



Community Mobilization for Youth Health Promotion: A Lesson Learned From Iran

Sh Djalalinia¹, F Ramezani Tehrani², H Malek Afzali³, N Peykari¹, *M Baradaran Eftekhari⁴

- 1. Deputy of Research & Technology, Ministry of Health & Medical Education, Iran. & Endocrine & Metabolism Research Center, Tehran University of Medical Sciences, Tehran, Iran*
- 2. Reproductive Endocrinology Research Center, Research Institute For Endocrine Sciences, Shahid Beheshti University of Medical Science, Tehran, Iran*
- 3. Health Research Institute of Tehran, Tehran University of Medical Sciences, Tehran, Iran*
- 4. Deputy of Research & Technology, Ministry of Health & Medical Education, Iran & SDH Research Center, University of Social Welfare and Rehabilitation Sciences*

(Received 11 Jul 2011; accepted 21 Jan 2012)

Abstract

Background: More than 36 % of the total population of Iran consists of young people aged 15 to 25 yr. Recent studies show that this age group has the highest rate of serious health problems. Youth participatory studies on youth health priority have shown that mental health is one of the most important priorities in youth health. Aim to assessing the mental health needs of youth we conducted a peer group based multidisciplinary study.

Methods: To conduct a multi disciplinary approach through involving youth for finding their mental health needs and their suggestion for solving them, we designed a qualitative approach based on grounded theory. To data collection, we used a semi-structured guide questionnaire. Sixteen focus group discussions were conducted by trained peers with youth aged 15-25 years.

Result: According to FGDs results, most of youth health needs concern with their interpersonal communications skills particularly with their parents'; they had some problems with their parental expectations meet; life skills; self-expression and problem solving process. They were extremely interested in participatory approach in which they involved in assessment and determination of their health problems also in designing health programs.

Conclusion: Success of program shows empowering the community through capacity building and notice to peer group-based interventions to critical enhancing in various aspects of youth health is the most effective method to needs assessment and community mobilization for better health.

Keywords: Community mobilization, Youth, Health, Iran

Introduction

More than 36 % of the total population of Iran consists of young people aged 15 to 25 (1). As young people are the future citizens, leaders, parents and workers of each country, have an impor-

tant role in economic and social well- being of each nation and the world (2).

Available studies have expressed that young people between the age of 15 and 25 have the highest

rate of serious problems such as mental problems, risky behaviors, mal nutrition and so on (2). Youth participatory studies on youth health priority have been shown that lifestyles (exercise, nutrition), risky behaviors and different aspect of mental health are the most important priority in youth health (3).

Based on finding of conducted studies, there is a progressive need to increase in youth health providing should be conducted based on their specific needs and preference (4). In order to design an efficient health programs, one of the most essential points is the study and considering target groups views (5).

Recent related researches emphasized that youth tend not to use provided professional mental health services (6). On the other hand, well-trained peers as capable human resource for health promotion through community mobilization were more preferred. Peers have been described as an approach to health promotion in which peers supported themselves to healthy behavior (7).

It is noticeable that peer group based interventions led to critical enhancing in various aspects of youth health, particularly in private and sensitive issues such as mental health. In such cases some special approaches such as youth peer needs assessment, peer based interventional programs, as well as life skills promotion introduced as best practices (8). In addition, it is clarified that peer-based interventions as a cost effective potentially facilitate important changes in health-related behavior (9-14).

In Iran, same as other countries, special attention to the youth health needs is one of the most priority of Health Researches (15). On the other hand, despite of implicit advantages the analysis of interventional studies that were performed in Iran have been shown, that less than 10% of projects, has been designed base on peer education methods (16, 17). Then we should consider carefully peers based closely supervised programs that ensure continuing quality improvement (12).

Considering all the above-mentioned, present study, as a part of comprehensive community mobilization for youth better health, was underta-

ken to assess youth mental health needs assessment. In order to achieve maximum level of participants' confidence and maximum transparency of results we used a qualitative design based on Grounded theory mainly focuses on access to new phenomena and novel ideas (18).

Materials and Methods

This study was an operational research based on community mobilization and active participation of youth and peer groups. As it was a vast multidimensional study, this article consist of the qualitative peer needs assessment results regarding mental health. Also proposed interventional youth health promotion programs extracted base on them. Implementing a multidisciplinary approach, evaluating of the programs' efficacy, and expanding the effective program will be discussed in separate articles. Youth mental health needs are assessed through qualitative method by trained peer groups and then appropriate interventions has been designed. Stages of the study were as follows:

1- Select the appropriate place for research: Ekbatan complex is located in the western part of Tehran, it is a densely populated community with an integrated structure, easy access to the community, homogenously, upper socio cultural situation, higher structural groups activities, and having multidimensional NGOs (Non Gov-ernmental Organization). Based on its mentioned characteristics, defined population in this place was selected as the field of our study. The community and target group size were respectively 60,000 and 10,000.

2 - Draw the participation of stockholders and key persons of the locality : several participatory meeting was held and different related aspects of project were discussed with resident people of area, youth, related GOs and local NGO's representatives and the view points of audience were considered to modify essential points of project.

3 - Establishment of scientific committee: with participation of experts of adolescent health this group started to design the research instruments, research

process monitoring and other research managing responsibilities. Also along to this committee, the Executive Committee with the executive project partners, volunteers and key person in research field was established. The main responsibilities of executive Committee were: advocacy, assessing potential facilities and opportunities of the area, selection volunteers to perform "need assessment plan" cooperation in need assessment and evidence based interventional program designing.

4 - Volunteer selection: The selection criteria for volunteer youth (aged 15-25) were : interest in working with peers among community, the ability to be respectful, non-judgmental, to maintain client confidentiality, acceptability among others opinions, the ability to establish good relationship with individuals and within a group, The ability to serve as a role model and to exercise leadership, the ability to deal with relevant information and program content, spending enough time for this program, draw parents ' satisfaction.

5 - Defining the frame of target group : According to previous census results, to access exactly families demographic situation, data forms were filled out at the door of every home by cluster Commissars (a male and a female for each team) the gathered data were analyzed to develop educational and cooperative plans for young people of the area. The community size was 60,000 and the target group size 8072 (53% of them were male and the remaining 47% were female).

6 - Capacity building of youth volunteers: In order to capacity building of volunteers for active Participation in the project and assessing the health needs of young people, according to predetermined goals of project, 60 volunteers of 20-25 years were selected to act as a communicative chanel between project executors and young people of the area. The four days compact educational course was conducted. According to literature review and consulting with executive and scientific committees 4 main subjects related to youth health consist of Mental health & life skills, nutrition, high risk behavior, and leasure times were selected as the main educational domains. To enhance the quality of

education, they were trained by student oriented methods such as question and answer, role playing, games, group discussion, film analysis etc. After that different research methods, priorities setting in health subjects were introduced (two days) and volunteers passed a three days workshop among qualitative study exactly focused on Focus Group Discussion (FGD) skills. Follow the training courses to access the acceptable level, essential skills specially in FGDs conducting, were exercised participatory with scientific committee members.

7- Development of research instrument: As our study was based on a qualitative method, aim to data gathering through FGD session, the adjusted guide questionnaire was designed by scientific committee based on related literature and goals of the study. In the pilot study reliability and validity of instruments were conceptualized as trustworthiness and rigor in qualitative research.

8- Assessing the opinion of the youth regarding to mental health needs : The three factors, which were applied to youth FGDs designing, were age, sex and educational level. Therefore, 8 groups were identified and 16 FGD sessions (2 sessions for each group) were organized. To access the highest level of confidence and transparency in data collection all of process consist of initial preparation, participants' invitation, session conducting, data collections, data analyses and youth health needs determination were conducted by training volunteers. The implemented qualitative method was Grounded Theory Often making processes transparent to social interactions between human (18). Method used for data collection was FGD. Time of each session was about 1 - 1.5 hour, during with was discussed to reach saturation and richness necessary information. After each session taken notes were complited with recorded tapes and comments were observed in initial analyses. Collecting and analyses of data was implemented through which simultaneously during texts open coding, main concepts were extracted, then in axial coding similar concerts categorized. Comparison and integration of similar codes lead to novel comments, suggestion, and ideas. The reliability

was established through study the amount of similarity between research findings with separate results extracted by independent another expert coding and analyses.

Ethical points

This study was approved by National Ethical Committee of medical research. Participation in this study was voluntary and informed consent was obtained from all of participants. All information was collected anonymously and the outcomes were used for research purposes.

Results

Data analysis of 16 FGD session was performed, 214 codes were extracted based on the goals and data analysis, findings among youth mental health opinion and their needs assessment points was concluded in the following major axis: Today's young definition, Today's ideal young people, Decision making process in youth (process and needs), Suggestions and solutions to increase the role of youth in decision making (based on their needs), (its' limitation and suggestion for Interpersonal relationship promotion), Problem solving skill (process, needs and suggestion to improvement).

Today's young definition

Most of young boys and girls participated in this study believed that from the adult point of views, today's young compared with last generation, considered as without purpose, without responsibility, obstinate, and compassionate persons. Against of mentioned view, nearly all of youth participants expressed that, if the essential facilities be provided, they could be the best. Most of them said that they are, capable, independent and sometimes without purpose and lovely. Also some of them emphasized that they could not accept their parents interventions in their private affairs not any more.

Young girls and boys who were succeeded in entering the university, believed that ; from the viewpoints of adults especially their parents, new generation of young people, compared with the

past generation, are very different. They must be similar to their last generation while generally they are less appreciative and more demanding, unresponsive among traditional culture, rude and bold, intelligent and ambitious, and people who should always be under supervision.

Regarding the participants' opinions among of new generation of youth or today's young , young girls with college education described their ourselves, without purpose and under pressure while same group with high school or less education were not agree with any parents intervention in their affairs. Many male participants knew themselves as uncertainty, unresponsive, generation, without regard to everything in life, low experienced and full energetic generation.

In total, the most fundamental needs expressed by most groups in this area was the expectations of realistic recognition of them and their capabilities by their parents and the community.

Today's ideal young

young girls and boys totally believed that today's ideal young must be balanced multidimensional and there is everything to him, fun education..., "the ideal of every opinion, in economic terms ", " may speak many languages "and" targeted. "

Without college education young girls had not any clear definition ideal young, instead the young college educated groups knew ideal young as a person who has balanced multidimensional personality with parallel attention to both; the education and fun. In describing young boys an ideal young considered as a person who respect to family rules; with a purposeful planning and attention to other different aspects promotion such as recreation, study, experience. One of the boys were also believed: "Because of the problems, all are involved and no one thinks about ideals".

In recognition of the ideal young pluralization of comments showed that young people are requesting for comprehensive attention of families and community to various aspects of youth personality specially his interests. Beside that they need families and community supports.

Decision making process in youth

Most of the young girls mentioned that the main role in the youth decisions making belong to them. Yet their family and friends are in next rank. However, mass media (satellite and Internet), friends and parents role, conditions and social patterns and exist cultural frameworks are the most important factors influenced on their decisive decision making. From the boys' point of views their decision makings are under power influence of different factors which family intervention, money, future, military, community facilities, cultural, friends, parents, the others experiences and also exist community frameworks. Totally most of participants believed that "Any decision is bigger than the role of youth will be less".

Suggestions and solutions to increase the role of youth in decision- making

It was an attractive discussion in which most of needs express as proposed suggestions. in providing suggestions and solutions to increase the role of youth in decision-making, most of all groups' participants were agree with two points. The first was more freedom for youth, and the second one was past generation beliefs' modification to access a middle balance between them. In was remarkable that young girls who had university education emphasized on parents' training, freedom of expression, based logic youth decision making, cultural modification. Many of male participants insisted on Protest in necessary situation and a few number of them said : " You can not do it better, forget it".

Interpersonal relationship

The most suitable connection in definition perception of most of the young university students girls were around the inter opposite sex relations. The majority of them believed that **having** an appropriate interpersonal communication directly up to his opinion and his age. Young under college educated girls as a on pre-requisites of effective interpersonal relationship, emphasized on self-esteem promotion. It was noticeable that no one of them could present a coherent definition

of the appropriate relationship. It was noticeable that most of male participans from different groups in their discription of interpersonal relationship, stressed that "Varies according to audience".

All of female and male participants believed that to have an effective interpersonal relationship, self steem is the first and the most essential skills.

Regarding the believe of most of youth participating in groups discussions; the family attitude among interpersonal relationship between opposite sex, the community attitude norm among relations between the different sexes, family members' weak interaction, community and family limitations, misconceptions in youth training, and people appearance are the main problems are in sucessfull inter different gender relationship.

Young girls believe that the majority of today's youth have essential skills to expressing them and in this base they are better than previous generations. Compared to female participants, malea consider self expression. Many of them express that that " unfortunately there is no appropriate conditions to its' showing". as a natural needs existed in every one identity.

Overall, most of universities student groups mentioned **that**; not inappropriate condition, youth opportunities hesitate, society limitations, environment threat, family encounters, and culture economical differente should be considered as the main effective factors on self expression. They also emphasized that the most efficient strategies for increasing the youth ability to self express are ; young people protection, skills training, and family attitude promotion among youth values. Young girls with high school or less education had no specific comment on these matter.

Total discussion results and indirect youth mentioned requires show that there is an obvious need to empower the youth in this area.

Problem solving skill

Overall Most of girls' problem solving experiences were based on their own decisions only while in male participants the most common mentioned manner was conculatation with parents. Proposed problem

solving process in young girls with high school or less education groups, were leaving the country and attending to addiction while young university students expressed that people should Proportionally to their problems seek help from expert consultants, family, friends etc. It is noticable that nearly all of male participants emphasized on “ different decision making based on different situations “.

As non of groups pointed to scientific and systematic problem solving process, the need for further study and youth trainingin regarding this point was siqnificantly obvious.

Discussion

Experts believe that mental health is one of the most important parts of hearth that influences the ways individuals look at themselves, their lives, and others in their lives. Like physical health, mental health is important at every stage of life (19). Findings of related studies demonstrated that understanding the main barriers for youth health help to design effective preventive strategies and appropriate interventions is the first step of their health promotion (20).

Assess to target groups views and participation in health programs conducting is one of the most noticeable points we considered in present project based on our review literature findings (5). Recent studies emphasized that, well-trained peers have considered as capable human resource for health promotion through community mobilization and create peer education framework (7).

Considering the results of group discussions, it is seem that regarding to the mental health one of the most important problem of youth is the lack of a sincere and close relationship with their parents. The reason may be related to their parents' consideration among today's youth personality, or youth believes that think adults do not agree with their features and have not good idea regarding youth overall.

However, most of young people believe that comparing with their past generation, today's young

are better and more capable themselves. Moreover, they persistency express that if family and community support them, they would be more effective. They emphasis that provided facilities enable them to reach to their best abilities and overcome their problems. However, among factors such as families' restrictions, social limitations and disincentive cultural factors block their progress way.

Most today's young people have a comprehensive view of the ideal young and believe that to achieve ideals must be multidimensional. They express that everyone should pay attention to spiritual promotion, and parallel with it should notice to making fun, income strategy, appeared etc. Other related studies proposed that pressure to meet parental expectations such as high academic achievement is one of the most conflicts in youth groups (6).

They believe that if they acquire communicative skills and if they promote their then they would be able to overcome their problems and play more effective role in their own destiny planning.

Based on the study results, briefly, to establish appropriate and targeted communication with family members, friends, or with the opposite sex, the obvious requirement for youth empowerment in life skills especially self-esteem and good speaking skills, good listening, interpersonal understanding were strongly felt. In this area, difficulty of balancing cultures and communicating with parents, family obligations based on the strong family values extracted from other studies (6). Regarding to another findings, most of parents believed that their child's efforts to communicate were not valued (5).

Mostly young people express a necessary nature regarding self-expression, but some of them in its definition and understanding went the wrong and did not know anything about fundamental role in the interpersonal relationship.

It seems that they found their problem roots in social constraints, lack of interpersonal competencies such as self-confidence. Girls have serious emphasis on the family role in their options instruction. Most of them believe that difference in families attitudes regarding cultural issues is the

main obstacle in communicating with the opposite sex or the self-expression is appropriate condition. The important role of increased self-esteem, self-worth and self confidence with develop social skills, expand social networks and improve quality of life were discussed in related studies (21).

Regarding the process of problem finding and problem solving, significant deficiencies in knowledge and skills of young people are seen. In such a way, mostly unaware about this statement and others even knew a few aspects of requirements, such as only consultation or thinking.

Studies confirms that there are many different factors influence on youth decision-making processes, the most essential of them cases can be cited to; their developing attitude regarding subjects, sex behaviour patterns, their level of maturity (4).

Overall, it was found that similar studies findings support our finding that there is an obvious need for delivering culturally appropriate program to participatory mental health promotion programs (6, 22). Besides there is a need for developing adequate education and provision regarding different aspects of youth health, particularly for teenage boys (4). Another point was best practices extracted from peer-led life skills promotion intervention, school-based healthy living skills practice, and peer-led health promotion (8, 11). Some other studies have shown student interest in learning about stress management and lifestyles (exercise, nutrition)(3) and least but not the least was focus on contextual modifying in the school and family and monitor program implementation (8).

Finally, with regard to this sum the following as some strategies for improving the mental health of young in the studied areas are recommended:

- Empowerment of youth through life skills training
- Serial training courses conducting based on youth state requirements
- Training courses and discussion sessions conducting for parents on common mentioned subjects: how to communicate with youth, youth common problems, problem-solving skill etc.
- peer groups education on HIV/AIDS in schools

- NGOs cooperation attraction to Parents empowerment programs promotion
- festival conducting to introduce healthy patterns of life
- Using youth cooperation in order to vast advocacy in knowledge promotion
- Q & A sessions with teachers and trustful counselors in schools
- Preparation and distribution of informative brochures in discussed Subjects
- Providing indirect counseling services (telephone, mail or...)
- Holding regional related demonstrative programs

Ethical considerations

Ethical issues (Including plagiarism, Informed Consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc) have been completely observed by the authors.

Acknowledgments

This project has led by Deputy of Research & Technology, Ministry of Health and Medical Education of Iran and supported by World Health Organization (WHO). The authors thank cooperation of Ekbatan population especially peers who have made this experience. Thanks to Research team devoted their time to the study; Dr Ahmadreza Farsar from Shahid Beheshti University of Medical Sciences, Dr Khosro Refai, Mehrdad Kazemzadeh, Dr Ahmad Ameri, Dr Farzad Shidfar and Dr Maryam Chinichian from Tehran University of Medical Sciences, Sepideh Azimi from the Deputy of Research & Technology at the Ministry of Health and Medical Education, Maryam Pedari, Nahid Ghaffari from Shahid Ghaffari health center. The authors declare that there is no conflict of interests.

References

1. Anonymous (2010). The World's Youth 2006 data sheet. Population Reference Bureau (PRB). Available from: www.prb.org
2. Anonymous (2010). Executive Summary-International Youth. Available from: www.prcdc.org
3. Katz A, Davis P, Findlay SS (2002). A health needs assessment of a university population. *Can J Public Health*, 93(1): 63-6.
4. Peykari N, Ramezani TF, Baradaran EM, Malekafzali H, Dejman M, Djalalinia Sh (2011). A peer-based study on adolescence nutritional health: A lesson learned from Iran. *JPMA*, 61(6): 549-54.
5. Hewitt TJ (2008). Parents' views of their children who have complex health needs. *J Paediatr Nurs*, 20(8): 20-3.
6. Lee S, Juon HS, Martinez G, Hsu CE, Robinson ES, Bawa J, et al (2009). Model minority at risk: expressed needs of mental health by Asian American young adults. *Community Health*, 34(2): 144-52.
7. Peykari N, Ramezani TF, Malekafzali H, Hashemi Z, Djalalinia Sh (2011). An Experience of Peer Education Model among Medical Science University Students in Iran. *Iranian J Publ Health*, 40(1): 57-62.
8. Forneris T, Fries E, Meyer A, Buzzard M, Uguy S, Ramakrishnan R, et al. (2010). Results of a rural school-based peer-led intervention for youth: goals for health. *J Sch Health*, 80(2): 57-65.
9. Webel AR, Okonsky J, Trompeta J, Holzemer WL (2010). A systematic review of the effectiveness of peer-based interventions on health-related behaviors in adults. *Am J Public Health*, 100(2): 247-53.
10. Tudor LC, Lauzon N, Myers AM, Bell RC, Chan CB, McCargar L, et al (2009). Effectiveness of the First step Program delivered by professionals versus peers. *J Phys Act Health*, 6(4): 456-62.
11. Paykari N, Ramezani TF, Malekafzali H, Djalalinia Sh (2007). The study on key stakeholders' opinion among student counseling centers promotion. *J Med Council of I.R.IRAN*, 25(4): 431-40.
12. Sloane BC, Zimmer CG (1993). The power of peer health education. *J Am Coll Health*, 41(6): 241-5.
13. Cai Y, Hong H, Shi R, Ye X, Xu G, Li S, et al (2008). Long term follow up study on peer led school - based HIV/ AIDS prevention among youths in shanghai. *Inter J STD/AIDS*, 19: 848 -50.
14. Baldo M(1998). Peer education: a successful strategy with some constraints. *Sex Health Exch*, (4): 1-3.
15. Anonymous (2010). Selected Statistical Information, Statistical Center of Iran. Available from: <http://www.sci.org.ir>
16. Anonymous (2004). Assess the ongoing program on counseling university students. Iran, Deputy of Research & Technology, MOHME [in Persian].
17. Medley A, Kennedy C, Oreilly k, Sweat M (2009). Effectiveness of peer education interventions for HIV prevention in developing counties: A Systematic Review and meta -Analysis. *AIDS Education and Prevention*, 21(3): 181 - 206.
18. Anonymous (2009). *Grounded theory* (GT). Available from : http://en.wikipedia.org/wiki/Grounded_theory
19. Anonymous (2011). Child and Adolescent Mental Health. National Mental Health Information Center.(Available from: <http://mentalhealth.samhsa.gov>
20. Amiri P, Ghofranipour F, Ahmadi F, Hosseinpanah F, Montazeri A, Jalali FS, et al. (2011). Barriers to a healthy lifestyle among obese adolescents: a qualitative study from Iran. *Int J Public Health*, 56(2): 181-9.
21. McCorkle BH, Dunn EC, Yu MW, Gagne C (2009). Compeer friends: a qualitative study of a volunteer friendship program for people with serious mental illness. *Int J Soc Psychiatry*, 55(4): 291-305.
22. Cuijpers P (2002). Effective ingredients of school-based drug prevention programs. A systematic review. *Addict Behav*, 27(6): 1009-23.