




STARTING THE **conversation**

A large green speech bubble with a white outline, containing the text "Sexual Health Education for Muslim Youth". Below it is a smaller purple speech bubble with a white outline and three white dots inside, suggesting a continuation of conversation.

Sexual Health
Education for
Muslim Youth



This toolkit emphasizes the necessity of **sexual and reproductive health programming** for Muslim American youth that is engaging, accurate, relatable, and most importantly, **in line with Islamic values.**

CREATING A safe space

Our research indicates that women do not have a safe space in which to obtain health information or share their experiences in a way that is mindful of their religious or cultural upbringing and values. Through its programming, HEART seeks to meet the needs of these women and many others like them.

About HEART

What began as a small grassroots effort in the fall of 2009 to bring together Muslim women and girls for a health and wellness event led to the formation of HEART Women & Girls, a nonprofit that seeks to promote knowledge of reproductive health and mental well-being for women and girls in faith-based communities. Through its programming, HEART has brought together an incredible array of women and girls, stemming from a variety of backgrounds and possessing a myriad of stories. We learned of Aisha, a young middle schooler who reached puberty earlier than her classmates.¹ She did not know to whom she could reach out, too scared to seek guidance out of fear that there was something wrong with her. We came to know of Maria, a young woman who struggled to identify that the intimate relationship her uncle had initiated with her throughout her childhood was a form of sexual abuse. We learned of Zaynab, a newlywed who experienced sexual tension with her husband due to a physiological and psychological condition that prevented them from consummating their marriage. We have heard countless more stories of women struggling with body image, depression, eating disorders, unhealthy relationships, peer pressure, sexual experimentation, and sexuality.

While the women who shared their personal struggles were diverse, all of them shared one common quality: **they did not have a safe space in which to obtain health information or share their experiences in a way that was mindful of their religious or cultural upbringing and values.** Through its programming, HEART seeks to meet the needs of these women and many others like them.

Why did we create this toolkit?

The toolkit was created to guide individuals who want to begin the long overdue conversation about sexual and reproductive health with Muslim American youth. By providing some talking points and questions to consider with respect to sexual and reproductive health, the toolkit offers an introduction to the necessity of having such conversations in this day and age, particularly when so much information seems readily available already. Specifically, the toolkit emphasizes the necessity of sexual and reproductive health programming for Muslim American youth that is engaging, accurate, relatable, and most importantly, in line with Islamic values. A more detailed toolkit is available for educators and administrators who are ready to take on the great task of developing such programming. This guide is a springboard for anyone interested in working with Muslim youth around healthy sexuality in a way that is aligned with Islamic values.

¹Names and details have been altered to protect individuals' privacy.

Sexual Health Education and Muslim American youth

Health education, particularly sex education, for Muslim American youth faces major obstacles. A significant challenge facing educators and parents is a concern that Muslim American youth will lose sight of their religious values regarding sexuality while obtaining knowledge about sexual and reproductive health. Many have raised a few topics that appear to be problematic with Islamic teachings, such as the use of certain visuals or demonstrations which may contradict the Islamic principle of modesty and decency as well as approaches addressing certain behaviors that Muslims consider sinful. As a result, some Islamic school educators and Muslim American parents have designed sexual and reproductive health education curricula, but these curricula exclude a great deal of important information. For example, the curricula barely focus on pregnancy, sexually-transmitted infections (STIs), self-esteem, healthy relationships, and decision-making, to name a few of the excluded topics.

Such a limited focus on sexual education is disconcerting from a public health perspective, since preliminary studies examining adolescent perceptions on sexual and reproductive health education indicate that Muslim American youth are indeed involved in sexual experimentation and are victims of sexual violence. Equipped with limited knowledge, they are left unprepared to deal with issues of reproductive and sexual health, including identifying common health problems, dealing with peer pressure, and getting involved in unhealthy relationships. Muslim American youth have expressed their desire for more information, often looking to educators for information due to embarrassment in speaking with their parents (Sanjakdar, 2009).

What does research reveal about the physical and mental health of American youth?

Many reports and studies point to the realities facing young girls today when it comes to their physical and mental health. A recent report titled "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.). The results of the report are significant because mental health and self-esteem are very closely tied to an individual's decision-making abilities more broadly. Such anxieties and concerns do not start in high school, however; according to "My Body, My Self" 75% of girls from the ages of 8 to 10 and 81% of girls from the ages of 11 to 12 are concerned about fitting in, which suggests that anxieties about one's identity and position start at a young age. Finally, 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.

What does HEART fieldwork reveal about physical and mental health among Muslim American youth in Chicago?

The results outlined above are consistent with those of the informal surveys HEART staff has administered to its program participants. Through our surveys, we have learned that:

- An overwhelming majority of our middle school participants have faced 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;
- 60% of respondents of a survey of Islamic school students (sixth through twelfth) noted that depression, harmful behaviors such as eating disorders, cutting, substance abuse, bullying, and sexual experimentation are issues that have yet to be addressed in their schools;
- Nearly 100% of our high school participants spoke strongly about struggle with self-image and desire to fit into a variety of environments, including social, academic, and/or cultural, and the impact of their struggles on decisions.

Other research findings reveal that:

- The number of Muslims in premarital relationships is growing rapidly;
- A 2004 study found that adolescent girls felt that while school-based sex education is informative and useful, they were frustrated by the way the content is presented; in other words, they felt it marginalized their experiences and decision to abstain from premarital sex because information was presented in a way that the choice to engage in sex was predetermined or assumed (Orgocka, 2004);
- 40% did not receive any information about sexual and reproductive health in Islamic school settings, while only 3% admitted to getting some information regarding spousal relationships (Orgocka, 2004).

The results highlighted above indicate the importance for Muslim American community leaders and educators to engage the diverse and very real needs of their communities. Sexual and reproductive health education and mental well-being are strongly tied together, and must be addressed in light of the results outlined above.

What are the implications of the research?

The research conducted nationally and through HEART has significant implications for individuals, families, communities, and ultimately the health of our nation. The lack of knowledge about their health, particularly sexual and reproductive health, may lead Muslim American youth to:

- Be unprepared for the major changes their bodies are undergoing, which can lead to confusion, curiosity and/or exploration;
- Be equipped to make responsible decisions without better understanding of sexual health, sexual experimentation, and its consequences;
- Seek 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, ultimately perpetuating myths, misinformation, and misunderstandings as well as unhealthy attitudes toward gender and sexuality;
- Rely on debunked cultural traditions, myths, and practices;
- Be unequipped to identify abuse and how to seek help;
- Potentially have sexual tension and often marital discord upon marriage;
- Giving into pressures to engage in sexual activity in order to fit in, even if one is not ready.

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 don't know where to get help. The research indicates that young Muslim Americans have a strong desire to find a safe space to discuss these issues, and learn about them in a context that enhances their understanding of their faith. **This toolkit offers 5 steps to individuals who are working toward starting these difficult yet important conversations.**



STEP 1:



Research

Know Your Target Audience

It is extremely important to be mindful of the audience for whom the conversation is intended.

- What is the nature of their health status?
- What kinds of cultural values inform their attitudes?
- What is their socioeconomic background and status?
- What kind of access do they have to Western popular culture?
- What social issues and pressures are predominant in institutional environments (i.e. schools, mosques, etc.)?
- Do they have any sexual health education before this?

If the goal is to have ongoing conversations that build upon each other, a needs assessment is one way to further understand the needs of the student body before developing content. A strategic needs assessment collects the following information, preferably in an anonymous manner, directly from the participants themselves, though one can also work with the adult allies to gather this information:

- General demographics including but not limited to age, ethnicity, socioeconomic status, etc.;
- Individual health assessment;
- Sociocultural and religious attitudes;
- Knowledge assessment (e.g. how much does the participant already know?); and
- Behavior assessment

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 a needs assessment allows individuals to design a program that participants can relate to, can be engaged by, and that meets them at their level. Participants reported an increase in knowledge and a positive change in attitudes and behavior at the end of HEART programming wherein needs assessments were taken.

The more specific the needs assessment is, the more useful the data will be for content and program development. Regardless of whether you decide to use a needs assessment or not, the information garnered about participants will still help facilitators to guide the conversations.

STEP 2:



Persistence

Resistance, Barriers, and Starting a Conversation

Although the need for sexual and reproductive health education programs for Muslim American youth has been discussed at great length, administrators, educators, and Islamic institutions still struggle with developing satisfactory programming, given a common unwillingness on the part of the greater Muslim community to have such a conversation. Only when individuals know their audience will they be able to speak effectively to Muslims about the realities Muslim American youth are facing.

The greatest barrier to the development of sexual and reproductive health education programs is an absence of comprehensive sex education and reliable sources of information targeting Muslim Americans at large. Because Muslims often emphasize that matters of sexual health are private -and it is immodest to talk about the body publicly, many Muslim Americans are uncomfortable speaking of sexual matters and related issues including healthy relationships. In addition to a belief in modesty overriding discussions of the body and sexual health, other barriers may include:

- Belief that sex education promotes promiscuity and sexual experimentation;
- Notion that sexual health education responsibility lies with parents/within the family;

When you consider starting a conversation geared towards Muslim American youth, think about the following questions:

- Who are the influential members of your Muslim American community (whether an adult or among the youth) who may be willing to support the endeavor?
- What kinds of issues should you take into consideration in order to ensure that the community's concerns are not violated (i.e. concern for modesty, privacy, etc.)?
- How can you relay information in a culturally and religiously sensitive way?
- What might you need to do to break the ice?
- Who opposes the programming?
- What are the primary concerns of the proposed programming's opponents
- What research do you need to present to potential opponents of the programming to discourage push back and affirm the importance of this work?
- 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 meets the interests of all parties?
- Whose support would be key in changing opponents' minds?

STEP 3:



Establish Group Norms

Create a safe
space, build trust,
and maintain
the space

A hallmark of HEART programming 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 how they think.

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 (stemming from both their peers and adults), they will not feel comfortable asking questions or clarifying certain issues.

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.”²

- **PHYSICAL SAFETY** means that participants know they won't be harmed physically or sexually and are safe from people that may have harmed them in the past.
- **EMOTIONAL SAFETY** means that participants can experience trusted relationships in which they feel valued and supported; they are safe from verbal and racial harassment.
- **SOCIAL/CULTURAL SAFETY** means that practices, attitudes, and activities conducted in the sessions enhance students' comfort and trust in the information that is being conveyed to them and also their traditions.

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 develop a curriculum that will be implemented during the course of a regular school day or in other settings, by taking the added measure of protection of a “group pledge,” participants will feel empowered and know that their questions and comments will be treated with respect.

Establish group rules

After introducing yourself and other facilitators 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 and other participants.

Begin by writing one or two norms 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. It means they will not share any stories that were discussed during session without permission from that person first. For long-term group sessions, 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 a request facilitators make to the participants to be honest about their experiences and to share information openly for a fruitful, rich, and meaningful discussion.

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

- Have fun!
- Be on time
- No cell phones
- **No shame, no blame, and no judgment:** Many times participants are afraid to share their thoughts or experiences because they believe they will be judged. This is an important norm to establish to encourage others to be brave enough to share something they may be unsure about because they fear peer or mentor judgment.
- For those who want to discuss the difference between haya (the Islamic concept of modesty) 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, or causes someone to feel triggered, 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. (make sure one of the facilitators goes to check up)
- Open mindedness / Respect
- **Use of "I" Statements:** Encourage participants to speak only for themselves by using "I" statements and discourage them from speaking on behalf of an entire community.

Once these norms are agreed upon, ask participants if anything is missing. Then have a short conversation on what happens if these norms are violated (this is more necessary for longer-term groups, perhaps not for a one-time session). Participants need to understand there are consequences for deviating from group norms. The goal is for them to understand the deep bond they are about to create and to have respect for it.

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 Muhammad (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.



STEP 4:



Guiding the Conversation

Create purposeful exchanges through meaningful facilitation

It is essential for facilitators to be purposeful when preparing the framework in which the conversation will focus.

While having a rough outline helps in guiding the conversation to accomplish the intended objectives, it is important to be flexible enough to let participants take the conversation where it needs to go.

- Have 2–3 concrete objectives for the day and introduce those to the participants at the beginning of the conversation;
- Spend a reasonable amount of time getting to know the participants through a purposeful ice-breaker activity and opportunities to reflect. It is important that you do not rush through this;
- Limit the “lesson” or “lecture” piece to 10–15 minutes maximum;
- Use other teaching methods such as role playing, art projects, small group work etc. to apply the learning objectives;
- Have a positive closing activity that relates to the day’s theme;
- Be aware that some students may be less comfortable with the conversation than others. Many of these conversations can trigger a traumatic episode or uncomfortable experience they had regarding their sexual health. Ask participants to take care of themselves during the workshop and if they need to step outside to take care of themselves that’s fine (make sure one of the facilitators goes to check up) and offer to have one on one conversations with participants after the workshop is over. Through our experiences facilitating workshops, we learned that there are many young people 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.

According to the Rape, Abuse & Incest National Network (RAINN), one in every six American women has been the victim of attempted or completed rape. For this reason, it is imperative to be aware that it is likely that there will be at least one survivor – if not multiple – in any conversation you facilitate and that you should be prepared to provide those students with any resources they may need to reach out for additional help.³

- There will be plenty of giggles and awkwardness around certain words and terms, in particular male and female anatomy such as vagina and penis. Get the awkwardness over quicker by letting the participants get the giggles out of their system before moving on with the conversation. In the past, some educators have used repetition as a method to do this: repeating the term several times so that it loses its “giggle-factor.”
- Have a box for anonymous questions;
- Share an email address that students can email questions privately to;
- Have a rough outline for the session at the beginning, so students know how to anticipate the session;
- Creatively introduce a topic, perhaps through visual or audio examples;
- Ask participants at the beginning of the workshop to share topics they may be uncomfortable with and try to ease them into speaking about those topics in a safe setting;
- Think about what measures you need to take to make sure the conversation is inclusive of everyone’s worldview and experience.

Why are questions important?

Sexual and reproductive health is a topic that youth find both awkward and embarrassing, but they are extremely curious about it nonetheless. Adolescence is a confusing time for many, so it is crucial that students feel comfortable asking questions that will make them feel empowered and in control of their bodies. 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. Given that the topics may be uncomfortable for all parties involved, students may ask certain questions to facilitators to simply push boundaries. Here are some basic tips to fielding questions⁴:

- Be honest;
- Avoid jargon by making 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.

³For more information on learning about the challenges and opportunities for identifying and addressing sexual violence in the Muslim community, please refer to a collaborative toolkit on this topic written by The Chicago Alliance against Sexual Exploitation, HEART Women & Girls, Karamah and Rahma Network

⁴Adapted from Life Planning Education, Advocates for Youth

STEP 5:



Evaluate

Gain insight into developing future programming

An evaluation will help determine whether or not a program is successful.

Although many institutions reserve evaluations for long-term, resource-heavy programs, we have learned that every opportunity, whether it is a one-time conversation or a 6-week program, is a great time to assess performance, whether goals were met, and understand what the participants took away with them. While many think that evaluation is taking a snapshot of the outcomes at the end of an evaluation, the most effective organizations are engaged in a continuous evaluative process.

There are many techniques for an evaluation, depending on the available resources. Evaluations assist with informing future programming, and if resources are plentiful, it may be useful to bring in 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. One of the simplest, yet tangible, forms of evaluation is to have each student write down 2-3 takeaways from the conversation (also called an exit slip) and turn them into facilitators. This will give facilitators a better understanding of what the students are thinking about and what they learned.

The next few pages offer some brainstorming opportunities to help you further think about possible scenarios or issues that may arise when you begin facilitating conversations about sensitive topics.

Brainstorming Session for Community Leaders and Educators

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.

LGBTQ Issues

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.

Sexual Pressures

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.

Sexual Abuse

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.

Intimacy Issues

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.

Safe Sex

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.

Questions for the Facilitators

As you embark on the challenge of beginning the conversation on the sensitive topics mentioned above and others, think about what role you are playing as you facilitate. The tone of the conversation can be set simply by your behavior – you can embody the behavior you want the session 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 experiences 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 (e.g. challenging certain myths like you can't pick a lemon from a lemon tree during menstruation)?
7. What are the unique needs of Muslim youth when presenting sexual health information?
8. Think of some instances where gender segregation can be useful. Think of sometimes when it can be detrimental. What are some unique challenges that are specific to a certain gender?
9. What are some strategies you can use when teaching gender roles and interaction between the genders?
10. How do you tackle difficult conversations regarding sexual orientation and gender identity?
11. 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?

Conclusion

The purpose of this toolkit was to begin a long overdue conversation on how to engage Muslim youth in discourse on healthy sexuality. This document continues to be a work in progress, and a longer, much more detailed guide on the process of designing sexual health programming will be available shortly. We are thrilled to present this initial work based on the need of the young people we have been working with, and hope to engage the community in continued dialogue around these topics. Please do not hesitate to share your feedback with us as we continue to improve our work by emailing us at heartwg@gmail.com.

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