

# A PEER-BASED REPRODUCTIVE AND SEXUAL HEALTH INITIATIVE FOR MUSLIM-IDENTIFIED YOUTH IN QUEENS, NEW YORK CITY

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Often raised in an environment of silence and ignorance regarding sex and sexuality, Muslim immigrant youth in the United States are in need of culturally and linguistically appropriate interventions to improve their access and understanding of sexual and reproductive health. Socio-economic barriers, limited English proficiency among first generation immigrants, and a dearth of culturally appropriate reproductive health services exacerbate the prevalence of sexually transmitted infections and unintended pregnancies, and lead to a limited understanding of contraceptive choices within these communities.<sup>1</sup>

According to surveys, anywhere from 26% to 33% of Muslims in the U.S. come from South Asia.<sup>2</sup> Between 1990 and 2000, the largest growth among subgroups in New York City was in South Asian communities, with increases of 81% and 79% among Indians and Pakistanis respectively, and almost 500% among Bangladeshis alone.<sup>3</sup> Among these groups, Muslim youth ages 13 to 24 years living in Queens, New York currently face significant unmet reproductive and sexual health needs.

Despite the fact that there is no specific data available pertaining to the Muslim population, health professionals conclude that low-income, recent immigrant populations in Queens are less likely to receive reproductive and sexual healthcare, and are at higher risk for HIV, sexually transmitted infections, and unintended pregnancies.<sup>4</sup>

Advocates for Youth, a D.C.-based international nonprofit organization that champions efforts to help young people make informed decisions about their reproductive and sexual health, felt it could address some of these unmet needs. They also hoped to promote better understanding of the complex situation young and often immigrant Muslim teenagers can find themselves in, particularly accessing or not being able to access reproductive and sexual health services.

Advocates for Youth provided a seed grant to design a pilot project for Muslim youth in Queens, the Muslim Youth Project, which ran from May 2008

through December 2011. They also supported capacity building services to a local clinic.<sup>5</sup>

Through the implementation of the Muslim Youth Project, we have learned that, within the context of shrinking local, state, and federal funding for public health, national NGO funding can provide significant leverage to address the needs of marginalized communities on the local level.<sup>6</sup> This alternate funding is especially important for communities that have traditionally been under-

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served by public health outreach efforts; as far as we know, the Muslim Youth Project is the only funded program that works with Muslim youth specifically around their reproductive and sexual health and rights. We learned that strong local partners are key in addressing traditionally controversial topics, and investing time and effort in building alliances with community members and religious leaders is strategic in terms of program development and success.

At the programmatic level, it is clear that peer education approaches can be beneficial in several ways: peer education can significantly increase leadership in marginalized communities; it can instill



important life skills; and it can assist in addressing stigma, and challenging taboos. In terms of project implementation, challenges have included difficulty in engaging young men and parents.

While peer-based education has proven to be a successful method for addressing sensitive topics among marginalized communities, this approach must be combined with cultural familiarity and other sensitivity training for health providers and the community. Through the Muslim Youth Project, outreach to providers and the Muslim community through peer education, health fairs and media advocacy have led to building a safer space for previously “taboo” subjects such as sex, sexuality, and sexual health.

Further, there is an increased recognition that the sexual and reproductive health of Muslim youth is linked to and encompasses larger social issues. This has meant the project had to find ways to deal with issues such as how to bridge the generational gap, and how to resist the negative effects of racism against those identified as Muslims. Simultaneously the project had to develop strategies for confronting gendered norms or discrimination against the sexual rights of young people.

Through the Muslim Youth Project’s work in youth communities, we have seen an emergence of a “double” identity, especially among those from immigrant families. One of these identities reflects familial social mores and tends to silence gender and sexual autonomy and rights. The other is derived from being raised within a Western context that assumes an increased autonomy. These identities are often in conflict with each other, at times creating a sense of deep isolation and leading to subsequent risk-taking for young people caught between the two.

Adding to this internalized tension is the rise of anti-immigrant and specifically anti-Muslim sentiments, which these young people experience directly. This leads to a situation where their lives become sites of constant interpersonal and institutional violence—a violence that affects young people in their homes as well as through institutions such as schools, mosques, social service providers, and governmental agencies.

The continued success of initiatives like the

Muslim Youth Project depends on creating broader linkages with scholars, activists, and NGOs already involved in addressing some of these issues. By bringing this nexus of identities to the forefront, we aim to create a movement that can help reduce, if not end, the feeling of isolation that many

## RESOURCES

- Dossier 32-33: Sexualities, Culture and Society in Muslim Contexts, *Women Living Under Muslim Laws*, <http://www.wluml.org/resource/dossier-32-33-sexualities-culture-and-society-muslim-contexts>.
- Sally Steenland, “Young Muslim American Voices: Making Reproductive and Sexual Health Issues More Accessible for Young Muslim Americans: An Interview with Urooj Arshad,” Center for American Progress (6/11/2012), <https://www.americanprogress.org/issues/religion/news/2012/06/11/11772/making-reproductive-and-sexual-health-issues-more-accessible-for-young-muslim-americans/>.
- HEART Women and Girls, <http://heartwomenandgirls.org/publications/>.
- Sauti Yetu Center for African Women and Families, <http://www.sautiyetu.org/resources-publications>.

## NOTES

1. Nadiah Mohajir, “Starting the Conversation: Sexual Health Education for Muslim Youth,” HEART Women and Girls, last accessed 1/2016 at [http://heartwomenandgirls.org/wp-content/uploads/2014/01/HEART\\_Guide\\_startingconversation.pdf](http://heartwomenandgirls.org/wp-content/uploads/2014/01/HEART_Guide_startingconversation.pdf).
2. Pew Research Center, “Section 1: A Demographic Portrait of Muslim Americans,” (August 30, 2011). See also Teaching Tolerance, “American Muslims in the United States,” <http://www.tolerance.org/publication/american-muslims-united-states>.
3. NYU Center for the Study of Asian American Health, “Community Health Needs and Resource Assessment: An Exploratory Study of South Asians in NYC,” (NYU School of Medicine 9/2007), last accessed 1/2016 at [http://webdoc.nyumc.org/nyumc\\_d6/files/asian-health2/chnra\\_southasian\\_0.pdf](http://webdoc.nyumc.org/nyumc_d6/files/asian-health2/chnra_southasian_0.pdf).
4. *Ibid.*
5. Advocates for Youth, “The Muslim Youth Project,” last accessed 1/2016 at <http://www.advocatesforyouth.org/about-us/programs-and-initiatives/345?task=view>.
6. Charlotte Tucker, “2015 budget proposal leaves gaps in public health funding,” *The Nation’s Health*, last accessed 1/2016 at <http://thenationshealth.aphapublications.org/content/44/4/1.2.full>.

