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Beyond the Absence of Disease: Identifying Barriers, Gaps and Needs in
Sexual and Reproductive Health Services Offered to
Muslim Youth in the Ottawa Area

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This research explored what service provider's perceived to be the barriers, gaps and needs in education and information based sexual and reproductive health (SRH) services offered to Muslim youth in the Ottawa area. In addition, this research revealed and explained the SRH services that are currently being offer to Muslim youth in Ottawa as of 2010. Community based in nature, this study was commissioned by Planned Parenthood of Ottawa and was completed for course credit at Carleton University. Information was gathered through semi-structured interviews with eight female service providers who work with Muslim youth in the area of SRH. Thematic analysis revealed that a series of environmental factors influence Muslim youth's SRH including parents, community and peer. In addition, it was found that issues relating to the tensions youth feel when attempting to balance the world view of Islam and that of mainstream Canadian society influence Muslim youth SRH. Further, it was revealed that understanding Muslim youth as a diverse group complicates any attempt to create a cohesive list of what barrier, gaps and needs exist in SRH services offer to Muslim youth. Finally, through this research it was revealed that discussions with Muslim youth and their parents need to be had before any effective recommendations can be made for improving the current services that are being offered. This research contribute to existing knowledge on the SRH health needs of Muslim you and offers suggestions for further research on the topic.

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Canada is a multicultural society, rich with racial, cultural and religious diversity. Rooted in this diversity are differences in opinions regarding human sexuality and sex education (Sex Information and Education Council of Canada [SIECCAN], 2004). For youth, being able to access adequate sexual and reproductive health (SRH) services is important because it contributes to their overall health and well-being (e.g., PHAC, 2003, Health Canada, 2003; Society of Obstetricians and Gynecologists of Canada [SOGC], 2004; MaKay, 2005). Youth whose cultural norms and values related to SRH are different from those promoted within mainstream Canadian society, often miss out on school-based sex education due to concerns expressed by parents and or guardians, with regard to the content of the curriculum (Maticka-Tyndale, McKay and Barrett, 2004; Planned Parenthood Ottawa [PPO], 2009; Shore & Barton, 2009). Community based agencies, which provide culturally specific SRH programs, may provide minority youth with an alternative place from which they can access essential SRH services, in a way that is less controversial to their parents. With this being said, it is important that access to culturally sensitive SRH services be made available within the community to youth from diverse backgrounds.

In all of Canada, Ottawa has the fourth largest visible minority population (Social Planning Council of Ottawa, 2007). With regard to the religious affiliation of Ottawa's visible minority population, those who identify as Muslim represent the majority, at 25% (Social Planning Council of Ottawa, 2007). Since not all Muslims are immigrants (e.g., Aziz Said, Abu-Nimer & Sharify-Funk; Siddiqui, 2006), this statistic provides only a partial picture of the vastness of Ottawa's Muslim population. Despite the overwhelming prevalence of people who identify as Muslim living in Canada's capital, research on Muslim youth's SRH is lacking. Specifically, no research has been published on that examines the barriers gaps and needs of Muslim youth who are trying to access

SRH services. This research project was conducted in an effort to fill this information gap in the literature related to SRH and Muslim youth.

The proposed study was commissioned by Planned Parenthood Ottawa (PPO) and was completed for a master level course credit at Carleton University within the School of Social Work. PPO is a community based non-governmental organization that provides information and education based SRH services and referrals to people living in Ottawa. Planned Parenthood Ottawa expressed five reasons for wanting this research conducted: (1) to learn about what SRH services are currently being offered to Muslim youth in Ottawa; (2) to build partnerships with others service providers in the field;(3) to gain a greater understanding of the barriers, gaps and needs in SHR services offered to Muslim youth in the Ottawa area; (4) to have access to the necessary information required to developed culturally sound programs for this underserved group; and (5) to have evidence based research that can be use when applying for funding when they are ready to develop SRH programming geared to Muslim youth.

Goals of the Proposed Research Study

In considering the information that PPO wanted to gather the study sought to map existing information and education based SRH services offered to Muslim youth in the Ottawa area. In addition the study was designed with the intension of gaining a greater understanding of what barriers, gaps and needs exist for Muslim youth seeking information and education based SRH services in Ottawa. The study achieved these goals by engaging in a mapping exercise which involved a review of Ottawa's on-line Directory of Community Services (2010) and other information obtained from a Google search and by conducting thematic analysis on transcripts gathered from semi-structured interviews preformed with 8 Ottawa based services providers. Although the research team considered implementing the use of focus groups in which Muslim youth and their parents would be engaged in a conversation about what they perceive as the barriers, gaps and needs in SRH services, the time limitation set on this project as well as the

complicated ethics procedure that we would have had to face prevented us from moving forward in this regard.

Understanding our Stakeholders

A stakeholder can be understood as anyone who is invested in, or has the potential to be affected by the research in question (van de Sande & Schwartz, 2009). Defined in this way, stakeholders may include, but are not limited to funding personnel, board members, policy makers, relevant community members and or clients. The practice of identifying stakeholders is particularly important when researching sensitive topics (Renzetti & Lee, 1993) or when the research in question has the potential to impact a particular population that has had a history of being oppressed (Sin, 2007). Such is the case for the project being proposed.

Given the sensitive nature of our project and the fact that it focused on a population that has a history of oppression within North America, the research team identified the major stakeholders and to reflected on which ones, if any, possessed more power during the initial phase of this project's development (van de Sande & Schwartz, 2009) (see Appendix A for a copy of the "identifying stakeholder" chart we completed as a group). From the most to the least power, the list of stakeholders read as followed: the university (which included the research ethics board, the professor and our team), the advisory committee, research committee, PPO, service providers and finally the community. As social work researchers, we were able to recognize that the power hierarchy was completely backwards, save for the position of the advisory committee, and so we worked to shift the power imbalance from those who traditionally hold power (the researcher) to those less likely to possess it (those being researched) while completing our investigation.

Theoretical Framework: Practicing Good Social Work Research

Aware of the complicated oppressive history that Muslim youth have faced within North America, and of our biases as non-Muslim social work students, the research team decided to frame

this project in anti-oppressive theory. Framing the research in anti-oppressive theory, not only safeguarded the Muslim community from being further oppressed by our investigation but further, allowed for our research to work towards social change (e.g., van de Sande & Schwartz, 2009). Briefly, anti-oppressive social work research is committed to producing research that supports freedom from oppression, emphasizes giving a voice to the voiceless, values the use of qualitative over quantitative methodologies, holds importance for active participation of the researched in the research, is committed to eliminating power relations between the researcher and the researched, and is dedicated to sharing ownership of the knowledge produced from the project with participants (Strier, 2006). It is from this conceptualization of anti-oppressive research that our project draws most of its credibility as ethical social work research.

In order to ensure that we are truly engaging in anti-oppressive social work research we have implemented four practices into our research process. First, we will be using a faith-based advisory committee to oversee the project in its entirety. Second, we will make sure to engage in what Potts and Brown (2005) call *political listening*. Briefly, political listening, “Involves being open and perceptive, interpreting and judging” during both the data collection and analysis phases of research (Potts & Brown, p.272). Third, the team will involve the participants who will review the recommendation section of the report to ensure that we correctly captured their responses provided in the interview. Finally, we will be inviting participants and member of the broader Muslim community to dissemination of our final results recognizing that “the manner and form in which we present our conclusions [...] affects how they will be perceived” (Potts & Brown, 2005, p. 276). Greater detail of the anti-oppressive practices motioned above as well as others and others can be found in relevant sections through this report.

Understanding our Key Terms: Beyond Definitions

Understanding Sexual and Reproductive Health (SRH)

Traditional definitions of young people's sexual and reproductive health (SRH) are largely negative, focusing on the prevention of disease and other negative outcomes (Aggleton & Campbell, 2000; Ayala, Hewson, Meldonado & Palagina, 2008). When SRH is understood in this way, positive elements such as pleasure, satisfaction, intimacy and attachment are lost. Since youth (both Muslim and non-Muslim) stress the positive elements of SRH as important contributing factors in their own healthy sexual development, excluding them from definition of SRH is problematic (e.g., Ayala, et al., 2008; Coalman, 2008; Flicker, Flynn, Larkin, Travers, Guta, Pole & Layne, 2009). More holistic definitions of SRH, which include aspects of sex-positivity and pro-choice philosophies, do exist (e.g., Flicker et al., 2009). Despite the existence of such holistic definitions of SRH, our team of researchers was unsuccessful in finding one that was coherent and comprehensive enough to fully satisfy the scope of this research project and consequently chose to develop our own definition.

Based on our readings about SRH and our review of how Muslim youth conceptualize SRH, we formulated the following comprehensive, culturally sensitive, youth positive definition acceptable to all stakeholders involved in this project and more specifically the Muslim youth community:

Positive sexual and reproductive health (SRH) contributes to individuals' physical, emotional and spiritual well-being. SRH cannot be wholly understood in relation to the absence of disease or in relation to its negative outcomes and should take into consideration positive aspects of sexuality such as pleasure and intimacy. Positive SRH is a basic human right, and as such should be enjoyed by everyone without discrimination based on age, gender, race, class, sexual orientation, or religious affiliation. SRH necessitates information and education based services offered to people of all ages, especially youth. Finally in order to guarantee SRH to all people, comprehensive SRH services need to exist, be accessible and be respectful of diversity that may be rooted in religious beliefs and or cultural practices.

It must be noted that the definition of SRH used for this research project is limited to aspects of SRH that are information and education based and excludes the medical side of SRH services such as STI testing. This was done to narrow the scope of our project to one that was more manageable in the time allotted for this project.

Understanding Muslim Youth

The Muslim population is vast. World wide there are over 1.3 billion Muslims (Siddiqui, 2006). In addition to being vast, Islam is the fastest growing religion in the world and in Canada (Siddiqui, 2006). Currently there are over 600,000 Muslims in Canada (Annan, 2004) and although there are no statistics available that show the total number of Muslims living in Ottawa, a report revealed by the Social Planning Council in 2007 illustrated that Muslims constituted 26% of the minority populations in the city. The majority of these Muslims were part of the visible minority group and 20% have only recently immigrated into the country.

In addition to being vast the Muslim population is quite dynamic (Aziz Said, Abu-Nimer & Sharify-Funk; Siddiqui, 2006; Donohoue Clyne & Melbourne, 2001). That is, Islamic people come from diverse regions; they speak different languages and are composed of different races, ethnicities and cultural backgrounds (e.g. Aziz Said et al., 2006). In addition Muslims tend to differ in their degree of religiosity as well meaning that while some Muslims hold more conservative faith based values others are more liberal in their practice (Siddiqui, 2006). As mentioned above, Muslims constitute a heterogeneous group yet there appears to be a general consensus among those practicing that Islam on a few things. The first is an understanding that Islam is a “total way of life” that provides structure and coherence to personal existence (Hodge, 2002; Kotb, 2004). Also, family life is highly valued by all those practicing Islam as the family is understood as being the cornerstone of Islamic society (Hodge, 2002; Sanjakdar, 2005). What is more the Islamic value of modesty is also extremely influential and applies to the entire spectrum of Muslim behaviour, attitude, and etiquette (Hodge, 2002). In particular, the Muslim value of modesty is particularly

significant in terms of understanding Islamic views of sexuality and sexual education (Sanjakdar, 2005). Islamic values are not opposed to sexuality or the act of sex itself, so long as it happens within the context of marriage (Halstead & Lewicka, 1998). In fact, “sexual interest and drive are presented in Muslim teachings as natural and necessary parts of the human condition” (Shirpak, Maticka-Tyndale & Chinchian, 2007, p. 115). Despite the fact that sex is such a taboo issue within the context of marriage, sex-outside of marriage and sex with a partner of the same gender is strictly forbidden (Hodge, 2002).

Literature Review: Barriers, Gaps and Needs

Limited research exists that examines the barriers, gaps and needs in SRH services offered to Muslim youth. Most of the existing studies that examine the topic of Muslim SRH have been performed in Australia and the United Kingdom (e.g., Bennett, 2007; MYH, 2008; Sanjakdar, 2009). Only a few studies of this nature have been conducted in Canada (Flicker et al., 2009; PQCHC, 2009; Maticka-Tyndale, Shirpak & Chinichian, 2007). Those that have been performed in Canada present a more general picture of the status of SRH services offered to Muslims than the research study conducted. Mainly, other Canadian studies have failed to focus on Muslim youth and/or have investigated Iranian immigrants, among which only some are Identify as Muslim (e.g., Maticka-Tyndale, et al., 2007).

Barriers to Providing Sexual and Reproductive Health Services to Muslim Youth

Parents of Muslim children are often perceived as a barrier to providing SRH services to Muslim youth in Canada (Orgorka, 2004; Shore & Barton, 2009). In fact, a study conducted by the Muslim Youth Helpline (MYH, 2008) in the United Kingdom, found that many parents of Muslim youth were reluctant to allow their children to attend activities run by community groups that they were unfamiliar with. As one youth explained “[Parents] don’t know what these things are about and are afraid of what I will be exposed to” (MYH, 2008, p. 6). Furthermore, Muslim parents have fears

about being unable to control the type of information that their children have access to within Canada. This fear is rooted deeply in the possibility that their children may become more “Canadianized” as a result of being exposed to mainstream information (Shore & Barton, 2009).

When Muslim youth are learning about sexuality outside the home, parents and or guardians become even more protective and distrusting of the role of community service agencies and as a result may work to prevent their children from accessing these services (Shore & Barton, 2009). As a result of parental censoring, Muslim youth may find themselves unaware of available SRH services (e.g., Maticka-Tyndale, et al., 2007; Shore & Barton, 2009). One explanation for this mentioned in the literature is that Muslim parents who hold more conservative values are more likely to believe that a greater knowledge about sex and sexuality leads to higher rates of teen promiscuity (Shore & Barton, 2009). These parental beliefs that knowledge about sex and sexuality leads to promiscuous sexual activity can hamper youths’ ability to obtain sexual and reproductive health information (Orgocka, 2004). As well, due to this lack of experience with such organizations, Muslims find themselves unaware of available sexual health information and services and are unsure of how to locate such services (Maticka-Tyndale, et al., 2007; Shore & Barton, 2009).

Another barrier to providing effective services to Muslim youth includes the lack of culturally sensitive SRH curricula available in Canada (Fernandez, et al., 2008; Flicker, et al., 2009). Some services providers may assume secular values are “universal” and make no effort to demonstrate sensitivity to Muslim youth (MYH, 2008). Such insensitivity within SRH programming could cause Muslim youth to feel misunderstood and discriminated against which is a large barrier for Muslim youth seeking these services in and of itself.

Finally another barrier identified in the literature is the lack of funding allocated to provide a range of programming to SRH services offered to Muslim youth (Coleman, 2007; Flicker, et al., 2009). For example, Coleman (2007) suggested that it may be unrealistic to expect schools to

provide sex-segregated and religiously appropriate education and services due to financial and space constraints. He believed that while it is important to respect diverse values youth and families hold related to SRH that there is a stronger need to support and build partnerships with community organizations and sexual health clinics to improve services and programming in order to be inclusive of all youth (Coleman, 2008).

Barriers for Muslim Youth Accessing Sexual and Reproductive Health Services

Youth are concerned with anonymity when accessing sexual health services and fear that their parents will find out they are sexually active (Fernandez, et al., 2008). In a study by Bartz (2007), Muslim girls explained that part of the deterrence to seeking out sexual health services was the danger of being seen by other members of the Muslim community. It was common for the girls to comment that “everyone knows everyone” and that gossip travels quickly within their community. In this manner, the cultural notions of modesty and shame surrounding sexuality have interfered with individuals accessing services (Maticka-Tyndale, et al., 2007; Planned Parenthood Toronto, 2005). Youth described personal feelings of embarrassment, shyness, and intimidation when accessing or thinking about accessing services (Flicker, et al., 2009).

Language has also been identified as a barrier to accessing services. For example, in a study completed by Maticka-Tyndale et al. (2007), participants explained that it was important that sexual health services be provided in their mother tongue regardless of how long they have lived in Canada or how much schooling they had received in either French or English. Although not specifically related to sexual health programming Shore and Barton (2009) explained that “barriers to youth participating in programming can occur when language barriers exist between families and service providers” (p. 15). The availability of service providers who are fluent in the languages spoken by youth and their families would greatly improve access to programs.

Cultural and religious discrimination has also been described as presenting a major barrier for visible minority populations (Planned Parenthood Toronto, 2005). Hodge (2002) asserted that

highly publicized events in which Muslims have been framed as terrorists or enemies have fostered negative images of Islam with significant consequences for Muslim youth who appear to be facing increased harassment. Since 9/11, within Ottawa there has been increased negative stereotyping fed by the media reports that Arabic-speaking youth have been involved in local crimes (Shore & Barton, 2009). What is more, Shore and Barton (2009) found that this negative stereotyping has had negative consequences for programs offered to Muslim youth.

Barriers to youth accessing SRH programs that are mentioned less often included the cost of programs, a lack of affordable and accessible transportation, as well as concerns that programs were not confidential (Flicker, et al., 2009). Service providers interviewed for the Toronto Teen Sex Survey (2009) also identified problems with youth being unable to access services because they were lacking proper immigration status or their parents would hold onto their identification cards. As well, Shore and Barton (2009) identified the barrier of some youth having challenges participating due to family responsibilities such as babysitting younger siblings.

Gaps in SRH Services Offered to Muslim Youth

In Canada, gaps in SRH programming are created when organizations fail to incorporate multicultural sensitivity into the SRH services they offer. As Eleanor Maticka-Tyndale (2008) observed, “Our official policy of multiculturalism provides an ideological guide for development of [SRH] policies and programs that respect the integrity and address the needs of diverse groups” (Maticka-Tyndale, 2008, p.91). Despite the existence of this progressive policy, problems arise and gaps are formed in SRH programming and service delivery when institutions fail to successfully address the needs of diverse youth because they are afraid of not being sensitive to the traditional values that parents may hold. All too often service providers and educational institutions allow parents to pull their children out of SRH programs which divide Canadian youth into two groups: Those who receive SRH information and education and those who do not (Maticka-Tyndale, 2008).

Current SRH programming has been criticized for being culturally, religiously and racially neutral (Flicker et al., 2009). Further, many SRH services do not adequately cater to the diverse needs of the population that it provides for (Flicker et al., 2009). In the Toronto Teen Survey Report released in 2009, it was reported that 83% of Toronto youth surveyed had never sought SRH information or services. The same report also revealed that diverse youth (which included a large proportion of Muslim youth) were less likely to seek SRH services because they feared being stigmatized. Further preventing culturally diverse youth from seeking SRH services, was the lack of confidentiality that these services offered (Flicker et al, 2009). This has serious implications for the overall sexual health of Muslim youth (Flicker et al., 2009).

In Canada, gaps in understanding human sexuality exist between those who identify as Muslim and mainstream Canadian culture (Maticka-Tyndale et al., 2007). In one study that focused on Iranian immigrant's perspectives of SRH in Canada, it was emphasized that both the Iranian participants and service providers suffered from misinformation regarding each other's beliefs and culture (Maticka-Tyndale et al., 2007). Iranian law is based off Islamic Sharia law and thus the main religion in Iran is Islam (Shirpak et al., 2007). In addition to language barriers, misinformation about Islam was cited as a major reason why this occurred (Shirpak et al., 2007).

Martinez (2009) identified that gaps in information and education based SRH services are also formed when programming fails to integrate culture and religion (Martinez, 2009). For example, youth interviewed in the Ottawa area acknowledged that culture and religion was streamed throughout most of their academic curriculum but was not streamed throughout their SRH education (Martinez, 2008). One study found that half of the teachers employed in rural schools believed that issues of race and ethnicity lacked importance because they believed that their student populations were homogenous (Martinez, 2008). It was speculated that the failure to incorporate cultural and religious topics into SRH education may be related to the prevalent misconception of the Muslim community.

Wider gaps tend to exist in information and education based SRH programming for special groups that are part of the Muslim community, such as refugees (McMichael, 2008). A study conducted by the Refugee Centre in Australia (2008), revealed that refugee youth were unlikely to seek SRH services due to financial and structural pressures that are associated with the settlement process. Refugee youth felt pressure to integrate into Australian society resulting in SRH not being seen as a priority. Family and cultural values were intensified during the settlement process out of fear of losing culture. This added pressure on youth to “behave” properly which in turn made them more vulnerable to being ostracized from the community for things like unintended pregnancy. Unlike non-refugee youth, refugee youth were unlikely to access SRH information from the internet or other media sources due to financial and structural constraints (Mc Michael, 2008). Since a large portion of Ottawa’s Muslim community are immigrants (Social Planning Council of Ottawa, 2006) it can be speculated that a portion of these immigrants are refugees.

Needs of Muslim youth in SRH Programming

When reviewing the literature on the SRH needs of Muslim youth it was found that parents, youth and service providers have identified some common concerns. First, there appears to be a need for sex-segregated SRH education and services. This was expressed by parents, youth and service providers (Flicker et al., 2009). Second, youth have expressed the needs to have youthful SRH service providers (Coleman, 2007). Third, parents, youth and service providers expressed the importance of Muslim youth having SRH educators who share similar religious beliefs (Coleman, 2007). Fourth, youth and their parents expressed the need to have services offered in a confidential manner (e.g., Coleman, 2007, Maticka-Tyndale et al., 2007, Flicker et al., 2009).

In addition to the needs identified above, Muslim youth identified unique needs in relation to the topics covered by sex education (Flicker et al., 2009), and parents identified the need for services to reflect specific cultural and language needs of Muslims (Maticka-Tyndale, 2008). In regard to the content, information gather from the Toronto youth Survey (2009) and a study

conducted by Coalman (2007) revealed that Muslim youth wanted their sex education to include more information on healthy relationships and pleasure than on disease and teenage pregnancy. In regard to the cultural and language needs, it has been suggested that sexual and reproductive health service providers need to be trained on how cultural and religious beliefs interact with SRH service provision (Martinez, 2008). Further, it was suggested that there should be an increase in SRH websites that are available in various languages, as well as providing cultural and language interpreters to facilitate certain discussion with service users (Maticka-Tyndale, 2008).

Research Questions

The research questions at the center of this research project were the following:

- 1) What information and education based SRH services are available to Muslim youth?
- 2) What do service providers perceived as barriers Muslim youth face when accessing information and education based SRH services?
- 3) What do services providers perceive as the gaps in information and education based SRH services offered to Muslim youth?
- 4) What do service providers perceive as the needs of Muslim youth in information and education based SRH services?

Methodology

The current research consisted of two phases. In phase one a mapping exercise was conducted in order to determine where the available information and education based sexual and reproductive health services offered to Muslim youth are in the Ottawa area where located. In phase two semi-structured interviews were performed with 8 service providers who work with Muslim youth in order to gain information on what they perceive as the barriers, gaps and needs in SRH services offered to Muslim youth. The research team decided to use qualitative methods because such methodologies value relationships, egalitarianism, and empowerment of research participants (Tutty et al, 1996) which resonate with the values upheld by anti-oppressive social work research which framed this project.

Faith Based Advisory Committee

A faith-based advisory committee oversaw this project in its entirety. Our advisory committee consisted of two females and one male all of whom identified as Muslim and one of whom identified as a youth. The committee's main responsibilities were to review our interview items to ensure that they were culturally sensitive and to review our final report to ensure that we had not made any dishonorable assumptions about the Muslim community before dissemination. The committee has also been invited join us at PPO when we present our research to provide support and to add credibility to our work.

Participants

Eight female service providers who have experience working with Muslim youth from seven different service agencies across Ottawa agreed to be interviewed. All participants were service providers employed at agencies that serve diverse youth in some regard. Some of the service providers interviewed worked with victims of violence, some worked with immigrants and refugees and all have worked with youth in the area of SRH in some capacity. Six of the eight women interviewed self-identified as members of the Muslim community. One provided services to the Francophone community of Ottawa. All participants were over the age of 31 with the exception of one.

Participation in this research was completely voluntary and participants were given the opportunity to withdraw prior to our analysis. Informed consent was gained prior to each interview (See Appendix C to view a copy of the consent form). In accordance with the principles of anti-oppressive theory, all participants had the right to decline being audio-recorded during the interview; however, none of the interviewees declined. In order to protect the confidentiality of our interviewees, the audio-tapes, contact information and all other identifying data was kept in a locked cabinet during the research. In order to further protect the confidentiality of interviewees, all

identifying information of the participants had been taken out of this manuscript and will be removed from any subsequent reports regarding this research.

Recruitment

In order to generate a pool of potential participants from which we can solicit service providers to be interviewed, the research team reviewed a comprehensive list of the organizations offering SRH services to Muslim youth in the Ottawa. This list was generated by searching the E-Blue Book (an online directory produced by the Community Information Centre of Ottawa) and a series of Google searches.

The research team used both purposive and snowball sampling to gather participants (Berg, 2009). Purposive sampling was employed first in order to ensure that we gathered participants who practice as SRH service provider to Muslim youth in Ottawa. Using this method the team had identified 47 agencies to contact. Initial contact was made via email. This email included our information letter which outlined our study and its purpose (To view a copy of this email script, see Appendix B; to view the information letter see Appendix C).

Due to a low response to this first call for participants, the research team identified 28 service providers from the email list who they felt would be more likely to provide information and education based SRH services to Muslim youth and were then contacted by telephone. Out of the 28 contacted by phone 5 agreed to participate. Since we were unable to generate an adequate number of participants to interview after having exhausted the above mentioned purposive sampling, the team turned to the snowball technique in order to recruit additional service providers. To implement snowball sampling in our study the team requested the name and contact information of other SRH service providers who would be suitable for our study from those already participating in our research. Three additional service providers were gathered this way. All interviews were conducted at the agencies for which the service providers worked in semi-private rooms save for

one which took place in a quiet area within a Public Library in the Ottawa area. All interviews were conducted in English with the exception of one that was conducted in French.

Method of Data Collection

In order to complete the mapping activity, which involved generating a comprehensive list of the organizations in Ottawa that currently offer SRH services to youth, internet searches were performed mainly by reviewing the E-Blue Book and using the Google search engine. Information regarding the available services offered to Muslim youth was also collected during our interviews with service providers.

In order to gather information on what service providers perceived as being the barriers, gaps and needs in SRH services offered to Muslim youth semi-structured interviews were performed. The face-to-face interviews consisted of seven areas of enquiry. Part I sought to gather information about the service provider being interviewed as well as information about the organization they work with. Part II of the interview inquired about the SRH services provided by the agency and the population who accesses the services. Part III of the interview focused on participants' perception of barriers that impede access to service and service delivery to Muslim youths in Ottawa. Part IV of the interview focused on identifying any gaps that exist in providing information and education based SRH services to Muslim youths. Part V of the interview enquired about participants' perceptions on Muslim youth's SRH needs in the Ottawa region. Part VI provided participants with the opportunity to make recommendation for improving service delivery. The final part of the interview sought to find out about participants' knowledge of other information and education based SRH services offered to Muslim youth in the Ottawa area. (To review a copy of the scripts please refer to Appendix E).

When conducting our interviews each member of the research team engaged in what Potts and Brown (2005) refer to as political listening. As mentioned earlier, political listening allows the researchers to pay close attention to the process of interviewing and to the power dynamics

embedding in the participant researcher relationship. It is understood that by engaging in this process of political listening, which involves being critically reflective of the interview and data analysis process, we are more likely to abandon our search for truth (which is understood to be socially constructed) and we will instead find meaning and understanding that will lead us towards social change (Potts & Brown, 2005).

Journaling

In an effort to become more aware of our assumptions, thoughts and reactions throughout each phase of the projects development and how they could potentially impact the way that we heard, interpreted and report the information gathering in this study, each member of the research team has kept a reflective journal (Potts & Brown, 2005). Journals were written in the early phases of the research development, after each interview was conducted and during data analysis. After each interview journals were kept with the intention of formulated information into manageable themes and of reflecting on our own mood, that of the interviewees and to reflect on any other notable impressions or reactions observed during the interview as they had the potential of influencing our later analyses (Tutty, Rothery, & Grinnell, 1996)

Data Analysis

The data analysis process for this study was largely inductive, meaning that categories, themes and patterns emerged from the data gathered, rather than being defined prior to data analysis (Tutty, Rothery, & Grinnell, 1996). Once the interviews were transcribed the research team previewed the data with the intention of becoming familiar with the transcripts and assigning initial codes to the data. At this time each member of the research team re-read the transcripts in an alternate order so that fatigue could be ruled out as affecting our analysis. Following the initial preview, data was analyzed through three levels of coding: open coding, axial and selective.

Briefly, open coding allowed us to condense the data into manageable categories such as “parents” that the team assigned initial codes to (Neuman & Kreuger, 2003). Once open coding was complete, we performed axial coding. In this phase a second read-through of the data was performed, with the intention of reviewing initial codes identified during the open coding and pulling out major themes from the data. The emphasis here was on establishing the linkages between themes and reinforcing the connection between the evidence and the codes that have already been identified (Tutty, Rothery, & Grinnell, 1996). Finally, the data was analyzed through selective coding which involved scanning the data and established codes to identify cases that illustrated themes and made comparisons. (Neuman & Kreuger, 2003).

Trustworthiness

In order to ensure that the themes identified during our analysis were trustworthy, the research team employed methodological triangulation, the use of a miscellaneous category, journaling, use of analytical memos and member checking. First the group used triangulation when performing all three levels of analysis (open, axial and selective). Basically, we came up with our own codes and themes and then as a group decided which ones were consistent among our team of researchers and which may be better categorized as outliers. Then any codes or themes that were identified as outliers by the group were placed together under a miscellaneous category most of which ended up being reabsorbed into other themes during axial coding.

Our team of researchers also used journaling during the analysis phase of this project to ensure that the study results are credible and trustworthy. Specifically, the team kept a single journal in which we reflected on the analysis process. What is more, the team kept analytical memos (or an audit trail) in which we kept detailed notes on our coding process which included our questions and comments on themes, categories (Tutty, Rothery, & Grinnell, 1996).

Finally, the research team implemented what is referred to as member checking to ensure our findings remained trustworthy and representative of what our participants had said (Tutty et al.,

1996). Although time constraints did not allow us to have the participants review their transcripts in full before we conduct our analysis, we sent participants a copy of the recommendation section of our report and invited feedback. Basically, we provide all interviewees with the opportunity to review the recommendation section of the report, correct what they had originally suggested, or add to the manuscript additional insights.

Research Findings

Results from Mapping

The mapping exercise revealed that information and education based SRH services offered to Muslim youth in the Ottawa are not divisive from SRH services offer to non-Muslim youth. That is, Muslim specific SRH programs do not exist in the Ottawa area. With this being said, Muslim youth have access to all of the existing “mainstream” SRH services in the Ottawa area. Basically, SRH services offered to Muslim youth (and non-Muslim youth) are vast and are offered by a variety of different agencies and /or community organizations. These agencies/community organizations into three distinct categories:

- 1) The City of Ottawa’s Sexual Health Center, which specifically provides clinical and information and education based SRH services, including outreach services to youth;
- 2) The City of Ottawa’s network of Community Health Centers, that provides clinical services and some information and educational based SRH services to youth;
- 3) And other Social Service Agencies that provide, among their services, information and education based SRH programs and activities to youth.

Of particular note is that the services provided by *other social service agencies* include, but are not limited to, programs geared towards girls, public outreach, drop-ins and education in schools. (See Appendix F for a list of service providers providing information and education based SRH services in the Ottawa region.) Interestingly, after analyzing the data from the interviews conducted it became obvious that a number of important characteristics of SRH services offered to Muslim youth where

described by those we interviewed. Since the themes generated from this part of our analysis relates to the mapping activity we performed a discussion of these findings will be presented here.

The first major theme that arose under this category was that services being offered tended to take a reactive stance to SRH issues rather than a proactive and preventative stance. This point was illustrated when service providers discussed that they only referred youth to services when an issue arose such as an unintended pregnancy. What is more, some service providers indicated that SRH issues were only discussed if a youth came to them seeking advice. As one service provider explained:

“We can talk about pregnancies. All of these issues are present here in these services, so I can refer the client to the drop in here at the health clinic. As I said, we have a health clinic and a nurse and our staff are very trained and welcome to explain all the different options and all the services available.”
--Service Provider 7

Service providers also commented on the fact that current SRH services offered to Muslim youth in the Ottawa region tend to be generic and are not Muslim specific. Offering generic SRH services may lessen the stigmatization that Muslim youth feel or experience when accessing SRH education and resources facilitating access; however, if culturally sensitive programming does not exist to supplement generic services then Muslim youth who do not feel comfortable access mainstream services may miss out on the opportunity to access the SRH services they need. This point became evident through an analysis of service providers responses to a section of the interview which asked service providers if their agency offer any Muslim specific programs. As one service provider said:

“No, I mean again we don’t really target in that way, we do however have a very successful ethnocultural program” –service provider 3

Another theme that presented itself in the data relating to service characteristic was this idea that SRH programs are being offered to Muslim youth under false pretenses, or secretly. That is, service providers discussed at length about how the few programs that do exist for Muslim youth are strategically titled using neutral language. Fore example some services are being delivered

through the guise of programs called “spa night” or “girls chat.” Service provider went on to explain that programs are given neutral titles on purpose as a ploy to distract focus from the controversial topic of sex and sexuality. It is hoped that by doing this parents will be less concerned about letting their youth attend and more conservative Muslim youth will be more like to want to participate. The following quotation illustrates this point:

“She didn’t say “we are here to teach you about your sexual and reproductive whatever...”, she just said “we are going to have a spa night, a girls’ only spa night”, so she chose a spa night where each girls would do each other’s nails and he bought elastics so that they would braid each other’s hair and then, while they are having the activity for the spa night they then brought up (sexual and reproductive health issues) in the conversation in very relaxed way” -Service Provider 1

“Healthy relationships, yes. There’s a lot of discussion about respect. There’s a lot of discussion about respect for yourself, self-esteem, self-value. There are no explicit conversations about sexuality. We don’t advertise that. There’s no planning around it. I think just because the parents are so involved and are aware of what the programming is. So there is no scheduled time or scheduled workshop on sexuality, specifically. But there is on healthy relationships and your personal boundaries and that kind of stuff”.- Service Provider 7

Along the same lines service providers indicated that Muslim youth were more likely to access services from medical and health professionals because medical facility serve as a neutral location that youth can access without the added worry of being stigmatized because it perfectly acceptable to visit a doctor.

“For them access to services is much easier if these services are considered medical services...because if you are a doctor... he is there only to provide medical services and not to discuss of issues related to sexuality...” -Service Provider 2

This finding is supported by Coleman (2007) who discussed in his research that Muslim youth preferred obtaining SRH education and services from schools and medical health professionals. Unfortunately, since medical and health professionals are more likely to “treat problems” than to engage in an open dialogue with youth about sex, Muslim youth who only use doctor to gain SRH information may be missing out.

The final service characteristic mentioned by service provider was the gendered nature of the limited programs that have been designed to target Muslim youth. Specifically, service providers explained that existing programs tends to target girls and that less is available for Muslim boys. As an explanation for this service providers said that Muslim girls tend to be more proactive and likely to talk about SRH issues than are boys. The following quotations illustrate these points:

“Women would be more pro-active in getting the information than the guys”-

Service Provider 1

“I find there are gaps for boys...because a lot of focus going on is for girls...guys usually fall through the gaps and they are the hardest ones to attract because even if they do have a problem, they wouldn't necessarily go access any services....a guy wouldn't necessarily open up to another guy...” –Service Provider 1

Major Themes

A thematic analysis of the information gathered through semi-structured interviews revealed one central theme and two major themes that capture the nature of Muslim youths' experiences regarding the topic of information and education based SRH as perceived by service providers. The central theme revealed through careful analysis was diversity or more specifically the diversity of Muslim youth, their families and communities. The overarching theme of diversity has rendered our results highly complex as it intersects and is woven through the entirety of our findings. In addition to diversity, other major themes revealed through this research include tensions, and environmental influences. In many ways these themes and their many sub-themes are interrelated, thus contributing to a broader and more comprehensive understanding of the issue.

Theme 1: Diversity

Diversity of Muslim Youth and Their Families.

One of the most prevalent themes emerging from this research has been the diversity of the Muslim population. All eight service providers interviewed described the diverse nature of Muslim youth, their families and communities making reference to a variety of

characteristics including: culture and ethnicity, citizenship, language, education, community, family life, and degree of religiosity. As one service provider described,

“I think every community is different, as I said, they may be all Muslim but Muslims are ... in the Muslim community you can see people from Africa, from Asia, from Europe and North America. You can see and each of those cultures, country, people from those countries like they have different cultures within the Muslim faith, so I think that difference and also, how the people’s background, how they are educated, how they have been, had exposure to other cultures, and how they have been, their parents have been educated.”

-Service Provider 5

This depiction of the Muslim population as heterogeneous is congruent with the depiction of the Muslim population by other researchers such as Aziz Said, Abu-Nimer, and Sharify-Funk (2006) who describe the population as dynamic and varying in terms of race, ethnicity, language, and cultural background.

Another service provider used the construct of diversity to explain the importance of tailoring SRH services offered to Muslim youth in the Ottawa area. As is illustrated in the following quotation this particular service provider described Muslim youth as “varied” and highlighted the importance of considering the degree to which the youth is practicing Islam when delivering services:

“We would do the same thing. So, uh, depending on the background, because even when we are talking about Muslim youth it would depend on their country of origin, their family life, their level of involvement, whether a person is a Muslim because their parents are, or I am you know practicing. I, uh, you know, because when you use a title Muslim, it is varied. So a person could be Muslim but they’re okay with boyfriends, girlfriends, even though they might, their teachings might be different, or their parents might be, you know, someone who wouldn’t approve of it. So it varies.” -Service Provider

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The above quotation also highlights what other researchers refer to as the degree of expressed religiosity which differs due to cultural norms, interpretation of Islamic law, and personal preference (Sandjakdar, 2005; Siddiqui, 200).

The Problem with Assumptions

Since the Muslim population is so diverse, many of the service providers outlined the importance of not making assumptions or generalizations about Muslim youth and their families when working with them in the area of SRH. In his article, Hodge (2002) also describes that few, if any, universal statements can be made about Muslim youth. One service provider highlighted her own lack of comfort in making any general statements. She noted:

“Every culture is different. Every community is different. Whatever is the language, whatever is the religion or whatever it’s like even within only one community there is diversity, so I would not like to make a general judgment.” -Service Provider 5

Another service provider reiterated:

“Muslim youth are put in one lump but they are not. A young woman who wears a hijab, she is not necessarily practicing. Wearing the hijab does not mean that she is practicing. If she wears the hijab and she prays five times then she is part of the religion and the religion is part of her.” -Service Provider 8

The latter service provider went on to caution others against making assumptions about Muslim youth as it may create a barrier to working with them. She described that it is not helpful to assume anything about Muslim youth:

“Assuming something, um that, just because the person is a Muslim youth, right, this is what I am going to come across and forgetting to treat the youth as an individual as opposed to a representation of a community and a set of beliefs.” -Service Provider 8

Commonalities

Despite the degree of diversity among Muslim youth and their families, a majority of the service providers emphasized the existence of commonalities between Muslim youth themselves, between Muslim youth and non-Muslim youth, between Muslim youth and marginalized youth as well as between conservative Muslim youth and other youth who

identify as religiously conservative but are non-Muslim. Similarities among these groups were also highlighted in the Toronto Teen Youth Survey Report (2009) and by Coleman (2007). When speaking about the needs of Muslim youth and non-Muslim youth one service provider explained:

“I believe that they have a lot in common and differences may be less.”
-Participant 3

Another participant explained similarities between Muslim youth and other groups of youth:

“I hear that from other communities of youth around sexuality too. Like the queer youth who should not be having sex in that way but is, you know. There are like so many different groups of youth who I think communicate similar things to Muslim youth but maybe for different reasons, and then again maybe not.” -Participant 6

A few of the service providers spoke more generally about similarities between Muslim and Canadian cultures. For example, one individual highlighted:

“There are things that are similar like in the Canadian community or in the Muslim community, somewhere they meet.” -Service Provider 2

Another service provider explained that you can remain sensitive to cultural and religious differences while still focusing on common elements. She suggested:

“Approach a topic with the understanding that there are always going to be differences but there can also be commonalities between. You don’t have to lose those differences between cultures and religions in this specific case.”
-Service Provider 7

While Muslim youth are diverse and have unique needs in comparison to non-Muslim youth, service providers stressed the benefit of understanding the similarities and common ground between youth. Perhaps by acknowledging the similarities between Muslim and non-Muslim youth service providers can better equip themselves to be able to serve this population.

Theme 2: Tensions

The second major theme that emerged from this research was the tension experienced by Muslim youth and their families when accessing or attempting to access SRH services. It

is believed that these tensions result from the balancing act that many Muslim youth engage in when they attempt to access SRH services. Understood in this way, Muslim youth feel as though they are being pulled in two different directions at once and that they must accommodate the pressures from their religious community while managing the pressures from their non-Muslim friends. The major sub-themes that emerged under the broader category of tensions were taboo/stigma, fear of judgment, cultural integration and choice.

Taboo/Stigma

The majority of service providers mentioned that the topic of SRH was considered taboo for Muslim individuals. This is supported by many researchers who describe that the topic of sex is taboo in Islam (Bennett, 2007; Kobt, 2004; Maticka-Tyndale et al., 2007).

One service provider explained:

“Sexual education... we do not speak about it much and in the community, there is a bit of taboo. It is not something that is spoken openly - that is sexuality - within the community, especially with youth. I find that it is learned “through silence.” –Service Provider 2

Speaking about Muslim youth wishing to access information, another participant explained:

“They do not know where to get a condom or what to do and they can’t go to their community group because it’s like taboo.” -Service Provider 1

Bennett (2007) has argued that among Muslims sexuality is considered taboo less because of religious factors, although they continue to have a powerful influence over contemporary discourse, and more because of inter-generational and ethnic factors. Despite this finding, service providers in the current study stressed that cultural and religious factors not only influences how Muslims view sex and sexuality but that they can influence to the degree of stigma and shame experienced by Muslim youth who may question the cultural or religious expectations surrounding SRH within their communities. This point is illustrated in the quotations below:

“It is very difficult for youth to discuss with adults, especially adults and people they know, friends of the family’s or same age of families. It might be difficult for them because there is a stigma attached to certain things.” - Service Provider 3

Another service provider suggests:

“The two things that you hear about Muslim youth around sexual health education is that they are not sexually active or that they are but they shouldn’t be. So there is shame around that. There is stigma around that. [...] We spend an awful lot of time either agreeing to those things and yet still kind of questioning in our minds and not quite sure where to put those questions. Or not agreeing and having to undo that shame that comes from not agreeing with the values that you were brought up with or that your community believes in.” -Service Provider 6

The tension experienced by youth who are connected to a community that stigmatizes sex and sexuality was partially explained by Kotb (2004) who suggests that in Islam, sex is taken seriously as an act that should occur only within a marital relationship. He states that the Qur’an describes any kind of premarital relationship as, a shameful deed, an evil that has the potential to open roads to other evils.

Fear of Judgment

A majority of service providers in our study spoke of the effect that the taboo nature of sexuality has on Muslim youth and the tension it creates within them. They described youth being fearful of being judged by their parents, community, and by service providers. In addition, participants spoke of youth’s concern for confidentiality. These ideas are echoed in previous studies that have revealed that youth (both Muslim and non-Muslim) are concerned with anonymity when accessing sexual health services often feeling shy, embarrassed, and or fearful of their family and community finding out they have accessed such services (e.g., Bartz, 2007; Fernandez, et al., 2008; Flicker, et al., 2009). Within the current study one service provider explained the fear of being judged that Muslim youth feel the following way:

“They are probably not going to want to communicate any issues or kinds of information if that’s where they met the youth worker [at the mosques]. Or, if the youth worker was from the community that they are serving. You know everyone has brothers, sisters, cousins, you know. If you do have that question, you do have to build that trust that it will be confidential. So I think fear is inevitable.” -Service Provider 7

Another service provider said:

“So imagine you try to fit in as much as you can with the differences that you have to begin with and on top of that you have ok, how do I [laughs] you know do I make a scene do I stay? So these are the kinds of conversations. Like, ‘how do I go to a place without judgment in the class.’ A lot of the younger youth are trying to and I am thinking right now, if your 14, 15 or 16 in school, you know, there are a few, having friends etcetera, they might have more access. It’s easier a bit, then the ones that came as adults.” - Service provider 8

This latter quotation highlights the relationship between fear of being judged with the overarching theme of tension and balancing two different world views that many Muslim youth feel when accessing SRH services.

Cultural Integration

Another theme that was well represented in the interviews with service providers related to tension was the struggle that many Muslim youth experience with cultural integration. It appeared as though this theme was more pertinent in relation to newcomer youth, refugee youth or youth that have parents who are first generation Canadian. Service providers spoke of both youth and their families dealing with the pressure of having to integrate into Canadian society, being torn between the two cultures and struggling with conflicting world views. One service provider described Muslim youth’s experience with Canadian culture in regards to SRH services when she expressed:

“They [service providers] say, “Ok, practice safe sex and here is a condom and what not.” To a newcomer, who is somewhat, you know, may say, “Why are they giving us this information? Are you encouraging us?” You know? It will conflict with their world view.” -Service Provider 1

This finding is consistent with the research of Hodge (2002) and Sanjakdar (2005) who suggest that contemporary education tends to present sexual health information in a manner that violates Islamic morals and rules of appropriate behaviour. Another service provider described youths' parents also struggling with cultural integration. She voiced,

“Parents from different culture than the mainstream, whatever that means. Culture and what does that mean for them? How do they juggle two cultures?” -Service Provider 4

Other service providers spoke of the culture shock experienced by newcomer Muslims to Ottawa. As one individual stated,

“I think becoming accustomed to the cultural norms here is a shock in itself. Hearing sex before marriage, this is a condom, is probably really shocking, right? They are not going to be receptive to that.” -Service Provider 7

Choice

Participants were unanimous in suggesting that the aim of their services are to provide an adequate amount of SRH information and options to Muslim youth and other service users so that they are best able to make informed decisions regarding their SRH. One service provider noted,

“We make sure that the information is there. If, you know, knowledge is power, we are of the mind that the person decides what she wants, right? We are not here to tell her how to live her life. We are here to give her the options that are available.” -Service Provider 8

Despite the promotion of choice by all participants, a number of service providers conflated their argument by going on to explain that Muslim youth may feel uncomfortable with the degree of choice available to them. In this way Service providers went on to express that resenting a Muslim youth with a wide range of choice lead to a feeling of being overwhelmed; especially if that youth is a practicing newcomer or refugee who has emigrated from a small village that is highly conservative. As one individual described:

“When young people arrive here there are lots of things to discover. There is lots information. It is a lot for them to handle. Sometime they come from a country where they are not exposed to all of this. But here, the youth, they have so much choice to go work, to do this, do activities, to go to school for a long time. It is lots of specialties all at once. And a child, an adolescent who just arrives can lose themselves in this reality, with all these choices.”

- Service Provider 2

This finding is compatible with information provided by Sanjakdar (2005), who explained that whereas Canadian society places emphasis on the importance of individual choice, Qur’anic scripture explain that sexual behaviour is not based entirely on “personal choice” but must be within Allah’s laws. Orgocka (2004) states further that helping to provide youth with the tools to engage in “safer” premarital sex is believed to teach youth to conceptualize decision-making regarding sexual conduct as a personal rather than family manner which may be in conflict with Muslim teachings.

Theme 3: Environmental Influences on Muslim Youth

The third major theme that arose from the interviews with service providers was the effect that the environment had on Muslim youth who were seeking SRH in the Ottawa area. Under the broad category of environmental influences five sub-themes or factors were identified. The unique environmental factors identified were: parents and family; community; religion and culture; peer group; education and structural influences. It is important to note that service providers indicated that the effect that each of these factors has on Muslim youth depended in large part on the diverse reality of the Muslim youth themselves.

Parents and Family

Under the broad category of environmental influences, all eight service providers interviewed identified parents and family as people that have the potential to influence Muslim youth’s SRH. In relation to this sub-theme, service providers discussed their concern regarding the lack of communication between parents and children surrounding SRH issues

and how this could be viewed as a potential barrier. Further, service providers emphasized that within more conservative Muslim family units parents are quite reluctant to talk to their children about sex because it goes against Islamic teaching. The following quotations from the same service provider illustrate this point:

“Our Islamic teaching is: First you get married and then you have sex. Sex before marriage does not exist and we do not have this problem so parents say it’s like as if you are encouraging our youth to go out there and have sex”-Service Provider 1

“Even when asking for feedback from my Muslim co-workers who have kids that are at school they say “Muslim youth, they don’t have sex. There are no discussions surrounding it.” A father said, “I know it happens but in reality Muslims don’t have sex before marriage, period.” So I think that communication is also another barrier to accessing information. If you are brought up to not speak about it, to not whatever, it doesn’t happen, then you are less likely to go and approach someone if you do have a question.”- Service Provider 1

In fact, all service providers emphasized that many Muslim youth are likely to get no SRH information at home from their parents. As one service providers said:

“We don’t sit around talking about sexuality or sexual reproductive systems. It’s not a topic for dinner time. Even though youth themselves are ready to discuss sexual and reproductive health, they might have parents who are first generation and who are not prepared to have that conversation. It’s like, “oohh, I won’t do that with my child.” – Service provider 8

In addition to poorly informing their children about SRH, service providers identified that parents of Muslim youth also have the potential to influenced how community based agencies deliver SRH services. For example, realizing the gate-keeping role that some Muslim parents play, service providers discussed the importance of striking a “balance” between providing accurate SRH education to youth while appeasing her/his parents. The following quotation illustrates this point:

“How do we get approval of the parents to bring their children to our workshops and then how do we present a topic without offending the parents who after that will never bring their children back in...how do we balance getting the information to the children and also getting the parents to be okay with it.” – Service Provider 8

Community

Service providers also indicated that the community from which Muslim youth belong can influence their access to SRH services. Specifically, service providers expressed that the community from which a Muslim youth belongs can act to deter a youth from accessing services. Basically, service providers explained that since the ideal of modesty around sex and sexuality is heavily entrenched in Islamic beliefs, more conservative Muslim youth may hesitate before access SRH services out of fear that their community will find out and judge them accordingly. This point is highlighted by the following quotations:

*“They are probably not going to want to communicate any issues or kinds of information if that’s where they met the youth worker. Or if the youth worker was from the community that they are serving. You know everyone has brothers, sisters, cousins, you know. If you do have that question, you do have to build that trust that it will be confidential. So I think fear is inevitable even though we try our best to break it down and be aware of the barriers.
- Service provider 8*

“When youth want to access services they may think, I can’t go there. What my friends might think or my culture, or how is this going to be received by my community?”- Service Provider 8

The influence of community judgment as a deterrent for Muslim youth seeking SRH services is supported by Bartz’s (2007) research on Muslim girls which revealed that fear of being caught by other members of the Muslim community served as a barrier or Muslim youth seeking sexual health services.

Religion and Culture

Two additional environmental factors that service providers identified as having the potential to influence Muslim youth’s access to SRH services are religion and culture. Put simply sexual intercourse before marriage is not permitted in Islam (Siddiqui, 2006). For some youth this may serve as a barrier in accessing non-biased and accurate SRH information. Service providers indicated that tensions can arise between youth, their parents

and the community they act contrary to what the faith dictates: seeking SRH services would do just that. As one service provider indicates:

“Even though the religion says they shouldn’t engage in sex before marriage, a lot of kids are having sex. However if you try to go into the communities, and provide condoms or information about healthy sexual relations, that might not be good with the parents who don’t believe in that” Service Provider 8

In thinking about how services can accommodate the unique demands of some of the more religiously conservative Muslim youth, service providers indicated that Muslim youth could be directed to seek answers around sexuality from Imams or at Mosque. The Imam may use the Qur’an to guide youth and direct them to what she/he should do. As one service provider said:

“I think that the Imam can speak to them if they have questions at a personal level... He also speaks about the Qur’an and they will speak about sexuality. I know that my partner, when sometime he has questions, he will go ask the Imam when he is not sure and the Imam will answer him directly and he can also write the question and it is answered”.-Service Provider

Service providers also mentioned that the degree of the religiosity may influence a Muslim youth’s ability to benefit from mainstream information and education based SRH services. For example, if an organization enters a school to give a discussion about safe sex practices and there is a large group of conservative Muslim youth in attendance, the message becomes irrelevant because these Muslim youth are not supposed to be having sex. However, as service providers mentioned, Muslim youth (even some conservative Muslim youth) may be engaging in sex and so the message needs to reach them somehow. Given this, several service providers suggested that organizations must consider religion when reaching out to this community and designing their programs. As one service provider said:

“Then you have youth that are really devout, who follow the religion who may not be having sex; who doesn’t want to have sex before marriage, so if Planned Parenthood is having a discussion in the classroom and that isn’t addressed as an option then they may feel left out” Service Provider 8

Peers

Peers were also identified as having the potential to impact Muslim youth's SRH. For example, one service provider explained that Muslim youth are more likely to disclose their sexual health issues to a friend before they talk to a parent or service professional. As one service provider said:

“Youth themselves may not even asking a teacher or a counsellor if they have an issue. In my experience with youth, is that they may not be upfront with their sexual or mental health with anyone or ask questions, maybe with their friends”-Service Provider 3

This finding is congruent with the results reported in the Toronto Teen Survey (2009) which included in its sample both Muslim and non-Muslim youth. Unfortunately, we know that teens often possess incomplete or inaccurate information regarding SRH (e.g., Flicker, 2009) which raises the concern that if Muslim youth are only getting information from their peers they may be getting false information.

Structural Factors

Service providers believed that structural issues such as prejudices, Islamophobia and socio-economic status have the potential to influence Muslim youth's ability to access information and education based SRH programming in the Ottawa area. Furthermore, service providers have indicated that the degree to which structural factors influence Muslim youth depend heavily on the youth's citizenship status (e.g. refugee, newcomer, second generation etcetera).

Service providers have indicated that in light of the increase in negative stereotyping and rampant Islamophobia fed by post 9-11 media depictions of Muslims as terrorist, Muslim youth in Canada have to constantly explain and defend their cultural beliefs and practices. As one service providers indicated:

“It is not the best thing at the moment [being Muslim] because a lot questioning about why you do things. Why you where the hijab, why you do go to Mecca, Why do you, you know? Why you do, why? And it is always [pauses] you’re defending, defending, defending.” Service Provider 8

Socioeconomic related to income was identified by service providers as to having the potential to influence Muslim youth’s SRH. Specifically, a few service providers linked low socio-economic status with inability to access service. As one service provider said:

“There are barriers (to accessing SRH services). ...In certain cases, transportation and income is another issue”-Service Provider 3

For refugee and newcomer youth, the issue of socio-economic status servicing as a barrier to youths ability to access services is even more prevalent.

Discussion

Exposing what Service Providers Perceive to be the Barriers Gaps and Needs of

A major component of this research was to gain a greater understanding of what barriers, needs, gaps exist for Muslim youth seeking information and education based SRH services in the Ottawa area. In view of this, service providers were asked to reflect on what they perceived to be the barriers that impede access to service and service delivery to Muslim youths in Ottawa, identify any gaps that exist in providing SRH services to Muslim youths and to discuss what they perceive to be the SRH needs of Muslim youth. The following section is a discussion of responses provided by service providers.

Barriers

Among the most prominent barriers mentioned by service providers were fear, lack of knowledge of resources, cultural appropriateness of services and of material, practical barriers faced by young Muslim in their attempts to access the services, inappropriate “packaging” of programs by the service agencies and finally religious and cultural restrictions.

Fear was identified as a prominent barrier by the majority of service providers interviewed. In fact, service providers pointed out that many youth are afraid to discuss the topic of SRH or to seek the services they need because they worry that confidentiality might not be respected and that their parents and or other members of their community may become aware that they have sought such services and would be judged accordingly. As one service provider said:

“Another problem for coming forward is the issue of trust. Sometimes when they do access some of the services the interpreter might be somebody from their own country so the youth may say “ok... it’s going to go bad and my mom is going to find out”- Service provider 1

Service providers also spoke about the fears that Muslim parents’ possess regarding their children’s SRH education. Specifically service providers expressed that some parents feared that by allowing their children to be exposed to information and education based SRH services that they are giving them permission to become sexually active. As one service provider said:

“There are a lot of barriers and you worry about getting the wrong information, you don’t want, and you think that oh if I talk about it then they are going to do it.” – Service provider 8

Muslim youth’s lack of knowledge about existing SRH services was another barrier identified by service providers. It was noted that lack of knowledge of existing SRH service was a more pertinent barrier for refugee and newcomer youth. The following quotation emphasizes this point. When asked what she perceived as a barrier to Muslim youth accessing SRH service one service provider said:

“ It could be not knowing where to access the services.” - Service provider 3

Another barrier identified by service providers was the lack of culturally appropriate services and material offered by SRH organizations. Specifically, service providers discussed that since many SRH programs offered in Ottawa are not sensitive to Muslim youth’s unique

cultural and religious needs, youth are inhibited from accessing these services. As one service provider said:

“I think the Muslim youth, especially practicing Muslim youth, might not be able to go to services, designed for people of different religious affiliations. So, if the message is choice and is focusing on the prevention of diseases, I think that some of them might not attend. So how do you create a message that gets to them without isolating them and their beliefs as if they are not the norm and that the community will support?” -Service provider 4

Service providers also discussed that religious and cultural restrictions sometimes deter youth from discussing or seeking SRH information and thus serve as barriers to accessing SRH services. For example, some service providers pointed out that issues around sexuality are often treated as a “taboo” topic that must be discussed privately. In most religions, premarital sex is not permitted and Islam is no exceptions. In light of this, Muslim youths who are not married often find it difficult to discuss this topic. As one service provider describes it,

“Basically, sexual education we do not speak about it much and in the community, there is a bit of taboo. Sexuality is not something that is spoken about openly, within the community, especially with youth. I find that it is learnt ‘through silence’.” Service provider 6

Gaps

Service providers identified gaps in information and education based SRH service offered to Muslim youth around the following six issues: The lack of communication and collaboration between service providers, the lack of service professionals representative of the diverse communities, the lack of gender specific programs, the lack of creativity by service providers when it comes to issues around SRH and finally, the lack of consultation between the service provides and the community.

One of the major gaps in SRH services offered to Muslim youth identified by service providers was related to the communication and collaboration between agency workers. What is more, interviewees discussed how poor communication between service providers left many

agency workers with little knowledge about what was being offered by other agencies. As one interviewee said:

“That is the thing, I do not know of every organization that is around. I do know in our catchment area, Muslim serving organizations but I do not know whether they address sexual and reproductive health and I am pretty confident in saying that they don’t.” Service provider 7

What is more, interviewees discussed how lack of communication and collaboration between service providers not only creates gaps in service delivery (due to lack of knowledge about what services are available) but also creates more work that may be unnecessary. For example, when discussing the importance of collaboration with other agencies one service provider emphasized that by finding out what programs other organizations offer, which ones work and which do not, service providers can minimize the amount of work they have to do:

“Why reinvent the wheel. Find out how community health centers have done outreach. Going into centers that have already been set up and say can I give a presentation? Because you have um a group that has developed a trust with a facilitator and a lot of times facilitators have, look for um guest speakers. So why can’t that be one of the topics, because you have already made.....so you don’t always have to reinvent the wheel.” Service provider 8

Another gap identified by service providers was the lack of diverse service providers available within agencies; however, most respondents acknowledged that, in recent years most agencies have initiated measures to have a more ethnically diverse staff population. Given the diverse nature of the population of Ottawa respondent felt that agencies must do more to reflect this diversity in their workforce. As one respondent points out,

“The agencies are trying to you know have more staff that is actually representing of the ethic community, but there needs to more” Service provider 3

The importance of having an ethnically diverse workforce is reflected in the statement below,

“When they identify you as being part of somebody from their faith, and then they see that you are open, welcoming and non judgmental and they appreciate that you can understand. I have a youth that, for example, he was very appreciative because he said, “I am very comfortable with you because you

understand me and what I am saying, I do not to explain a lot, you know and you understand the culture.” Service provider 5

Service providers also discussed the lack of gender specific programs as a gap in current SRH services being offered to Muslim youth. This gap is particularly relevant when considering the SRH needs of Muslim youth who is practicing and is quite conservative or when considering a youth that has recently emigrated from a country that enforces Shir’a law. This need for gender specific programs is highlighted in the following quotation:

“you know some parents are not comfortable sending their girls for example to attend male populated programs” Service provider 3

In relation to gender specific programming other service providers discussed the lack of male specific programs in particular as a gap in the SRH services offered to Muslim youth in Ottawa. As one service provider said:

“I find that there are gaps for boy because there is a lot of focus going on for girls. I think the gaps would be the guys, usually fall through the gaps and they are the hardest one to attract because, even if they do have a problem, they wouldn’t necessarily go access any services so, should be focusing on them as well” Service provider 7

Another gap identified by service providers related to the lack of creativity on the part of agency workers to present SRH information and education in interesting and relevant ways to Muslim youth. What is more, interviewees discussed how important it was for agency workers to “think outside the box” when planning talks or programs. One service provider explains that:

“sexual education should have be done in a more informal way and at the same time in a way that is more humoristic. for example with small plays, in ways that the message would be given quicker, without making them feel that they need to talk about things that are considered “taboo” in their culture it would be easier to pass the messages this way.” Service provider 3

The final gap identified by service providers was the lack of outreach and consultation with the Muslim community and parents. Specifically, service providers discussed that the lack of

community consultation lead to a lack of community involvement in program development. As one service provider commented:

“The outreach and talking to them, and getting the information from the community themselves not just saying we are doing it our way. I think that is a huge gap, you know, that needs to be bridged.” Service provider 8

The lack of community and parental consult can be considered highly problematic given how much some Muslim youth value their community’s and parent’s input.

Needs

With regard to needs, these related to the following issues: Choice of service providers, need for knowledge and information, for more culturally accessible services, for tailored programs and finally greater partnership between parents, communities and youth.

Although interviewees identified the lack of diverse agency workers as a gap in SRH services being offered to Muslim youth, they have also emphasized the importance of offering Muslim youth the choice to pick which service provider they feel more comfortable discussing their SRH. The need to offer Muslim youth choice in service providers was stressed as interviewees recognized that not all Muslim youth are comfortable discussing their sexual and reproductive health concerns with someone from their own community for fear that word will get back to their parents and other members of the community. In talking about choice, one service provider said:

*“I think that it could possibly go both ways there are some Muslim women who prefer to confide in white women because she it may be that she may think that she will keep her secret (she will keep it confidential) and she will not judge her. But since I come from the same community as hers, she may think that I can judge her or see her differently than from what she is actually experiencing”
-Service provider 7*

In order to limit the fear youth experience when seeking SRH services one service provider felt that there is a need for more services are confidential, trustworthy and culturally sensitive. In regard to the need to be culturally sensitive, some interviewees discussed how important it is for

service providers to familiarize themselves with the diverse realities of their clients. Service providers also recognized the impossibility of knowing everything about another person's culture, and so stressed the importance of being honest about your lack of knowledge and to not be afraid to ask questions when necessary.

“I think that being from a different cultural background and religion myself, I'm aware of the fact that I'm always learning in order to be able better serve the clients or the youth, you know what I mean? I'd like to say that I know what their culture entails but I'm still constantly learning” Service provider 5

“Even though I try to keep an open mind, take diversity training, and ask questions to fellow co-workers who are Muslim, I still am not Muslim, those small things.” Service provider 6

Given the diverse nature of the Muslim youth population, and the impossibility for non-Muslims to ever know everything about this community, service providers have stressed the necessity for organizations to consult this population, possibly conducting needs assessments, before they are able to develop the tailored programs that these youth deserve to best serve their unique SRH needs. The following quotations illustrate this point:

“Collaborate and see what they need, how they can access and what the religion says about it, because I mean, there are Muslim scholars that do Islamic research that can tell you about the religion and what the family and the needs of youth and how they can access services and availability, it needs to be easy to access services and make it acceptable to their own values and what they believe in.” -Service provider 2

“I sincerely think is faulty if you do not talk to the community. If you do not talk to the person you are trying to deliver the service to, you do not get it. Basically, you may be bombarding people with information that they do not want at that moment” – Service provider 1

In addition to consulting the Muslim community, when considering new programming geared towards Muslim youth service providers emphasized the need to outreach and build partnership with the parents and youth. Specifically, service providers stressed that it was important for agencies in the field of SRH to involve both parents and youth in planning SRH services. As one service provider said:

“I know that this ... project is involved with the Planned Parenthood, so I would like to see Planned Parenthood reaching out to diverse cultural background, working with them and asking... it has to become a partnership before publicizing them, before delivering the services... have meetings with them, and consult with them and from then on, develop the appropriate services.”

-Service provider 8

Recommendations/Conclusion

Due to the exploratory nature and limited scope of this research, ongoing consultation and discussion with Muslim communities are necessary before concrete actions can be recommended for change. Nevertheless, we feel it is important to briefly discuss one recommendation at this time. This recommendation which arose from our discussions with service providers was the importance of reaching out to the Muslim community and building collaborative relationships with parents and youth.

All eight service providers interviewed suggested that hosting focus groups with parents and youth was a necessary first step toward improving SRH services offered to Muslim youth. Further, it was suggested that by hosting focus groups and engaging in conversations with this community, service providers would be able to find what it is that they want to learn and how best to deliver this information. It was suggested that these focus group be held separate (one for you and another for parents) so that both groups could feel free to discuss their concerns. It was also suggested that both parents and youth be afforded the opportunity to voice their SRH needs individually so that those who may be shy talking in front of other are also heard.

With this being said, we feel that further research is needed that make use of focus groups with Muslim youth and their parents before adequate recommendations can be made that will lend themselves to improved SRH services offered to Muslim youth.

Implications for Field of Social Work and for Muslim Youth

To the researchers' knowledge, the research was the first of its kind conducted in Ottawa. That is, this research was the first to examine the barriers, gaps and needs in SRH

services offered to Muslim youth as perceived by SRH service providers. It is expected that the results generated from this study will be of interest not only to SRH services providers who serve Muslim youth in the Ottawa region, but also to providers of community and social services who offer programs to Muslim youth and their families in general. Further, it is hoped that the findings generated from this project will be used to inform improvements to current policies and programs created for Muslim youth and their families and also, lend itself to the design of new programs to meet the information and education based SRH needs of this specific populations within Canada. Finally, in light of the information revealed in our investigation, it is expected that the projects results will inform advocacy efforts that aim to either create new services or to expand and improve the quality and accessibility of existing SRH services provided to Muslim Youth.

Limitations and Future Directions

The current study contains four noteworthy limitations. First, despite the fact that this research was framed in anti-oppressive theory, due to constraints it is not participatory in nature. In order to correct for this limitation, the team has decided to ask participants to review the proposed recommendations and provide us with feedback on their validity. The second limitation is that we do not get to hear from Muslim youth in regards to what they perceive as the barriers, gaps and needs in SRH services offered to them. Third, given that one interview was conducted in French and then translated into English it is possible that some valuable information was lost in translation. Fourth, the time limitations place on this project the researchers were unable to interview more than eight service providers. Given that we only interviewed eight service providers important information may have been missed. For example, if we had the opportunity to interview a service provider from an organization that works primarily with queer or disabled youth we may have heard more information in relation to the specific needs that queer and disable youth express.

Our research team hopes that future studies of this nature will take a participatory action approach to their methodology, giving Muslim youth a clearer voice while engaging them in the research process. Finally, it is the researchers' hope that this study will inspire others like it to be performed in other cities across Canada and that the results from these studies inform models of SRH programming, services and education that "respect and weave together diversities and differences whether they are differences in ethnicity, attitudes towards sexual orientation, or religion" (Maticka-Tyndale, 2008).

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Appendix A: Stakeholder Table

Stakeholder Table: Identifying Power		
Stakeholders	Power/Control	Agenda
Client or consumer groups (current and future)	N/A	N/A
Participants	Possibly discredit research and influence recommendations.	Safeguarding their programming and organizational and personal reputation. To increase programming in order to meet client's needs.
Advisory Group (made up of clients and organizational representatives)	They could discredit our work within the Muslim community.	Safeguarding community and community needs.
Organizational administrators	By commissioning the research that we are accountable to working within the organization's framework.	Be able to seek funding for additional programming and to create community partnerships. Also to increase organizational reputation within marginalized communities.
Organizational staff	N/A	N/A
Research Team	Responsible for design to dissemination of research. Able to manipulate data and participant's responses to fit our themes.	To receive a high grade within the course. The researchers also want to build credibility, reputation and networking within the broader Ottawa community.
Course Instructors	Responsible for grading the research project. Affects grades and marks of the researchers. The instructor also provides supervision and guidelines as per university standards.	To maintain and increase reputation of the Masters of Social Work program within the Ottawa community. To provide students with the experience of linking theory to practice within the research field.
The University (Ethics Board)	The research ethics board has the most power in this research because we need their approval to proceed with any projects.	To protect the health and well-being of participants and students.
Funding Body (if any)	N/A	N/A
The general community (Ottawa Muslim Community)	The community is able to discredit research results.	To ensure that the research results accurately reflect the needs and wants of the community.

Appendix B: Email Script

Dear _____,

We are a team of student researchers involved in the Masters of Social Work Program at Carleton University. As part of a research and evaluation course, we are conducting a study that seek to identify barrier, needs and gaps in current information and education based sexual and reproductive health (SRH) services offered to Muslim youth. This research has been requested by Planned Parenthood Ottawa, a community organization involved in the providing sexual and reproductive health information and education services to individuals in the Ottawa area. This project is being supervised by Professor Karen Schwartz PhD., from the School of Social Work and was reviewed and received ethics clearance by the Carleton University Research Ethics Board on December 9, 2009.

With the intension of recruiting a small group of suitable service providers to interview for our study, we are e-mailing you for assistance. Specifically we would like to know:

- 1) What information and education based SRH services do you offer at your agency?
- 2) Do you offer information and education based SRH services to Muslim youth at your agency?
- 3) If you offer information and education based SRH services to Muslim youth, what is the name and contact information of the main SRH service provider who works with this population at your agency?
- 4) If you do not offer information and education based SRH services to Muslim youth at your agency, could you please provide the name and contact information for a service agency that does provide such services?

When answering the above questions, if you indicate that you do offer information and education based SRH services to Muslim youth in the Ottawa area you can expect to receive a follow up email from us requesting your participation as an interviewee in our research project. This follow up email will contain more information about our study and will outline more specifically your role as a potential participant.

We would like to thank you for your time and assistance.

Sincerely,

PPO Research Team

Justine McNulty, Lisa Middleton, Kristen Bongard, Gifty Arkorful and Liette Perron

Appendix C: Information Letter



School of Social Work
 1125 Colonel By Drive
 Ottawa, ON Canada K1S 5B6
 Tel: (613) 520-5601
 Fax: (613) 520-7496

Date: January 8, 2010

Dear Community and/or Youth Worker:

We are a team of student researchers involved in the Masters of Social Work Program at Carleton University. As part of a research and evaluation course, we are conducting a study that focuses on Muslim youth's needs with regard to sexual and reproductive health information and education and current gaps in services in this area. This research has been requested by Planned Parenthood Ottawa, a community organization involved in the provision of sexual health education and information services. It will be supervised by Professor Karen Schwartz from the School of Social Work and was reviewed and received ethics clearance by the Carleton University Research Ethics Board on December 9, 2001. (For the names of the research team's members and contact information, as well as contact information from the research's supervisor and Ethics Committee, see attached document.)

Through discussions with either representatives of the social service community or members of the Muslim community, you have been identified as someone who might be able to provide us with useful and insightful information on the issue. We are thus asking you to participate, as an information and education based sexual and reproductive health service provider, in a 60-90 minute interview which will focus on the following main points: current services providing in sexual and reproductive health information and education to Muslim youth, Muslim youth's current sexual and reproductive health information and education needs, gaps and barriers to access services and possible strategies to reduce gaps in services and meet Muslim youth's needs.

The interview will be conducted by one person of the research team. The interview may be held in English or in French, depending on your preference. Although it is expected that most of the information will be collected during the formal interview process, the interviewer might make a follow up call after the interview for the purpose of clarifying information obtained and/or probe issues that were raised. With your permission, the interview will be audio-taped and the information provided will later be transcribed into a document. Its content and possible quotations will be used for the research.

Keeping your information confidential is the team's top priority. Your responses to the interview will be kept strictly confidential and your individual responses will not be shared with anyone outside the research team. The audio-tape of the interview will contain your demographic information only along with the answers to the questions raised. The tape and the accompanying transcription document will be stored in a locked filing cabinet in an office at the Carleton University Campus. All electronic files will be password protected. Once the research is

completed, the audio-tape will be destroyed. We expect that this will be done in April or May 2010. At this time, the research transcripts and final reports will be kept under lock and key by Planned Parenthood Ottawa and the School of Social Work at Carleton University for a period of two years and may be used for the purpose of future reports and/or research studies related to Muslim youth's sexual and reproductive health needs. It is important for you to note that although your name might have been provided to us through another service provider, we can guarantee confidentiality (i.e. meaning that what we discuss through the interview process will remain confidential), but not anonymity. Never the less, we can guarantee that identities will not be revealed in any reports.

Your participation to this study is completely voluntary. Should you decide to withdraw from the study after you have agreed to participate, we ask that you email one of the research team members at lmiddlet@connect.carleton.ca. Should you decide to withdraw from the study after the interview process, we ask that you also inform us by writing and that you state in your communication if we can use the information you have provided or if you prefer that we destroy it. Withdrawing your participation to the study after the interview will only be possible until February 15, 2010 at which time we expect to begin the analysis process of the study. During the interview, you will also have the opportunity to decline to answer any questions without prejudice to yourself and/or your organization of affiliation.

Results generated from this project will be presented to Planned Parenthood of Ottawa. It may also be published in journals, books, pamphlets and/or reports. In addition, information may be shared through conference presentations or in presentations given at Carleton University.

Being conscious that the topic may be considered sensitive by many people and might have an emotional impact on you, we have identified the following community resources which might be of assistance to you should you need someone to talk to at the following services: Sexual Assault Support Centre of Ottawa: 613-234-2266; Men's Project: 613-230-6179; Sexual Health Centre: 613-234-4641; and the Ottawa Rape Crisis Centre: 613-562-2333.

Your assistance in our research project will be greatly appreciated and could make an important difference to Muslim youth seeking access to sexual and reproductive health information and education. In an effort to ensure that the project's recommendations reflect the values and preoccupations of the information and education based sexual and reproductive health service providers involved, we will send you a copy of the draft report and its recommendations for an opportunity to provide feedback and comments before it is finalized. We will also be pleased to provide you with a final copy of the findings of the research when it becomes available.

If you have any questions or concerns regarding this study, you may contact me or anyone else of the research team either by email at lmiddleton@connect.carleton.ca or by telephone at (613-898-0634). Prof. Karen Schwartz, the study's supervisor at Carleton University, will also be available to answer any questions you may have regarding this project. You can reach her at the Carleton School of Social Work at Karen_Schwartz@carleton.ca or by phone (613)-520-2600 ext. 3514. You could also contact Prof. Antonio Gualtieri, Chair of Carleton University Research Ethics Board at (613) 520-2517 or ethics@carleton.ca.

Should you be interested in participating in the study, we ask that you communicate with by email at. lmiddleton@connect.carleton.ca. Once you have expressed your desire to participate in the research by email, one of the researchers will contact you to set up a date and time for the interview.

We thank you in advanced for your time and consideration.

Sincerely Yours,

Lisa Middleton

On behalf of the Carleton University Research Team.

**Muslim Youth and
Sexual and Reproductive Health Information and Education Study**

Contact Information of all Involved in the Study

Research Team Members:

Gifty Arkorful
Justine McNulty
Kristen Bongard
Liette Perron
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Carleton University, Research Ethics Board

Prof. Antonio Gualtieri, Chair
Telephone no: (613) 520-2517
Email: ethics@carleton.ca

Appendix D: Consent Form



CONSENT FORM: RESEARCH STUDY RELATED

**TO MUSLIM YOUTH'S NEEDS WITH REGARD TO SEXUAL AND
REPRODUCTIVE HEALTH INFORMATION AND EDUCATION**

I, _____ (name of the participant) agree to participate to the research study on Muslim youth's needs with regard to sexual and reproductive health information and education and current gaps in services in this area. The study will be conducted by a group of student researchers from the Masters of Social Work Program, Carleton University.

I agree to take part in an interview that will last approximately 60 to 90 minutes. The purpose of the interview is to gather information related to: current services providing sexual and reproductive health information and education to Muslim youth, Muslim youth's current sexual and reproductive health information and education needs, gaps and barriers to access services and possible strategies to reduce gaps in services and meet Muslim youth's needs. The interviewer might make a follow up call after the interview for the purpose of clarifying information obtained and/or probing issues that were raised. The interview process will be audio-recorded and then, its content will be transcribed in a document. The information and quotations from the interaction will be used for the research.

I understand that the researchers will take every step to protect my confidentiality by removing my name and other identifying information (other than aggregate demographic information) in the final transcript and research project. The audio-recording tape and the hard copies of transcripts will be stored in a locked filing cabinet in an office at the Carleton University Campus. All electronic files will be password protected. Once the research is completed, the audio-tape will be destroyed. Any electronic files will be password protected. Once the research is completed, the audio-tapes will be destroyed in April or May 2010. The research's transcripts and other documents will be kept for 2 years by Planned Parenthood Ottawa and the Carleton University School of Social Work and may be used in a future research related to Muslim Youth's sexual and reproductive health needs. Furthermore, identities will not be revealed in any written report.

I understand that my participation to this study is completely voluntary. Withdrawing from the study after I have agreed to participate is also possible until February 15, 2010. I

understand that should I decide to withdraw from the study, I am expected to inform the research team in writing by sending an email to. If I decide to withdraw from the study after the interview process, I understand that my communication with the team must also state if the information I have provided can be used or should be destroyed. Also, during the interview, I will have the opportunity to decline to answer any questions.

I understand that results generated from this project will be presented to Planned Parenthood of Ottawa. It may also be published in journals, books, pamphlets and/or reports. In addition, information may be shared through conference presentations or in presentations given at Carleton University.

In an effort to minimize unforeseen risks to my participation in this project due to the sensitivity of the topic, I understand that the research team has identified the following community resources which might be of assistance to me should I need someone to talk to: Sexual Assault Support Center of Ottawa: 613-234-2266; Men's Project: 613-230-6179; Sexual Health Center: 613-234-4641; and the Ottawa Rape Crisis Center: 613-562-2333.

Furthermore, I understand that I will be provided the draft report and its recommendations for feedback and comments before it is finalized. This is to ensure what has been proposed as recommendations reflect my values as information and education based sexual and reproductive health service provider. I will have until (provide date) to provide my comments. Also a final copy of the findings of the research will be made available to me when it is completed.

If I have any questions or concerns or concerns regarding this study, I may contact any of the following:

Research Team Representative: Lisa Middleton

Telephone no: (613) 898-0634

Email: lmiddelton@connect.carleton.ca

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Appendix E: Interview Script

Interview Guide for Semi-Structured Interviews with Information and Education Based Sexual and Reproductive Health Service Providers

General Information Questions

- 1) How long have you been working for this agency?
- 2) What is your current role at this agency?
- 3) In general, how long have you been working with Muslim youth?
 - a. In what capacity?
- 4) Would you say you are between the ages of 19-24, 25-30, or 31 and over?
- 5) What religious group, if any, do you identify with?

Service Delivery Questions

- 1) Could you describe the information and education based sexual and reproductive health services that your agency offers to youth?

Probe:

 - specific to Muslim youth?
 - gender specific programming?
- 2) To the best of your knowledge, are Muslim youth accessing these services?
- 3) We know that Muslim youth are not a homogenous group, could you please describe the Muslim youth who access the information and education based SRH services offered at your agency?

Probes:

- age
- gender
- socioeconomic status
- ethnicity
- citizenship

Questions on Perceived Barriers to Service

- 1) What do you think are the barriers to Muslim youth accessing information and education based SRH services in the Ottawa area?

Probe:

- gender specific barriers?
- language barriers?
- cultural barriers?

- 2) As a service provider, what do you perceive as the barriers to working with Muslim youth in this programming area?

Probe:

- In Ottawa?

- 3) Have the Muslim youth ever mentioned any barriers that they face in accessing SRH services in the Ottawa area?

- a. If so, what have they identified?

Questions about Gaps in Services

- 1) What do you think are the service gaps in SRH services offered to Muslim youth?

Probe:

- gender specific?
- language?
- cultural?

- 2) Have you ever had any troubles referring Muslim youth to SRH services?

- a. If yes, for which types of services?
- b. Where would you refer Muslim youth?

Needs Questions

- 1) What do you perceive are the needs of Muslim youth, in the area of information and education based SRH services in the Ottawa region?

Probe:

- Types of services offered?
- Culturally competent service providers?

- 2) When working with Muslim youth, what are some of the common SRH concerns that they raise?

Probe:

- How often do they raise these concerns?

- 3) Do Muslim and Non-Muslim youth communicate different needs?

- a. If so, what are they?

Recommendations

- 1) What would you recommend be done to improve information and education based SRH services offered to Muslim youth?

Closing

- 1) Do you know if your agency is planning on offering additional information and education based SRH services to Muslim youth in the future?
- 2) Is there anything else you would like us to know?
- 3) Are you aware of the programs and services offered by Planned Parenthood Ottawa?

Appendix F: List of information and education based SRH providers and other service providers offering services to youth, including Muslim youth

Mapping of Information and Education based SRH Services

In the Ottawa area

Note: Information found in this document came from a number of sources: a review of the Ottawa region's on-line Directory of Community Services (2010) (also known as the e-Blue book), a Google search and our discussions with service providers, including those who participated to the interview component of the research study. This document provides but a partial list of services involved in the delivery of information and education based SRH services in the Ottawa area that were identified in the course of this research.

Agency / Service provider	Programs where SRH issues are addressed and where Muslim Youth are referred and potentially served
City of Ottawa, Sexual Health Center	<p>Services provided: free counseling on healthy sexuality, including STIs (sexually transmitted infections) and contraception; free testing and treatment for STIs, confidential or anonymous HIV testing; rapid HIV testing (point of care); emergency contraception (ECP); affordable contraception; pregnancy testing & options counseling ; pap testing (for those who qualify); hepatitis A & B immunization (for those who qualify); free condoms and resource materials</p> <p>Youth Sexual Health Outreach Clinics:</p> <ul style="list-style-type: none"> • Options Come Home • YSB – Downtown Services <p>Youth Sexual Health Clinics (drop ins):</p> <ul style="list-style-type: none"> • South Carleton High School • Sir Wilfred Laurier High School • West Carleton Secondary School • L 'Alternative.
Community Health / Resource Centers	<p>Centertown Community Health Center</p> <p>Hunt Club Riverside Community Service Center – Programs for youth</p> <p>Lowertown Community Resource Center – Programs for youth</p> <p>Overbrooke Forbes Community Resource Center – Programs for youth</p> <p>Pincrest Queensway Community Center – Programs for youth</p> <p>Sandy Hill Community Health Center</p> <p>Somerset West Community Health Center</p> <p>South East Ottawa Center for Healthy Community – Programs for youth</p>

Agency / Social service providers (others)	Programs where SRH issues are potentially addressed
Catholic Immigrant Services	Programming for girls (offered occasionally)
Interval House	Presentations in the schools
Maison d'Amitié	Presentations in the schools re: health relationships / how to identify abuse
Ottawa Rape Crisis Center	Presentations in the schools re: sexual assault, healthy relationships, consent and work with schools / other services
Planned Parenthood of Ottawa	Presentations / resource center / booth/ etc
Sexual Assault Center of Ottawa	Public education workshop
Youth Services Bureau	Youth Sexual Health Outreach Clinics; Drop ins; HIV/AIDS Prevention Education Program ; Ethno cultural Advisory : peer to peer interactions