

LET'S TALK ABOUT SEX

A Muslim Parent's Guide to
Having "The Talk" With Their Kids



LET'S TALK ABOUT SEX

In Memory of Salah Abdul-Razacq 1981 - 2015

This guide is dedicated to the memory of Coach Salah Abdul Razacq, who was called back to his Creator much too early. Coach Salah was a committed reproductive health education teacher, a loving husband and father to three children, and a hidden gem in the Muslim community. In the last year, he worked closely with HEART on a number of projects highlighting the importance of sex education for youth, and for parent involvement in these crucial conversations. We dedicate this guide in Coach Salah's memory to honor his legacy.

The Sexuality Information and Education Council of the United States considers sexuality education as:

“a lifelong process of acquiring information and forming attitudes, beliefs, and values. It encompasses sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles.”

This holistic definition of sex education encompasses many of the concepts we encourage you to talk about with your child throughout their adolescent years. The purpose of this guide is to help you begin these conversations in a way that is natural and comfortable for all. Our hope is that your conversations follow the OPEN approach, in that the following elements are present:

- O** ***OPENLY COMMUNICATE***
- P** ***PROVIDE INFORMATION***
- E** ***ENCOURAGE QUESTIONS***
- N** ***NORMALIZE PUBERTY & SEX***

INTRODUCTION

It happens to every parent: yesterday you were holding them in your arms, and today, you can't believe that time has come already, and like many of your peers, you are so. not. ready. The time has come for you to have "the talk" with them. Either you're the type of parent who wants to talk to them before they head off to health education class, or you'd rather be accessible to them after they've returned from the class. Perhaps you haven't decided what type of parent you want to be. Maybe you don't want to send your kid to health education class at all, but can't decide how to replace that experience, because after all, they have to learn that information some day.

Your own experiences with sex education are likely awkward, and perhaps limited. No matter what, it is likely that your adolescence was filled with much confusion, embarrassment, and a lack of trusted adults willing to answer your questions. If you grew up in a Muslim family, it's also likely that your childhood and adolescence was filled with contradictory messaging: at school and through the media, sex was everywhere and what everyone was doing. At home, it was likely not discussed, except for the simple commandment: we don't have sex—let alone date—until marriage.

The latter approach may have worked in the past, but it's becoming more clear that young people need more conversation to address their needs and understand how the information they learned both in their health class, and in their social environments, relates to their faith values and the messages they are getting at home.

THE DATA

Muslim girls and boys are expected to abstain from premarital sex, alcohol and substance consumption, without any additional context or preparing them with decision-making skills. In other words, there is often no emphasis on developing critical thinking and decision-making skills or a healthy self-concept in relation to the body, sexuality, and spirituality. Outside the home, in addition to their natural curiosity, these same young people are constantly bombarded with sexual images, peer pressure, and messages encouraging them to have sex, and actively partake in romantic relationships.

These cultural factors are unavoidable, but when we avoid having conversations about sexuality, young people will go elsewhere to find out about sexual health.

The idea that talking about sexuality or body literacy is immodest or that it should take place only between married couples leads young men and women to find out about sexuality from friends, magazines, online, or even pornography. Instead, we should create safe, culturally-sensitive spaces for young people of faith to ask questions and get information that is scientifically accurate and consistent with their beliefs.

Quite simply, pre-marital sex is the norm in American society, where [seven out of ten teens will have sex by age 19](#). While the data specific to Muslim youth and their sexual behaviors is limited, there is evidence that Muslim youth are engaging in sexual activity. In fact, a recent study by the Family and Youth Institute reports that [53.8% of never-married](#) Muslim college students reported having had sexual

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intercourse (Ahmed 2014). Other studies show that 2/3 of Muslims in Canada and US [admit to having sex before marriage](#), and at least 50% of those who hadn't, considered it, as you can see in Appendix C (Ali-Faisal, 2014). Moreover, most young Muslims reported receiving sexual health information from the media, and least often reported receiving it at home. These findings are consistent with HEART's fieldwork with over 2000 women and girls nationally: more 60% of respondents of our needs assessments noted that depression, harmful behaviors such as eating disorders, cutting, substance abuse, bullying, and sexual experimentation were issues that they were dealing with and that they were looking for more information on these topics.

There is a common misunderstood notion that teaching youth about sexuality, in a comprehensive way that includes information on contraception, sexually transmitted diseases, and pregnancy may lead to increased promiscuity and premature sexual activity. Research actually shows the opposite. A 2010 Guttmacher Policy Review states that **there is no evidence that comprehensive sex education programs lead to increased rates of sexual activity and earlier initiation. Rather, it may have the opposite effect: empowering young people with the tools to delay sex and make more responsible decisions (Boonstra 2010).** Perhaps the most compelling reason for parents to talk to their kids about sex is that it is actually protective in nature. Recent research shows that parents have a great influence on their teens' sexual behaviors when they talk to their teens about sex: [teens are more likely to use condoms and birth control when they have sex](#). Additionally, other studies indicate that children who are comfortable talking about sex are actually more likely to delay sexual activity and be older when they [first have intercourse](#).

In fact, a 2012 survey by the Office of Adolescent Health at the Department of Health and Human Services indicated that "almost 9 in 10 teens (87) said that it would be much easier to postpone sexual activity and avoid pregnancy if they were able to have more open, honest conversations about these topics with their parents.

THE CURRENT STATE OF SEX ED

Current efforts in sex education are missing the mark. A 2004 study shows that Muslim youth feel frustrated with sex education programming at public schools because it does not take into account their cultural and religious worldview, and instead speaks to students as if sexual activity is predetermined (Orgocka, 2004). On the other hand, they expressed religious programming does the exact opposite: it assumes that information about sex and sexuality is not relevant to youth because sexual activity shouldn't be taking place anyway (Orgocka, 2004). As such, typically, programming at religious institutions exclude a great deal of important information – both on anatomy and other aspects of sexual relationships. For example, the programming barely focus on topics such as pregnancy, sexually-transmitted infections (STIs), self-esteem, healthy relationships, and decision-making.

A limited focus on sex education is disconcerting from a public health perspective because Muslim youth are left unprepared to deal with issues of reproductive and sexual health, and consequently, may:

- Be unprepared for the major changes their bodies are undergoing, which can lead to confusion, curiosity, and/or exploration;
- Be unequipped to make informed decisions without a better understanding of sexual health, sexual experimentation, and its consequences;

INTRODUCTION

- Seek out (mis)information in pornographic magazines, internet sites, and erotic visual programs, rely on information picked up 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;
- Have unhealthy sex in life or marriage; and give in to pressure 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 leads to 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.

One of the challenges of beginning this conversation is that historically, puberty and sex have been seen as uncomfortable subjects across racial, ethnic, and religious communities. In Muslim communities, the strong notions of privacy, modesty, and shaming of feeling sexual desire create an environment hostile to open discourse, let alone operating outside of that framework. While these conversations may be a first for your family, it is crucial to think about how everyone can be involved. Of course, each member of the family should think about what capacity they feel comfortable being involved

with these conversations, and even get creative with it.

Generally, in the past, mothers talk to daughters while fathers talk to their sons. While sex may be an uncomfortable topic for dads to broach with their daughters or mothers to broach with their sons, it is crucial now more than ever for dads and moms to engage in candid, two-way conversations with all their children about sex as a way of modeling healthy communication about sensitive topics as well as encouraging safe, healthy relationships. Perhaps a father may not feel comfortable starting a face-to-face conversation, but would be open to journal writing with his daughter, as a way to open up the lines of communication.

REFLECTION

Reflect on a time when an adult - outside the classroom - had a conversation with you about sex. What went well? What could have gone better? What was missing?

LET'S TALK ABOUT SEX

This guide offers practical steps for parents who are thinking of having these crucial conversations with their kids: either in addition to health education class in school, or in place of it. While we do promote a developmental approach and starting these conversations with children as young as 3, parents of pre-teens and teens may find this guide most helpful and relevant. The steps are easily memorable through the acronym **O.P.E.N.**, to set the tone for open & honest conversations, which stands for:

- O** *OPENLY COMMUNICATE*
- P** *PROVIDE INFORMATION*
- E** *ENCOURAGE QUESTIONS*
- N** *NORMALIZE PUBERTY & SEX*

This guide contains 4 components:



BACKGROUND: Information on the subject matter and practical tips on how to apply that information using the OPEN approach



REFLECTION: Questions to consider as you prepare for these conversations



PUTTING IT IN PRACTICE: An example of how one can apply this information in real-time conversations with your child



CONVERSATION STARTERS: Short ice-breaker activities that help begin these sensitive conversations with your child. These are not just questions for your child to answer, but rather meant to serve as a two-way dialogue.



REFLECTION

The biases (you may or may not know about) and tone you speak in will influence how the conversation will go with your child. A few things to think about:

1

What are the biases you have regarding sexuality? Pregnancy? Sexually Transmitted Infections (STIs)? Taboo topics such as Lesbian Gay Bisexual Transgender Queer (LGBTQ)? Masturbation? Abortion?

2

What is the role of modesty in sexuality education and what are some methods you can use to impart that? What are you comfortable sharing with your child at this time and will you need someone else's assistance to cover certain topics?

3

How will you monitor your body language, tone, and your response to a question you were not expecting to be asked? What are you expecting your child to ask? How will you prevent language that stigmatizes, scares or perpetuates unhealthy ideas about gender? (i.e. men cannot control their urges, a woman can be blamed for tempting a man based on what she is wearing, etc.)

4

What cultural or religious assumptions do you need clarification on before starting this conversation with your child? (i.e. is a woman still a virgin if she uses a tampon?)

5

If the school your child attends has a sex education course, will you allow them to attend? Why or why not?

STEP ONE

OPENLY COMMUNICATE

SET THE STAGE FOR OPEN & ONGOING COMMUNICATION BEFORE ENGAGING SENSITIVE CONVERSATIONS

Since children are being exposed to sex and sexuality earlier, it is inevitable that your child will obtain knowledge about sex and sexuality from somewhere - either their peers, the internet, or you. This is a unique opportunity to communicate your values and provide accurate information that is consistent with a faith-based tradition.

KEEP THE CONVERSATION GOING

The most important component of “the talk” for parents to remember is that it should be ongoing, throughout a child’s adolescent years. Though historically these conversations have been portrayed as being only a one-time lecture from parent to child, it is hard to imagine that one conversation will suffice. Even if you are well-prepared for this talk, one conversation cannot adequately equip a child with the information and skills they need for a lifelong set of experiences. Put another way, when children attend school, they learn academic subjects like math, science, and English, and as they grow older, the concepts build on each other and get more complicated, which ultimately provides them with a comprehensive understanding of the subject. **In the same way, repeated, age-appropriate conversations about puberty and sex are crucial to give them information they need to fully process the big picture and figure out how they fit in it.**

Ongoing, developmentally appropriate conversations have a few more advantages. For example, it **normalizes topics** related to sex and sexuality so that it is not seen as a shameful or embarrassing topic. Introducing concepts of consent throughout the elementary and adolescent years **lays a foundation** for lifelong critical decision-making and healthy relationships. And perhaps most importantly, as mentioned earlier, these conversations allow you to talk openly about your **family’s values and expectations** about sex and sexuality. For example, instead of avoiding further conversation about sex and sexuality when seen in the media, use those as teaching moments to counter that messaging with a couple of positive messages. For example, if you see risky behaviors promoted in the media, you may challenge your children to think about the importance of trust, communication, and consent in sexual relationships.



PUTTING IT IN PRACTICE

Movies, music, advertisements, and TV shows make great conversation starters and teachable moments. Try using a scene from a movie or a situation in real life to start the conversation. For example, you may ask what your child thinks about:

- *A music video objectifying women*
- *A movie scene containing sexual violence*
- *A novel about teen relationships*
- *A news story on increased rates of sexually transmitted infections*

Let your child share what he/she thinks. If he/she still seems uncomfortable, start by offering your thoughts on the subject.

SET THE SPACE FOR OPEN, HONEST, & SAFE CONVERSATIONS

The second most important element is setting the stage for open, honest and safe conversations. This not only will help you build trust between you and your child, but it will also facilitate the ongoing conversation we talk about above.

You can start by setting a safe space. A safe space is an environment in which everyone feels comfortable in expressing themselves and participating fully, without fear of attack, ridicule or denial of experience. It is important to create this space well before adolescence sets in so that your child is comfortable discussing his or her concerns with you before major issues arise. Important elements to setting a safe space are:

REFLECTIVE LISTENING / GROUP AGREEMENTS / AFFIRM AND VALIDATE

PRACTICE REFLECTIVE LISTENING

This is a very important skill and first step to building healthier relationships. Reflective listening involves remaining calm, being present when the other person is talking to you, not interrupting them, and then repeating what they said to you so they know you heard and understood them. It also helps clarify what they are looking to get from you – whether it's just a listening ear, or whether they need you to do something specific. [The Office of Adolescent Health has learned](#) that teens hesitate in talking about sex with their parents because it will make their parents angry or that their parents will assume they are having sex. While these conversations and questions may make you anxious or even upset - the key is to remain calm. Losing your cool may result in your child being upset, or worse, not reaching out in the future.



CONVERSATION STARTER

(ALL AGES)

*Who would you like to involve in these conversations?
What would you need to help make these discussions more comfortable? Face to face? By writing?*



PUTTING IT IN PRACTICE

Practice reflective listening around the house or after school. Instead of asking how your child's school day was, ask them to describe a challenge they faced. Reflective listening requires you to listen to the entire story without interrupting or providing solutions or criticisms like "why didn't you ask your teacher for help?" or "you should have studied harder for the exam".

Child: "I had a geography exam today and it was so hard because we only had 25 minutes to complete it! I forgot the capitals of California and Wyoming?"

REFLECTIVE LISTENING

Parent: "It sounds like the exam was difficult because there wasn't enough time. Let's review those two state capitals at home, OK?"

NOT REFLECTIVE LISTENING

Parent: "You should've studied harder!"

GROUP AGREEMENTS

Although it may seem awkward at first, it is helpful for parents and children to sit down together to create a set of agreements together. These agreements can set the tone and expectations for how parent and child will interact and communicate, and can help build trust and healthy dialogue on many topics.


PUTTING IT IN PRACTICE

Here are examples of how you can begin to create these sample agreements with your children, and how you can add elements to them as they get older and have specific needs.

For parents of younger children:

- I agree to be honest.
- I agree to listen.
- If I don't know the answer, I will think about it and get back to you.
- I agree to not yell and will instead remain calm. I may be upset about something but I won't use mean words or raise my voice to express disappointment.

For parents of older children (in addition to the agreements already made with younger children)

- I agree to maintain a judgment-free zone and to be open to discussing alternative thoughts, opinions, and behaviors that may come up.
- I agree to have open discussions about values with my child that may differ from my own.
- I agree to allow the person who is talking to completely finish their thoughts before I talk.
- I agree to be present and turn off distractions (i.e. cell phones and instant messengers) while having these conversations.
- I agree to maintain this as a conversation and not a lecture.
- I will not minimize or dismiss my child's struggles.

Sample agreements for children:

- **Age 5:** I agree to tell the truth.
- **Age 6:** I agree to listen.
- **Age 7:** I will always be respectful. If I am upset, I will use respectful words to express my frustration.
- **Age 9:** I agree to allow the person who is talking to completely finish their thoughts before I talk.
- **Age 12:** In accordance with my faith, I will not be shy when it comes to seeking knowledge about my body.
- I agree to be open to discussing alternative thoughts, opinions, and behaviors that may come up.
- **Age 16:** I agree to be present and turn of distractions (i.e. cell phones and instant messengers) while having these conversations.

AFFIRM & VALIDATE

Validate and affirm what your child may be feeling. Simple statements such as “it is normal and not surprising that you feel scared” or “you’re doing the responsible thing by speaking with someone, and know you are not alone” can seem like insignificant gestures on your part, but are incredibly important for a teen trying to make sense of the many social emotional and physical changes they are experiencing. Reassure your child that changes occur in both sexes during puberty. Everyone grows and matures at his or her own pace and timeline. It is absolutely normal to feel confused or be curious about these changes and [the desires] that often accompany them, but these changes will require them to take responsibility for their bodies and decisions within their value sets.

Finally, it is okay to acknowledge to your child this may be a difficult subject for you to talk about. Your child may also be reluctant to talk, so a simple comment like “I can see this is hard for you to talk about now. Is there something I could do to help? Would you like to try again another time?” may lessen the pressure for both of you but will keep the lines of communication open for the future.



CONVERSATION STARTER

(ALL AGES)

*What happens when these agreements are violated?
Trust is broken? Discuss how to maintain the space
and consequences when trust is broken.*

STEP TWO

PROVIDE INFORMATION

Now that you've set the stage for honest and open communication about this sensitive topic, we can begin preparing for the conversation.

PREPARE FOR THE CONVERSATION

As you prepare for this conversation, consider the various avenues your child may receive information about sex. As such, it is likely your child will receive information from the following different outlets:

- **School sex ed programming**
- **Friends & peers**
- **Internet & media**

SEX ED IN SCHOOL

If your child participates in sex education at school—which is a great way to ensure they are getting scientifically accurate foundational knowledge—familiarize yourself with the approach and content your child will be exposed to in the classroom. You can do this by reaching out to your school before or after their sex education class. Knowing what will be taught in class will be helpful as you talk to your child and will give you an idea of what concepts you should focus on to create a more holistic sex education experience. It is unlikely the school your child attends will be able to cover all topics in detail, and may not include activities or conversations on peer pressure, healthy relationships and decision-making. Because curriculum content and objectives differ for each state and school district,

sex ed curricula taught in public schools range from abstinence-only, abstinence-based, and fear-based to comprehensive sex education. You may find [Curriculum Content Review](#) by the Illinois Campaign for Responsible Sex Education useful during this process. This excellent guide reviews the differences of each type of curricula, as well as assessments of actual curricula in Illinois.

In order to engage with your child about sexuality and sex education in a meaningful manner, you should be familiar with the basics of puberty, reproduction, sexual hygiene, contraception, pregnancy, STIs, and if relevant, Islamic topics such as ghusl (ritual cleansing) and fiqh (legal matters of jurisprudence). To facilitate your review of these concepts, we have included a resources section at the end of this guide that you may find helpful. If you chose to opt-out of sex education at your child's school, these resources will be extra helpful in reviewing terms and biology. Make a commitment to providing them with complete, accurate information. Be sure to include conversation about contraception and preventing pregnancy and STIs, and stress how not all methods are equally effective in preventing pregnancy or STIs.



REFLECTION

1

How familiar are you with your child's sex education curriculum?

2

Will you be supplementing the information your child learned in school or will you be opting out of the program completely?

3

How familiar are you with the basics of puberty and reproduction in case your child has follow-up questions?

4

How familiar are you with Islamic guidelines about ghusl (ritual cleansing) and the resources you can turn to if your child has any questions?

FRIENDS AND PEERS

As your child gets older, sex, sexuality, and relationships will become an increasingly more important part of conversations and interactions with their friends and peers. Because they will be having these conversations on a regular basis, it is even more imperative that your child has access to accurate, correct information for the following reasons:

- Because of their limited understanding of sex, teens often have a wealth of misinformation that they are very quick to share with their friends. Your child having access to accurate information will help him/her make decisions that are not based on false information.
- Your child having access to accurate information will enable him/her to be a resource for their friends and peers, and correct false information or myths, ultimately empowering their peers with the information they need to make decisions.

INTERNET & MEDIA

Internet, media, and literature are channels of information you may want to monitor, but they are also opportunities to engage in discussion with your child about gender roles, healthy relationships, and sexual experimentation. Often, children hear technical terminology in the classroom setting and slang and expletive terms from friends and the media. Additionally, if your child has a smartphone, this is a good time to talk to them about responsible phone usage, and what expectations you may have with respect to sending and receiving sexts (texts with explicit messaging or nude photos). While this may seem unnecessary to you, it is very common among young people to either send or receive, or be pressured to send, text messages with sexual content. It is important that you talk to them about responsible cell phone and internet use, and what to do if they receive unwanted texts or emails with sexual content.

REFLECTION

- *Do you know your child's friends and are you comfortable correcting false information and myths about sex?*
- *What is preventing your child and his or her friends from seeking out information about sex and sexual activity?*

CONVERSATION STARTER

What are the main messages you get about sex from your friends? From your peers? From the media?

What sources of media do you consume? What are the different media you learn about sex from? How do you determine if the source of media is accurate?

REFLECTION

- *What concepts come up in the television shows they watch or books they read?*
- *What kind of musicians do they follow and how might this influence their ideas about gender relations?*
- *Does your child have a smartphone? What are the agreements and expectations that you have?*
- *What websites and resources is your child visiting to learn information about sex? Does he/she have an understanding about how to navigate information on the web, and to distinguish between what is a reliable, accurate resource, versus what is not?*

PROVIDE CONTEXT BY ADDRESSING CULTURAL VALUES

For too long, sex has been a taboo topic and youth have been expected to understand and appreciate the “don’t have sex until marriage because that’s what our religion says to do” argument. However, it is becoming more clear that this approach is not effective and that youth are looking for additional guidance.

That being said, how do we move forward with this conversation? How can we impart our values and expectations in a way that is relatable to youth, but doesn’t portray sex and sexuality as something that is dirty and shameful? How do we approach the reality that many people—including those of our own faith—often choose not to uphold the same values or expectations?

Validate how natural these changes and feelings are. It is crucial to emphasize that puberty, sex, and sexuality is extremely normal and natural, and a part of life that everyone goes through. There should be no shame or embarrassment in feeling attraction towards another person, or in feeling desire to express that attraction in a physical way, such as holding hands or kissing. However, with these desires also come with a lot of pressure to engage in sexual activity, not just from within but also from peers, media, and society. It is essential to think about empowered and informed decision-making when it comes to sexuality – whether one chooses to not have sex until marriage, or to become sexually active sooner, the key is to take ownership of that choice, otherwise it will be laden with regrets and resentment. An excellent way to encourage this empowered decision-making is to explore values and expectations around sexuality.

CONVERSATION STARTER

What are some reasons people have sex? What are some reasons people don’t have sex?

PUTTING IT IN PRACTICE

This is just one example of the many ways you can explain sex to your child, with concepts building off each other as your child gets older.

WHAT IS SEX?

Age 12 and under: Sex is an act between two consenting people. Consent means that both people have agreed to what is happening and can stop at any time they want. In Islam, most believe that sex is only permissible when those two people are married¹ and it is considered an act of worship. Of course, there are many people—Muslim or not—who choose not to wait until marriage because the decision to have sex is different for everyone and requires both parties to think about what factors need to be present to move forward.

While sex can and should bring much pleasure, sex is also an act of great responsibility. People choose to have sex for many reasons: to express their love and desire for someone, to fulfill a physical need, or to have children. It is an act that makes you responsible for yourself and your partner.

Age 12 and older: Because it is a responsibility, you must be prepared for sex. Preparing for sex often involves educating yourself on birth control and contraception options, knowing how to use them, engaging in open communication with your partner, and reflecting and exploring your values, ideas and desires before the heat of the moment. If you are not prepared, it may have an effect that you did not plan for. Physical consequences such as pregnancy and sexually transmitted infections. Getting pregnant as a teen can make graduating high school and college more difficult. Whenever you decide to have sex, it is your right to have sex with contraception. No one should pressure you to have sex without it. Sex may also have social consequences such as tension in your relationship or friendships. Or it may have spiritual consequences such as guilt you may feel if your family doesn't believe in sex before marriage.

Remember you also have a responsibility to always honor and respect your own boundaries as well as your partner's. If you are not comfortable with a particular sexual act, or your partner is not comfortable with a particular sexual act, those feelings should be respected and honored. No means no, and it is your right to not have sex or engage in any other sexual activity if you do not want to.

I hope that you wait until you are [married, 21, an adult, in a committed relationship, enter expectation, if at any, here]. I know that there will be many times you will feel like not waiting, because romantic and sexual desires are natural and sex feels good and we live in a world where the pressure to have sex is overwhelming at times. So, I hope that you will wait too, but I also know you are a very thoughtful girl/boy who will make the best decision for you and your body.

¹This dialogue was written for parents who want to promote abstinence. However, the final paragraph "in our family we wait until..." can be changed to reflect whichever value you want to uphold. For example "In our family we wait until we are in love (or we are 25, or etc.)." We also acknowledge that this may sound exclusive, particularly to the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community. The Muslim LGBTQ community is growing, and it is imperative to address the concerns in a safe and inclusive way. As such, this document 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 are required to address this issue in a way that considers the nuances and complexities. We recommend bringing together key members of the LGBTQ community, Muslim scholars, and healthcare professionals to discuss this important issue at length.

EMPHASIZING THE IMPORTANCE OF CONSENT

Unfortunately, we live in a time when sexual violence is rampant. The Centers for Disease Control reports that 1 in 4 girls and 1 and 6 boys are victims of sexual abuse or assault before the age of 18. There is no racial, ethnic, or religious community immune to sexual violence. Thus, it is critical to equip our children with as much information they need to protect themselves, to feel empowered, and more importantly, to speak up if they or their friend has experienced something. As much as we can teach our kids to be in control of their sexual decision making, there are still people who may try to cross their boundaries. It is crucial that you explore situations involving boundaries and consent, as they are useful skills to have when thinking about sexual violence and healthy relationships. This information can help lay the foundation for healthy relationships in the future, and can also prepare your child to be that resource for their friends and peers if they are ever bystanders in a situation.

Consent is defined as both people involved have agreed, or given permission, to what is happening AND that either party can decide AT ANY TIME that they no longer consent to continuing. Giving permission for one behavior does not obligate you to give permission for something else.

We have included a few developmentally appropriate tips below, but for more guidance on how to have these conversations in an age-appropriate way, please consult this parents' guide [here](#).

AGES 3-6

- Explore the concept of consent with your child – that no one is allowed to violate their boundaries (whether it's physically, verbally, or emotionally, by pressuring them to do something) **without their explicit permission and approval**. Their body belongs to them, and they can say "no" to anybody they don't feel comfortable with.
- Emphasize that if they are ever touched in a way that makes them uncomfortable, to seek help from an adult and that even though they feel confused scared and ashamed, it is not their fault.
- Similarly, teach your child how to honor another person's boundaries: if someone doesn't want to do something, or be touched a certain way, they should step back and appreciate that no means no.
- Teach them to ask their friends or peers before hugs or rough-housing.

AGES 6 AND UP

- Remind them that everyone has boundaries that they set to feel safe and empowered.
- Begin to help them identify trusted adults to reach out to should they need help.
- Teach them the difference between a good secret and bad secret.

PUBERTY & UP

- Work with your child on how to distinguish between verbal consent and non-consent, and nonverbal consent. Explain that not respecting consent and boundaries could **be considered a crime**.
- Use teachable moments such as advertising you see on billboards or magazine racks or situations on a TV show to start a conversation about healthy relationships, media messaging, and sexual violence.
- Remember that there are some conditions during which consent can never be present. These are:
 - In the case of minors (under 17). Minors cannot give consent to sexual activity with an adult
 - In the case of one of the parties being in a position of authority (teacher, doctor, clergy, counselor)
 - In the case of the individual being under the influence of drugs or alcohol
 - In the case of an individual who is mentally disabled

VERBAL SIGNS

CONSENT **NON-CONSENT**

Yes	No
I'm sure	I'm not sure
I know	I don't know
I'm excited	I'm scared
Don't stop	Stop
I want to	I want to, but...
I love you	I love you, but...
I'm ready	I'm not ready

NONVERBAL SIGNS

CONSENT

Direct eye contact
Initiating sexual activity
Pulling someone closer
Nodding yes
Laughter and/or smiling

NON-CONSENT

Avoid eye contact
Not initiating any sexual activity
Pushing someone away
Shaking head no
Crying and/or looking sad/fearful

[Source: CARE: Addressing Sexual Violence and Promoting Healthy Sexuality - Northwestern.edu/care](http://Source_CARE: Addressing Sexual Violence and Promoting Healthy Sexuality - Northwestern.edu/care)

PROVIDE RESOURCES

Your child will continue to explore these topics independently, so it is important that you offer tips to identify accurate and reliable resources. Familiarize yourself and your family with the medical and social services in your community should you need them. Have conversations with the members of your community about what they can do if someone reaches out to them. Additionally, teach them to be a resource for their peers and how to identify the instances when they should reach out to a trusted adult.



PUTTING IT IN PRACTICE

IS THIS CONSENT?

Read the situations below with your child and talk about whether consent is being exerted in the situation. You'll find the answers at the end of this guide.

Age 12 and older:

- A cousin asks if he can hug you. You don't say yes, but you don't say no. Have you given consent?
- A neighbor asks if you can stay with him while his parents are gone. You don't want to say yes, but he threatens you that he will tell your parents about the time you snuck out. So you reluctantly head over. Have you given consent?
- You and a friend are at an amusement park, and your friend is wearing shorts. A bunch of boys start catcalling and making inappropriate comments and your mom whispers that your friend deserves it given the way she was dressed. Did she give consent to getting such attention based on her clothes?
- You sent a friend a photo of yourself trying on a new dress, which she decided to forward on to your crush. You are upset, but she's telling you to lighten up because it wasn't a big deal. Did you give consent?
- Your uncle is over and he is leaving. He asks if he can kiss you on the cheek. You lean your cheek in and say sure. Have you given consent?

Age 16 and older:

- Your friend went to a party last night and drank a few beers. She says she wasn't drunk, but can't remember what happened with the football player that night. Did she give consent?
- You've just arrived for a job interview and as you greet the representatives for the company, you smile and extend your hand, indicating a handshake. Did you give consent?
- Your friend was at a party last night was holding hands with her boyfriend. He asked if he could kiss her and she said yes. While they were kissing, he slipped his hand under her shirt. Your friend is upset because she thinks he crossed a line. Did she give consent?

STEP THREE

ENCOURAGE QUESTIONS **BUILD CRITICAL THINKING SKILLS & WELCOME QUESTIONS**

The process described in Step Two is meant to be a dialogue between you and your child. We hope the material and resources we have provided have helped you feel more equipped to begin the “talk” about sex education, values, and identity. Still, you may be feeling apprehensive about how your child will make good decisions without you. It is important to build critical thinking and decision making skills for your child: as your child grows and becomes more independent, he or she will likely be in high-pressure situations where he/she will need to make quick and informed decisions about their bodies and sexuality. Having these conversations using the approach above instills a sense of self, understanding of their personal values, and critical thinking skills, which will be crucial in helping them feel in control of the situation when you are not around to help guide them.

The activity on the following page is meant to assist you in defining, clarifying, and hopefully coming to a close agreement with your child on your family values, expectations, and responsibilities related to sexual development and health. Not only is it important to discuss what these terms mean to you as a family, it is equally important your child knows what you expect of them as these changes occur. Consider, for example, the many questions a mother and daughter may need to explore together regarding the term “menstruation”. Although you may cover the biological explanation, your daughter may wonder why she feels pain in her stomach or why she feels irritable close to the start of her cycle. She may also be unsure about how to navigate family prayer time while on her period. Similarly, as parent or guardian you may want to explain the importance of tracking her period, wearing a liner and ritual washing after menstruation. This activity is meant to give you and your child the space to ask these types of questions. There are no wrong or right answers. Consider the terms and questions below as a guide in defining these concepts and more within your home. Finally, remember answers may differ for families within the same faith tradition with values different than your own.

PUTTING IT IN PRACTICE

Here are some terms that have multiple meanings and ambiguous definitions. Some questions have been written from a young adult perspective while others are posed from a parental lens. Please consider the following and let these questions guide ongoing conversations with your child.

PUBERTY AND UP:

Dating

- Are two people dating if they “hang out” on a regular basis?
- What constitutes a boyfriend/girlfriend relationship?
- Is it wrong to text a classmate of the opposite gender?

Virgin

- Does using a tampon mean someone is no longer a virgin?

Modesty:

- Does wearing hijab immediately make someone modest?
- What kind of modesty rules are expected of us in the home? Do these rules change outside the home? At the mosque? At an all-girls function?

Consent:

- Do you need to give consent before someone texts you? Touches you?

Private Parts:

- What words are off limits when speaking about our bodies and the bodies of others?

Menstruation:

- Should I still wake up for Ramadan if I am not fasting?
- What should I do if I don't have pads with me when I get my period?

Breast Development:

- Is it normal for your breasts to hurt before your period?
- Does bigger breasts mean I can't wear my favorite v-neck shirt anymore?

Larger Hips/Pelvis:

- Why don't celebrities have large hips?
- I am frustrated I can't find jeans to fit my new body!

Pubic Hair:

- How often should I trim my pubic hair?
- Erica said her mom takes her to get a Brazilian wax. Have you ever gotten one? Can I get one?

HIGH SCHOOL AND UP:

Dating:

- How will I find a spouse if I can't date?

Virgin:

- Why is it important to keep this status?
- If someone engages in oral sex are they still a virgin?

Lowering the Gaze:

- How does what we look at affect the state of our spiritual well-being?
- How does it relate to pornography?

Modesty:

- How do you define modesty?
- What does it mean to be modest in your character and interactions?

Consent:

- What are some ways you can make sure someone knows you do not want to do something?

Private Parts:

- Is it offensive to use slang terms when talking about private parts?

Finally, welcome any and all questions. Reflectively listening will help you understand your child's concerns stay attuned to the content and feelings expressed in their stories and questions. OPEN conversations is an effective method to keep the line of communication open and to stay actively involved in your child's journey towards adulthood.

STEP FOUR

NORMALIZE SEX AND PUBERTY

MOVE BEYOND SHAME TO BUILD POSITIVE ATTITUDES ABOUT SEX & PUBERTY

As mentioned in step one, the key to these conversations is making sure they are ongoing and open. This not only provides your child with a comprehensive, developmentally-appropriate understanding that builds off each year as they grow older, but it also helps you and your child normalize the topics of sex and sexuality as issues that are natural, healthy, and nothing to be embarrassed about. We have laid out three ways you can begin to normalize these conversations.

1. Use anatomical terms, even as early as age 3
2. Separate shame from modesty and privacy
3. Challenge cultural myths

THE IMPORTANCE OF USING CORRECT, ANATOMICAL TERMS

While this section is more relevant to those with younger kids, as older kids eventually learn the proper terms, it is still a useful overview. Often, those who come from a faith-based or cultural community, grow up not knowing the correct anatomical terms for their private parts. Depending on the family and culture one grows up in, that area was either referred to as simply “private parts” or they had specific code words for those body parts. There are a few reasons for this. Perhaps the individual’s culture has a strong sense of modesty and privacy and considers it immodest or not private to use these terms openly. Perhaps cultural messages implied that these terms and body parts are dirty and shameful. Perhaps their family isn’t teaching these terms, because they just don’t know how. They grew up in a family that didn’t talk about these things either.

Regardless of the reasons for why many families may not openly use these terms, it is extremely important for your child to know the anatomy and anatomical terms associated with his/her body. Knowing these terms are important because:

- It helps children be accurate when speaking to a medical professional about taking care of that area or a problem they may be experiencing.
- A medical professional may not understand if a child is experiencing any issues. Furthermore, children may not understand what a medical professional when they are teaching them or her how to care for that area.
- It helps children be equipped to tell someone else if their private parts are being violated.
- It helps create boundaries (conversation around private parts and what is off limits).
- It also emphasizes that slang terms can often be derogatory and offensive and should be discouraged.

While families may have some expectations around when to openly use anatomical terms, **learning the correct anatomical terms is not immodest.** In other words, perhaps it is still not okay to use the term during a dinner conversation, or in front of an elder—it's okay to respect family values around these topics—but knowing the proper terminology for when your child needs it is crucial.

Learning the correct anatomical terms is also not shameful or dirty. How can a part of your child's body be something that causes shame or be something dirty? Your child's body is a gift from God, and should be honored and cherished and it is in many faith traditions to learn about the body and how to take care of it.

Finally, learning about these does not make one's body parts any less private. Your child's body is still his or her own, and he or she is the only person who can give someone else permission to touch it (unless of course, a health professional is examining him/her or he/she needs help in the bathroom)

the concept of haya with shame, implying that topics related to bodies and sexuality are shameful. However, this misconception can make navigating adolescent transitions very confusing for young Muslims.

Specifically, speaking openly about these issues, especially if you are not married, is deemed immodest and no longer private. Yet, associating these feelings of shame with sexual health is actually more damaging than beneficial, whether you are a young adolescent girl or boy navigating the many physical and emotional changes of puberty or an adult navigating relationships and sex.

The best example to demonstrate this distinction is to compare menstruation—a natural, monthly, bodily process that most women and girls experience after they reach puberty—to urination and defecation, a natural, daily, bodily process that ALL people experience. We have guidelines in using the bathroom – we close the door and we practice a certain level of privacy and modesty with respect to using the bathroom. For example, we don't speak about using the bathroom graphically, or at the dinner table.

There is a stigma and shame associated with menstruation that is not comparable to the other bodily functions. Specifically in the Muslim community, this shame and stigma leads many young girls to hide the fact that they are menstruating from the men in their lives, sometimes even being encouraged (or expected) to fake prayer and fake fasting, despite being lawfully excused from observing those rituals. For example, a 12 year-old who may have her period in Ramadan may be asked by her mother to continue waking up for the pre-dawn meal to eat and to pretend to join in morning prayer as to avoid her father and brothers from knowing she's on her period. Similarly, a young mother on her period may lie to her son about why she didn't pray, rather than just being honest. The result of this approach is two-fold. First, we are more likely to lie than just be straightforward by saying, "I'm excused from praying and fasting today," out of



CONVERSATION STARTER

(ALL AGES)

What are some terms your family uses to describe private parts? What other terms have we heard around us? Are any offensive? Are there any unspoken guidelines in your family around when it is OK and when it is not OK to use proper anatomical terms?

SEPARATE SHAME FROM MODESTY AND PRIVACY

It is important to distinguish between modesty and shame when talking about sexual health topics. Islam teaches the importance of modesty (or haya), but cultural interpretations have often equated

fear that our male relatives will feel uncomfortable. Second, we are teaching our daughters a sense of shame and our sons ignorance towards something that should be approached as a natural part of life for females.

Yet, this same shame does not exist with other bodily processes such as urination and defecation. So why the shame with menstruation, which also, is just as natural a bodily process as having to use the bathroom?

Using a shame-based approach is problematic because it leads to a child feeling blameworthy for something that is a natural part of life, and more importantly, discourages them from asking questions or seeking help when they are struggling. The safer your child feels discussing these reproductive health topics with you, the more you can facilitate in increasing their knowledge and understanding of related information that is still honors your family values.

CHALLENGE CULTURAL MYTHS

In the same way that ones' bodies are not inherently shameful, they are also not inherently dirty. Many cultural traditions imply that a menstruating female is dirty.

For example, during menstruation, while impurity is expelled from the body, this does not mean that its origin, the body, is impure. A menstruating woman is not physically dirty or impure, she is only ritually impure, meaning she is exempt from performing specific acts of worship until the ritually impure state is lifted through ghusl (ritual bath). In fact, another way to look at this time of the month is to remember that since God ordained that certain forms of worship should not be performed while menstruating, the act of obeying God is an act of worship in itself.



CONVERSATION STARTER

(Puberty and up)

Conversation Starter (puberty): Many girls come from families or communities where they feel they have to "fake" pray or fast so that other men and boys do not know they are menstruating. This is an example of treating menstruation as if it is something shameful. Just as we are private about going to the bathroom, but not ashamed, we can be private about menstruating, without being ashamed. What are some ways we can be better about making this distinction?



REFLECTION

What are some cultural messages about puberty and sex that make you uncomfortable? What are some that you like?

APPENDIX A

Sex education for youth in Muslim communities brings many challenges, yet many opportunities at the same time. While many parents may avoid having conversations on sex and sexuality with their children because they are embarrassed or don't know how to begin, it is more important now than ever to make a commitment to this discourse. Not doing so is risking the health of our future families and communities. 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.

We hope this guide is helpful and wish you and your families many years of OPEN conversations.

REFERENCES

HEART Women & Girls: www.heartwomenandgirls.org

Below Your Belt: Conversations with HEART: www.bybconversations.com

Advocates for Youth: www.advocatesforyouth.org

Curriculum Content Review: <http://bit.ly/CurriculumContentReview>

Office of Adolescent Health: Conversation Tools: <http://bit.ly/ConversationTools>

Office of Adolescent Health: Getting Started & Talking to Teens: <http://bit.ly/TalkingToTeens>

Ahmed, Sameera et al. "Prevalence of Risk Behaviors Among U.S. Muslim College Students." *Journal of Muslim Mental Health*, 2014, 8(1): 5-19. Available at <http://bit.ly/RiskBehaviors>

Ali-Faisal, S.F. "Crossing Sexual Barriers: The Influence of Background Factors and Personal Attitudes on Sexual Guilt and Sexual Anxiety Among Canadian and American Muslim Women and Men." Doctoral Dissertation, 2014. Available at: <http://bit.ly/CrossingSexualBarriers>

Boonstra, Heather. "Sex Education: Another Big Step Forward - And a Step Back." *The Guttmacher Policy Review*, 2010, 13(2): 27-28.

Orgocka, Aida. "Perceptions of Communication and Education About Sexuality Among Muslim Immigrant Girls in the U.S." *Sex Education* 2004, 4(3): 225-271.

APPENDIX B

USEFUL LESSON PLANS & SEXUAL HEALTH INFORMATION

Below Your Belt: Conversations with HEART: www.bybconversations.com

A virtual guide to puberty, menstruation, and more for girls and their families

Heart Women & Girls: www.heartwomenandgirls.org

A virtual resource center, complete with a virtual educator service with trained counselors to answer questions on reproductive and sexual health

Sex Ed Library: SexEdLibrary.com

A free collection of over 100 lesson plans, arranged by age group

Advocates for Youth: www.advocatesforyouth.org

A youth friendly organization that has numerous resources for youth, parents, and educators, including lesson plan ideas

GirlsHealth.gov

Another great website for girls, with interactive games, quizzes, and information on periods, puberty, pimples, and more

Puberty and Reproductive System Lesson Plans: <http://1.usa.gov/1Xhid6V>

Great lesson plans developed by Family Life and Sexual Health for classrooms of students between the ages of 9-15 (grades 4-9)

Sexual Health & Hygiene: <http://1.usa.gov/1QW3qPi>

A lesson plan developed by Family Life and Sexual Health for classrooms of students between age 13 and 14 (or grade 7 and 8)

Coming of Age: A Muslim Girl's Guide: <http://amzn.to/21f6qLg>

A comprehensive book for teen girls on puberty, menstruation, and more, complete with detailed explanations of sacred rulings on hygiene and religious practice

APPENDIX C

Young Muslims NEED Sex Education

Young Muslims* ARE having sex



2/3 of young Muslim adults in Canada and the US who had sex, had done so **BEFORE MARRIAGE**

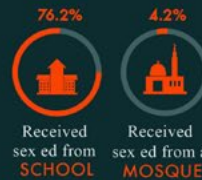


50% of those who hadn't had sex before marriage had **CONSIDERED IT**

Young Muslims are **NOT** getting educated about sex at home

Young Muslim adults reported that the **GREATEST** source of sexual education is from the **MEDIA**

& the **LEAST** likely source are **PARENTS**



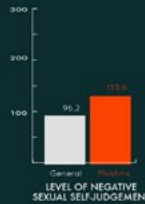
Lack of sex ed leads to **UNHEALTHY RELATIONSHIPS**

Lack of sexual knowledge and belief in sexual myths



Increased fear of **negative** sexual self-judgement

Unhealthy relationships and marriages



This means that Muslims who are not sexually educated may be at higher risk for **unhealthy and unhappy relationships**

Along with providing young Muslims with the tools they need to make healthy relationship and sexual decisions, including the **VERY IMPORTANT** issues of **CONSENT** and **ABUSE** IN RELATIONSHIPS.

SEXUAL HEALTH EDUCATION can decrease that fear and help build healthy relationships

*from a survey of 403 young Muslim men and women across Canada and the US between the ages of 17-35

@SobiaF

Source: Ali-Faisal, S.F. (2014). Crossing sexual barriers: The influence of background factors and personal attitudes on sexual guilt and sexual anxiety among Canadian and American Muslim women and men (Doctoral dissertation).

Infographic by Meriem Benlamri



APPENDIX D

ANSWER KEY - CONSENT EXERCISE

A cousin asks if he can hug you. You don't say yes, but you don't say no. Have you given consent?

No. Unless you give him clear affirmative that he can hug you, you have not given him consent. Acknowledge that cultural expectations are that you hug people and elders but that you have a right not to if you don't feel comfortable. It is helpful to give alternatives to the behavior they don't want to consent to. (i.e. if you don't want to give a hug, maybe asking for a hi-five or hand shake instead would make the situation less awkward.) Although it's important to also acknowledge that some are not comfortable with a touch at all.

A neighbor asks if you can stay with him while his parents are gone, you don't want to say yes, but he threatens you that he will tell your parents about the time you snuck out. So you reluctantly head over. Have you given consent?

No. Consent is not given when one person feels coerced into saying yes or not saying no (i.e. threatened, pressured, tricked, manipulated, blackmailed). This does not matter if it is a person of authority or not. However, the person holds some kind of authority, coercion is considered to exist without any of these elements. Simply being the person in authority is enough to tip the power scales, making consent not possible.

Your friend went to a party last night and drank a few beers. She says she wasn't drunk, but can't remember what happened with the football player that night. Did she give consent?

No. You cannot give informed consent under the influence of intoxicants. It also does not excuse sexual violence if the football player was intoxicated; just as someone who is under the influence can/should be held responsible if driving a car.

You sent your friend a photo of yourself trying on a new dress, which she decided to forward on to your latest crush. You are upset but she's telling you to lighten up, it wasn't a big deal. Did you give consent?

No. Another person cannot decide for you if it is OK to send a photo. Additionally, it is important to note that teens often send sexually explicit photos of others. This can actually be considered a crime. Explain to your child that if they receive a sexually explicit photo, they should delete it right away. If an adult finds it, they can take it to the police.

You and a friend are at an amusement park, and your friend is wearing shorts. A bunch of guys start catcalling and making inappropriate comments and your mom whispers that your friend deserves it given the way she was dressed. Did she give consent to getting such attention based on her clothes?

No. This takes away the blame from the offender and places the responsibility on the victim. The assailant chooses their actions and there was always a choice not to commit a catcall. Actions or style of dress is NOT an invitation to be harassed. Nothing a person does causes nor invites this kind of behavior.

APPENDIX D

You've just arrived for a job interview and as you greet the representatives for the company you smile and extend your hand, indicating a handshake. Did you give consent?

Yes. Consent is not always verbal. Non-verbal signs of consent include reaching in for contact, moving toward the other person, smiling, open body language. Additionally, the one reaching out for the handshake is the one initiating contact, which also means they are the one responsible to see if the other is consenting.

Consent is not an easy concept for many and the reality is non-verbal communication happens more often than not. In an ideal world, we would all give verbal consent all the time, but I think it gets through to younger audiences more when we can acknowledge the non-verbal aspect as well

Your friend was at a party last night and was holding hands with her boyfriend. He asked if he could kiss her and she said yes. While they were kissing, he slipped his hand under her shirt. Your friend is upset because she thinks he crossed a line. Did she give consent?

She gave consent to be kissed but not for him to slip his hand under her shirt. It is important for young people to recognize when they've reached their own personal boundaries and to have them respected. Giving consent once does not blanket consent for every act moving forward. When we expect that boundaries will always be crossed, it normalizes sexual violence and makes it easier for perpetrators to offend- as their actions have become justified. Even though sexual activity before marriage is not allowed, it is still important that boundaries are respected to help break the cycle of sexual violence.

Your uncle is over and as he is leaving, he asks if he can kiss your cheek. You lean your cheek in and say sure. Have you given consent?

Yes, you have given verbal and non-verbal consent in this scenario.

ABOUT US

HEART Women & Girls promotes sexual and reproductive health and well-being in hard-to-reach communities, with a particular focus on Muslim communities, by providing comprehensive health education, advocacy, research, and training. Find out more at heartwomenandgirls.org.

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