HEART
WOMEN & GIRLS

A Guide
to Effective
Programming for
Muslim Youth

LET'S TALK ABOUT SEX (education)

A Resource Developed by the HEART Peers Program

CENTRAL TO ALL WORKSHOPS WAS THE FOLLOWING QUESTION:

How can we convey information about **sexual and reproductive health** to American Muslim women and girls in a manner that is **mindful of religious and cultural values** and attitudes and also advocates the **medical and scientific understandings** established and widely accepted today?

AT THE heart of the MATTER

HEART Women & Girls seeks to promote the reproductive health and mental well-being of faith-based communities through culturally-sensitive health education.

Acknowledgments

This toolkit is the culmination of three years of research and fieldwork led by HEART Women & Girls, an organization committed to giving Muslim women and girls a safe platform to discuss sensitive topics such as body image, reproductive health, and self-esteem. The final toolkit was prepared by HEART's Executive Director **Nadiah Mohajir**, with significant contributions from **Ayesha Akhtar**, HEART co-founder & former Policy and Research Director, and eight dynamic Muslim college-aged women trained as sexual health peer educators. We extend special thanks to each of our eight educators, **Yasmeen Shaban**, **Sarah Hasan**, **Aayah Fatayerji**, **Hadia Zarzour**, **Dilek Serbest**, **Sehar Sufi**, **Sumaiya Saad**, and **Nadia Ismail**, for sharing their passion, enthusiasm, and unique perspectives. The HEART Peers program is grateful to **Loyola University**, in particular **David Van Zytveld** and the **Center for Urban Research & Learning (CURL)**, for generously providing us with a comfortable meeting space, **Carrie Wachter** and **Rape Victim Advocates** for offering training, **Sumaya Abubaker** for genuinely and enthusiastically sharing her important work supporting Muslim survivors of sexual violence through the **Rahma Network**, and the **One Chicago, One Nation** program for funding part of the HEART Peers program. We extend a special thanks to **Urooj Arshad**, the Muslim Youth Project, and **Advocates for Youth**, a nonprofit organization and advocacy group based in Washington, D.C. dedicated to sexuality education, for continuously providing support and guidance, helping us negotiate challenges, hearing our story, and believing in our work. Finally, we are grateful to **Jameela Jafri**, **Summar Ghias**, **Amal Killawi**, **Laila al-Marayati**, **Shazia Pappa**, and **Golden Sage Editing** for their assistance with the editing and design of the toolkit.

About the Project

The inaugural peer health education program, HEART Peers, brought together eight dynamic college-aged Muslim women from Loyola University, the University of Chicago, and the University of Wisconsin–Madison for a twelve-session training on sexual and reproductive health, with a special focus on sexual violence. Our eight peer educator trainees comprised a diverse group with respect to ethnicity, religious upbringing and practice, and professional training. Yet they all came together for one purpose: to learn how to serve as resources for their Muslim peers regarding sexual and reproductive health. Participants attended interactive workshops and discussions and worked together in small groups to learn about various topics, including self-esteem, body-image, media literacy, basic sexual health, sexual hygiene, healthy relationships, sexual violence, and peer education. Central to all workshops was the following question: **How can we convey information about sexual and reproductive health to American Muslim women and girls in a manner that is mindful of religious and cultural values and attitudes and also advocates the medical and scientific understandings established and widely accepted today?**

HEART Peers did not end after the twelve-week training. After twelve intense sessions, the program and its participants are ready to start the next phase of its responsibility: to serve as leaders and resources of sexual and reproductive health knowledge for Muslim communities in the United States. This toolkit is the first of the program's many efforts to raise awareness about sexual and reproductive health, an important, yet neglected topic among Muslims in the United States today.

Prologue

We begin in the name of God, the most Compassionate, the most Merciful. The Prophet Muhammad (peace be upon him) encouraged his Companions to learn about their bodies and ask questions in a respectful and mature manner to better understand their rights and responsibilities to themselves and others. As such, the Prophet's example and encouragement to his Companions suggests that Muslims ought to learn about their bodies and sexuality within the context of the Islamic tradition. Many scholars such as Imam al-Ghazali have emphasized that it is the obligation of the Muslim to learn about sexual desires and health in a way that is clear and direct. By learning about their bodies and sexuality, Muslims will be well-equipped to protect their physical, emotional and spiritual health.

The environments that many Muslim youth grow up in today in the United States are not spaces of healthy, open conversations regarding sexuality. Rather, they are full of contradictions. At home, many Muslim youth are expected to abstain from sex until marriage without any additional context and refrain from discussing sexuality. In other words, there is often no emphasis on understanding the body. At the same time, outside of the home, Muslim youth as well as others are constantly bombarded with sexual images and messages encouraging them to have sex and actively partake in romantic relationships. Adolescence is a confusing time for most youth, regardless of their religious background or upbringing, given numerous physical and emotional changes. As a result, curiosity may provoke sexual experimentation, (mis)information, and other risky behaviors to fulfill a need to fit into the broader environment.

In the past three years, HEART Women & Girls has had numerous conversations with Muslim youth, educators, and adult allies. Upon collecting these stories—despite the fact that the women and girls who shared these stories came from diverse backgrounds—an underlying theme emerged: **they did not have a safe space in which to obtain health information in a way that is mindful of their wide-ranging religious and cultural upbringing and values.** As such, Muslim women and girls are in need of sexual health education that is mindful of their Muslim and American identities. Muslim community members would be remiss not to answer their call.

Throughout this toolkit, you will learn of several stories we have uncovered from young girls that highlight an overarching need for sexual health education for American Muslim females. These stories, along with many more that have been shared with us, reinforce our core philosophy: **the tools and information a young Muslim woman has, along with the way she feels about herself, have a significant impact on the choices she makes about her health and her body.**

Yet the reality is that few Muslim educators, administrators, community leaders, and parents understand the important relationship between tools, information, and a young woman's choices and are thus unequipped to identify and properly address key community needs. Within the framework of the Islamic tradition, Muslims must begin to discuss reproductive health, sexuality, and relationships, which will ultimately cultivate healthy families and communities. By addressing the varied needs of American Muslims, we will move one step closer to preserving the health of our families and ultimately, our communities.

Using the Toolkit

This toolkit is intended to serve as a resource for educators, schools, and institutions to develop religiously- and culturally-sensitive sexual health education programming for young American Muslim women. This toolkit relies on data, best practices, and HEART's groundbreaking fieldwork and research focused on sexual and reproductive health in Muslim communities to offer a way to develop programs and curricula. As a reflection of HEART's fieldwork and research, this toolkit explores the challenges present in providing sexual health programming and offers recommendations, tips, and strategies on developing sexual health programming. Furthermore, this toolkit also provides directive on creating awareness about the importance of offering sex education for Muslim youth and developing a religiously- and culturally-sensitive curriculum. **While this toolkit does not offer all the answers or even a simple formula, it serves as a foundation to guide those taking on the great challenge of designing a sexual health program or curriculum for Muslim youth.**

The toolkit contains five parts. The first four parts include introductory material about each topic, information for educators and adult allies to consider when developing sexual health programming, and discussion questions. Some of the topics covered in the toolkit include the following:

- Overview of main sexual health education curricula available today;
- Data on sexual health knowledge and behaviors of youth in America, including a special focus on American Muslim youth;
- Barriers to addressing sexual health topics with Muslim American youth;
- Discussion to bring awareness about sexual violence among Muslims;
- Practical tips and tools to implementing sexual health programs and meeting the needs of the community, including important components of sex education programming;
- How educators can talk with parents about sexual health education during school hours;
- Resources (e.g. a list of organizations, books, websites, and other references for educators when designing their own curricula)

The fifth part of the toolkit includes brainstorming activities to initiate and further conversation about sex education for American Muslim females.

Limitations

Given HEART's work, this toolkit was written by women and is geared towards professionals designing programs for young American Muslim women. While much of the information and suggestions offered in this toolkit may in fact be relevant to both young men and women, we recognize that a similar toolkit geared towards young American Muslim men is crucial to creating healthy communities and acknowledge the need for complementary programming.

We also acknowledge that some of the language used in this toolkit may sound exclusive, particularly to the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community. The Muslim LGBTQ community is growing, and Muslims must address the concerns of this community. As such, this toolkit cannot do justice to addressing all of the complex issues pertaining to sexuality, sexual orientation, gender identity and Islam. Much research, consultation, and long-term thinking is required to create a space for the LGBTQ community. We recommend bringing together key members of the LGBTQ community, Muslim scholars, and healthcare professionals to discuss this important issue at length.

We also recognize that there may be other limitations and factors to be considered when implementing this toolkit in the classroom or community setting. These limitations and/or factors include race, ethnicity, immigrant status, socioeconomic status, health literacy, access to health information, and sexual orientation, to name a few. Please consider our toolkit as a base for your work, and adjust as needed. We welcome feedback on this toolkit as we look to develop HEART programming in the future.

contents

This resource serves as a foundation to guide those designing a sexual health program or curriculum for young American Muslim women.

PART 1:

The Case for Sex Education

A long overdue conversation.

According to the Guttmacher Institute, nearly half of all 15–19 year olds in the United States have had sex.

Why is Sexuality Education Important?

A great deal of research has been undertaken to understand youth and sexual activity, and the numbers are stark. According to the Guttmacher Institute, nearly half of all 15–19 year olds in the United States have had sex. Of these individuals, four in ten girls get pregnant before the age of 20. The majority of these pregnancies are unintended; 35% of pregnant teenagers have an abortion. The Illinois Campaign for Responsible Sex Education shows that over 75% of youth report a need for more information on sexual health topics, and over half of sex education programs in Illinois do not cover where to get birth control or health related services, or how to use the various methods of contraception.

There is a wide variety of sexual health programs that are used in schools across the United States. Private, public, and parochial schools have used curricula from a selection of abstinence-only, comprehensive, medically-based, or faith-based education programs. Numerous organizations have worked tirelessly to review the available sex education curricula out there, and research has highlighted the pros and cons of every program, which can make the decision to select the best one very challenging. One such effort is the Illinois Campaign for Responsible Sex Education, which produced the **Sex Education Curriculum Content Review**. This guide is an excellent resource for those trying to familiarize themselves with the available curricula and what each one has to offer. Below are some highlights of the basic elements of the available curricula.

Abstinence-only vs. Comprehensive sex education

There are many sex education curricula out there, covering a wide range of topics and providing a foundation for educators to understand the material available for use. As such, Advocates for Youth defines the various abstinence-only and comprehensive programs as the following (Advocates for Youth, 2001):

- **ABSTINENCE-ONLY EDUCATION** (also known as abstinence-centered education): Teaches abstinence as the only-morally correct option of sexual expression for teenagers. Typically does not include information about contraception and condoms for the prevention of sexually transmitted infections (STIs) and pregnancy;
- **ABSTINENCE-ONLY UNTIL MARRIAGE:** Similar to the characteristics of abstinence-only education, except teaches that abstinence is the only morally correct option of sexual expression for unmarried people;
- **COMPREHENSIVE SEX EDUCATION**: Emphasizes that abstinence is the best way to avoid consequences such as STIs and unintended pregnancy; while also informing students about condoms and contraception as ways to to reduce chances of such consequences. Lessons also include interpersonal and communication skills and helps young people explore their own values, goals, and options.
- **ABSTINENCE-PLUS:** These are programs that convey information about condoms and contraception, but they also feature strong abstinence messages

Abstinence-only and comprehensive sex education is a political debate in this country that has impacted youth sexual health education. Given the public health implications of the type of education used, it is important that we understand the differences and values in comprehensive and abstinence-only sex education programming.

Below is a summary of the major differences in the abstinence-only and the comprehensive approach to sex education, which a 2001 Advocates for Youth publication details:

Abstinence-Only	Comprehensive
Teaches any sexual activity before marriage is premature, **without building critical thinking skills.**	Emphasizes the importance of not rushing into sexual activity. Takes into account personal values, as well as a discussion on STI prevention and pregnancy. **Builds critical thinking skills.**
Promotes abstinence **inaccurately** by focusing on risks and failure rates of contraception.	Emphasizes **abstinence as the best option**, while offering information on STI and pregnancy prevention that will be useful later in life for when youth become sexually active.
Often includes **inaccurate medical information** and exaggerated statistics regarding STDs, including HIV; suggests that STDs are an inevitable result of premarital sexual behavior.	Includes **accurate medical information** about STDs, including HIV; teaches that individuals can avoid STDs.
Often uses **fear tactics** to promote abstinence and to limit sexual expression.	Provides **positive messages** about sexuality and sexual expression, including the benefits of abstinence.

The question of whether to offer sex education to youth, what type, and at what age is an age-old debate. While opponents of comprehensive sex education are concerned about increased promiscuity, risky behaviors, and earlier sexual initiation, the data does not support these claims. Research undertaken on abstinence-only programs has shown that overall such programs do not decrease unwanted outcomes of sex among youth (Santinelli, 2006). This type of programming can leave "young people, especially those at elevated risk, uninformed and alienated" (Collins et al 2002). This programming can have negative effects on youth in the sense that they may engage in sexual activity whether married or not and end up dealing with unwanted outcomes such as unintended pregnancy or an STI. A 2010 Guttmacher Policy review states, "there is no evidence to date that abstinence-only-until-marriage education delays teen sexual activity. Moreover, research shows that abstinence-only strategies may deter contraceptive use among sexually active teens, increasing their risk of unintended pregnancy and STIs" (Boonstra, 2010). In addition, the same policy review continues to discuss the possible advantages of comprehensive sex education programs, concluding that "strong evidence suggests that comprehensive approaches to sex education help young people both to withstand the pressures to have sex too soon and to have healthy, responsible and mutually protective relationships when they do become sexually active" (Boonstra, 2010). **Put simply, there is no evidence that comprehensive sex education programs lead to increased rates of sexual activity and earlier initiation. In fact, there is evidence that suggests it may have the opposite effect: empowering young people with the tools to delay sex and make more responsible decisions.** Additional benefits that numerous studies have repeatedly found:

- Health programs in schools can help young people succeed academically. In fact, one study, featured on the website of the national organization Future of Sex Ed, indicates that "an extensive review of school health initiatives found that programs that included health education had a positive effect on overall academic outcomes, including reading and math scores."
- Students who receive sexuality education typically show better decision-making skills and healthier behavior than those who do not.

Currently, there is no nationwide implementation standard for sex education programs in the United States. School sex education programs range from no sex education to abstinence-only to comprehensive sex education. While many states have a requirement to offer HIV education, comprehensive sex education that is offered remains greatly disputed (Guttmacher Institute, 2013). As such, only 22 out of 50 states mandate sex education. It is important to note that compliance on the part of schools is extremely varied. Many private and religious schools can (and do) apply for waivers for exemption from offering this education to their students. For more details on state-by-state policies and requirements regarding sex education, please refer to the Guttmacher's Institute State Policies in Brief (Guttmacher Institute, 2013). Despite the lack of statewide or federal standards, organizations specializing in sex education, such as Advocates for Youth, have developed some useful guidelines for the essential minimum core content for sex education that is both developmentally and age-appropriate for students in grades K–12.

What attitudes prevail in Muslim communities about sex education?

When thinking about health education in Muslim communities, particularly sex education, a significant challenge facing educators and parents is the concern that the youth of today will be somehow less cognizant of their religious values regarding sexuality while still attaining knowledge about their bodies and sexual health. As mentioned earlier, the common apprehension that teaching comprehensive sex education contradicts religious morals and increases promiscuity and sexual activities is even greater within the Muslim community. In 1997, researcher Halstead outlined the three main aspects of contemporary sex education that appear to be problematic with Islamic teachings and therefore have become legitimate areas of concern for Muslim opposition:

1. Some sexual health education material offends the Islamic principle of modesty and decency. For example, condom demonstrations and the use of explicit videos, depicting nude people or using detailed diagrams may be deemed contradictory of the Islamic principle of modesty and decency.

2. Sexual health education tends to present certain behaviors as acceptable that Muslims consider sinful. Many Muslims believe premarital sex, adultery, and homosexuality are sinful and struggle with current practices in sexual education that present them as normal or refrain from taking a religious position on them.

3. Sexual health education is perceived as undermining the Islamic concept of family life. Many sex education curricula prioritize personal autonomy and self-desire over obligations and commitments to others, which undermines the Islamic position and concept of family life, seen as a cornerstone of Islamic societies.

As a result, some Islamic school educators and Muslim parents have designed sex education curriculum with severe constraints. This involves limiting information to include what they believe is absolutely necessary and appropriate under the basis of the Islamic tradition, such as the legalities of cleanliness (ghusl), hygiene, and the biology of reproduction. These curricula do not focus on pregnancy or STIs, nor do they include components focused on self-esteem, healthy relationships, and decision-making. Such a limited focus on sexual education is disconcerting from a public health perspective, since preliminary studies examining adolescent perceptions on sex education and anecdotal evidence indicates that Muslim youth are indeed engaged in sexual activities and are victims of sexual violence. More often than not, with very limited knowledge, they are left unprepared to deal with issues of reproductive and sexual health. Most importantly, Muslim students have expressed their desire for this information, and look to their educators instead of their parents (Sanjakdar, 2009).

While statistics regarding sexual activity specific to faith-based communities such as Muslims is limited, data from Canadian studies and evidence derived from non-profits and other organizations focusing on Muslim communities indicate that the number of Muslims in premarital relationships is growing rapidly, and that often these young people are improperly informed or uneducated about their reproductive and sexual health. The Sanjakdar study cited above reveals that Australian educators shared that many students admitted to not seeking information from their parents, even about biological matters such as menstruation, and instead hoped that their teachers would fill that void. Similarly, a study looking at immigrant youth in New York City yielded similar results: the vast majority of the youth admitted to feeling uncomfortable talking to their parents about sexual and reproductive health, and assumed their parents felt the same way (SAUTI Yetu Center). Another study found that while girls believed the school-based sex education classes to be informative and useful, and that they facilitated necessary conversations between them and their mothers, they felt frustrated at the way the content was presented: many of them felt it marginalized their experiences and decision to abstain from premarital sexual relationships because the information often was presented in a way that the choice to engage in sex was predetermined or assumed (Orgocka, 2004). Still others expressed discomfort with the graphic visuals and demonstrations. On the other hand, when Muslims are presenting the information to youth, it is assumed that they are not sexually active and essential information is left out. As such we see a clear disconnect: the information they get in a secular setting assumes premarital sex WILL happen, while the information they get in a religious context assumes that premarital sex, and any other intimate activity leading up to it, WILL NOT happen.

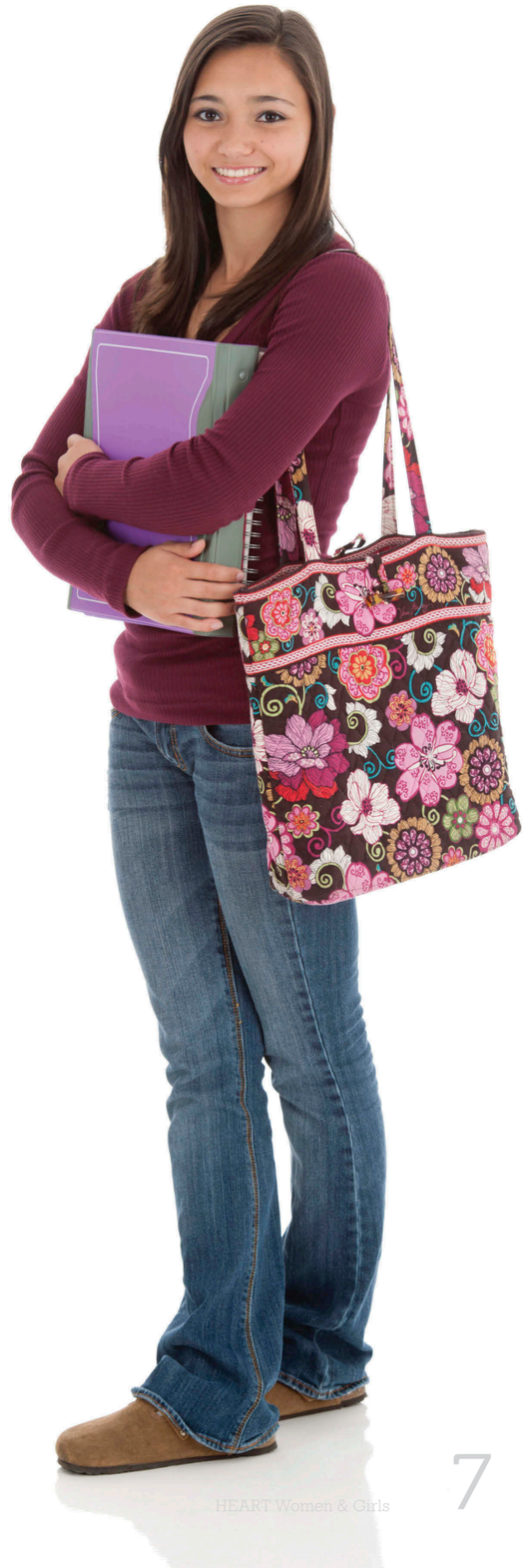
When asked about whether they received sexual health information from their Islamic schools and centers, a study yielded results that confirms our fieldwork findings that Islamic schools are not teaching the necessary social and life skills and values Muslim youth need (Orgocka, 2004):

- 40% felt they did not receive any information.
- Of the 50% that reported they received information on women's duties and responsibilities, 30% were of the opinion that the information focused on how a woman should dress and behave.
- Only 3% said they received information on spousal relationships.

Perhaps the most insightful research finding is from a study looking at immigrant youth in New York City, which concluded that "youth found it difficult to separate sexual and reproductive health information from the family, religious and cultural contexts and information. **The information they learn in school or youth programs is immediately compared to these contexts and may be ignored or discarded when there is a contradiction (SAUTI Yetu Center).**" The findings of this study indicate the strong need not just for religiously and culturally-appropriate health, but also the importance for this information to be available in spaces other than schools – such as community centers and religious institutions – so that students and educators have a space for these conversations to take place in more religiously- and culturally-specific context.

The consequences of a lack of sex education are apparent to those involved in HEART programming. In our workshop with Arabic-speaking immigrant married women with children, participants confessed they had never before seen a condom or a tampon, and did not have any information on preventing or identifying yeast infections and urinary tract infections. Similarly, during a talk at a top-tier private university, Muslim college women spoke of their need for information on their sexual health because "the little information they had was not adequate, nor was it ever made culturally-relevant."

HEART's fieldwork, needs assessments, and research in American Muslim communities have indicated that depression, harmful behaviors such as eating disorders, cutting, substance abuse, bullying, and sexual experimentation are widespread and require immediate attention. For example, informal HEART surveys of Chicago 6th-12th grade Islamic school students indicate that 60% of respondents are aware of the aforementioned problems and identify them as issues that have yet to be addressed in their schools. The situation described above indicates the importance for Muslims in America to engage the needs of their communities. Before addressing the issues, however, it is important to learn how to constructively engage them.



What are the implications of a lack of sex education?

The implications of this limited dialogue and lack of education are significant. We have included a number of implications below, along with anecdotes (names have been changed to protect privacy) derived from real-life situations based on HEART's fieldwork and other research that demonstrate the serious consequences of the lack of adequate sex education:

Lack of Knowledge

Youth may not be prepared for some of the major changes their bodies are undergoing, which can lead to much confusion, curiosity and/or exploration.

Aisha is a young middle schooler who reached puberty earlier than her classmates and started menstruating in fifth grade. When she first discovered this new change in her life, she feared she was dying, but was too embarrassed and scared to confide in anyone. For three weeks, she lived in this fear, missing school by feigning illness, until a close adult in her life addressed the issue.

Risky Behaviors

Youth are not equipped to make responsible decisions with limited understanding of their sexual health, sexual experimentation, and its consequences.

Yasmin is a high school English teacher who discovered a student's cell phone while rearranging her classroom. When she turned it on to see whose phone it was, she was shocked to discover a text from one of her male classmates instructing the phone owner to engage in risky sexual activity.

Lack of Reliable Resources

The absence of reliable sources of information leads some, especially young people, to search out information in pornographic magazines and movies, internet sites, or to rely on information picked up on the street, from peers at school or work, or from obscene jokes. This leads to the perpetuation of myths, misinformation, and misunderstandings; unhealthy attitudes toward gender and sexuality; and rampant stereotypes and objectification.

Saima has been married for two years but is struggling with the lack of intimacy in her marriage. Her husband shows very little interest in being intimate. While cleaning out their home office, she discovered that her husband had been visiting pornographic websites and had developed an addiction to pornography from a very young age. His addiction was a way to curb his curiosity due to the limited conversations he had about sex with his family and educators. Having long-term exposure to pornography contributed to his unhealthy expectations of sexuality and resulted in his lack of arousal in a real-life situation with his wife.

Cultural Myths

Young people without formal education often rely on cultural tradition, myths, and practices, many of which have been debunked, to inform their behaviors. This poses a unique challenge when teaching sex education, as cultural traditions and practices strongly influence many of attitudes and behaviors towards sex.

Farzana is the youth group leader for a group of recent immigrant girls. Many of the girls wanted to know what they can and can't do during menstruation. Some said they can't pick a lemon from a lemon tree. It would poison the tree. They spoke of how their mother doesn't pick a lemon from the tree, but actually waits for her husband or son to come home and do that. Some suggested you can't water the garden, while another said you are not allowed to shower for five days because it stops your period. Many believed sexual intercourse during pregnancy harms the baby (Sanjakdar, 2009).

While research documenting the **presence of sexual violence** among Muslims still needs to be conducted, anecdotal **evidence indicates frequent occurrence**.

Sexual Abuse

Young women and men who are neither informed about their bodies nor educated about what constitutes a healthy relationship will remain unequipped to identify when they are being abused or who they can turn to for help. While research documenting the presence of sexual violence among Muslims still needs to be conducted, anecdotal evidence indicates frequent occurrence. Community allies have shared with us stories about their Muslim students who have been victims of sexual violence, and unable to effectively address or report the problem. A number of online blogs and anonymous, informal surveys are raising awareness about sexual violence among Muslims and are seeking opportunities to address the subject.

Maaria is a young woman, a recent college graduate who decided to enroll in sexual violence advocacy training as a volunteer. As the trainer delved into the presentation and began defining sexual violence and its impact, she felt an overwhelming need to leave the room to catch her breath. Maaria was reminded of an incident between her and a close male relative during her childhood, and it sounded a lot like sexual violence.

Intimacy Issues

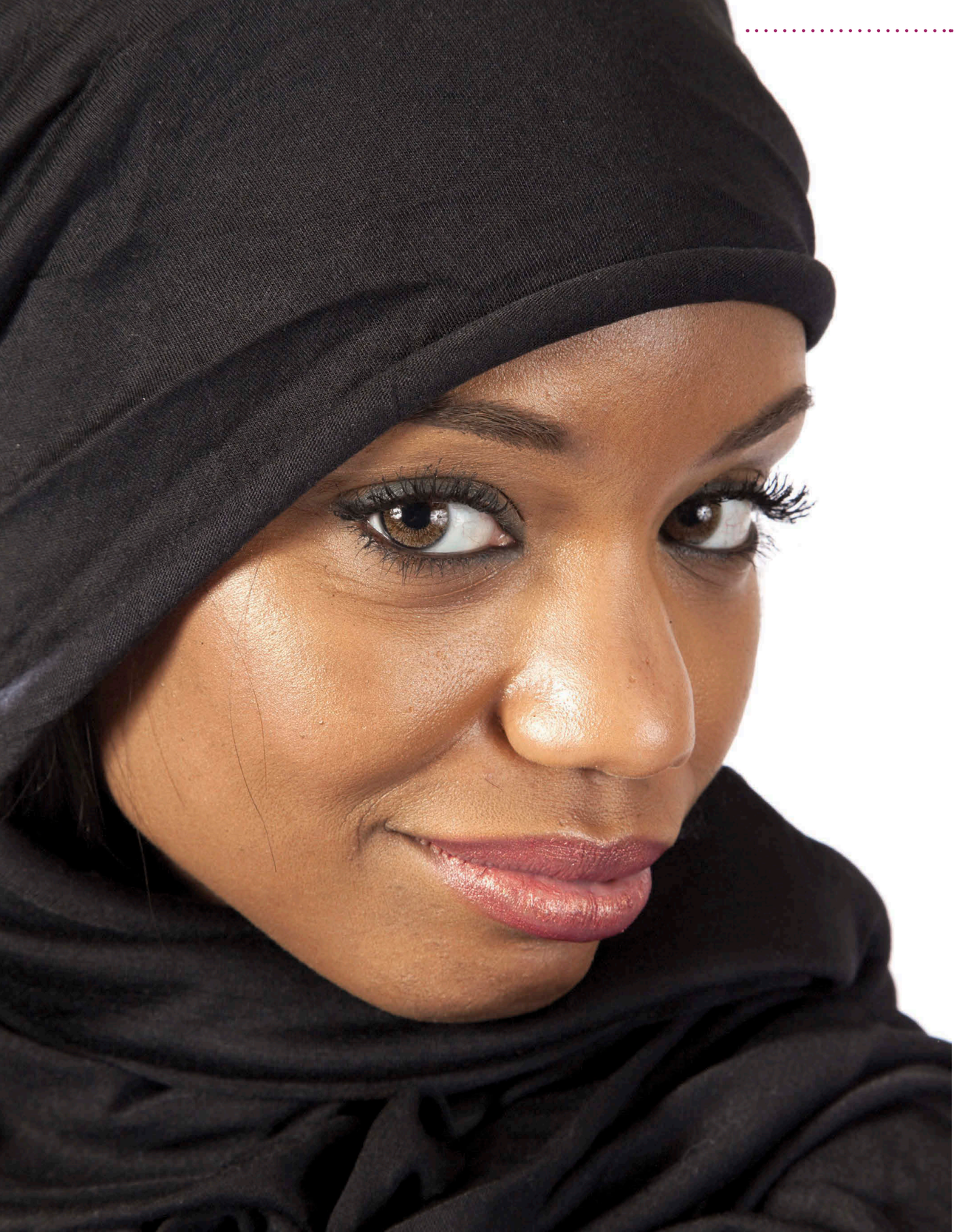
For those Muslims who remain abstinent until marriage, lack of openness to dialogue about sex education can and does lead to much sexual tension and marital discord between spouses. There are numerous anecdotes of marriages not being consummated for months, if not years, with the couple unsure of sex and too embarrassed to seek help. Other anecdotes involve one spouse being addicted to porn, leading to unhealthy sexual expectations in the marriage. Many anecdotes focus on one spouse, often the husband, seeking and usually demanding constant sexual gratification from his wife to the point of not respecting his wife's own wishes or desires.

Zainab recently married an acquaintance from her childhood mosque. While he is wonderful and comes from a great family, Zainab feels much confusion and discomfort during a time that should normally be very happy. Due to an easily treatable condition called vaginismus in which physical and psychological barriers prevent penetration from occurring, her marriage remains unconsummated, leading to great sexual frustration between both partners. Having been raised in a conservative household where sex was not talked about and was seen as shameful, Zainab finds intimacy to be extremely difficult, while her husband anticipates intimacy after being bombarded with and resisting strong sexual messages throughout his adolescence.

Self-esteem and Body Image

Limited dialogue on sexuality, healthy relationships, responsible decision-making, and self-esteem can lead to giving into pressures to engage in sexual activity in order to fit in, even if one is not ready.

Nura is a slightly overweight introvert who never quite felt that she fit in any particular group at school. She began dieting in a manner that most nutritionists would consider dangerous, but did successfully begin to lose weight. At the same time, a new male student at school began to take interest in her. Their relationship began as an innocent friendship, but eventually led to an intimate relationship. Nura, ashamed of violating her Islamic values that she held close to her heart, but still desiring to feel beautiful and be loved by someone, found herself struggling with how to move forward. This was further complicated when she discovered she was pregnant.



The experiences described here are not limited to one or two situations alone. Many women and girls we have spoken with have offered similar stories and feedback, indicating widespread desire to learn about their bodies, gain reproductive health knowledge and skills to critically think and make decisions about media messaging, peer pressure, bullying, and violence against oneself and others at a much younger age. A study examining Muslim Iranian women questioned whether increased information about sexuality would have positive effects. Many believed that it would improve "the woman's ability to avoid health compromising situations or behaviors once they were aware of them" (Shirpak et al 2008). Studies similar to these show that more information has allowed young women to improve their interactions, communication and their relationships with themselves, leading to a more positive self-image, improved problem-solving and peer relationships.

The lack of open dialogue and education about sexual health in the Muslim community is directly correlated with negative health outcomes, sexual experimentation, sexual violence and marital challenges in the community. **If young people are not informed about their bodies and healthy relationships, they are not equipped to identify sexual health problems or when they are being abused, and they do not have the resources to know how to get help.**

The **lack of open dialogue and education** about sexual health in the Muslim community is directly correlated with **negative health outcomes**, sexual experimentation, sexual violence and marital challenges in the community.

Discussion Questions

- Is it better to model a program after an abstinence-only message or a comprehensive message?
- What current programs are offered at nearby schools that include the components you are looking for the students at your school? What is missing in the current curricula that is available?
- How do you the use current framework to add information relevant to the Muslim community?
- What is the current state of the youth you are working with – what are their attitudes? What are their behaviors?
- What organizations/schools have stuff in place you can model programming around?
- What arguments can you use to make the case for sexual health education for youth?

PART 2:

Designing a Sexual Health Program:

Planning, researching, and knowing the target audience.

It is important to involve youth, educators, administrators, parents, health professionals and religious scholars in order to ensure no issue is being neglected.

In developing a sex education program, thorough research and planning is necessary to enhance the program's effectiveness and impact.

This includes a number of key methods, such as:

1. Organizing a planning committee that consists of important stakeholders
2. Conducting a literature review on best practices in sex education programming
3. Conducting a needs assessment of the intended beneficiaries of the program.

1. Bringing Together Stakeholders

Designing and implementing a sexual health program that is both medically accurate, age-appropriate and in line with Islamic values requires careful consideration and the presence of many key stakeholders at the table. It is important to involve youth, educators, administrators, parents, health professionals and religious scholars in order to ensure no issue is being neglected. A number of planning and reflection meetings are crucial, and questions to consider are:

- What current reproductive & sexual health education does your school/institution offer? What topics are covered? What (if anything) isn't covered? How does the scientific information align with the Islamic values and information you are offering students?
- What is the scope of your program?
- What are the barriers to offering sexual health information to Muslim youth?
- What are the barriers to enhancing the current curriculum to become more comprehensive? What are your opportunities?
- What key members are important to involve throughout this process? Who do you need buy-in from? What organizations can you collaborate with to make this a partnered effort? What scholars are essential to involve in the conversation?
- Is there any existing curriculum your school/institution can use and tailor to become culturally-sensitive? What would you need to do to make it culturally sensitive? What about sex ed curricula from other countries?
- What state and federal standards are important for you to meet?
- What information do you feel is key for your students to have? How will you teach this information? What kind of information are the students looking for?
- What kind of issues need to be addressed in the school? Are stereotypical gender roles becoming a problem? Bullying? Sexting? Unhealthy relationships? Dating violence?
- What are the steps to the curriculum development process? What is your timeline?

A Note on Knowing the Target Audience

It is extremely important to be mindful of the audience that the program is intended for. Are they conservative? Are they culturally observant? What is their health status like? What kinds of cultural values inform their attitudes?

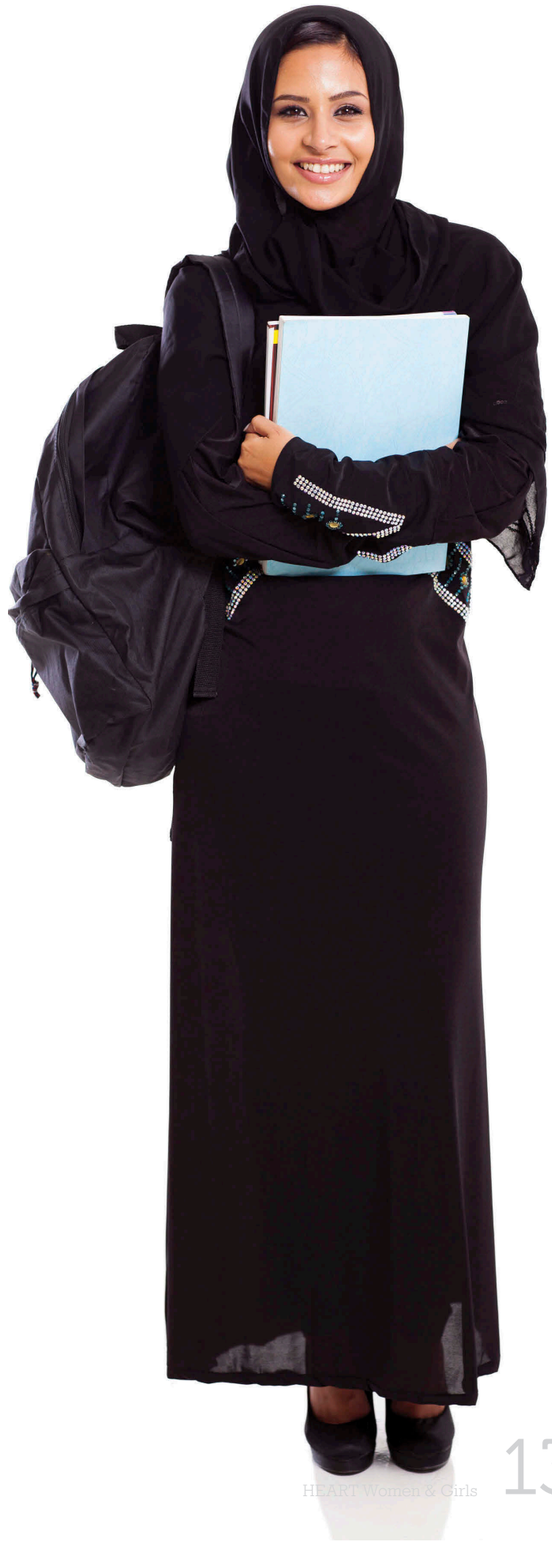
Assessing the target population's current knowledge and behaviors is extremely insightful when planning an effective program. While many Islamic school administrators shy away from the reality that youth are engaged in sexual activity because it contradicts the faith's values, the reality still stands. A curriculum that does not include information on contraception, sexually transmitted infections, and healthy relationships would be useless if much of the target population is already sexually active. Therefore, the planning committee must be realistic about the current state of the community it hopes to develop a program for. Researchers and educators in Australia that have worked for years to develop a sex education curriculum for Muslim youth saw the need to "design a curriculum that catered for the specific needs of Muslim students" and argued that "a realistic appreciation of the students' needs will create meaningful learning" (Sanjakdar 2009).

2. Conducting a Literature Review & Researching Data

A literature review helps gather the data and research that is necessary to understand the current best practices and correlations between issues. Most libraries and universities have access to research databases and allow individuals to search as generic or specific questions they'd like. Sample searches include:

- Sex education standards and best practices
- The correlation between sex education and decision-making or risky behavior
- The correlation between mental health and sexual decision-making
- Sex education in faith-based communities, or more specifically, the Muslim community
- Sex education programs in Europe, Australia, etc

A literature review should not take long, but is especially useful for helping frame the issue and guiding the agenda moving forward. Getting a better understanding of what is already out there reduces the need to re-invent the wheel, and highlights the gaps that need to be filled in order for the programming to be more successful.



3. Conducting a Needs Assessment

A needs assessment is a vital step to further understand the needs of the student body before taking on the big task of content development. As such, the programs that HEART has implemented after completing a needs assessment have been much more meaningful, successful and purposeful than the programs implemented without one. This is because it allows one to design a program that participants can relate to, can be engaged by, and that meets them at their level. For example, participants reported an increase in knowledge, and a positive change in attitudes and behavior at the end of the HEART Peers program when needs assessments were taken.

A helpful approach to conducting a needs assessment is the use of pre- and post- tests. This will also be incredibly helpful during the evaluation stage of the project, which will be discussed in later sections. A strategic needs assessment collects the following information, preferably in an anonymous manner:

- **General demographics** including but not limited to age, ethnicity, socioeconomic status, etc
- **General health assessment**—what is their current health status?
- **Attitudes**—what kinds of attitudes do participants have regarding the subject? Are they informed by culture? Religion? The media?
- **Knowledge assessment**—how much do the participants already know about the subject?
- **Behavior assessment**—what behaviors (positive or negative) are the participants regularly engaging in?

The more specific the needs assessment is, the more useful the data when informing content and program development.

> A needs assessment allows one to design a program that participants can relate to, can be engaged by and that meets them at their level.

Barriers to Implementing Sexual Health Education in the Muslim Community

Although the need for sex education programs for youth has been discussed at great length, administrators, educators, and Islamic institutions still struggle with developing a satisfactory curriculum. As discussed previously, there are numerous barriers that have delayed the development of a curriculum that is appropriate for the population at hand.

The greatest barrier is an absence of comprehensive sex education and reliable sources of information targeting Muslims at large. Because Muslims often emphasize that matters of sexual health are private, thus centering these discussions around modesty, many Muslims are uncomfortable speaking of sexual matters and related issues including healthy relationships. While modesty is an important character trait in Islam, it is important to note that modesty is not intended to limit men or women. Research shows that modesty and shame has been noted as a cultural attribute and a barrier to accessing essential sexual health services among several other cultures and religious communities (Shirpak et al 2008). Moreover, many Muslims fear that open discussion on sexuality inevitably leads to promiscuity. Lack of open discussion and access to sex education have two serious consequences that were mentioned earlier:

- Spread of misinformation and unhealthy attitudes toward gender and sex
- Lack of understanding of what constitutes a healthy relationship

Both of these consequences were something our eight peer health educators could relate to. Some of them had not received adequate sex education in middle school and high school and therefore admitted to having limited knowledge and not knowing where to find it. Another peer educator happened to be a daughter of an accomplished physician and had unlimited access to information and open conversations with her parents. As a result, she not only had correct information about her body, but she exhibited a comfortability and confidence about her body as well as healthy attitudes toward sexuality that was unparalleled in the other peer educators.

Additional barriers include (for full, detailed description and a worksheet to brainstorm solutions, please see Appendix A):

- Modesty and belief in privacy
- Sex is a taboo topic
- Common belief that sex education promotes promiscuity and sexual activity
- Lack of religiously and culturally-sensitive sex education curriculum

Another important barrier is that many believe that sex education is a responsibility that lies with the parent, and that schools should not interfere with this important and sensitive matter. However, initial studies examining parent-child communication about these matters indicate that these conversations are not happening, leaving many youth with limited knowledge. A study that interviewed mothers and daughters revealed that while mothers talked to their daughters openly "always" or "most of the time," a third of the daughters admitted to having similarly open conversations "some of the time" (Orgocka 2004). More importantly, while mothers agreed it was their responsibility to provide their daughters with moral and emotional perspective on sex, few admitted to actually having these conversations because they were embarrassed or felt they didn't have the necessary skills or knowledge to have this type of conversation with their daughters (Orgocka, 2004). Another uncomfortable finding of this study was that some mothers believed that "their daughters did not need that much information because the responsibility was left to their daughters' husbands who should know more about sex than she" (Orgocka 2004). As these studies demonstrate, leaving sex education the sole responsibility of the parents poses many problems, especially related to consistency and meeting certain standards.

Discussion Questions

- Youth develop many of these misconceptions and unhealthy attitudes at an early age. Is this something we can start implementing in a culturally sensitive way? How early is too early?
- How do you distinguish between cultural beliefs and religious teachings?
- What is the role of local scholars to navigate issues of sexual health related to jurisprudence – like abortion, (LGBTQ), etc?
- What stakeholders in your community should be invited to the planning committee?
- What research and data do you need to gather in order to present a case for the need for such programming?
- Who are the key leaders in the field today?
- What unique challenges do you see in the Muslim community you are working with?
- Do local scholars think that sexual health education is a priority?
- How do we form partnerships with scholars and key leaders as we think about moving forward this agenda?

PART 3:

Content Development

How do we teach sexuality education through an Islamic lens?

Self-esteem: How we see ourselves and how we feel about ourselves. We can have good or bad self-esteem and it's something that can be changed and shaped by our environment and the way we approach life.

DOVE CAMPAIGN FOR REAL BEAUTY

Contemporary health education programs involve more than simply educating individuals about healthy practices; they include efforts to impact organizational behavior, as well as the physical and social environment of communities.

As such, the most effective health education efforts involve a multi-level approach to maximize the potential for sustained behavior change (National Cancer Institute). Developing content for sexual health programming for Muslim youth considers the following questions:

1. What is age-appropriate?
2. What is medically accurate?
3. What is culturally-sensitive? How do we integrate the religious lens into the framework?
4. What other components are necessary to complement the biological and reproductive education portion of the program?
5. Why are critical thinking and responsible decision-making skills important?

What is age-appropriate?

An important component to keep in mind when designing a sex ed curriculum is to consider whether the content is age-appropriate. The feedback and experiences educators and administrators have shared with us indicate that youth need this information by fifth grade, as they are beginning to experience physical changes and possibly engage in sexual activity. Of course, this varies across communities based on a variety of factors.

For example, a community laden with sexual violence, sexual experimentation and exposure to sexual images will be ready for, and will need this important information sooner than a more sheltered, conservative community. As such, when designing a curriculum, factors to consider for age-appropriateness include the following. The curriculum ought to (Curriculum Content Review, 2007):

- Contain information, skills, and knowledge that are relevant and understandable for the intended audience
- Address issues in sync with the audience's current experience while also helping to prepare for future decisions
- Discuss issues with the language, breadth, and depth necessary to effectively convey information and build on previous knowledge
- Be compatible with the values and behavior trends of the intended audience's community.

As explained by Advocates for Youth, a sample curriculum may cover the following (Advocates for Youth, 2000):

- **Kindergarten to second grade:** students learn about family structures, proper names for body parts, and what to do if someone touches them inappropriately (e.g. good touch, bad touch)
- **Grades three through five:** students learn about puberty, the physical changes expected in adolescence; they also get information about HIV, debunking myths and explaining that the virus is not transmitted through casual contact
- **Grades six through eight:** students receive information on relationships, decision-making, assertiveness and skill building to resist social/peer pressure, given that sexual attraction and crushes become common during this time; educators emphasize abstinence, and student learn about pregnancy and disease prevention.
- **High school:** students gain more in-depth, comprehensive information about sexually transmitted infections (STIs), pregnancy, abstinence, and contraception; healthy relationships, healthy communication, and responsible decision-making are also emphasized, revisited, and reinforced.

When thinking about what age is appropriate to teach certain topics like reproduction, contraception and pregnancy to Muslim youth, many parents are reluctant to begin in the late elementary, early middle school years. Perhaps the greatest lesson we have learned from our fieldwork is that **misconceptions and unhealthy attitudes form at a very early age**, regardless of the type of sexual health education one receives, or whether one receives it at all. Thus, an important question to consider is how do we start implementing sexual health programming in a way that is religiously- and culturally-sensitive and can prevent unhealthy attitudes and misconceptions from forming in the first place?

What is "medically accurate information"?

The second component to remember when developing a sex education program is presenting students with medically accurate information, which is information incorporating an understanding of the scientific process. In a 2008 American Journal of Public Health article, Dr. John Santelli suggests a definition of medically accurate information, noting that it is "relevant to informed decision-making based on the weight of scientific evidence, consistent with generally recognized scientific theory, conducted under accepted scientific methods, published in peer-reviewed journals and recognized as accurate, objective and complete by mainstream professional organizations" (Santelli 2008).

In contrast, "[t]he deliberate withholding of information that is needed to protect life and health (and therefore relevant to informed decision-making) should be considered medically inaccurate" (Santelli 2008). State governments and the national government do not have standards for sex education currently and, as such, medical accuracy in health education is often uncontrolled, yet it is an important aspect of presenting the public with information that is scientifically grounded.

What is a *culturally-sensitive* and *religiously-sensitive* sexual health education program?

It is important to consider all aspects of students' culture when designing a curriculum relevant to them. Islamic religious and cultural values play a big role in Muslim youth's lives with respect to forming sexual health attitudes and behaviors. However, it would be remiss not to also consider the greater Western culture around them, the media they are exposed to, and the societal norms that are also contributing to the formation of their attitudes and behaviors, which often are in conflict with the values imparted to them from parents or communities. This leads to many unhealthy attitudes, misinformation and misconceptions about sexual and reproductive health.

As such, there are a number of overarching angles one can take in the context of sexual health education from an Islamic lens. A curriculum may contain all or some of these angles, or it may primarily focus on one, with little or no mention of the others. To develop curricula that keeps these angles in mind, here are some questions to consider:

- **Moral/ethical framework:** How do morality and ethics in the Islamic tradition relate to sexuality?
- **Character building:** How can educators focus on the development of character in its various aspects such as positive self-image, responsible decision-making, and respect for themselves and others?
- **Decision-making:** How can educators incorporate life skills such as responsible decision-making with respect to sexual and reproductive health?
- **Jurisprudence:**What legal rulings on elements of sexuality are important to include in a sexual health program targeting Muslim youth?
- **Culture vs religion:** How can educators address contradictory messaging between Islamic teachings and cultural tradition?

During our HEART Peers program, we learned that navigating these various frameworks often proved to be much more difficult than initially anticipated. Given the diversity of our peer educators with respect to ethnicity, religious practice, and cultural upbringing, facilitating these discussions in a way that was inclusive, yet true to Islamic principles and teachings proved to be quite a challenge. This lent itself to encouraging the peer educators to develop critical thinking skills, and really explore ways to incorporate the Islamic lens into lesson plans and the overall framework.

Other components for an effective sex education program include (for a complete list, please see **futureofsexed.org**):

- Addressing individual values and group norms that support health enhancing behaviors
- Addressing social pressures and influences
- Building social and personal competence
- Spending adequate time on instruction and learning
- Including teacher information and planning for professional development and training to enhance effectiveness of instruction and student learning.

What are the components of a sexual health program?

During HEART's fieldwork, we have learned that in addition to information on anatomy & physiology, puberty & reproduction, contraceptives, pregnancy and sexually transmitted infections, building critical thinking skills is crucial. Moreover, it is helpful to consider the inclusion of the following supplemental units to strengthen the programming for Muslim youth:

- Islamic guidelines surrounding sexual hygiene, boundaries, rights and responsibilities
  - This unit would focus on the fiqh (jurisprudence) of sexual behavior, boundaries, and will also cover the legalities around cleanliness and purity.
- Self-esteem, positive self image, media literacy, healthy relationships and decision making in the broader context and more specifically, particular to the Muslim community'
  - There is no doubt that mental well-being is correlated with healthy decision-making. A number of Australian studies mentioned earlier indicated that Muslim youth are often frustrated that the information they are provided with is not put into the context of their worldviews. Teaching critical thinking skills, having youth reflect on their faith and its values helps frame the discussion more effectively and gives them the skills they need to form healthy relationships.
- Sexual violence, sexual assault and abuse
  - This is an excellent opportunity to collaborate with local agencies that support sexual assault survivors. A potential collaboration can include a program on teaching young people, as well as educators and adult allies, about how to identify and properly address when a situation involving sexual assault arises. Topics such as where to seek help, debunking myths and misconceptions, and challenges unique to addressing this sensitive issue are useful to discuss.
- Train parents: it is crucial for parents to continue the discussion at home, to reinforce values and clarify questions.

Physiology & Anatomy, Reproduction, Pregnancy, Contraception & STIs

All sex education curricula cover physiology & anatomy, though with varied detail. Depending on whether the curricula has an abstinence-only message, or a comprehensive message, pregnancy, contraception and sexually transmitted infections (STIs) may also be covered, again with varied detail. The benefits of teaching about contraception and STIs has been reviewed in earlier sections, and is generally useful information for youth to promote informed, healthy decision-making.

Many educators find teaching this information in a way to keep students engaged awkward and embarrassing. This is especially challenging in Muslim communities, where modesty and shame around these topics is generally encouraged.

Important questions to think about while planning for this component include:

- How can one teach these topics in a manner that maintains modesty but eliminates shame?
- What graphic images and diagrams belong in the classroom?
- How can one teach these terms (e.g. proper names of male and female anatomy) while acknowledging the cultural discomfort associated with these topics?

Furthermore, when covering gynecological care and pregnancy, it is important to include topics regarding healthy habits and behaviors, such as the importance of regular pap smears, folic acid for childbearing-aged women, prenatal care, and what to expect at the gynecologist's visit.

Self-Esteem

Self-esteem is an area that deserves a lot of discussion and concentration. We can define self-esteem in many ways, but a definition we use in our programming is from the DOVE Campaign for Real Beauty:

"How we see ourselves and how we feel about ourselves. We can have good or bad self-esteem and it's something that can be changed and shaped by our environment and the way we approach life."

How we see ourselves and how we think others view us affects every aspect of a person's life. When girls and women feel good about themselves, they are more likely to engage in life, enjoy social interactions, and live up to their full potential. They are more likely to take charge of their own health. On the other hand, when they do not feel good about themselves, they are less likely to engage in social interactions, to participate in class or school, and are often unhappy and depressed. Simply put, self-esteem is influenced (positively and negatively) by numerous factors, including physical, emotional, verbal and non-verbal messages.

A recent report, **The Status of Girls in Illinois,** utilizes statistical data and research to inform girl-serving organizations about the state of girls' physical, social, and psychological well-being. Over a third of female high school students in Illinois and Chicago reported experiencing depression over the past year (Kaba et al). This is important because often mental health and self-esteem are very closely tied with decision making. Similarly, according to **My Body, My Self**, 75% of girls 8-10 and 81% of girls 11-12 are concerned about fitting in.

Not surprisingly, this data is consistent with the informal surveys HEART staff has administered to its program participants. Many of our middle school participants have shared with us the challenges of being discriminated against, of being stereotyped and labeled as a terrorist, and of having to defend their faith and value system at an age when they are simultaneously being bombarded with peer pressure and changes in adolescence. Our high school participants spoke strongly about their struggle with their self-image and their desire to fit in – whether to fit in to their social environment, academic environment, or cultural environment – and how that influences some of the choices they make. Informal HEART surveys of Chicago 6th-12th grade Islamic school students indicate that 60% of respondents identify depression, harmful behaviors such as eating disorders, cutting, substance abuse, bullying, and sexual experimentation as issues that have yet to be addressed in their schools. The situation described above indicates the importance for Muslims in America to engage the needs of their communities. What's most alarming about this is that girls with low self-esteem are three times more likely to engage in negative activities than their peers with higher self-esteem, according to the DOVE Campaign for Real Beauty.

As such, a strong sexual health education program also has a component that builds positive self-esteem and self-image. The strong correlation between low self-esteem and poor decision-making and risky behavior renders it crucial to also empower young people with healthy decision making skills and a positive self-image.

Media Literacy

While many young people form their attitudes through influences such as family, peers, culture, and religion, yet another overwhelming influential force is the media. The research showing the correlation between media and sexual health attitudes and behaviors is abundant and hard to argue with: **greater exposure to the media leads to the adoption of the values, beliefs, and behaviors that are portrayed, particularly when they are shown to be reinforced or are unaccompanied by adverse consequences**. Although sexual content in the media can impact anybody of any age, adolescents are especially vulnerable, as they are experiencing a phase of their life when gender roles, sexual attitudes, and sexual behaviors are being shaped (Gruber and Grube 2000). Many studies have explored adolescent habits with respect to how much and the type of media they consume. Still others have explored how certain types of content impact their behavior. A study examining adolescent African American girls showed that "teens with either multiple sexual partners or a history of sexually transmitted infections reported a higher rate of viewing television shows that depicted women as sexual objects or prizes" (Gruber and Grube 2000).

An effective sexual health program explores the impact the media has on students' sexual health attitudes and behaviors and teaches them to think critically about the messaging and imaging they are consuming. Teaching students to challenge the social norms, gender stereotypes, and female objectification that are continuously portrayed through television shows, movies, music, and music videos is the first step to changing the status quo and empowering them to push back against those pressures to conform.

Girls with low self-esteem are **three times more likely** to engage in negative activities than their peers with higher self-esteem.

Sexual Violence

As HEART Peers implemented its workshops, facilitators quickly realized that a strong sexual health program is remiss if it neglects the very important issue of sexual violence. In discussing what is healthy sexuality, it was clear that there were enough participants who either 1) didn't know how to define a healthy sexual relationship or 2) had experiences with unhealthy or violent relationships or 3) the unfortunate case of both. For this reason, it is imperative for Muslim youth to learn about what sexual violence is, and where to go for help. This is not only a measure that can prevent sexual violence from occurring as it will teach young people how to identify a healthy relationship, but it can also teach young people (as well as their educators and adult allies) where to reach out for help should they or their peers be survivors of such circumstances.

Sexual violence is defined by the United Nations as any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (World Health Organization).

According to the Rape, Abuse, & Incest National Network (RAINN), one in every six American women has been the victim of attempted or completed rape. About 3% of men – that's 1 in 33 – experience attempted or completed rape. Still more disappointingly, about 15% of victims are under the age of 12, while 29% are ages 12-17 and 44% are under the age of 18. Seven percent of girls in grades 5-8 and 12 percent of girls in grades 9-12 report having been sexually abused. These numbers do not include the many more who do not report their abuse, or who are unable to determine that they are, in fact, being abused. More than 90 percent of victims know their attacker, with family members constituting approximately one-third of all attackers.

Survivors of sexual violence can face a multitude of emotional, mental, social, physical, and spiritual consequences after experiencing sexual violence.

For more information, please refer to a collaborative toolkit written by The Chicago Alliance against Sexual Exploitation, HEART Women & Girls, Karamah and Rahma Network (Engaging Muslim Communities). This toolkit is available at **www.heartwomenandgirls.org/publications**.

Why are critical thinking and responsible decision-making skills important?

Most abstinence-only programs do not offer any decision-making or critical thinking skills to participants. Rather, they simply focus on the biological information, without taking into account that youth often find themselves in situations where they must make decisions about their sexual health. The comprehensive approach, on the other hand, emphasizes abstinence as the best option, while also taking into account that young people must make decisions about their bodies and sexual health, and equips them with the necessary skills to be responsible.

Abstinence is 100% effective against unintended and unwanted outcomes of sex. However, it is likely there may come a time in one's life when one does become sexually active, either because of marriage, or because they have chosen to be in an intimate relationship. While pre-marital relations are not condoned in Islam, it is important to acknowledge that there will be Muslim youth and young adults that will engage in sexual activity outside of marriage. For this reason, as well as to prepare those who choose to delay sex until marriage, comprehensive sex education programs will offer useful information and tools to maintaining a healthy sexual relationship. This is an important skill to have even when sex is limited only to marital relations.

Islamic Guidelines

A common complaint is that the sexual health information that Muslim youth have access to – whether it is through school, their peers, or the internet – is not presented in a way that is relatable, engaging or useful. Much of this is because of the discomfort adults feel discussing sexuality with Muslim youth; thus, often times, the youth are simply informed to remain abstinent and pure, without presenting any context as to why, and often creating a culture of shame and embarrassment of sexuality.

As mentioned earlier, perhaps the most insightful research finding is from a study looking at immigrant youth in New York City which concluded that "youth found it difficult to separate sexual and reproductive health information from the family, religious and cultural contexts and information. The information they learn in school or youth programs is immediately compared to these contexts and may be ignored or discarded when there is a contradiction" (SAUTI Yetu). The findings of this study indicate the strong need not just for health information that is offered in a way that is put into a culturally-appropriate context for Muslim youth, but also that **it is important for this information to be available in spaces other than just the student's school – such as community centers and religious institutions – in order to create a space for these conversations to take place in a more culturally-specific context**.

As such, it is crucial to include a detailed unit on Islam & sexuality, covering numerous issues which can include but not limited to:

- **Sexual hygiene & ghusl (ritual purification).** Discuss the proper hygiene that is necessary of young men and women once puberty is reached, and the process of achieving ritual purity after menstruation or ejaculation.
- **Boundaries.** Define and explain which sexual relations are legal in Islam. This may prove challenging the more diverse the students in the room are, and may require wisdom with which how one proceeds so as to not come across judgmental and alienate certain students, which can result in them turning away from the faith entirely.
- **Sexual rights and responsibilities.** Train young men and women to understand and appreciate their rights and responsibilities towards the opposite gender.
- **Textual evidence.** What does the Quran, hadith and other traditional historical texts say about sexuality in Islam? HEART Peers explored some of the Quran and hadith that concerned sexuality and relationships. The activity allowed them to reflect on some of the textual references and gain an initial understanding of what the Quran and hadith have to say about these issues.

Discussion Questions

- What resources and/or services does your school/community currently offer to students seeking help for sexual violence? What resources and/or services would you like to develop?
- Considering all the sexual abuse, lack of information and education, is this framework being reflected in the Muslim community? Are these conversations happening? If not, how can we do it in a way that is culturally appropriate?
- How do we use medically-accurate images and other visual information to teach sex education without violating religious and cultural sensitivities, including the Islamic principle of modesty?

PART 4

Implementation & Evaluation

Putting it all together.

Setting a Safe Space

A hallmark of HEART programs is to allow participants to come together and create a safe space for them to learn about and exchange health information, while challenging each other to think critically about some of the institutions, ideas, and expectations that exist in society and influence their self-esteem. Setting a safe space is especially crucial when talking about sensitive topics such as sexual health and sexual violence. If students do not feel safe from judgment, both with their peers and their adult staff, they will not feel comfortable asking questions or clarifying certain issues. Please see Appendix B for a sample on how to set a safe space.

Designing the Curriculum

As discussed in Part 2, a successful needs assessment better informs the program design. It is important to clarify the target population(s) and clearly define the overall goals and specific objectives. Once this has been established, we recommend hosting a parent information session so parents are well informed of the program prior to implementation. Many parents of Muslim youth have numerous fears, especially since introducing sexual health education programming may be so new to them. It is important to acknowledge and address these fears by being transparent about what the learning objectives of the program are, as well as the content. A great way to do this is to build off best practices of public schools in the area – many public schools with established health education programming host regular family information nights so that parents remain involved and aware of the programming their child will receive.

Teaching Techniques

Once the planning team of key stakeholders or education committee has determined what information is important for the student body, the next challenge is thinking creatively about how to disseminate the information in a way that the youth absorb it. Because much of the information goes hand in hand with developing life skills, healthy decision-making, and healthy attitudes, it is important for the lessons to have an interactive or experiential component to them. As such, this type of learning allows students to practice skills and develop their critical thinking skills. Teaching techniques include:

- Role playing
- Games
- Videos
- Brainstorming
- Small group work
- Art projects
- Guest presentations
- Problem solving

The Importance of Questions

Sexual and reproductive health is a topic that youth find both awkward and embarrassing but they are extremely curious about it nonetheless. Because adolescence is such a confusing time for many, it is crucial that students feel comfortable asking questions that will make them feel empowered and in control of their bodies. An important component to creating a safe space is ensuring a positive environment in which students do not feel judged about the questions they have. There should be opportunities to ask questions out loud as well as anonymously through a question box.

Giving students free reign to ask whatever is on their mind may make many facilitators uneasy. Students have been known to ask questions that are easy to answer, such as those that are seeking facts about their body or health, while other times they ask questions that may make the facilitator uncomfortable, such as personal questions about one's behavior, or shock value questions. Because the topic is so uncomfortable for all parties involved, often students respond by testing the facilitator by asking inappropriate or shocking questions just to see how far boundaries can be pushed. Here are some basic tips to fielding questions :

- Be honest
- Avoid jargon – make your answers concise and simple.
- Ask the rest of the class how they would answer the question
- Do not answer questions about your personal behavior or beliefs
- Remind the group that physical changes are normal and a part of life.
- Remind the group that there are different expressions of sexuality and sexual behaviors
- If you do not know the answer to something, don't be afraid to say so. It is okay to not be the expert on everything, in fact, it is important to relay that to the participants. However, tell them you will look it up and get back to them with an appropriate answer, or guide them to resources that may have the answers;
- Often, when youth ask questions, they are thinking out loud. Sometimes, to encourage critical thinking, and coming to the answer themselves, it is useful to redirect the question back to them, to see where their reasoning will take them. This is also another way to assess what the participants are taking away from these conversations.

The Need for Evaluation

An evaluation will help determine whether or not a program is successful. There are many techniques for an evaluation, depending on the available resources. While many think that evaluation is taking a snapshot of the outcomes at the end of an evaluation, the more effective organizations are engaged in a continuous evaluative process. Guidestar.org defines evaluation as "a periodic process of gathering data and then analyzing or ordering it in such a way that the resulting information can be used to determine whether your organization or program is effectively carrying out planned activities, and the extent to which it is achieving its stated objectives and anticipated results."

Evaluations assist with informing future programming, and if resources are plentiful, it may be useful to bring an outside evaluator to provide an objective and thorough evaluative process. The most basic, inexpensive evaluations involve exit interviews, or pre and post-test formats, where success of the program can be assessed directly from the participants. Other methods may include in-depth focus groups, outside observers and evaluators, data collection, and analysis. Of course, budget and other resources play a huge role in determining which evaluation method is most appropriate. That being said, it is essential to ensure that a portion of the budget is allotted for evaluation to determine the program's effectiveness.

PART 5

Brainstorming Sessions

Geared towards students and educators.

Hypothetical Scenarios

Brainstorming Session
What are the public health, social and emotional implications of the following scenarios and how can we address them? Please review the scenarios, keeping the following guidelines in mind:

- **Try not to focus on the permissibility of the act being discussed** – while it may be necessary to address permissibility when discussing sexuality from a faith-based lens, however, for this exercise, it is important to think about the implications of these scenarios from the public health perspective, as well as from the youth's perspective, and the social and emotional implications these scenarios may have.
- **While some of these scenarios may be unfamiliar, they are based on real life situations.** As such, it is necessary for educators and adult allies to address these realities and try to dig deep to identify the root issues, not just those at the surface.

1. Mrs. Jafarey is a principal of a small Islamic private school for elementary and middle school students. School has been dismissed for the day, and she is just making her rounds checking in on teachers and staff. As she hears some noise coming from the girls' locker room, she decides to make a stop there and finds two of her female middle school students engaged in intimate activity. She immediately leaves, unsure of how to address this occurrence, especially since the current health education offered at her school does not really address LGBTQ issues.

2. Maryam is a volunteer teacher at a local Islamic weekend school, and she is also training to be a school counselor. She notices that while the upper grades are generally segregated during formal Islamic education, there is a great deal of gender interaction during lunch, recess, and after school. As she walks back to her classroom to grab her purse, she overhears a conversation between a male and female student. As she listens closely, she realizes that the male student is pressuring his female classmate to engage in sexual activity or else he will inform her parents about a party she snuck out of the house to attend. The young girl quickly begs him not to tell her parents, and reluctantly agrees to meet him afterschool to discuss further.

3. Sahar is a youth group leader who has worked hard to create camaraderie between the fifteen high school students at summer camp. She notices that one of the girls who is usually lively is quiet, so she asks her if anything is wrong. The young student begins to cry and tells her about a recent encounter with a close male relative that made her uncomfortable and assaulted her. She is unsure of who to talk to, as this relative is one her family deeply respects because he helped support them for a number of years after her father's premature death.

4. Zainab recently married an acquaintance from her childhood mosque. While he is wonderful and comes from a great family, Zainab feels much confusion and discomfort during a time that should normally be very happy. Her marriage remains unconsummated, leading to great sexual frustration between both partners. Having been raised in a conservative household where sex was not talked about and was seen as shameful, Zainab finds intimacy to be extremely difficult, while her husband anticipates intimacy after being bombarded with and resisting strong sexual messages throughout his adolescence.

5. Yasmin is a high school English teacher who discovered a student's cell phone while rearranging her classroom. When she turned it on to see whose phone it was, she was shocked to discover a text from one of her male classmates instructing the phone owner to engage in risky sexual activity.

Resources for Educators

Brainstorming Session
As you embark on the challenge of teaching this sensitive topic, think about what role you are playing as you impart this knowledge. The tone of the lesson can be set simply by your behavior – you can embody the behavior you want the class to take. Similarly, you can also impart any biases or unhealthy attitudes you may have. Thus, it is extremely important to be self-aware as you teach this subject matter. Some reflection questions to help you prepare.

1. What are the biases you have regarding sexuality? Pregnancy? STIs? Taboo topics such as LGBTQ? Masturbation? Abortion?

2. What kinds of questions are you anticipating from your students? What are you prepared to hear? What are you not prepared to hear?

3. What are some strategies you can use to navigate through a difficult situation, such as your student asking a really shocking question, or revealing a shocking experience?

4. What is the role of shame/haya in sexuality education and what are some methods you can use to impart that? How do we find the delicate balance of using images and other visuals to teach this topic without violating the Islamic principles of modesty, etc

5. How do you establish and maintain healthy boundaries between the instructor and the student, so that the instructor does not feel pressured to share personal experience or views, and the student does not ask a question that crosses boundaries?

6. How can you teach the Islamic perspectives without putting at risk the credibility and legitimacy of your students' cultural knowledge and upbringing? What is the role of the educator? Is it ethical for them to challenge and question their students' cultural understandings? (ex. challenging certain myths like you cant pick a lemon from a lemon tree durung menstruation)

Gender Segregation: Is it necessary?

Brainstorming Session
1. What are the unique needs of Muslim youth when presenting sexual health information?

2. Think of some instances where gender segregation can be useful. Think of sometimes when it can actually be detrimental.

3. What are some unique challenges that are specific to a certain gender?

4. What are some strategies you can use when teaching gender roles, and interaction between the genders?

5. How do you prevent the stigmatization of the other gender and their biological changes?

   Example: in a private Islamic school, the girls sit out from congregational prayer when they are menstruating. The sofa that they sit on has been "stigmatized" by the boys, and has been resulted in much shame and embarrassment for the girls who cannot pray. What are some creative ways to address this situation and teach the biological changes without stigmatization?

APPENDIX A: Barriers to Implementing Sexual Health Education in the Muslim Community: A Worksheet

Although the need for sex education programs for youth can be discussed at great length, administrators, educators, and Islamic institutions still struggle with developing a satisfactory curriculum. There are numerous cultural barriers that have delayed the development of a curriculum that makes sense; many of these have been alluded to in previous sections and many we experienced while implementing the HEART Peers program.

Perhaps the greatest barrier is an absence of comprehensive sex education and reliable sources of information targeting the Muslim community at large. Because an emphasis is placed on matters of sexual health being private and centered on modesty, many Muslims are uncomfortable speaking of sexual matters and, in turn, on healthy relationships. Additionally, many Muslims fear that open discussion on sexuality inevitably leads to promiscuity. As discussed before, the lack of open discussion and access to sex education has two serious consequences:

- Spread of misinformation and unhealthy attitudes toward gender and sex: The absence of reliable sources of information leads some, especially young people, to search out information in pornographic magazines, Internet sites, and erotic visual programs, or to rely on information picked up on the street, from peers at school or work, or from obscene jokes. As such, these sources of information have been credited with the perpetuation of myths, misinformation, and misunderstandings as well as unhealthy attitudes toward gender and sexuality because of the rampant stereotypes in all these sources.
- Lack of understanding of what constitutes a healthy relationship: Young women and men who are neither informed about their bodies nor educated about what constitutes a healthy relationship will remain unequipped to identify when they are being abused or who they can turn to for help. A study examining Muslim Iranian women questioned whether increased information about sexuality would have positive effects. Many believed that it would improve "the woman's ability to avoid health compromising situations or behaviors once they were aware of them" (Shirpak, 2008).

Brainstorm Session
What are some ways your community can combat this problem? What are some short-term solutions to minimize the spread of misinformation before a sexual health program is in place?

Despite the fact that there is an Islamic tradition that encourages an understanding of sexual health, a number of barriers to developing and implementing a sexual health program exist below.

Modesty and belief in privacy

Modesty combined with a strong belief in privacy of sexual matters discourages public discourse on sexuality. As such, many Muslims are uncomfortable with conversations about sexual matters. It is important to note that modesty has not historically been a barrier only for Muslim women. Research shows that modesty and shame has been noted as a cultural attribute and a barrier to accessing essential sexual health services among several other cultures and religious communities.

Brainstorm session
What approach can you take to teach the concept of modesty while not reinforcing the notion of shame that our society has inappropriately placed on sexual and reproductive health?

Sex is a taboo topic

While Islamic tradition promotes a healthy attitude toward sex, has clear guidelines for when sexual intimacy is legal, and encourages healthy relationships and seeking sexual intimacy that is pleasurable for both partners, cultural attitudes toward women's role and sexuality have facilitated an environment where sex has become a taboo topic in the community. Men and women are not encouraged to discuss it, and many young girls are raised in households that limit access to sex education and furthermore promote an unhealthy attitude toward sex – to be ashamed and embarrassed about one's sexuality. Those who do not identify as heterosexual may feel shamed in speaking about their sexuality as well. Sexual and gender identities that differ from the norm are unfortunately rejected and condemned by the Muslim community.

Brainstorm Session
What are the factors that have historically contributed to the notion that sex is a taboo topic? What are some consequences to this? How can we create a space for those struggling with their sexuality so that they don't feel alienated by their community or their faith?

Sex education promotes promiscuity and sexual experimentation.

Many opponents and critics of sex ed programs believe that teaching kids about sex, contraception, pregnancy and STIs will implicitly encourage them to have sex. As discussed in the earlier section above, research suggests otherwise. In fact, there is no evidence supporting this claim, but rather that students who receive abstinence only education are more likely to not protect themselves when they are in situations where they need to make decisions about their sexuality.

Brainstorm Session
What kind of supplemental units would be able to support sexual health information that would encourage responsible decision-making and delay sex?

Lack of culturally-sensitive sexual education curriculum

Many are weary of using the available sex ed curricula for Muslim youth because it does not take into account the moral lens and values that are unique to Islam. An ideal curriculum would cover the biology, science and medical information but would also contain a component on fiqh and Islamic guidelines on sexual health and behavior. It is important for young people to have an awareness of their bodies and how to make healthy decisions based on complete information.

Brainstorm Session
How can we make the current sex education more culturally-sensitive for Muslim youth? What do they need to be engaged and process the information?

Moving Your Sex Education Programming Agenda Forward Despite Resistance

The list of barriers above can be daunting and disheartening, and the task of creating a program that pleases all can seem near impossible.

Use the following worksheet to brainstorm a strategy to addressing the resistance to such programming. A useful resource by Advocates for Youth for managing controversy is Hot Potatoes: Keeping Cool in the Midst of Controversy.

- What is the primary concern of the opponents of the programming?
- What research do you need to present to them to recognize the need for such programming? What kind of evidence can you use from religious texts to support your argument?
- What approach can you take to show that such a program actually meets mutual interests?
- Whose support would be key in changing opponents' minds?

APPENDIX B: Setting a Safe Space using Islamic Principles:

The concept of "amana" or trust, holds strong importance in Islam. Muslims believe that even before the Prophet (S) received revelation, everyone loved him for his trustworthiness and he was referred to as "Assadiq Al-Amin" which means the truthful and the trustworthy. Hence while setting a safe-space we can refer to examples within Islam when discussing how best to build a trusting environment. That being said, we believe that one of the most important jobs for the program facilitator before s/he begins this program is to "protect the physical, emotional, and social/cultural safety of the group."

- **Physical safety**—students know they won't be harmed physically or sexually and are safe from people that have harmed them in the past.
- **Emotional safety**—students can experience trusted relationships in which they feel valued and supported; they are safe from verbal and racial harassment.
- **Social/Cultural Safety** —practices, attitudes, and activities enhance students' comfort and trust when they honor and recognize students' varied traditions and beliefs.

Thus, the facilitator must guard this space, and allow for the group to set the space together to form a "group agreement" or "group pledge." Even though this toolkit may be used to assist a curriculum that will be implemented during the course of a regular school day, or it may be used to be implemented in other settings, by taking this added measure of protection, students will feel empowered and know that their questions and comments will be treated with respect.

Establish group rules

After introducing yourself and your co-facilitator, and completing a brief icebreaker, take participants through a safe space activity where they brainstorm as a group how the session will take place. These are a set of rules that participants and facilitators set together, agreeing upon expectations from facilitators, as well as expectations from audience.

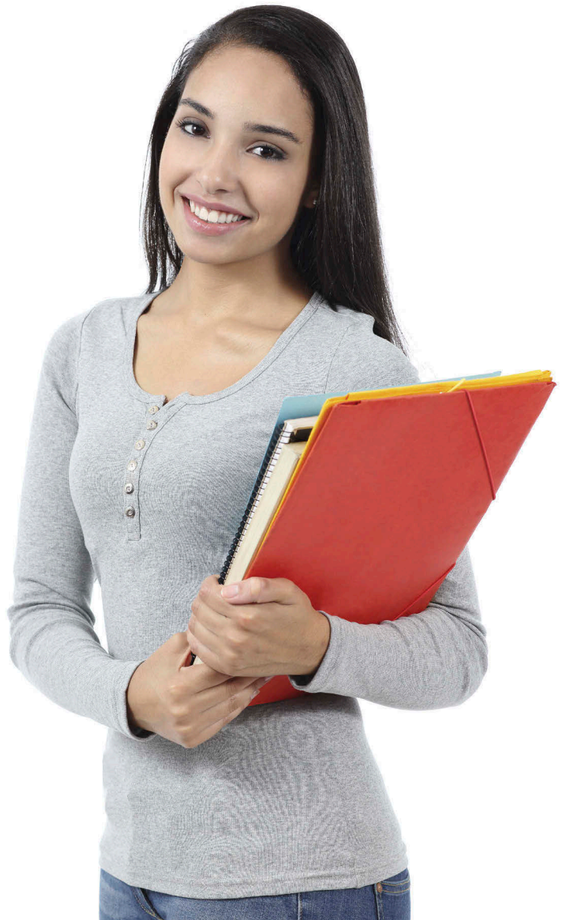
Begin by writing one or two rules yourself first to get the ball rolling.

- What happens in this room, stays in this room.
- This is a commitment facilitators make to participants and participants make to each other, that they will not share any stories that were discussed during session without permission from that person first. For longer-term group relationships, it may be necessary to discuss the one exception when this rule may need to be broken – if a participant reveals something (like abuse, harmful behavior, etc) that may need to be reported to authorities or may need adult intervention.
- Honesty
- This is requesting the participants to be honest about their experiences and to share with each other so that the discussion can be rich and beneficial for all.

Now it's time to have fun! Ask participants to set rules. Try to guide them to be comprehensive. A sample of past rules is below. Feel free to use any or all of these.

- Have fun!
- Be on time
- No cell phones
- No shame no blame / no judgment.
- Many times participants are afraid to share their thoughts or experiences because they believe they will be judged. This is an important expectation to establish to encourage others to be brave enough to share something they may be unsure about because they fear judgment.
- The difference between asking questions and just talking
- For those who want to discuss the difference between haya and shame, this may be a good place to touch upon the need for establishing guidelines when talking about sexuality – do we talk generically? Do we talk specifically?
- Ask questions, no question is a stupid question.
- Step up step back, every voice should be heard
- This acknowledges that there are some participants that share more than others. If there are some particularly talkative participants, they should step back, and if there are any quiet participants, it may be nice for them to step up.
- Oops / ouch.
- This allows participants a way to raise awareness when someone says something that may be politically incorrect, by saying "ouch." The person who made the comment will then say "oops" and ask the other to explain why they said "ouch".
- Take care of your needs.
- This acknowledges that the participants have different needs that may need to be taken care of. If they need to step out, they can do so. If they are uncomfortable and need to take a walk, they can do so, etc. etc.
- Open mindedness / Respect
- Use of "I" Statements
- Encourage participants to speak only on their behalf, by using "I" statements, and not to speak for an entire community.

Once these rules are set, ask participants if anything is missing. Then have a short conversation on what happens if these rules are broken (this is more necessary for longer-term groups, perhaps not for a one-time session). Participants need to understand there are consequences for breaking the group rules, much akin to breaking rules in society at large. The goal is for them to understand the deep bond they are about to create and to have respect for it.



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About Us

HEART Women & Girls Project seeks to promote the reproductive health and mental well-being of faith-based communities. HEART achieves this mission by utilizing various culturally-sensitive health education programming techniques.

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