We are IntechOpen, the world’s leading publisher of Open Access books
Built by scientists, for scientists

4,100 Open access books available
116,000 International authors and editors
120M Downloads

154 Countries delivered to
TOP 1% Our authors are among the most cited scientists
12.2% Contributors from top 500 universities

WEB OF SCIENCE™
Selection of our books indexed in the Book Citation Index in Web of Science™ Core Collection (BKCI)

Interested in publishing with us?
Contact book.department@intechopen.com

Numbers displayed above are based on latest data collected.
For more information visit www.intechopen.com
Raising Children for a Healthy Sexual Relationship in Adulthood

Anita Jug Došler

Additional information is available at the end of the chapter

http://dx.doi.org/10.5772/59084

1. Introduction

Parents want their children to grow up to be healthy, happy and financially secure adults. Part of this challenge includes raising a sexually healthy child, a responsibility that often isn’t openly discussed and for which parents receive little, if any, expert guidance. Sexually healthy adults begin as children who are raised in sexually healthy families. In such a family, parents understand that teaching their children about sexuality is just as important as teaching them about safety, human values and healthy decision-making. Each member of a sexually healthy family is treated with dignity and respect, and family members can discuss sexual issues in a comfortable and frank manner [1]. When many people hear the word “sexuality”, they often hear only the first syllable. Sexuality is not the same as sex. Sexuality includes everything that defines us as girls and boys, men and women. Teaching children about sexuality requires more than simply explaining anatomy and reproduction - it means talking to them about relationships, families, parenthood and good decision-making. Sexuality encompasses our physical development, sexual knowledge, attitudes, values and behaviours - it is shaped not solely by our biology and psychology, but also by our culture, family history, education and experiences [2].

On the basis of these recommendations, the following chapter presents the argument that raising children for a healthy sexual relationship in adulthood is one of the most important responsibilities of parents and one which has to start when our child is a newborn.

1.1. Background

As a parent, our responsibility for raising a sexually healthy child starts when our child is a newborn. How we touch, talk and play with our infant teaches him or her about gender roles and how to express emotion and affection [3]. Talking about sex and sexuality is key to raising...
sexually healthy children. It gives us an opportunity to send the right message and share our values and beliefs. Many characteristics of sexually healthy families are not explicitly about sex or sexuality, but are about how each member of the family interacts with each other. Sexually healthy parents demonstrate that they value, respect, accept and trust their children—and that they expect to be treated that way in return. They listen to their children and seriously try to understand their points of view. They regularly share their values, stay actively involved in their children’s lives, and aren’t afraid to set age-appropriate limits for behaviour [1]. It is important that parents let their children know that they can depend on them for honest, reliable answers. It is not always easy for parents to talk with their children about sexuality. We have to find out what our child already knows and after that correct the child regarding misinformation and give the true facts. As parents we have to use the conversation as an opportunity to convey our values [2].

1.2. Sexual development and behaviour in young children

Like all forms of human development, sexual development begins at birth. Sexual development includes not only the physical changes that occur as children grow, but also the sexual knowledge and beliefs they come to learn and the behaviours they show. Any given child’s sexual knowledge and behaviour is strongly influenced by the child’s age, what the child observes (including the sexual behaviours of family and friends), and what the child is taught (including cultural and religious beliefs concerning sexuality and physical boundaries) [6]. As parents we have to know that sexuality includes many components which are equally important. They are: anatomy and reproductive health (biological sex, pregnancy, childbirth, hygiene, general health care, etc.); gender identity and gender roles (how we see ourselves as male or female, and what we are taught about the way men and women should act); relationships (behaviours, expectations, satisfaction, abuse, etc.); love and affection (how we express love and affection to friends, family, etc.); body image (how we feel about our bodies and needs); sexual orientation (physical and emotional attraction to a man, woman, or both); sensuality and pleasure (accepting and enjoying our own bodies and accepting and enjoying the bodies of our sexual partner(s)); sexual activity (acts of intimacy such as hugging, kissing, touching, and sexual intercourse); sexual exploration and play (they are a natural part of childhood sexual development, and help children not only learn about their own bodies, but about the social and cultural rules that govern sexual behaviour) [4,5,6].

Very young and preschool-aged children (four or younger) are naturally immodest, and may display open and occasionally startling-curiosity about other people’s bodies and bodily functions, such as touching women’s breasts, or wanting to watch when grownups go to the bathroom. Wanting to be naked (even if others are not) and showing or touching private parts while in public are also common in young children. They are curious about their own bodies and may quickly discover that touching certain body parts feels nice (for more on what children typically do at this and other ages, see Table 1).

1. Our values are personal beliefs that affect how we think, feel and act. Values can change over time with new knowledge and life experiences. Some values that we want to teach our children may come easily to us because we feel strongly about them while others may need more thought [4].
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Common Sexual Behaviours</th>
</tr>
</thead>
</table>
| Preschool children (less than four years) | • Exploring and touching private parts, in public and in private.  
• Rubbing private parts (with hand or against objects).  
• Showing private parts to others.  
• Trying to touch mother’s or other women’s breasts.  
• Removing clothes and wanting to be naked.  
• Attempting to see other people when they are naked or undressing (such as in the bathroom).  
• Asking questions about their own - and others’- bodies and bodily functions.  
• Talking to children their own age about bodily functions such as “poo” and “pee”. |
| Young children (approximately four-six years) | • Purposefully touching private parts (masturbation), occasionally in the presence of others.  
• Attempting to see other people when they are naked or undressing.  
• Mimicking dating behaviour (such as kissing, or holding hands).  
• Talking about private parts and using “naughty” words, even when they don’t understand the meaning.  
• Exploring private parts with children their own age (such as “playing doctor”, “I’ll show you mine if you show me yours,” etc.). |
| School-aged children (approximately seven-12 years) | • Purposefully touching private parts (masturbation), usually in private.  
• Playing games with children their own age that involve sexual behaviour (such as “truth or dare”, “playing family,” or “boyfriend/girlfriend”).  
• Attempting to see other people naked or undressing.  
• Looking at pictures of naked or partially naked people.  
• Viewing/listening to sexual content in media (television, films, games, the Internet, music, etc.).  
• Wanting more privacy (for example, not wanting to undress in front of other people) and being reluctant to talk to adults about sexual issues.  
• Beginnings of sexual attraction to/interest in peers. |

Table 1. Common sexual behaviours in childhood [6].

As children grow older and interact more with other children (approximately ages four–six), they become more aware of the differences between boys and girls, and more social in their exploration. In addition to exploring their own bodies through touching or rubbing their private parts (masturbation), they may begin “playing doctor” and copying adult behaviours such as kissing and holding hands. As children become increasingly aware of the social rules governing sexual behaviour and language (such as the importance of modesty or which words are considered “naughty”), they may try to test these rules by using naughty words. They may also ask more questions about sexual matters, such as where babies come from, and why boys and girls are physically different. Once children enter grade school (approximately ages seven–12), their awareness of social rules increases and they become more modest and want more privacy, particularly around adults. Although touching oneself (masturbation) and sexual play...
continue, children at this age are likely to hide these activities from adults. Curiosity about adult sexual behaviour increases particularly as puberty approaches and children may begin to seek out sexual content on television, in films, and in printed material. Telling jokes and “dirty” stories is common. Children approaching puberty are likely to start displaying romantic and sexual interest in their peers [6].

2. Milestones in the development of sexual conscience in children

Knowledge of what is typical at different ages helps adults understand the meaning of children’s decisions in situations which present moral dilemmas. Parents who are warm and communicative with their children, starting at an early age, while still maintaining control in the form of limits, raise children who are more self-respecting, who are more socially competent, and who deal more effectively with problems. Children gradually develop the cognitive and emotional capacities that form the basis of knowing and feeling what is right and what is wrong and then acting in accordance with that knowledge. They need caring adults to help them. Feeling for the emotions of others is key to developing a sense of right and wrong; it emerges at an early age and needs to be nurtured in a caring environment [16].

The ways in which parents relate to their children falls into certain patterns, and finding the right balance is the key to helping children attain an internal sense of conscience and values for a healthy sexual relationship in adulthood. Research has identified basic parenting styles:

- When parents balance affection, warmth and respect with a firm level of control in the form of limit-setting, children are more likely to be self-respectful, to deal with problems, and to establish a sense of values, e.g., “We listen to your ideas and opinions as we develop family rules.”. This parenting style is known as authoritative.

- When parents are overly indulgent children often struggle to learn the limits of what is acceptable and to develop their inner controls, e.g., “We will let you find yourself.” This parenting style is known as permissive.

- When parents are too controlling and autocratic, e.g., “Do as I say because I say so.”, children have difficulty in establishing their own control, sense of social responsibility and their own sense of moral values. This parenting style is known as authoritarian.

Below are some parenting suggestions that may prove helpful in finding the authoritative parent [14,16]:

- Be aware of your own needs and the ways in which your role as a parent is coloured by your relationship with your own parents.

- Monitor your own behaviour in the ordinary situations of daily life; children tune in when adults tell white lies, such as saying you are not at home to avoid certain people, writing an excusal note for school saying the child was sick, when s/he is really going to visit a relative.

- Model helpful and kind behaviours, such as assisting people in need, lending a hand, or giving up your seat to an older and/or handicapped person.
• Praise your child for unselfish acts.
• Point out the consequences of one’s acts for others.
• Participate in positive activities such as community service, sports, music, all of which imbue children with a sense of purpose.
• Allow children to participate in decisions which affect the family.
• When discussing a child’s behaviour, focus attention on the way in which the feelings of the other person are affected.

Parents model sexually healthy attitudes in their own relationships, and they are appropriately affectionate in front of their children [3]. We can help children grow to be sexually healthy adults by [1,4,6-10]:

• Using the correct words for body parts and functions to help children respect and take care of their bodies. You cannot predict when and what your child will ask, so don’t worry if you don’t know the answer - look up answers together.
• Using positive touch to give your children feelings of closeness, comfort, security and safety. For example, hold hands and give lots of cuddles and hugs.
• Sharing your values with your children. Knowing your values and explaining why they are important to you will help your children develop their own.
• Talking to your children about their responsibilities and the behaviours you expect.
• Teaching your children to think about what they say and do, and how their comments and actions make others feel.
• Use assertive communication to express feelings, resist pressure and protect themselves.
• Talking to your children about sexual abuse: what it is and how they can protect themselves.
• Giving your children equal opportunities and respect. Treating girls and boys differently can affect how capable they feel.
• Being a role model for what you want your child to learn.
• Introducing the topic. Don’t wait for your child to start the conversation. Many parents put off talking to their children about sexuality, assuming that a child will ask when he wants to know something. Some children however are reluctant to begin these discussions, and others simply aren’t the type who ask lots of questions. It is a parent’s responsibility to introduce the topic, little by little. Your child might never ask, but s/he still needs to know.
• Listening to your child, be honest and talk about both your own and your child’s feelings.
• Looking for teaching opportunities. Teaching opportunities arise naturally and provide a good avenue by which to talk about some aspects of sexuality or other important topics.
• Encouraging the child’s critical thinking and reflection about gender identities and gender-role stereotyping. Since the media plays a major role in the sexual education of individuals,
effective sexual health education provides training in critical media literacy to help individuals identify and deconstruct hidden and overt sexual messages and stereotypes. Importantly, comprehensive sexual health education helps individuals to understand how these messages may affect their sexual health.

- It is never too early to help your children feel good about their individuality, their body image and their sexuality. Conveying these messages from the beginning will set them on the right track. Help them tell the difference between fact and fiction. Help them understand what is happening to their bodies.
- Talk to them about their feelings and their relationships. Share with children your opinions and what you believe in.

As we can see in Table 2 it is important to focus on the facts, your values and your child’s responsibilities and self-esteem when handling sexual situations and questions. This four-point plan - a caring parent’s guide - can help us respond to the questions your child might have about sexuality.

| Acknowledge the facts. | • Answer honestly. Do your best to give accurate information and clarify any misconceptions.  
| | • Research the facts with your child if you don’t know the answer.  
| Communicate your family values. | • Share what you believe in and what is important to you.  
| | • Be a good role model and show by example.  
| Emphasize your children’s responsibilities. | • Make sure your expectations are clear.  
| | • Help them understand the possible negative consequences of their decisions and actions.  
| | • Help them develop assertive communication skills for resisting pressure and committing to their decisions when friends disagree.  
| Respect and promote your children’s self-esteem. | • Be encouraging: help your children and teens feel good about themselves, their changing bodies and emotions.  
| | • Let them explore and share their thoughts and feelings about sexuality.  
| | • Treat them with respect and keep the lines of communication open.  

Table 2. The four-point plan – a caring parent’s guide [11].

The majority of families have both parents working outside the home; children are increasingly involved in extracurricular activities and spend more time out of adult supervision than ever before. Because of this, child-rearing experts state that we must do more to teach our children early in their lives about how to make good decisions and how to take appropriate actions. This teaching must cover all issues relevant to their lives, including difficult subjects such as sexuality and ways to relate positively to peers [12]. Approaches and methods effectively integrate the four key elements of sexual health education: (1) knowledge acquisition and understanding, (2) motivation and personal insight, (3) skills that support sexual health and (4) environments conducive to sexual health. Various sources of formal and informal sexual health education are available.
Fostering an open environment: be available to listen to your children. This means letting them ask you anything or sound out any idea. Give them plenty of opportunities to start a discussion - tell them that you are always there for their questions or concerns. Don’t criticize them for having questions, even if they raise ideas that are disturbing to you. Keep the lines of communication with your children open through small talk - often big ideas begin as little thoughts which are slipped into the middle of a conversation about something else. Finally, ask questions. One tip: use current events or situations on a favourite TV programme as an opener for a chat with your children and ask them for their opinions. Then listen attentively to your child’s answer.

Second step

Give your undivided attention: when the opportunity for dialogue presents itself, focus your attention on the conversation and your child. Don’t let other things distract you or divide your concentration. Turn off the television, let the answering machine pick up the ringing phone and sit down one-on-one with your child. If it is really a bad time to talk, schedule it for another time, but first make sure that waiting is okay with your child; and be sure to keep that appointment - there is nothing more disappointing to child than a forgotten meeting to discuss something of importance to them.

Third step

For important topics, start the talk: if you think it is difficult for an adult to raise certain topics, imagine how hard it must be for a child. Believe it or not, our children want us to talk with them, so look for moments during the day that seem ripe for conversation. Our conversations with our children should include:

- the importance of feeling good about oneself,
- the importance about how to have healthy, respectful relationships,
- the importance of clear messages from you about your values and expectations about sexual and other important personal decisions.

With this information, our children are better prepared to resist peer pressure and other influences and to make healthy decisions.

Fourth step

Talk with your kids on their level: children don’t always get it when you speak to them in abstractions. Assess your own values before you talk to your children and think about the things that you value in your relationships. Give your children clear examples of what are appropriate manners. Talk to them about the standards of conduct that you expect in the way they talk and present themselves to others.
Fifth step

Speaking often and honestly with your child helps establish clear channels of communication early in your child’s life. No one likes to be lectured, so try having many brief, yet insightful, conversations instead. Plus, frequent chats are a great way of communicating, reinforcing your values and letting your children know that you are interested in their lives. The outcome of growing and learning through open communication is the development of strong, emotionally complete men and women who are interested in and capable of having healthy relationships. Understand the questions and answer honestly: if you are not sure what your child is asking, say so. Once you understand the question, give an answer that you know is correct and honest. If you don’t know the answer, say so and assure your child that you can research it and come up with a solution together. Teach your child problem solving and explain the «danger zone» to them.

Sixth step

All too often, children get the majority of their sexual education from other children and from media sources such as television shows, songs, movies, and video games. Not only is this information often wrong, it may have very little to do with the sexual values that parents want to convey. Explicit adult sexual activities are sometimes found during “family time” television shows, in commercials, and on cartoon/children’s channels, and can have an influence on children’s behaviours. Controlling media exposure and providing appropriate alternatives is an important part of teaching children about sexual issues. Get to know the rating systems of games, movies and television shows, and make use of the parental controls available through many Internet, cable, and satellite providers. However, don’t assume that just by activating those controls you will be taking care of the situation. It is very important for you to be aware of what your children are watching on television and online, and make time to watch television with them. When appropriate, you can use this time as a springboard to talk about sexual or relationship issues, and to help children develop the skills to make healthy decisions about their behaviour and relationships.

As your child becomes older, you will continue to teach him or her about sexuality, through role-modelling and verbal communication as well as body language. For example, if your child starts playing with his or her genitals while sitting on the toilet, how you respond sends a message that may affect his or her body image in a positive or negative manner. If you get upset or show anger, your child may get the idea that the genitals are a bad or dirty part of the body [13-14].

By remaining calm and not avoiding the question, you are sending your child the message that you are open to talking about sexuality. A lot of parents worry more about exactly what they will say when asked a sexuality question, instead of how to say it. When answering your child’s question, be sure to give your child accurate information while also letting him or her know your views and values. Keep your answers brief and uncomplicated. Start with a simple answer and give your child more information if he or she continues to ask more questions. Normalize and validate the child’s question and then ask the child why he or she is asking you this question. This step reassures the child that his or her question is normal. It will also give
you a sense of what caused your child to ask that question and from where he or she is getting information. You can also ask your child what he or she thinks the answer is. It is important to provide information that is appropriate to the child’s age and developmental level.

In Table 3, you will find an overview of some of the most important information and safety messages for children at various ages. Keep in mind that you do not need to bombard children with information all at once. Let the situation - and the child’s questions - guide the lessons you share. The important thing is to let children know that you are ready to listen and to answer whatever questions they may have [13-14].

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Information Topics</th>
</tr>
</thead>
</table>
| Preschool children (less than four years) | • Basic information.  
• Boys and girls are different.  
• Accurate names for body parts of boys and girls.  
• Babies come from mummies.  
• Rules about personal boundaries (for example, keeping private parts covered, not touching other children’s private parts).  
• Give simple answers to all questions about the body and bodily functions.  
• The difference between “okay” touches (which are comforting, pleasant, and welcome) and “not okay” touches (which are intrusive, uncomfortable, unwanted, or painful).  
• Your body belongs to you.  
• Everyone has the right to say “no” to being touched, even by grownups.  
• No child or adult has the right to touch your private parts.  
• It is okay to say “no” when grownups ask you to do things that are wrong, such as touching private parts or keeping secrets from Mummy or Daddy.  
• There is a difference between a “surprise” - which is something that will be revealed sometime soon, like a present - and a “secret,” which is something you are never supposed to tell.  
• Stress that it is never okay to keep secrets from Mummy and Daddy.  
• Who to tell if people do “not okay” things to you, or ask you to do “not okay” things to them. |
| Young children (approximately four-six years) | • Boys’ and girls’ bodies change when they get older.  
• Simple explanations of how babies grow in their mothers’ wombs and about the birth process. |
• Rules about personal boundaries (such as, keeping private parts covered, not touching other children’s private parts).
• Simple answers to all questions about the body and bodily functions.
• Touching your own private parts can feel nice, but is something done in private.
• Sexual abuse is when someone touches your private parts or asks you to touch their private parts.
• It is sexual abuse even if it is by someone you know.
• Sexual abuse is never the child’s fault.
• If a stranger tries to get you to go with him or her, run and tell a parent, teacher, neighbour, police officer, or other trusted adult.
• Who to tell if people do “not okay” things to you, or ask you to do “not okay” things to them.

School-aged children
(approximately seven-12 years)

• What to expect and how to cope with the changes of puberty (including menstruation and wet dreams).
• Basics of reproduction, pregnancy, and childbirth.
• Risks of sexual activity (pregnancy, sexually transmitted diseases).
• Basics of contraception.
• Masturbation is common and not associated with long-term problems but should be done in private.
• Sexual abuse may or may not involve touch.
• How to maintain safety and personal boundaries when chatting or meeting people online.
• How to recognize and avoid risky social situations.
• Dating rules.

Table 3. What to teach when [1,4,9-10,15].

3. Conclusion

Preparing children for puberty before they begin to develop makes it easier for them to make the transition. It also helps you to get in touch with the fact that one day your “baby” will start to look more like an adult. Through the article we have shown that children are more likely to abstain if they have high self-esteem and goals for the future. Acknowledge the ways in which your children are special and wonderful, help them to develop their talents and skills, emphasize the importance of education, encourage them to take healthy risks like trying out for a sports team or running for student government, and work with them on a plan to achieve their goals [4,14]. After considering all that makes up sexuality, it is easy to see how talking
and teaching about sexuality should not be limited to a one-time event. Talking and teaching about sexuality is a lifelong and ongoing process. Throughout this process, each person develops attitudes and values that guide choices, relationships and understanding.

Author details

Anita Jug Došler

Address all correspondence to: anita.jug@zf.uni-lj.si

Faculty of Health Sciences, Ljubljana, Midwifery Department, Slovenia

References


