



ORIGINAL: Systematic Review Study on the Most Important Tendency Reasons for Social Harm in Iranian Children

Soraya Sayar
Alireza Shoghli
Masoumeh Ghazanfarpour

Shahrzad Khosravifar
Mohammad Tabarestani
Masoudeh Babakhanian

Department of Sociology, Islamic Azad University, North Tehran Branch, Tehran, Iran.
Social Determinants of Health Research Center, Zanzan University of Medical Sciences, Zanzan, Iran.
Department of Midwifery, School of Nursing and Midwifery, Kerman University of Medical Sciences, Kerman, Iran.
Rasool Akram Hospital, Iran University of Medical Sciences, Tehran, Iran.
Student Research Committee, Faculty of Medicine, Mazandaran University of Medical Sciences, Sari, Iran.
Student Research Committee, Faculty of Medicine, Mazandaran University of Medical Sciences, Sari, Iran.

ARTICLE INFO

Submitted: 23 Dec 2019
Accepted: 31 Jan 2020
Published: 31 Jun 2020

Keywords:

Children;
Prostitution;
Iran

Correspondence:


Masoudeh Babakhanian, Student Research Committee, Faculty of Medicine, Mazandaran University of Medical Sciences, Sari, Iran.

Email: Babakhanian.m@gmail.com

ORCID: 0000-0002-6128-8023

Citation:

Sayar S, Shoghli A, Ghazanfarpour M, Khosravifar S, Tabarestani M, Babakhanian M. Systematic Review Study on the Most Important Tendency Reasons for Social Harm in Iranian Children. Tabari Biomed Stu Res J. 2020;2(2):58-66.

 10.18502/tbsrj.v2i2.3762

Introduction

In the world, many children are involved in prostitution annually, and many of them are at risk of infectious diseases, getting pregnant, mental illness, substance

abuse, and violence (1). It has been reported that all over the world, child prostitution is a common problem in Central and South America and Asia (2). In Iran, the rate of

ABSTRACT

Introduction: This study was carried out to determine the extent of prostitution and its causes among Iranian children at risk of social harm.

Methods: The authoritative websites on the topic of childhood prostitution performed in Iran during the period 1985 to 2019 were searched in WHO, UNFPA, UNDP, WOS, ProQuest, Medline, Scopus, CINAHL, and Google Scholar databases for reviewing studies conducted in Iran. Articles from internal dissertations and Google's databases, SID, Magiran, Google Scholar, Iran Medex and IranDoc search engines.

Results: The search yielded a total of 1256 records. After removing duplicates, 45 documents were retained for further examination. After screening the titles and abstracts, seven papers were retained for full-text review. Two major reasons for prostitution were financial goals and sexual deviations that Including: running away from home, sexual harassment, forced sex, presence of a child among prostitutes including family members or friends, and other reasons including the history of addiction of parents, the history of detention and imprisonment before prostitution and the responsibility of supplying them (sponsorship) gifts and prices, membership in sex offending gangs, sex trade, and sex sales.

Conclusion: Violence, sexual abuse, and sexually transmitted infections, pregnancy, mental illness, involvement in child trafficking networks and substance abuse are the consequence of the experiences of these children in prostitution, therefore, it is very important that specialists and authorities should first consider heavy penalties for adults seeking sexual contact with children and key measures should be taken for the use of these children by social services.

child prostitution has increased dramatically in recent decades. Ranging from 2.9% in the 1960s to 17.4% in 1970s and 78.3% in 1980s to 1990s (3). Child prostitution like other forms of child sexual abuse, and especially, if it becomes a business activity, does not only cause the death of millions of children, but it is a gross violation of children's rights in both developed and developing countries (1,2,4). In the convention of the children's rights (UN, 1989), the child is referred to any person who is under the age of 18 years, and children's prostitution means children who are forced into prostitution because the child has no choice and complete knowledge of sexual activity to choose this activity (as a job or service or exchange) (3).

The reasons for prostitution and the social environment are different. Sexual abuse and rape are considered to be frequent childhood events that most children experience before starting prostitution (4). Other important and frequent events are also seen in the life of children prostituting. Early separation of parents, patterns of child care, an unwanted marriage, poverty, drug and alcohol abuse, friends or family members who are involved in prostitution, physical and emotional abuse, homelessness and early delinquency are among the main factors behind child participation in prostitution (5,6). The degree of relationship between child and family members or friends who are involved in prostitution is very important in continuing or reducing this behavior (5) Because any struggle or conflict that separates adolescents from the family makes them very vulnerable (7).

Although these children volunteer to enter into sexual activity, the handling of such practices leads to some complications such as a decrease in the quality of life, a disruption in social relationships, low utility of daily activities, and self-destructive behaviors (8).

As stated by the researchers, this study is the first systematic and meta-analytic review study in Iran to determine the rate of prostitution and its implications in this

country. Health professionals and social workers through the identification of protective factor can help children who are involved in prostitution. They can also help the government and non-governmental organizations who are involved in this process to make policies and laws to prevent child prostitution and its effects on the children's health.

Methods

This study is a review of child prostitution in Iran, thus, focusing on reasons for prostitution in Iranian children

Search strategy

There are authoritative websites on the topic of children's sex trade in Iran, including the WHO, UNFPA, UNDP, WOS, ProQuest, Medline, Scopus, CINAHL, and Google Scholar databases for reviewing studies conducted in Iran. Articles from internal dissertations and Google's databases, SID, Magiran, Google Scholar, Iran Medex and Iran Doc during the period 1985 to September 2019 were included. The list of published articles sources was also reviewed for further studies. Also, editors of internal journals were interviewed to find grey papers. The keyword combinations were accepted with AND/OR. Search and extraction of data was done by two people independently.

English keywords were used to search for articles in prostitution

Prostitution, sex working, children, youth, teenagers, teen, child, prevalence, Iran.

In addition, the Persian equivalent of these words was used in the search.

Qualitative assessment and study selection

At this stage, all articles in the title or abstract (without time limit) with the mentioned keywords were included, they entered the initial list. All the irrelevant articles were deleted and based on this; they seek a qualitative evaluation of the list of articles in the secondary search.

After the relevant articles have been determined, they were reviewed by the STROBE checklist for title and content overview (9). Questions that deal with different aspects of the method of work, including the necessary study data, such as the title of the article, the study location, study time, sample size, average age of the patients, the type of sampling, and the overall prevalence of prostitution in girls and boys, The reasons for the trend to prostitution, child labor and child street are covered. In order to evaluate the final article, a score was awarded to each question. Any article that earned eight points of scores could enter the statistical analysis step.

Data extraction

Information by two blind researchers in the form of the article title, the first author, year of research, sample size, age, and outbreak

in prodex was included in the Excel program.

Eligible entries to study

After the assessment process and obtaining the necessary grades, all Persian and English studies that examined the prevalence of prostitution in Iranian children were included in the study.

-Noneligible entries to study: All incomplete and irrelevant articles that were received and after reviewing the title, abstract and full text, and after qualitative assessment of the score below eight, were excluded.

Results

Finally, seven articles entered the meta-analysis process (*Figure 1* and *Table 1* and *2*). The search yielded a total of 1256 records. After removing duplicates, 45

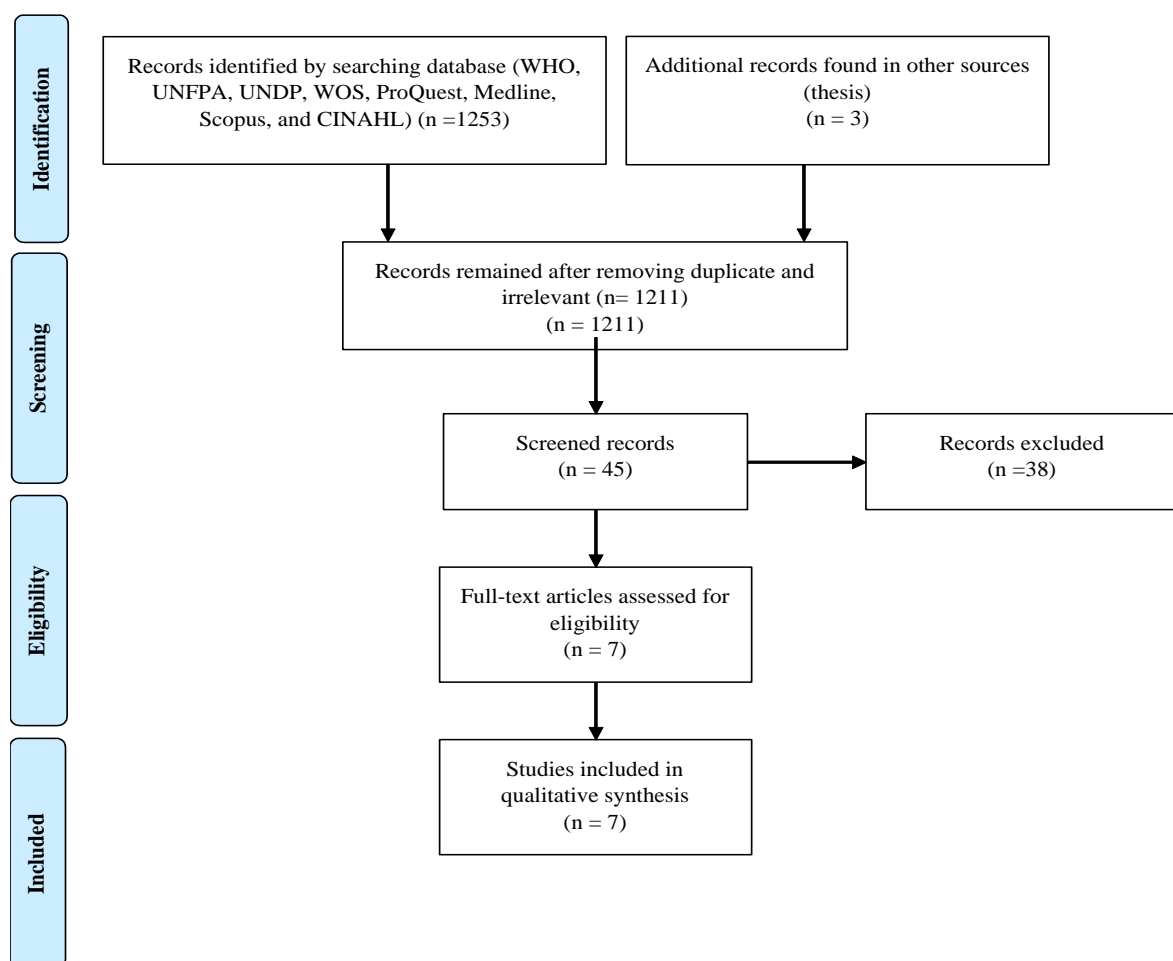


Figure 1. Review flowchart for selection of primary studies

Table 1. Characteristics of the studies

Authors	Location	Type of study	Sample size (% of girls)	Quality assessment	Weakness of study
Foroughi et al. (2016) (14)	Tehran	Cross-sectional	1000 (5)	High	Sex distribution is not good.
Madani Qhahfarrokhi et al. (2010) (3)	Tehran	Cross-sectional	70 (100)	Moderate	Refusal to reference the prostitution study, not to report the children's nationality, and low sample size
Vameghi et al. (2010) (13)	Tehran	Systematic review	-	Low	The gender of the samples, the average age, and source used are not known
Shoghli et al. (2010) (12)	Tehran	Descriptive	1000 (95)	High	Sex distribution is not appropriate. All samples did not respond to the question of donation
Mahdizadeh et al. (2002) (11)	Mashhad	Descriptive	229 (1)	Low	Sex distribution is not good
Salihoo et al. (2019) (15)	Tehran	Descriptive	3725 (25)	High	Sex distribution is not good
Ardalan et al. (2002) (16)	Tehran	Descriptive	110 (100)	High	Sex distribution is not good

documents were retained for further examination. After screening the titles and abstracts, seven papers were retained for full-text review. Based on pre-defined inclusion criteria, seven records were included in the systemic review.

Prostitution for sexual deviance

In 2010, Madani Ghahfarqi and colleagues conducted a study in which women in the 22 areas of Tehran were questioned about their manners, beliefs and attitudes. Each unit of the sample was selected by using Clustering sampling method. More than 40 percent of these prostituted children have been born in a city other than Tehran, possibly migrating to the metropolis later. 55% of them had middle and upper secondary education. 21% of them, in addition to prostitution, had jobs such as secretaries, hairdressers, workers, salesmen, service businesses and black jobs. 67.6% of them lived with their parents when

they started prostitution, and the rest were only friends or alone. 37.5% of them at the starting of prostitution was illiterate, 66% have addicted fathers, 33% of their fathers were sentenced offenders, and 20% of children had addicted mothers. 7.7% of their mothers were also prostitutes (3) (*Table 3*).

In the study of Mahdizadeh thesis for obtaining a Master's degree in social work, conducted in 2002 in Mashhad, Out of all street children living in the city's Sadaf center, 227 subjects were selected randomly. About one third of non-traditional Iranian children in Mashhad, Migrants from the provinces of Tehran, Ahvaz, Sistan and Baluchestan and Shiraz. Approximately 56% of these children aged 9 to 13 were leaving home due to parents' incompatibilities, especially the father's mistreat. Most of them was illiterate or low-educated children particularly in primary level (80%). 86% of these children lived alone in the streets,

Table 2. Prevalence of high-risk behaviors in children

Authors	Nation (%)			Age (\pm SD)	First sexual encounter being	Sexual abuse history (%)	Prostitution history (%)	Drug use history (%)			
	Iranian	Afghan	Pakistani					Opium	Alcohol	Injection	Smoking
Foroughi et al. (2016) (14)	57	43	0	15.6 \pm 2.5	14.6 \pm 2.5	14.1	13.1*	11.2	24.3	-	33.7
Madani	100	0	0	22.6	16.09	48.6	25.4**	-	-	-	-
Qhahfarrokhi et al. (2010) (3)											
Vameghi et al. (2010) (13)	-	-	-	-	-	-	2.3***	-	-	-	-
Shoghli et al. (2010) (12)	32.66	7.4	0	14	-	43.2	38****	19.5	40.1	4.6	59.8
Mahdizadeh et al. (2002) (11)	85	14	1	13.5	-	21	12*****	4.3	-	-	7.4
Salihoo et al. (2019) (15)	83	17	0	11.5	-	-	31	-	-	-	-
Ardalan et al. (2002) (16)	100	0	0	19 \pm 2.3	16 \pm 2.1	3.6	49.1	79.6	-	77.8	38.9

*Prevalence of prostitution in labor and street children in Tehran city.

**Prevalence of prostitution in female children in Tehran city.

***Prevalence of prostitution in street children.

****Prevalence of prostitution in labor and street children. 8 out of 21 people responded positively to this question (Prevalence = 0.008).

*****Prevalence of prostitution in street children in Mashhad city.

squares, single houses, and Bundy houses before they lived in maintenance centers. 14% of these children had a history of imprisonment and imprisonment, juvenile penitentiaries and rehabilitation centers, Which resulted in 50% of the imprisonment in these children, robbery and robbery, and others in sexual gangs and deviations. Currently, 92% of these children were supported by the Welfare Organization and the Supported by the Charities (11) (**Table 3**).

Prostitution for financial goals

In 2010, a study was conducted on 1000 street children in a Tehran study on the behavioral biology of street children and children in Tehran related to AIDS infection. Findings of the study showed that 291 (29.1%) of them had sexual intercourse, and about 83 had used condom in their last sex. 17.1% of children mentioned the age of their first sexual desire below ten years of age. 38.1 out of 41 (11.6%) of those the first time sex was beyond the family framework, 29.3% with non-homosexuality, and 70.7%

were homosexual. 22.4% of these children never went to school, 83.9% of these children lived with the family, And the rest of the night they spent in single houses or semi-detached houses or at work. 20.7% of them had a history of police arrest. Concerning the prevalence of prostitution in these children, Thousands of sample size, Only 21 people answered this question, and of these 21 people, the response of 9 people (38.1%) was positive (12) (**Table 3**).

In a systematic review of street children studies conducted in 2010 as part of research results "systematic reviews related to social determinants based on the WHO model in Iran" Was carried out by Vamaghi et al., in a survey of one study, the prevalence of prostitution (as a job for a child to earn money) was reported at 2.3% (13) (**Table 3**). Foroughi et al. study titled "Prevalence of HIV, HBV and HCV among street and labour children in Tehran, Iran". Time-location sample method was used. Thousand street and labor children (aged 10–18 years) were recruited street and labour children. Data collection tools were semi-structured

questionnaires. 57.4% had dropped out school and 17.2% had never attended any formal educational programme. When street children was asked whether "Had she/he experience of commercial sex. 12 (9.2%) replied "yes" in HIV positive and 119 (90.8%) in HIV negative. 33 (3.8%) replied "no" in HIV positive and 836 (96.2) in HIV negative) (14) (*Table 3*).

In a study aimed at examining the increase in the number of street children, Saliho (1999) identified 3725 street children in Tehran using a targeted snowball sampling method. The results of his study showed that street children in Iran face many challenges such as extortion, exploitation, abuse, and harassment (15) (*Table 3*).

Ardalan et al. (2003) conducted a study to examine the phenomenon of runaway girls showing that half of the participants had an experience of sexual relationship for survival to gain money and seek shelter in the first days of running away. Out of these relationships, 25 cases led to pregnancy. A number of them had an abortion under unsafe conditions or provided by someone without medical training. The reason they mentioned why they did not refer to hospitals was fear of being captured and lack of money (16) (*Table 3*).

Discussion

As far as the researchers are concerned, this

study is the first systematic review study in Iran to determine the extent of prostitution and its causes in the country. Commercial sexual exploitation of children (CSEC) happens in four forms: child prostitution, child pornography, child sex tourism, and child trafficking for sexual exploitation (17). In this definition, children have sex with adults in return for rewards or any other benefits such as the satisfaction of their basic needs such as food, shelter, and protection or advantages such as getting a higher score or additional money (18).

Although it is not guaranteed that all those who have suffered from child sexual abuse will sell in the future, in this study, sexual abuse and sexual assault were identified as the most common childhood incident that most children experience before they began to trade and most of them lived with their families during the time of the sexual abuse. This study is in agreement with the research of Hounmenou (2016, 2017) (4,6). So, this is a very important case of the common events in the lives of girls and boys at the beginning of prostitution and parents should pay close attention to this matter. Also, indirectly, they should be sure of the moral integrity of the networks of friends who are in contact with their children, to the extent that connections to the network of friends will not conflict with the values and norms of the child's family.

Since violence, sexual abuse, and sexually

Table 3. The reasons for prostitution in Iranian children

Authors	Reasons for prostitution
Foroughi et al. (2016) (14)	Sex trade and selling sex
Madani Qahfarrokhi et al. (2010) (3)	Home fears (39.4%), sexual harassment (48%), forced sex (24.5%), presence of a child among friends or prostitute relatives (58.6%), and other reasons including the history of parents' addiction, the history of detention and imprisonment before prostitution and the responsibility of supplying (loading)
Vameghi et al. (2010) (13)	Child occupation
Shoghli et al. (2010) (12)	To receive a gift
Mahdizadeh et al. (2002) (11)	Join in criminal and sexual deviations
Salihoo et al. (2019) (15)	Safety after scape, Financial goals
Ardalan et al. (2002) (16)	Safety after scape, Financial goals

transmitted infections and AIDS, pregnancy, mental illness, involvement in children's trafficking networks, the imprisonment of the child, rape, coercion of the child for prostitution, and the substance abuse is the consequence of the experiences of these children in prostitution, therefore, specialists and authorities must first consider heavy penalties for adults seeking sexual contact with children, and secondly, key measures should be taken for the use of these children by appropriate social services and educational programs on access to health services and preventing the transmission of these infections to a variety of others as well as preventing the onset of smoking and drug abuse (19-21). Giving grants to non-governmental organizations is beneficial in supporting these children. These centers can provide counseling, social working and support services, training programs and professional training programs to reduce the risk of family planning and prevention of illness in these children and their families are an important step in reintegrating the child into the community, family, and labor market (22,23).

In any community, cultural norms and traditions play an important role in family members', particularly young girls' loyalty and commitment (24). Furthermore, welfare in the family is also an influential factor in creating commitment. The results of the present study showed that many children turn to prostitution for different reasons, such as poverty and to ensure relative well-being. They not only need financial support but have to provide financial support for their parents and relatives as well. Among these factors, poverty is the leading cause of forcing children toward prostitution. Therefore, it can be concluded that economic development is often beneficial to the community and can put an end to the prostitution of children from low-class families (24, 25). However, based on the findings, the importance of the income from child prostitution can be focused upon when developing alternative interventional programs for children, including the

development of high-income activities in prostitution (18).

Limitations

There are limited researches on prostitution and sex trading in Iran, especially as children are dependent on it. Since these people have nothing to do with health facilities or well-being centers, one cannot cite the exact figures in this regard. Also, given the severe limitations of researches in this field, it cannot be said that in recent years, if the trend in Iran is rising or decreasing. Other obstacles to the implementation of this systematic review and meta-analysis are the small sample size, the lack of response of some subjects to the questions of prostitution and not to consider the gender of children, and unclear reason for prostitution due to other details including forced marriage of children, extremes in the parenting model (authoritarian or permissive), lack of emotional communication between family members, collapsed families (emotional and legal divorce), the issue of custody of the child during separation, contrary to their desire and expediency (the necessity of father and daughter's guardianship) and parental incompatibility, immigration, physical and psychological violence of the child after the determination of the child's prostitution by family members and the economic difficulties of the family (26), which is recommended to be considered in subsequent studies in Iran.

Suggestions for future research

The most important strategies of the WHO based on the WHO educational module in health policy approaches in these children are to modify their attitudes and motivate them to correct their behavior in the following areas, which are recommended to be institutionalized by authorities and specialists in Iran:

- 1- Preventing substance abuse by identifying the effects and complications of using these substances

- 2- Health and fertility and sexual activity in these children: Include training on the use of a condom for any sex, reducing the number of sexual partners, and avoiding sex when the child has an open wound or sexually transmitted disease. Also, contraception education and complications of unwanted pregnancy and abortion are important issues.
- 3- Child support Programs: Child support and welfare systems include a range of services (e.g. family-based services, child support, out-of-home services, and reception services), prevention, and intervention and treatment support (27,28).

Conclusion

The phenomenon of child trafficking does not only affect the child but also jeopardizes the health of the community. In order to develop children's health policies and programs in the country, it is necessary to provide appropriate services.

Acknowledgment

The authors would like Dr. Mehran Zarghami (psychiatrist) who guided us in this study and Student Research Committee of Mazandaran University of Medical Sciences to support our project (Grant: 1397/28).

Ethical Approval

The Ethics Committee of Mazandaran University of Medical Sciences approved this study (IR.MAZUMS.REC.1397.S28).

Conflicts of interest

The authors declare that there is no conflict of interest regarding the publication of this article.

Authors' contributions

Study design: M.B.

Data collection: M.B., SH.KH., M.GH., AR.SH., and M.T

Writing: M.B., M.GH., S.S., and SH.KH.

Final revision: All authors

References

1. Willis BM, Levy BS. Child prostitution: global health burden, research needs, and interventions. *The Lancet*. 2002; 359(9315):1417-22.
2. Lau C. Child prostitution in Thailand. *J Child Health Care*. 2008; 12(2):144-55.
3. Madani Ghahfarokhi S, Roshanfekar P, Maddah H. Comparing the Characteristics of Child and Adult Prostitutes in Tehran. *Iranian Journal of Social Problems*. 2010; 1(3):103-122 [in Persian].
4. Hounmenou C. An initial exploration of prostitution of boys in the West African region. *Child Abuse Negl*. 2017;69:188-200.
5. Klatt T, Cavner D, Egan V. Rationalizing predictors of child sexual exploitation and sex-trading. *Child Abuse Negl*. 2014;38(2):252-60.
6. Hounmenou C. Exploring child prostitution in a major city in the West African region. *Child Abuse Negl*. 2016;59: 26-35.
7. Brannigan A, Van EB. Youthful prostitution and child sexual trauma. *Int J Law Psychiatry* 1997;20(3):337-54.
8. Valente SM. Sexual abuse of boys. *J Child Adolesc Psychiatr Nurs*. 2005; 18(1):10-6.
9. Knottnerus A, Tugwell P. STROBE-- a checklist to Strengthen the Reporting of Observational Studies in Epidemiology. *Journal of clinical epidemiology*. 2008;61(4):323.
10. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Annals of internal medicine*. 2018;169(7):467-73.
11. Mahdizadeh H. Investigating factors affecting the incidence and prevalence of street children in Mashhad. Tehran, Iran:

University of Social Welfare and Rehabilitation Sciences; 2002 [dissertation] [in Persian].

12. Shoghli A, Mohraz M. Bio-Behavioral, HIV/AIDS Related Study of Working and Street Children of Tehran. Ministry of Health and Medical Education, Disease-Management Center. 2010. [dissertation] [in Persian].

13. Vameghi M, Rafiey H, Rashidian A. Systematic review of studies on street children in Iran in recent decade: poverty, a risk factor for becoming a street child. *Social Welfare Quarterly*. 2010; 9(35):337-78 [in Persian].

14. Foroughi M, Moayedi-Nia S, Shoghli A, Bayanolhagh S, Sedaghat A, Mohajeri M, Mousavinasab SN, Mohraz M. Prevalence of HIV, HBV and HCV among street and labour children in Tehran, Iran. *Sex Transm Infect*. 2017; 93(6): 421-3.

15. Salihu HA. The Growing Phenomenon of Street Children in Tehran. *UKH Journal of Social Sciences*. 2019;3(1):1-10.

16. Ardalan A, Naiini K, Tabrizi A, Jazayeri A. Sex for survival: Consequence of runaway girls. *Iranian Journal of Social Welfare*. 2002;2(5):187-220.

17. Albanese J. Commercial sexual exploitation of children: What do we know and what do we do about it. Washington, DC: National Institute of Justice. 2007.

18. Hounmenou C. Exploring child prostitution in a major city in the West African region. *Child Abuse & Neglect*. 2016;59:26-35.

19. Hosseinpour M, Mohammadzadeh M, Atoofi M. Work-related injuries with child labor in Iran. *Eur J Pediatr Surg*. 2014;24(1):117-20.

20. Afshani, S., Askari-Nodoushan, A., Heydari, M., Noorian Najafabadi, M. An Analysis of the Street-Children Phenomenon in the City of Isfahan. *Journal of Applied Sociology*, 2013;23(4):85-102 [in Persian].

21. Rad EH, Gholampoor H, Jaafari-pooyan E. Child labor and the influencing factors: evidence from less

developed provinces of Iran. *Iran J Public Health*. 2015;44(9):1244–1252.

22. Ataei B, Nokhodian Z, Babak A, Shoaee P, Mohammad Zadeh M, Sadeghi S. Seroprevalence and Associated Risk Factors of Hepatitis B Virus among Street Children in Isfahan, Iran. *JIMS*. 2010; 27(102):788-797.

23. Greenbaum VJ. Commercial sexual exploitation and sex trafficking of children in the United States. *Curr Probl Pediatr Adolesc Health Care*. 2014;44(9): 245-69.

24. Johansson L. Child prostitution in Southeast Asia : A qualitative case study on the factors that contributes to child prostitution in Thailand, Cambodia, Vietnam and The Philippines [Internet] [Dissertation]. 2018. Available from: <http://urn.kb.se/resolve?urn=urn:nbn:se:lnu:diva-70118>.

25. Mgbako CA. Sex Work/Prostitution in Africa. In *Oxford Research Encyclopedia of African History* 2019 Aug 28.

26. Shields RT, Letourneau EJ. Commercial sexual exploitation of children and the emergence of safe harbor legislation: implications for policy and practice. *Curr Psychiatry Rep*. 2015;17(3):11.

27. Nokhodian Z, Ataei B, Babak A, Yaran M, Pahlevani A. Seroprevalence of Hepatitis A among Street Children, Isfahan, Iran. *Journal of Isfahan Medical School*. 2012; 30(178): 159-165.

28. Ramezankhani A, Yazdkhasti M, Abdi F. Policy on Health of Street Children: Challenges and Solutions. *Razi Journal of Medical Sciences*. 2016; 23(145): 88-98.