

Suzie's Mommy is Having a Baby: Don't Freak Out!

Healthy Sexuality Development in Young Children

by Mary Sciaraffa

At circle time, four-year-old Suzie announces that her mommy is going to have a baby and the baby is in Mommy's tummy. There is a buzz among the children who want to know the answers to many questions.

Jerilyn asks, "How did the baby get into your mommy's tummy?"

Darla proudly announces, "My baby sister was born at the hospital where the doctor gets the baby out of the mommy's tummy."

George asks, "How do they get the baby out?"

Later that morning, Darla is eager to show the other children in the dramatic play area how mommy feeds her baby sister. Darla lifts up her shirt and puts the baby doll next to her chest. Several other children imitate Darla in breast-

feeding the baby dolls. All the while, the teacher is unsure how to respond to the children and debates whether or not she should share this information with her director and the children's families. The teacher opts to ignore the children and hopes the next nine months are a lot less eventful. Nine months later the teacher watches Suzie in the dramatic play area demonstrating the birth of a baby. At this point, the teacher freaks out, recognizing that she does not know how to talk to the children, her director, or the children's families about what is happening in her classroom.

Healthy Sexuality in Young Children

Is it the teacher's job to assist children in developing a healthy sexual identity in early childhood? A healthy sexual identity is developed over the course of a lifetime through the "process of acquiring information and forming attitudes, beliefs, and values about such important topics as identity, relationships, and intimacy" (Sexuality Information Education Council of the United States, 2010). Teachers may feel conflicted, believing that sexuality information should be provided to children solely by the family.

It may be helpful to know that humans are sexual beings right from birth. Healthy sexuality development is just as important to young children as the other developmental domains. Therefore, teachers and families share in the responsibility for the care and education of the young child. As a matter of fact, healthy sexuality development is intertwined with all of the developmental domains. However, human sexuality is a topic that is both challenging and uncomfortable for most adults to discuss.

Even more challenging is finding information on human sexuality development as it pertains to children ages birth to five. Caregivers of young children have access to information with respect to the other developmental domains and they need information on healthy sexuality development. Additionally, administrators of early childhood programs need to develop program policies regarding this aspect of children's development. Teachers need program policies to guide them when interacting with children and families.

Due to lack of training and information on healthy sexuality, caregivers are often ill prepared to handle common questions from children to respond to their



Mary Sciaraffa, Ph.D., CFLE, has worked in the field of Early Childhood Education in a variety of capacities with both young children and adults over the past 15 years. She currently serves in a dual role as an Assistant Professor in Child & Family Studies and as the Director of the Early Childhood Lab at the University of Louisiana, Lafayette. This role allows her to demonstrate to adult learners how theory is put into practice with preschool-aged children. Through her work with families, she has discovered both the importance and challenges of discussing human sexuality with young children and adults.

sexual behaviors. And yet we know that healthy sexuality development is communicated by adults through positive regard for children's questions and curiosity about their own bodies. For instance, Fraiberg (1996) believed, "How a child feels about himself, how he values himself, will also be tied up with his feelings about his own body" (p. 195). If parents or caregivers ignore or punish children's curiosity, this will likely have a negative influence on children's sexuality development (Chrisman & Couchenour, 2002; Honig, 2000).

During diaper changes a baby boy tends to immediately reach for his penis when the diaper is taken off. A parent or caregiver may remove the child's hand and say, "No, no!" In some instances, the parent or caregiver may physically swat the child's hand and say something such as, "Don't touch that" or "That's dirty." This is the beginning of the adult communicating his or her thoughts about touching one's own body. The adult's reaction and words sends a message to the child that touching oneself is not acceptable. Alternatively, the adult could use the child's action as a teachable moment by simply stating, "That is your penis." If the adult is uncomfortable with the child touching his penis, the adult can redirect the child's action by asking the child to point to various body parts. In this instance, the adult is not conveying a negative message to the child about touching his penis, nor is the adult physically removing the child's hand from his penis.

As children get older, beginning at age three and four, children become very talkative and curious. Adults need to keep answers to children's questions simple and to only answer what the child is asking, without providing more information than the child is asking for or may be ready to understand. In the opening scene the teacher can answer

the children's questions with simple responses:

"Babies are in a special part inside the mommy, but it is not the mommy's tummy. This special part of the mommy's body will protect the baby while the baby is growing. The baby will let the mommy know when he or she is ready to be born. Some mommies go to the hospital where the doctor helps the mommy and baby. After the baby is born, the baby is hungry. Some babies drink milk from their mommy while other babies drink milk from a bottle."

Healthy sexuality education for young children must be in a holistic format that is age and developmentally appropriate. Understanding that young children's development is holistic can be illustrated through this example.

An infant's capacity to experience sensory pleasure is both a physical outcome, as well as a healthy sexual outcome. A few examples of how parents and caregivers contribute to this outcome are by holding, caressing, bathing, and massaging infants. All the while, parents and caregivers are talking to the infant and looking into the infant's eyes. This assists the child in his or her capacity to trust the adult and contributes to his or her social-emotional development providing the infant with the sensual experience of a loving touch combined with an intimate experience shared by two people.

Below is a list of healthy outcomes for young children. This list provides a good starting point for caregivers to understand the comprehensive nature of human sexuality and how it relates to other developmental domains.

Infancy and toddlerhood (0-2 years)

- Begins to trust caregivers
- Begins to experience sensory (touch) pleasure
 - From birth, boys have erections and girls lubricate vaginally.

- Begins to distinguish between male and female
- Develops a male or female identity
- Learns expected behaviors for boys and girls
- Begins to develop a sense of autonomy
- Begins first social/play interactions with peers
- Begins to develop an attitude (either positive or negative) toward their own bodies

Preschool (2-5 years)

- Identifies oneself as male or female
- Establishes a firm internal belief that he or she is either male or female
- Begins understanding the basic elements of human reproduction
- Begins to understand the concept of privacy in relation to nudity and sexuality
- Enters stage of infrequent to persistent curiosity about genitalia of peers and adults of same and opposite sex

Common Sexual Behaviors in Children

Parents and caregivers are often alarmed by common behaviors related to human sexuality during the early childhood years. It is imperative for parents and caregivers to understand that some behaviors are common and are not cause for alarm. Children's comments and questions can be addressed with a matter-of-fact, age-appropriate answer that is congruent with the family's values, culture, and beliefs. Children's self-stimulating behaviors (masturbation) can be redirected by the adult through positive guidance techniques, such as giving the child another way to comfort himself (e.g., cuddling a toy). Adults can respond to children's curiosity with responses such as, "You've discovered that it feels good to touch yourself. This is something you can do when you are alone." There are differences between adult's sexuality and children's sexuality (Chrisman & Couchenour, 2002):

- Adults are aware of consequences, whereas children are curious and playful.
- Adults are self-conscious and desire privacy, but children are spontaneous and open.
- Adults are motivated by eroticism; in contrast, children are superficial in their sensuality. They are not motivated by sexual desire, but rather often by an imitation of an observed adult behavior (Chrisman & Couchenour, 2002).

Below is a list of common behaviors of young children. Children's curiosity decreases as they age, especially if their questions have been answered openly and honestly (Petty, 2001).

Infancy and toddlerhood (0-2 years)

- Explores own body, including genitals
- Spontaneous, reflexive sexual response (erection, lubrication)
- Enjoys touch from caregivers
- Enjoys nudity

Preschool (2-5 years)

- Becomes aware of and very curious about gender/body differences
- Occasional masturbation (focused on soothing or relaxation rather than arousal/sexual pleasure)
- Consensual exploration of same-age playmates' bodies in a playful, curiosity-focused manner (e.g., playing doctor)
- Enjoys nudity
- Uses slang terms for bodily functions
- Enjoys bathroom humor
- Curious about where babies come from
- Begins to repeat curse words

Myths about Human Sexuality

MYTH: Children are too young to know the correct terms for genitals.

One parent told me, "The correct terms are just too harsh for my five year old to

know." Another parent told me, "My five year old is my baby boy and just shouldn't know those words."

FACT: Using accurate information and the appropriate terminology decreases confusion.

When my daughter was in prekindergarten, a little boy was running around the classroom, fully clothed, with both of his hands cupped over his penis. He kept asking other children, "Do you want to see my peanut?" My daughter, who really enjoys peanuts and peanut butter, walked up to the child and said, "I love peanuts. Let me see your peanut." Upon that request, her classmate threw his arms up, thrust out his hips, and yelled, "Bam! See my peanut." In response to his actions, my daughter replied in disappointment, "That is a penis, not a peanut. Where is your peanut?"

Children make sense of the world based on what they have experienced through their senses; and children are concrete, literal thinkers. Therefore, adults need to provide children with accurate information that is on the child's level of development. The teacher can say, "Boys and girls have different body parts." The adult can easily assess the child's current understanding of an issue by simply asking her open-ended questions. The teacher might ask, "What is the name of your body part that you use to go to the bathroom?" or "Where do you think babies come from?"

MYTH: Self-exploring and self-pleasuring behaviors are not normal for children.

FACT: It is normal for children to engage in these behaviors.

Because of societal norms and sexual taboos, parents and caregivers often do not want to accept or allow the child to engage in self-pleasuring behavior. Children often use self-pleasuring to

soothe themselves and do not understand why the adult does not approve of an action that brings the child joy. Children think differently about sexuality than adults. A child's self-pleasuring behavior does not directly imply that a child will engage in premature sexual behavior or that a child is being sexually abused (Petty, 2001).

MYTH: It is inappropriate and harmful for children to be interested in other people's bodies.

FACT: 'Playing doctor' and other curiosity-based behavior that children engage in at young ages is a normal part of healthy sexuality development.

This behavior should not be of concern to parents or caregivers unless one of the children is older and directing the play of the younger children. Parents and caregivers can utilize children's exploratory play as an open door for communicating with young children. The teacher can say, "You are curious about each other's bodies, but at school you may not touch somebody else's penis." At this point, parents and caregivers can assess the child's knowledge of human sexuality. Parents and caregivers can also take advantage of this time to empower children to say if they do not want to be touched by other children and to discuss what parts of the body should and should not be touched by others.

MYTH: Exposing children to nudity is harmful to their development.

FACT: Every family has different values and beliefs regarding nudity.

Exposure to nudity of people of the same sex often continues indefinitely throughout the child's life, in locker rooms for example. Exposure to nudity of the opposite sex should decrease and eventually be phased out between ages four and five for two reasons. First,

children enter school between four and five years of age and nudity is not accepted at school. Second, a child who is interested in looking at other people's bodies can get into trouble in our society, which tends to value modesty.

Sexual Behaviors that Should Concern Parents and Caregivers

As previously mentioned, children engage in curious play. However, if curious play becomes harmful and happens between children who are not the same age, with the older child dominating or leading the young child, then this play behavior is cause for concern. Additionally, unequal power between children (age or size) within the play is a red flag for adults to be concerned about the children's play. Teachers should be familiar with the signs of child sexual abuse in young children's behaviors and take swift action in reporting these to the proper authorities.

Children are exposed to adult sexual behaviors through many means, such as observing adults, advertising, television, and music. If the teacher determines that the child's level of awareness is at an unusually sophisticated level, this could suggest exposure to sexual abuse (Sauzier, 2004). The teacher should worry and consult a professional for advice if the child's behavior includes adult-like sexual behaviors, recurring episodes of a particular event, involves others through coercion, has an element of sneakiness, appears to have been learned (e.g., by watching adults or television), or the adult's intuitive concern is heightened. Teachers should interrupt the child and redirect the child's behavior or play between children that includes items discussed thus far. Additionally, documentation of the event is helpful when discussing such incidences with a professional. Refer to the Stop it Now! website (www.stopitnow.org) for warning signs of sexual abuse and for a sample documentation form.

Teacher's Role

Healthy early childhood development includes the development of a healthy sexual attitude and healthy behaviors. For young children, sexuality development includes understanding the topics of intimacy, identity, sensuality, and reproduction. Adults in children's lives are responsible for assuring that young children have accurate knowledge of sexuality development and are providing an environment to foster a healthy sexual attitude. According to Fraiberg (1996), "The aim of sex education is not only to teach the facts, but to create in the child a group of desirable attitudes toward his own body, the fact of his own sex and his sexual role now and in the future" (p. 211).

Children's understanding of sexuality can occur at many levels. Caregivers and parents can assist children in:

- Learning about intimacy by forming secure bonds with the young child and assisting the child in forming friendships and bonds with other individuals.
- Forming a positive identity about himself by helping the child feel respected and valued as a unique individual.
- Understanding and celebrating the differences between males and females and providing information on individuals in non-stereotypical roles.
- Understanding sensuality as it relates to appropriate and inappropriate touches and empowering children with the knowledge that their bodies belong to them.
- Understanding the basics of reproduction and answering their questions immediately and calmly at the child's level of understanding.

Conclusion

Children need accurate information, positive attitudes, and skills to become

healthy and responsible sexual beings (Wilson, 1991). Parents and caregivers play a key role in helping children feel comfortable with their sexuality. It is their responsibility to be calm and informed, and to talk about sexuality, love, and relationships with children so they will become safe, healthy, happy adults. This doesn't mean that parents and caregivers will feel entirely comfortable discussing healthy sexuality with children, but it does put them in the important position of answering children's questions honestly and accurately.

References

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- Petty, K. (2001, Winter). When young children explore anatomy: Dilemma or development? *Texas Child Care*, 2-7.
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- Wilson, P. M. (1991). *When sex is the subject: Attitudes and answers for young children*. Santa Cruz, CA: ETR Associates.

Additional Resources

Books for Adults

Brick, P., Davis, N., Fischel, M., Lupo, T., MacVicar, A., & Marshall, J. (1989). *Bodies, birth, and babies: Sexuality education in early childhood programs*. Hackensack, NJ: Planned Parenthood of Bergen County, Inc., Center for Family Life Education.

Goldman, R., & Goldman, J. (1988). *Show me yours: Understanding children's sexuality*. New York: Viking-Penguin.

Haffner, D.W. (2008). *From diapers to dating: A parent's guide to raising sexually healthy children* (second edition). New York: Newmarket Press.

Hickling, M. (1966). *Speaking of sex: Are you ready to answer the questions your kids will ask?* British Columbia: Northstone Publishing.

Johnson, T. C. (1999). *Understanding your child's sexual behavior: What's natural and healthy*. Oakland, CA: New Harbinger Publications.

Electronic Resources for Adults

Birds+Bees+Kids:
www.birdsandbeesandkids.com/parents_faq.html

Sexuality Information and Education Council of the United States (SIECUS):
www.siecus.org

SIECUS Sex Education Library
www.sexedlibrary.org/

Stop It Now!
www.stopitnow.org/

Stop It Now! Journal Entry Sample
www.stopitnow.org/journal_entry