

## Teachers' Knowledge and Belief for Educating Sexuality to Kindergarten Students

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### ABSTRACT

Teachers play an important role in children's sexual development, but they have limited knowledge and different views about communicating sexuality. This study aims to determine teachers' knowledge and beliefs related to sexuality education and to investigate the predictors of the beliefs. This research used quantitative and qualitative approach (mixed method). A total of 40 kindergarten teachers were asked to fill out a questionnaire describing teachers' knowledge and demographic information, as well as a scale of beliefs about what teachers feel in teaching sexuality education. Interview techniques were used to gather information about the factors influencing teachers' beliefs. Quantitative results showed that teachers had limited knowledge ( $M = 8.75$ ,  $SD = 2.56$ ) and had low belief ( $M = 2.75$ ,  $SD = 0.28$ ) in teaching sexuality education to children. Based on qualitative data, the learning resources in teaching sexuality was very limited. These results served useful evidence in developing appropriate and effective guidance programs to ensure teachers to educate sexuality education in a timely and appropriate manner to the children's development.

**Keywords:** teachers; children; sexuality; knowledge; belief

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## INTRODUCTION

Sex and sexuality education for children has controversy in many countries, including Indonesia. Sexuality education is essential to assist young generations in decision-making related to sexuality, and to teach them self-acceptance and interpersonal skills (Robinson, Smith, & Davies, 2017; Department of Health, 2010). Essentially, sexuality has physical, social, cultural, and psychological dimensions (Ganji, Emamian, Maasoumi, & Keramat, 2017). These dimensions affect children's lives through their gender development which happens during their childhood (Leaper, 2013).

Today, many types of media containing images of children with dresses, poses, and make-ups as sexy as adult models are easily accessed by children (Brosch, 2015). These materials are more sensual than others, so negative sexual behaviors become daily consumptions for children. However, children have limited knowledge to differentiate between appropriate and inappropriate information regarding sexuality. Research conducted by Milam and Nugent (2017) emphasizes that many children usually use the "wrong vocabularies" when they are asked to mention the names of genital parts. While in Java, the use of vocabularies (*bird, cucumber, and wallet*) to mention the genital parts is regarded better because the real names are considered taboo and contradict the cultural values if they were delivered directly to children (Silalahi, 2016).

In fact, knowledge of the real names of the genitals is essential when children want to express an incident of sexual violence. Children making recognition using incorrect names may not be understood so they will not receive a supportive response from their environment (Kenny, Reena, Ryan, & Runyon, 2008). Perpetrators will avoid children who have the knowledge about sexuality and have skills to protect themselves, i.e., shouting, saying no, crying, fighting, refusing, telling others about what happened, threatening to report the incident, running, and screaming for help (Leclerc, Wortley, & Smallbone, 2011).

There are many cases of child sexual abuse. One of them befall a boy, a student of the Jakarta International School (JIS), and the culprits were the janitors involving two men and one woman (Tirtawinata, 2016). Another case happened to 20 children in SDN 4 Samarinda and the perpetrator was a 50-year old gym teacher (Yus, 2014). Another one involved a man named Andri Sobari, also known as Emon, claiming that he had molested dozens of 6-13 years old boys (Riz, 2014). Furthermore, data from the Indonesian Child Protection Commission (2017) showed that within the last five years, the total reached 1749 cases. Specifically, in the Special Region of Yogyakarta, the child sexual abuse was relatively increasing every year: 151 cases of violence in children in 2011, 127 cases in 2012, and 257 cases in 2013 (Agency for Women Empowerment and Society of Yogyakarta, 2018). Across most countries in Asia, including Indonesia, the victims also tend not to report the sexual violence in school because the mechanisms are not considered to be credible enough to be trusted by children or to respond adequately (Bhatla, Achyut, Khan, & Walia, 2014). Besides, the victims of sexual violence are children who are not completely recorded, and their families are also aware of the cases but do not report to formal institutions (Boothby & Stark, 2011).

Up to now, sexuality education is still considered taboo. Children are not taught about sexuality because adults want to keep the innocence of children and to avoid "moral panic" (Tabatabaie, 2015). The cultural myth also affects the practice in the developed countries, such as the United Kingdom and Australia, so it becomes challenges in the interaction between adults and children (Walker & Milton, 2006). In Indonesia, a Muslim majority country, sexuality is a taboo subject so that the provision of sex education is a particularly sensitive and contested issue (Harding, 2008; Utomo, McDonald, Reimondos, Utomo, & Hull, 2014).

A school-based program can increase children's knowledge (i.e., knowing the personal right) and the skills on how to protect themselves such as recognizing, fighting and reporting inappropriate touch requests (Baker, Gleason, Naai, Mitchell, & Trecker, 2012). Based on a research conducted by Zhang, Chen, Feng, and Li (2014), the scores of a test assessing knowledge of sexual abuse and self-protection done by pre-schoolers in China had increased after following a training program. Another research revealed that after participating in a self-protection learning program, 3-year-olds could understand a lousy obsession even from "good" people (Kenny & Wurtele, 2010).

It has been a long debate about who is responsible for providing sexuality education to children. Teachers become one of the responsible parties, apart from other parties such as parents and stakeholders (Walker & Milton, 2006). The role of teachers is essential when children are required to attend school and teachers have the most contact with children, along with their families (Scholes, Jones, Stieler-Hunt, Rolfe, & Pozzebon, 2012).

A research in Queensland involving primary school teacher candidates showed that most participants have low confidence in the skills of identifying child sexual abuse and in response to it (Goldman, 2007). A study participated by 76 prospective teachers showed that the participants had intermediate levels of achievement about the understanding of child sexual abuse and coping strategies if they occurred in primary school-aged children (Goldman, 2005). Other findings in Malaga and Spain with 450 teachers from preschools to high-schools indicated that more than half of the participants 65.3% (n = 294) had never received any training on child sexual abuse education and the majority of them were unfamiliar with the methods of sexual abuse in children 90.7% (n = 279) (Márquez-Flores, Márquez-Hernández, & Granados-Gámez, 2016). These studies reflect how inadequate the level of teachers' knowledge on sexual abuse and strategies in reporting and addressing them. However, these studies have not explicitly involved preschool teachers.

Children should understand some basic concepts including (a) the awareness of the body, (b) the rules containing limitation from others to touch /look the genitals, (c) the awareness of children feelings and expressions appropriate to existing conditions, and (d) the assertiveness (Kenny & Wurtele, 2010; Kinnear, 2007). Those are the important to teach in kindergarten so that teachers will have firm belief in teaching sexuality. From the previous studies, many teachers in kindergarten do not know what knowledge they should teach to children, so they also do not have the belief. Furthermore, to be effective teachers, they need to gain theoretical understanding of learning and mastery of subject matter

(Gunarhadi, Sunardi, Rejeki & Anwar, 2016). Teachers' knowledge on sexuality still covers simple idea such as teaching four body parts of children which should not be touched by others except the mother or trusted persons (Utami & Fatmawati, 2016). Furthermore, the higher the teachers' confidence, the higher the teachers' perfection in applying the curriculum in the classroom (Hidayat, 2007). Therefore, this study has two objectives. The first is to determine the level of knowledge and belief of teachers in teaching sexuality in early childhood. Second, this study aims to investigate the predictor of teachers' belief in teaching sexuality for children.

## **METHODS**

### ***Research Design***

This study used a quantitative and a qualitative approach (mixed method). The strategy used in this method was an explanatory sequential design begun by the process of collecting and analyzing the quantitative data followed by gathering and analyzing the qualitative data (Creswell, 2015). A total of 40 preschool teachers working with 5-to-6-year-old children in Yogyakarta, Indonesia were invited to participate in this study. Teachers, including male and female, were taken randomly as samples and were asked for permission before being involved in this study. The collecting data was performed within August to September 2017.

### ***Instruments***

Instruments used in this study consist of a test and a scale. A 15-item test was used to assess the level of teachers' knowledge on sexuality education including the children's sexuality, strategies, and methods on how to teach sexuality to children. It was adapted from Zhang, Chen, and Liu (2015) and the content was also modified from Kenny and Wurtele (2010). The content was validated through expert judgment. The correct response of each item was scored 1, and the incorrect response were scored as 0 (range 0-15). There was a space in the instrument to obtain the demographic information of teachers.

The belief inventory scale attached 16 items with four-point Likert scales namely strongly agree (SA), agree (A), disagree (D), and strongly disagree (SD). It was made by the researcher and validated by an expert. The scale was used to determine the teachers' belief in teaching sexuality and in the benefits of teaching sexuality. Open-ended questions were used to collect additional data from the teachers' opinion.

### ***Procedure***

The steps of a research using an explanatory sequential design began with collecting quantitative data through the test and the questionnaire. Participants were asked to complete the test within 30-45 minutes and filled out a questionnaire voluntarily. They were appealed to do it independently and not to discuss with others. After doing the test and the questionnaire, the participants were interviewed to gather the qualitative data, and it complemented the quantitative data.

### ***Data Analyzed***

Qualitative and quantitative data were analyzed accordingly. Frequency, percentage, and mean score from each item were calculated to describe the status of teachers' knowledge in teaching sexuality. The mean score of knowledge was categorized as: Very Good ( $12,1 < M < 15$ ), Good ( $9,1 < M < 12$ ), Enough ( $6,1 < M < 9$ ), Low ( $3,1 < x < 6$ ), and Very Low ( $M < 3$ ). The mean score from each sub-variable of teachers' belief was calculated. Then, it was categorized as Very Good ( $M > 3,25$ ), Good ( $3 < M \leq 3,25$ ), Enough ( $2,75 < M \leq 3$ ), Low ( $2,5 < M \leq 2,75$ ), and Very Low ( $x < 2,5$ ). The qualitative data were analyzed through many steps revealed by Collaizi (Wirihana et al., 2018). The first step was rereading each transcript to formulate significant statements relating to the phenomenon of research. The second was assembling meaningful statements and summarizing the meaning into categories, clusters and themes. The following was integrating the findings from the research in the form of description. The final step was describing the basic structure of the phenomenon and validating the findings.

## RESULT

### *Teacher's characteristics*

Most of the participants in this study were female ( $n = 38$ ; 95%), and the rest of the participants were male ( $n = 2$ ; 5%). Participants involved are mostly from undergraduate education majoring early childhood education ( $n = 16$ , 40%), 30% of participants ( $n = 12$ ) received bachelor degrees in other fields, and the other 30% ( $n = 12$ ) were educated from high school. Most participants ( $n = 35$ , 87.5%) have worked for more than five years in kindergarten, and 12.5% ( $n = 5$ ) were recorded working for 2 to 5 years in kindergarten.

Table 1. *Demographic characteristics of teachers*

Items	Total (n)	Total (%)
<b>Gender</b>		
Female	38	95
Male	2	5
<b>Level of Education</b>		
High School Graduated	12	30
Bachelor Degree (majoring in non-ECE)	12	30
Bachelor Degree (majoring in ECE)	16	40
<b>Teaching Period</b>		
0-2 years	0	0
2-5 years	5	12,5
more than five years	35	87,5

### *Teachers' knowledge of teaching sexuality*

According to Table 2, less than 15% of teachers knew that teachers would allow children to touch their genital area, and only 20% of teachers believed that they could answer the childrens' questions about sexuality. Less than 35% of participants expected that children could suck thumb and masturbate to decrease their anxiety. Only 40% of participants knew that running is not the only strategy

children could make when they got inappropriate requests. No participant was able to give a total correct answer. On the average, teachers had enough knowledge in teaching sexuality to children ( $M = 8.75$ ,  $SD = 2.56$ ).

Table 2. *Teachers' knowledge of teaching sexuality*

Items	Correct Responses (%)
1. Children can be taught to recognize the parts of their body since the age of 18 months. (T)	42,5
2. A child is taught to name the genital area by a non-real name (e.g., <i>burung, dompet, timun</i> ). (F)	37,5
3. Others may touch the child's genital area for hygiene and health reasons. (T)	42,5
4. The teacher will let a child ask questions about sex. (F)	20
5. The teacher provides an understanding of the function of each part of the body to reduce the shame and guilt of the child. (T)	92,5
6. Hand puppets can help children understand and differentiate the appropriate and inappropriate touches. (T)	87,5
7. The teacher will let the children touch their genital area. (T)	10
8. Other people cannot see the child's genital area with health and hygiene reasons. (F)	45
9. Children suck fingers and masturbate to reduce their anxiety. (T)	30
10. The discussion is not a verbal strategy in teaching sexuality to children. (F)	87,5
11. The child's response when getting an inappropriate request is only a physical response, such as running. (F)	40
12. Knowing their own sex is one concept of body ownership that must be mastered by the children. (T)	95
13. The private area is the area of the body covered with underwear. (T)	62,5
14. "Bad touch" is a child's fault. (F)	92,5
15. "Bad touch" is a touch that makes children feel uncomfortable, confused, and worried. (T)	87,5

*T= True and F= False.*

### ***Teachers' belief in teaching sexuality***

Table 3 described the teachers' belief in teaching sexuality and the benefits of teaching sexuality. The teachers' belief in educating sexuality for children was still low ( $M=2.65$ ,  $SD=0.40$ ) whereas the belief in the benefits of teaching sexuality for children was sufficient ( $M=2.87$ ,  $SD=0.29$ ). In conclusion, teachers still had low belief in teaching sexuality to children ( $M = 2.75$ ,  $SD = 0.28$ ).

Table 3. *Teachers' belief*

Level of teachers' belief	Mean Score
Teacher's belief in teaching sexuality.	2.65
Teacher's belief in the benefits of teaching sexuality.	2.87
<b>Mean Score</b>	<b>2.75</b>

### ***Predictors of teachers' knowledge and teachers' belief in teaching sexuality to children***

The teachers' responses toward open-ended questions about sex education emphasized the diversity of teachers' level of knowledge and beliefs. Some responses showed that their knowledge about teaching sexuality was limited.

*"So far my knowledge is insufficient in teaching sex to children. What I do is only limited to rebuke when there is the inappropriate behavior of children in socializing with the opposite sex." P1*

*".....Because of the knowledge about child sexual development, I have not got, then I use the religious foundation in teaching sexuality to children." P2*

*"I only know the basic of teaching sex to children. For example, I will only direct the child to play with children of the same sex." P2*

It makes some teachers had less belief in teaching sexuality in early childhood.

*".....Sometimes I am less confident in my skills to teach sex education to children." P3*

*".....Sex education is not just the teacher's responsibilities, but the parents as well." P4*

*".....Sometimes I am uncomfortable to teach children to call their genital areas by its real name." P1*

However, some participants are confident in teaching sexuality to children because they have attended the training.

*"I can teach children sexuality with many media, such as hand puppets and motion songs. I have enough information because I have received training by Prosperous Family Development Organization." P5*

*"All this time in teaching sexuality, my knowledge is just from previous training. However, the training did not continue. There is a song that I still use to teach "bad touches" and "good touches." As a teacher, I need more books that can guide me any time." P2*

In general, teachers also express a desire to gain more knowledge in teaching children sexuality appropriately.

*"As a teacher, I hope that there will be a training to teach us how to teach children sexuality appropriately." P1*

*"I prefer to be given a guidebook which I can study or use at any time to teach children sexuality." P2*

*"I think that many teachers want to improve their knowledge of how to teach sexuality for their children." P3*

*"I need information on how to teach children sexuality with fun learning." P4*

*"I think I need whatever materials and media that can be used to teach children sexuality." P5*

Some of the responses have shown that kindergarten teachers have limited knowledge and low belief about how to teach child sexuality yet a great willingness to improve their knowledge.

## DISCUSSION

The results showed that teachers generally have limited knowledge in teaching sexuality to children. Based on the interview results, there are only a few teachers who have attended training on how to teach sexuality to children. Research conducted by Márquez-Flores, Márquez-Hernández, and Granados-Gómez (2016) revealed that only 34.7% of preschool to secondary school teachers in Spain had received training on sexual education. Similarly, in East Java, Indonesia the teachers' knowledge, attitudes, and skills in the primary prerequisite of sexual abuse remained low before child protection training (Marwa, 2016).

More than half of teachers' responses indicated that the knowledge of childhood sexual interest (e.g., the children explore their genital areas, suck their thumb, and masturbate to omit their anxiety) was still low. Also, Freud divided the childhood sexual development into five psychosexual phases, i.e., an oral phase, anal phase, phallic phase, latent phase, and genital phase (Santrock, 2006). Furthermore, Hurlock (1996) insisted that the children point out their interests in sex by telling their friends and manipulating their genital areas. Their proclivities are not the behavioral problems, but the form of children's curiosity.

Few teachers responded that the children might be taught the name of genital area using its real name (e.g., penis and vagina). Nurhayati Syaifuddin in Roqib (2008), asserted that teachers should use their real names to mention the genitals, rather than using the "wrong vocabularies" (e.g., wallet and bird). To minimize incorrect perceptions and thinking from children, teachers also provide an understanding about the function of each part of the body.

On the other hand, many teachers thought that running is the only way of child protection. In fact, children could say "no" or run away and tell the adult whom they believed (Martyniuk & Dworkin, 2011). Also, there were several strategies of self-protection, i.e., shouting, fighting, saying "no," saying "not willing," crying, telling a trusted adult, telling the perpetrator if it will be reported to others, running, and shouting for help (Leclerc et al., 2011).

Many kindergarten teachers have known many methods to introduce sexuality. More than 75% of teachers knew that hand puppets could be used to teach many touches and discussion is a verbal strategy in teaching sexuality for children. It was in accordance with the qualitative data. Furthermore, there were many methods to introduce sexuality for children, i.e., a demonstration method, a storytelling method, and a singing method (Sholicha, Fatonah, & Susilo, 2015).

The level of teachers' belief in teaching sexuality was low (mean = 2.75). It indicated that they had not been entirely convinced in teaching sexuality to children. Supported by the interview data, the teachers had less belief in their skills to teach sexuality to children, and they feel less comfortable when talking about sex with children. They assumed that the parents might be responsible for educating sexuality for their children. However, teachers' belief in the benefits of teaching sexuality was good (M = 2.87). It proves that they were aware that proper sexuality education would not undermine children's innocence, would not make children affected by pornography and would increase children's self-protection skills toward sexual violence. Sexuality education is teaching, giving



understanding, and explaining issues concerning sex, instincts, and marriages to the children since their minds began to grow (Yafie, 2017).

The appropriate sex education would minimize the children's possibility to be the victims of sexual abuse (Yafie, 2017). Children would be confused and try to hunt the inappropriate information about sexuality because they did not get the sexuality education (Nurlaili, 2011). Furthermore, there would be sexual problems, e.g., the lack of understanding of children about gender and sexuality, sexual abuse, and sexual perversion. Teaching sexuality properly to children would extend some benefits. Didik Hermawan (Latief Awaludin, 2008) stressed that there were four advantages from sexuality education, i.e., the children will be aware of their changes (e.g., biological, psychological, and psychosexual changes) and understand the function of genital parts, so they will be careful in maintaining their bodies. Ultimately, teachers assumed that they could obtain materials on strategies, methods, and media in teaching sexuality to early childhood appropriately through training and guidebook teachers.

## CONCLUSION

Teachers have an important role in teaching sexuality to children in school. This research resulted in several findings, i.e. (1) many teachers have limited knowledge, (2) many teachers have low belief in teaching sexuality to children, and (3) teachers' learning resources in teaching sexuality are still limited. This study is an avenue for policy input for the government regarding constructing teaching sexuality training programs and guidebooks for kindergarten teachers. Consequently, the teachers will have subsequent knowledge in implementing appropriate strategies, methods, and learning media of teaching sexuality to children. Thus, undoubtedly, the teachers need to have favorable beliefs towards their skills and importance of teaching sexuality to children.

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