

The suggested tasks for Master's graduates in reproductive health by experts in Iran

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ABSTRACT

Background: Reproductive health is an important health topic. There are many challenges in reproductive health and it is necessary to train experts to manage them. The aim of this study was to define the tasks of Master of Science (MSc) graduates in reproductive health through comprehensive needs assessment to establish the course.

Materials and Methods: The study comprised of three steps. In the first step, through literature review, the draft and basic fields of main tasks were defined. In the second step, by establishing a focus group of 10 experts, the tasks were extracted on the basis of the country's needs. In the third step, a Delphi study was carried out among 51 experts who were selected to finalize the list of tasks and their priorities using three criteria of "importance", "feasibility" and "availability".

Findings: 57 tasks were extracted with regard to the four main functions of management and planning, education, consultation, and screening in reproduction age of men and women. According to Delphi's results and their priorities, 45 tasks were important and feasible but not available, and they were higher-priority tasks.

Conclusions: The tasks extracted are consistent with the framework of reproductive health provided by the World Health Organization (WHO) and the American Guideline of Educational Planning. However, considering the differences of problems in Iran comparing with other countries, the list is not exactly similar to any list prepared for other countries. Therefore, it is necessary to consider the results of this research in university curriculums.

Key words: Curriculum, health professions, needs assessment, women's health

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This article was derived from an MSc thesis in Isfahan University of Medical Sciences, No: 389284

INTRODUCTION

Reproductive health is an important health topic, which reflects the health during childhood, adolescence, and puberty of men and women. It also influences the health of future generations.^[1] By expansion of science, particularly medical sciences, and considering the importance of health, reproductive health is one of the appropriate indices in evaluation of countries' development, especially for developing countries.^[2]

According to the definition provided by WHO, reproductive health is a state of complete physical, mental, and social wellbeing in reproduction process and function throughout one's life. Therefore, all people should have a healthy and satisfactory sexual life, and be able to freely make decision about the time and method of bearing their child. In this regard, all people should have the right to access information, facilities and the highest standards of reproductive and sexual health without any discrimination, obligation or violence.^[3]

Contrary to the definition of reproductive health and the policies of the United Nations Population Fund, most countries, including the USA, Canada, and Japan, mostly rely on the traditional approach of mother and child

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health, based on the susceptibility of women in reproduction and fertility roles and paying special attention to the physiologic characteristics of women and their needs. In this regard, ministry of health is responsible for policy-making and general planning for men and women in various aspects. It should be noted that in recent years, application of the gender equality policies and the working plan of the Women's World Conference in Beijing have caused considerable development in health sector and the policies and plans of ministry of health on topics, such as sexual health and AIDS, screening of cancers, mental health, and prevention of domestic violence.^[4]

Our society also faces some challenges in reproductive health, which should be fundamentally addressed. Moreover, by following the health and education regulations, these problems can be prevented or treated, or their rehabilitation be facilitated. Some of these problems to consider are infertility, breast cancer, prostate cancer, puberty health, sexual dysfunction, illegal abortions, menopause, health care in these stages of life and new fatal sexually transmitted diseases, such as AIDS. For instance, breast cancer is among the most common cancers in Iranian women.^[5] By increasing the general knowledge, timely diagnosis and effective treatment, more than 50% of the cancer patients would experience a long life.^[6] Therefore, organized educational, health, and therapeutic plans on prevention of breast cancer are required to increase the knowledge level and attitude of women toward breast cancer, and consequently promoting their participation in the screenings.^[7] With regard to abortion, the statistics published in 2008 indicated that the global rate of unsafe abortion increased from 19.7 million cases in 2003 to 21.8 million cases in 2008, which mostly occur in third world countries.^[8] This is while the rate was expected to reduce, owing to the improvement in health facilities and conditions. Furthermore, according to the results obtained by Vahidi *et al.*,^[9] almost one fourth of Iranian women experience primary infertility in their married life, with the incidence rate of 3.4%. The couples' age, health, treatment modalities, the age of marriage, and fertility potential are important factors in interpretation of the prevalence of primary infertility.^[9] By providing training and access to appropriate consultation, this problem could certainly be overcome to a great extent.

Considering the problems exist in sexual and reproductive health, it is necessary to establish an applied major, which directly deals with the problems of reproduction in the society. In this regard, defining the tasks of graduates in

this major in Iran as the first step of educational planning is necessary. Occupational analysis is usually the first step in educational planning to determine what students should learn. Occupational analysis of educational planning is fragmentation of the learning items that the students are expected to learn about how to do the job.^[10] Occupational analysis helps us to define the skills required for students in learning the prerequisites. Therefore, it is necessary to consult the specialist in the field and those who may involve in the process in this respect.^[11]

The aim of this study was to define the tasks of the MSc graduates of reproductive health by experts. The viewpoints of the experts were obtained online. Web services have been used in some vast needs assessment programs in the world.^[12] Considering the extension and distribution of the study population, this method was more appropriate for the study.

MATERIALS AND METHODS

The study comprised of three steps. In the first step, through literature review, the draft and basic fields of main tasks related to the job of MSc graduates of reproductive health were defined. Then, in the second step and by establishing a focus group of 10 experts of various specialties, the fields and tasks were extracted on the basis of the country's needs. The jobs of these experts were related to reproductive health. The group consisted of two faculty members of midwifery, four PhD students of reproductive health with the career in being faculty members, two obstetricians, one geneticist and one urologist. The group members had a history of working in this field and some of them were involved in curriculum planning. Then, small groups of three experts were formed to discuss the list of the major's establishment objectives and its tasks, and finally they achieved consensus on the items. To make sure about the tasks that were extracted by the focus group of experts, the tasks were sent for the representative of each group, and some required modifications were done and returned back to them; ultimately the approved tasks were determined to be used for opinion poll of other experts. In the third step, Delphi study was carried out using the Web to finalize the list of tasks and their priorities. At this step, it was necessary to perform priority setting of the tasks^[13] and the opinions of experts were obtained. The sampling was goal oriented, and the experts were selected among the Iranian obstetrics and gynecology specialists, PhD students of reproductive health, the professionals in the field, faculty members of

reproductive health, mother and child health, and midwifery. Fifty-one experts attended the opinion poll. The faculty members were selected from the medical universities with MSc Courses, such as Isfahan, Ahwaz, Tabriz, Tehran, Shiraz, and Mashhad, and the medical universities which served as the referral centers of some provinces, including Yazd, Kermanshah, Mazandaran, Golestan, Guilan, and Sistan-va Baluchestan. First they were contacted or verbally agreed to participate in the study. The aims of the study and the method of opinion poll were described on a website. The questionnaire was also presented on the website. The questionnaire included the items on tasks extracted in previous steps, which were presented along with the opinion poll guideline and priority-setting criteria. Furthermore, the website guideline with illustrations and examples was prepared and mailed to the participants. To avoid problems related to it, the participants' cell phone numbers were defined as their ID and password.

Priority setting was performed according to a method of Altschuld's book, with the three criteria of "importance", "feasibility" and "availability". The importance was evaluated from experts' viewpoints. Feasibility was defined as the level the task could be fulfilled by a reproductive health MSc graduate and availability was the fact that this service is now provided or not. Availability was scored in a 1–3 range; if the service is now completely provided, it scored 3, if it is not provided at all, it scored 1, and if it is provided to some extent, it scored 2. Accordingly, the "importance" factor was scored in a 1–5 range, and the "feasibility" was scored between 1 and 3, and the participants scored the items according to the lowest and highest scores. The items that obtained scores less than the median value (3 for 5-point scale and 2 for 3-point scale) were considered to be less important or unavailable or infeasible. The eight conditions produced are provided in table 1.

In the opinion poll webpage, the participants could write down their comments on each task in specific boxes. The comments were reachable for the researcher as they were sent. After performing the opinion poll, the scores of

each priority-setting criterion and the mean score for each task were calculated. Priority setting was then carried out according to table 1.

FINDINGS

In the first step, the draft of tasks in 19 main areas was obtained using literature review. Then, in the second step, the tasks were completed and modified by evaluation of the focus group. Then they were categorized on the basis of the four main stages of reproduction and its four subsidiary classifications. 57 tasks were extracted with regard to the four main functions of management and planning, education, consultation, and screening in reproduction age of men and women; that is, before and during puberty, before marriage, reproduction (pre-pregnancy, pregnancy, post-pregnancy and infertility), and menopause and older age.

In the third step, to achieve the best possible results from the opinion poll, we tried to make use of the comments of experts and health managers from ministry of health and different universities, who were scientifically competent and had enough experience in this field. Of those who attended the study, 33% were specialists in the field of mother and child health, and 29% in the field of reproductive health. The remaining were gynecologists, health specialists, and specialists in other related fields.

The 57 tasks and their mean scores assigned to priority-setting criteria are provided in table 2.

With regard to table 2, tasks No. 18, 22, 26, 35, 36, 37, 38, 41, 42, 43, and 44 obtained the mean importance score above the median score 3, the feasibility score above the median score 2, and the availability scores above the median score 2. This shows that the item is important, feasible, and available, and further action is not required for it; thus, the item can be eliminated, or has a low priority. As can be observed, the tasks deal with topics, such as high-risk pregnancy, breast feeding, and family planning. In contrast, task No. 9 obtained a low feasibility score, and can be evaluated.

Table 1. All priority conditions of the tasks

Not available		Available		
Not feasible	Feasible	Not feasible	Feasible	
Further study should be carried out	The need organization should focus on	The need which is worthy to do something for	The need which is not necessary to do something for	Important
The need which is not necessary to do something for	The need which is not necessary to do something for	The need which is not necessary to do something for	The need which is not necessary to do something for	Not important

Table 2. Results of priority setting of the tasks

Tasks	Mean of scores		
	Importance	Availability	Feasibility
1 Screening for sexual and gender identity disorder before puberty	4.06	1.36	2.06
2 Parents' training about establishment of social environment for development of gender identity before puberty	4.56	1.46	2.35
3 Management and planning of issues of puberty gender identity for training mothers about the establishment of puberty sexual environment	4.17	1.35	2.19
4 Screening of puberty sexual identity disorders	4.22	1.47	2.00
5 Management and planning for controlling the psychological, social, and physical issues of puberty	4.44	1.56	2.16
6 Screening of psychological, social, and physical disorders of puberty	4.31	1.46	2.15
7 Training parents and teachers on how to deal with psychological, social, and physical disorders of puberty	4.51	1.67	2.51
8 Planning for training parents on how to deal with common problems of puberty	4.40	1.48	2.44
9 Management and planning for changing the gender beliefs and superstitions in families and the society	4.15	1.45	1.94
10 Management and planning for preventing high-risk sexual behaviors in adolescents	4.69	1.71	2.41
11 Management and planning at the level of health staff and networks for empowerment of women with respect to girls' reproductive health	4.33	1.49	2.31
12 Management and planning for preventing high-risk marriages	4.46	1.73	2.33
13 Pre-marriage consultations for preventing high-risk marriages	4.51	1.79	2.40
14 Pre-marriage management and planning for sexual relationships	4.54	1.46	2.30
15 Pre-marriage consultation and education of sexual relationships	4.66	1.58	2.32
16 Consultation and education about the behaviors that prevent common cancers of the reproductive system	4.63	1.88	2.63
17 Management and planning for common cancers of male and female reproductive system	4.44	1.80	2.52
18 Screening of reproductive system cancers	4.52	2.15	2.44
19 Management of units of consultation, education, and sexually transmitted disease services (prevention of high-risk behaviors, vaccination, and providing services in these units)	4.65	1.85	2.52
20 Management and planning for controlling sexually transmitted diseases	4.60	1.71	2.44
21 Screening of sexually transmitted diseases	4.51	1.62	2.40
22 Management and planning of programs related to the family planning course	4.61	2.41	2.74
23 Providing education and consultation to different male and female groups (in schools, offices, and cultural centers)	4.55	1.96	2.38
24 Providing the background necessary for men's participation in family planning	4.46	1.58	2.33
25 Management and planning for the current reproduction status	4.51	1.87	2.49
26 Consultation for planned pregnancy and prevention of unwanted pregnancies	4.57	2.11	2.60
27 Management and planning for sexual problems	4.43	1.38	2.17
28 Screening of sexual problems	4.40	1.36	2.02
29 Consultation and planning for sexual problems	4.60	1.42	2.11
30 Marriage consultation before divorce and referring to courts	4.19	1.45	2.28
31 Education and consultation of women to empower them in achieving their reproduction rights (family planning and sexual issues)	4.54	1.54	2.19
32 Management and planning for empowerment of women in reproductive health at the staff and network level, and presenting applied strategies to overcome the obstacles of empowerments to high-rank policy makers	4.39	1.37	2.09
33 Management and planning for occurrence of abortion, its prevention, and its complications	4.29	1.52	2.25
34 Consultation and education about occurrence of abortion, its prevention, and its complications	4.51	1.56	2.33
35 Management and planning for high-risk pregnancies	4.70	2.02	2.57
36 Screening of high-risk pregnancies	4.67	2.25	2.63
37 Consultation and education about prevention of high-risk pregnancies and management of pregnancy care in high-risk pregnancies	4.61	2.00	2.57
38 Consultation and management of preparation for labor during pregnancy	4.77	2.02	2.72
39 Education and consultation for sexual issues during pregnancy and after delivery	4.27	1.65	2.56
40 Management and planning for sexual issues after delivery	4.38	1.62	2.52
41 Management and planning for breast feeding after delivery	4.59	2.33	2.76
42 Consultation and education about breast feeding after delivery	4.61	2.46	2.80
43 Management and planning for family planning after delivery	4.57	2.36	2.66
44 Consultation and education about family planning after delivery	4.65	2.46	2.79
45 Consultation for sexual disorders in infertility and referral of special cases	4.48	1.52	2.42
46 Management of the consultation unit of psychological, social, and sexual disorders in infertility centers	4.22	1.39	2.39
47 Management and planning for issues related to social support in infertility	4.35	1.29	2.08
48 Providing specialized consultation to executives and regulators of legal affairs in issues related to women's right, according to the international women's right	4.35	1.29	2.08
49 Management and planning for infertility prevention	4.19	1.25	2.02

Table 2. Results of priority setting of the tasks (continued)

Tasks	Mean of scores		
	Importance	Availability	Feasibility
50 Management and planning for issues related to reproductive system health in menopause and older ages	4.15	1.35	2.10
51 Screening for physical and psychological complications of menopause and older ages	4.63	1.46	2.52
52 Education of coping with the complications of menopause	4.62	1.57	2.43
53 Consultation and education about the sexual affairs in menopause and older age	4.62	1.45	2.45
54 Screening of reproductive system cancers in menopause and older age	4.58	1.38	2.54
55 Management of units related to consultation and education of physical, psychosocial, and sexual health in menopause and older age	4.61	1.82	2.47
56 Management of units related to evaluation of physical, psychosocial, and sexual health in menopause and older age	4.35	1.42	2.38
57 Management of male reproductive health programs and increasing men's participation in reproductive health programs (for themselves, women, their family, and the society)	4.35	1.29	2.47

The remaining tasks (45 tasks) are the needs; we should focus on meeting them.

With regard to the results obtained and considering the viewpoints of the needs assessment team, tasks No. 42, 41, 37, 36, and 35 were eliminated. However, considering the relevance of items No. 22, 18, 26, 38, 43, and 44 to the major, and as the needs assessment team agreed, these items were not eliminated, but received lower priority in educational planning.

DISCUSSION

We took advantage from expert's opinions in evaluating the tasks of MSc graduates of reproductive health. In this respect, the scientific and working experiences of the experts were considered. All the extracted tasks were set in a health, rather than clinical framework. The tasks extracted were consistent with the framework of reproductive health provided by the WHO and the American Guideline of Educational Planning. However, according to the differences in problems of our country with those of the others, the list of tasks was not exactly similar to any list prepared for other countries.^[14,15]

Altschuld method was used to perform the priority-setting in needs assessment, because the major did not exist before. Thus, it was not possible to determine the gap between the present and desirable states. Moreover, there are currently other specialties that provide services in the same field in the health system. So, in needs assessment, the importance of tasks defined for meeting the needs of people's reproductive health were considered, as well as the unavailability and feasibility of the services.

The results showed that in experts' opinion, all the tasks extracted were important for the graduates, and most of the tasks, 46 out of 57, were not currently provided. These tasks were related to management and planning, education and consultation about the puberty and pre-

puberty health and the issues related to them, sexual health, elderly health, menopause, empowerment of women, and participation of men. The experts believed that the items were important (all scored above 4), and were not available for the people.

According to the experts, of the tasks proposed 10 items were currently provided in the health system. These items were feasible; however, since they were available and were provided by graduates of other specialties, the items were not given high priorities. The 10 tasks mentioned were specified as "the needs that do not require further action" according to the priority-setting scale. Thus, it is not necessary to train new specialists to provide these services. With regard to the remaining tasks, the experts believed that the services were not provided at all or provided to degrees less than "somehow". Moreover, except for "management and planning for changing of gender beliefs and superstitions of families and the society", on which the experts did not agree, all other items were feasible. Therefore, these services should necessarily be provided by some individuals or systems. In this regard, these extracted items were considered as the tasks of graduates of the major.

General evaluation of the tasks extracted indicated that the process of defining tasks of reproductive health was performed multi dimensionally and accurately. The tasks defined cover all stages of reproductive age and all feasible duties in the field of health. Reproductive health for the two ends of reproduction age, that is, adolescence and higher ages, are important issues in Iranian reproductive health. This is because although almost 34% of the current Iranian population is young, the elderly population in urban areas has been grown fourfold in the past 30 years.^[16] Furthermore, in near future, a high percentage of the population would be old, and consequently the reproductive health needs associated with these ages would become important. Thus, accurate educational planning to train providers of these services is a must.

Management and planning, consultation, education and other items related to reproductive health in older age groups of men and menopause of women were of the main tasks defined for the major. These tasks can be of the current and future tasks, which should receive appropriate attention. This is due to the increasing growth in elderly population in Iran, as it is estimated that in 2031, elderly population boom will occur in Iran, and 25%–30% of the population will then be above 50 years of age.^[17]

The tasks related to sexual health were among the tasks that were considered in all stages of life. In spite of obtaining high scores, these services are not provided by other jobs and thus are not available. The tasks of education and consultation about the gender and sexual roles were defined in this regard. Many studies have been carried out on adolescents, and showed that the adolescents were unfamiliar with sexual issues, and there is a need for education and consultation of adolescents in this respect.^[18-21] Some researchers have evaluated gender roles of men and women and found the problems of this field. They recommend that by pre and post marriage consultation, the couples should become familiar with mental schema and cultural cliché, and the influence of these factors on mental assessment of sexual arousal and satisfaction with sexual relationship. Moreover, the importance of these factors should be taught to decrease the problems of married life.^[22] Considering the tasks defined for the major, the graduates can more specifically meet the needs of the society in this respect.

Another task was related to empowerment of women. A branch of this item is “violence against women”, which is a topic proposed by the WHO as an item for assessment and follow up in reproductive health.^[15] Some researchers believe that violence against women and children within the families has decreased; however, the problems require education with the aim of changing the behavior.^[23]

Department of Reproductive Health in the WHO with the aid of the United Nations Population Fund (UNFPA) and Human Reproduction Program (HRP) has defined the main topics of reproductive health. These topics would be helpful in research on reproductive health and making the policy makers, scientists, health care providers, physicians, consumers, and representatives of the society aware of the research priorities in development of reproductive and gender health. The topics were namely, older age and reproductive and gender health, family planning, women’s circumcision, and other harmful practices, infertility, mothers’ health and abortion, urinary tract infections, sexually transmitted

diseases, AIDS, relationship between reproductive health and AIDS, unsafe abortions, and violence against women.^[15] Considering the health state of our society and frequency of the problems, most of these topics are among the main topics in our country. However, some less frequent topics in our country, such as women’s circumcision, were not placed among the main topics, and considering the young population of Iran, some topics such as those related to adolescents were mentioned as the main topics in reproductive health needs.

Some limitations of the study were obligation in selection of the participants from the specialists of the field, because they were mostly busy and did not have enough time to answer the questions. To overcome this problem, the study was better to be performed in a larger time interval and during academic off day. Considering the results obtained, the authorities should develop the reproductive health major in subgroups, such as sexual health, research in reproductive health, and reproduction rights, and also modify the curriculum of courses related to the field for students of medical sciences. Furthermore, researchers should carry out more studies on the neglected tasks of physicians in reproductive health.

ACKNOWLEDGMENT

I would appreciate my dear teachers, specialists, experts in health ministry and clinics and all of my friends, especially Dr. Ashraf Kazemi, Dr. Shahnaz Kohan, and Dr. Tayebe Ziaee for their kind cooperation and encouragement.

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How to cite this article: Shakour M, Yamani N, Ehsanpour S. **The suggested tasks for Master's graduates in reproductive health by experts in Iran.** *Iranian Journal of Nursing and Midwifery Research* 2012; 17(4): 306-312.

Source of Support: Isfahan University of Medical Sciences, **Conflict of Interest:** None declared.