



“Girls need sex education more”: Gendered views of kindergarten teachers on children’s sex education

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ABSTRACT

Preschool-aged children are vulnerable to sexual violence due to limited knowledge of sexual concepts, body autonomy, and personal boundaries. Early sex education is essential to strengthen children’s protective knowledge and help-seeking behaviors. In Indonesia, however, sex education for early childhood is often constrained by social taboos, limited teacher training, and insufficient instructional resources. Teachers play a central role in delivering age-appropriate sex education in schools, yet their perceptions and experiences remain underexplored. Therefore, this study aimed to explore kindergarten teachers’ perceptions of sex education for preschool-aged children, including their understanding of sex education concepts, implementation challenges, and expectations for effective delivery. A qualitative study using a descriptive-phenomenological approach was conducted from August to September 2024 in Manado City. Purposive sampling was employed to recruit 15 kindergarten teachers as main informants and 7 preschool-aged children as supporting informants for data triangulation. Data were collected through in-depth interviews and participant observation. All interviews were audio-recorded, transcribed verbatim, and analyzed thematically. Two main themes emerged: (1) sex education for preschool-aged children and (2) challenges and expectations of teachers in conducting sex education. Teachers generally understood sex education as teaching body autonomy, private body parts, gender identity, and safe versus unsafe touch. However, perceptions differed regarding the appropriate age to introduce sex education and whether girls should receive greater emphasis than boys. Children’s growth, attention spans, training, and teaching medium were challenges. Teachers stressed interactive methods and engagement with parents, health workers, and government agencies. Early childhood sex education is heavily influenced by teachers’ expertise, challenges, and expectations. Effective and sustainable early sex education requires teacher competency, age-appropriate resources, and multi-stakeholder collaboration.

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1. Introduction

Preschool-aged children experience an increase in social interaction, which previously occurred only at home and now extends to the school environment. Children interact with many people, such as school friends, their friends’ parents, teachers, and even strangers. The interactions that preschool-aged children have with others have a positive impact on their development, but can also be a risk factor for them experiencing sexual violence. Children’s limited knowledge about sexual concepts is



one of the risk factors for children to experience sexual violence [1]. Specifically, gender identity, body parts, private parts, safe and unsafe touches, good and bad secrets, can affect their ability to deal with sexual violence that may occur in preschool [2]. Limited exposure to developmentally appropriate sexuality education in early childhood may weaken sexual health literacy foundations, affecting individuals' ability to access, understand, and apply accurate information in adolescence and adulthood [3,4]. Based on reported cases of sexual violence, children are susceptible to grooming because adult-child relationships involve a fundamental power imbalance [5]. Perpetrators can exploit this dynamic through gradual trust building and boundary testing, sometimes reframing abusive behavior as affection or a special relationship, which can delay recognition of harm and discourage disclosure [6,7]. Therefore, strengthening children's body autonomy and privacy, such as learning to refuse unwanted touch and recognizing private body areas, can support early recognition of boundary violations and encourage timely help seeking [8].

Preschoolers' proper knowledge of sexual concepts forms the basis for their behavior and also helps prevent them from becoming victims of sexual violence [4]. Preschoolers will understand the difference between safe and unsafe touch so that they can prevent sexual violence and tell their parents or teachers if sexual violence occurs [9–11]. The importance of sex education for preschoolers needs to be a concern for parents in providing information. Still, in reality, many parents do not provide sex education to their children from an early age. Parents' limitations in providing sex education are caused by several factors, such as the taboo phenomenon that considers sex education inappropriate for children, parents' limited knowledge about sex education concepts for early childhood, appropriate media for sex education for preschoolers, and methods of health education [12–14]

The role of parents in providing sex education is not yet optimal, so the involvement of schools and the government is needed in providing sex education, so that there is a continuous process of providing sex education from an early age [15]. The involvement of schools in sex education will have an impact on children's level of knowledge about sexual concepts [16,17] because the topics of sex education for children include "body ownership, private parts, anatomically correct names for genitalia, appropriate and inappropriate touching [18]. The implementation of the education process in the school environment is closely related to teachers, because teachers will become role models for children in their behavior [19]. However, in the process of implementing sex education for preschool children, teachers will experience many challenges from internal and external factors that will impact the success of the sex education process for children [20].

The city of Manado recorded 62 cases of sexual violence against children in 2022 [21]. In 2024, there were 152 cases of sexual violence, with 37 cases involving children aged 0-5 years [22]. The continued existence of sexual violence against children necessitates early sex education for preschoolers by teachers in the city of Manado. Interviews with kindergarten principals in the city of Manado revealed that the implementation of sex education for children encountered obstacles, such as difficulties in determining the methods and media used to conduct sex education. In addition, there were still limitations in knowledge related to the concept of sex education for early childhood, as well as the continued existence of taboos in sex education. This condition will have an impact on the suboptimal process of sex education in schools, which in turn will affect children's level of knowledge. When preschoolers were interviewed, some of them were still unaware of safe and unsafe touching and were easily persuaded to allow others to touch their private parts.

In Indonesia, sexuality education in early childhood settings is not taught as a stand-alone subject. Instead, it is integrated into the preschool curriculum, particularly through learning activities that support children's self-awareness and personal development [23,24]. Efforts to establish child-safe schools are aligned with the Regulation of the Ministry of Primary and Secondary Education of

the Republic of Indonesia Number 6 of 2026 on the Culture of Safe and Comfortable Schools, which emphasizes protective learning environments and collaboration between schools and parents. Teachers play an important role in achieving curriculum objectives while also fostering a safe school environment by integrating early sexuality education into classroom learning activities. Preliminary interviews with several kindergarten teachers revealed difficulties in explaining the concepts of safe and unsafe touch, primarily because preschool children have limited cognitive capacity to understand them. In addition, the availability of instructional media to support sexual education remains limited, resulting in lessons being delivered mainly through songs, which may lead to children's boredom when repeatedly used.

School-based sexuality education is more effective when reinforced at home, requiring parents to use consistent language, engage in supportive communication, and provide appropriate responses to children's questions about the body, personal boundaries, and age-appropriate sexuality concepts. However, sexuality education at home is often constrained because sexuality-related topics are still perceived as taboo by some parents, resulting in limited or avoided parent-child communication. In addition, parents may feel less confident or uncertain about initiating conversations about sensitive topics, which can reduce both the frequency of communication and the consistency of the message's children receive.

As the primary facilitators of school-based sexuality education, teachers support preschool children's learning needs and serve as a trusted source of guidance for parents. Therefore, investigating teachers' perceptions is critical, as teachers are key implementers in schools who shape conceptual understanding of sexuality education, determine the teaching strategies and instructional media used, and establish partnerships with parents to strengthen child protection efforts. This study aims to explore kindergarten teachers' perceptions of sex education for preschoolers in schools, so that teachers' knowledge of sex education concepts, challenges, and obstacles in delivering it, and their expectations regarding sex education for children from an early age can be described.

2. Method

This study is qualitative, with a descriptive-phenomenological approach. The study will be conducted in both public and private kindergartens in Manado City. The research was conducted from August to November 2024 at two kindergartens in Manado City. This setting was selected because the kindergarten curriculum is implemented consistently across schools, allowing the study to focus on teachers' individual perceptions with minimal influence from institutional policy differences. Data will be collected after obtaining permission from participating schools through in-depth interviews and participant observation.

Ethical approval was obtained from the Research Ethics Committee of Bani Saleh College of Health Sciences with approval Number: EC.170/KEPK/STKBS/VIII/2024, ensuring the ethical protection of all participants. This method was chosen to identify teachers' experiences in conducting sex education for preschool children, thereby illustrating teachers' perceptions of conducting sex education for preschool children. Teachers' perceptions were gathered through in-depth interviews with open-ended questions. Interview topics included teachers' conceptual understanding of sexuality education, how it is implemented in the classroom, the strategies and materials used, perceived barriers, and expectations for strengthening school-based practice.

The sampling technique used was purposive sampling, with inclusion criteria for the main informants: teachers who teach in kindergarten and teachers who have conducted sex education at school. In contrast, the inclusion criteria for supporting informants were children aged 4-6 years enrolled in the participating kindergartens and schools. In total, 15 teachers and 7 children participated. The children were included to triangulate the data and to corroborate teachers' accounts

of classroom practices and children's responses. Child interviews were conducted using age-appropriate, non-leading questions, and only after parental consent and child assent had been obtained.

Questions for children were limited to sexuality education activities already delivered in the classroom, focusing on how the lesson was taught and what children understood about age-appropriate concepts. Interviews took place in a private room at the school, such as the principal's office, following an interview protocol, and were audio-recorded with permission. Teacher interviews lasted approximately 45–60 minutes, while child interviews were shorter (10–20 minutes) to match children's attention spans and comfort levels. The interview results were analyzed by creating verbatim transcripts to identify keywords, determine categories, and create themes, and by interpreting the themes to explain the phenomenon.

3. Results and Discussion

3.1. Results

Characteristics of Respondents

This study involved 15 teachers as primary informants and 5 preschool children as supporting informants. Table 1 shows that the majority of the main respondents were female teachers (100%), while the supporting respondents were mostly girls aged 6 years. The characteristics of the teachers and preschool children involved in the study are shown in Table 1.

Table 1. Characteristics of Respondents

Characteristic		Frequency (F)	Percentage (%)
Characteristics of Main Informant (R)			
Gender	Female	15	100
Education	Senior high school	3	20
	Diploma	1	6.6
	Bachelor	11	73.4
Characteristics of Secondary Informant (A)			
Gender	Male	3	42.8
	Female	4	57.2
Age	4 Years old	2	28.6
	5 Years old	2	28.6
	6 Years old	3	42.8

Sex education for preschool-age children

The thematic analysis (Table 2) identified the first theme, sex education for preschool-aged children, which was derived from one main category: teachers' knowledge about sex education. This category was informed by four key aspects: teachers' definitions of sex education, the materials delivered, perceived benefits, and views on the appropriate age for introducing sex education.

Based on interview findings, teachers generally understood sex education as teaching children how to protect themselves, particularly from strangers. As one teacher explained, "*We give examples to children about which parts of their body can be touched and which cannot be touched by other people, and what to do if we meet strangers*" (R1). Another teacher described sex education more broadly as a form of guidance that helps children understand boundaries, stating, "*Education is something that people must know so that they can know what they can and cannot do*" (R2).

The sex education content delivered by teachers primarily focused on safe and unsafe touch. Teachers emphasized helping children distinguish between what may and may not be touched or seen, as reflected in the statement, "*...what should not be touched, what can be touched, what should not be seen and what can be seen*" (R8). Instruction also included identifying body parts, with teachers explaining, "*Touching is allowed... the head, hands, and feet; touching is not allowed... if*

someone touches you, say no” (R9). In addition, teachers highlighted lessons on being cautious around others (“...be more careful with other people...” [R10]) and introducing basic gender identity (“...learning to know ourselves, whether we are female or male” [R11]).

Teachers expressed differing views on the appropriate age to introduce sex education. Some believed it should begin in early childhood, with one teacher stating that sex education can be introduced “at an early age of two to three years” (R6). In contrast, others felt that sex education was more appropriate for older children, arguing that it should be provided at “the age of seven or eight because they are better at understanding, remembering, and listening” (R3), or even later, “when children enter adolescence, at the age of eight to ten” (R12).

Most teachers indicated that sex education should be provided to both boys and girls equally, as expressed by one participant: “Girls and boys are all given the same information” (R9). However, some teachers perceived that girls require greater emphasis, believing that “girls should be more at risk” (R12). Overall, teachers viewed sex education as an important preventive measure against sexual abuse among preschool-aged children. As one teacher explained, sex education helps children “...avoid situations where other people might do inappropriate things, such as abuse” (R14).

Table 2. Keywords, Categories, and Themes

Theme	Category	Keywords
Sex education for preschool children	Teachers' knowledge about sex education	Definition of sex education Sex education materials Benefits of sex education Characteristics of children
Challenges and expectations of teachers in conducting sex education	Challenges in implementing sex education	Characteristics of preschool-aged children Preschool-aged children Sources of information about sex education Techniques in conducting sex education
	Expectations in conducting sex education	Involvement in sex education Motivation for conducting sex education

Challenges and expectations in sex education for preschool-aged children

Teachers who provide sex education to children face several challenges in the implementation, largely influenced by the diverse characteristics of preschool-aged children (Table 2). Teachers reported difficulties in maintaining children’s attention, particularly among those who tend to be quiet or easily distracted. As one teacher noted, “When the teacher explains, the children who are quiet or who like to disturb their friends don’t focus” (R4). Children’s age and developmental stage were also identified as important factors, as younger children often prioritize play over structured learning: “...they need to get used to it because children’s minds are focused on playing” (R10).

In addition, teachers highlighted limited access to reliable information and to formal training as barriers to effective delivery. One teacher explained, “We only get information from the internet because there has never been any training” (R11). To address these challenges, teachers reported using interactive and child-friendly teaching strategies, such as play-based activities and songs. As one teacher described, “Fun learning methods for children while playing...” (R2), while children also recalled that “the teacher teaches safe touch songs” (A1, A3).

Teachers emphasized that effective sex education requires collaboration beyond the classroom. They expressed expectations for the active involvement of parents, health workers, and government institutions to ensure consistent and comprehensive education. As stated by participants, “Sex education is the responsibility of teachers” (R7), but it must also be reinforced at home by parents (R3) and supported by health workers or religious leaders (R10). Children’s accounts further

supported this shared responsibility, with one child noting, “*My mother once said [this] at home*” (A5).

The increasing number of sexual violence cases and the vulnerability of preschool-aged children, who are perceived as easily persuaded, motivated teachers to deliver sex education as a preventive effort. As one teacher explained, “*...they are still innocent, easily persuaded, easily seduced*” (R13), while another emphasized that “*cases of sexual violence are on the rise*” (R8). These concerns reinforced teachers’ commitment to providing early sex education to protect children from sexual harm.

3.2. Discussion

The implementation of sex education in schools is closely related to teachers because they are the source of information for children about appropriate sexual concepts that are in line with their developmental stages. Teachers’ knowledge, challenges, and expectations regarding sex education for early childhood are related to their involvement in sex education for early childhood.

Sex education for preschool-aged children

Teachers’ knowledge of sexuality education for preschool children was generally consistent with the definition of early sexuality education, which includes introducing children to gender, body autonomy, private and non-private body parts, and the concepts of safe and unsafe touch [25]. Nevertheless, variations in emphasis were observed across participants, with educational background appearing to intersect with their conceptual understanding. In this study, most participants held a bachelor’s degree, which may facilitate greater access to relevant information and support a clearer understanding of key concepts [26–28]. Notably, differences emerged regarding the appropriate age to introduce sexual education and whether the content should vary by a child’s gender. Teachers with a diploma-level education tended to view sexuality education as more suitable for older children and suggested that girls should receive more extensive content. In contrast, teachers with bachelor’s degrees more often emphasized that sexuality education should begin early and that both boys and girls should receive the same core content. This emphasis on providing more sexual education to girls may also be influenced by the perception that girls are more frequently affected by sexual violence than boys [29]. While these patterns may reflect variations in formal educational preparation, other contextual factors, such as teaching experience, prior training, and socio-cultural norms, may also shape teachers’ perceptions.

Teachers’ knowledge of sexual education was evident in their views that it can support early prevention of sexual violence among preschool-aged children [30]. This perception was reflected in teachers’ emphasis on teaching children about body autonomy, private body parts, and appropriate boundaries. Their responses indicate that after receiving sex education, children not only gained knowledge about what constitutes inappropriate behavior but also demonstrated protective actions, such as avoiding the situation and seeking help from a trusted of sex education on preschool-aged children, particularly increased awareness of sexual violence and improved prevention-related behaviors [31]. Strengthening preschool children’s knowledge and help-seeking responses may support efforts to prevent sexual violence, as limited understanding can increase children’s vulnerability to manipulation by perpetrators [32,33].

At the school level, these findings suggest that integrating an age-appropriate, standardized sexuality education curriculum may help foster a culture of safety, in which teachers—regardless of their initial educational background—can be supported in recognizing concerns, responding appropriately, and facilitating timely reporting and referral. From a broader health perspective, strengthening children’s protective knowledge and help-seeking skills aligns with public health

priorities to prevent child sexual abuse. It may help mitigate the potential long-term psychological and physical consequences associated with such experiences, thereby supporting healthier early childhood development.

Challenges and expectations of teachers in conducting sex education

The implementation of sex education in preschool settings presents practical challenges, especially due to variations in children's classroom engagement. Teachers reported that some children participate actively, while others remain quiet or quickly lose focus. The differences in engagement may reflect broader developmental and environmental influences, including nutrition [34], socioeconomic [35], screen time habits in children [36], and the home environment [37].

The cognitive stage of preschool-age children is in the preoperational stage, where preschool-age children think by associating with images or symbols, and still understand cause and effect [38]. This developmental characteristic makes sexual education more challenging to deliver through explanation alone. In this study, teachers therefore used interactive approaches such as role-playing (R1) and fun learning activities (R2) to make the content easier to understand. Both children and teachers also described movement-based learning and "safe touch" songs as helpful in sustaining attention and engagement. These findings are consistent with previous studies showing that game-based [39] or song-based [40] Methods can improve children's learning outcomes and knowledge.

Teachers in this study perceived sexual education as a collaborative effort rather than the sole domain of schools. While acknowledging their professional mandate (R7), participants strongly advocated for partnership with parents (R3) and emphasized the need for external support from health workers or religious leaders to ensure cultural appropriateness (R10). This multi-stakeholder dynamic was also reflected in the children's narratives, as they recalled receiving reinforcement of sexuality-related messages from their mothers at home (A5). Together, these findings suggest that building a coherent network between schools, families, and community leaders may help strengthen the consistency and acceptability of early sexuality education. This aligns with evidence that parent-led education can improve children's understanding and protective and help-seeking responses [41,42]. Furthermore, government support through policy direction and age-appropriate resources remains important to legitimize these efforts and help reduce negative public perceptions [43].

4. Conclusion

Preschool-aged children are at risk of sexual violence. Teachers play a role in reducing the risk of sexual violence against children by providing sex education in schools. Research shows that the implementation of sex education in schools by teachers depends on the teachers' level of knowledge about sex education, their ability to overcome challenges, and their expectations regarding sex education for preschool-aged children. Sex education is important from an early age, so it is hoped that sex education will be integrated into the learning process and that there will be an increase in the availability of information sources on sex education that teachers can use in conducting sex education. Sex education for children is expected to be carried out continuously, starting with parents, teachers, health workers, and even the government

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Conflict of Interest

The authors declare no potential personal conflict of interest in this article.

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