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SEXUALITY EDUCATION IN EARLY CHILDHOOD

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Abstract

The alarming spread of child sexual violence in Indonesia stands in sharp contrast to the public's strong stigma and taboo regarding body literacy. Therefore, this study aims to explore sexuality education strategies for early childhood as a preventive measure and to provide socio-medical-based guidance for parents and educators. The research approach employs a qualitative method with a library research design, critically analyzing theoretical data from early childhood education (PAUD) guidebooks and secondary empirical data from UNICEF and the Ministry of Women Empowerment and Child Protection (KemenPPPA) through qualitative content analysis techniques. The results reveal a sharp gap between theoretical urgency and field reality, where early childhood understanding regarding body privacy is exceptionally low, at only 13.88%. Furthermore, mothers' knowledge concerning underwear protection rules only reaches a moderate category. 47.2% due to the psychological barrier of awkwardness. This obstacle can be overcome by presenting body anatomy using objective, scientific language (the terms penis, vagina, and breasts) without metaphorical diction that confuses children, as well as integrating practical methods such as the Underwear Rules Program through creative media to train children's assertive behavior starting from the golden age. In conclusion, sexuality education is not deviance but rather the primary and crucial preventive protective instrument for a child's bodily autonomy. Future implementation requires solid synergy in the form of regular Parenting Education programs in PAUD to train parental communication at home.

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Introduction

In Indonesia, sexuality education is still frequently perceived as taboo and deviant, which triggers an indifferent attitude within society. The lack of open discussion spaces creates confusion among parents regarding the urgency of such education for their children. In fact, instilling a proper understanding from a sexuality perspective since the early stages of growth serves as a highly fundamental cornerstone in shaping a child's self-awareness (Santi et al., 2024). Cultural barriers that view sex education as taboo contribute significantly to the high rates of sexual crime in Indonesia. This lack of early understanding leaves children in a vulnerable position, rendering them potential targets as well as potential perpetrators of sexual violence in the future. Therefore, introducing sex education from an early age becomes a crucial protective instrument to equip them with the self-awareness needed to prevent abuse (Nadila et al., 2025). Globally, the structured implementation of Comprehensive Sexuality Education (CSE) from primary education is considered to have great potential in mitigating the risk factors of sexual violence and shaping effective prevention characteristics at the socio-ecological level (Schneider & Hirsch, 2020).

Based on the legal framework in Indonesia, the definition of a child involves varying age limits depending on its purpose. Law No. 23 of 2002 concerning Child Protection classifies a child as any individual who has not reached the full age of 18, including fetuses still in the womb. However, specifically, the National Education System Law (UU Sisdiknas) No. 20 of 2003 defines early childhood within the age range of 0 to 6 years, where the primary focus is providing educational stimulation to optimize physical and spiritual growth as preparation for the next school level (Magfirah, 2025). This definition of early childhood varies in age range according to several institutions and experts. The Directorate of Early Childhood Education (PAUD) sets the age limit at 0–6 years for children, regardless of their enrollment status in educational institutions. In line with this, Yuliani Sujiono (Magfirah, 2025) emphasizes that the period from birth to 6 years is a crucial phase for the foundation of a child's personality, character, and intelligence. However, a broader scope is provided by the National Association for the Education of Young Children (NAEYC), which categorizes early childhood within the range of 0–8 years as individuals undergoing an intensive growth and development process, as cited by Wijana D. Widarmi (Magfirah, 2025).

The urgency of intervention during this early childhood phase is becoming increasingly pressing amidst the Rampant issues of child sexual abuse demand profound attention and handling. Global data from UNICEF in 2014 showed a staggering figure, indicating that approximately 120 million children under the age of 20 had become victims. On a national scale, the Ministry of Women Empowerment and Child Protection (KemenPPPA) recorded as many as 12,855 cases of child violence up to August 2020. This trend persisted into 2023, where, out of a total of 24,158 reported child violence cases, 10,932 of them constituted acts of sexual violence (Putri et al., 2024). Examined from a gender perspective, the incidence rate of violence among children reveals that one in three girls and one in

seven boys experience sexual violence during their childhood. Fundamentally, the WHO defines this as the involvement of a child in sexual activities that they do not fully comprehend. A child's lack of understanding regarding body privacy boundaries, which is often caused by minimal sexuality education from parents and the surrounding environment, stands as the primary factor of this vulnerability (Putri et al., 2024).

Sexuality education is essentially a process of providing a holistic understanding that encompasses the identification of names and functions of body organs, the recognition of gender differences, and the internalization of prevailing social norms and moral values in society, as noted by Nawita in Anggraini et al. (2017). Accurate knowledge from an early age is proven capable of fostering a sense of moral responsibility in children toward themselves and others. This process does not have to start with heavy material; rather, it can be initiated in infancy through respectful communication when changing clothes or diapers. Simple habits, such as maintaining privacy in closed rooms and teaching independence in cleaning the genital area, form the main foundation for children to respect their bodily autonomy before they recognize more complex biological differences at the toddler age (Anggraini et al., 2017). Instead of discussing complex matters, this education prioritizes self-identity recognition and body protection. The core point is to train children to understand private body parts that others must not touch, recognize the boundaries of aurat (modesty), and cultivate awareness about maintaining self-honor from an early age (Suhasmi & Ismet, 2021). Within the context of educational institutions, this effort is positioned as a highly crucial preventive strategy so that children are able to detect threatening situations, understand touch boundaries that violate privacy, and possess the courage to take firm action, such as declining invitations or seeking help from trusted adults, as stated by Finkelhor (Anggraini et al., 2017).

Based on the phenomenon of high sexual violence rates and the lingering strong stigma of taboo toward sexuality education in Indonesia, a deep study regarding the implementation of this education in early childhood is required. Therefore, this article aims to explore appropriate sexuality education strategies for young children as a preventive measure against acts of sexual violence. Furthermore, this study is intended to provide guidance for educators and parents in delivering body literacy and internalizing moral values in children in a respectful manner that aligns with their developmental stages. Through a holistic understanding, it is expected that sexuality education will no longer be viewed as a deviation but rather as a primary protective instrument in safeguarding the physical and mental autonomy of children from an early age.

Methods

This study employs a qualitative approach with a library research design. According to Denzin and Lincoln (as cited in Anggito & Setiawan, 2018), qualitative research is defined as a scientific endeavor that utilizes natural settings to interpret various emerging phenomena through the integration of multiple

relevant research methods. The library research method is used to collect and analyze information from diverse sources, such as books, scientific journals, and other publications related to the discussed topic (Febrianto et al., 2024). The choice of this method is based on the article's objective, which aims to deeply examine concepts, theories, and prior research findings regarding early childhood sexuality education practices. Through library research, the researcher builds strong scientific arguments by studying the thoughts, concepts, and findings of previous experts. The primary focus of this study is to critically analyze the correlation between early childhood sexuality education strategies and preventive efforts against child sexual abuse to obtain a holistic overview of the phenomenon.

The data sources in this study rely entirely on secondary data, which are classified into two main categories: theoretical data and empirical data. The theoretical data are sourced from primary literature books, such as *Panduan Guru PAUD Dalam Menyampaikan Materi Seks Pada Anak Usia Dini* (The Early Childhood Educator's Guide to Delivering Sex Education for Young Children), similar reference books on child sexuality education, and scientific journal articles. Meanwhile, the empirical data in this study include global reports from UNICEF and national data from the Ministry of Women Empowerment and Child Protection (KemenPPPA) regarding trends in child sexual abuse cases. Additionally, empirical data regarding the reality of causal factors in the field are based on prior research findings in Padang City by Syahputri and Syafrini (2024), evaluation data on the constraints of implementing sex education at Tirmi Ara Kindergarten by Ismiulya (2022), and quantitative data concerning mothers' level of knowledge regarding underwear protection rules by Utami and Tsany (2024).

Data collection was conducted through a combination of online methods via digital platforms such as Google Scholar and ResearchGate, using the keywords "Early Childhood Sexuality Education," "Prevention of Child Sexual Abuse," and "Child Protection, and offline methods through catalog Searches of physical books in libraries are conducted. The research location is not bound to a specific geographic area, as it originates from digital media and library collections. A measured timeframe is used to optimize the iterative document observation process for deep data accuracy. The researcher acts as the human instrument who plans, collects, verifies, and analyzes the data. Once the literature is gathered, screening is performed based on inclusion criteria, specifically selecting academically reputable sources that explicitly discuss teaching methods for private body parts, Underwear Rules strategies, and children's body privacy boundaries.

The data analysis technique applied in this study is qualitative content analysis, executed through three interactive stages. The first stage is data reduction, which involves summarizing, sorting, and selecting crucial points from various sources that align with the research objectives. The second stage is data display, where the sorted theoretical and empirical data are systematically presented in the form of structured narrative descriptions based on the analysis themes. The final stage is conclusion drawing, where the researcher synthesizes

and interprets all the presented information to formulate solutions and recommendations regarding the importance of teaching body recognition to early childhood as a self-protection effort against the dangers of sexual violence.

Result

Based on the analysis of several books and journals, it can be concluded that sex education for children is highly crucial for fostering self-awareness and protecting their bodies. Sexual violence no longer merely targets adolescents; instead, it has expanded to the exploitation of minors by close acquaintances or even family members. The high incidence of these cases reflects the low level of sex education that children receive from their parents at an early age. Therefore, this perception of taboo needs to be collectively altered so that children possess a strong defensive barrier amidst the openness of globalization currents (Ernawati et al., 2016). Nevertheless, this urgency often clashes with the stigma in Indonesian society, which deems that it is not yet time for children to learn about sexuality education, under the assumption that such understanding will naturally develop on its own as they reach adulthood. This resistance to sexuality education is a visible reality, as evidenced by various reports in both print and electronic media (Rossytawati & Budiningsih, 2026).

The Nature and Objectives of Early Childhood Sexuality Education

Sexuality education is an effort to provide knowledge regarding the physical aspects and functions of the body, based on gender differences between males and females, as well as to provide children with an understanding of sexual issues so that they can avoid deviant behaviors and prevent sexual relations that violate ethical norms, as noted by Abduh & Wulandari (Nimar, 2025). According to Solihin (Janah, 2023), there are several essential objectives of implementing sexuality education for early childhood, which include:

1) Guiding children to understand biological, psychological, and psychosexual transitions, along with their growth and development process.
2) Early mitigation of the risk of childhood trauma exposure, in the form of physical abuse or emotional neglect, has the potential to trigger risk-taking behaviors and self-harm actions in subsequent developmental phases (Ntshalintshali & Maepa, 2025).
3) Providing an understanding of the functions and the urgency of caring for reproductive organs that are beginning to become active.
4) Equipping children with a moral-ethical understanding and the identification of deviant sexual behaviors that must be avoided.
5) Educating children About the negative consequences of abusing reproductive organs, which risks disrupting their physical and psychological health.

In addition, the essence of this education encompasses instilling valid concepts regarding reproductive health and mitigating sexual deviance. Justicia (Janah, 2023) outlines that the objectives of sexuality education in the early childhood phase include providing insights related to gender roles, forming communication ethics with the opposite sex, and preventing deviant behavior. Furthermore, this education aims to train children's sensitivity in identifying acts of sexual violence, anticipating that children do not become victims or perpetrators of abuse, and fostering an assertive attitude to report abuse.

Generally, sexuality education aims to provide a correct scientific understanding regarding children's biological conditions so that they can view this topic as a normal part of health learning, rather than Something taboo (Pratiwi et al., 2024). Moreover, the scope of sex education does not stop at the introduction of body organs and their functions; rather, it can be continued progressively toward an understanding of sexual reproduction and the roles that children must fulfill. In this context, parents hold primary control in emphasizing a fundamental understanding regarding female and male individual identities. Through strong internalization, a girl is expected to appreciate her womanhood, just as a boy must respect his manhood. This foundation of respect toward one's own bodily autonomy is what will eventually foster assertive and reciprocal attitudes, enabling children to appreciate and respect the existence of the opposite sex from an early age (Sahril, 2012).

Stages of Early Childhood Psychosexual Development

Sexuality education for young children must be delivered progressively, adapting to their age, maturity level, and cognitive capacity. In line with this principle, Crain (in Djatmikowati et al., 2015) states that in his psychosexual theory, Freud classified the stages of individual sexual development in the early childhood phase into several stages:

1) Oral Stage (Ages 0–1 Year): At this stage, the focus of an infant's sexual satisfaction or stimulation centers on the mouth area. Biological activities such as sucking the mother's nipple or sucking their thumb become fundamental forms of fulfilling satisfaction and comfort for an infant.

2) Anal Stage (Ages 1–3 Years): During this period, the focus of a child's psychosexual stimulation shifts to the anal area. Children derive satisfaction through elimination activities and their developing ability to control the sphincter muscle. During this time, children occasionally withhold feces to increase pressure on the rectum, which creates a certain sensation of satisfaction, and a high sense of curiosity toward the object emerges.

3) Phallic or Oedipal Stage (Ages 3–6 Years): This stage is initiated by the emergence of children's attention toward their genital organs, triggered by the characteristics of these organs, which are sensitive to stimulation.

- **Boys:** Behavioral manifestations that frequently appear include a tendency to compare their intimate anatomy with other male figures, which is reflected through a fondness for showing their genitals. Additionally, an intense emotional attachment to the mother emerges (Oedipus Complex).
- **Girls:** Girls begin to realize the anatomical differences of their bodies compared to the opposite sex. On the other hand, this psychological dynamic drives girls to build a more intense emotional closeness with their fathers (Electra Complex), which is generally reinforced by the father's response in admiring aspects of the child's femininity.

Young children will go through a phase where they begin to realize the differences between their bodies and those of others. Because children are in a period of high curiosity (the golden age), parents and teachers need to provide proper guidance so that children recognize their body parts in a manner appropriate to their age, as noted by Wulandari (Fadilah et al., 2023).

Causal Factors of Early Childhood Vulnerability to Sexual Violence

The vulnerability of young children to sexual violence cannot be detached from sociocultural dynamics, environmental conditions, and interactions within the child's domestic circle. Referring to the results of a study conducted in Padang City by (Syahputri and Syafrini, 2024), there are several determinant factors that significantly trigger acts of sexual violence against children, namely:

1) Weak Family Supervision and Control: Parents are the primary defensive barrier in preventing sexual violence through the provision of basic education, the implementation of positive parenting, the provision of adequate attention, and the fulfillment of protective functions. However, a child's vulnerability often increases due to the lack of multidimensional control from the family. This negligence is generally triggered by parents' high busyness, communication distortion among family members, or the application of flawed parenting styles, as stated by Pratama in (Syahputri and Syafrini, 2024). Given that weak domestic control serves as a primary vulnerability for violence to occur, parental awareness of adaptive parenting practices plays a vital role. Research by (Maftuchatunni'mah & Nasir, 2022) emphasizes that a profound understanding among parents regarding the dynamics of child-rearing is an absolute prerequisite for the successful instillation of moral values and early protective functions within the family environment. This phenomenon confirms that sexual violence is not solely driven by the perpetrator's uncontrollable biological desires but is also facilitated by loopholes in supervision within the family institution.
2) Low Self-Control of the Perpetrator: Self-control is an individual's fundamental ability to suppress negative impulses and direct them toward socially, morally, and psychologically adaptive behaviors. Biologically, the emergence of sexual desire since puberty due to hormonal surges is a

normal developmental process. However, when an individual lacks mature emotional regulation and self-control to manage these urges, their emotional energy becomes distorted into acts of aggression and sexual deviance that target vulnerable groups, such as young children.

3) Lack of Reporting from the Victim's Side: A closed attitude from victims or their families is a serious obstacle that perpetuates the cycle of violence. This low reporting rate is rooted in strong social stigma and a sense of shame in society, where cases of sexual violence are still frequently constructed as a family disgrace that must be concealed. The consequence of the silence of victims and families is that many cases never surface, thereby hindering the legal process and providing a safe space for perpetrators to repeat their actions.

4) Destructive Influence of the Peer Environment: The social environment plays a crucial role in shaping a person's deviant behavior or criminal acts through a flawed socialization process. Unhealthy environmental conditions, such as the rampant habit of consuming pornographic content, consuming alcohol, and abusing illicit drugs among the perpetrator's inner circle, create a stimulus conducive to acts of molestation. Intensive interaction within this crisis-prone ecosystem gradually erodes the perpetrator's moral control and drives abnormal sexual behavior toward children.

Comprehensively, the research findings in Padang City provide empirical confirmation that early childhood vulnerability is formed by the accumulation of the perpetrator's internal factors, who fail to manage their emotional urges, which is then exacerbated by external factors in the form of situational negligence from the family and a social environment that is permissive toward deviant behavior.

The vulnerability of young children is further underscored by empirical data from a study by (Ismiulya et al., 2022) at Tirmi Ara Kindergarten, which indicates that children's level of understanding regarding basic sex education falls into a very low category, at only 13.88%. The majority of children were not yet able to distinguish basic physical gender characteristics and did not know how to protect themselves when facing threatening situations. This low figure directly correlates with the finding that most parents still consider sexuality education a taboo subject, feel ashamed, and worry about giving incorrect explanations, leading them to choose to remain silent and ignore these sensitive discussions at home.

The Impact of Child Sexual Abuse

Acts of sexual violence experienced by young children essentially inflict holistic traumatic impacts that leave long-term scars as painful memories that are difficult to erase. These impacts not only disrupt the child's future emotional balance and social interaction patterns but also manifest directly in immediate physical conditions. These physical manifestations may include bruises, pain or itching in the genital area, vaginal or anal bleeding, recurrent urinary tract infections, and

abnormal discharge. Furthermore, victims frequently exhibit difficulty walking or sitting, face the risk of contracting sexually transmitted diseases, and even confront the risk of unwanted pregnancies (Nabillah, 2019).

In more detail, the Ministry of Education and Culture (2017) explains that the impacts of sexual violence on children can be classified into five primary dimensions:

1) Physical Impact: Sexual violence frequently triggers psychosomatic responses and a drastic decline in the child's biological condition. Child victims of sexual abuse often exhibit physical symptoms such as easy drowsiness, a pale countenance, and bodily lethargy. These symptoms generally root from chronic sleep disorders or nightmares experienced due to the trauma. Additionally, severe psychological pressure directly disrupts the immune system, thereby deteriorating the child's overall health and rendering them more vulnerable to various illnesses.

2) Emotional Impact: Psychologically, sexual violence obliterates the foundation of a child's emotional security. Victims tend to experience deep and persistent fear toward both their surrounding environment and specific adult figures. This trauma also manifests as emotional instability, where children become easily irritable or experience temper tantrums without any apparent reason. Furthermore, children often internalize the blame, resulting in extremely low self-esteem and feelings of guilt over the incident that befell them, as though they were the cause of the abusive act.

3) Relational (Social) Impact: The most fatal damage of sexual violence is often observed in how the child builds relationships with the outside world. Child victims of this trauma generally demonstrate significant shifts in social behavior, such as a reluctance to interact and a tendency to withdraw from peers and family (social withdrawal). This occurs due to the loss of a fundamental sense of security within the child, which subsequently makes it difficult for them to trust others (distrust). They perceive the outside world as a threat, thereby choosing to isolate themselves to protect against the potential recurrence of danger.

4) Impact on Habits (Daily Behavior): Trauma from sexual violence also drastically alters behavioral patterns and daily routines that previously ran normally. Children frequently exhibit changes in positive habits; for instance, refusing to eat together with their parents. This change indicates anxiety, alienation, or even a child's defensive mechanism to avoid closeness and interpersonal interaction, including within the nuclear family circle. Moreover, the psychological distortions experienced render the child unable to manage time effectively. Scattered concentration due to traumatic flashbacks makes it difficult for them to focus on schoolwork, playtime schedules, or other structured activities, thus disrupting their daily productivity.

5) Impact on the Future: In the long term, if left without proper intervention, sexual violence can permanently damage the foundation of a child's future. The most fundamental impact is the loss of life aspirations. Despair and shattered self-esteem cause children to lose their future orientation, motivation to learn, and hope to develop. This profound trauma also risks creating a dangerous vicious cycle, where the victim may potentially become a perpetrator of similar violence in the future (intergenerational cycle of abuse) due to the normalization of the deviance they once experienced. Lastly, distortions during the early introduction to sexuality can trigger sexual disorders when they reach adulthood, whether in the form of deviant sexual orientation, behavior, or fixation that diverges from healthy psychological development norms.

Implementation Strategies and Instructional Materials for Sexuality Education

Strategies for delivering sex education to children must align with the objectives, depth of material, age, level of knowledge, and instructional media utilized. Regarding this matter, dr. Boyke in (Rossytawati & Budiningsih, 2026) explains that sexuality education can be introduced as early as possible, even during infancy, by habituating children to understand that their bodies are highly valuable. However, given that children cannot immediately comprehend this concept in a single explanation, such education must be provided repeatedly and consistently through close collaboration between teachers and parents (Ernawati et al., 2016). Based on these age-stage divisions, the following instructional materials can be implemented:

1) Ages 0–5 Years

1. Educators and parents need to equip children with an understanding of the importance of maintaining body safety. Children must be made aware of their self-worth so they understand that their body parts cannot be accessed or touched by just anyone.
2. Provide concrete explanations regarding the meaning of different types of physical touch from others, including:
    - Safe Touch (Affectionate): Limited to body areas above the shoulders (head) and below the knees (feet).
    - Ambivalent Touch (Confusing): Physical contact not based on sincerity, usually located within the body zone from below the shoulders to the upper boundary of the knees.
    - Unsafe Touch (Bad): Contact targeting private areas covered by underwear, specifically encompassing the genitals and the chest.
3. Provide an understanding of the boundaries of *aurat* (modesty) for both boys and girls, and habituate them to protect it by wearing modest and closed clothing. Fulfillment can begin with simple acts, such as asking for the child's permission before changing their clothes or habituating them to

change clothes in a private room (Nimar, 2025). Additionally, the integration of sex education in this phase can start by emphasizing basic modesty norms. This can be applied by habituating children to put on clothes inside the bathroom immediately after bathing, as well as training them to clean their genitals independently and hygienically after urination or defecation. Through the introduction of sexuality education packaged as early habituation of modesty norms, children are projected to develop a positive self-concept in viewing their bodies and personal honor (Sahril, 2012).

2) Ages 5–7 Years

1. Provide a structured understanding regarding the boundaries of social proximity, ranging from the family environment, best friends, peers, strangers, new acquaintances, and mahram. Mahram refers to individuals whom one is legally forbidden to marry. By understanding the position of mahram, it is expected that children can maintain their daily interactions with non-mahram individuals while understanding the prohibition thereof (Sahril, 2012).
2. Develop children's emotional sensitivity so they can trust their instincts when interacting with others. If frightening feelings arise, children are taught to be alert and immediately move away.
3. Train children's assertive communication skills to dare to state firm rejections against actions that make them uncomfortable.
4. Instill confidence in children that parents and teachers are primary safe facilitators to accommodate all their grievances and secrets.

The presentation of anatomical material during this preschool phase must be delivered objectively, using scientific terms (such as penis, vagina, and breasts) without any need to replace them with euphemisms that confuse the child. The delivery must be conducted neutrally, free from any sense of awkwardness or shame (Ernawati et al., 2016). Children also need to be trained to be independent in maintaining the hygiene of their private organs after using the toilet to build bodily autonomy and prevent physical intervention from strangers.

To optimize the instructional materials above, delivery strategies for early childhood sexuality education must employ an approach that is highly sensitive, needs-based, and aligned with the child's developmental phase, as noted by YBKB in (Nimar, 2025). There are seven relevant concepts that educators and parents can integrate:

1) Understanding the Body: Children need to be taught about the structure, function, and importance of maintaining the cleanliness of body organs through daily habits, such as regular bathing, handwashing, and caring for reproductive organs. By observing whether these discussions have commenced at home, kindergarten (TK) teachers can evaluate a child's

cognitive readiness while providing guidance for parents to accompany their children in understanding this sensitive topic.

2) Understanding Differences: This concept is directed toward training children to respect physical differences between males and females, as well as instilling inclusive values regarding equal rights to be respected regardless of gender characteristics. Identifying the extent to which parents have introduced these differences helps schoolteachers measure the need for a tolerant learning space and minimizes potential gender stigmatization from an early age.

3) Understanding Boundaries and Privacy: This concept emphasizes that every individual holds full sovereignty over their body (body ownership) and has the right to protect their private information from others' reach without permission. In the school environment, teachers can contextualize this understanding through creative methods, such as songs themed "allowed and forbidden touches." The synergy of information between home and school regarding privacy boundaries serves as a crucial instrument in protecting children from the risk of sexual abuse.

4) Use of Appropriate Language: Effective communication requires the selection of language that is simple, accurate, and free from ambiguity. Four main principles must be observed: (1) using clear terms and avoiding complex technical jargon; (2) choosing words with a positive tone that supports, rather than triggers shame or guilt; (3) using valid anatomical terms to avoid biased meanings; (4) displaying a calm, supportive facial expression and tone of voice, while respecting every question asked by the child. Understanding these parental communication patterns enables teachers to provide appropriate recommendations for enrichment literacy strategies.

5) Developing Social Skills: This concept focuses on the importance of training children to communicate honestly and openly with adults they trust (trusted adults), especially when facing situations that are uncomfortable or threaten their safety. Identifying the extent to which parents have instilled these adaptive communication patterns helps kindergarten teachers map out the child's psychological needs. This information simultaneously serves as a baseline for schools to provide support to families in building a safe and supportive dialogue space at home.

6) Prevention of Sexual Abuse: Although the direct introduction of the term "sexual violence" is not yet relevant for young children, they must be equipped with an understanding of their right to feel safe, the principle of rejecting unauthorized touch (consent), and the urgency to immediately report discomfort to adults. Analyzing the preventive strategies implemented by parents at home allows kindergarten teachers to measure the effectiveness of these protective methods. The results of this evaluation

can be used to formulate more applicable self-protection literacy recommendations for children.

7) Encouraging Questions and Discussion: This effort is achieved by providing a safe space for children to explore their curiosity about the body, family dynamics, and emotions through interactive discussions, responded to honestly and adaptively according to the child's age. In this context, the evaluation shifts to the extent to which the school ecosystem is capable of creating an inclusive and non-discriminatory communication climate for sensitive questions. This assessment is crucial for teachers to review institutional involvement in formal sexuality education programs and strengthen supportive instructional practices in schools.

Based on the material above, the biggest challenge in the field is not the educational content itself, but rather the psychological barrier of adults who feel awkward conveying official biological terms to children. Using euphemisms such as "bird" or "wallet" risks obscuring the child's concept of self-protection because when abuse occurs, the child will face difficulties reporting exactly which part of the body was violated accurately to authorities or psychologists. Therefore, the researcher emphasizes the importance of conditioning language that sounds scientific and neutral from an early age. The presentation of reproductive anatomy must be positioned on par with the introduction of other body organs' functions (such as eyes or hands), so that the stigma of pornography or taboo in children's minds can be eliminated from the outset and replaced. by a protective socio-medical awareness.

The "Underwear Rules" Program as a Protective Medium

As a practical complementary strategy in both family and school environments, the implementation of the Underwear Rules Program can be integrated. According to Justicia in (Siregar et al., 2024), this program is designed to facilitate the delivery of sexuality education that focuses on preventing unwanted physical contact, training children how to respond to dangerous situations, and establishing mechanisms for seeking help.

The basic principle of this program is actually very simple and easy to understand: namely, strictly forbidding anyone from touching the areas of a child's body covered by underwear. and children are not allowed to touch the sensitive areas belonging to others. Through this practical method, children will be taught gradually about the concept that their bodies belong entirely to themselves and must be protected, as well as trained to differentiate between safe secrets to keep and dangerous secrets that must be reported, including recognizing the difference between good touches and bad touches.

Although this program was deliberately designed with highly simple rules to make it easy for families to practice at home, reality in the field frequently shows otherwise. Based on research conducted by (Utami & Tsany, 2024) within the early childhood education (PAUD) environment in Bandung City, data revealed that

mothers' level of knowledge regarding the underwear rules program was generally still in the moderate category, with a percentage of 47.2%. What is very interesting to note is that although most mothers already had an excellent understanding when asked about the meaning or definition of this program (reaching 52.8%), their understanding regarding the main purpose of these protective rules was actually classified as highly deficient, standing at only 44.4%. This reality serves as strong evidence for the researcher that introducing the Underwear Rules program to the public should not merely inform them of its meaning briefly but must be accompanied by deep and repeated explanations regarding the purpose and essence of protection behind the Underwear Rules so that parents do not misunderstand its application to children.

Obstacles in Teaching Sex Education to Young Children

The process of delivering sexuality education to young children not infrequently reaches a dead end. In practice, parents and PAUD teachers are often confronted with a series of issues that hinder instructional effectiveness. The main obstacle that dominates these discussions is psychological resistance in the form of shame and discomfort among adults to speak openly about sexuality issues with children, as noted by Amriana (in Sabani et al., 2022). The lack of specialized skills and awkwardness in discussing personal matters with children become the main reasons why some parents and teachers avoid this topic.

Furthermore, there is a concern that providing sexuality education will instead encourage children to try unsafe sexual activities or mature them prematurely. This mindset is based on the belief that it is not yet time for preschool-aged children to know about sexuality, and introducing it is considered capable of ruining childhood happiness, which should ideally be free from sexual matters, as argued by Gaol & Stevanus in (Sabani et al., 2022).

Obstacles in teaching sexuality education also stem from differing cultural and religious perspectives. Certain societal groups and religious institutions hold specific doctrines that view discussing sexuality openly with preschool children as taboo. Consequently, parents and PAUD practitioners from such cultural backgrounds often experience difficulties in determining the best approach that is safe and acceptable within their social environment (Mukri, 2018).

Additionally, obstacles in teaching sex education to young children also arise from the internal psychological barriers of parents. Based on an empirical study by (Ismiulya et al., 2022), the main constraint faced in the field includes the assumption among parents that sex education is important but not yet urgent to be taught to preschool-aged children. Moreover, the absence of proper teaching aids or learning media makes it difficult for parents to communicate reproductive topics in a child-friendly manner, which ultimately triggers anxiety that an incorrect delivery will instead adversely affect the child's psychological development.

Discussion

Sexuality education for early childhood in Indonesia is still frequently confronted with cultural barriers that deem it taboo and deviant from societal norms. This mindset triggers an indifferent attitude and a sense of awkwardness among parents to open honest discussion spaces regarding the body with their children. In fact, this education does not discuss adult sexual activities at all; rather, it focuses on self-identity recognition, modesty boundaries, and an understanding of bodily autonomy from the early stages of growth. The author emphasizes that this blank space in literacy contributes significantly to the high rates of sexual crime nationwide. A lack of early understanding leaves children in a highly vulnerable position, making them easy targets as well as potential perpetrators of deviance in the future. Therefore, changing society's negative stigma into a protective socio-medical awareness is a crucial first step. The introduction of sex education must be positioned on par with other normal health learnings to build a child's defensive barrier.

The vulnerability of young children to sexual exploitation is triggered by an accumulation of the child's internal factors and situational negligence from their closest environment. Internally, children experience cognitive limitations in understanding body privacy and possess a high natural obedience to adults. Externally, this condition is exacerbated by weak family supervision due to parents' busy schedules, low self-control of perpetrators, and the rampant destructive influences of the environment. When acts of sexual violence occur, the impacts are holistic, deeply traumatic, and permanently damage the child's future. The manifestations are not only immediate physical injuries but also trigger severe emotional distress such as mental instability and guilt. Victims also tend to withdraw from social environments due to the loss of security, experience anxiety that disrupts daily routines, and risk getting trapped in a vicious cycle of similar violence. These matters confirm that negligence toward this issue will bring ruin to the future of the younger generation. Therefore, optimizing the competence of preschool staff and educators through multidisciplinary online training programs is crucial to assist schools in early detection while providing tangible support to students who are victims of violence (Greco et al., 2022).

As a tactical step, the author suggests implementing objective instructional strategies through the use of scientific language that is neutral and free from ambiguity. The biggest mistake adults make today is using euphemisms such as "bird" or "wallet" when introducing children's reproductive anatomy. The use of these metaphorical dictions actually risks obscuring the concept of self-protection because it makes it difficult for children to report exactly which part of the body was violated accurately to authorities. Therefore, official biological anatomical terms such as penis, vagina, and breasts must be conveyed as they are, without shame. In training the assertive responses of preschool children, educators must carefully consider the readiness of the child's language and cognitive development phases. Inline with the developmental study by (Isna, 2019), providing appropriate communication stimulation significantly influences children's success in

expressing opinions, building self-confidence, and responding to social interactions around them safely. Alongside this, practical methods such as the Rules Program can be integrated as a highly easy-to-understand protection medium. These underwear rules strictly forbid anyone from touching a child's private areas and train them to identify types of physical touch. Children are taught to respond assertively through firm actions, such as refusing or seeking a teacher's help, if they experience an unsafe touch.

However, in reality, there is a wide gap between the urgency of sexuality education theory and its actual implementation within Indonesian society. Empirical data prove that preschool children's level of understanding regarding basic sex education is still in a very low category. On the other hand, mothers' level of knowledge regarding underwear protection rules mostly only reaches a moderate stage. Psychological constraints in the form of awkwardness, fear of delivering material incorrectly, and the absence of teaching aids cause many parents to choose to remain silent. To overcome this gap, a solid synergy between early childhood education (PAUD) institutions and the family ecosystem at home is absolutely required. Schools are advised to periodically organize parenting education programs to align perceptions and train parents' communication strategies. Teachers must also actively utilize creative and enjoyable learning media, such as singing methods or hand puppets. Through this collaboration, sexuality education is expected to be understood as the primary protective instrument for a child's sovereignty.

Conclusion

Based on the content analysis of various relevant theoretical literatures and empirical studies, this study concludes that sexuality education in early childhood is not a deviance or a taboo subject, but rather a highly crucial preventive protective instrument to be instilled from the golden age. This education becomes the main foundation in building body ownership, self-esteem, and a child's cognitive defensive barrier so that they are able to detect and protect themselves from the threats of sexual violence that are increasingly rampant in their immediate environments.

The high vulnerability of young children to sexual exploitation is triggered by an accumulation of internal and external factors. Internally, children experience a limited understanding regarding body privacy and possess a natural obedience to adults.

Externally, this vulnerability is exacerbated by weak family supervision and control due to busy schedules or flawed parenting styles, low self-control of perpetrators, and a lack of case reporting due to strong social stigma and a sense of shame in society, which views these events as a disgrace that must be hidden.

Reality in the field shows a wide gap between theoretical urgency and societal reality. Empirical data prove that young children's level of understanding regarding body privacy boundaries is still very low, at only 13.88%. On the other

hand, although parents realize the importance of this education, the majority of them only possess knowledge at a moderate level of 47.2% and frequently face psychological barriers in the form of awkwardness, shame, and fear of conveying biological anatomical terms incorrectly to children. Therefore, an effective sexuality education delivery strategy must be adapted to the child's age stage through the use of scientific, socio-medical language that is neutral and objective. The integration of practical methods, such as the Underwear Rules Program (allowed and forbidden touches), taught through creative media, is proven capable of facilitating the instillation of privacy boundary values and training children's assertive attitudes from an early age.

References

Anggraini, T., Riswandi, & Sofia, A. (2017). Pendidikan Seksual Anak Usia Dini: Aku dan Diriku. *Jurnal FKIP Universitas Lampung*, 1–14. https://share.google/HpSdrZhbdDpEzHu4O

Anggito, A., & Setiawan, J. (2018). *Metode Penelitian Kualitatif*. CV Jejak.

Djatmikowati, TE., Angin, R., & Wati, E. (2015). *Pengembangan Model Dan Materi Pendidikan Seks Anak Usia Dini*. LPPM Unmuh Jember.

Ernawati, Misyana, Angin, R., & Jatmikowati, TE. (2016). *Panduan Guru Dalam Menyampaikan Materi Seks Pada Anak Usia Dini*. LPPM Unmuh Jember.

Fadilah, E., Aulia, S., & Wahyuni, D. (2023). Pendidikan Seks pada Anak Melalui Media Bernyanyi. *ULIL ALBAB: Jurnal Ilmiah Multidisiplin*, *3*(1), 308–315. https://share.google/6CooKGCxWloFEbmAl

Febrianto, A., Siroj, RA., & Hartatiana. (2024). Studi Literatur: Landasan Dalam Memilih Metode Penelitian Yang Tepat. *Jurnal Educational Research and Development*, *1*(2), 259–263. https://jurnal.globalscients.com/index.php/jerd

Greco, A. M., González-Pío, C., Bartolomé, M., & Pereda, N. (2022). How can school help victims of violence? Evaluation of online training for European schools' staff from a multidisciplinary approach. *PLoS ONE*, 17(8), e0272872. https://doi.org/10.1371/journal.pone.0272872

Ismiulya, F., Diana, R. R., Na'imah, Siti Nurhayati, Nurazila Sari, & Nurma. (2022). Analisis Pengenalan Edukasi Seks pada Anak Usia Dini. *Jurnal Obsesi: Jurnal Pendidikan Anak Usia Dini*, 6(5), 4276-4286. https://obsesi.or.id/index.php/obsesi/article/view/2582/pdf

Isna, A. (2019). Perkembangan Bahasa Anak Usia Dini. *Jurnal Al Athfal: Jurnal Kajian Perkembangan Anak,* 2(2), 62-69.

Janah, R. (2023). Pentingnya Memberikan Edukasi Seksual Sejak Usia Dini Di Era Digital. *BUNAYYA: Jurnal Pendidikan Islam Anak Usia Dini,* 2(2), 10-19.

Kementerian Pendidikan dan Kebudayaan. (2017). *Seri pendidikan orang tua: Melindungi anak dari kekerasan seksual* (Cetakan ke-1). Jakarta: Direktorat Jenderal Pendidikan Anak Usia Dini dan Pendidikan Masyarakat.

Maftuchatunni'mah, A., & Nasir, M. (2022). Peran Pola Asuh Orangtua Untuk Perkembangan Anak Usia Dini di RA Muslimat Adikarto Muntilan Magelang. *Jurnal Al Athfal: Jurnal Kajian Perkembangan Anak,* 5(1), 51-58.

Magfirah, NMR. (2025). Stop Kekerasan Seksual Dengan Pendidikan Anak Sejak Dini. *Lencana: Jurnal Inovasi Ilmu Pendidikan*, *3*(1), 155–168. https://share.google/Uj33DXIGtxQhnxHfO

Mukri, S. G. (2018). Pendidikan Seks Usia Dini Dalam Perspektif Hukum Islam. *Mizan: Journal of Islamic Law,* 3(1). https://share.google/FS3E1N6dXWJ7O4pRJ

Nabillah, AS. (2019). Dampak Pelecehan Seksual terhadap Anak usia Dini Dan Upaya Penaganannya Melalui Perspektif Pekerja Sosial. *Jurnal Pengembangan Masyarakat Islam*. 5(1), 77-100. https://share.google/PbM0Zx8hBfbpsBWOz

Nadila, N., Nafira, A., & Sari, CK. (2025). Literasi Review: Urgensi Pendidikan Seks di Sekolah: Mencegah Bukan Mengajarkan. *Morfologi: Jurnal Ilmu Pendidikan Bahasa, Sastra dan Budaya*, *3*(3), 110–118. https://share.google/vI8yDT8CFIymmYDcI

Nimar. (2025). Edukasi Seksual Kepada Orang Tua oleh Guru Pendidikan Anak Usia Dini sebagai Strategi Perlindungan Anak di Taman Kanak-Kanak Kristen Taman Firdaus Balige Sumatera Utara. *Sabar: Jurnal Pendidikan Agama Kristen dan Katolik*, *2*(3), 27–52. https://share.google/9nuU2qrpDlG6mLSdj

Ntshalintshali, T., & Maepa, M. P. (2025). Relationship between childhood trauma and risk-taking and self-harm behaviors among Eswatini adolescents. *Acta Psychologica*, 256, 105045. **https://doi.org/10.1016/j.actpsy.2025.105045**

Pratiwi, SM., Gandana, G., Qonita. (2024). Pentingnya Sex Education Untuk Anak Usia Dini Sebagai Pencegahan Pelecehan Seksual. *Journal Genta Mulia,* 15(2), 269-275. https://ejournal.stkipbbm.ac.id/index.php/gm

Putri, PMS., Sari, RN., Putri, IM., & Sari, FIO. (2024). *Edukasi Kesehatan Reproduksi Dan Komprehensif Seksual Bagi Anak Usia Dini (5-8 Tahun)* (Cetakan I). Inara Publisher.

Rossytawati, R., & Budiningsih, CA. (2026). Pendidikan Seksual Bagi Anak Usia Dini. Pascasarjana Universitas Negeri Yogyakarta.

Sabani, F., Widia, Yusuf, M., Musa, LAD. (2022). Pengenalan Pendidikan Seks Pada Anak Usia Dini Melalui Lagu Tradisional. *Edukasi Islami: Jurnal Pendidikan Islam,* 11(3). https://doi.org/10.30868/ei.v11i03.4332

Sahril, OK. (2012). *Parenting: Pengenalan Pendidikan Seks Kepada Anak-anak.* Penerbit: CV Mitra Medan.

Santi, MA., Bakara, DM., Febrina, L., Andini, IF., & Sari, WIPE. (2024). Edukasi Seks Usia Dini Menggunakan Media Puzzle Terhadap Pengetahuan Pencegahan Kekerasan Seksual Anak Usia Sekolah. *JIK (Jurnal Ilmu Kesehatan)*, *8*(1), 58–66. https://share.google/iWnZLvHrH9ysaMIz8

Schneider, M., & Hirsch, J. S. (2020). Comprehensive sexuality education as a primary prevention strategy for sexual violence perpetration. *Trauma, Violence, & Abuse*, 21(3), 439-455. https://doi.org/10.1177/1524838018772855

Siregar, LS., Sagala, PH., Zahra, SA., & Sitorus, M. (2024). Memberikan Pemahaman Aman Tentang Tubuh Dan Privasi. *Jurnal Review Pendidikan dan Pengajaran*, *7*(4), 17808–17815. https://share.google/KIFWn9YyJSFa6ew05

Suhasmi, NC., & Ismet, S. (2021). Materi Pendidikan Seks Bagi Anak Usia Dini. *Jurnal Golden Age*, *5*(2), 164–174. https://share.google/lYIMzeYYZTJWbZYQJ

Syahputri, R., & Syafrini, D. (2024). Faktor Penyebab Pelecehan Seksual pada Anak oleh Keluarga Terdekat di Kota Padang. *Jurnal Perspektif: Jurnal Kajian Sosiologi dan Pendidikan.* 7(4), 466-476. https://share.google/NC0SJfgo04TWdnyzI

Utami, D. S., & Tsany, M. (2024). Pengetahuan Ibu Tentang Underwear Rules Dalam Pencegahan Kekerasan Seksual Pada Anak Usia Prasekolah Di PAUD Sari Biru Dan Flamboyan Kota Bandung. *Jurnal Ilmiah JKA (Jurnal Kesehatan Aeromedika)*, 10(1), 53-61. https://share.google/gwlv6eqOvstw5q9HQ

Waluyati, I., Arifuddin, & Nurnazmi. (2023). Edukasi Seks Anak Usia Dini Di SDN Inpres Simpasai Lambu. *JOMPA ABDI: Jurnal Pengabdian Masyarakat*, *2*(4), 54–59. https://share.google/lezFE2SYaalLBSXnJ