Concepts of sexuality and health among Iranian women in Australia

Background
Like other immigrants, Iranians face difficulties using sexual and reproductive health services in Australia. Expectations may be affected by experiences of population control services in Iran.

Methods
Fifty-one Iranian women in Sydney (New South Wales) participated in individual interviews and focus groups in 2003–2004. Recorded interviews were transcribed and translated into English and subjected to thematic and narrative analysis.

Results
Concepts of sexual health among respondents centred on reproductive gynaecology: pregnancy, contraception and menopause. Issues around relationships or sexual pleasure or pain were not thought of as being issues of ‘sexual health’.

Discussion
Communication with sexual health caregivers is hampered by the euphemistic, vague and symbolically loaded terminology used by the women in their own language, and their lack of knowledge of English and medical terms. They are reluctant to use interpreters and lack faith in their right to confidentiality. Practical suggestions for providing appropriate clinical care include the use of communication aids, approaching the topic obliquely and interviewing the woman’s husband where appropriate.

Iranian immigrants form a growing ethnic group in Australia, numbering about 19 000.1 Little has been published about this group.2–4 Iranian people tend to see the concept of health in holistic, spiritual, social, physical and emotional terms.5 Sexuality is an unspoken topic in Iranian culture.

The attitudes of Iranian women in Australia are coloured by their experiences of health services in Iran. Family planning information, services and counselling are free of charge but are directed at population reduction rather than sexual wellness. Access to sexual and reproductive health care for unmarried women is highly problematic, as women are required to obtain permission from their husbands or fathers. No programs exist to address sexual assault, domestic violence or relationship difficulties, and abortion is illegal.

This article draws on a larger research project on the sexuality of Iranian women in Sydney (New South Wales).1

Methods
A total of 51 women were recruited through volunteer and snowball sampling during 2003 and 2004. This was considered the most effective method for this small and diverse community.6 The women were aged 19–82 years and had been in Australia between 1 and 29 years. Thirty were currently married, nine were divorced, 10 were widowed and only two had never been married. Most (22) had high school education (15 primary only, 14 tertiary). The majority (36) were not employed.

The women were interviewed singly (face to face) and in focus groups using open ended questions concerning their understandings of sexual health. Data was collected predominantly in Farsi (Persian, Iran’s main language). Thematic and narrative analysis was used to extract themes from the data. All names are pseudonyms.

Approval for the study was obtained from the Human Research Ethics Committee of the University of New South Wales.
Results

Does sexuality have anything to do with health?

Topics such as pregnancy, contraception, irregular periods, infectious diseases, hysterectomy, osteoporosis and hot flushes were major concerns. None of the women mentioned issues such as sexual violence, sexual orientation, sexual difficulties or sexual satisfaction. The reproductive life course was the sole framework within which women sought sexually related care from health clinics.

When organs such as the vagina were mentioned, only physiological function was considered, and this was not connected with their own sexual pleasure or practice. Golpari, aged 23 years, implicitly linked the adverse effects of a difficult delivery with difficulties in her sexual relationship. She felt that delivery had inevitably loosened her vagina and she accepted ‘unpleasant intercourse’ as a reality of her sex life.

By limiting sexuality to the reproductive period of life, Iranian women did not focus on sexual wellbeing in the broader sense as it might be understood by Australian women; instead, they regarded themselves as sexually healthy when no gynaecological issues were experienced.

Language of sexuality in Farsi

The women were ambivalent about communicating sexual health issues and most found it difficult to discuss sexual topics with Australian health workers.

The majority of women identified the general practitioner as their main source of help for sexual difficulties, yet a number of women described sexual issues as ‘incurable’ because they perceived a huge gap between Australian perspectives on sexual problems and their own. For example, they said that an Australian sexual health counsellor or GP would probably misunderstand what a client meant by expressing a problem in her ‘marital relationship’ or ‘marital life’.

The majority of Iranian women used the terms zendegi-e-zanashoyi (marital life) and ravabet-e-zanashoyi (marital relationships) interchangeably. Because the women used the term ‘marital relationship’ as a euphemism for ‘sexual interaction’, it was hard to distinguish between their views on their relationship with their husbands and specifically sexual matters such as painful intercourse. Women in one focus group agreed that there was no English term corresponding to the concept of ‘marital life’. However, ‘marital relationship’ meant either intimate or sexual relations between husband and wife. According to the participants, such matters were private and not suitable for public discussion, even in an all female group of women who knew each other well.

Discussion

Farsi lacks a vocabulary of inoffensive words for genitalia and issues such as pregnancy or childbearing. As there are no generally accepted terms for children to use, each family picks up words and terms from their own children’s conversation, using pet names such as flower names for girls’ genitalia and phrases such as ‘little sweet’ for a small boy’s penis. Ghadegi (literally menstruation) is the most common term used for puberty; for breast the relatively acceptable term is sineh (chest); other words such as pestan or manaeh (‘tits’ or ‘boobs’) are regarded as vulgar. The terms andam/heykal (body shape) and dokhtari (maiden) or bekarat (literally hymen, ie. virginity) are common in daily conversation. Culturally, the hymen is salient as a symbol of modesty and chastity; it might be regarded as functionally trivial or ambiguous in another culture, but in Iran its symbolic meaning extends to a girl’s social status and her entire livelihood.

There are different terms for genitalia such as the general term alat tansoli to denote both male and female genitalia (with alat meaning instrument or tool, and tansoli relating to procreation), and the specific terms farj (vulva) and alat mardi (penis). Nowadays these terms are rarely used in every day conversation; medical terms are used instead.

Medicoscientific language is commonly used by health workers in clinical contexts, but medical jargon is often translated into a basic colloquial vocabulary which allows acceptable – although vague – communication between health workers and patients. In midwifery, the single word rahem (meaning womb or uterus,
and connoting ‘compassion and motherhood’ in Iranian culture) is commonly used by both health workers and patients to denote either the internal or external female genitalia. Women often use the words chiz (thing), inja (here) or oon (it) to discuss problems related to genitalia, just as English speakers say ‘down there’ or ‘inside’. Signs and symptoms are mentioned without specifying the name of the organ concerned, e.g. ‘it’s itchy’, ‘there’s pain in there’, ‘a bad discharge from there’, ‘spotting’.

This allusive and euphemistic language may express different concepts of sexuality that are not easily translatable or even understandable by outsiders. Iranian women may feel that the more concrete and specific English terminology is inadequate for expressing their feelings.

Almost all of the women said they would refuse access to an interpreter when discussing sexual matters. They feared that the interpreter would be a known person in their social group, that they would be embarrassed in front of the interpreter, and that confidential information would be divulged. Although these interpreters live in Australia and speak English competently as their second language, it is not clear whether they used English words with the same subtle senses as a native English speaker would.

**Awareness of services**

While a number of the younger women knew of the existence and role of sexual health counselling services, most did not. These women highlighted the issue of culturally inappropriate advice. Nayriz, a widow aged 56 years, narrated some of the advice she was given by a health professional in a sexual health clinic:

‘They don’t deal with what you believe in... no matter whether it’s wrong or right, it is just not appropriate. They offer you many ways to get yourself sexually satisfied... well can we accept such advice [eg. masturbation]?! No way [laughing].’

It is widely accepted in Iran that masturbation is unacceptable, even physically harmful; girls are urged not to touch themselves for fear of damaging their hymens.

Another woman in the same group supported Nayriz, displaying a lack of understanding of the norms of confidentiality that are routine in Australian clinics:

‘She [the counsellor] may refer you to somewhere else as soon as you tell her you are not happy with your sexuality, then you need to fill out a long form giving them all details about even your husband... well it is possible that they call your husband and cause so many problems.’

These women fail to seek help for a range of reasons: lack of awareness that services exist, ignorance about the role of particular services (eg. the distinction between sexual health clinics and family planning clinics, and understanding which services are provided by GPs) or disparity between their health needs and the care provided by clinics.

Although some people emigrate specifically in search of the perceived freedom of western countries, most people bring their understanding of sexuality with them and may fail to adjust in a host country with dissimilar sexual norms. Excessive sexual freedom and different sexual norms in Australia may be more problematic for older Iranian women than for young Iranians, who are more liberal in their sexual attitudes. 3

Conflict of interest: none declared.

**References**