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The Effect of the "My Body Is Safe" Education Program on Early Childhood Sexual Development and Body Awareness

"Bedenim Güvende" Eğitim Programı'nın Erken Çocukluk Döneminde Cinsel Gelişim ve Beden Farkındalığı Üzerindeki Etkisi

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Abstract: The present study aimed to examine the effect of the "My Body is Safe Education Program," developed for preschool children and incorporating a gender equality component, on children's development. The study was conducted with a total of 40 preschool children, 20 in the experimental group and 20 in the control group. The Selçuk Sexual Development Scale, Observation and Reflective Journal Reports, and a researcher-developed Personal Information Form were used as data collection instruments. Results showed that children in the experimental group had higher post-test scores than those in the control group on the "Sexual Identity" and "Gender-Related Behavior" subscales of the Selçuk Sexual Development Scale, with significant differences favoring the experimental group. These findings indicate that the My Body Is Safe Education Program positively supports children's sexual development and that a significant difference emerges between the total post-test scores of the experimental and control groups.

Keywords: Sexual Development, Sexual Education, Gender, Gender Equality, Preschool Period

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Öz: Araştırmanın amacı, okul öncesi dönem çocukları için geliştirilen ve toplumsal cinsiyet eşitliğini içeren "Bedenim Güvende Eğitim Programı'nın çocukların gelişimi üzerindeki etkisinin incelenmesidir. Çalışma 20'si deney, 20'si kontrol grubunda yer almak üzere 40 okul öncesi dönem çocuk ile yürütülmüştür. Veri toplama aracı olarak Selçuk Cinsel Gelişim Ölçeği, Kişisel Bilgi Formu, Gözlem ve Yansıtıcı Günlük Raporlar kullanılmıştır. Araştırma sonucunda elde edilen bulgulara göre deney grubundaki çocukların Selçuk Cinsel Gelişim Ölçeğinin "Cinsel Kimlik" ve "Cinsiyete İlişkin Davranışlar" alt boyutlarında daha yüksek son test puanları aldığını ve deney grubu lehine anlamlı farklılıklar bulunduğunu göstermiştir. Bu sonuçlar, Bedenim Güvende Eğitim Programı'nın çocukların cinsel gelişimini olumlu yönde desteklediğini ortaya koymakta; ayrıca deney ve kontrol gruplarının toplam son test puanları arasında anlamlı bir fark oluştuğunu göstermektedir.

Anahtar Kelimeler: Cinsel gelişim, Cinsel eğitim, Toplumsal cinsiyet, Toplumsal cinsiyet eşitliği, Okul öncesi dönem

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GENİŞ ÖZET

Giriş

İnsan gelişiminin ayrılmaz bir parçası olarak kabul edilen cinsellik; doğumla başlayan, yaşam boyu devam eden, bireyin benlik algısı, duygu, tutum, davranış, beden imgesi ve algılarını kapsayan; biyolojik, psikolojik ve kültürel boyutları bulunan ve içinde yaşanılan toplumdan etkilenen bir kavramdır (Artan, 2019). Yalnızca fizyolojik yapılarla sınırlı olmayıp zihinsel ve duygusal gelişimle de yakından ilişkilidir (Tuzcuoğlu ve Tuzcuoğlu, 2003). Gelişimin en hızlı yaşandığı erken çocukluk dönemi ise, cinsel gelişim açısından da kritik bir dönem olarak kabul edilmektedir. Bu dönemde edinilen deneyimler çocuğun gelecekteki yaşamını doğrudan etkilemektedir (Deniz, 2012; Güngör Aytar vd., 2014).

Cinsel kimlik kişinin biyolojik varlığını kadın ya da erkek olarak ifade etmesi, algılaması ve kabul etmesidir. Bireyin kendi cinsiyetini öğrenmesi, cinsiyeti hakkında fikir sahibi olması ve cinsiyetini benimsemesi anlamına da gelmektedir (Egan & Perry, 2001). Çocuklar biyolojik bir altyapı ve cinsel kimlikle dünyaya gelmekte olup, temel cinsel kimlik oluşumu yaşamın ilk iki yılında başlamakta, üç–dört yaş civarında ise tamamen belirgin hale gelmektedir (Gürşimşek ve Günay, 2005; Özsungur, 2010). Erken çocukluk, cinsel merakın yoğun olduğu doğal bir dönem olmakla beraber bu dönem de çocukların bedenlerini tanımaya yönelik olan ilgileri sağlıklı kabul edilmektedir (Artan, 2019). Bu süreçte ebeveyn ve öğretmenlerin sorulara kısa, açık ve doğru yanıtlar vermeleri önemlidir (Acer ve Artan, 2000).

Cinsel eğitim, erken çocukluktan yetişkinliğe uzanan; cinselliğin bilişsel, duygusal ve sosyal pek çok boyutunu içeren bir eğitim sürecidir. Bununla birlikte cinsel eğitim yaşa, cinsiyete, kültüre uygun biçimde cinsel sağlığı desteklemeyi amaçlar (World Health Organization [WHO], 2010). Çocuklara yönelik cinsel eğitim; beden farkındalığı, cinsel kimlik bilinci ve istismara karşı koruyucu farkındalık kazandırmayı hedeflemelidir (Balter vd., 2016). Cinsiyet biyolojik temelli iken, toplumsal yaşamda görülen farklılaşmalar daha çok toplumsal roller ve kalıp yargılardan kaynaklanmaktadır (Bayramoğlu, 2015). Böylece cinsellik hem genetik hem çevresel etmenlerle şekillenmekte; biyolojik yön cinsel kimliği, çevresel yön ise toplumsal cinsiyeti yapılandırmaktadır (Çokar ve Nalbant, 2008 akt. İşler, 2017).

"Cinsiyet" biyolojik yapıyı, "toplumsal cinsiyet" ise kültürün yüklediği anlam ve beklentileri ifade etmektedir (Dökmen, 2012). Çocuklar toplumsal cinsiyet rollerini öncelikle ailelerinden, ardından daha geniş çevreden öğrenmekte; oyun ve etkileşimler yoluyla kendilerini ve başkalarını tanımlamaktadırlar. Toplumsallaşma sürecinde ise çocuklar bu beklentileri fark ederek tutum ve davranışlarını düzenlemektedir (Artan, 2019; Early Childhood Learning and Knowledge Center [ECLKC], 2017). Araştırmalar, 5–6 yaş dönemini toplumsal cinsiyet kimliğinin en katı olduğu dönem olarak tanımlamaktadır (Egan & Perry, 2001; Miller vd., 2009; Weinraub vd., 1984). Bu dönem, kalıp yargıların şekillendiği kritik bir evre olarak ifade edilmektedir (Freeman, 2007). Bu nedenle okul öncesi dönemde cinsel eğitim programlarının toplumsal cinsiyet kavramını da içeren, kapsayıcı ve eşitliği teşvik edici bir yaklaşımla yapılandırılması gerekmektedir. Bu

bağlamda mevcut çalışmanın temel amacı, okul öncesi dönem çocuklarına yönelik olarak geliştirilen ve toplumsal cinsiyet eşitliğini içeren "Bedenim Güvende Eğitim Programı" adlı cinsel eğitim programının, çocukların cinsel gelişimlerine etkisini incelemektir.

Yöntem

Araştırmada nitel ve nicel verilerin bütünleştirildiği karma yöntem yaklaşımı kullanılmıştır (Creswell, 2017). Çalışma grubunu, İstanbul Avrupa yakasında ikamet eden, bir okul öncesi eğitim kurumuna devam eden ve 60–72 ay yaş aralığında bulunan çocuklar arasından gönüllülük esasına göre belirlenen 20 deney ve 20 kontrol grubu olmak üzere toplam 40 çocuk oluşturmuştur. Araştırmada veri toplama aracı olarak Selçuk Cinsel Gelişim Ölçeği, Gözlem ve Yansıtıcı Günlük Raporlar ile araştırmacı tarafından geliştirilen Kişisel Bilgi Formu kullanılmıştır. Verilerin analizinde, deney ve kontrol gruplarındaki çocukların Selçuk Cinsel Gelişim Ölçeği ön test ve son test puanları arasındaki grup farklılıklarını incelemek amacıyla Mann Whitney U testi kullanılmıştır. Her bir grupta ön test ve son test ölçümleri arasındaki değişimi belirlemek için ise Wilcoxon İşaretli Sıralar Testi uygulanmıştır.

Etik Kurul, İzinler ve Destek

Bu çalışma, bir yüksek lisans tezinden üretilmiştir. Araştırma için ilgili kurumun etik kurulundan gerekli etik onay alınmıştır. Çalışmada kullanılan ölçme aracının kullanımı için ölçeği geliştiren araştırmacılardan gerekli izinler alınmıştır. Çalışmanın bir bölümü uluslararası bilimsel bir kongrede sözlü bildiri olarak sunulmuştur. Tez çalışması, ilgili üniversitenin Bilimsel Araştırma Projeleri Koordinasyon Birimi tarafından desteklenmiştir.

Bulgular

Deney grubundaki çocukların Selçuk Cinsel Gelişim Ölçeğinin "Cinsel Kimlik" ve "Cinsiyete İlişkin Davranış" alt boyutlarından aldıkları son test puan ortalamaları, ön test puanlarına kıyasla anlamlı düzeyde artış göstermiştir. Buna karşın kontrol grubunda ön test–son test puanları arasında anlamlı bir farklılık saptanmamıştır. Bu sonuç, gözlenen gelişimin doğrudan program uygulamasından kaynaklandığını desteklemektedir. Nitel veriler kapsamında değerlendirilen gözlem ve yansıtıcı günlük raporlar da nicel bulguları destekler niteliktedir. Program sürecinde çocukların toplumsal cinsiyet eşitliği, kişisel sınırlar ve beden farkındalığı konularında belirgin bir farkındalık yaşadıkları görülmüştür. Çocuklar sınırlarını ifade etmede daha özgüvenli davranmış, öz-koruyucu tutumlar geliştirmiş ve karar verme becerilerinde ilerleme kaydetmiştir. Ayrıca geleneksel toplumsal cinsiyet kalıp yargılarının zayıfladığı; kapsayıcı tutumların, empati ve iş birliğinin güçlendiği gözlenmiştir.

Sonuç ve Tartışma

Araştırmadan elde edilen sonuca göre, deney grubuna uygulanan "Bedenim Güvende Eğitim Programı'nın" çocukların cinsel gelişim düzeyleri üzerinde anlamlı ve olumlu bir etki yarattığı sonucuna ulaşılmıştır. Ön test sonuçları, deney ve kontrol gruplarının program öncesinde denk olduğunu göstermiş; bu durum, uygulama sonrasında ortaya çıkan değişimlerin programdan kaynaklandığını göstermektedir. İlgili literatür incelediğinde, cinsel eğitim çalışmalarının çocukların cinselliğe ilişkin anlayışlarını geliştirmede ve genel cinsel gelişimlerini desteklemede önemli bir rol oynadığı görülmektedir. Örneğin Özuslu-Açıkgöz (1999), 3–6 yaş grubuna yönelik hazırlanan cinsel eğitim programının, çocukların cinsel gelişimine olumlu katkı sağladığını bildirmiştir. Benzer biçimde Özgün (2017) tarafından 60–72 aylık okul öncesi çocuklara uygulanan eğitim programının ardından, programa katılan çocukların son test puanlarında kontrol grubuna kıyasla belirgin ve anlamlı bir artış olduğu tespit edilmiştir. Acer ve Artan (2005) ise 4–6 yaş grubu çocuklarda, yapılandırılmış cinsel eğitim etkinliklerinin deney grubu lehine anlamlı kazanımlar sağladığını ortaya koymuştur. Setyarini vd. (2021) tarafından yürütülen çalışmada ise şarkı ve gösterim tekniklerinin kullanıldığı cinsel eğitim uygulamalarının, çocukların konuya ilişkin anlayışlarını geliştirdiği ve etkileşim temelli öğretim yöntemlerinin başarısını vurguladığı belirtilmiştir. Okul öncesi döneme odaklanan araştırmaların sonuçları, geliştirilen cinsel eğitim programlarının çocukların cinsel gelişimini ve eğitimini olumlu yönde desteklediğini ortaya koymaktadır. Bu bulgular, mevcut araştırmada elde edilen "Bedenim Güvende Eğitim Programı'nın çocukların cinsel gelişimini destekleyen etkili bir müdahale programı olduğu" yönündeki sonucu da destekler niteliktedir.

INTRODUCTION

Sexuality, considered an indispensable part of human development, is a concept that begins with birth and continues throughout life, encompassing individuals' sense of self, emotions, attitudes, behaviors, and body image perceptions. Sexuality is influenced by the society in which individuals live and has biological, psychological, and cultural dimensions (Artan, 2019). Sexuality is not only related to physiological structures but is also closely associated with cognitive and emotional development (Tuzcuoğlu & Tuzcuoğlu, 2003). Sexual development progresses through specific stages starting from fertilization. Early childhood, known as a critical period, is recognized as the fastest phase of development. Children who show multidimensional growth from early ages also experience sexual development; therefore, this period is considered crucial due to its influence on later life (Deniz, 2012; Güngör Aytar et al., 2014).

The child who takes the first step into life at birth enters the world with a biological background and a sexual identity (Gürşimşek & Günay, 2005). Sexual identity refers to an individual's perception of femininity and masculinity and to the awareness and acceptance of the individual's biological existence as a man or a woman. It encompasses the process through which individuals recognize, interpret, and internalize their own gender and develop a sense of belonging to that gender (Egan & Perry, 2001). Gender identity manifests itself through physical appearance, behaviors and social interactions. The development of gender identity begins in the early years of life; basic gender identity emerges within the first two years, while a more stable and comprehensive sense of gender identity is generally formed around the ages of three to four (Özsungur, 2010).

Menmuir and Kakavoulis (1999) identify sexual development and gender relations as important components of children's psychological development and early education. Accordingly, early childhood education should adopt a holistic approach that considers children's physical, social–emotional, and cognitive development. Early childhood is a period in which sexual curiosity and related questions reach their peak. Children's questions about sexual issues and their interest in learning about body parts are considered natural and healthy aspects of development (Artan, 2019). Therefore, it is essential that parents and teachers who are closely involved in the child's life provide brief, clear, and accurate responses to questions regarding sexual development within the context of sexual education (Acer & Artan, 2000).

Sex education is defined as an educational process that begins in early childhood and continues throughout adolescence and adulthood, addressing the cognitive, emotional, social, and interactive dimensions of sexuality. It aims to support and protect sexual development and sexual health in a manner appropriate to the individual's age, gender, and cultural context (World Health Organization, 2010). Contrary to common misconceptions, sex education does not involve teaching children about sexual intercourse (Yağan Güder, 2016). Rather, sex education for children should focus on helping them recognize their own bodies, understand their gender, develop awareness of their sexual identity, and gain knowledge about personal safety and protection from abuse (Balter et al., 2016). According to Sungur (1998), effective sex education should include the development of knowledge, skills, and appropriate attitudes and values.

Gender has both biological and social foundations. Although there are significant biological differences between men and women, the primary source of differentiation in social life stems from the roles and stereotypes attributed to each gender. These socially constructed expectations emerge at every stage of life and shape individuals' behaviors and experiences (Bayramoğlu, 2015). Human sexuality is formed through the interaction of genetic and environmental factors; while the biological dimension of sexuality constitutes sexual identity, the environmental dimension contributes to the construction of gender (Çokar & Nalbant, 2008, as cited in İşler, 2017).

The concept of sex refers to the biological characteristics of being male or female, whereas gender denotes the meanings and expectations that society and culture assign to these biological categories. In other words, sex emphasizes the biological system, while gender highlights the cultural structure (Dökmen, 2012). These two concepts are closely intertwined, as the cultural system of gender is built upon biological sex. During the socialization process, children become increasingly aware of the significance of gender and begin to regulate their attitudes and behaviors accordingly. For this reason, it is essential that all topics related to sexuality and gender be addressed in a manner appropriate to the child's age and developmental level (Artan, 2019).

As children grow, they actively explore gender roles and the meanings associated with being a girl or a boy. Cultural contexts provide various expectations for girls and boys, and children first encounter these messages within their families before receiving further input from the broader social environment. Through daily interactions and play experiences, children gradually construct their understanding of themselves and others in terms of gender (Early Childhood Learning and Knowledge Center [ECLKC], 2017). Research indicates that the ages of five to six represent a period in which children's gender identity tends to become more rigid and stereotypical (Egan &

Perry, 2001; Miller, Lurye, Zosuls, & Ruble, 2009; Weinraub et al., 1984). Therefore, childhood is a critical stage in which gender stereotypes are formed and consolidated, making this period particularly important for educational interventions (Freeman, 2007). Furthermore, greater emphasis should be placed on gender equality. Introducing gender equality during early childhood is particularly important. Establishing equality awareness at an early age plays a critical role in shaping children's lifelong attitudes, perceptions, and social behaviors. Clearly conveying this importance is essential not only for scholars in the field but also for raising awareness among readers who may be less familiar with the topic. Accordingly, sex education programs designed for preschool children should address gender within an inclusive and equality-promoting framework. A review of the literature indicates that only a limited number of sexual development education programs explicitly focus on gender equality. In this context, the present study aims to examine the impact of the "My Body Is Safe Education Program," a preschool sex education program grounded in gender equality, on children's knowledge of sexual development.

METHOD

Model of the Research

This study employed a mixed-methods approach, which integrates both quantitative and qualitative data to provide a more comprehensive understanding of the research problem (Creswell, 2017). Specifically, an explanatory sequential mixed-methods design was adopted (Creswell, 2019). In this design, quantitative data are collected and analyzed first, followed by the collection and analysis of qualitative data to help explain, elaborate, and contextualize the quantitative results. While the quantitative strand evaluated the statistical impact of the "My Body is Safe Education Program" on children's sexual development using the Selçuk Sexual Development Scale, the qualitative strand utilized observational notes and reflective journal reports. This allowed the researcher to track qualitative shifts in children's attitudes, verbal expressions, and boundary-setting behaviors throughout the intervention, thereby enriching and grounding the quantitative findings.

Study Group

The call for participation in the project, conducted in collaboration with the Children and Society Association, was announced through social media platforms to reach eligible participants. The study included children who met the criteria of attending a preschool education institution, being between 60 and 72 months of age, and residing on the European side of Istanbul. A total of 40 children were voluntarily recruited, with 20 assigned to the experimental group and 20 to the

control group. The demographic characteristics of the children in the study group are presented in Table 1.

Table 1. Frequency and percentage distribution of personal characteristics of the study group

Personal Characteristics		**Experimental Group**	**Control Group**
		f	***f***
Gender	Girl	11	11
	Boy	9	9
Number of siblings	Only Child	3	4
	One Sibling	13	9
	2 or More Siblings	4	7
Duration of attendance at preschool education institution	One Year	14	17
	Two Years	6	3
Mother's educational status	Primary School	1	8
	Secondary School	3	5
	High School	11	7
	University	5	0
Father's educational Status	Primary School	0	7
	Secondary School	8	3
	High School	11	6
	University	1	4
Mother age group	18-25 years old	2	0
	26-33 years old	4	8
	34-41 years old	14	11
	Age 42 and over	0	1

Father age group	26-33 years old	4	1
	34-41 years old	16	16
	age 42 and over	0	3
Socio-economic level	Lower	2	6
	Middle	16	10
	Upper	2	4

Data Collection Tools

In this study, data were collected using the Selçuk Sexual Development Scale, observations, reflective journal reports, and a Personal Information Form developed by the researcher.

Personal Information Form

The "Personal Information Form" consists of a total of 10 questions, including the mother's age, mother's education level, father's age, father's education level, family's socioeconomic status, child's age, gender, date of birth, duration of attendance at preschool education, and number of siblings.

Selçuk Sexual Development Scale

The "Selçuk Sexual Development Scale," developed by Alptekin and Tepeli (2019), is an assessment tool designed to evaluate the sexual identity and gender-related behaviors of typically developing children aged 36 to 72 months. It aims to gather information from both the child and the family. The scale includes three different subscales: the "Sexual Identity" Sub-Scale for children, the "Gender-Related Behavior" Sub-Scale for children, and the "Sexual Identity and Gender-Related Behavior" Sub-Scale for families.

As a result of the exploratory factor analysis, the "Sexual Identity" Sub-Scale for children revealed a two-factor structure with eight items, the "Gender-Related Behavior" Sub-Scale for children showed a single-factor structure with eight items, and the "Sexual Identity and Gender-Related Behavior" Sub-Scale for families demonstrated an 18-item, two-factor structure. The reliability coefficients for the scales are reported as follows: .61 for the "Sexual Identity" Sub-Scale for children, .66 for the "Gender-Related Behavior" Sub-Scale for children, and .85 for the "Sexual Identity and Gender-Related Behavior" Sub-Scale for families (Alptekin & Tepeli, 2019). The scoring system for the scales is as follows: for the "Sexual Identity" Sub-Scale, correct answers are

scored as 1 and incorrect answers as 0. For the "Gender-Related Behavior" Sub-Scale, responses indicating the expected behavior for children aged 36–72 months are scored as 1, while other responses are scored as 0. In this study, the "Sexual Identity" subscale and the "Gender-Related Behavior" subscale were used.

Observation and Reflective Journal Reports

To support the qualitative strand and capture process-oriented outcomes of the intervention, the researcher maintained systematic Observation and Reflective Journal Reports following each session of the "My Body is Safe Education Program". These qualitative records were designed to document children's spontaneous verbal expressions, peer interactions, emotional responses, and behavioral shifts throughout the 8-week implementation. The records focused on behaviors and interactions concerning body awareness, personal boundaries, gender stereotypes, and decision-making skills.

Data Collection

The study was conducted as part of a project submitted to the Karaman Children and Society Association. During the data collection process of the research, a "Personal Information Form" was prepared by the researcher. The full version of the Selçuk Sexual Development Scale was obtained via email from the creators of the scale. Since the research is an experimental study conducted with a pretest-posttest control group design, pretests were administered first. Pretest applications were conducted between 06/11/2023 and 13/11/2023. Following this, the My Body is Safe Education Program was implemented for the children starting from 21/11/2023. The 8-week education program concluded on 08/01/2024. Posttests were administered between 15/01/2024 and 19/01/2024, following the completion of the program. The scales were administered one-on-one by the researcher. Visual materials obtained from the developer of the scales were prepared in appropriate sizes and used during both the pretest and posttest.

My Body is Safe Education Program

The research aims to educate children about sexual development, provide new knowledge on gender equality, increase awareness of the topic, and integrate target concepts into the children's schemas appropriately. The "My Body Is Safe Education Program" was developed by the researcher. The program includes 12 topic headings and comprises a total of 15 activities implemented with the children. For these activities, the topic headings were developed by drawing

inspiration from the "International Technical Guidance on Sexuality Education" published by UNESCO in 2009, the provisions of the Sexual Rights Declaration issued by the World Association for Sexual Health and the third edition of the "Comprehensive Sexuality Education Guide: Pre-K to 12" by the Sexuality Information and Education Council of the United States (Sexuality Information and Education Council of the United States [SIECUS], 2004; United Nations Educational, Scientific and Cultural Organization [UNESCO], 2009; World Association for Sexual Health [WAS], 2014). The topics and content were adapted to the local cultural context and the developmental characteristics and needs of the children.

Expert opinions were obtained from two faculty members and two teachers in the field. Additionally, the researcher created an educational animation titled "*Gender for Children*" for use in the 12th, 13th, 14th, and 15th activities of the education program. A review of the relevant literature and an examination of studies conducted in the country revealed that there were no sexual development education programs specifically addressing gender equality for children.

Figure 1. Sample scenes from the "*Gender for Children*" educational animation developed for the My Body Is Safe Education Program.



The My Body Is Safe Education Program covers 12 topics: "Exploring Myself," "I Am a Girl, I Am a Boy," "Emotional Awareness (Family, Friendship, and Love)," "Making Decisions," "Learning and Protecting My Private Area," "What Are Healthy Behaviors?" "Respect for Diversity and Differences," "What Are My Roles?" "Being Tolerant," "Refusal/The Ability to Say No," "Assertiveness Skills," and "What Is Gender Equality?"

Four activities were implemented under the theme of Gender Equality, which constituted the final module of the education program. The activity titles are as follows: "What Is Gender Equality?",

"Gender Equality/Colors", "Gender Equality/Home and Daily Chores", and "Gender Equality/Professions". Prior to each activity, an educational animation titled *"Gender for Children,"* prepared by the researcher, was shown to the participants. In order to enhance the effectiveness of the program and support its objectives, various family involvement activities were also incorporated, taking into account the role of parents in the learning process.

During the implementation of the program, family participation activities were carried out to support the extension of children's learning beyond the classroom. Following each activity, short informational brochures were sent to families with practical suggestions for reinforcing classroom learning outcomes at home. These materials also emphasized gender equality, highlighting those colors, occupations, games, and toy are independent of gender, and families were encouraged to discuss these topics with their children. In addition, as part of privacy education, dolls and educational figures used in the classroom were sent home with the children in turn. After engaging in activities and discussions with their families using these materials, the children returned them to the classroom. This process aimed to strengthen home–school collaboration and facilitate the transfer of children's learning into their daily lives.

Data Analysis

In this study, quantitative and qualitative data were analyzed in accordance with the explanatory sequential mixed-methods design.

Quantitative Data Analysis: Quantitative data obtained from the Selçuk Sexual Development Scale were analyzed using the SPSS software. Normality assumptions were tested prior to statistical analyses, and non-parametric tests were used because the data did not meet the assumption of a normal distribution. The Mann-Whitney U test was conducted to determine whether there were significant differences in the pre-test and post-test mean ranks between the experimental and control groups. The Wilcoxon Signed-Rank Test was utilized to evaluate within-group changes across the pre-test and post-test measurements for both groups. The level of statistical significance for all quantitative analyses was set at $p < .05$.

Qualitative Data Analysis: The qualitative data collected through Observation and Reflective Journal Reports were analyzed using thematic analysis. The recorded observational notes and reflective texts were systematically transcribed, read repeatedly for familiarity, and subjected to initial line-by-line open coding. Related codes were grouped into broader thematic categories, including *Body Awareness and Boundaries*, *Shifts in Gender Stereotypes*, *Assertiveness and Decision-Making*,

and *Peer Empathy and Social Interaction*. To ensure qualitative trustworthiness, data triangulation was established between observational entries and reflective journal notes, and inter-coder agreement was verified among researchers. The qualitative themes were subsequently integrated with the quantitative statistical results to explain, contextualize, and elaborate on how the "My Body is Safe Education Program" contributed to children's developmental outcomes.

FINDINGS

Quantitative findings of the study

In this section, the data obtained in accordance with the research hypotheses are analyzed. First, the results of the Mann-Whitney U test, conducted to determine whether there was a significant difference in the mean pre-test scores of the Selçuk Sexual Development Scale between the experimental and control groups, are presented in Table 3.

Table 3. Mann-Whitney U Test results for the pre-test scores of the Selçuk Sexual Development Scale for the experimental and control groups

Subscale	Group	N	Mean Rank	Sum of Ranks	U	Z	p
Sexual Identity	**Experimental**	20	17.25	345.00	135.000	-1.790	.081
	Control	20	23.75	475.00			
Gender-Related Behavior	**Experimental**	20	21.48	429.50	180.500	-.549	.602
	Control	20	19.53	390.50			

p>.05

As shown in Table 3, the mean rank for the "Sexual Identity" subscale was 17.25 for the experimental group and 23.75 for the control group. For the "Gender-Related Behavior" subscale, the mean rank was 21.48 for the experimental group and 19.53 for the control group. The analysis showed no significant differences between the experimental and control groups in the mean ranks for the "Sexual Identity" and "Gender-Related Behavior" subscales of the Selçuk Sexual Development Scale ($p > .05$).

The results of the Wilcoxon Signed-Rank Test for the "Selçuk Sexual Development Scale" scores before and after the implementation of the My Body is Safe Education Program for the experimental group are presented in Table 4.

Table 4. Wilcoxon Signed-Rank Test results for the Selçuk Sexual Development Scale scores before and after the My Body is Safe Education Program for the experimental group

Subscale	**Post-test - Pre-test**	**n**	**Mean Rank**	**Sum of Ranks**	**z**	**p**
Sexual Identity	Negative Rank	0	.00	.00	-3.768	.000*
	Positive Rank	18	9.50	171,00		
	Ties	2				
Gender-Related Behavior	Negative Rank	0	.00	.00	-3.854	.000*
	Positive Rank	19	10.00	190.00		
	Ties	1				

***p<.05**

Table 4 shows that the scores for the "Sexual Identity" and "Gender-Related Behavior" subscales of the Selçuk Sexual Development Scale increased significantly from pre-test to post-test among children in the experimental group. In the "Sexual Identity" subscale, it was observed that 18 children in the experimental group had increased post-test scores, while the pre-test and post-test scores for two children remained the same. In the "Gender-Related Behavior" subscale, 19 children in the experimental group showed increased post-test scores, and the pre-test and post-test scores for one child remained the same.

The Wilcoxon Signed-Rank Test was used to compare the pre-test and post-test scores of the control group on the Selçuk Sexual Development Scale, and the results are presented in Table 5.

Table 5. Wilcoxon Signed-Rank Test results for the Selçuk Sexual Development Scale scores before and after the My Body is Safe Education Program for the control group

Subscale	**Post-test-Pre -test**	**n**	**Mean Rank**	**Sum of Ranks**	**Z**	**P**
Sexual Identity	Negative Rank	6	4,33	26,00	-1,155	,248
	Positive Rank	2	5,00	10,00		
	Ties	12				
Gender-Related Behavior	Negative Rank	6	5,83	35,00	-,832	,405
	Positive Rank	4	5,00	20,00		
	Ties	10				

*p<.05

Table 5 presents the pre- and post-test results for the control group. The analysis revealed no significant differences in the "Sexual Identity" and "Gender-Related Behavior" subscales of the Selçuk Sexual Development Scale ($p > .05$). Regarding the "Sexual Identity" subscale, analysis of individual control group data indicated that six children experienced a decrease, two children an increase, and 12 children no change in their post-test scores compared with their pre-test scores. Regarding the "Gender-Related Behavior" subscale, individual control group data indicated that six children experienced a decrease, four children an increase, and 10 children no change in their post-test scores compared with their pre-test scores.

This result can be interpreted as indicating that there was no significant change in the sexual development of the children in the control group before and after the education program. However, identical pre- and post-test scores were observed in more than half of the control group children for the "Sexual Identity" subscale and in half of them for the "Gender-Related Behavior" subscale. This result may indicate that the sexual development knowledge levels of the children in the control group did not change during the period in which they did not receive the educational program.

The Mann-Whitney U test results, which evaluate whether there is a significant difference between the post-test mean scores of the Selçuk Sexual Development Scale for the experimental and control groups, are presented in Table 6.

Table 6. Mann-Whitney U Test results for the post-test scores of the Selçuk Sexual Development Scale for the experimental and control groups

Subscale	**Group**	**n**	**Mean Rank**	**Sum of Ranks**	**U**	**z**	**p**
Sexual Identity	**Experimental**	20	26,63	532,50	77,500	-3,598	,001*
	Control	20	14,38	287,50			
Gender-Related Behavior	**Experimental**	20	30,48	609,50	,500	-5,468	,000*
	Control	20	10,53	210,50			

*p<.05

As shown in Table 6, the mean rank for the "Sexual Identity" subscale was 26.63 for the experimental group and 14.38 for the control group. For the "Gender-Related Behavior" subscale, the mean rank was 30.48 for the experimental group and 10.53 for the control group. The analysis revealed statistically significant differences between the experimental and control groups in both the "Sexual Identity" ($U = 77.500$, $p = .001$) and "Gender-Related Behavior" ($U = 0.500$, $p < .001$)

subscales of the Selçuk Sexual Development Scale, with both differences favoring the experimental group.

Qualitative findings of the research

The qualitative findings obtained through Observation and Reflective Journal Reports were analyzed using thematic analysis to explain and contextualize the mechanisms underlying the quantitative gains. To ensure qualitative trustworthiness, prolonged engagement was maintained throughout the 8-week implementation, observation notes were triangulated with reflective journal entries, and inter-coder agreement was verified. The findings are organized under three primary themes:

1. Body Awareness, Personal Boundaries, and Self-Protection: Following the *"Recognizing and Protecting My Private Area"* and *"What Are Healthy Behaviors?"* activities, children demonstrated significant progress in defining personal boundaries and adopting protective attitudes. Instead of showing embarrassment or avoidance, children actively enforced their bodily autonomy. For instance, during a physical activity session where accidental bodily contact occurred, a child verbally enforced personal space by stating: ***"Watch out for my private area! You cannot touch my private area!"*** Furthermore, when discussing private areas, children reinforced their understanding through self-directed questions rather than giggling or teasing: ***"Nobody can touch our private areas, right? Only doctors and nurses can check them when we are sick, right?"***

2. Deconstruction of Gender Stereotypes and Non-Traditional Choices: Prior to the intervention, children exhibited rigid stereotypical expectations regarding toys, games, professions, and colors. Following the implementation of the gender equality module and the educational animation ***"Gender for Children,"*** these rigid patterns substantially weakened. Girls increasingly participated in construction play (building towers with blocks) and chasing games, while boys actively engaged in drawing, listening to music, and expressive dancing. Regarding career aspirations, children challenged traditional gender boundaries by asserting: ***"Boys can be ballet dancers or nurses too, and girls can be pilots or police officers!"*** Additionally, color choices became more gender-neutral. Boys frequently used red, yellow, and orange without gender hesitation, while stereotypes surrounding pink diminished as girls utilized a broad spectrum of colors in their artwork.

3. Decision-Making, Peer Support, and Inclusive Behaviors: Sessions focusing on *"Decision-Making"* and *"Assertiveness Skills"* enabled children to make more reasoned choices and articulate their

individual rights. Towards the end of the program, affectionate behaviors, cooperation, and peer encouragement noticeably increased. Expressions of affection and verbal care (e.g., offering comfort or hugging) became prominent among boys as well. During collaborative tasks, children frequently used empowering affirmations: ***"I can do it! You can do it too, my friend; I trust you!"***

DISCUSSION and CONCLUSION

The quantitative and qualitative findings of the present study demonstrate that the *My Body Is Safe Education Program* is an effective intervention in supporting preschool children's sexual development, bodily autonomy, and gender awareness. These empirical results closely align with and expand upon the existing literature, which consistently highlights the significant benefits of early, structured sexual education initiatives. Specifically, prior studies evaluating preschool-targeted interventions—such as those by Özuslu Açıkgöz (1999) with children aged 3–6 and Acer and Artan (2005) with children aged 4–6 —similarly reported that systematic sexual education programs lead to significant improvements in children's understanding of sexuality. In line with these observations, Özgün (2017) demonstrated a significant increase in post-test scores among 60–72-month-old children in the experimental group compared to the control group, suggesting that developmentally appropriate curriculum design yields substantial learning gains. Moreover, the interactive techniques used in the current study—including narrative activities and visual materials—support the findings of Setyarini, Dewanti, and Kurniawati (2021), highlighting how active methods improve children's understanding of body safety.

When interpreted in light of these comparative literature findings, the present study confirms that well-designed, age-appropriate sexual education programs make a measurable positive contribution to young children's sexual development and overall growth. However, despite this growing body of evidence supporting early intervention, research focusing specifically on sexual development and structured education programs for preschool children remains remarkably scarce. A broader examination of the existing literature indicates that research and educational initiatives in this field have predominantly focused on adolescents—targeting puberty, physical maturity, and sexual health behaviors—while largely ignoring early childhood as a critical foundation. Moreover, national curricula currently lack structured courses or formal practices regarding sexual education and sexual health. As a result, educational efforts in this domain have historically remained limited to sporadic projects conducted in cooperation with private institutions and non-governmental

organizations (Çok, 1999; Human Resource Development Foundation, 2006, as cited in Yücesan & Ayaz Alkaya, 2018).

Although historical reviews of preschool research in Turkey show that issues surrounding sexual development were completely absent in earlier decades and only gradually began emerging post-1980s (Haktanır, 2005), sexuality continues to be treated as a sensitive societal taboo. Foucault (2012) argues that prohibiting children from expressing their natural curiosity, silencing their questions, or ignoring their sexuality reflects adults' tendency to deny children's sexual development, which ultimately obstructs the formation of a healthy sexual identity. In response to this void, the *My Body Is Safe Education Program* addresses essential dimensions identified across the literature—including physical, emotional, and sexual protection, gender equality, managing risky situations, assertiveness, self-esteem, and body image. Consequently, these findings not only highlight the program's empirical efficacy against societal taboos but also offer practical guidance for preschool teachers, families, and researchers seeking to implement inclusive and gender-transformative sexuality education in early childhood.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are proposed for future research and practice:

1. The number of scientifically grounded sexual development and sexuality education programs designed for the preschool period should be increased and their implementation should be expanded across educational settings.
2. The activities and educational materials included in the *My Body Is Safe Education Program* may be adapted into short-term, modular formats and utilized in diverse learning environments.
3. Preschool teachers are encouraged to implement similar programs with different age groups in order to support children's sexual development and to foster awareness of gender equality.
4. School–family collaboration should be strengthened through the development of structured sexuality education programs for parents, and families' active participation in the educational process should be promoted.

ETHICS APPROVAL, PERMISSIONS AND SUPPORT

This study was derived from a master's thesis. Ethical approval for the research was obtained from the Research and Publication Ethics Committee of Marmara University Institute of Educational Sciences under the decision dated 24 October 2023 (No. 10-23). The necessary permissions for the use of the measurement instrument employed in the study were obtained from the researchers who developed the scale. This study was presented orally at the 9th International Congress on Preschool Education. The thesis study was supported by the Scientific Research Projects Coordination Unit of Marmara University under project code SYL-2024-11195.

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