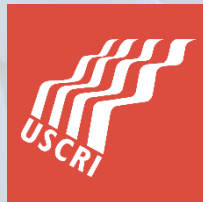




USCRI YOUTH GROUP:
SEXUAL HEALTH AND PUBERTY



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IMPORTANT INFORMATION FOR FACILITATORS

Purpose of the Youth Group: To provide functional, basic, and accurate knowledge about human sexuality to Afghan migrant/refugee youth that is age-appropriate and culturally sensitive and contributes to health-promoting decisions and behaviors. To help navigate sexual development and develop the skills to adopt healthy behaviors, Afghan youth will be educated on important aspects of adolescent development, sexual behavior, and sexual health and hygiene while providing opportunities to explore their own identities and values along with the values and beliefs of their families and communities.

Intended Audience: Sexual Health and Puberty youth group is intended for Afghan youth ages 11 to 18. In order to respect and be sensitive to cultural and religious norms and expectations, it is recommended that this group be delivered to Afghan youth based on gender. Since this group delves into the physical and emotional changes of puberty, Afghan youth may find it more comfortable participating in this group with other youth of their own gender so that they can ask personal and potentially embarrassing questions that might not otherwise be asked in a mixed gender setting.

Pre-Training Procedures: Prior to conducting this group, organizational safety protocols should be established, reviewed, and followed in cases of suspected child abuse, neglect, or exploitation. Please see national and local resources below that provide assistance and information about reporting suspected maltreatment.

Parental Consent: There are laws and policies in almost all U.S. states pertaining to sexuality education in public schools. These laws and policies vary widely in their scope and type across states. Varying state laws and policies address whether sexuality education is required to be taught, what specific topics are required to be taught, and whether and how parents should be notified. Laws and policies regarding parental consent include provisions that allow parents/guardians to opt in or opt out of sexuality education instruction for their children. States with **opt-in** policies require written permission from parents/guardians prior to a student attending a sexuality education class. **Opt-out** policies require school districts to send written notification to parents/guardians before sexuality education lessons are taught, including information on what is being taught and who will be teaching the class. With opt-in policies, it is the responsibility of parents/guardians to inform the school in writing if they *do not* want their child to attend those lessons.

We encourage service providers and facilitators who use the information in this educational guide to consider their state's sexuality education laws and policies (click [here](#) to find out about sexuality education laws and policies in your state), the policies and guidelines of their own organization/agency/institution/association, and the religion, culture, and social context of the population who will receive this information when deciding whether or how to obtain parental consent.

Mandatory Reporting for Facilitators: Facilitators do not need to be mandated reporters to conduct this group session. Mandated reporters are individuals who have a legal responsibility to report suspected abuse, neglect, and exploitation of children. All U.S. states and territories have laws identifying who are required to report suspected child abuse, neglect, or exploitation, and some states require that any person report suspected child abuse or neglect. Whether required by law or not, if you suspect that a child (under the age of 18) is being abused, neglected, or exploited, you should

immediately report your concerns to your supervisor and/or your local department of social services and/or your state hotline.

Trauma-Informed: Many people have experienced interpersonal or sexual violence or other trauma related to sexual harassment and assault, sexual orientation, gender identity or expression, race, socioeconomic status, ability, immigration status, religion, and/or culture. Consequently, facilitators may need additional support when addressing these issues to ensure they approach these topics sensitively and do not inadvertently re-traumatize youth. Referrals to more intensive, specialized mental health services or professionals with specialized expertise may be needed in some cases.

Licensing and Training Requirements & Recommendations for Facilitators: To conduct this youth group, facilitators do not need to be licensed or trained mental health or childcare professionals. However, it is recommended that any non-clinical professionals who conduct this group session review the content thoroughly prior to conducting the session. It is highly recommended that all facilitators, including those with a refugee/migrant background, examine their own biases surrounding the group topics and their level of comfort delivering the information to youth. Facilitators should be aware of sociocultural sensitivities and have linguistic competence or use a qualified interpreter in delivering this information to migrant/refugee youth.

Supervision of Facilitators: It is recommended that non-clinical (no mental health or childcare education or training) facilitators receive supervision by a qualified mental/behavioral health or childcare professional before and after delivering this group session to youth.

National & Local Resources for Suspected Child Maltreatment

[Childhelp National Child Abuse Hotline](#): **1-800-4ACHILD (1-800-422-4453)** Professional crisis counselors available 24/7 in over 170 languages, offering crisis intervention, information, and referrals to emergency, social services, and support resources.

[State Child Abuse and Neglect Reporting Numbers](#): State toll-free numbers and websites for specific designated agencies to receive and investigate reports of suspected child abuse and neglect.

[CyberTipline](#) or 24/7 hotline **1-800-843-5678**: Provides information about how to report online sexual exploitation of a child if you suspect that a child has been inappropriately contacted.

Key Points:

The following values should be stressed implicitly and, when appropriate, explicitly whenever possible:

- All youth have a right to accurate, comprehensive, confidential, and safe, developmentally and culturally appropriate support and sexual health education and services.
- Sexual abstinence is the only completely reliable method of avoiding unwanted pregnancy and sexually transmitted diseases.
- Each culture has specific rules and practices surrounding the initiation of an individual into adulthood. The universality of cultural and societal rules as applied to sexual experiences has been documented in research. The point should be made that certain essential features of sexual instinct are present from conception and influenced by life experience.

- Afghan culture often places a high value on privacy and modesty, particularly regarding discussions related to sexuality and puberty. Emphasize the importance of confidentiality to create a safe space for youth.
- Sexuality is a natural and healthy part of being human.
- “Am I normal?” Youth want reassurance they are normal. Normal is a tricky word because if it’s not normal...it’s abnormal. It’s good to say that there is a range of normal and if youth are ever worried, they should talk to an adult they trust. Use words like “typical” or “common” instead of normal.
- Every person has dignity and worth and deserves respect. Diversity in gender, identity, race, religion, culture, and sexual orientation should be celebrated.
- It is wrong, and potentially against the law, to use psychological pressure, fear, or physical force to make people do things, including sexual behaviors/acts, without their consent.
- People are responsible for their own behaviors and the consequences of those behaviors.
- It is important for young people to be able to talk openly and comfortably about sexuality issues with their caregivers, peers, trusted adults, and in the future, romantic partners.
- Emphasize the importance of open communication within families and encourage parents/guardians to engage in conversations with their children about sexual health and puberty in a supportive and non-judgmental manner.
- It is normal to have sexual feelings; however, feelings should not always be acted upon.
- Until a teen is old enough to act responsibly and protect themselves and their partners, it is healthiest to seek ways other than vaginal or oral sexual intercourse to express their romantic or sexual feelings.

Tips for Teaching Sexual Education:

Talking with youth about sex and sexuality can be difficult for many adults. Since sexuality is intimately connected to personal values, family backgrounds, and religious/spiritual beliefs, it can be a sensitive issue. Sexual education specialists recommend the following advice to professionals teaching/discussing this topic and who wish to increase their comfort level teaching/discussing sex education.

- Examine your own personal values, understand your conscious and unconscious biases regarding topics, and set personal boundaries around your self-disclosure.
- Try to develop a healthy attitude towards your own sexuality.
- Remember that your knowledge is less important than your attitude towards sexuality. Youth learn best about sexuality when they are taught by a kind, accepting, and respectful professional. Creating a space in which youth feel safe and free to ask questions is very important.
- Do not answer questions about your personal behavior or beliefs.
- If youth ask questions about the facilitator’s personal values about issues related to sexuality, sexual behavior, abortion, and sexual orientation, facilitators may facilitate a brief discussion that encourages students to explore their own and others’ attitudes and feelings on these issues without the facilitator sharing his/her own values. Facilitators can then refer youth to parents/caregivers and faith leaders if youth require more input. When discussing values related to sexuality, the goals of the facilitator are to 1) increase awareness among youth of their personal values; 2) foster respect for diversity of opinions; and 3) model and teach how to engage in respectful discussions.
- React positively to questions.
- If youth ask questions for shock-value, defuse the shock-value by giving a calm, factual answer after pointing out that the basic intent of the question was simply to shock or upset

others. Facilitators may also answer the question at face value, as if it were a genuine question or say something like, “Here’s a question dealing with _____, but I’m not sure the person wants an answer because it may be just for a laugh. For now, I am going to move on. If I have misunderstood your question, feel free to see me afterward and I will be happy to answer it.”

- Be sensitive to nonverbal communication.
- Use humor to ease embarrassment and create a comfortable environment. Being able to laugh at yourself and with the participants can go a long way to building trust and comfort.
- Ask participants about what they would like to learn.
- Be patient.
- Encourage self-confidence and decision-making skills.
- Create an atmosphere of trust in which all participants can be themselves.
- Be sensitive towards the attitudes, values, and feelings of others.
- Respect the values and beliefs of people from all cultural and religious backgrounds.
- Communicate with warmth.
- Be sincere.
- Do not be afraid to express discomfort.
- Keep an open mind.
- Value participants’ opinions and realize that they may change over time.
- Answer questions honestly when you know the correct answer and when you don’t.
- Avoid criticizing students’ opinions.
- Share positive feedback with students whenever possible.
- Being calm and matter of fact is the overall goal for facilitators: This helps normalize talking about sexuality and helps “reduce” the natural discomfort of participants (discomfort that can distract from the learning process).
- Breathe. Literally. Breathing helps relax us.
- Try not to send the message that the information or question warrants embarrassment.
- Stall for time, so you can gain composure: nod your head, use a stock phrase (*You know, I’m really glad this question came up*).
- If it’s too late (your face is flushed, your voice shakes, you’ve begun laughing), acknowledge it. It immediately puts you with the participants that may be laughing at you. Then answer the question if it is appropriate.
- Use the third person (*a person’s...someone who..., two people*) rather than the pronoun “you” when answering very personalized questions in a group setting.
- It is important to present youth with medically accurate information that includes using the correct anatomical labels of body parts.
- Provide information about resources and support services related to sexual health, including healthcare providers, therapeutic services, and community organizations that offer culturally sensitive support to youth and families.

Important Cultural and Religious Considerations

Migrant/refugee youth have a wide variety of beliefs about sexuality, reproduction, gender roles, family formation, and healthcare. Cultural beliefs, stigma, and judgmental attitudes may restrict migrant/refugee youth from accessing accurate information on sexual reproductive health. Therefore, it is important to understand the cultural and religious backgrounds, identities, values, and practices of migrant/refugee youth.

Providing sexual education for non-married youth may be culturally unacceptable in many Muslim societies, despite reasons for the necessity of sexual health education for youth. The main socio-cultural challenges to sexual health education for youth from Muslim countries are affected by taboos surrounding sexuality that include: denial of premarital sex, social concern about negative impacts of sexual education, perceived stigma and embarrassment or shame, reluctance to discuss sexual issues in public, sexual discussion as a socio-cultural taboo, lack of advocacy and legal support, intergenerational gaps, religious uncertainties, and imitating non-Islamic patterns of education. Much of the resistances around sexual health education in Muslim countries stem more from cultural taboos and barriers rather than from religious prohibitions. In Muslim countries, including Afghanistan, there is a disapproval of non-marital sex and taboos surrounding sexuality, especially regarding girls because their chastity is so closely tied to their families' honor.

There is significant research evidence that equipping adolescents with age-appropriate and accurate sexual education improves their sexual health. The primary goal of sexual education is to equip youth with the knowledge, skills, and values to make responsible choices about their sexual and social relationships.

Below is a glossary of key words used in this youth group, with their transliterated Dari and Pashto equivalents in English, and Dari and Pashto equivalents written with the Arabic alphabet.

Glossary of Key Terms

English	Transliterated	Dari	Pashto
Abstinence	Dari: خود داری Pashto: دډه کول	Khwad Dare	Dada Kawal
Breast(s)	Dari: سينه يا پستان Pashto: سينه / تيان	Seana or Paistan	Seana or Taeyan
Circumcision	Dari: ختنه Pashto: سنتول	Khatna	Sonatawal
Consent	Dari: رضایت Pashto: اجازه / رضا	Razayat	Ejaza
Ejaculation	Dari: انزال Pashto: انزال	Enzal	Enzal
Erection	Dari: شق شدگی Pashto: دریدل	Shaq Shoudagae	Daredal
Genitals	Dari: اعضای تناسلی Pashto: تناسلی اعضاوی	Azae Tanasoule	Tanasoule Azawe
Hormones	Dari: هورمون‌ها Pashto: هورمونونه	Hormonha	Hormonona
Human Development	Dari: تکامل انسانی Pashto: انسانی وده	Takamol Insane	Insane Wada
Masturbation	Dari: مشتم زنی یا خود ارضا Pashto: موټک وهل	Mosht Zane	Motak Wahal
Menstruation	Dari: عادت ماهوار یا حیض Pashto: میاشتی مریضی یا حیض	Adate Mahwar	Mayshtane Mareze
Ovaries	Dari: تخمدان‌ها Pashto: تخمدانونه	Tokhamdanha	Tokhamdanona
Penis	Dari: آلت تناسلی مرد Pashto: د نارینه تناسلی اله	Alat Tanasoule Mard	Da Narena Tanasoule Ala
Puberty	Dari: بلوغت Pashto: بلوغت یا مرانه	Bologhat	Bologhat or Marana
Sanitary Products/Napkins/Pads	Dari: محصولات حفظ الصحی / نوارهای بهداشتی Pashto: حفظ الصحی محصولات: بهداشتی / نیپکن / پیډونه	Mahsoulate Hefzul Sahe, Nawarhae Behdashte	Hefzul Sahe Mahsoulat, Napkin, Pedona
Sexual Behavior	Dari: رفتار جنسی Pashto: جنسی چلند	Raftare Janse	Janse Chaland
Sexual Health	Dari: سلامت جنسی Pashto: جنسی تندرستی	Salamate Janse	Janse Tandroste
Sexual Hygiene	Dari: حفظ الصحه جنسی Pashto: جنسی حفظ الصحه	Hefzul Sehae Janse	Janse Hefzul Seha
Sexual Intercourse	Dari: مقاربت جنسی Pashto: جنسی اړیکه	Muqarebate Janse	Janse Areka
Sexuality	Dari: جنسیت Pashto: جنسیت	Janseyat	Janseyat
Sperm	Dari: سپرم Pashto: سپرم / منی	Speram	Speram or Manie
Testicles	Dari: خصیه Pashto: خوټی	Khesya	Khote
Uterus	Dari: رحم Pashto: رحم	Reham	Reham
Vagina	Dari: الت تناسلی زن یا مهبل Pashto: د ښځی تناسلی اله	Mahbel or Alat Tanasoule Zan	Da Shaze Tanasoule Ala
Virginity	Dari: باکرگی یا بکارت Pashto: بکارت	Bakeragae or Bekarat	Bekarat

Gender Identities and Expressions and Sexual Orientation

Please note that the following information and guidance on Gender Identities and Expressions and Sexual Orientation is for facilitators only and is not meant to be delivered to migrant/refugee youth in a group session. The purpose of providing this information is to ensure that facilitators have a basic understanding of key concepts and terms related to gender identity and expression and sexual orientation should migrant/refugee youth ask questions, seek guidance, or express concerns related to these sensitive topics.

The developmental process for young people often involves experimenting with many different identities, forms of expression, and behaviors, and sexual identity is not exempt from this type of exploration. Gender identity, gender expression, sexual orientation, and sexual identity are often evolving and changing during adolescence. **No one else is qualified to label or judge another person's sexual identity, including their sexual orientation or gender identity, and it is important that the language and terms young people use to identify themselves is respected by the adults in their lives.**

If migrant/refugee youth should bring up questions or comments related to gender identity, gender expression, or sexual orientation, facilitators are encouraged to familiarize themselves with common terms and concepts beforehand and to then provide basic information in an honest, non-judgmental manner, allowing youth to take the lead in the conversation. If you are unsure, do not understand, or do not feel comfortable discussing these topics with migrant/refugee youth, it is okay to be honest about the things you do not understand or feel comfortable discussing, and then referring the migrant/refugee youth to resources that may be helpful and informative. The facilitator always has discretion on what and how much to cover, depending on the circumstance and youth involved.

It is important to understand that any issues related to these topics are extremely sensitive, complex, and can be easily misunderstood. Facilitators should always listen without judgment, convey inclusivity, and promote dignity and respect for people of all genders, gender expressions, gender identities, and sexual orientations. Exploring gender identity and expression or sexual orientation or identifying as gender nonconforming or LGBTQIA+ (lesbian, gay, bisexual, transsexual, queer or questioning, intersex, asexual and more) may be an extremely difficult process for Muslim migrant/refugee youth who are oftentimes rejected by their families and communities and/or who find conflict between their religious and cultural identities and their desires for personhood, relationships, and intimacy. Furthermore, due to fear, stigma, and discrimination, LGBTQIA+ youth, especially migrant/refugee and Muslim youth, experience a variety of health, mental health, and social challenges such as eating disorders, school difficulties, violence, and suicide. Below are some definitions of key concepts to be aware of from *Rights, Respect, Responsibility: A K-12 Sexuality Education Curriculum, Teacher's Guide* (2015) by Advocates for Youth. Please note that language and definitions often evolve, so it is important to stay as up to date as possible. Additional resources are provided at the end of this guide.

GENDER- & SEXUAL ORIENTATION-RELATED TERMS

Biological Sex or Sex assigned at birth: A person's combination of genitals, chromosomes, and hormones usually (but not necessarily accurately) categorized as "male" or "female" based on looking at an infant's genitals during an ultrasound or at birth. This categorization tends to assume that a person's gender identity will be congruent with the sex assignment. Everyone has a biological sex, which can also include "intersex" or someone who has chromosomes and body parts different from XY or XX chromosomes.

Gender: The set of meanings assigned by a culture or society to someone's perceived biological sex. Gender has 3 components: gender identity, physical markers, and gender expression.

Gender Identity: A person's deep-seated, internal sense of who they are as a gendered being – specifically, the gender to which they identify. All people have a gender identity.

Cisgender: An adjective used to describe a person whose gender identity is congruent (or "matches") with the biological sex they were assigned at birth is "cisgender."

Transgender: An adjective used to describe a person whose gender identity is incongruent (or does not "match") with the biological sex they were assigned at birth. Other gender identities may include non-binary, agender, bigender, genderfluid, and genderqueer.

Non-Binary: An adjective describing a person who does not identify exclusively as a man or a woman; may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories.

Agender: An adjective to describe a person who does not identify with any particular gender or describes their gender as neutral.

Bigender: An adjective to describe a person who identifies with two genders.

Gender-Expansive: An adjective used to describe a person with a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system. Often used as an umbrella term when referring to young people still exploring possibilities of their gender expression and/or identity.

Gender-Fluid: An adjective to describe a person who does not identify with a single fixed gender or has a fluid or unfixed gender identity.

Genderqueer: An adjective to describe a person who rejects notions of static categories of gender and embraces a fluid identity and often, though not always, sexual orientation; may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.

Gender Expression: A person's outward gender presentation, usually comprised of personal style, clothing, hairstyle, makeup, jewelry, vocal inflection, and body language. Gender expression is typically categorized as masculine, feminine, or androgynous, and there are many shades in between.

Sexual Orientation: The gender or genders of people one is attracted to sexually and/or romantically. Sexual orientation falls along a spectrum. Everyone has a sexual orientation. It is not necessary to engage in sexual behaviors to know what your sexual orientation is.

Heterosexual or “Straight”: Describes a person who is solely attracted to people of a different gender.

Gay: A person who is attracted to members of the same gender. Men, women, and non-binary people may use this term to describe themselves. A **Lesbian** is a woman who is attracted to other women.

Bisexual: A person who is attracted to more than one gender, though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with **pansexual**.

Asexual: A person who has a complete or partial lack of sexual attraction or lack of interest in sexual activity with others.

It is recommended that migrant/refugee youth **not** be encouraged to publicly disclose their gender identity or sexual orientation. Instead, in private and one-on-one, explore the various reasons a youth may want to disclose versus not disclose, including their sense of safety. It is important that youth understand that they do not need to tell anyone about their sexuality especially if there is a very real possibility of being unsafe, unprotected, rejected, or punished. Facilitators should provide safety, support, compassion, and resources to any youth who are, who believe that they might be, or ask questions about LGBTQ+. In addition to the resources located at the end of this educational guide (before Appendix A), it may be helpful to locate and share with youth local Gender and Sexuality Alliances (GSAs) which are student-run organizations that bring together LGBTQ, cisgender, and straight youth to build community and organize for safer and supportive environments at school and in their communities.

USCRI GROUP WITH MIGRANT/REFUGEE YOUTH: SEXUALITY

Objectives:

By the end of the session, migrant/refugee youth will be able to:

1. Have a broader understanding of human sexuality by identifying its components and subtopics
2. Identify and explain the physical and emotional changes that occur during puberty
3. Describe good health and hygiene practices during puberty and onwards
4. Identify accurate information and dispel myths related to sexuality
5. Explain the difference between public and private behaviors and places in their own words, correctly label places and behaviors as private or public, and identify natural consequences of inappropriate behavior.

Summary:

This session is focused on providing accurate information about human sexuality, puberty, sexual health hygiene, and appropriate and inappropriate private and public behaviors.

Materials:

- Whiteboard/chalkboard/Poster paper/Flipchart and whiteboard markers/chalk/markers
- Pencils or pens
- Cut pieces of paper or index cards
- Non-transparent box with slit on top (big enough for pieces of paper or index cards to enter) for Anonymous Question Box
- Paper

Session Facilitation:

[Greet and welcome youth as they arrive for group session. Introduce yourself.]

Part 1: Rules, Safety, Privacy, and Confidentiality (~5 mins)

Aim: To establish agreed-upon ground rules, which are shared guidelines about how everyone – facilitators and youth – will interact during the group session, in order to create a sense of trust, support and safety among youth and facilitator(s).

This group is designed to involve young people in discussing personal, sometimes sensitive topics. To do this effectively, it is important to create and maintain a safe, respectful environment in which youth can share freely. You can create and maintain a safe, respectful environment by introducing and reinforcing ground rules and norms. Emphasize to youth the importance of creating a safe space for open discussion and learning that is based on respect and trust. Emphasize your commitment, as a facilitator, to honoring confidentiality.

Recommended Group Rules and Norms:

- **Respect:** Give undivided attention to the person who has the floor/is speaking and sharing (permission to speak).
- **Confidentiality:** What is shared in this group will remain in this group. Exceptions to this rule include if it is shared that an individual has threatened to harm themselves or others.
- **Right to Pass:** It is always okay to pass (meaning, “I would rather not” or “I do not want to answer or share.”)
- **Openness:** We will be as open and honest as possible without disclosing others’ (family, neighbors, or friends) personal or private issues. It is okay to discuss situations, but we will not use names or other identifiers. For example, instead of saying, “My older brother...”, we can say “I know someone who...”
- **Sensitivity:** We will remember that people in this group may differ in many ways in terms of knowledge, experiences, or opinions and we will be careful about making insensitive or careless comments.
- **No shame, no blame, and no judgment:** In order for everyone to be honest and share their thoughts or experiences or ask questions, we should all feel comfortable in doing so without judgment from others.
- **Ask questions:** No question is a stupid question.
- **Acceptance:** It is okay to feel uncomfortable; adults even feel uncomfortable, too, when they talk about sensitive and personal topics, such as sexuality.
- **Have fun!**

Part 2: Addressing Youth and Facilitator Apprehension (~3 mins)

Aim: To acknowledge and address participants’ and group facilitators’ apprehension in talking about sex.

Begin by introducing the topic of today’s group and why it is important. Explain that it is perfectly normal to feel embarrassed when it comes to the subject of sex. In an effort to reduce participants’ anxiety, try initiating a discussion based on the following questions:

1. What does the word “sex” really mean? Are there different meanings for the word?
2. Why do we feel uncomfortable talking about sex?

Engage in group discussion.

Explain that most of the embarrassment may be attributed to the fact that sexuality remains a subject that is rarely broached among families or inside classrooms. Adolescents and adults do not talk about issues involving sexuality. Essentially, our discomfort stems from the fact that we are not used to discussing sexuality openly. Even though sex and images of sexuality are prevalent in the media and online, honest discussion surrounding sexuality can be more difficult for some people, as well as people from certain religious and cultural backgrounds. Remind youth that talking about sexuality is healthy because it will help them become informed and therefore prepare them for making informed decisions about their own sexuality.

Anonymous Question Box: Tell participants that they might also have questions during the group session that they are afraid to raise in front of their peers and friends. Let them know that they can write their questions anonymously on index cards and place these in a Question Box that has been

set up specifically for this group. Explain that questions will be answered later or after the group. Remind participants not to write their names on the index cards, so that their questions can remain confidential. Ask them to fold the index card and deposit it in the question box.

Part 3: Sexuality (~5 mins)

Aim: To broaden participants' understanding of human sexuality by introducing its components and subtopics.

Tell participants: Before learning about sexuality, we need to understand what "sexuality" means. We will spend a very short amount of time talking about what sexuality is and how it is a part of every human life since you all will more than likely learn about these topics in much more detail when you're in school.

[Write "Sexuality" down on a whiteboard/chalkboard/flipchart and as you discuss the main components of sexuality, write these down on the board around "sexuality"]

Tell participants: Sexuality is a much broader concept than sex or sexual intercourse. Sexuality can be broken down into five main components or areas: Human Development, Relationships and Emotions, Sexual Behavior, Sexual Health, and Sexual Violence.

Let's briefly go over each component [Ask participants if they have any questions or comments after each component]. Does anyone know what **Human Development** is? Human development involves the connections between physical, emotional, social, and intellectual growth. It includes, reproductive physiology and anatomy, growth and development, body image, sexual orientation, gender identity and roles. In a few minutes, we will focus on growth and development in more detail.

How are **Relationships and Emotions** a component of sexuality? All people need to have relationships with others in which they experience emotional closeness. Relationships and Emotions include families; friendships; loving, liking, and caring; attraction and desire; flirting; dating and courtship; intimacy; marriage and lifetime commitments; and raising children. We will not focus on this area of sexuality today.

Does anyone know what **Sexual Behavior** is? Sexuality is a natural and healthy part of life from birth to death and individuals express their sexuality through a variety of sexual behaviors. Sexual behaviors include, masturbation, shared sexual behaviors, abstinence, pleasure and human sexual response, and fantasy. Sex is an act between two consenting people. **Consent** means that both people have agreed to what is happening and can stop at any time they want. In many religions, including Islam, there is a belief that sex is only permissible when two people are married and is considered an act of worship. Of course, there are many people – Muslim or not – who choose not to wait until marriage. The decision to have or not have sex is different for everyone. It's important to remember that sex is an act of great responsibility. We will focus on this area today.

Another component is **Sexual Health**. Sexual health includes having the knowledge and attitudes and taking the appropriate actions to actively maintain the health of one's reproductive system and to avoid unwanted consequences of sexual behavior. This includes, contraception/safe sex, sexually transmitted diseases, hygiene and care of our bodies, and regular check-ups.

The last area of sexuality is **Sexual Violence** which is any violence (that is, abusive or unjust use of power) that has a sexual aspect/element. It includes the use of sexuality to influence, control, or manipulate others. This includes sexual abuse, incest, rape, sexual harassment, domestic violence, and other harmful practices.

Part 4: How Our Bodies Have Changed (~10 mins)

Aim: To encourage participants to begin identifying physical and emotional changes associated with puberty and to discuss feelings about them.

[Write “Changes in Boys” or “Changes in Girls” on the whiteboard/chalkboard/flipchart, depending on the youth population you are working with.]

Ask participants to think about themselves at the age of 6 – to get a visual of what they looked like when they were 6 years old. Then ask participants to imagine themselves at the age of 18 – what they would look like. Ask participants to compare the differences in physical appearance they see in themselves at age 6 and age 18. Ask them about physical changes that cannot be seen. For example, ask them, *What will happen to your voice by the time you are 18 years old?*

Tell youth: You are at a time in your lives when your body is going through some amazing changes. For some of you, this may have started already; for others, these changes may not start for a few years yet. Some of these changes will make you feel good about yourself; it is exciting to see yourself growing up! Other changes may feel weird, like your body is a bit out of control at times. As you experience these changes, it is important to remember that all these changes are normal. They are all important parts of growing up that everyone goes through. This time of growth is called **puberty**, and it is started by the natural chemicals in our bodies, called **hormones**.

[Write the new changes in their bodies on the whiteboard/chalkboard/flipchart as in the tables below. Cover each part of the body and read out loud the **Major Changes in Males** and **Facilitator Main Message** listed in the second and third columns of the table below.]

[INFORMATION FOR MALES]

	Major Changes in Males	Facilitator Main Messages
Skin	Skin becomes oily, sometimes with pimples or acne.	This lasts through your adolescent years and then usually ends. Wash the face each day with soap and water.
Hair	Hair increases on legs, chest, face, under arms, and in pubic area.	The amount of new body hair that grows is different for each young man.
Body Size	Shoulders and chest broaden, weight and height increase.	By the time puberty is complete, young men are often taller and weigh more.
Perspiration (sweat)	Perspiration increases and body odor may appear.	This is normal. Can help control by washing or bathing daily.
Voice	Voice deepens slightly.	Male voices can suddenly go from high to low or from low to high. This cracking can be a bit embarrassing sometimes. In time, it will stop.

<p>Male Sexual Organs</p>	<p>Wet dreams and erections occur, and penis and testicles grow larger.</p>	<p>Wet dreams and erections are completely normal. An erection is when the penis gets hard and stands out stiffly from the body. Erections can be caused by any sexual stimulation (including pictures, touch, television, books, and thoughts), other common events (lifting heavy loads, straining to move bowels, dreaming, exposure to cold, tight clothing, fright, excitement, taking a shower, and waking up), and no apparent cause, especially during puberty. Though there is some variation in flaccid (not erect) penises, there is less variation in erect penises. There is no standard penis size, shape, or length. Also, penis size does not affect sexual functioning or pleasure. Sperm production begins during puberty, and ejaculation is possible. Sperm and other fluids combine to create something called semen. When sexual excitement and stimulation increase to a certain level, a white milky, sticky fluid comes out of the penis accompanied by a pleasurable feeling and overall relaxation. This ejaculation is sometimes called having an orgasm. Wet dreams/nocturnal emissions happen to some, not all. A wet dream is the ejaculation of semen while you are asleep.</p>
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Other important things for boys to know:

Male Circumcision occurs when a doctor removes a fold of skin, called the foreskin, from around the top of the penis. It is usually done in the first few days after birth. Among some, it is done for religious/cultural reasons, but people of all religions and cultures circumcise their baby boys because our society believed for years that circumcision was necessary for male health and hygiene. Today, health practitioners agree that uncircumcised boys and men can experience the same sexual health as those who are circumcised. From puberty onwards, the penis secretes an oily substance that accumulate under the foreskin and cause odor. Uncircumcised boys and men need to gently pull the foreskin back and wash the head of the penis when bathing. Whether or not circumcised, it is a good habit to wash and dry the penis and testicles daily. Drying the penis completely will risk chapping which is not usually serious but can be quite uncomfortable. Male athletes' propensity for chapping earned the problem a slang term, *jock itch* or *jock rash*. It can be treated by applying cornstarch (obtained at a grocery store) or over-the-counter medications.

Athletic supporter or Jockstrap is an elastic supporter to protect and support the penis and testicles during recreational activities. If you participate in certain contact sports, you can purchase, at most sporting-goods stores, a plastic or fiberglass cup to insert in the athletic supporter to give additional protection from injury.

Masturbation is a **private** behavior defined as touching or rubbing one's own genitals for sexual arousal and satisfaction. This can lead to orgasm. When someone reaches orgasm, semen will come out and should be cleaned up with a tissue.

Many people think that masturbation is all right to do, as long as it is done privately, by yourself alone, in your bedroom or bathroom with the door closed, you do not do anything that would hurt yourself, and it does not take too much time.

Other people think masturbation is not okay to do. In some cultures, and within certain religious groups, masturbation is discouraged or forbidden. If a person from such a group tried masturbation, he might feel guilty about having experimented with this act.

While it is normal to masturbate, it is also normal not to masturbate. There are no physical side-effects to masturbation. You should decide what your feelings and beliefs are about masturbation for you, personally. If you need help to decide what is okay for you, you should talk to a trusted adult.

Testicular self-exam is a simple, monthly, five-minute self-examination that is a male's best hope for early detection of testicular cancer. The self-exam is best done after a warm bath or shower, when the scrotum is most relaxed. Examine each testicle by gently rolling it between the thumb and index finger to check for any hard lumps. Most men will notice a ridge along the top and back portion of their testicles. If a lump or nodule appears, it may or may not be malignant and should be brought to your physician's attention promptly. The incidence of testicular cancer is low, but it is most prevalent among young men in their late teens and early twenties.

During a **Male Physical Exam**, a doctor will feel the testicles, scrotum, and penis checking for lumps and pain. Sometimes a doctor will do a rectal examination – that is, feel inside the anus to check for lumps or swelling. He or she may ask questions about genital development, ejaculation, or wet dreams. Unless adolescents are actively involved in sports where exams are required frequently, they are unlikely to get annual exams. Ideally, adolescent boys should get a physical at least every two years.

Stress the following: Puberty is a time when the bodies of boys change – bodies grow bigger and taller, genitals develop, and body hair appears. Puberty happens because new chemicals – hormones – are developing in the body, turning young people into adults. Usually, puberty starts between ages 10 and 16 in boys, although some young people start puberty earlier or later. During puberty, a girl becomes physically able to become pregnant, and a boy becomes physically able to father a child. Although the physical ability to have a baby is there, it does not mean she is ready to have a baby, or that he is ready to be a father, only that they are physically capable of creating and having a baby.

[Ask participants if they have any questions or comments]

[INFORMATION FOR FEMALES]

[Write the new changes in their bodies on the whiteboard/chalkboard/flipchart as in the table below. Cover each part of the body and read out loud the **Major Changes in Girls** and **Facilitator Main Message** listed in the second and third columns of the table below.]

	Major Changes in Girls	Facilitator Main Messages
Body Size	Height and weight increase, hips widen, breasts grow	By the time puberty is complete, young women are often taller and weigh more. May start wearing a bra.
Skin	Skin becomes oily, sometimes with pimples or acne.	This lasts through your adolescent years and then usually ends. Wash your face twice a day with soap/facial cleanser and water.
Hair	Hair increases on legs, under arms, and in pubic area	The amount of new body hair that grows is different for each young woman. Hair texture may change.
Perspiration	Sweat or perspire more	This is normal. Can help control by washing or bathing daily and using antiperspirant/deodorant daily.
Ovulation and Menstruation	Ovaries (sex organs) will start to release an egg about once every 4 weeks, leading to bleeding once a month, called “having a period.” Bleeding can last between 2-10 days. Some girls may experience cramps. Average age of first menstruation is 12, but some may get it earlier or later (between ages of 8 and 16).	Ovaries (sex organs) will start to release an egg about once every 4 weeks and travels to uterus . The lining of the uterus is shed, and the blood and tissue leaves through the vagina once a month, called “having a period .” Bleeding can last between 2-10 days and girls can use sanitary pads to catch the blood. Some girls may experience cramps during their period.
Female sexual organ	Daily vaginal discharge is normal	During puberty, girls may notice more clear to white discharge in their underwear during the day or when they wake up, or on toilet paper when using the bathroom. This daily discharge is normal, as long as there is no strong odor, and it does not change color.

Other important information for girls to know:

Menstruation or Period: Your first period can be quite light in **flow** (how heavily you bleed) and it may take some time for it to become regular. It’s important to understand that flow can vary when your periods are regular too – you may experience heavier days and lighter days during the same period cycle. On average, you will get your period every 28 days, but some may have shorter cycles of 22 days or longer – up to 36 days. These are all normal ranges and in time you will learn what is normal for you. After about 18 months to 2 years, your period should settle into a regular and more predictable pattern.

Menstrual/Period/Feminine Hygiene Products: There are a variety of products designed to suit a range of flows. You may want to try a few different products to learn what feels comfortable for you. There are three main types of feminine hygiene products: sanitary pads/napkins/liners, period panties, and tampons.

Disposable sanitary pads and liners are designed to be placed in the lining of your underwear with a sticky backing to keep them in position. There are many options available including ones with wings to help hold the pad in place and prevent leaking and longer and thicker ones for heavier flow or night-time wear. Panty liners are smaller and thinner pads and can be useful for the beginning or end of your period when it is lighter or for added prevention against leaks if you use a tampon. Pads vary by size or absorbency. You want to find a pad that is big enough that you do not have to worry about leaking through but small enough to be comfortable. Pads need to be changed every 3-4 hours even if you have a light flow. Regular changing of pads prevents the buildup of bacteria and stops odors. If you have a heavier flow, you might need to change pads more often. To remove a pad, unstick it from your underwear, wrap it in toilet paper, and put it in a trash can or in a special disposable box that are found in public restrooms. Do not flush a pad because the toilet can become clogged.

Period panties are super-absorbent underwear with multiple layers designed to keep moisture away from your skin as they absorb blood and help protect against leaks. You put them on just like regular underwear. Change and wash period panties every 10-12 hours or more often if needed. Typically, period underwear can be hand-washed or washed and dried in your washer and dryer using gentle or delicate cycle.

Tampons absorb blood from inside the vagina. Although they are less commonly used by Muslim girls, it is important to let you know of the various options available to you. Tampons are also made with super-absorbent materials in the shape of a plug. Tampons come in different sizes and absorbencies for heavier and lighter flows. Some tampons come with an applicator that is plastic or cardboard tube that guides the tampon into the vagina. Other tampons are inserted using a finger. Before putting a tampon in, it's important to wash your hands and then carefully follow the directions that come with the tampons and be sure to relax when inserting. It is important that you use a tampon with an absorbency that is right for you. Tampons should be changed every 4-6 hours or when it is saturated with blood. Tampons have string attached to one end that stays outside of the body. To remove the tampon, pull gently on the string until the tampon comes out. Wrap in toilet paper and throw it in the trash, and do not flush it down the toilet.

It is normal for one breast to be slightly larger than the other.

When a woman reaches her late teen years (18-20), she should start having pelvic exams or check-ups once a year. There is no need to wait until having sexual intercourse to have an exam, but women should certainly have one once having sexual intercourse. A pelvic exam is a check-up of a girl's or woman's reproductive system. It may or may not include a Pap test. Women should have a Pap test three years after she first has vaginal intercourse or by the age of 21. Women should have sexual health check-ups at least once a year, including breast exams.

Breast self-examinations can detect small lumps that could develop into cancer. These self-examination techniques are very important to detect early signs of breast cancer. Teenagers rarely get breast cancer but getting in the habit of doing breast self-examination once a month is a good

idea. By age 25, all women should examine their breasts once a month because breast cancer is very common among women. Breast self-examination consists of:

- Looking in the mirror at the breasts
- Feeling each breast in a circular motion to search for any lumps or thickening that could signal cancer.
- Use the image in **Appendix A** to explain how to properly do a breast self-examination.

[For Both Boys and Girls]

Tell participants: Puberty is also a time when boys and girls experience emotional and social changes. **Emotional changes** have to do with feelings, and our awareness of what may or may not cause us to feel certain things. **Social changes** have to do with how we interact with others. Ask participants to think about some of the following:

1. Changes in the way you feel about yourself
2. Changes in your relationships with family members and parents
3. Changes in friendships and feelings of love
4. Changes in what others expect of you
5. Emotional changes that may be different for boys compared to girls

Ensure that the following are mentioned as common feelings of those entering puberty:

- Struggling with a sense of identity and questions about oneself
- Moodiness, anger, and depression
- Need for more independence and privacy
- Relationships with friends and opinions of others become more important
- More concern or worry about appearance and body
- Worry about the future (school, family, job, etc.)
- New “crushes” on movie stars, pop artists, teachers, or peers
- Curiosity about sexual organs
- Feeling sexually attracted to people

Stress the following: All of these new emotions are normal. Feeling anxious about growing up is normal. Having sexual feelings is normal and is nothing to feel guilty about. Acting on such feelings, however, is a big responsibility. All people are sexual beings. Talking to trusted adults about sexuality can be helpful.

Part 5: Sexual Health & Hygiene (~ 2 mins)

Aim: To learn about good health and hygiene practices during puberty and onwards.

Tell participants: It is not enough to know what happens during puberty. It is also important to learn how to keep a young adult body healthy, clean, and free of infection. We can use the analogy of a car. You *could* drive a new sports car until it fell apart, but most people *wouldn't*. They want to learn how and when to get it tuned up and keep it at top shape. All of you are getting ‘new’ young adult bodies. Just as there are things you need to know to keep a new car running at its peak, there are things you need to know to keep your ‘new’ young adult body running at its peak.

Washing the body helps one stay clean, avoid infection, and avoid becoming sick. Bathe with water or water and soap once or twice per day. Wash hands after meals. Wash hands after using the

bathroom to prevent the spread of bacteria and infection. Washing the face at least twice a day with soap or facial cleaner and water can help reduce acne or make it less severe.

Use **deodorant with perspirant** for smelling good under your arms. Wash your hair regularly to keep it clean.

Wear clean underwear every day to avoid infection and keep the genital area clean.

It is important to wash and clean your private parts every day. Wash the scrotum/vagina, between the scrotum and thighs, in between the buttocks, and the anus with soap and water every day.

Part 6: Facts and Myths about Puberty (~ 6 mins)

Aim: To reinforce information and dispel myths related to sexuality.

Discuss with participants: Because there are so many changes associated with puberty, it can be confusing and embarrassing to talk about. Parents might also be embarrassed to talk about these topics and so young people might hear or read things that are NOT actually true. There are many facts and myths (meaning the information is NOT accurate or true) about puberty, and now is the time to ask questions and get straight answers.

Tell participants that statements will be read aloud, and participants will be asked to determine whether the statement is TRUE or FALSE either by voluntarily saying so or by a show of hands for those who think the statement is TRUE, a show of hands for those who think the statement is FALSE, and a show of hands for those who are unsure. After asking participants whether the statement is TRUE or FALSE, tell participants the correct answer and provide an explanation. The first set of statements are for boys and girls; the second set are for boys; and the last set are for girls.

[For BOTH boys and girls]

1. A person's feelings may change from moment to moment, especially during puberty. (**TRUE** or FALSE)
2. The main reason teenagers get acne during puberty is from eating the wrong foods. (TRUE or **FALSE**)
3. Just because you have a sexual feeling, you have to act on it. (TRUE or **FALSE**)
4. It is not necessary to wash more often once you begin puberty. (TRUE or **FALSE**)
5. Some people think that masturbation is all right to do, as long as it is done privately. (**TRUE** or FALSE)
6. Normal adolescents do not masturbate once they become sexually active. (TRUE or **FALSE**)
[Masturbation is a normal sexual behavior that occurs in many males and females of all ages. Masturbation is a common means of privately achieving sexual pleasure and release. Masturbation is not physically harmful, and it is a safe way to express sexuality without risking pregnancy or disease. People whose family, religion, or culture teach that masturbation is wrong may feel guilty if they masturbate.]
7. New thoughts and feelings accompany the physical changes of puberty. (**TRUE** or FALSE)

8. Masturbation can cause people to go crazy. (TRUE or **FALSE**)
[Masturbation is a normal part of sexual expression for most people. It will not cause a person to go crazy or blind. Many people of all ages masturbate, although some do not because it goes against their values. You are normal if you do it and you are normal if you do not.]
9. Washing your genitals with soap and water is necessary for good hygiene. (**TRUE** or FALSE)
10. Generally, girls begin puberty before boys. (TRUE or FALSE)
[Most girls begin puberty one or two years earlier than boys.]
11. Boys need sex more than girls do. (TRUE or **FALSE**)
[Neither boys nor girls need to have sex to be healthy. It is normal and healthy for boys and girls to have sexual feelings; however it is important for everyone to think seriously about what they want to do and not want to do when it comes to acting on those feelings. Sexual intercourse at an early age often leads to confusion, guilt, regret, and sometimes even an unplanned pregnancy and sexually transmitted diseases. For these reasons, it is best to wait until you are older to start having sexual intercourse.]

[For boys]

1. Usually, boys start puberty between the ages of 10 and 16. (**TRUE** or FALSE)
2. Boys only get erections when they think about something sexual. (TRUE or **FALSE**)
3. It is common for boys to have nocturnal emissions (wet dreams) during puberty, but it is also healthy not to. (**TRUE** or FALSE)
4. There is nothing wrong with a boy if he ejaculates in his sleep. (**TRUE** or FALSE)
5. Males need to have sex to keep good health. (TRUE or **FALSE**)
6. Once a man gets aroused and has an erection, he must ejaculate to avoid harmful effects. (TRUE or **FALSE**)
[A man may feel some discomfort and heaviness in his testicles if he is sexually excited for a long period of time without ejaculating. The feelings will disappear once he stops the sexually stimulating activity.]
7. At puberty, a boy is capable of becoming a father. (**TRUE** or FALSE)

[For girls]

1. Wearing a bra makes breasts droop/sag. (TRUE or **FALSE**)
[Bras help prevent drooping/sagging because they support the breasts and prevent the skin and breast tissue from stretching and losing elasticity.]
2. If a girl misses her period, she is definitely pregnant. (TRUE or **FALSE**)
[When girls first start menstruating, they often have irregular periods and may even skip a month or two at times. At times hormonal imbalances due to underlying diseases can also

result in irregular periods. However, if a young girl has had unprotected sexual intercourse irrespective of an underlying medical condition, missing a period can be a sign of pregnancy.]

3. You cannot get pregnant if you are on your period. (TRUE or **FALSE**)

[After you get your period for the first time, you can get pregnant any time you have sex. It's even possible, although uncommon, for a female to get pregnant before she gets her first period. This is because young women may ovulate – release eggs from their ovaries – before they have their first period. Even if you use contraception or other form of birth control, you can still get pregnant. The only 100% guarantee of not getting pregnant is by NOT having sex.]

4. Period blood is dirty. (TRUE or **FALSE**)

[Period blood is the same as blood from a nosebleed or cut. It is a natural body function for females.]

5. Girls or women can lose their virginity by using tampons. (TRUE or **FALSE**)

[Some people think that stretching or breaking the hymen (a piece of skin inside the vaginal opening that varies from person to person) means that they are no longer a virgin. This is NOT true. The truth is that the hymen can change or tear for a variety of reasons (playing sports or riding a bike, for example). The hymen is not a reliable indicator of whether someone has had sex or not. It is entirely up to each girl and woman whether to use sanitary pads/napkins or tampons. Some women find one or the other more comfortable and some women use both at once on heavy menstrual days. If a girl or woman decides to use a tampon, it is important to know that they are safe to use as long as they are changed at least every 8 hours.]

[Ask participants if they have any questions or need additional information or clarifying information about any of the information presented so far or specifically related to the facts or myths.]

Part 7: Private Vs. Public (~6 mins)

Aim: To explain the difference between public and private places and behaviors in their own words, correctly label places and behaviors as private or public, and identify natural consequences of inappropriate behavior.

[When defining terms, provide as many concrete examples as possible.]

Tell participants: Now we would like to talk about private and public places and behaviors that are appropriate and inappropriate. Public is different from private. **Public** is when there are many (2 or more) people; **private** is when there is just one person. **Public places** are places where you are likely to see other people as well as yourself. **Private places** are places where you are usually alone. Private places like in your bedroom (unless you share a room) or bathroom by yourself with the door closed. When we are in public places, we wear clothing that covers our bodies. Usually, most of our body is covered with clothing, but certain parts of the body are always kept covered in public places. These parts are the penis, scrotum, vagina, breasts, and bottom – the parts covered by our underwear/undergarments/swimsuit. Sometimes in private places, like our bathroom, or when changing clothes, these parts of the body are not covered.

Brainstorm with participants which parts of the body should be covered in different places. Explore confusing situations (like in doctor's office or when changing into a swimsuit in a room without separate cubicles). Use the list of places given below as a starting point.

- At the beach
- At school
- At a party
- Getting dressed to go to a friend's house
- Getting changed into a swimsuit in public change room
- At a doctor's office – in the waiting room, in the doctor's office, and on the exam table

Tell participants: Public behaviors and language are used when you are with other people, in public. If you behave in public in an appropriate/OK way, people will not think you are strange and will not laugh at you. Other behaviors are considered to be private. Things like going to the bathroom, brushing your teeth, adjusting your underwear, burping, or picking your nose. If you do these private things in public places, people may think you are acting inappropriately, that it is NOT OK and they may laugh at you or think you are strange.

Brainstorm with participants other examples of behaviors that might be considered inappropriate (not OK) because of the place where they occur. Discuss their reactions (what they think, how they feel) if they were to see one of these examples occur – and the likely reactions of other people. Some examples:

- A boy is brushing his teeth on the bus on the way to work
- A boy and a girl are kissing and hugging really hard while standing at the McDonalds
- A boy is at a group picnic. He unzips his pants and goes to the bathroom right next to the picnic table.
- A boy or girl is at home and goes to the bathroom with the door wide open
- A boy or girl is swimming in a crowded pool and begins rubbing his private areas
- A boy or girl is in the bathroom at school and is looking under the doors of bathroom stalls while they are in use
- A girl receives a text message from a boy in her class and it is a picture of his penis

Part 8: Review, Discussion, and Questions (~ 5 mins)

Aim: To briefly review key information and encourage participant discussion and questions.

Tell participants: The changes that come with puberty can be confusing, but it helps to remember that they are a normal part of growing up. Although the changes that boys and girls go through are different, puberty is a natural experience, and it happens to everyone. It is important for you to get accurate information about your physical development and sex. If you have questions, ask an adult you trust, like a family member, nurse, doctor, or a teacher.

We have gone over a lot of important information today, but let's quickly go through each section and identify some key points. [Go over key points from each section, asking participants to share what they remember or what stood out to them from each section (Part 3 to Part 7).]

Conclude by telling youth that puberty and growing up is an exciting time that can also be confusing. Every single adult they know has survived puberty and they will too. Thank youth for their attention and participation and acknowledge the awkwardness that often accompanies these topics, but the

more we openly talk about these topics, the more knowledgeable we become and the less awkward we feel.

RESOURCES

FOR YOUTH:

AMAZE (www.amaze.org) is an online sex education resource for young adolescents and also has advice and information for parents and educators.

AMAZE Jr. (ages 4-9) (<https://amaze.org/jr/>) Provides parents with age-appropriate sex ed resources and fun videos to share with children.

Roo (<https://www.plannedparenthood.org/learn/roo-sexual-health-chatbot>) is a free health app created by Planned Parenthood to connect curious users to facts. Roo answers all questions about sexual health, relationships, growing up, and more. Chatting with Roo is free and private.

Scarleteen (www.scarleteen.com) is an independent, grassroots sexuality and relationships education and support organization and website that provides inclusive, comprehensive, and supportive sexuality and relationship information for teens and emerging adults.

Sex Etc. (www.sexetc.org) is sex education by teens, for teens. Sex Etc. Has helped teens with answers to their questions about sex, relationships, pregnancy, STDs, birth control, sexual orientation, abuse and violence, and more.

FOR LGBTQ+ MUSLIM YOUTH:

LGBT National Help Center <https://lgbthotline.org/> provides free & confidential peer-support, information, and local resources through national hotlines and online programs. Hours: (Mon-Fri: 4 PM-12AM Eastern/1-9 PM Pacific and Saturdays 12 -5 PM Eastern/9 AM-2 PM Pacific)

LGBT National Hotline 888-843-4564

LGBT National Youth Talkline 800-246-7743

LGBT National Coming Out Support Hotline 888-688-5428

LGBTQ Teens Chatroom available Tuesdays and Wednesdays 1-4 PM Eastern/4-7 PM Pacific: <https://lgbthotline.org/youthchatrooms/>

To search and find local community resources across the U.S. and Canada, from doctors, lawyers, social groups, sports teams, youth support and more: <https://www.lgbtnearme.org/>

Muslim Alliance for Sexual and Gender Diversity is an organization working to support, empower, and connect LGBTQ Muslims

DESI RAINBOW PARENTS & ALLIES provides education, support, and community to South Asian families and friends of LGBTQIA+ individuals to foster understanding and acceptance among families. Desi hosts monthly virtual support and discussion groups for parents and family members of LGBTQIA+ individuals, and for LGBTQIA+ people who are struggling with family acceptance.

DEQH is the Desi LGBTQ Helpline for South Asians with trained volunteers available to talk on Thursdays 1-10 PM Eastern (5-7 PM Pacific) and Sundays 8-10 PM Eastern (5-7 PM Pacific): (908) 367-3374

Desi LGBTQIA+ Groups:

[Florida](#)

[Texas](#)

[Pittsburgh](#)

[Seattle](#)

[Washington, D.C.](#)

[New York](#)

Muslims for Progressive Values An inclusive community rooted in the traditional Qur'anic ideals of human dignity and social justice.

Transgender Muslim Support Network

The Trevor Project for LGBTQIA+ youth mental health distress and crisis, as well as information and resources

PFLAG Connects: Communities – Asian American & Pacific Islander Community is the nation's largest organization dedicated to supporting, educating, and advocating for LGBTQ+ people and those who love them.

Muslim Space non-profit Muslim community organization that fosters an open, inclusive, multicultural, and pluralistic space for self-identifying Muslims and the larger Austin, Texas community. Provides programs, projects, and initiatives that cultivate and nurture diverse American-Muslim identity, opportunities for Islamic enrichment, personal growth, social and charitable services, and promote intra-faith, inter-faith, and cultural education and dialogue.

Trikone An organization for LGBTQ people of South Asian descent.

Pride Institute for chemical dependency/mental health referral and information hotline for the LGBTQIA+ community (800) 547-7433 24/7 <https://pride-institute.com>

[I'm Muslim and I Might Not be Straight: A Resource for LGBTQ+ Muslim Youth](#) Resource is for young Muslims in need of support around their identities related to sexual orientation and gender as seen within the context of their religious identity and includes information on issues such as sexuality, religion, sexual health, and consent.

[I'm Muslim and My Gender Doesn't Fit Me: A Resource for Trans Muslim Youth](#) This toolkit explores what being Muslim and transgender means. This toolkit also provides a list of resources, including organizations and helplines, for LGBTQI+ Muslims.

[Coming Home to Islam and to Self](#) by Human Rights Campaign Foundation is a guide for LGBTQ+ American Muslims who are on the journey toward living fully in their sexual orientation, gender identity and expression, and in their faith and its traditions.

FOR PARENTS/GUARDIANS:

AMAZE Parents (<https://amaze.org/parents/>) Amaze has sections for youth, parents, and young children. AMAZE videos can help parents break the ice and start critical conversations so that kids get the accurate information they need.

Sex Positive Families (<https://sexpositivefamilies.com/>) Strengthening sexual health and body awareness talks between parents and children through education, resources, and supportive services.

[The Sex Talk: A Muslim's Guide to Healthy Sex and Relationships](#) (book)

[Muslim Family Hub](#) A website devoted to helping Muslim parents navigate modern challenges of raising a strong and loving Muslim family.

[Let's Talk about Sex: A Muslim Parent's Guide to Having "the Talk" with their Kids](#) (by HEART)

MENTAL HEALTH RESOURCES:

[National Suicide Prevention Lifeline](#) Dial 988

Rape Abuse and Incest National Network (RAINN) (800) 656-HOPE | (800) 810-7440 (TTY)
<https://www.rainn.org>

Appendix A
Breast Self-Examination

Breast Self Examination Steps



Check your breast once a month, 2-3 days after periods



Stand in front of a mirror & look for any changes in..



the look, feel or size of the breast, breast swelling



dimpling or puckering of the skin



change in the look or feel of the nipple or discharge from nipple



Up & Down



Wedges



Circles



Examine Breast & Armpit with Raised Arms. Use Fingerpads with Massage Oil or Shower Gel

Hyderabad, Telangana, India

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Koo