

Obstacles to Children's Sexual Education: A Review Based on Age Stages

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Abstract:

This study aims to determine the obstacles faced by mothers regarding sex education for children, especially in early childhood, and to design an effective education model to provide sex education for early childhood. The research method used in this study is a descriptive qualitative method with a survey approach. Researchers conducted a direct survey of 30 mothers around the Jakarta, Bogor, Depok, Tangerang, and Bekasi areas. The data collection technique used quota sampling. The survey was conducted in October 2024. The results of the study showed that 87% of mothers encountered obstacles when providing sex education to children, and 30% of them thought that sex education could be given when children entered puberty. Therefore, it is necessary to develop and socialize the right education model to parents, especially mothers, to prevent deviant sexual behaviour in the future. The results of this study can be used as a basis for further research on models that should be developed related to continuous sex education for early childhood.

Keywords: childcare, deviant sexual behaviour, early childhood, sex education, obstacles.

Introduction:

According to research conducted in several major cities in Indonesia, around 72% are dating, almost 92% kiss, around 62% grope their partners, and around 20% to 30% admit to having had sex. As a result, the dangers of a free-sex lifestyle are increasingly real for teenagers. Teenagers in this group, on average aged 17-21 years, are mostly still in school (Adolescent Demographic and Welfare Survey, 2017). This data is very unbelievable. It is essential for parents who have children. This deviant sexual behaviour comes from the lack of sex education in formal and informal schools (Döring, 2014; Stewart et al., 2022). The current condition of society is increasingly concerning, especially since deviant sexual behaviour is

increasingly rampant regardless of gender and age. Unsurprisingly, many parents are increasingly worried when releasing their children into the outside environment.

This is where parents are responsible for providing strong protection for their children by teaching them about sex from an early age. Children can learn about their sexual identity and role, maintain their sexual nature, and learn to cover their genitals from an early age. All of this allows children to protect themselves from deviant sexual behaviour independently (Dahlia et al., 2021; Schneider & Hirsch, 2020). Early-age sex education teaches not only about reproductive organs but also about sexuality, relationships, and reproductive health.

This education begins at an early age and is given gradually according to the child's cognitive development and age development (Justicia, 2017; Yafie, 2017).

Early sex education is considered vital because it provides information about body changes, sexuality, and the consequences of unsafe sexual behaviour (Schneider & Hirsch, 2020; Trollinger, 2021). With adequate knowledge, teenagers can make wiser decisions regarding sexual activity. Sex education teaches teenagers how to protect themselves from sexual violence, exploitation, and sexually transmitted diseases. In addition, providing sex education to children from an early age will build a healthy relationship between parents and children (Jatmikowati et al., 2015; Mukri, 2018; Rimawati & Nugraheni, 2019). Sex education encourages open communication between children and parents about sexuality so that children feel comfortable asking questions and getting the correct information (Anggraeni et al., 2014; Septiani, 2021). Sex education teaches values such as respect, equality, and consent in relationships. By understanding the boundaries of themselves and others, children can prevent, and report acts of sexual violence.

Early sexual education improves reproductive health and prevents unwanted pregnancies by teaching contraception and the importance of planning a pregnancy (Hasanah et al., n.d.; Rigolon et al., 2021; WHO, 2018). Prevention of sexually transmitted diseases: Sex education provides information on how to prevent the transmission of sexually transmitted diseases. Sex education encourages children to take care of their reproductive health. Sex education can be integrated with moral and religious values to build strong character and teach children to be responsible for their actions (Trigueros et al., 2020; Zarei & Mirzaei, 2022).

Sex education currently still faces many challenges, including negative stigma towards sex education in society, lack of good teachers and learning materials, and differences of opinion

between parents, teachers, and the community about the material and approach to sex education. (Atmawijaya et al., 2020; Marwah et al., 2018). Early sex education is a significant long-term investment to build a healthy, responsible, and dignified young generation. By providing accurate information and building open communication, we can help children grow into individuals who are physically, mentally, and socially healthy (Insiyah & Hidayat, 2020; Sholicha et al., 2015; Stewart et al., 2022; Wahyuni et al., 2024). Therefore, sex education must be carried out in a way that is appropriate to the age and development of the child and involves parents and the community. This study aims to determine the obstacles faced by mothers in providing sex education and to design an effective education model to provide sex education in early childhood.

Methods:

The research method used in this study is a descriptive qualitative method with a survey approach. Researchers conducted a direct survey of 30 mothers around the Jakarta, Bogor, Depok, Tangerang, and Bekasi areas. The data collection technique used quota sampling. The survey was conducted in October 2024. In this study, researchers prepared several questions for respondents, such as: (1) In your opinion as a mother, at what age should sex education for children begin? (2) What kind of material should sex education for children begin? (3) What obstacles do you face when providing sex education material to children? Primary data was collected from respondents. The data analysis technique used descriptive qualitative analysis and descriptive statistics. Descriptive statistics are used to process data obtained through survey results in the form of percentage analysis.

Results and Discussion:

Results:

In general, the research results are described first; then, there is a section Based on the results of a survey of 30 mothers in Jabodetabek; the following results were obtained:

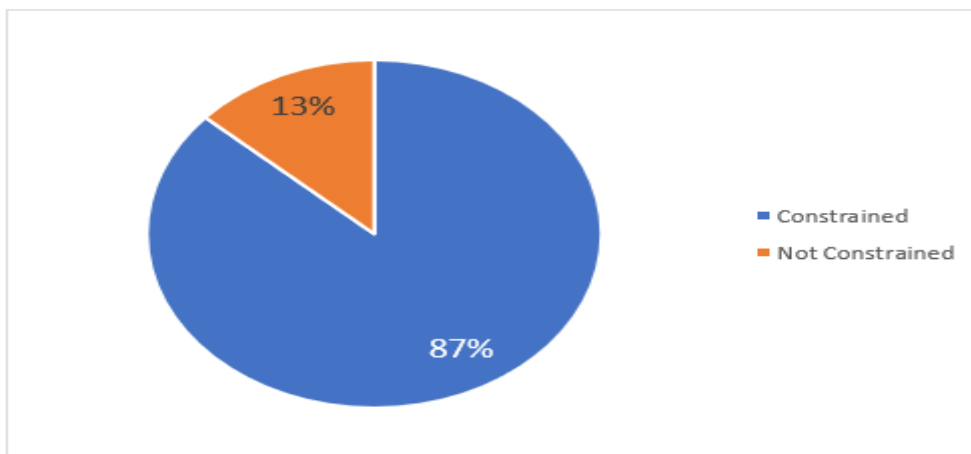


Figure 1. Percentage of Mothers Experiencing Obstacles to Children's Sexual Education

Figure 1 explains the percentage of mothers with a distribution of the ages of their children in the age range of less than 1 month to 10 years. 87% (26 people) experienced obstacles in providing sexual

education to children, and 13% (4 people) did not experience obstacles when providing sexual education to children.

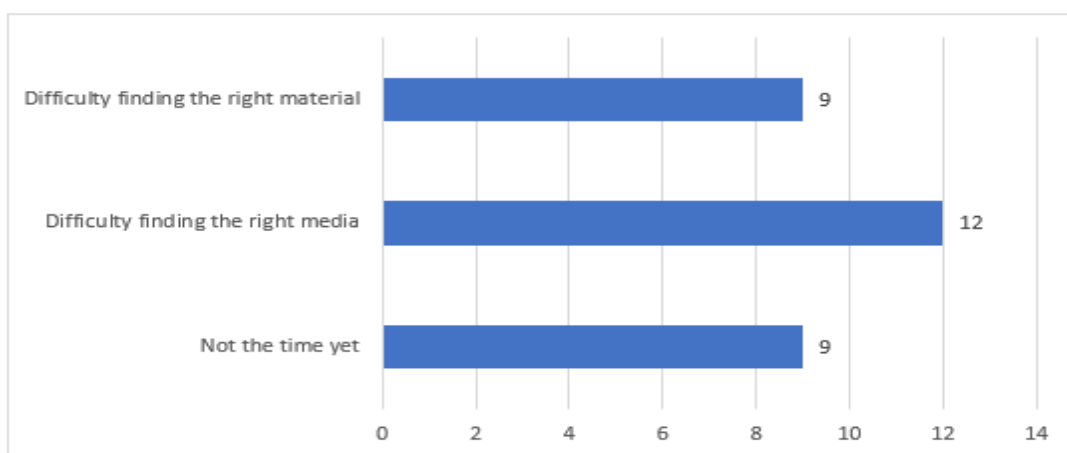


Figure 2. Obstacles faced by mothers in providing sex education to children

Figure 2 explains the details of the obstacles faced by mothers in providing sex education to children, including mothers having difficulty finding the right media (40%), mothers not finding

the right material (30%), and mothers feeling that it is not yet time to provide sex education to early childhood (30%).

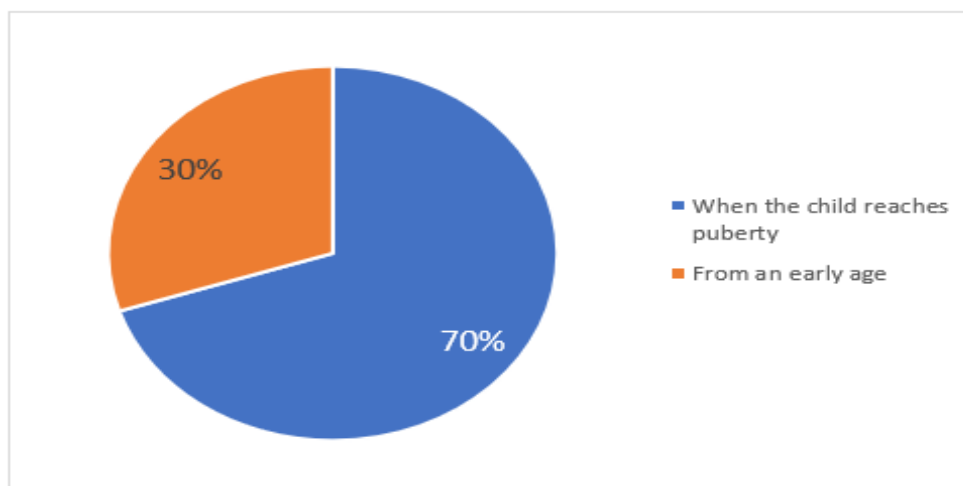


Figure 3. Percentage of Time Spent Providing Sexual Education to Children

Figure 3 explains that 21 mothers (70%) stated that they would provide sex education to their children when their children are in puberty (adulthood). Meanwhile, only nine mothers (30%) have

provided sex education to their children from an early age. The materials provided by the nine mothers are explained in the following Table 1:

Tabel 1. Materials prepared by mothers as sexual education materials for children

No	Material	Frequency	Percentage
1	Mentioning the names of body parts correctly	1	11%
2	Know which parts of the body should not be seen or touched by other people	2	22%
3	Introduction to shame	3	33%
4	Ask your child's permission when taking off his pants or cleaning his genitals.	1	11%
5	Etiquette for socializing with the opposite sex	1	11%
6	Menstrual cycle and wet dreams	1	11%

Source: Processed primary data, 20 24

Discussion:

The respondents in this study were 30 mothers who had children ranging in age from less than 1 month to 10 years with various stages of development, from infants to elementary school children. Most of the children of the mothers who were respondents were 3 years old. This shows that the 3-year age group has a reasonably large representation in the study sample. The results of the study in Figure 1. show that 87% of mothers with children under the age of 11 years experienced obstacles in providing sexual education, indicating that this is a fairly common problem among parents. The focus on children under the age of 11 years indicates that this challenge begins at an early age, even before the child enters puberty. The obstacles faced vary, ranging from a lack of knowledge about how to provide proper sexual education, feelings of shame or awkwardness, and a lack of appropriate media according to the child's age development stage, as seen in Figure 2. The research results in Figure 2 show three obstacles encountered by mothers in providing sex education to children as follows:

Difficulty Finding the Right Media (40%)

These data show a gap between the need for quality sex education materials and the availability of appropriate media. Mothers have difficulty finding books, videos, or other sources that can be used to provide education. Based on the results of in-depth interviews, it was found that this obstacle was caused by the limited choice of sex education media available, especially those that are tailored to the child's age and local culture. Many available media may need to be more accurate, uninteresting, or inappropriate for the child's needs. Mothers expressed difficulty accessing quality media due to cost, location, or digital literacy factors.

Not Finding the Right Material (30%)

This obstacle is closely related to the previous point. Mothers have difficulty finding media and materials appropriate to their child's developmental stage and the specific issues they want to discuss. Based on the results of in-depth interviews, it was found that a lack of comprehensive materials caused this obstacle: The available materials may be too simple or too complex, do not cover all

essential aspects of sexuality, or do not consider individual differences. In addition, the available materials may use language that is too technical or difficult for children to understand. The available materials also do not consider different cultural values and norms.

Feel It's Not Time to Provide Sex Education to Early Childhood (30%)

These data show a misunderstanding about the importance of providing sex education at an early age. Many parents still think that sexuality is a taboo topic and does not need to be discussed with children before they enter adolescence. Based on the results of in-depth interviews, it was found that this obstacle is caused by a lack of knowledge about children's sexual development: Parents may not realize that children start to have questions about their bodies and relationships from an early age. Parents may worry that providing sex education will make children more interested in sex or become sexually active more quickly. Social norms that are still taboo about sexuality can influence parents' perceptions about the right time to provide sex education.

Based on the findings of this study show that to overcome the obstacles faced by mothers in providing sex education, comprehensive efforts are needed, including the need to develop sex education materials that are appropriate for the child's age, easy to understand, and cover a variety of relevant topics. These materials can be in the form of books, videos, games, or applications. Sex education materials need to be disseminated through various channels, such as libraries, schools, health centres, and social media. Parents and educators need to be given training on how to provide adequate sex education that is appropriate for child development. A socialization campaign is needed to change public perception about the importance of early sex education.

The 13% of mothers who did not experience any obstacles suggests that some parents have managed to overcome these challenges (Figure 1), perhaps because they have better resources, strong social support, or a more open view of sexuality. These

data underscore the importance of providing sex education to parents, especially mothers so that they have the knowledge and skills needed to educate their children about sexuality. Lack of sex education for children can have negative impacts on their sexual and reproductive health, increase the risk of sexual violence, and hinder their emotional development.

Figure 3 shows a gap between mothers' understanding of the right time to provide sex education. The majority of mothers postpone sex education: As many as 70% of mothers plan to provide sex education to their children when they have entered puberty or adolescence. Only 30% of mothers (9 people) have started sex education since their children were still young. This data indicates that many mothers are still unaware of the importance of providing sex education from an early age. They may assume that children are still too young to understand the concept of sexuality or worry that sex education will make children too mature before their time.

Changing this perception will be quite a challenge. More intensive efforts are needed to provide accurate and convincing information to mothers about the benefits of early sex education. Delaying sex education until children enter puberty can have negative impacts. Children who are only exposed to information about sexuality during puberty may feel *overwhelmed* and have difficulty processing the information. Children who do not receive correct information from their parents tend to seek information from less credible sources, such as peers or the internet. Without sufficient knowledge, adolescents tend to take higher risks related to sexuality, such as unsafe sex or unwanted pregnancy.

Based on references, several factors influence mothers' decisions to provide sex education to children, including social norms that are still taboo about sexuality can influence mothers' decisions to delay sex education. Mothers also do not have sufficient knowledge about children's sexual development and the importance of early sex education. Mothers may feel uncomfortable or embarrassed to discuss the topic of sexuality with

their children. Mothers may not get support from their partners, family, or friends in providing sex education.

The material provided by the nine mothers who had started providing sex education to their children is explained in Table 1. These data show that mothers focused more on a fundamental understanding of the body, privacy, and physical changes during puberty. Most mothers started sex education with simple things such as asking permission before opening their child's pants and introducing the names of body parts. This is an essential first step in building children's confidence and comfort in talking about their bodies. The concept of body parts that can and cannot be touched by others is an integral part of sex education. This helps children understand the importance of maintaining privacy and protecting themselves from sexual harassment. When children enter puberty, mothers begin to introduce the concept of menstruation to girls and wet dreams to boys. This helps children understand the physical changes that occur in their bodies and reduces feelings of worry or confusion.

These data show that mothers generally have a good awareness of the importance of providing a fundamental understanding of the body and sexuality to children from an early age. Although basic materials have been taught, efforts need to be made to develop more comprehensive sex education materials covering various aspects such as relationships, *consent*, and reproductive health. Parents have a vital role in providing sex education to children. They are the first and primary source of information for children. These data show that mothers have made a good start in providing sex education to their children. However, there is still much room for improvement and development. Sex education must continue to be carried out sustainably and adjusted to the age and development of the child.

More intensive socialization campaigns need to be conducted to raise public awareness about the importance of early sex education. Parental education programs can help mothers understand the importance of sex education and provide them with the skills needed to provide adequate

education. Sex education materials that are easily accessible to parents, both in print and digital, need to be developed. Families, schools, and communities need to provide support to parents in providing sex education.

Conclusion:

The results of this study indicate that there are still many obstacles faced by parents, especially mothers, in providing sexual education to children. By the age stage, early childhood is among the most difficult and is still considered taboo for providing sex education. Therefore, appropriate media is needed according to the development of the child's age to prevent sexual deviations in the future. Future research can trace the needs of children's sexual education at each age level and develop existing media so that children have sufficient education to face future global challenges.

A comprehensive and age-appropriate sex education curriculum needs to be developed, covering aspects such as anatomy, physiology, relationships, consent, and reproductive health. Parents need to be trained on how to provide effective and age-appropriate sex education. Professionals such as child psychologists and teachers can provide support and guidance to parents in providing sex education to children. Media for children's sex education should use simple language that is easy for children to understand. Parents and teachers are also required to create a safe and comfortable atmosphere for discussing sexuality. Parents must be able to demonstrate an open and positive attitude about sexuality.

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