Sex Education in the Mosque: An Abstinence Based Approach to Prevent HIV, STDs, and Teen Pregnancy

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Disclosures

• Financial Support to conduct this DNP project was received from Sigma Theta Tau Mu Theta at Large Chapter, New Jersey, USA and members of the New Jersey Muslim community

• I, Shaakira Abdul Razzaq, have no actual or potential conflict of interest in relation to this presentation
Objectives

1. Describe specific societal and religious challenges for Muslim youth in regards to sex.

2. Identify appropriate education tools to prevent HIV, STDs, and teenage pregnancy among Muslim youth.
Background and Significance

• Societal norm of premarital sex
  – In 2015, 41% of high school students reported having had sexual intercourse (Centers for Disease Control and Prevention, 2016b).
  – More than half of 15 to 19-year-olds have received or performed oral-genital sex and approximately 11% have engaged in anal sex (Reese, Choukas-Bradley, Herring & Halpern, 2014).

• Neurological development during adolescence
  – Frontal cortex still maturing well into adulthood (AACAP, 2016)
Background and Significance

● Potential negative consequences are multifactorial
  – Physical
    • Increased risk for HIV, STDs, Teenage Pregnancy
  – Emotional/ Psychological
    • Strong correlations with low self esteem and poor coping strategies (Ghani et al, 2014)
    • Positively associated with severe depression, suicide ideation, and suicide attempt (Soller, 2014)
  – Spiritual
  – Social
    • Unhealthy marriages (Paik, 2011)
You never learn, Do you?
Needs Assessment

● Muslim youth are having sex
  – Two thirds of Muslim youth residing in the US and Canada reported having sex before marriage (Ali-Faisal, 2014)

● Islamic Identity Crisis (Adamczyka & Hayesa, 2012)

● Limited sex education in Islamic households, schools, and masjids

● Lack of self confidence and effective coping strategies to abstain from sex before marriage
Purpose and Objectives of DNP Project

- To increase knowledge about prevention of HIV, STDs and pregnancy
- To gain positive attitudes and stronger intentions to abstain from sex until marriage
- To decrease incidence of premarital sex among participants over three months
- To assess for attitude change and enhanced Islamic beliefs about practicing abstinence until marriage
Hypothesis

1. There will be an increase in mean scores on the “HIV/STD/Pregnancy true - false items” portion in the immediate posttest and 3-month follow up post test

2. There will be an increase in positive attitudes and intentions to abstain from sex before marriage in the immediate posttest and 3-month follow up post test

3. There will be an increase in subjects who did not have sex within three months post intervention
Hypothesis

4. Participants who score higher on the Hoge Intrinsic Religiosity Scale (Hoge IR scale), will have stronger intentions to abstain from sex until marriage in the immediate posttest and 3-month follow up posttest.

5. Participants who score higher on the Hoge IR Scale, will find it easier to abstain from sex until marriage in the immediate posttest and 3-month follow up posttest.
Methodology

- **Intervention**: Dr. Loretta S. Jemmott’s *Making A Difference!* curriculum adapted to include Islamic Beliefs and principles
- Curriculum reviewed and edited by Islamic Scholar, Imam Shadeed Muhammad
- 8 modules implemented over two 5 hour days
- **Setting**: NIA Masjid and Community Center in Newark, NJ

**Recruitment**: 3 local masjids
Methodology

Population: 18 participants (8 in the 13-15 age group and 10 in the 16-19 age group)

- **Inclusion criteria**: biologically female, never married, chronological age between 13 and 19, self-identifying Muslim

  *Previous sexual experience did not affect inclusion*
Demographics

- 16 to 19 years, 55.60%
- 13-15 years, 44.50%

- African American, (83%)
- Caribbean, (11%)
- Hispanic, (4%)
- Caucasian, (2%)
Results

T-test comparing scores of the HIV/STD/pregnancy true-false questions

<table>
<thead>
<tr>
<th>Tests being compared</th>
<th>Test (M, SD)</th>
<th>Test (M, SD)</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest scores vs posttest scores</td>
<td>Pretest (15.1, 1.96)</td>
<td>Posttest (17, 0.93)</td>
<td>-3.91</td>
<td>0.006</td>
</tr>
<tr>
<td>Posttest scores vs 3 month follow-up scores</td>
<td>Posttest (16.7, 1.07)</td>
<td>3 month follow-up (16.91, 0.99)</td>
<td>-0.761</td>
<td>0.463</td>
</tr>
<tr>
<td>Pretest scores vs 3 month follow-up scores</td>
<td>Pretest: (15.12, 1.96)</td>
<td>3 month follow-up (17.13, 0.99)</td>
<td>-3.742</td>
<td>0.007</td>
</tr>
</tbody>
</table>

Significant at the p<0.05 level.

● Statistical significance increase in mean scores from pretest to immediate post and pretest to 3 month follow-up
● Program successfully increased participants knowledge and sustained this growth of knowledge over 3 months
Results

Chi squared comparing scores of “I plan to have sex in the next 3 months”

<table>
<thead>
<tr>
<th>Tests being compared</th>
<th>$\chi^2$</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest scores vs posttest scores</td>
<td>10.02</td>
<td>4</td>
<td>0.04</td>
</tr>
<tr>
<td>Pretest scores vs 3 month follow-up scores</td>
<td>15.2</td>
<td>4</td>
<td>0.004</td>
</tr>
<tr>
<td>Posttest scores vs 3 month follow-up scores</td>
<td>11</td>
<td>2</td>
<td>0.004</td>
</tr>
</tbody>
</table>

Significant at the p<0.05 level.

- Significant associations found in all tests regarding intentions to abstain from sex
- Positive and negative shift changes observed
- Demonstrates need for future research to promote sustainability post intervention
Results

Participants Remaining Abstant

<table>
<thead>
<tr>
<th></th>
<th>Vaginal Sex</th>
<th>Anal Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>72.20%</td>
<td>94.40%</td>
</tr>
<tr>
<td>3 months after intervention</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

- 27% (n=5) of participants were sexually active at baseline
  - 60% (n=3) of them reported sex with 5-10 partners
- 100% of retained participants reported successfully practicing abstinence during 3 months post intervention
## Results

### ANOVA comparing total Hoge IR score to sexual intention questions

<table>
<thead>
<tr>
<th>Question</th>
<th>F</th>
<th>df (between groups)</th>
<th>df (within groups)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>How likely are you to have sexual intercourse in the next 3 months?</td>
<td>0.339</td>
<td>13</td>
<td>3</td>
<td>0.928</td>
</tr>
<tr>
<td>I plan to have sex in the next 3 months</td>
<td>0.222</td>
<td>13</td>
<td>3</td>
<td>0.978</td>
</tr>
<tr>
<td>I will not have sex in the next 3 months</td>
<td>0.236</td>
<td>13</td>
<td>3</td>
<td>0.973</td>
</tr>
<tr>
<td>It is easy for me to practice abstinence</td>
<td>0.315</td>
<td>13</td>
<td>3</td>
<td>0.940</td>
</tr>
</tbody>
</table>

Significant at the p<0.05 level.

- Hoge intrinsic religiosity scores and Islamic behaviors had no association with stronger intentions to abstain from sex until marriage.
Results

ANOVA comparing total Hoge IR score to sexual behavior questions

<table>
<thead>
<tr>
<th>Question</th>
<th>F</th>
<th>df (between groups)</th>
<th>df (within groups)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had vaginal sex?</td>
<td>0.475</td>
<td>13</td>
<td>3</td>
<td>0.851</td>
</tr>
<tr>
<td>How easy or hard would it be for you to</td>
<td>0.216</td>
<td>13</td>
<td>3</td>
<td>0.979</td>
</tr>
<tr>
<td>not have sex before marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Significant at the p<0.05 level.

- Hoge intrinsic religiosity scores and Islamic behaviors had no association with finding it easier to abstain from sex
Qualitative Findings

- Strong stigma surrounding sex in the Muslim community
- Double standard between male and female youth
- Overall participant appreciation and enjoyment of program
  - “The program was great and it definitely raised more awareness in my life, and changes I needed to make personally for myself”
  - “the discussions really helped voice our opinions out”
  - “I enjoyed discussing with my peers about the consequences of sex and how it involves religion”
  - “I love that we spoke about such a touchy subject so easily, and learned many methods to abstain from sex and the many consequence of having sex”
Limitations

- Small sample size
- Inconsistent participation among subjects
- Reliability on participants’ self-reported actions and behaviors
- Lengthy surveys
- Short term follow-up of 3 months
- Inclusion of only female Muslim youth
- Majority of participants from same ethnic background
Recommendations

- Sexual education programs should be aimed at educating Muslim adolescents about abstinence and its benefits, while incorporating religious beliefs to strengthen their Islamic identities and self-esteem
- Further research is needed to validate Muslim model curriculum
- Design for a more concise program to increase accessibility to teens at local organizations
- Technological advances for program sustainability and longer term follow ups
- Incorporation of parental segments
- Inclusion of males and youth from multiple diverse backgrounds in future studies
Conclusion

You can’t put a condom on your heart

- Shaakira Abdul Razzaq, DNP

(Amer, 2017)
References


References


