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## Iranian Adolescent Girls' Perceptions of Premarital Sexual Relationships: A Qualitative Study

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### Abstract

Sexual perception refers to the attitudes, expectations, beliefs, and values associated with sexual behaviors. Adolescents' sexual behaviors is affected by the knowledge, attitudes, values, beliefs, and social norms in their society. In this respect, the sexual perception of adolescents can be studied from a cultural perspective. The present study was designed to identify factors affecting Iranian adolescent girls' perceptions of premarital sexual relationships. A qualitative study was conducted using a conventional content analysis approach. Data was collected using in-depth unstructured interviews with 18 adolescents recruited through purposive sampling. Data analysis resulted in the development of a primary main theme, meaning and value of sexual self-care, and three main categories: significant others, sexual norms, and attitudes, and perceived risks. Overall, findings of the present study revealed that the sexual perceptions of Iranian adolescent girls motivated them to abstain from premarital sexual relationships. However, apart from the perceived double standards involved in social norms and attitudes identified in the study, the presence of a conflict caused by their families, schools, and peers necessitated the importance of establishing and consolidating parent-adolescent communication about sexual issues. Findings of this study point to the need for appropriate sexual education for adolescents and parents to promote adolescent sexual literacy and health.

### Keywords

Adolescent Girls, Premarital Sex, Sexual Perception, Abstinence, Content Analysis

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# Iranian Adolescent Girls' Perceptions of Premarital Sexual Relationships: A Qualitative Study

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## Introduction

Sexual perception is defined as the attitudes, expectations, beliefs, and values associated with sexual behaviors (O'Sullivan & Brooks-Gunn, 2005). Adolescence is a time characterized by extensive changes to physical, cognitive, social, and psychological development. The changes that directly affect the sexual perceptions and behaviors of adolescents have been identified as the acquisition of secondary sexual characteristics, the

initiation of romantic relationships, and the evolution of sexual self-concept (Biro & Dorn, 2005). A healthy sexual evolution is an important goal of adolescents, followed by safe and healthy sexual encounters during adulthood, self-efficacy and independence during sexual decision-making, and the establishment of healthy sexual identity (Koyama, Corliss, & Santelli, 2009).

Epidemiological, medical, and psychological studies often examine sexual problems during adolescence and sexual problems during adulthood as two separate and distinct research areas (Fortenberry, 2003). While sexual activity is considered ordinary for adults, in adolescence, sexual activity has been considered maladaptive or associated with risk-taking behavior which may insinuate that abstinence is the preferred sexual method for adolescents (Fortenberry, 2013).

Wang, Cheng, and Chou (2009) found that sexual abstinence is the most important behavioral-based strategy for the prevention of STDs and pregnancy in adolescents. Therefore, in many countries across the globe, educational programs endorsing abstinence underpin the sexual education curriculum for adolescents. However, various systematic reviews have demonstrated that that programs promoting abstinence are unsuccessful at controlling high-risk sexual behaviors in adolescents (Underhill, Montgomery, & Operario, 2007). Therefore, it is worth noting that some Iranian adolescents do not choose abstinence.

Adolescents' sexual behaviors are affected by the knowledge, attitudes, values, beliefs, and social norms in their society (Fantasia, 2009a). In this respect, adolescents' perceptions of sexual behaviors can be studied from a cultural perspective (Ott & Pfeiffer, 2009). *Cultural models*, as a vehicle for representing and organizing culturally-specific information, are mental structures through which human realities are created and interpreted. Sex-related cultural models may involve culture-informed notions of romantic relationships, sexual curiosity, and permissible sexual behaviors (Esacove, 2008). *Sexual scripts* are a type of cultural models that define who, what, when, and why specific sexual behaviors occur. Simon and Gagnon (2011) found that cultural models provoke beliefs and behaviors during the early years of childhood and play an instrumental role in the socialization process as well as in the flexibility and adaptability of a person throughout their life.

*Sexual socialization* is the process through which young people learn and internalize sexual knowledge, attitudes, skills, norms, and expectations for sexual relationships (L'Engle & Jackson, 2008). Sexual socialization occurs through different sources, including parents, peers, partners and mass media (Morgan & Zurbriggen, 2007). Different sources of information may disseminate different messages about sexual relationships. Therefore, they may influence their sexual beliefs and behaviors differently (Bleakley, Hennessy, Fishbein, & Jordan, 2009). While parents and schools often promote healthy socialization, peers and the mass media may accelerate teens' sexual activities (L'Engle, Brown, & Kenneavy, 2006). Lammers, Ireland, Resnick, and Blum (2000) found that the perceived parental disapproval of sexual relationships is associated with a lower likelihood of sexual activity, and Dilorio et al. (2001) found that perceived peer approval is associated with an increased likelihood of it.

Religion is a protective factor against early teen sexual behavior. In a study by Cotton, Larkin, Hoopes, Cromer, and Rosenthal (2005), teenagers with religious beliefs were significantly less likely to engage in risky sexual behaviors. Moreover, Callaghan (2005) showed significant relationships between spiritual growth and the acceptance of adolescents' responsibility about the healthy promotion of self-care.

People learn their specific sexual scripts within different cultures and contexts. Meanwhile, socialization is a lifelong process that begins in childhood, considerably increases during adolescence, and continues throughout adulthood (L'Engle & Jackson, 2008). Due to historical, cultural, legal, and religious prohibitions, premarital sex is taboo in Iran. Also, it worth noting that Iranian adolescents experience different social environments than their

counterparts in Western societies. The cultural expectations that are promoted by Islamic teachings discourage young people from having friendships with members of the opposite sex and prohibit premarital sex (Bahrami, Sibmar, Bukowski, Vedadhir, & Panarello, 2016).

Iranian adolescents comprise nearly 16.34 percent of the population, half of which are girls. Similar to other societies, the mean age of marriage has risen in Iran. In 1976, the mean age was 19.7, but it had risen to 23.4 years by 2011 (Nourolahi et al., 2013). Consequently, the gap between puberty and marriage, as the only legal way to allow young people to experience their first sexual encounter, has been considerably prolonged (Rahmani et al., 2014). It has been argued that this gap may result in an increased amount of premarital sex (Latifnejad, Javadnoori, Hasanpour, Hazavehei, & Taghipour, 2013). In a systematic review of the factors that contribute to high-risk sexual behaviors among Iranian adolescent girls, the prevalence of sexual relationships varied from 12.8 to 20 percent (Alimoradi, Kariman, Simbar, & Ahmadi, 2017a).

While the cultural and religious context of Iran expects adolescents to choose sexual abstinence (Bahrami, Simbar, & Soleimani, 2013), Latifnejad, Javadnoori, Hasanpour, Hazavehei, and Taghipour (2012), found that formal sex education was not consistent (or available) to a large proportion of schools and religious institutions in Iran. Nevertheless, many Iranian adolescents choose to remain abstinent and avoid premarital sexual relationships (Mohtasham et al., 2009). How this sexual script is developed for Iranian adolescent girls is not yet studied.

### **Role of Researchers**

I, as the first researcher, was a Ph.D. candidate in reproductive health when the study was designed. Due to importance of sexual and reproductive health (SRH) among adolescence, an extensive literature search was conducted. Literature review showed lack of national studies regarding their SRH self-care measures. So, I decided to design a study entitled explaining the concept of sexual and reproductive self-care in adolescent girls, designing, and psychometric analysis of an instrument as my Doctoral dissertation. The other research team members are academic members and researchers at Shahid Beheshti University of medical sciences and Tarbiat Moddaress University in Tehran, Iran.

### **Purpose of the Study**

Due to importance of sexual and reproductive health (SRH) among adolescence in Iran this study seeks to explore sexual and reproductive self-care in adolescent girls. Achieving a better understanding of adolescents' perceptions towards sexual activity may assist in the design and implementation of programs and interventions for improving adolescent sexual health. Since no prior studies have been conducted on the perceptions of abstinence in the Iranian cultural context, this qualitative study was performed to explore the reasons for premarital sexual relationships in the Iranian social context. Specially, this study aimed to explore why adolescent girls abstained from premarital sexual relationships. The findings of this study may have implications for providing appropriate and culturally-sensitive education and reproductive healthcare support to young people in Iran.

## **Method**

### **Study Design**

The purpose of this study was to explore adolescent self-care behaviors relating to premarital sexual relationships. Sexual behaviors in young people can be influenced by the knowledge, attitudes, beliefs and social norms of the social and cultural context in which they live (Fantasia, 2009b; Richard & Shea, 2011). For the present study, a qualitative approach was used to best understand the complex and multi-faceted sexual behavior and beliefs of young people in an Iranian cultural and social context. Qualitative methods have potential to provide deep insight into the understanding and experiences of individuals (Thomas, Nelson, & Silverman, 2018). In this regard, we decide to design qualitative study with content analysis approach to answer the research questions in the present study. Content analysis is a qualitative research method which aims to provide knowledge, new insights, a re-examination of facts, and a guide for action (Elo & Kyngäs, 2008). Content analysis is also considered as a method for data analysis, and the subjective process of classifying text data into clusters of similar entities or conceptual classes to identify patterns and relationships between variables or within the context (Given, 2008). Content analysis, beyond the mere extraction of the objective content of text data, takes into account attitudes, values and motivations (Payne & Payne, 2004).

### **Participants**

The target group of our study were adolescents. A total of 18 adolescent girls were interviewed. The adolescent participants were aged between 13 and 19 years, had no history of chronic medical or psychological diseases, were single, and attended either high school or university students. The present research used a purposive sampling method for recruiting the adolescents from June 2015 to June 2016 in an urban area of Iran. Sampling was maintained until data saturation was reached. Maximum variation in sampling was considered in terms of age, the presence or absence of friendships of the opposite sex, family structure (e.g., living with one or both parents), and parents' educational level and present occupation(s). We prepared a checklist to collect these data.

### **Method for Data Collection**

In-depth unstructured interviews were used to collect data in the present study. The interviewer was female (the same sex as participants), which may have aided in establishing rapport with the adolescent participants. Participants were provided with an overview of the study, informed that they could withdraw at any time, and provided with assurance of their anonymity, confidentiality and privacy before they were asked to provide verbal content to participate in the study. As such, no interviews were conducted in the participant's school or university. Interviews were conducted in a pre-arranged private location and tape-recorded. The interviews were initiated using questions such as "How do you take care of your sexual health?" and "Why did you choose sexual abstinence?" For improving the depth of the interviews, probing and exploratory questions were used to aide participants to further expand their opinion, experience and feelings. Some of these questions included: "would you explain more about how your family (peers/ teachers) influence your behavior?" and "would you explain more about your relations with your boyfriend?" The duration of the interviews varied between 20 and 85 minutes based on the participants' desires.

## **Data Analysis**

The present study used a conventional content analysis method based on Graneheim and Lundman (2004). MAXQDA<sub>10</sub> was used for the storage, retrieval, and management of data. Interviews were transcribed verbatim within 24 hours after each interview (Graneheim & Lundman, 2004). Transcriptions were read several times before the content was highlighted and sequenced into specific semantic units. To specify semantic units, the transcripts were analyzed line-by-line. Each phrase or sentence that contained a semantic meaning was labeled with a code. The coding process aimed to identify the maximum number of possible codes in order to ensure complete data verification. Codes were organized into sub-categories and categories based on their similarity. Finally, a theme was developed based on the central themes of each category.

## **Trustworthiness of Data**

Credibility of data was evaluated by sending two coded interview transcripts to two of the participants for verification. In addition to this, the transcriptions, codes and categories were sent to the members of the research team for peer-review. External auditing and code-recode methods also took place to assess the coding accuracy. For external auditing, coded interview transcripts were sent to two qualitative study experts who were not members of research team. External auditors reviewed all transcriptions, extracted primary codes, and categorized primary codes. Auditors also checked the appropriateness of the main codes and the categorizing and naming of sub-categories and categories. In some case, the auditors suggested modifications to the names of the categories to more accurately represent the themes found.

## **Ethical Considerations**

This article is a part of a larger qualitative study investigating sexual and reproductive self-care in adolescent girls approved by of Ethics Committee of university (decree code: SBMU2.REC.1394.66). Other findings of this project can be found elsewhere (Alimoradi, Kariman, Simbar & Ahmadi, 2017b; Alimoradi, Kariman, Ahmadi, & Simbar, 2017; Alimoradi, Kariman, Ahmadi, Simbar, & AlaviMajd, 2019). Required permissions were obtained from relevant authorities before the study took place.

## **Findings**

This study was conducted with 18 adolescent girls between the ages of 13 and 19 years. The majority of them were high school students. Five students were recruited from art school and one was a university student. The educational level of the participants' parents varied from the fifth-grade of elementary school to bachelor's degrees. Their fathers had various jobs including worker, clerk, teacher and self-employed. Some of their mothers identified as housewives while others were employed. The majority of the participants lived with both parents, except two participants whose parents had been divorced and one participant whose father was deceased. A total of 10 participants had experienced friendships with the opposite sex. In spite of the participants' range in age, the researchers did not note any different patterns in responses.

The data analysis led to the development of the main theme: "meaning and value of sexual self-care" and three sub themes: "significant others," "sexual norms and attitudes" and "perceived risks."

### Sub theme 1- Significant others

While talking about reasons for abstinence from sexual relationships, most participants described messages they received from parents, schoolteachers and peers regarding interactions with the opposite sex. The perceived messages from parents and schoolteachers were almost the same. Thirteen of participants mentioned that they were warned to avoid any friendly relationship with the opposite sex during adolescence by their parents or teachers.

When my mom found out about my friendship with a boy, said: “it is too early for you to do such things, and you should wait until you are mature, when you want to decide to get married” (15-year-old, with the experience of friendship with the opposite sex).

Similar messages were reported by other adolescents and demonstrated that they felt like they had been *warned* against developing a friendship with the opposite sex. Some adolescents interviewed felt lonely as a result of feeling prohibited from developing friendships with the opposite sex.

Most adolescents in the study reported that they had been advised to avoid situations that could increase the possibility of involvement in sexual intercourse. One participant reported that their teacher had said: “when going out with your boyfriends, do not go to places that you will be alone, never go to their houses...” (Participant 14, 18-year-old, with the experience of friendship with the opposite sex). Similar perceptions were mentioned by eight of the participants.

The present analysis revealed that a significant portion of adolescents interviewed felt that their parents and teachers did not convey information about potential risk of sexually transmitted infections, pregnancy, and other sexual and reproductive risks. Six of participants mentioned this point. Participant 2, a 14-year-old, with no friends of the opposite sex, explained:

My mom has told me that friendship between a boy and a girl at this age is due to their natural needs, and usually the boys abuse such a relationship, and it’s the girl who would be hurt. All of them (parents and teachers) said we don’t have such relations but no one explains why.

However, most adolescents suggested that the messages conveyed by peers was different to parents and teachers. It was suggested that peers typically encourage friendships with the opposite sex, but also advise to avoid sexual intercourse in such friendships. Twelve of participants mentioned this point in their interviews, as one of them said: “My friends are proud of their boyfriends ... They told me ‘this boy is very nice and handsome, come and make romantic friendships with him’ ...” (Participant 6, 15-year-old, with the experience of friendship with the opposite sex). While it seemed that peers encouraged most participants to have a boyfriend, they also advocated for avoiding sexual relationships. Five participants emphasized this point. Participant 15, an 18-year-old, with friendships of the opposite sex said: “We care about each other ... We always say to each other ‘it is better be aware to not cause any problem [sexual intercourse with boyfriends].”

Taken together, these findings suggest that parents, teachers and friends are influential people in the lives of participants. They conveyed a similar message in that they all appeared to discourage premarital sexual relations.



## Sub-Theme 2: Sexual Attitudes and Norms

The sub-theme, *sexual attitudes and norms* represented the adolescent participants' personal beliefs about social norms. These attitudes and perceptions were divided into two general categories: *high-risk attitudes* and *protective norms*. "High-risk attitudes referred to the personal beliefs of adolescents about behaviors that result in interactions with the opposite sex. In Iran, high-risk attitudes could be beliefs that may lead one to interact with the opposite sex or have physical contact (e.g., kissing and embracing) (both of which are considered to be unacceptable in Iranian culture for adolescents. Meanwhile, these cultural norms serve a protective function and could prevent adolescents from having premarital sex.

Despite cultural norms, ten of the participants agreed that relationships with the opposite sex (including kissing and embracing) was common. For example, Participant 11, a 17-year-old, who has experienced numerous friendships with the opposite sex stated, "Now kissing or embracing is very ordinary ... Everybody does that." When adolescents progress from platonic to romantic relationships, they might start thinking that this kind of physical contact is normal, and this behavior could escalate to sexual activity.

Participants in the study also considered it to be unusual if other girls in their peer group didn't have boyfriends, and they felt honored to have a boyfriend within their peer group. This ideation was most common among 15-year-old girls in the sample. In addition, ten participants stated that socializing with other adolescent girls with boyfriends encouraged them to have friendships with the opposite sex. For instance, Participant 10, a 16-year-old who has never been friends with someone of the opposite sex said: "My classmates talk in such a way that I am not ordinary persons since I don't have boyfriends."

Eight adolescents in the study were in agreeance that they were encouraged to think about the illegal nature of friendships with the opposite sex and premarital sex by parents, school, and society in general. They showed consensus that Iranian culture promoted the belief that future *good wives* did not have friendships with the opposite sex. For instance, Participant 5, a 15-year-old who has been friends with members of the opposite sex stated, "It is too early for an adolescent girl who is not married to have such kind of relationship, and they should be avoided." Participant 15, an 18-year-old who has been friends with members of the opposite sex agreed, "If a boy really loves me and wants to have intercourse with me, he should marry me." When adolescents believe that the best way to have sexual relations is getting married, they tended to report abstaining from premarital sex. It may be that the stronger this belief, the more likely sexual abstinence will occur. Overall, sexual attitudes and norms influenced adolescents' individual beliefs and social interactions with the opposite sex.

## Sub-Theme 3: Perceived Risks

The participants in the study viewed the risks of premarital sex as including the physical problems (e.g., STDs) that sexual intercourse can cause, the psychological trauma that losing your virginity can cause in respect to social stigma, and the potential impact that these outcomes collectively could have on the future (e.g., loss of family support and trust, diminished social support, ostracization, depression and potential promiscuity).

Specifically, three out of the eighteen participants expressed concerns about premarital pregnancy, infertility, and the transmission of hepatitis and AIDS. For instance, Participant 5, stated, "If the boy is HIV-positive, the girl might be infected during sexual intercourse, too."

Half of the participants were concerned about the psychological harm (e.g., depression) caused by breakups and losing your virginity after having friendships with the opposite sex and/or premarital sex. Moreover, seven of the participants believed that the potential feelings of loss, grief, or depression caused by breakups could lead to suicide. For example, Participant

10 said, "If someone has premarital intercourse, even if not found out at that time, will be revealed after her marriage that she is no longer a virgin. If revealed, losing virginity might lead to many marital negotiations in future or might lead to divorce."

Furthermore, three participants said they avoided friendships with boys by taking care of their psychological and mental well-being. Specifically, Participant 10 stated, "I try to avoid making friendship with opposite sex; challenges of such relations might endanger my mental health." Clearly, some adolescent girls feel that friendships with the opposite sex could deteriorate their mental health.

Ten of the participants avoided friendships with the opposite sex to be able to enjoy the support and trust of their families. Participant 6, a 15-year-old who has been friends with the opposite sex, said:

When my mother found about my friendship with a boy, she said, "I'm going to inform your father." And I cried and begged her not to tell him... I told her, "Now that I have lost your trust, please don't tell my father about that. I don't want to lose my father's trust, too."

A 17-year-old participant who has been friends with males agreed: "I have never accepted the request for having sexual relationships with a boy, since I have heard that families reject such girls and do not care about them anymore."

The risks most frequently mentioned by the participants in the study included disgrace and ruination of life. Participant 7, a 15-year-old who has never been friends with a male, said, "I have never done such a thing before ... He (my boyfriend) will abandon me, and then my future will be ruined."

Sexual abuse and involuntary pornography were risks expressed by two of the participants. Participant 15, 17 years old, said, "Another reason that makes me reject such a relationship is the possibility of taking images or films for further abuse."

Overall, it is possible to assume that most adolescent girls from Iran in the present sample believe premarital sex has some risks, including physical, psychological, and social problems.

## **Discussion**

According to Family Process Theory, adolescents internalize the values and norms expressed through open dialogue with parents. These implied parental messages can influence adolescents' decisions about sexual activity (Meschke, Bartholomae, & Zentall, 2002; Whitaker & Miller, 2000). Furthermore, Schouten, Putte, Pasmans, and Meeuwesen (2007) reported that a sufficient amount of communication between parents and adolescents about sexual issues can encourage responsible sexual behavior. Findings of the current study revealed that parents, teachers, and friends were most influential in developing the beliefs and ideas of adolescent girls' sexual and reproductive beliefs and behaviors. Despite the fact that adolescents in the study reported peer pressure to have opposite sex friendships, all of the girls who participated in the study believed that abstaining from sexual relationships was the best way to promote reproductive and sexual self-care.

Another finding of this study was the high-risk attitudes perceived by adolescent girls within peer groups. In this regard, the messages that the adolescent girls received from their peers encouraged them to have friendships with members of the opposite sex. Therefore, peer pressure made adolescents ignore the beliefs and norms of their social and cultural context. In a series of studies, Selikow, Ahmed, Flisher, Mathews, and Mukoma (2009) consistently showed that peer pressure caused adolescent boys and girls in South Africa to ignore healthy

social norms and disregard messages implying that abstinence and the use of condoms will prevent the transmission of AIDS. Ahmadi, Khodadadi Sangdeh, Aminimanesh, Mollazamani, and Khanzade (2013) found that the reduction of parental control and supervision increased adolescents' dependence on peers, which in turn increased their risk-taking behaviors that led to sexual activity.

Another finding of this study involved Iranian adolescent's perceptions about protective norms within their own community. These protective norms included restricting sexual behaviors and intercourse to marriage abstaining from premarital sex and friendships with the opposite sex. Long-Middleton et al. (2013) found that beliefs, values, ethical standards, and ideals were reported as reasons for adolescent abstinence. Furthermore, in a study by Rostosky, Regnerus, and Wright (2003), religious beliefs and commitment to post-marital sexual intercourse had a significant relationship with the delay of adolescents initiating sexual activity. In addition, DiLorio, Dudley, Soet, and McCarty (2004) reported that protective factors (e.g., educational goals, self-concept, future-time perspectives, orientations to health, self-efficacy, and outcome expectations) had a mediating role between possible sexual situations and adolescents' sexual behaviors. In other words, respondents who were simultaneously exposed to protective factors and a high number of situations that involved the possibility of sexual activity reported less sexual behavior than those with less protective factors and a high number of situations that involved the possibility of sexual activity.

The risks perceived from interactions with the opposite sex caused adolescent girls in the current study to consider their health when deciding if they would remain sexually abstinent or not. The perceived risks from interactions with the opposite sex involved losing their virginity, experiencing depression and other psychological problems, losing their family's support and trust, and experiencing social harm (e.g., damage to future educational opportunities and future marriage).

Due to the lack of appropriate sex education in the educational system of Iran and Iranian society in general, it is not surprising that the present study observed a lack of awareness and knowledge about sexually transmitted diseases (STDs) and the other reproductive and sexual consequences of premarital sexual relationships. In fact, only three adolescent girls in the study noted the risk for STDs (e.g., AIDS), as well as unwanted pregnancies and other resultant problems. According to two previous studies, Iranian adolescents only had moderate knowledge about AIDS and other STDs, and only half of them knew that condoms can prevent the transmission of STDs (Malek, Shafiee-Kandjani, Safaiyan, & Abbasi-Shokoohi, 2012; Yazdi et al., 2006).

In a study by Long-Middleton and colleagues (2013), one of the reasons for adolescent abstinence was their fear of possible consequences from sexual intercourse (e.g., being afflicted by STDs and AIDS). According to a study conducted by Ott and colleagues, adolescents expressed a perceived *protection* against AIDS and other STDs as the main advantage for abstinence from sexual relationships (Ott, Pfeiffer, & Fortenberry, 2006). In contrast to the present study, adolescents with more extensive sexual education more frequently cited the possibility of AIDS and other STDs as being a risk of sexual intercourse (Ott et al., 2006). Social risks other than health risks also affected Iranian adolescents' decisions about premarital sexual relationships. An explanation for this finding could be that the primary messaging they received involved discussion of the social and health risks.

## Limitations

Despite the present study offering new insights into the perspectives of Iranian girls, qualitative studies are affected by the cultural and social backgrounds of the participants and are less likely to be generalized. Therefore, the findings of this study might not be generalized

to adolescent boys, girls in different age groups, or adolescent girls from other cultures. Although sampling with maximum variation is one strength of this study, the sensitivity and difficulty of talking about sexual issues for adolescents in part may have influenced the validity and credibility of the adolescents' responses.

## Conclusions

The present study explored the perspectives of adolescent girls in the context of Iranian culture, and proposed that the messages of parents, schoolteachers, and peers affected adolescents' attitudes. Furthermore, these messages—combined with the risks perceived by relationships with the opposite sex (including friendships)—led to adolescent girls' sexual perception, which encouraged them to use abstinence as a strategy for sexual self-care. However, there is a contrast between group-based attitudes and the messages portrayed by families, schools, and social norms. Selikow et al. (2009) anticipated that the largest influence on adolescent sexual behaviors comes from peers, and they emphasized the poor and superficial communication about premarital sex between parents and adolescents. In order to alleviate this problem, increased sex education and open communication between parents and adolescents about sexual issues are both necessary.

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