



Exploratory study: the impact of implementing “you and me” sexual education program in the family

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ABSTRACT

In recent years, there was news about sexual violence experienced in early childhood. Sexual violence becomes public health issue in many countries, which has negative consequences for the victims. The impact of sexual violence can affect children psychologically, physically, psycho socially, and etc. The study aims to determine the impact of implementing the sexual education “You and Me” program in the family. This study used the qualitative descriptive approach method. The research subjects consist of 5 participants of parents who have children at the age ranged from 2 to 6 years old. Data analysis techniques are carried out into four stages: data reduction, descriptive data presentation, data classification or coding categorization, and concluding. The result stated that the impact of the sexual education “You and Me” program on children has various effects and aligns with sexual education. Therefore, it can be concluded that the application of sexual education from five participants is quite effective. The results showed that the participants had a positive impact on children's behavior and thoughts while delivering sexual education. Although not all participants told their experiences in applying sexual education, most of them showed the positive impact of the children's behaviour and thoughts.

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INTRODUCTION

In the few years, children experienced violent cases verbally, emotionally, psychologically, and sexually (Juniawati, 2015). Based on Symphony data on Patriani (2018) dissemination of research results belonging to Suyati et al. (2018) regarding the development of comic media serial reproductive organs, the number of violence victims against early childhood was higher than adults. One of the rising cases is child sexual abuse. Child sexual abuse is now a public health issue that negatively consequences the victims (Ma et al., 2016; Zhang et al., 2015).

Indonesian Child Protection Commission (KPAI) reported that 218 sexual violence cases occurred in 2015, 120 cases in 2016, and 116 cases in 2017 (KPAI, 2017). Police headquarters in Central Java informed that there were 451 cases of CSA in 2016.

Furthermore, national data from Women Empowerment and Child Protection Agency (DP3A) and Population Control and Family Planning Agency (DPPKB) in Central Java Province in 2019 stated that rising cases of sexual victim abuse occurred from 64 cases in 2017 to 94 cases in 2018 in Semarang city. The number of child victims who experienced sexual violence in Central Java Province in 2019 was 57 cases, and there was a decrease in the number of victims in 2020 by 25 cases. The cases decreased from 57 cases in 2019 to 25 cases in 2020.

CSA occurs because of the accessibility of violent perpetrators, strangers, or the closest person to the children who become victims, that can be occurred in institutions, schools, and homes (Briggs, 2014; Lozano et al., 2012; Rakhmawati et al., 2021). CSA is an act that involves sexual activities, both on purpose or accidentally, which most of the victims are children because they cannot refuse or give consent to the perpetrators (Sumera, 2013; Waid-Lindberg & Mohr, 2019; Zhang et al., 2015).

Sexual abuse against children cannot be neglected because it will impact the victims, both long and short terms. The previous study showed the consequences of CSA, including physical and social issues and psychological disorders. Physical and social issues impact the victims to lose freedom and human rights; the emergence of shame and guilt in the victims; drug abuse problems; and interpersonal sensitivity (Homma et al., 2012; Hornor, 2010; Islawati & Paramastri, 2015; Krug et al., 2002; Lin et al., 2011; Pandia et al., 2017). Psychological disorders impact the victim's trauma, anxiety, and depression, triggering those victims to commit suicide (Cashmore & Shackel, 2018; Waid-Lindberg & Mohr, 2019).

The victims of sexual abuse can also tend to be the perpetrator in the future (Osadan & Reid, 2015). Other CSA causes are economic factors (poverty), low level of education, inharmonious families, lack of children's understanding of sexuality, children who have been victims or perpetrators of sexual violence, and victims who have trauma throughout the developmental period (Fauziah, 2016; Fuadi, 2011; Raijaya & Sudibia, 2017; Van Der Kolk, 2009).

The family can cause children to experience CSA (Laeheem, 2013). In addition, the role of fathers who are not involved in child sexual education and tend to delegate all responsibilities to mothers could be the reason for CSA (Erhamwilda & Afrianti, 2016; Listiyana, 2012). It is supported by a study that mentioned that sexual education from parents could increase gender identity, sexual health, and interpersonal relations (Breuner & Mattson, 2016). Breuner and Mattson (Breuner & Mattson, 2016) added that parents have an essential role in guiding children in fulfilling sexual development.

Santrock (2020) stated that sexual development in children at the age of 3-7 years is in the phallic phase. They begin to recognize gender differences, the desire to know the body

part of their playmate, and interest in gender-appropriate games. Cognitively at those ages, children can be taught about simple things such as sexual education and sexual issue because they have been able to learn, think, and create attitudes and behavior as a form of sexuality development (Erhamwilda et al., 2017).

The early childhood learning process requires the role of parents rather than the role of school or society, including sexual education (Ma et al., 2016; Martin & Torres, 2014). Parents applied various strategies and learning methods in providing sexual education (Rakhmawati et al., 2021). Rakhmawati et al. (Rakhmawati et al., 2021) mentioned that providing a consistent and appropriate education as a learning strategy could be used to provide sexual education. The existence of strategies and methods of sexual education and cooperation between mothers and fathers are essential in implementing sexual education in early childhood.

Various institutions provide sexual education; one of them is Rutgers WPF Indonesia (2016). Rutgers WPF Indonesia (UNICEF, 2016) has a program named “You and Me” to increase knowledge about child sexual development, to foster positive attitudes within the framework of children’s social relations and sexual development, and to teach life skills such as negotiation, communication, and assertiveness. The initial stage of the “You and Me” program was organized through teacher training which school policy makers followed up, for example the school held a parent meeting to support the “You and Me” program. Similarly, the “You and Me” program can teach children about understanding gender relations, recognizing signs of violence, knowing the similarities and differences between boys and girls, and efforts to prevent sexual violence (Widyastuti, 2015). The “You and Me” program teaches children the differences and similarities between females and males, signs of sexual violence, and prevention of sexual violence for the implementation of sexual education in family. However, the previous research has not considered about the impact of the implementation of the “You and Me” program in the family with early child. Thus, this study aims to determine the impact of implementing the sexual education “You and Me” program in the family with early child. This research contributes to provide an alternative guidance for parents about sexual education in early childhood.

METHOD

This study used a qualitative approach to acknowledge the phenomenon experienced by participants as a whole (Moleong, 2014). Descriptive qualitative research aims to answer the main question of this study, which is “What is the impact of the application of sexual education “You and Me” program in the family?”. The study explores the experiences and

participants' meanings on the impact of sexual education "You and Me" in the family.

The researchers determined participants criteria, which are (1) participants were parents who had children at the age ranged from 2 to 6 years old; and (2) participants applied sexual education at home. Research data collection was carried out on five parent participants who had met the specified criteria through in-depth interviews. Information of the five parent participants is presented at Table 1.

Table 1. Research Participants

Participants' names	Number of early children	Age (years)
IK	2	6 & 5
ES	2	6 & 4
RS	2	5 & 3
JU	1	5
EN	1	6

The data analysis techniques were carried out through four stages: data reduction, descriptive data presentation, data classification or coding categorization, and concluding (Miles & Hubberman in Sugiyono, 2017). In addition, the characteristics of the data that need to be coded as relevant to the research objectives; unexpected information that appears; and information that is conceptually interesting or not commonly studied. Finally, the code information is then formed into ideas and analyzed with previous literature.

RESULTS AND DISCUSSION

This research explored four main themes about the impact of sexuality learning experienced by early childhood based on the in-depth interview of five parent participants.

Children and Their Bodies

Based on interviews with five parent participants, sexual education makes children aware, understand, and respect their bodies. One positive impact of sexual education parents give is that children recognize parts of their bodies that can and cannot be touched. Participant RS had two sons at an early age and was told that her sons could mention anatomical names of genitalia based on gender. All participants admitted that their children knew the names of genitalia before they were given information.

In Addition, IK said that her children already possessed the ability to protect themselves and acknowledge the part of their bodies that strangers cannot touch. Statement RS and IK align with JU' statement, who said that her child knew parts of bodies that can and cannot be touched. In addition to RS, IK, and JU' statements, ES said that both of their sons did not intentionally or unintentionally touch others' genitalia or butt when sleeping in the same room.

“Never did that (touch his brother’s butt)” (ES, W.OT.02)

Children know parts of their bodies that can and cannot be touched to self-protect and prevent sexual violence. The statement above is not far from EN’ statement, which said that her child’s behavioral changes after information about parts of bodies that can and cannot be touched. As EN’ child, ME, was comfortable with her grandfather patting her butt before going to sleep. Now, ME is brave enough to refuse if her grandfather touched her butt after receiving sexual education material. ME assumed that her grandfather’s patting her ass was considered inappropriate behavior based on EN.

“So, ME was sleeping with her grandparents in the house. Nevertheless, she is close to her grandfather . . . she went to sleep after getting a pat from her grandfather. After she was given information in the school, she started to understand and then refused. That was my story. It was simple, but she understood. Meaningful. Yes, she understood. Finally, she refused by herself. “I did not want it. It is inappropriate.” (EN, W.OT.08)

Dressing and Potty Training

Children can understand how to dress up appropriately through sexual education. Participant IK and ES told that children already comprehend material related to how to dress up. First, children wear full clothes when they are outside the home. IK stated that her children wear full clothes inside the house, and they refused to go outside if they did not wear full clothes. Thus, they already acknowledge the importance of wearing full clothes. ES also stated that her children declined to go outside if they did not wear underpants and undershirts.

“My children knew what to wear and what they could not wear. Even though we are at home, we always wear full clothes. We have never worn what is in the language called... half-dressed. When AZ was two years old, her clothes were wet and had not been changed; she would automatically find other clothes in the drawer. She would randomly take the cloth, asking someone to help her dress. It is a reflex at the age of two.” (IK, W.OT.01)

Second, children understand where they can change their clothes. IK said if a visitor comes into the house, her children will change in the bathroom, although they always dress up outside the bathroom when she is alone. Meanwhile, ES mentioned that her children would dress up immediately after taking a bath. Third, children know modest dress to wear. IK supported the statement by stating that her children wear pants below the knee or skirts with leggings or short pants.

“If my children go out of the bathroom after a shower, they must have put on their clothes. It would be a shame to wear a towel out of the bathroom. If they are going out of the house, for instance, they do not wear pants and clothes, they refuse to go outside. They would find the dress first. I did not want it. It is a shame; I did not want it. They would put on their clothes first before going out.” (ES, W.OT.02)

In addition, children can carry out their activities on the potty correctly. Parent initial JU stated that her son bathed with the parents and can take a shower by himself at the age of

two years. Last, participant EN shared that her daughter understands showering in a closed bathroom. According to EN, children have difficulty closing the bathroom door while showering because they are afraid. Daughters tend to be aware of closing the door when they are at home with their fathers. She knows that others, including her father or grandfather, cannot see her showering.

“However, from the age of 5 to 6 years, I trained her to be independent. So, when I leave her out and she is in the house with her father, she can do it alone, including small things like closing the bathroom door while using it. Sometimes, the children still slightly open the bathroom door due to fear of the caterpillar, whereas there was nothing. Fear of darkness, even though the lamp is on. Always come up with something that makes no sense.” (EN, W.OT.08)

Children and Others

Sexual education teaches about appropriate self-protection measures for children by reporting the problem to adults. EN mentioned that she taught her child how to protect herself from strangers or naughty playmates by reporting it to ustadzah (female teacher). After reporting to the ustadzah (female teacher), the children can tell their parents.

“So far, Inshaa Allah, my child can protect themselves. If my child was afraid of older friends, she could report to uztadzah (female teacher). After arriving at home, she told me that she reported it to uztadzah.” (EN, W.OT.08)

Children can protect themselves even though with simple things. IK said that if her children realized that others accidentally saw their genitalia, they would suddenly chase away those who saw it and then put on the clothes in the bathroom. RS told her sons' experience that their grandfather and grandmother touched her sons' genitals. Hence, her sons could protect themselves when their grandparents played with their genitals. They expressed dislike and discomfort towards their grandparents' behaviour about touching their genitals.

Not only that, children can admonish and remind others to behave as they should be. For instance, children admonished their mother for not wearing a veil when she wanted to go outside the house. They knew that their mother was a female Moslem who had to cover her head with a veil when she wanted to go outside. They also remind their father to put an undershirt on while in the house. Children also can protect themselves when their grandparents touch their genitals by telling them that it is an inappropriate act.

“Yes . . . he can protest that action. ‘Grandparents (eyang) cannot do that. This is the part of brother's body that is not allowed to be touched by others. Don't play with it. If grandparents (eyang) wanted to clean it when my brother's peeing, it's okay. But it's clean.’ So, he knew what it is called . . . protect themselves even though their grandparents play around.” (RS, W.OT.05)

Children and Themselves

Sexual education encourages children to have shame. IK stated that if children were not fully dressed, they would feel embarrassed. As in IK' children, ES' children feel

embarrassed if they do not wear clothes or a towel after bathing. RS also tests her children to see whether they already possess a shame. RS asked her children why they refused to undress in front of others even though they would get rewards. RS' children answered that it was inappropriate and that others could not touch their bodies.

"For instance, if a stranger brings toys and then asks, 'I have toys for you, I have excellent puppets, you should follow me to have it.' Do you want it or not? So I tried to trigger them with those kinds of questions. If they said, 'I don't want it,' that means my bait was eaten. Then I will deepen the question, 'if that person wanted to give you puppets but he asked you to undress your pants in front of him, do you want it or not?' If my children said no, I would ask again, Why don't you want it? It's good you will get free puppets and free toys? It is free. They said no. I did not; it is inappropriate . . . it's my body. It cannot be touched." (RS, W.OT.05)

Besides having shame for not wearing complete clothes, children knew the birth process and mother's pregnancy. RS said that her sons could understand the difference between his birth and his brother's birth. They can understand normal birth and cesarean birth because RS explained them by showing her birth scars. EN' child also acknowledges the mother's pregnancy, although with a simple concept such as the father wanted a daughter so that the mother would be pregnant with a child given by God. Unlike RS and EN, the parent initial JU explained the birth process even though her son has difficulty understanding where the baby comes from.

"My child asked me, 'Mom, I was born through your vagina, right?' because he knew the birth process. When his little brother was born by surgery, he knew that he was born vaginally, and his brother was delivered through an incision in the mother's abdomen because it cannot be delivered through the vaginal. He knows the process." (RS, W.OT.05)
*"Then, I told a story to my child that 'inside Ms RN's belly, there's baby, you were also inside mama's belly. The baby was gifted by Allah.' Then, AY said to me, 'Mom, now AY is bigger, so (when I was baby) I was eaten by you, mom?' AY said to me like that. Then, I was confused at that time. . . AY asked me, 'so I was eaten by you mom, how come I was in your belly?'. I explain it to him slowly, and he knows. However, now his friends have a little sister/brother, and he asked me for a baby and said, 'Later, we can buy in the mall, mom, ha ha ha.' **Buy a baby in the mall, in the toy store, right?** Yes, buy in the mall. I realize that he has not gotten it yet when I tell him a story, maybe." (JU, W.OT.04)*

Previous literature has discussed the impact of implementing the sexual education "You and Me" program in the family. In general, parents and schools provide sexual education to children hoping that children would not be involved in CSA, both victims, and perpetrators. On another side, the implementation impact of sexual education prevents CSA and attaining more direct and specific purposes. For instance, as Wurtele and Kenny (2011) said that parents provide sexual education not only as an effort to prevent but also to support children's healthy sexual development. Children who are not understanding their sexual

development and how to protect themselves are more likely to face CSA (Wurtele & Berkower, 2010).

Sexual education is an effort to increase children's self-protection skills. It encourages children to have awareness, knowledge, and understanding of sexual abuse (Topping & Barron, 2009). This research proved that the impact of sexual education aligns with the aims of implementing sexual education. For instance, children can build a sense of security through self-protection abilities. The five participants stated that children could: (1) realize that there is a touch that can and cannot be given from adults to a child; (2) protect themselves by refusing a touch from adult and strangers; (3) protect themselves by wearing proper clothes and take care of themselves while in the bathroom to avoid adults and other people's touch; (4) Slowly, explain pregnancy and birth process, children know where the baby comes from parents, especially the mother.

Those four findings align with the aims of sexual education stated by NSVRC (2011) which promotes sexual education to introduces the danger of sexual abuse by telling children which part of the body can and cannot be touched. NSVRC (NSVRC, 2011) also teaches children to protect and have the courage to report the bad things they experience to adults. Many sexual education programs try to inform children that there are some inappropriate behavior they should avoid and train children to respond to that people's behavior (Finkelhor, 2009; Topping & Barron, 2009).

This is in line with the findings of hospital children who showed they understood the labor process, while JU children did not understand it. Therefore, this study aims to describe the phenomenon of early childhood sexual education applied by parents and its benefits to children. The aim of this sexual education can be fulfilled because the findings of RS' children show that children understood the childbirth process. On another side, JU' child has not achieved a childbirth process understanding. However, it can be concluded that the five parent participants' implementation of sexual education is quite effective. Although not all participants experienced the same stories, most of the participants' findings showed a positive impact on children's behavior and thoughts.

CONCLUSION

The "You and Me" program was built based on the need to protect young children from all forms of violence by being shown a gender doll complete with vital organs, including a baby in the womb. Based on the study results, it can be concluded that the sexual education applied by the five parents was quite effective. In general, the impact of implementing the sexual education "You and Me" program that children have experienced is quite varied and

aligns with sexual education aims. This study suggests that parents need to teach their children to know a sense of shame and security to protect their bodies; parents should teach their children part of their bodies that cannot be touched by adults including family and strangers. Parents, especially mothers, should explain simply. For instance, in children' language, about the pregnancy and childbirth process so that children can understand the information correctly; parents should teach their children how and where to dress correctly after taking a bath so that they have a habit of dressing up in the bathroom or their bedroom.

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