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Analysis of Sexual Health of Adolescents Living in Residential Centers Based on Experts' Opinions

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A B S T R A C T

Objective: The aim of this study was to analyze the sexual health of adolescents living in residential centers based on the opinions of experts in the city of Isfahan.
Methods: This qualitative study was conducted using thematic analysis. The participants included sexual health experts from the city of Isfahan, selected through purposive sampling based on inclusion criteria. These individuals were examined using semi-structured interviews, and data saturation was achieved with 10 interviews.
Findings: After data analysis and coding, 94 initial codes, 11 axial codes, and 4 core codes were extracted. The core codes included the experience of negative emotions, various sexual disorders, experiences of neglect and rejection in the environment, and incorrect sexual upbringing. The axial codes were classified as feelings of hatred towards one's body due to sexual exploitation and income, belief in one's own badness due to sexual abuse, sexual problems of abused adolescents, inclination towards same-sex attraction, confusion about sexual orientation, sexual abuse of adolescents living in centers, lack of proper sexual education in the adolescents' families, inability to protect oneself due to the absence of support in situations of sexual abuse, compensating for rejection through non-committal sexual-emotional relationships, sexual vulnerability related to insecure attachment, and incorrect sources of sexual information.
Conclusion: Based on the findings, it can be concluded that adolescents living in residential centers face sexual health problems. It is recommended that psychologists and supervisors of these centers use the findings of this study to improve the sexual health of adolescents.

Keywords: *Sexual health, residential centers, experts, adolescents.*

1. Introduction

In the process of psychological development, adolescence is a very critical stage situated between childhood and adulthood (DiGirolamo et al., 2020). Adolescence, which begins around ages 10 to 11 and continues until approximately ages 18 to 22, is a phase characterized by biological, social, emotional, cognitive, and sexual transformations, and it signifies a period of comprehensive change (Bianchi et al., 2020). One of the social life issues is the existence of adolescents who, for various reasons, are housed in residential welfare centers (Embleton et al., 2017). These adolescents have lost their parents due to incidents such as traffic accidents and death, or their guardians lack the necessary social, moral, and behavioral qualifications to care for their children due to reasons such as addiction, inflicting physical or psychological harm, and abuse (Borjali & Borhani, 2022). Adolescents residing in welfare centers face numerous challenges and require support and solutions. Lack of support for them leads to social and psychological harm in the community (Gewirtz O'Brien et al., 2020). Additionally, the absence of parents can result in significant psychological distress and risky behaviors (Embleton et al., 2017), and since these adolescents are deprived of important sources of guidance and support, they are likely at greater risk (Shojaee & Eskandarpour, 2016). One of the dangers they face is engaging in risky sexual behaviors.

The absence of parents or having inefficient guardians is associated with having their first sexual relationship, multiple partners, and transactional sex (Faramade et al., 2023). These adolescents are more likely to experience disrupted relationships with parents and others, and are exposed to risks such as trauma and other risk factors that increase the likelihood of unsafe sexual practices (Walter, 2020). Adolescents in care facilities suffer from higher rates of sexually transmitted infections, AIDS, and pregnancies compared to other adolescents, making sexual health a specific concern in this population (Aparicio et al., 2021). Research shows that adolescents living in residential centers are at higher risk of physical and sexual abuse (Ayaya et al., 2023). In addition to insufficient knowledge about sexual orientations and risky sexual behaviors, they face limited access to reproductive health experiences and unmet cognitive, emotional, and sexual needs (Olaleye et al., 2020). Among adolescents with inefficient or no guardians, the rate of sexual assault is higher among girls than boys (Santa Maria et al., 2020).

These adolescents engage in unprotected sexual relationships earlier compared to those not in welfare centers (Gonzalez-Blanks & Yates, 2016). They experience significant peer pressure to engage in sexual activities (Bruce, 2016) and often lack sufficient knowledge related to making positive decisions about sexual health (Ahrens et al., 2013). They are less aware of contraceptive options and sexual orientations and are less likely to obtain the necessary resources for family planning and sexual health information (Robertson, 2013). Razaghi et al. (2012) in a qualitative study titled "Challenges of Sexual Health of Adolescents Separated from Home" concluded that adolescents under care face serious challenges in sexual health. Early and risky sexual relationships, bullying, and sexual exploitation by peers, and negative sexual attitudes were identified as threats to their health (Razaghi et al., 2013).

Given the aforementioned points, the importance of sexual health in adolescents is emphasized (Karatana & Ergün, 2021). Statistics from the Welfare Organization of the country indicate that 10,000 adolescents are under the guardianship of residential welfare centers (Ramseyer Winter et al., 2016). The family environment, which is the natural and normal setting for life, is the most suitable place for the formation and stabilization of health and sexual behaviors, while adolescent girls residing in residential centers are deprived of these conditions. They face numerous problems during this critical age and often find no answers to their many questions. These adolescents are a unique and vulnerable population deserving special attention with regard to enhancing sexual health and promoting healthy reproduction. Investing in the health of these girls is one of the main paths to achieving goals due to their dual role in the health of the community and future generations. This research introduces us to the issues and problems of adolescents living in residential welfare centers in the field of sexual health, providing significant information to other psychologists and residential care stakeholders in Iran, and paving the way for important practical changes in the process of caring for adolescents. Therefore, the present study seeks to answer the question: What are the sexual problems of adolescents living in residential centers based on the opinions of experts? The aim of this study was to analyze the sexual health of adolescents living in residential centers based on the opinions of experts through an in-depth and qualitative method.

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2. Methods

2.1. Study design and Participant

In this study, to discover the sexual problems of adolescents residing in residential welfare centers, a qualitative method using thematic analysis was employed. Data collection for this study was based on interviews with sexual health experts in Isfahan. Initially, data were obtained through interviews with sexual health experts, and after identifying the primary semantic units, codes were extracted. These codes were then compared based on their similarities and differences, resulting in 94 initial codes, 11 axial codes, and 4 core codes. Coding was performed using the Colaizzi method. The themes obtained are the main findings of this section, which include data collection from interviews with experts, review by the researcher, and review of discovered components by supervising and consulting professors (members of the dissertation committee), and final approval of initial, axial, and core codes. The study population included sexual health experts from the city of Isfahan who were purposefully selected and identified using the snowball sampling method. Experts who could provide the most information about the sexual issues of adolescents living in residential welfare centers were chosen. The inclusion criteria for the study were at least 1 year of experience in the field of sexual health and willingness to participate in the study, while unwillingness to cooperate was considered an exclusion criterion. Data validation in terms of accuracy, robustness, and ensuring the acceptability of codes was performed through self-review by the researcher and independent coding by two researchers (members of the dissertation committee), with feedback from participants applied during coding. Subsequently, two qualitative research experts reviewed the data to assess the accuracy and alignment of the codes, ultimately confirming the validity of the qualitative findings.

2.2. Measures

2.2.1. Semi-Structured Interview

To conduct semi-structured interviews with participants in the qualitative section, interview questions were initially formulated by reviewing the literature, ensuring content accuracy and question sufficiency to identify adolescents' sexual problems. Subsequently, interviews were conducted with sexual health experts selected through purposive sampling using the snowball method. The interview questions, while being sufficiently flexible, allowed interviewees to address aspects of the topic they deemed important. The present study examined the sexual problems of adolescents residing in residential welfare centers using individual and semi-structured interviews. The interviews were conducted by prior arrangement in a suitable location, ensuring participants could share their information comfortably. Each interview lasted approximately 30 to 45 minutes. The criterion for sample size adequacy was data saturation, which was achieved with 10 interviews. According to the first ethical consideration principle, interviews were recorded and transcribed with participants' permission, and each individual was assigned a code. According to the second principle, participants were fully assured of the confidentiality of the conversations. The interview text was recorded, transcribed, and coded with participants' consent. A sample question asked in the interviews with sexual health experts in Isfahan was: What types of sexual issues and problems do these adolescents face? In addition to the aforementioned question, other questions were posed during the interviews as necessary, based on the responses provided.

2.3. Data Analysis

Data were analysed through thematic analysis method.

3. Findings and Results

In this study, 10 sexual health experts participated. The range of ages of the experts (between 28 and 53 years), gender (male and female), level of education (Master's to PhD), field of study (psychology and counseling), and years of experience (5 to 22 years) were considered. The analysis of the data obtained from the interviews was conducted using thematic analysis. In the first stage, to explore the sexual problems of adolescents, 94 initial themes were extracted from the interview texts. In the second stage, with the summarization of themes, 11 axial themes were obtained, which, through categorization and organization of related concepts, resulted in 4 main themes. The stages of qualitative data analysis are shown in Table 1.

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Table 1

Categories Extracted from the Content of Interviews with Sexual Health Experts

Code	Initial Coding	Axial Coding	Main Coding
1	Body exploitation	Hatred towards one's body due to sexual use and income	Experience of negative emotions
2	Sexual exploitation of the body		
3	Anger towards one's body		
4	Body as a reason for bitter experiences		
5	Disliking one's body		
6	Wishing for body destruction		
7	Hatred of the body		
8	Anger at oneself	Belief in being bad due to sexual abuse	
9	Anger at inability to prevent sexual abuse		
10	Feeling guilty		
11	Formation of belief in being bad		
12	Being a dirty girl		
13	Being a bad girl		
14	Lack of sense of worthiness		
15	Lack of sense of competence		
16	Lack of sense of being lovable		
17	Vaginismus problem	Sexual problems of abused adolescents	Various sexual disorders
18	Sexual fears		
19	Anorgasmia problem		
20	Paraphilia problem		
21	Sexual addiction		
22	Sexual variety-seeking		
23	Unconventional sexual behavior		
24	Sexual pains		
25	Lack of desire for sexual relations		
26	Sexual anxiety		
27	Sexual stress		
28	Sexual hyperactivity		
29	Norm-breaking		
30	Enjoying breaking taboos		
31	Sexual disgust		
32	Sexual exploitation of younger individuals		
33	Lack of sexual desire after marriage		
34	Lack of enjoyment in sexual relations		
35	Negative feelings towards sexual relations		
36	Shame about sexual relations		
37	Sexual boldness after marriage		
38	Lack of sexual-emotional commitment in marriage		
39	Same-sex attraction	Same-sex attraction	
40	Lack of interest in the opposite sex		
41	Hatred of the male gender		
42	Sexual exploitation of the same sex		
43	Sexual relations with the same sex		
44	Insistence on sleeping together by girls		
45	Kissing each other in public		
46	Identity confusion	Sexual orientation confusion	
47	Sexual identity problem		
48	Sexual identity confusion		
49	Gender dissatisfaction		
50	Problem with sexual role acceptance		
51	Multiple sexual abuses in orphaned or poorly supervised families	Sexual abuse of adolescents in centers	Experience of neglect and rejection in the environment
52	Being at risk of sexual exploitation in the environment		

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53	Sexual abuse by close relatives in the absence of a supporter		
54	Experience of psychological, physical, and sexual abuse in the family		
55	Sexual ignorance due to loneliness	Lack of proper sexual education in adolescents' families	
56	Sexual ignorance due to anxiety		
57	Sexual ignorance due to parental conflicts or absence		
58	Lack of sexual education in poorly supervised families		
59	Lack of education on private body part care in poorly supervised families		
60	Lack of family supervision over false sexual information from peers		
61	Lack of family supervision over sexual information from social media		
62	Lack of family support structure		
63	Lack of sexual care education in the family		
64	Lack of role models for sexual support		
65	Lack of sexual upbringing		
66	Freezing in response to assault	Inability to protect oneself due to lack of support in cases of sexual abuse	
67	Learned helplessness in the face of assault		
68	Lack of ability to say no		
69	Lack of skills in body care		
70	Lack of learning to avoid assault		
71	Lack of commitment to relationships	Compensating for rejection through lack of sexual-emotional commitment	
72	Emotional void		
73	Lack of a positive image of family life		
74	Lack of a positive image of commitment and responsibility		
75	Lack of a correct definition of being together		
76	Marriage without love		
77	Sexual infidelity to gain security, validation, and intimacy		
78	Sexual problems due to psychological issues	Sexual vulnerability related to insecure attachment	
79	Sexual relations to avoid losing a partner		
80	Sexual relations for trade		
81	Addiction to masturbation within unhealthy relationships		
82	Weak emotions in managing sexual relationships		
83	Need for love in early sexual relationships		
84	Filling parental roles in relationships with adults		
85	Attraction to the opposite sex at a young age		
86	Entering relationships for drugs and money		
87	Sexual bullying		
88	Sexual exploitation		
89	Negative sexual attitudes		
90	Wrong sexual education	Incorrect sources of sexual information	Incorrect sexual upbringing
91	Sexual information from inappropriate sources		
92	Observing sexual relations in childhood		
93	Having incorrect sexual information		
94	Weak or absent caretaker for sexual upbringing		

As shown in Table 1, as a result of the analysis of the interviews with sexual health experts, in the first stage, 94 initial categories, in the second stage, 11 axial categories, and finally, 4 main categories titled Experience of Negative Emotions, Various Sexual Disorders, Experience of Neglect and Rejection in the Environment, and Incorrect Sexual Upbringing were obtained.

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3.1. *Experience of Negative Emotions*

Adolescents residing in residential centers have gone through many negative emotions. These factors were categorized into two subcategories: hatred towards one's body due to sexual use and income, and belief in being bad due to sexual abuse.

Hatred towards one's body due to sexual use and income: These adolescents feel hatred towards their bodies due to sexual exploitation and income generation. Participant 1 stated, "They think it's this beautiful body that caused all this misery; if we didn't have this body, these things wouldn't have happened to us." Participant 6 noted, "It is more likely that they got involved in sexual relations for drugs or money, so they may hate their bodies." Participant 5 mentioned, "They are exploited sexually, for instance, because a girl is pretty, she is made to beg, and they are forcibly subjected to sexual exploitation by older individuals."

Belief in being bad due to sexual abuse: The belief in being bad due to sexual abuse is formed through distressing experiences such as sexual abuse, provocation, or violent experiences. Participant 1 said, "These individuals feel guilty because they were exploited." Participant 3 mentioned, "These individuals do not feel worthy as women." Participant 4 noted, "They feel they are not lovable." Participant 5 added, "They are angrier at themselves than at the person who sexually abused them."

3.2. *Various Sexual Disorders*

Sexual disorders refer to the sexual problems of abused adolescents and other adolescents. These disorders were categorized into three subcategories: sexual problems of abused adolescents, same-sex attraction, and sexual orientation confusion.

Sexual problems of abused adolescents: Sexual abuse can be a very frightening and damaging experience for adolescents and have adverse effects on their psychology and bodies. Participant 3 stated, "Anorgasmia may exist because they do not feel deserving of a natural and healthy orgasm." Participant 7 noted, "These individuals, if not treated, may experience sexual disinterest after marriage." Participant 6 mentioned, "In those who have been raped, vaginismus may be observed later on." Participant 2 stated, "In these individuals, sexual addiction of the variety-seeking type may exist, meaning having relationships with several people."

Same-sex attraction: Same-sex attraction can exist based on sexual, emotional, and cognitive experiences in adolescents. Participant 1 said, "Because girls hate the male gender since the person who raped them was a man, it causes them to move towards the same sex." Participant 5 mentioned, "Sexual relations with the same sex exist in these individuals due to the congregation of same-sex individuals in one place." Participant 6 noted, "The common affliction among boys and girls is same-sex attraction." Participant 2 added, "They return from school to a place where everyone is again female. No boys, no uncles, no brothers, no fathers."

Sexual orientation confusion: Adolescents experience various feelings and emotions and may have challenges regarding their sexual identity and orientation. Participant 3 stated, "They have identity confusion in terms of sexuality and do not know exactly what their orientation is because they have not had a suitable environment for healthy relationships." Participant 7 noted, "They are exposed to identity ambiguity due to their family conditions and the place where they live and the role models they have had, as well as their upbringing conditions." Participant 4 mentioned, "Their sexual identity is more focused on things they have received haphazardly from here and there." Participant 1 added, "Because these individuals were not in a healthy family structure or were in families where boys were more considered as labor, they want to be boys."

3.3. *Experience of Neglect and Rejection in the Environment*

The experience of neglect means feeling ignored, lack of respect for personality, and motivations that are categorized into five subcategories: sexual abuse of adolescents in centers, lack of proper sexual education in adolescents' families, inability to protect oneself due to lack of support in cases of sexual abuse, compensating for rejection through lack of sexual-emotional commitment, and sexual vulnerability related to insecure attachment.

Sexual abuse of adolescents in centers: Adolescents may have been or may be sexually abused during childhood or adolescence. Participant 1 said, "Sexual abuse has happened to them, unfortunately by close and first-degree relatives such as brother, father, stepfather, stepmother, the person working with them, relatives, or a friend living with their parents." Participant 4 mentioned, "The etiology for children usually subjected to sexual abuse is that they grow up in orphaned or poorly supervised families." Participant 7 noted, "These individuals have experienced sexual, emotional, and physical abuse for various reasons." Participant 3 added, "They are at risk of sexual exploitation."

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Lack of proper sexual education in adolescents' families: Sexual ignorance, lack of family supervision over sexual information, and lack of sexual care education exist in these families. Participant 2 stated, "Parental conflicts and absence lead to high sexual ignorance in these individuals." Participant 6 noted, "They have not been given proper sexual education and information, and sexual upbringing has not been formed in them." Participant 3 mentioned, "They have not been taught to take care of their private space." Participant 1 added, "Loneliness increases sexual ignorance in these individuals."

Inability to protect oneself due to lack of support in cases of sexual abuse: These individuals cannot defend themselves due to not learning how to avoid sexual assault, lack of body care skills, and learned helplessness in the face of sexual abuse. Participant 2 said, "Due to the lack of support, these individuals freeze and accept." Participant 7 mentioned, "These individuals do not have the power to say no because they have been exploited." Participant 5 noted, "These individuals do not know how to take care of themselves and their bodies." Participant 6 added, "When placed in situations of rape or assault, they can no longer defend themselves because they had no support and learning did not occur."

Compensating for rejection through lack of sexual-emotional commitment: These individuals may have an emotional void, lack a proper definition of being together, and lack a positive image of family life. Participant 3 stated, "These individuals do not have a positive image of commitment." Participant 4 mentioned, "These individuals do not have a positive image of family life." Participant 1 noted, "They have sexual infidelity due to seeking validation, admiration, security, and intimacy." Participant 7 added, "They do not have a correct definition of being together."

Sexual vulnerability related to insecure attachment: Adolescents residing in welfare centers, due to insecure attachment to parents, face greater risks in sexual situations and relationships. Participant 1 said, "They engage in sexual relations to avoid losing a partner." Participant 4 noted, "They have sexual relations with older individuals because they see them as parental figures." Participant 2 mentioned, "These individuals have an emotional void and are more attracted to the opposite sex, even at a young age." Participant 5 added, "It is more likely for them to engage in sexual relations for drugs or money."

3.4. Incorrect Sexual Upbringing

Incorrect sexual upbringing means providing incorrect, incomplete, or negative information about sexuality and sexual issues to children, which was categorized into one subcategory: incorrect sources of sexual information.

Incorrect sources of sexual information: Adolescents receive sexual information from inappropriate sources, which may lead to incorrect sexual information. Participant 5 stated, "Some of these individuals have a lot of information, but it's wrong." Participant 5 also mentioned, "Many of them have observed adult sexual relations and then became familiar with sexual relations." Participant 2 noted, "There is no transfer of information from a correct source, and they receive information from inappropriate places and people." Participant 7 added, "They are given incorrect sexual education and information, which they believe."

4. Discussion and Conclusion

The present study aimed to analyze the sexual health of adolescents living in residential centers based on experts' opinions. To this end, a qualitative research method of thematic analysis was employed. The results revealed 11 axial themes and 4 main themes, including the experience of negative emotions, various sexual disorders, experience of neglect and rejection in the environment, and incorrect sexual upbringing.

The first main theme is the experience of negative emotions, which includes the subcategories of hatred towards one's body due to sexual exploitation and income, and the belief in being bad due to sexual abuse. This finding aligns with the results of prior studies (Hayes et al., 2022; Walter, 2020; Yaman, 2020), which indicate that individuals who have been sexually abused harbor anger towards themselves and their bodies, and feel guilt and worthlessness due to the abuse they have endured. To explain this finding, it can be said that these adolescents may have faced abuse, sexual exploitation, and other unpleasant experiences during childhood, leading to decreased self-confidence and negative self-perception. Anger towards one's body, the wish for its destruction, and hatred of the body result in negative self-evaluation in these adolescents. Trauma from sexual exploitation or abuse can profoundly impact how individuals view their bodies. The trauma can lead to feelings of shame, disgust, and disconnection from one's physical self. These adolescents may feel unaccepted, worthless, and incapable of coping with life's challenges. They may perceive their bodies as contaminated and impure. They are angry at their

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inability to control the abuse they experienced. Girls who have been sexually abused have more negative body evaluations (Kilimnik & Meston, 2016). Additionally, the body is often perceived as a hateful image or a symbol of pain and attack, causing post-abuse physical or sexual pain. Anger towards the body may lead to self-destructive behavior (Kremer et al.). When faced with an unpleasant life experience such as sexual abuse, individuals may try to find reasons to explain why they found themselves in that situation. Consequently, excessive guilt may arise from self-blame. This guilt is associated with symptoms of anxiety and low self-esteem (Gauthier-Duchesne et al., 2017). Moreover, exposure to situations involving sexual use or exploitation, especially when linked to income, can severely challenge an individual's sense of self-worth. This can lead to feelings of inadequacy, self-blame, and a negative body image.

The second main theme is various sexual disorders, including the subcategories of sexual problems of abused adolescents, same-sex attraction, and sexual orientation confusion. This finding aligns with the results of prior studies (Erdős et al., 2023; Figueira et al., 2021; Tetik & Yalçınkaya Alkar, 2021), indicating that many adolescents living in welfare centers who have been sexually abused may face sexual problems, same-sex attraction, and gender dissatisfaction. Thus, it can be explained that adolescents who have been sexually abused during childhood and adolescence may face future sexual problems such as vaginismus, sexual pain, anorgasmia, sexual fears, and disgust if not treated. Unpleasant experiences of sexual abuse cause sexual anxiety in adolescents, leading to fear of sexual relationships, reduced sexual desire, and problems in emotional relationships with partners. Adolescents who have been sexually abused may resort to sexual relationships as an escape from unpleasant realities, potentially leading to sexual addiction and disinterest. Research has shown that 32 to 94 percent of sexually abused women experience sexual dysfunction (Pulverman et al., 2018). If untreated, these individuals report issues related to desire, arousal, orgasm, pain, high levels of anxiety, sexual discomfort, fear of sexual relationships, guilt during sexual activity, problems with touch, and sexual dissatisfaction (Gonzalez-Blanks & Yates, 2016). In girls living in centers, same-sex attraction may be a way to find empathy, social interaction, and a sense of acceptance. They have experienced unpleasant and abusive interactions from individuals of the opposite sex, leading to same-sex attraction due to hatred of the opposite sex. Due to their family circumstances, living conditions, role models, and upbringing, these individuals face identity confusion. They are confused in determining their sexual orientation because they have not had a suitable environment for healthy relationships.

The third main theme is the experience of neglect and rejection in the environment, including the subcategories of sexual abuse of adolescents in centers, lack of proper sexual education in adolescents' families, inability to protect oneself due to lack of support in cases of sexual abuse, compensating for rejection through lack of sexual-emotional commitment, and sexual vulnerability related to insecure attachment. This finding aligns with the results of prior studies (Figueira et al., 2021; Gray et al., 2016), indicating that many adolescents living in welfare centers were sexually abused during childhood, insecure attachment leads to risky sexual behaviors, assertiveness and proper sexual education were lacking. To explain this finding, it can be said that the families of these adolescents often cannot provide adequate support due to economic problems, addiction, or psychological and social issues, leaving orphaned or poorly supervised adolescents at risk of sexual abuse (Morantz et al., 2013). Adolescents may suffer from a lack of awareness regarding sexual issues due to the lack of necessary care and instability in their lives. This ignorance can lead to sexual mistakes, sexual harm, and risky behaviors in sexual relationships (Susanti et al., 2021). Lack of sexual upbringing in adolescents results in the absence of necessary education and information about sexual relationships, respecting personal boundaries, emotional relationships, and self-protection in dangerous sexual situations. In the families of these adolescents, individuals typically experience the lowest levels of trust in themselves and others. This insecurity and fear of trusting others may prevent adolescents from defending themselves in situations of sexual abuse, as parents have not taught them how to avoid sexual abuse. Lack of sexual and emotional commitment in adolescents living in residential centers may be due to the absence of family support, limited opportunities for emotional relationships, psychological harm, and environmental instability. These issues may limit adolescents in facing sexual and emotional challenges, leading to an inability to commit sexually and emotionally. Additionally, adolescents who have grown up in unsafe environments and have been sexually abused may have insecure attachments, making them more susceptible to sexual risks (Vasileva & Petermann, 2018).

The fourth main theme is incorrect sexual upbringing, including the subcategory of incorrect sources of sexual

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information. To explain this finding, it can be said that adolescents living in welfare centers often come from families lacking adequate support and appropriate sexual education. If they have had questions about sexual issues, they have either not asked or received inappropriate answers (Harmon-Darrow et al., 2020). Orphaned and poorly supervised adolescents are often at risk of receiving incorrect or ineffective information due to lack of access to proper educational resources or healthy communication with those responsible for their upbringing and education. This can lead to serious harm to their sexual and psychological health. They face limitations in accessing reliable educational resources and books on sexual topics (Razaghi et al., 2013). These limitations may drive them to seek sexual information from incorrect sources. Additionally, they may have had negative and unpleasant experiences related to sexual issues, leading them to be influenced by incorrect forms and providing them with incorrect sexual upbringing.

Identifying the sexual problems of adolescents living in residential centers requires in-depth and comprehensive investigations, which can guide experts, supervisors, and researchers towards effective strategies for counseling or treating these problems and preventing future sexual issues. Overall, it can be concluded that adolescents living in welfare centers face sexual problems that they need to recognize and address to resolve or treat them. Given what has been mentioned, these findings can be valuable for researchers, providing deep insights into the sexual problems of adolescents living in welfare centers. This understanding can offer a clear perspective for psychologists, counselors, and those working to improve sexual health. This study only involved interviews with sexual health experts in Isfahan, which limits the generalizability of the results. It is suggested that these problems be examined more precisely through interviews with adolescents and supervisors.

5. Suggestions and Limitations

This study only involved interviews with sexual health experts in the city of Isfahan, which limits the generalizability of the findings to other contexts and populations. The perspectives and experiences of adolescents and supervisors in other regions or different cultural settings may differ, thereby influencing the results. Additionally, the reliance on qualitative data from a small sample size of experts may not capture the full spectrum of issues faced by adolescents in residential centers.

Future research should involve a more diverse and larger sample, including adolescents and their supervisors from various regions and cultural backgrounds to enhance the generalizability of the findings. Longitudinal studies tracking the development and resolution of sexual health issues over time would provide valuable insights. Additionally, quantitative studies could complement qualitative findings and help in identifying broader patterns and correlations.

The findings from this study can be used to develop targeted interventions and educational programs aimed at improving the sexual health and well-being of adolescents in residential centers. Psychologists, counselors, and caregivers should be trained to recognize and address the unique sexual health challenges faced by these adolescents. Policies should be implemented to ensure comprehensive sexual education and support within residential centers, and collaborations with healthcare providers should be established to offer necessary medical and psychological services.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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