

# Phenomenology Studies: The Practice of Sexual Education Applied by Indonesian Parents

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**Abstract.** Parents in Indonesia feel taboo in mentioning the name of the genitals and their functions scientifically. It is because parents were not aware of providing sexual education materials to their children. This study explores the practice of sexual education applied by Indonesian parents. The research was carried out in Semarang city's kindergarten for nine parents with early childhood children as subjects. The study used a phenomenological approach and qualitative research methods. Data were collected through in-depth interviews, and provided informed consent signed by the subject's parents to obtain information on how to teach children about gender differences, differences in genitalia and its function, and how to take care body, and so on. Triangulation of data sources was used to test this qualitative method's credibility. Triangulation of data sources that researchers obtained from parents about knowledge and understanding of sexual education is as an effort to prevent sexual violence. The results showed that the application of sexual education by Indonesian parents was carried out through three contents, namely sexual education materials taught by parents, learning media for early childhood education, and barriers to the application of sexual education. However, this study has limitations because it didn't involve father as subjects because of the work focus.

**Key words:** application of sexual education, parents, early childhood children

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## INTRODUCTION

Child sexual violence (CSV) is becoming a serious problem in Indonesia, which can threaten the quality of a child's life as well as social and mental well-being (Jatmikowati et al., 2015; Hidayati & Nurhafizah, 2022). The Indonesian Child Protection Commission reported in 2014 to 2018, 1.254 children became the victims and 1.032 children who became the perpetrators of CSV. On the other hand, the Ministry of Empowerment and Child Protection reported on 1<sup>st</sup> January to 19<sup>th</sup> June 2020 through Simfoni-PPA, there were 1.848 victims of CSV (KPPA RI, 2020). Amrullah in Septiani (2021) 2020 mentioned an increase in CSV during the pandemic in July by 11.797 cases and August by 12.855 cases.

Sexual violence that occurs in children can be prevented by providing early sexual education that is following values, culture, religion, and age (Erhamwilda et al., 2017; Pandia et al., 2017; Opara et al., 2010). Sexual education is an effort to improve child protection skills that can encourage children to have awareness, knowledge, and understanding of sexual violence (Topping & Barron, 2009). Rakhmawati et al. (2022) added that the impact of sexual education is in line with the objectives of carrying out sexual education, for

example building a sense of security through self-protection abilities.

Tjiptorini and Ramadhani, (2022) stated that providing information about gender differences and their functions is an effort to raise awareness and provide information about sexual issues, including knowledge about reproductive organs by instilling moral, religious, ethical values and safety standards so that there is no abuse of reproductive organs. Therefore, providing gender differences information as the forerunner of family education has an important meaning (Tjiptorini & Ramadhani, 2022).

The sexual development of children, mentioned by Santrock (2020) that children aged 3-7 years are in the phallic phase, where children begin to recognize that they have a different gender, starting by showing play and interest with their genitals. Erhamwilda et al. (2017) adds that early childhood thinks, learns, and feels about sexuality by creating behaviors and attitudes. Therefore, cognitively, children are taught about something simple, especially sexual problems.

Tjiptorini and Ramadhani, (2022) explain that the issue of sexual education is not based on the perception of parents so that they send their children to school related to sexual education. In fact, schools are not optimal in providing sexual education, resulting in a lack of knowledge of children's sexual education, and schools are less

effective in implementation and do not adequately meet children's needs (Tjiptorini & Ramadhani, 2022; Goldman, 2011; Suharta et al., 2023).

Sexual education in schools includes biology, health, and so on (Santrock, 2020). This statement is supported by Wellings et al. (2006) who explain that sexual education in schools can increase awareness of the risks of early sexual intercourse, safe sexual behavior, and able to delay pregnancy. Meanwhile, sexual education from parents can improve gender identity, sexual health, and interpersonal relationships (Breuner & Mattson, 2016); parents teach their children to refuse to be invited out by strangers (Rudolph et al., 2018; Rakhmawati et al., 2022); parents teach things that can and should not be touched with people of the opposite sex. Therefore, the family has an important role in guiding children in meeting the needs of sexual development.

Families play a fundamental role in the sexual development of children intending to protect children from ASD (Ganji et al., 2018; Martin & Torres, 2014). Ganji et al., (2018) added that the family is the first source of learning for children that influences sexual awareness and roles in gender as male and female. This is reinforced by the results of interviews conducted by researchers on one of the subjects of parents, where he said that parents teach their children how to dress properly at 6 months as personal protection when they go out of the house to play or travel.

*“For the past 6 months, I have taught him that he must wear personal protection wherever he goes. Personal protection doesn't mean PPE... but at least he can go out, but he has to wear full clothes, don't just wear t-shirts or underwear.”* (IK, W.OT.01; 05.05.2020)

This study aims to explore the application of sexual education applied by Indonesian parents. Sexual education contributes to preventing child sexual abuse, and children can recognize and name their genitals scientifically even though parents still think it taboo to mention the name of genital scientifically.

### **Child Sexual Violence**

Sexual violence is an act carried out by contact or non-contact by directing sexual activity, and most of the victims are children because they are powerless to refuse and do not consent to the perpetrator (Children Bureau, 2019; WHO, 2016). Children who engage in sexual violence can make them unprepared for development, and tend to break

the law (Waid-Lindberg & Mohr, 2019; Zhang et al., 2015).

CSV has psychological, social and physical health problems (Widom & Massey, 2015; Scimeca et al., 2014; Cashmore & Shackel, 2018), and other impacts, in the form of destroying children's futures, and committing suicide (Waid-Lindberg & Mohr, 2019; Cashmore & Shackel, 2018; Borg et al., 2014). The results of the research by Nathania et al., (2017) explain that the victim's well-being depends on the crime and the type of trauma experienced. CSV victims tend to become perpetrators in the future (Osadan & Reid, 2015; Miron & Orcutt, 2014). Laeheem (2013) in his research said that family is an important factor that causes children to experience sexual violence. Andari et al., (2019) adds that parents' knowledge, behavior, and attitudes can prevent CSV events from increasing.

### **Sexual Education Applied by Indonesian Parents.**

Sexual education consists of teachings on human sexual anatomy, reproduction, gender identity, sexual orientation, etc (Nambambi & Mufune, 2011). Sexual education is an effort to provide adequate knowledge to children to prepare children to adapt well to sexual attitudes in the future, and this knowledge causes children to gain logical thinking about sexual and reproductive problems (Sugiasih, 2017; Morrison, 2018; Brown & Lan, 2013).

Sexual education is given to children early on through the role of families and teachers (Colarossi et al., 2014). Therefore, parental cooperation between schools is very necessary because they are responsible for providing children's psychological well-being, especially healthy sexual health (Pop & Rusu, 2015).

Rakhmawati et al., (2021) explained that the relationship between children and their parents is an important component in providing sexual education to children. Nghipondoka-Lukolo & Charles, (2016) added that parents need to receive information about their child's sexual development to acquire adequate knowledge and skills in the practice of sexual education. There is parental involvement in explaining sexual education in a language that is easy to understand and appropriate for the child's age.

**METHOD**

This study uses a phenomenological approach as a qualitative research method. Phenomenology as a research approach that seeks to describe the essence of a phenomenon by exploring it from the perspective of individuals who have experienced it (Teherani et al., 2015). Moleong, (2018) mentions that qualitative description is applied to holistically describe the subject’s sensation.

The social phenomenon in this study is the application of sexual education by Indonesian parents. Some experts explain that the purpose of phenomenology is to describe the meaning of experience, explore and understand the importance of things that exist in individuals or groups of people (Teherani et al., 2015; Moleong, 2018; Creswell & Clark, 2017). The main question in this study is the extent to which Indonesian parents explore sexual practices.

**Table 1.** Subject's Initials, Subject's Age, Child's Age, School Name.

Subject's Initials	Subject's Age (Years)	Child's Initials	Child's Age (Years)	School Name
IK	41	AM	6	PAUD-TK Pusat Unggulan Taman Belia Candi Semarang
		NL	5	
ES	33	AA	6	PAUD-TK Pusat Unggulan Taman Belia Candi Semarang
		YW	4	
AD	39	JW	6	PAUD-TK Pusat Unggulan Taman Belia Candi Semarang
JU	33	AY	5	TK Labschool UNNES
RS	32	DD	5	PAUD-TK Pusat Unggulan Taman Belia Candi Semarang
		DA	3	
LL	31	DR	5	TK Negeri Pembina Semarang
DI	46	AK	6	TK Negeri Pembina Semarang
EN	30	ME	6	TK Labschool UNNES
VL	29	CP	4	PAUD-TK Pusat Unggulan Taman Belia Candi Semarang

Data collection was carried out by in-depth interviews with nine subjects, parents and researchers provided informed consent signed by the subjects of parents who have early childhood to obtain information about how to teach children

about gender differences, differences in genitalia, differences in function and ways of learning. Take care of the body, and so on. Credibility testing in qualitative research is carried out to show the degree of trustworthiness of the findings obtained by the evidence made by the researcher, which is called data triangulation (Moleong, 2018). This study uses triangulation of data sources. Triangulation of data sources that researchers used from parents related to knowledge and understanding of sexual education to prevent sexual violence.

The first content is about sexual education materials taught by parents, including (a) parents teaching children how to dress properly; (b) parents explaining the body parts that must be protected to the child; (c) parents teaching children how to protect themselves; (d) parents teach children toilet training; (e) parents teach children how to differentiate between boys and girls; (f) parents introduce genitalia; (g) Parents teach children to behave properly with others; (h) Parents explain about birth and pregnancy.

Parents teach children how to dress properly. The subject of the parents’ initials IK said that the complete clothes that their children must wear are underwear, panties, and outer garments. IK requires their children to be fully clothed when going out of the house or playing at a neighbor's house. Children need to take care of their bodies by putting on underwear. In contrast to IK, the subject of parents with the initials AD teaches children to change clothes in a room with the door closed. Another subject, DN teaches his children to wear closed and polite clothes when going out of the house so that they cover. If the child's genitals are exposed, other people think differently and see the shape of the child's body that should not be seen.

**RESULT AND DISCUSSION**

This study reveals three main themes regarding the implementation of sexual education by Indonesian parents, namely (1) sexual education materials taught by parents; (2) early childhood education learning media, and (3) barriers to the application of sexual education by parents.

The first content is about sexual education materials taught by parents, including (a) parents teaching children how to dress properly; (b) parents explaining the body parts that must be protected to the child; (c) parents teaching children how to protect themselves; (d) parents teach their children toilet training; (e) parents teach their children how

to differentiate between boys and girls; (f) parents introduce genitalia; (g) Parents teach children to behave properly with others; (h) Parents explain about birth and pregnancy.

Parents teach children how to dress properly. The subject of the parents with the initials IK said that the complete clothes that must be worn by their children are underwear, panties, and outer clothes. IK requires their children to be fully clothed when going out of the house or playing at a neighbor's house. It is important for children to take care of the body using underwear. In contrast to IK, the subject of parents with the initials AD teaches children to change clothes in a room with the door closed. On another subject, DN teaches his children to wear closed and polite clothes when going out of the house so that they cover. If the child's genitals are exposed, other people think differently and see the shape of the child's body that should not be seen.

*"The reason was earlier, even though they were just learning to crawl, if they weren't fully clothed, they had to wear full clothes when playing outside."* (IK, W.OT.01; 05.05.2020)

Parents explain the body parts that must be protected to children in the second material. There are five subjects of parents teaching the body parts that children must protect. ES explains to children about body parts that are not allowed to be touched by others, except parents and family. IK teaches body parts to be protected when watching TV together. ES introduces body parts that can and should not be touched when children bathe. Meanwhile, EN explained to children when giving powder and helping children change clothes before going to bed.

*"Then the habit of praying before bed is to use powder and Ms. El. Use powder, so change clothes, change clothes for sure you can't hold this... I'll show you. You can't hold it."* (EN, W.OT.08; 15.07.2020)

Parents teach children how to protect themselves. In this case, seven subjects of parents explain how to protect themselves. The subject of the first parent with the initials IK said that his child was taught how to protect himself from strangers by asking the child first what to do if he encountered a dangerous situation, such as a stranger greeting him. Meanwhile, ES teaches children to protect themselves by forbidding them from receiving goods from strangers.

*"It can't be held by other people, yes, sometimes on the street, for example, if someone gives you*

*something, it's okay if you don't know it, you can't"* (ES, W.OT.02; 19.05.2020)

The subject of the fourth parent with the initials AD said that the first child was to protect himself, such as refusing or screaming when an unknown person touched him. AD told children to be allowed to shake hands with other people, but not to be touched or kissed by strangers. The hospital also said that if someone else wants to touch the child, that person is allowed to touch the child with permission and accompanied by a parent.

Parents teach their children toilet training or how to behave in the bathroom. The subject of the first parent with the initial AD still teaches children to close the door when bathing, defecating, and urinating slightly. LI's subjects taught their children to clean themselves and wear their pants after urinating.

*"If DR runs out of pee, DR has to clean it himself, wash himself, wear his pants, okay?"* (LI, W.OT.06; 05.07.2020)

Parents teach their children how to differentiate between boys and girls. The subject of JU revealed that one of the sexual education materials was teaching children about the difference between themselves and others, especially different genders. DN also teaches the difference between men and women from the shape of their genitals, although they still use pseudonyms. Meanwhile, AD explained that his two sons have the same genital shape as his father, but different from his mother.

*"If a woman has a vagina, if a father has a penis."* (ES, W.OT.02; 19.05.2020)

Parents introduce genitalia. Parental subjects introduced the name of the genitalia without a pseudonym or with a real name. ES and VL subjects did not introduce genitalia to children with pseudonyms. Similar to the two subjects, JU subjects began to introduce genital names with real names or without being disguised to children from the age of 2.5 or 3 years.

Parents teach children to behave properly with others. The subject of the first parent with the initial AD said that his second child often kissed his parents, so he reminded the child not to kiss other people carelessly, especially strangers. EN subjects emphasized more girls behave politely when reading the Koran with boys, and not inviting boys to play together.

*"For example, if there is... o yes, for example, if you like kissing. Nyium was his brother, kissed me, kissed his father like that. Kiss like that, okay, you can kiss if you're with your mom and dad and your*

*sister, but you can't kiss other people, especially those you don't know or example, someone wants to hold you.*" (AD, W.OT.03; 21.05.2020)

Parents explain about the birth of a child. Some of the subject parents stated that their children had found out about where they came from. The subject of the first parent with the initial AD stated that his first child had asked why he was not there. AD tells about the birth of a child. She told him that a child is born from the womb through surgery. She also explained it by showing the surgical scars on her stomach. AD also showed her wedding photo while telling him that his dad grew affectionately and gave birth to a child.

*"Never had a story like that. Have you ever told a story like that, so what... so I haven't explained that until a man has sperm, sperm cells, and stomach cells, I haven't explained that one yet. Still... well, I still don't know, maybe I forgot it or something, but I explained it like that."* (AD, W.OT.03; 21.05.2020)

The hospital subject admitted that he did not feel taboo when explaining the process of childbirth because he thought it was important for children to understand this. She and her husband took their children to read books about the origin of children because children were curious about where babies came from, and mothers gave birth. Through the parents' explanations and the book, the children already know that the baby comes out of the mother's stomach through the mother's genitals. Parents also explain to their children that there are two ways to give birth, the genitals and surgery on the mother's stomach. VL subjects also told more details about the process of child pregnancy. He explains the process of fertilization and mentions sperm and ovum. VL emphasizes that only married people can have children.

*"So, tell me about the process like before. If mama has an egg, the egg is fertilized by papa's sperm, but that can be done if you are married."* (VL, W.OT.09; 04.11.2020)

On the other hand, DN has not explained in detail the process of pregnancy to the second and third children who are still at an early age. Like DN, EN admitted that he was still confused in explaining the pregnancy process. Therefore, EN only explained it thoroughly, as his father asked for another daughter so that the mother was pregnant with the child given by God. EN admitted that he would not explain the process of pregnancy because he felt the child's age was still insufficient to understand a more detailed explanation.

The second content in this study includes (a) parents providing sexual education through stories and story books, (b) parents providing sexual education through videos, (c) parents providing sexual education through songs, and (d) parents providing sex education through dolls.

Parents provide sexual education through stories and story books. There were six subjects of parents who said that the learning media they used implement of sexual education were stories orally, or in writing, including through picture books, children could learn to distinguish between boys and girls through pictures. One of the subjects said that he provided sexual education through abid books. The subject conveyed one of the abid books containing the origin of children, the basic differences between boys and girls and how children behaved according to gender. It was also found that subjects provided sexual education through videos and YouTube.

A unique method was also carried out by the subject who provided sexual education through a song title "Touch may and may not be", singing the song with the child before bed.

The third content includes (a) obstacles to the practice of sexual education by parents, (b) parents do not show the right response or attitude when their child shows deviant behavior. Barriers to the practice of sexual education by parents. Parents sometimes struggle to answer their child's questions about sexual education. The subject of the first parent with the initials IK admitted that he had difficulty answering children's questions regarding why the genitals had to be closed. Parents also do not show the right response or attitude when children show deviant behaviour. When seeing a child showing sexual behaviour such as holding his genitals, the subject of the first parent with the initial AD just reprimanded him. What's more, if he only reprimands his child who shows sexual behavior, it will make the child think his behaviour is wrong.

*"Yes, sometimes it was, we were reflecting at that time... What are you doing? So that's it, and he said ah no no."* (AD, W.OT.03; 21.05.2020)

Fathers are less involved in implementing sexual education in children and are still less open in explaining sexuality. Various previous literature discusses the sexual education of children from the perspective of parents. In general, parents think that scientifically mentioning the name of the genitals is taboo when they teach it to their children (Nyarko et al., 2014; Widman et al., 2015). Several previous

researchers explained that the subject of parents prefers not to talk about sexuality due to a taboo culture, and parents feel unable to give precise answers about sexuality when their children ask about it (Rakhmawati et al., 2022; Pandia et al., 2017; Tsuda et al., 2017; Tabatabaie, 2015).

The findings of the parent in this study admitted that they had difficulty answering children's questions regarding why the genitals should be closed, and there were also parental subjects who began to introduce the names of the genitals scientifically or without being disguised in children from the age of 2.5 or older three years. This is because the point of view of the Indonesian people's point of view that mentioning the name of the genitals without being disguised is still a taboo subject, and the biggest challenge for parents is discussing sexuality with a scientific name (Nyarko et al., 2014; Widman et al., 2015).

Some materials for protecting oneself from parents are similar to materials from teachers. Parents teach children to refuse gifts from strangers, refuse or ask for help when touched or touched by others, and ask permission from parents when going out with strangers. The material to protect themselves from parents is supported by children's knowledge of the parts of the body that are only allowed to be shown and touched by parents.

In addition to taking care of themselves, how to dress is one of the materials to help children protect themselves. The teacher's subjects emphasized the importance of the correct way of dressing, such as being fully clothed and covered, including wearing leggings as under skirts. The Early Childhood Education Center at Taman Belia Candi Semarang has a Change of Clothes SOP as a guide for children on how to change clothes correctly, including the order of changing clothes, appropriate places to change clothes, and how to clothes that have been removed properly.

Parents also teach about dressing, although it is not very detailed compared to the SOP for Changing Clothes. The research results by Nizar and Eliza (2021) show that most children do not know which parts of the body to cover when they are at home or outside, and children who use underwear less than those who do not use underwear.

Some subjects experience difficulties explaining pregnancy and childbirth to their children. Maternal pregnancy and childbirth are topics that children often ask. Sciaraffa and Randolph, (2011) stated that children aged 3-4 want

to know the origin of babies and start looking for answers by asking adults. Entering the age of 5-6 years, children are still curious about how babies are made, pregnancy and childbirth, and ask adults to answer questions.

If someone in their childhood has experienced trauma such as violence or sexual abuse, it can also impact on their cognitive abilities. According to Kartinah dan Prasetyowati (2022) research cognitive obstacles and engagement are found in matters related to the cognitive domain. Especially for cognitive engagement which is interpreted as the level or degree of attention, curiosity, optimism, interest and passion, if a person's cognitive engagement is low, his learning achievement will also be low.

## CONCLUSION

This study describes the practice of sexual education applied by Indonesian parents through three contents in the form of sexual education materials taught by parents, learning media for early childhood education, and obstacles to the application of sexual education by parents. On the other hand, the relationship between children and their parents is important in providing sexual education. However, this study has limitations, in the form of nine subjects being mothers. The subject of fathers in the findings of this study was not included because fathers tend to focus on their work and are not actively involved in the children's education.

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