

ALBERT SCHWEITZER FINAL REPORT

Project Description/Summary

The project focuses on sexual health literacy in Muslim and Arab American women. There is a need for this resource in faith-based communities like the Muslim one, in which sexual health is often considered a taboo topic. Providing a safe and reliable space to discuss these issues can help remove the barriers of access and stigma. The preventative nature of sexual health education can have long-lasting impact on individuals, their health-seeking practices, and overall population health.

A new partnership between ACCESS and HEART Women & Girls was established to deliver accurate and culturally-competent information to Muslim and Arab American women. Educational workshops continue to be delivered to the community in Dearborn and to local organizations across Southeast Michigan. The overall goal is to provide women with resources, tools, and services that promote empowered and informed decision-making about their sexual health. The workshop was deemed “Real Talk” because of its attention to sensitive issues, such as healthy relationships, consent, and sexual health. It has received positive feedback each time and has reached about 50 women and girls so far. The project is still ongoing as there are upcoming workshops scheduled in two new locations – a charter high school with 35 expected students and a mosque with 20 expected attendees. As word has spread about the workshop, it has been gaining more traction and interest. For example, an article on this effort was published in *The Arab American News*. For this first cycle of workshops within the partnership, the last workshop will likely be conducted in May.

Along with the educational workshops, the topic of sexual assault was explored through a documentary screening and panel discussion during April 2018 (Sexual Assault Awareness Month). This event was first of its kind in Dearborn and many attendees were grateful this was being discussed in the Muslim community. It was a successful event which garnered more interest in our “Real Talk” workshop as well as further programming between ACCESS and HEART.

Evaluation methodology

The evaluation methodology first began when a logic model was created within the first few months of the fellowship. Next, focus groups were conducted with the Dearborn Coordinated Community Response Team to gauge interest in this topic and guide purchasing of workshop content from HEART Women & Girls. To test the effectiveness of this educational intervention, a

questionnaire was developed to measure changes in sexual health knowledge and sexual health self-efficacy. Validated tools of measurement were used for these constructs which are key components in health behavior change. Race-specific demographics and belief and attitudes regarding sexual health were also collected. In addition, open-ended questions were asked in order to perform qualitative analysis – this would provide insight into the cultural context that influences information-seeking behaviors and utilization of health care services. The questionnaire was delivered pre/post workshop as well as 1 month follow up to measure any retained changes.

The research proposal was approved by the Institutional Review Board at Wayne State University (WSU). A preliminary report of the findings was presented at the WSU Department of Family Medicine & Public Health Sciences 2018 Research Day. The abstract has also been accepted to the 8th ACCESS Arab Health Summit taking place in September 2018. This population especially regarding this topic is understudied in current literature.

ACCESS/HEART also have internal evaluation methods that helped to keep track of workshop success. After each workshop, a debrief and metrics form was collected. Regular meetings were also held either in person or over phone to go over each workshop, find room for improvement, and prepare for the next one. This direct communication was helpful throughout the duration of the project.

Findings

The initial focus groups and discussions with community leaders elucidated the need for this intervention as well as the pushback that may come from offering it. Certain strategies were adopted, like using the term “reproductive health” instead of “sexual health”, to enhance comfort with this discussion. Organizations that chose to host the workshop tended to be less on the “conservative” side of the religious/cultural spectrum. Some were surprised that the workshop was so well-received (with attendees even commenting “the condom demonstration was fun”), indicating a potential disconnect between leadership and community interest. Nonetheless the women’s’ only space was essential in creating an open and honest environment at each workshop.

Regarding behaviors and attitudes, the majority of participants sought health information from clinic/hospital or qualified doctor. A hypothesis was that this population may seek information from its religious leaders but only 8% selected this option. Perhaps this percentage indicates a comfort more based on gender as female religious leaders are rarer. Forty percent did not find it easy to obtain sexual health information and 23% thought that sexual health education would increase the incidence of sex practices. This highlights the need to better communicate the failures of abstinence-only education to this population.

Recommendations

Sexual health education is still a new and sensitive topic in the Muslim and Arab community. While it would be nice to pick up the pace in scheduling workshops, a slow and steady approach must be adopted. Patience and professionalism are key in convincing organizations to offer this workshop to their constituents. There have been many cases where leadership is reluctant to offer it because of its immodest nature. However, there is often a disconnect between what the leaders think the community wants and what it actually does. Navigating this disconnect as the workshop leader requires tactful maneuvering.

Continuing the partnership between ACCESS and HEART Women & Girls would be a valuable recommendation. It is an organization that specializes in sexual health education and sexual violence awareness in the Muslim community. It behooves ACCESS to not reinvent the wheel and partner with other organizations who share similar interests.

In terms of the actual workshop, the reach could be far greater if it was offered in Arabic. Perhaps a trainer who speaks Arabic can help develop this aspect since there are local organizations who mentioned their population of women only speak Arabic. The information is just as relevant to them so including them would help serve the community better.

Another recommendation is to offer this workshop to men. It could be for men only and led by a male trainer. Given the feedback thus far, there is significant community interest in this prospect. It is definitely an area to explore with ACCESS/HEART as the material is relevant for all genders. Especially for topics like consent, it would be a disservice to only teach it to women.

Sustainability

The sustainability aspect of this project depends mainly on the existing partnership and memorandum of agreement between ACCESS and HEART. Both organizations have been discussing what future programming could look like after this first cycle of sexual health workshops finishes. A financial structure is currently being worked on that accommodates both budgetary restraints. ACCESS is interested in purchasing more workshops from HEART that differ in content and go beyond sexual health. Future trainers for these workshops are currently being identified, as many previous attendees have expressed interest in getting involved. With these initiatives and the enthusiasm from both ACCESS and HEART, I am confident the project will remain sustainable beyond this fellowship.

Reflection on service learning and value of your service to the community/constituency served

My time as an Albert Schweitzer Fellow has been full of learning, growth, and reflection. Transforming an idea written on a post-it to a full-blown project has truly made me value

community service. The entire year-long process includes different stages of planning and service that are moderated by one main factor – resilience. As the boulder analogy iterates, challenges definitely arise but they can be overcome. There were times where I felt drained from administrative work but those lows paled in comparison to the highs of direct service. My favorite part of every workshop is the 30 minutes afterwards where I get to talk to attendees and hear their stories. I am continually moved by their struggles and invigorated to keep providing this needed service. So whenever I feel overworked or down, I think back to these moments: when one attendee told me she was not allowed to get a pap smear because her mother thought it would ruin her virginity, when one participant asked so wholesomely why women's voices continue to be devalued in the context of consent, when half the attendees never realized the implicit association between violence and colloquial words for sex, when an anonymous person signed up for the sexual assault screening as "Grateful Muslim", and when multiple attendees at this screening shed tears in a space of healing. These are difficult discussions for any community to have. These are difficult discussions for any community to have. They come with emotional labor and pose seemingly impossible challenges. But the Albert Schweitzer Fellowship has equipped me with the resilience and drive to pave forth a more just, equitable, and healthier community. I look forward to a future of service.