences in the wider society. Consideration of sexual rights highlights how damaging gender inequalities and stereotypes can be in terms of personal, social, and cultural consequences.*

Objective(s):

- To explore, and provide opportunities to discuss, gender equality and existing cultural and social barriers to exercising gender equality. Focusing on diversity and tolerance within society with an emphasis on sexual identities, orientations, and preferences.
- To emphasise the importance of autonomy and choice and their role in healthy and coercion-free decision making, negotiation skills, and relationship management.

Illustrative resource(s):

<https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health>

**Violence Prevention:** *Desirable, 90 minutes + Q&A*

*Violence prevention is critical to healthy and respectful relationships. We need to learn how to recognise and prevent violence.*

Objective(s):

- To describe and explain different types of abuse, including sexual, physical, and emotional abuse, and to identify behaviours associated with each of these.

- To describe and provide opportunities to discuss how each of the above could affect relationships and how these could be prevented.
- To define and discuss recognition of the difference between sexual assault, sexual harassment, and rape, and behaviours that count towards each of the above.
- To provide a list of contacts who can help and offer advice on how to respond to abuse and violence.

Illustrative resource(s): <https://www.brook.org.uk/topics/abuse-and-violence/>

**Staying Safe Online with Sexual Content and Image Sharing:** *Desirable*, 60 minutes + Q&A

*Abuse and intimidation can also happen in online relationships. This module is dependent on the previous one but applies those lessons to using the internet resources and conducting relationships online.*

Objective(s):

- To describe and provide opportunities to discuss online intimidation and abuse, including cyberbullying and blackmailing.
- To provide examples of what is and is not online abuse and provide opportunities to discuss these.
- To provide a list of contacts who can help provide advice on how to respond to online abuse.

Illustrative resource(s): <https://www.brook.org.uk/topics/staying-safe-online/>

## **Appendix 5.3: Instructions for stakeholder consultations**

### **What are we doing?**

We are creating a framework for the design of a sexual health and relationship education (SHRE) programme. The programme would be for 18-25-year-old young adults living in Tehran, and perhaps Iran, more generally.

We have conducted needs assessment studies, listening to Tehranian healthcare professionals and young adults, and have understood their demands for comprehensive sexual health and relationship education for young people. We have also reviewed 12 sets of international guidelines, including those developed by the United Nation agencies and the International Planned Parenthood Federation. In addition, we have reviewed studies of effective SHRE worldwide. This has allowed us to sketch out a core SHRE programme.

### **Why are we asking for your help?**

We need feedback on our proposals. We need your help to improve our suggestions for the best possible SHRE programme for young people in Tehran/Iran.

We are asking you because people like you would be involved in delivering, receiving, or evaluating this educational programme.

### **What is your task?**

We ask you to kindly give one hour of your time to read and think about our proposed programme and then to talk to me about your ideas. Please read through the list of contents and descriptions of each content category. Please note down your ideas and feel free to be critical and suggest alternatives.

We are keen to have your opinion on the content, the order of delivery, and which topics you think should be essential, and which ones should be optional.

Also, let us know if you foresee problems with the delivery or implementation of such a programme in Tehran.

### **What will happen during our online meeting?**

Please then join me in an online meeting to share your ideas. I will ask you a series of questions about our proposed programme. I will make notes on what you say during our meeting and I would be pleased to receive any notes you wish to send me. I will *not* attribute anything you say to you. Your comments will be anonymous.

I will *not* ask you anything about yourself or your experiences or who you are. I am only interested in your anonymous suggestions on how to optimise our proposals. You will *not* be audio or video recorded and your name will not be attached to anything you say.

Thank you for your help

Narges Sheikhsari

## **Appendix 5.4: Stakeholder consultation topic guide**

1. What are your thoughts on each subject on the course content document?  
Can you think of any problems with accessing this content? If yes, how could we improve this?
2. Can you think of any problems with delivering this content? If yes, how could we improve this?
3. How about the number of subjects covered? Is there anything missing, which you would like to see as a part of the course? Would you recommend removing any subjects from the current course plan? Why?
4. Do you think that this course plan achieves the purpose of the project, which is the provision of sexual health and relationship education?
5. What length of a course would be acceptable to you?
6. Is there content in the essential section that you think should be marked as desirable or vice versa?
7. Did you find any of the contents difficult to understand?
8. What do you think of the sequence of information? Would you prefer the subjects reordered in any specific format? Could these be communicated easier or in a more user-friendly format?
9. What is the best method of delivery? What do you think of the proposed programme – what do you like and not like?
10. How would you improve this proposed SHRE programme?

## **Appendix 5.5: Stakeholders' comments after reviewing the material (noted by the candidate during online meetings)**

### **Young adults' comments (6 stakeholders)**

1. What are your thoughts on the first, second, third, etc. subject on the course content document? Can you think of any problems with accessing this content? If yes, how could we improve this?

They liked the content mix the course offered: I liked how the course tried to include almost every aspect of a relationship that includes sex and kept the balance between purely sex-related and purely relationship-related content. Like there was enough on condoms, but also enough on respecting your partner. A good balance.

They suggested some content to be moved around: I knew what consent was because I think I have learned about it through watching lots of YouTube and American TV series, but maybe you should introduce "Consent" a bit later for the general Iranian population. Like for most people, it might sound strange. Because they have never heard about it. So, maybe, first tell them about how their bodies grow, and talk about puberty and menstruation, then tell them about the sexual anatomy, and then be like "you have a body, your partner has a body too", now let's talk about how to respectfully ask for permission to bring your bodies closer together. Something like that. Like you are explaining things to a 2-year-old. Otherwise, I think the list of content could be included as it is.

They did not see a problem accessing the course: I think you won't have problems delivering this and people won't have issues accessing this content. If it is well-planned and is well-advertised, people will queue to learn this.

Happy with all content and found the content easily accessible but also asked "Consent" to be moved after "Puberty and Body Changes" and not as the first subject: It does not feel right, like you are sitting in a class and the lecturer says hello, we are here to talk about sexual health and the first topic is "Consent", it is kind of inconsiderate, the audience is very unlikely to know anything about their



own body and their own sexual desires, and all of a sudden is pushed to ask permission and respect the other person for what they know almost nothing of.

Happy with all content and found the content easily accessible but had extra recommendations: It would be good to mention that there is no such a thing as hymen, and therefore there is no hymen to break or bleed after the first sex. Also, I would like to see something about communication during sex, how to request things to slow down, or be paused. This is kind of hand in hand with consent. Also include information on masturbation. It is very likely that your audience has questions about it, then why not include it before they need to ask?

Asked "Consent" to be moved after "Puberty and Body Changes" and to add some points: There is nothing on masturbation or as they call it solo sex. I think that should be added too. I think there should be something about virginity being a myth, but that may be illegal to talk about. Also talk about tracking periods, like through using apps or writing in calendars. This could be added to the "Puberty and Body Changes" section.

Provided some recommendations: Maybe you want to deliver all desirables in a follow up session to the essentials. But if not, "Violence Prevention" is an essential in my opinion. And "Consent" is introduced just too abruptly and early. Let them warm up a bit, get an opinion on what this is about, and then talk to them about consent. I am not sure how you are delivering this, but I highly doubt conservative or religious people will tolerate this in a mixed-gender audience. But I strongly believe this should be taught in person, regardless of the gender mix you choose. It's just more real that way. Maybe also talk about masturbation? Everyone I know has a funny feeling about it. Why not talk about it in a course like this?

2. Can you think of any problems with delivering this content? If yes, how could we improve this?

Did not see a problem delivering it if the government support was in place: I assume you will seek support from the government or NGOs, so no problems should be there. And of course, if you don't have their support, you are doing

something illegal, I think. So, it all comes down to having their permission, and if you do, then you should be OK.

Covid was the only quoted issue, as the stakeholder believed in face-to-face training as the only acceptable method for this training. They suggested we postpone training until public gatherings and group teachings are allowed again: COVID would be the only problem, because, in my opinion, this class has to happen in person, not as online classes or anything like that. Everyone is already sick of online courses.

Face-to-face training was their preferred method for this training: I think real engagement happens only in a face-to-face setting, the only problem to delivering this course would be the case that you decide to make this an online course, because of COVID or for any other reason.

If COVID-19 allows the course to be delivered face-to-face and you have the government's permission, then you shouldn't have any issues delivering this.

I think this should only be delivered in a face-to-face situation, wait for COVID regulations to relax. Also, you could plan the gender mix by asking the participants to choose.

Don't even think of doing this online. With COVID and everything being online now, we have had enough of it. Make this a nice interactive course in small groups and in person.

3. How about the number of subjects covered? Is there anything missing which you would like to see as a part of the course? Would you recommend removing any subjects from the current course plan? Why?

Was happy with the general content but had a suggestion for an additional topic: I would say include something on debunking virginity's myth. But then debunking it is sort of illegal, because you know, the law has clear instructions on virginity and all that. So, I would say if you could, definitely add it, because the psychological pressure it has on young people, especially on young women is

devastating. They worry all the time about how to pretend they are still a virgin or how to have a happy relationship with all the fears of losing their virginity.

This stakeholder also suggested the inclusion of virginity myths and some points on oral and anal sex: I think this lacks a topic on virginity being a myth. Because this preciousness of virginity is causing too much drama and worry for young people. Also, I think oral sex and anal sex should be explained explicitly. Because there are myths around them too, that need to be corrected.

This stakeholder was happy with the content list and considered this to be a complete list.

Add myth busting to all subjects, and also include something on virginity being an absolute myth. Maybe add something about communication during and after sex.

This stakeholder was happy with the content list.

Do some myth busting around anal sex, and on virginity. These two are the most ambiguous things in my opinion.

4. Do you think that this course plan achieves the purpose of the project, which is the provision of sexual health and relationship education?

They were positive about the course plan achieving its purpose: Of course, it achieves its purpose. This is something no one has ever been taught.

They were positive about the course plan achieving its purpose: I don't think anyone has any sexual health knowledge in this country. We all practice with one another. This course has the potential to change that, to help us make a real decision based on real information not based on instincts or emotions.

They were very supportive of the course plan and believed it will achieve its purpose: It talks of things that we have never been told.

They confirmed the course will achieve its purpose: This is a novel thing, if it happens. It will be a breakthrough and will definitely be informative and useful. They believed the course is a substantial first step, and based on feedback around it, it could be further improved.

They were supportive of the course and believed it will achieve its purpose: This is going to be eye-opening and informative. Hopefully if repeated enough for as many people as possible, this will have a real effect in improving people's sex lives and relationships.

5. What length of course would be acceptable to you?

I think the times you have suggested should be fine, but if people want to talk further or ask questions, please let them do so. They need that space to talk and ask questions and take things off their mind and their chest.

They found the proposed timings acceptable: I don't think you need more time, but definitely you can't make this shorter. This looks like the right duration, but it's not set on stone, right? You can extend or shorten it if you need to, but this looks fine to me.

They found the proposed timings way too long to be delivered in a single session: I don't think you need more time, but you need to break this in 2-3 sessions, it is too much to be covered in a single day.

You will need to divide these into 3-4 weeks, 3-4 hours per week. That would be the best combination.

Deliver all the essentials in one session, and all the desirables in another session.

Break this into 2-3 sessions, so enough time could be dedicated to covering the subjects and Q&A time.

6. Is there content in the essential section that you think should be marked as desirable or vice versa?

Strongly believed all content must be considered as essential, should the local laws permit: All the content marked as desirable is essential in my opinion, but I am sure you will be in trouble teaching them because they are against what the law says. But if you magically can have such permission, please teach all of it as essential content.

They were happy with the current format, but had an extra recommendation: I don't think this needs to be changed, because the essentials are priorities in my opinion, but maybe you could teach the ones marked as desirable in another day, or put them online. Like I think they are interesting and important, but not as much as the essential topics.

They were happy with the current format, but had an extra recommendation: I only think "Violence Prevention" is essential. I can see why you had put it as desirable. Maybe you are not allowed to discuss things like this, as it would be contradictory to the law? But I hope you can find a way around it and make it essential. I strongly believe it is necessary.

I highly doubt you will get the permission to even deliver the essentials as they are now. They [the government] will definitely ask you to modify this. Because I'm sure you know how they are. But apart from that, essentials would be all that I think you will be able to deliver. If I would assume that you have all the permissions, then I would suggest all desirables to be essentials as well.

I think "Violence Prevention" is highly essential. Otherwise, they're fine as they are.

As a homosexual person myself, I would say all of these are essential. Because I know if people knew about sex and gender, I would've had a more comfortable life. So, these are all essential in my opinion. But I know that the government and a majority of people won't accept this to be taught.

7. Did you find any of the contents difficult to understand?

All content was easy to understand: This was all clear to me.

All content was easy to understand: No, they were all easy for me. But even if something is hard to understand in the class, people can ask questions if something is unclear to them. I see that you have allowed Q&A time for all topics, so, there shouldn't be an issue.

All content was easy to understand: Not at all, it is pretty straightforward, and there is no jargon or medical terms, so it's clear and easy to understand.

This was very detailed and thorough. No problems understanding it, pretty easy to comprehend. No problems with me.

The other two people confirmed the content was easy to understand.

8. What do you think of the sequence of information? Would you prefer the subjects reordered in any specific format? Could these be communicated easier or in a more user-friendly format?

Repeated their comment on consent being moved down, otherwise had no additional suggestions and were happy with the format.

They suggested a different order: "Sexual and Reproductive Organs" and "Puberty and Body Changes" should be first, then "Consent". This looks illogical to me as it is now. First, the body should be introduced, then the rest should follow

Repeated their comment on consent being moved down, otherwise had no additional suggestions and were happy with the format.

All three participants recommended "Consent" being moved down:

Move "Consent" to after "Puberty and Body Changes".

Move "Consent" to after "Puberty and Body Changes".

Move consent to after "Puberty and Body Changes", it is misplaced where it is now.

9. What is the best method of delivery? What do you think of the proposed programme – what do you like and not like?

They favoured face-to-face contact but also considered hybrid training: A hybrid approach. Definitely go for training in person if you can. And if COVID leaves us alone, it's just different in person; you know the person really wanted to be there and is enthusiastic enough towards the subject and the course. But also make things available online, so that if they want, they can read it later.

They strongly preferred face-to-face contact: Everyone is tired of having to do everything online. This class has real engagement potential in my opinion, for everyone to discuss things that they will be learning for the first time. Do not let it go to waste by making it happen on Zoom or something. Wait for the right time. COVID will go, or limitations will relax, then you can invite people in small groups to attend this course.

They repeated their preference on face-to-face training.

Had a suggestion for improving the programme uptake rate and efficacy: The content is good and enough in my opinion, but maybe, add an incentive to it, like free STIs testing on the day. So, that they learn about the importance of testing, and how easy it could be done, right after the training is finished. Or, give away free condoms, something related to the training.

As long as this is in small manageable groups, this should be alright. Because you want everyone to feel heard and seen.

They preferred face-to-face teaching, and 2–3-hour sessions.

10. How would you improve this proposed SHRE programme?

They were happy with the course as it was, and had no extra suggestions.

They were happy with the course as it was, and had no extra suggestions.

They were happy with the course as it was, and had no extra suggestions.

Giving away free condoms.

Giving away contraceptive pills, condoms, and sanitary pads.

They were happy with the course as it was, and had no extra suggestions.

### **Healthcare Professionals' comments (6 stakeholders)**

1. What are your thoughts on the first, second, third, etc. subject on the course content document? Can you think of any problems with accessing this content? If yes, how could we improve this?

They provided these recommendations: Under "Sexually Transmitted Infections (STIs) and HIV", add a point on medication that could be taken to help with herpes (acyclovir). Also, I don't think you will ever have permission to talk about abortion, so I would remove it. "Consent" is introduced too early, in my opinion, it should be talked about at a later stage, perhaps after "Puberty and Body Changes". "Violence Prevention" is essential in my opinion, but it is kind of like walking on a blade if you want to discuss it. If you're not careful enough, they might ban you from delivering it, accusing you of talking against the laws. So, if you can get solid permission for it, deliver it, if not, it would be a pity, but you have to leave it out. About accessing the course content, I don't think there will be an issue unless you don't have the right permission or governmental support.

They recommended the following: Move "Consent" down to after "Puberty and Body Changes", it is kind of out of place where it is now.

Add something on the myth of virginity.

They recommended: Consent could be better appreciated if it were moved down to after "Puberty and Body Changes". It's just introduced too early in my opinion.



Move “Consent” down. It is in the wrong place at the moment, maybe after “Puberty and Body Changes”.

I think this looks pretty complete, but I believe desirables should be considered essentials. Also, you definitely need something around virginity being a myth. This is the biggest mystery to our patients as far as I understand. And move the “Consent” down to after “Puberty and Body Changes”. Otherwise, this is fine.

2. Can you think of any problems with delivering this content? If yes, how could we improve this?

Careful consideration of the number of attendees and gender mix. I believe you should not aim for more than 10 people in every class, as I am sure there are going to be way too many questions, and you have to allow time for that. Maybe some religious or conservative people only accept to participate if they attend a class with people of similar gender. You need to have planned this, so if you have 10 people who want an all-male or all-female class, you accommodate them.

Be mindful of the gender mix in my opinion, ask every participant whether they prefer a mixed or single gender class. Because some people might shy away and not feel comfortable to attend or actively participate in this class, if it was something they were not comfortable with.

Not if you have the government permissions, there shouldn't be an issue with delivering this.

Make this a face-to-face class with a small number of people.

Ask people whether they want to attend a mutual class with their partners or they prefer to attend alone. Maybe if they attend together as a couple, they can benefit from this even more.

This looks so long to me if you want to deliver it all in a single day, just make it 2-4 sessions.

3. How about the number of subjects covered? Is there anything missing which you would like to see as a part of the course? Would you recommend removing any subjects from the current course plan? Why?

No further comments other than what was quoted for question 1.

4. Do you think that this course plan achieves the purpose of the project, which is the provision of sexual health and relationship education?

They were positive about the course plan achieving its purpose: if this is delivered, it would be the first of its kind. This is what we need, especially with the current rise of STIs, this can be helpful and eye-opening to our youth. I am sure this will be a successful course.

They were supportive of the course, and recommended it should be evaluated regularly for best results.

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They were supportive of the course, and recommended it should be evaluated regularly for best results. Maybe if it works for Tehran, then we can use it for other big cities too.

If you have all the permissions, then this is a great move.

They were supportive of the course, and recommended it should be evaluated regularly for best results.

5. What length of course would be acceptable to you?

They found the proposed timings acceptable: This looks fine to me. Once all permissions are in place, you can run 3-4 sessions to see whether the timing needs a change. Otherwise, this should be fine.

They agreed with the individual timings, but asked for the course to be delivered in two half-day workshops.

They suggested breaking the sessions in 2-3 separate ones, to make the most of the course.

They suggested half day workshops or 2-3 sessions in the same week.

They recommended individual timings to be adjusted based on pilot testing, and to break the course in 3-4 sessions.

They advised the individual timings to be decided after some test sessions; and recommended no session taking longer than 4 hours at a time.

6. Is there content in the essential section that you think should be marked as desirable or vice versa?

Repeated their comment on sexual violence as is mentioned under question 1. No further comments were provided.

“Violence Prevention” is an absolute essential to me. I mean all of these are essential, but maybe “Gender and Sex” could wait if the permissions didn’t come through. But “Violence Prevention” is super important. Fight for the permission if you must.

All of the desirables are essentials in my opinion, but good luck getting the right permissions for this. I would say “Staying Safe Online with Sexual Content and Image Sharing” and “Violence Prevention” are even more important than “Gender and Sex”, but I am not optimistic you will have the permission. Maybe if you run some sessions of essentials and they see you’re not doing any harm, just after that you can start negotiating the desirables to be included.

All desirables are essentials in my opinion. These all form a unified body of knowledge for someone who is just about to learn such stuff. Why not include all of it, if you can get the permission?

“Violence Prevention” is an essential to me. Then maybe “Staying Safe Online with Sexual Content and Image Sharing”. And then “Gender and Sex” and “Sexual Rights”. However, I don’t think you should run any of these as an essential for now. Because the law is going to prevent you. You can’t tell people you have rights when they know out of that class there is no such a thing in the law. You will become a joke to them. Although our young people are already going against the flow, but still, I believe this will have consequences for you. First the laws need to change. Then you can say “listen guys, you have this right. And this is how you can exercise it”.

I believe this whole course is an essential. There is nothing desirable in this. All of it is and should be considered an essential.

7. Did you find any of the contents difficult to understand?

All content was easy to understand: The content is presented in a way that I, as a doctor, and my son, as a young person, would be both comfortable in understanding this. It is all clear.

All of it is really thorough and easy to understand.

No, this is all simple and easy to understand. Even for younger people at ages 13-16 this shouldn’t be an issue. So, for 18-25-year-olds this is definitely alright.

This is all understandable to me.

Both from a professional and lay person perspective, this is easy to understand.

No problems understanding this. All clear.

8. What do you think of the sequence of information? Would you prefer the subjects reordered in any specific format? Could these be communicated easier or in a more user-friendly format?

Repeated their comment on “Consent” being moved down, otherwise had no additional suggestions and were happy with the format.

All other healthcare professionals also asked for “Consent” to be moved down. The general consensus is to move consent to after sexual anatomy.

9. What is the best method of delivery? What do you think of the proposed programme - what do you like and not like?

They believed training should be face-to-face: I always prefer face-to-face training. You can see who is paying attention, who looks uncomfortable, who is hesitant to ask a question or raise a comment. It is a far more superior experience in my opinion compared to online learning. Also, repeated their comment on the number of participants and gender mix in each class.

Repeated their comment on the number of sessions and recommended face-to-face delivery.

Repeated their comment on the number of sessions and recommended face-to-face delivery.

Repeated their comment on the number of sessions and recommended face-to-face delivery, with the availability of online material, but you will need separate permissions for the online material.

Repeated their comment on the number of sessions and recommended face-to-face delivery.

Repeated their comment on the number of sessions and recommended face-to-face delivery, and recommended gender mix and exact timings to be decided by running pilot sessions.

## 10. How would you improve this proposed SHRE programme?

Recommended giving away free condoms: Maybe try giving away free condoms, if your project budget allows. You know how the economy is nowadays, even basic necessities are not affordable for some people. So, maybe you can give away free condoms to help them start using them.

Giving away a care package: You can give away a care package at the end of the course, with condoms, sanitary pads, menstrual cups, or any other relevant stuff. You can also provide refreshments, or lunch, if you offer a whole day course.

Giving discount codes or referral letters to private doctors: You may benefit from seeking a sort of charity inspired sponsorship. Like, to ask a group of private doctors to accept patients for half their usual consultation fee, if they have a referral letter from you, or if they have a specific discount code from you.

Free on-site testing: This could be the perfect opportunity for them to be tested, and to learn how easy and quick it can be.

No extra recommendations.

Giving away a hotline number, though which participants can ask their questions from healthcare professionals in private.