

DEVELOPING AND TESTING  
THE EFFECTIVENESS OF THE TEACHER TRAINING PROGRAM ON  
CHILD SEXUAL DEVELOPMENT

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## **ABSTRACT**

### **DEVELOPING AND TESTING THE EFFECTIVENESS OF THE TEACHER TRAINING PROGRAM ON CHILD SEXUAL DEVELOPMENT**

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This study was designed to develop and examine the effectiveness of a four-session psycho-educational teacher training program about child sexual development on teachers' knowledge, views about childhood sexual behaviors and perceived competency level.

Regarding these purposes, in the first phase of the study, a teacher training program about child sexuality and education, and two different instruments were developed. Psychometric properties of the instruments were tested in a pilot study with 186 teachers working with 5-12 year old children in Istanbul and Ankara.

In the second phase of the study, in order to assess the effectiveness of the psycho-educational training program about child sexual development, a pretest-posttest

waiting list control group experimental study was carried out in a private school in Ankara.

Non-parametric test results indicated that at the end of the training, Child Sexuality and Education Knowledge Test scores of the training group participants ( $n=23$ ) were significantly higher than the control group participants' scores ( $n=19$ ). Moreover, teachers participated in this training program changed their views on childhood sexual behaviors in a positive way, and comparing to the waiting list control group they discriminated developmentally natural and unnatural sexual behaviors in children more accurately. Likewise, comparing to the control group, the teachers in training group indicated that they felt more competent at the end of the training period.

The results have been discussed with regards to related literature and implications of the program for teacher training and school counseling services and recommendations for future research were presented.

**Keywords:** Child Sexuality, Sexuality Education, Teacher Training, Sexuality Knowledge, Perceived Competency Level

## ÖZ

### ÇOCUK CİNSEL GELİŞİMİ İLE İLGİLİ ÖĞRETMEN EĞİTİMİ PROGRAMININ GELİŞTİRİLMESİ VE ETKİLİLİĞİNİN TEST EDİLMESİ

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Bu çalışma, çocuk cinsel gelişimi ve eğitimi hakkında öğretmenlere yönelik 4-oturuluk bir psiko-eğitim programı geliştirmek ve bu programın öğretmenlerin çocuk cinsel davranışları konusundaki bilgi, yaklaşım ve algılanan yeterlilik düzeyi üzerindeki etkililiğini ölçmek amacıyla tasarlanmıştır.

Bu amaçlar doğrultusunda, çalışmanın birinci aşamasında, çocuk cinsel gelişimi ve eğitimi ile ilgili öğretmen eğitimi programı ve iki farklı ölçme aracı geliştirilmiştir. Ölçme araçlarının psikometrik özellikleri, 5-12 yaş grubu çocuklarla çalışan 186 öğretmenden oluşan bir örnekleme yürütülen bir pilot çalışmayla ortaya konulmuştur.



Çalışmanın ikinci aşamasında, çocuk cinsel gelişimi ve eğitimi hakkında geliştirilen öğretmen eğitim programının etkililiğini ölçmek amacıyla, Ankara'daki bir özel okulda, ön-test son-test bekleyen liste kontrol grup deneysel çalışması yürütülmüştür.

Parametrik olmayan analiz sonuçları, eğitim sonunda, eğitim grubundaki katılımcıların ( $n = 23$ ) Çocuk Cinsel Gelişimi ve Eğitimi Bilgi Testi puanlarının kontrol grubu katılımcıların ( $n = 19$ ) puanlarından daha yüksek olduğunu göstermiştir. Ayrıca, eğitim programına katılan öğretmenlerin çocukluk çağı cinsel davranışlarına yaklaşımlarının olumlu yönde değiştiği ve gelişimsel olarak doğal ve doğal olmayan davranışları kontrol grubu katılımcılarına kıyasla daha doğru bir şekilde ayırt edebildikleri görülmüştür. Benzer şekilde, kontrol gruba kıyasla, eğitim grubundaki öğretmenler eğitim programı sonunda kendilerini daha yeterli hissettiklerini ifade etmişlerdir.

İlgili alanyazın kapsamında, öğretmen eğitimi programları ve okul rehberlik servislerindeki uygulamalar açısından sonuçlar tartışılmış ve sonraki çalışmalar için öneriler sunulmuştur.

Anahtar Kelimeler: Çocuk Cinselliği, Cinsel Gelişim, Cinsel Eğitim, Öğretmen Eğitimi, Cinsel Bilgi, Algılanan Yeterlilik Düzeyi

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## **LIST OF ABBREVIATIONS**

APA: American Psychological Association

NCSBY: National Center on Sexual Behavior of Youth

SBSE: School-Based Sexuality Education

SIECUS: Sexuality Information and Education Council of the United States

TAPV: Türkiye Aile Sağlığı ve Planlaması Vakfı (The Turkish Family Health and Planning Foundation)

UNESCO: The United Nations Educational, Scientific and Cultural Organization

WHO: World Health Organization



## **CHAPTER I**

### **INTRODUCTION**

#### **1.1. Background to the study**

Although in the last decade sexuality issues have become more discussable in the society, adults still have difficulty in speaking about child sexuality. To use the word “child” and “sexuality” within the same sentence is generally perceived as problematic since it is thought that children cannot be or should not be sexual (Flanagan, 2011). Most of the parents from any socioeconomic status or political view feel uncomfortable about approaching their children regarding sexual matters as a result, first information children receive about sexuality is not coming from their parents (Woody, 2001).

Unless children ask or do something related to sexuality, adults show avoidance of sexual education. Even when the issue is brought to the agenda, they give panicky reactions to children’s sexual actions or questions. Walker (2004) summarized the possible reasons of this avoidance as “lack of awareness, uncertainty of the subject, embarrassment, inability to provide the expected ‘sexuality talk’, lack of confidence, poor self-efficacy, and poor communication skills” (p. 242).

Among all these possible reasons, knowledge and so that the comfort level of adults seem main reasons determining the frequency and quality of sexuality

talk with their children (Byers, Sears, & Weaver, 2008). Adults, who do not have adequate knowledge about child sexuality, think that sexuality has the same meaning for children as it has for adults. Their limited knowledge of child sexual development makes them perceive sexual action of children as involving sexual intentions of adults. For example, when parents and teachers hear a child speak of “sexing” another child, they are astonished because this phrase connoted genital touching or even intercourse; however, for most of the children it means hugging and kissing (Flanagan, 2011).

In Turkish society, the lack of knowledge about child sexuality may stem from both socio-cultural factors such as perception of sexuality as a taboo and limited information sources such as lack of related academic works, books or school based sexuality education programs. Studies showed that most of the parents in Turkey are not educated about child sexuality (Eliküçük & Sönmez, 2011; Konur, 2006) and they usually educate their children with hearsay information (Ersoy, 1999). Many parents think that children need to receive sexuality education (Eliküçük & Sönmez, 2011); however they do not know how to do that. Because of the anxiety of giving ‘wrong’ information, they possibly prefer to give none (Uçar, 2008).

In the condition that there is no sexuality education given by parents, schools and so that teachers need to take over the responsibility. However, studies related to teachers’ perceptions and knowledge level related to sexuality education show that they feel considerable anxiety and feel untrained and under-prepared about child and adolescent sexuality education (e.g., Alldred, David, & Smith, 2003; Levenson-Gingiss & Hamilton, 1989a). That’s why; they do not know how to react when their students come up with a question related to sexuality.

Whether significant adults around the children give sexuality education or not, they have an impact on *sexual socialization* of children (Gil & Johnson, 1993). In either case, children directly or indirectly and rightly or wrongly receive social messages about sexuality. Adults’ panicky or avoidant reactions to

children about sexuality issues leads children to think unconsciously that “I did something wrong and I must never do that again”. After this social learning experience, they try to find new ways to have answers to their questions about sexuality. Although children and adolescents receive much of the sexuality information from their peers (Çok, 2003), recently, the internet has also become an important source for answers to questions about sexuality (Greenfield & Yan, 2006). Consequently, changing perceptions and comfort level of adults by informing them about child sexual development is very critical for sexual education of children. Otherwise, the information they obtain from other sources, like peers or internet, can be harmful. As lack of knowledge is one of the main causes of the sexual and reproductive health problems (Sezgin & Akin 1998), misinformation or overloaded information may lead an increase in similar problems, such as child sexual behavior problems, early sexual intercourse, and unprotected sex (Ross, 2012).

In order to prevent the possible problems, it is vital to plan a systematic sexuality education program (Sungur, 1998). Although the target population of sexuality education is a controversial issue, since giving a clear cut answer to the question of whether children or adults first need to be educated is difficult (Çalışandemir, Bencik, & Artan, 2008), considering the political, religious and cultural perceptions about sex issues in our country, educating adults about child sexuality can be the first step. Furthermore, to provide a school-based sexuality education (SBSE), it is necessary to pave the way to it by changing perceptions of adults first. Otherwise, that type of education program may be opposed by many parents and teachers and this opposition may affect the effectiveness of the program. Moreover, as Uçar stated (2008), the primary sexual information resource for children should be the significant people around them. Thus, educating adults about child sexuality seems to be beneficial. Unfortunately, parental education is always a challenging issue because of the limited parental involvement in school activities (Sabancı, 2009). In addition, because of the sensitivity of the topic -child sexuality and education- getting attention and

support of parents may become extra challenging in a society like ours. Hence, beginning adult trainings from teachers is a good start point based on the assumption that they are important characters in children's life and they have influence on parents.

## **1.2. The purpose of the study**

The main purpose of this study is to develop a 4- session psycho-educational program for teachers regarding child sexual development and to examine the effectiveness of this program on teachers' knowledge, perceived competency level and view about childhood sexuality and education. Furthermore, this study also aims to develop and psychometrically test the properties of two new measures (e.g., Child sexuality and education knowledge test for teachers, and Scale of teacher views on childhood sexual behaviors) in order to assess teachers' knowledge level and view on childhood sexuality and education.

## **1.3. Hypotheses**

The study is designed to test the following hypotheses:

1. There is a significant difference between training and waiting list control groups with respect to posttest scores of Child Sexuality and Education Knowledge Test.
2. There is a significant difference between Child Sexuality and Education Knowledge pretest and posttest scores of training group.
3. There is no significant difference between Child Sexuality and Education Knowledge pretest and posttest scores of waiting list control group.

4. There is a significant difference between training and waiting list control groups with respect to posttest scores of Scale of Teacher Views on Childhood Sexual Behaviors.
5. There is a significant difference between pretest and posttest scores of training group in Scale of Teacher Views on Childhood Sexual Behaviors.
6. There is no significant difference between pretest and posttest scores of waiting list control group in Scale of Teacher Views on Childhood Sexual Behaviors.
7. There is a significant difference between training and waiting list control groups with respect to perceived competency level posttest scores.
8. There is a significant difference between perceived competency level pretest and posttest scores of training group.
9. There is no significant difference between perceived competency level pretest and posttest scores of waiting list control group.

#### **1.4. Definitions**

In this section, operational definitions on which the study is grounded are presented. Concepts of sexuality, sexuality education, natural/expectable sexual behaviors, unnatural/unexpectable/problematic sexual behaviors, childhood sexuality education program for educators, view on child sexuality, perceived competency, and knowledge on child sexuality are defined regarding the purposes of this study.

**Sexuality:** Sexuality is defined by World Health Organization (WHO) as:

“...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and

reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors” (WHO, 2010, p. 4).

**Sexuality education:** According to definition of the Sexuality Information and Education Council of the United States (SIECUS), sexuality education is a “lifelong process of acquiring information and forming attitudes, beliefs, and values about such important topics as identity, relationships, and intimacy” (SIECUS, 2004, p.13). It includes sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. In their Guidelines for Comprehensive Sexuality Education, SIECUS stressed the need of providing information; exploring feelings, values, and attitudes; and developing communication, decision-making, and critical thinking skills in order to cover socio-cultural, biological, psychological, and spiritual dimensions of sexuality (2004).

**Natural/expectable sexual behaviors:** Gil and Johnson (1993) use the term “natural and expectable” to refer to the sexual behaviors those frequently observed in children during specific developmental periods. In the current study, instead of using words like normal or typical, the words natural and expectable have been used to describe the age-appropriate development.

**Unnatural/unexpectable/problematic sexual behaviors:** The literature uses many terms to refer children who act out sexually. However, in the current study, words unnatural and unexpectable have been used to refer to the sexual behaviors those seem risky in terms of their development. Problematic sexual



behaviors have also been used interchangeably with the words unnatural and unexpected. National Center on Sexual Behavior of Youth (Silovsky & Bonner, 2003) provides six qualifiers to explain what is meant by problematic:

(a) occurs at a high frequency; (b) interferes with child's social or cognitive development; (c) occurs with coercion, intimidation, or force; (d) is associated with emotional distress; (e) occurs between children of significantly different ages and or developmental abilities; or (f) repeatedly occurs in secrecy after intervention by caregivers (p. 1).

This study is developed based upon definition of National Center on Sexual Behavior of Youth (NCSBY) for problematic child sexual behaviors.

**Childhood sexuality education program for educators:** A four-session psycho-educational program for teachers about childhood sexuality has been developed by the researcher. The program is delivered in two-week period and each session lasts about 90 minutes. The content of the program includes the following: (1) sexuality education and its importance, (2) child sexual development from birth to adolescence and how to discriminate a natural/expectable childhood sexual behavior from unnatural/unexpected ones, (3) what to teach children about sexuality, when to teach it and how to respond specific questions of children, and (4) protecting children from sexual abuse.

**View on child sexuality:** "View" is defined in the Online Oxford English Dictionary (2014) as "Opinions, ideas, or theories, of an individual or speculative character, held or advanced with regard to some subject". Another definition in the same dictionary is "A particular manner or way of considering or regarding a matter or question; a conception, opinion, or theory formed by reflection or study". In the current study, it has been used as an umbrella term reflecting the meanings such as opinion, thought, idea, perception and conception about child sexuality, sexuality development, and sexuality education.

**Knowledge on child sexuality:** “Knowledge” is defined in the Online Oxford English Dictionary (2014) as “The fact or state of having a correct idea or understanding of something; the possession of information about something.” In the assessment of knowledge on child sexuality, participants have been tested whether they have the correct idea or understanding of some topics such as sexuality and sexuality education, when to start sexuality education, natural/expectable sexual behaviors and unnatural/unexpectable sexual behaviors in childhood, how to respond children’s specific questions, the important factors to be considered while giving sexuality education.

**Perceived competency:** Online Oxford English Dictionary (2014) defined “competence” as “the ability to do something successfully or efficiently”. In this study, the term “perceived competency” is used because participants were supposed to make a self-evaluation about their competency level related to child sexuality and education. They were asked how they perceive their knowledge and skills regarding childhood sexuality issues.

### **1.5. Significance of the study**

Although there is great deal of study about sexual behaviors in adolescence and adulthood, childhood sexuality issue has been underestimated (Sanderson, 2010). Many research studies showed that adults do not feel comfortable about talking about sexuality issues with children and they do not receive an adequate education about child sexuality. Hence, most of the adults fail to respond to children’s questions about sexuality (e.g., Eliküçük & Sönmez, 2011; Ersoy, 1999; Sanderson, 2010;). This may affect children’s trust on adults and cause them misinformed or over-informed by other resources. In order to prevent children obtain inappropriate information about sexual issues and to support their sexual socialization, firstly significant people around them should be educated. Because, classroom teachers are significant for primary school

children as their parents, their reactions to child sexual behaviors and questions should be considered. Nevertheless, most of the teachers do not feel competent enough about concerns related to child and adolescents sexuality (Eisenberg, Madsen, Oliphant, Sieving, & Resnick, 2010). In this regard, there is a need for an education program about child sexuality for teachers to improve their knowledge and competency level and to understand normal/expected/natural sexual behaviors of children.

Review of the literature showed that, particularly in Turkey, there is no empirical study showing the effectiveness of a teacher training program about sexual development of elementary school children. Although there are few seminar programs for teachers, for instance teacher training seminars of the Turkish Family Health and Planning Foundation (Türkiye Aile Sağlığı ve Planlaması Vakfı-TAPV, 2014a), they are short-time, incomprehensive and basically related to informing teachers about the student sexual health education program planned to be applied in schools. Hence, this study presents both a comprehensive teacher training program and empirical data regarding its effectiveness.

Moreover, in terms of guidance and counseling activities in schools, providing training to teachers about childhood sexuality appears important. Teachers perceive school counseling services as the primary problem solution centers and especially with problems related to child sexuality issues, they ask counselors what to do and what to say. Therefore, this study presents a package program, involving a comprehensive document about sexuality education and child sexual development, four PowerPoint presentations summarizing the document, four brochures briefing the information presented in each session, a template for the content and the activities used in the sessions, and finally two instruments to measure knowledge level and view on child sexuality and education. This package provides a guideline for school counselors in helping teachers about child sexuality issues. Additionally, this program can be used by school counselors to train teachers in their school community. Similarly, the instruments developed in this study can be used by school counselors in order to take teachers' opinions related to child sexuality and education, to have information about teachers' knowledge and competency level.

## **CHAPTER II**

### **LITERATURE REVIEW**

This chapter firstly presents a brief historical background of views and perceptions on sexuality, preliminary studies related to sexuality and major theories on it. Secondly, the studies related to child sexual development are covered in order to explain childhood sexual behaviors, discrimination of expectable child sexual behaviors from unexpected ones and child sexual abuse. Finally, sexuality education is discussed in terms of views and perceptions on sexuality education, target population of sexuality education, and characteristics and impact of sexuality education programs.

#### **2.1. Views and perceptions on sexuality around the world and in Turkey throughout the history**

As Halperin (1989) stated, sex has no history; it is a natural fact, however, sexuality is a cultural effect so it does have a history. In order to understand the current views on sexuality, it is helpful to look at the past, since history shows us how the views on sexuality and sexual practices have changed over time (Masters, Johnson, & Kolondy, 1986). Throughout the history, sexuality was a critical concept for religion and rumor, but discussion about it, as a topic apart from religion or rumor, dates back to only a few centuries ago (Hyde & DeLamater, 2006). Although influence of religion on sexuality

issues is still profound (Özgüven, 2012), scientific study of sexuality has been growing around the world.

To understand the transformation of views and perceptions on sexuality and gender issues in the history, sexuality in Ancient Greece can be seen as a starting point. Sexual life in Ancient Greece has been taken considerable attention because of their open approval of homosexuality, which is seen impossible for many societies in the world of this century. Even though in Ancient Greeks, sexuality was not seen as shame, rather pictured as a joy in mythology, in Greek philosophy it was evaluated with an ascetic view (Hyde & DeLamater, 2006). In other words, it was believed that abstinence from various worldly pleasures, including sex, would take one to the wisdom and virtue, that's why; sex was seen something that should be avoided. As Marietta (1997) summarized, Plato viewed the sex as a bodily matter and only for reproduction, whereas Aristotle considered marriage as a utility and pleasure as well as for reproduction. Women were considered inferior to men, just like slaves, and so men as the ruler of the family and the government (Masters et al., 1995). On the other hand, Sophists objected the view of that women did not need virtue or reason and they were the processions of men. Yet, Sophists were seen as a threat to Ancient Greek societies so their view did not influence the social life (Marietta, 1997). Not only for philosophy, but also for different religions sexuality has been one of the major concerns. Religious beliefs play an important role in the development of perceptions, attitudes, behaviors and rituals related to gender issues, and sexuality (Özgüven, 2012). Throughout the history, different religions have had a different view on sexuality and gender issues, besides each religion has been having a kind of transformation of values or daily practices related to sexuality.

Changes in sexuality and gender issues throughout Turkish history have been clearly summarized by Paroy (2005) in his work, *Sexuality in Turkey*. According to Paroy, since the social life of the Turks has been influenced by different traditions, customs and religions reflected in Central Asian Shamanist culture, then by acceptance of İslam in the 10th century, and then by the secular life came along with the

foundation of the Republic in 1923, values related to sexuality inevitably have been undergoing changes.

Before the acceptance of Islam, Turks in Central Asia were mainly shamanist. In shamanist belief, unlike the Arabic tradition before Islam in Arabian Peninsula, men and women were equal (Paroy 2005; Sağ, 2001). They were monogamous and viewed sexuality as a natural part of life, not something shameful or sinful. Likewise, in the Seljuk Empire before Islam, equality between man and women is obvious in any part of life. As Paroy also indicated in the same work, sexuality was seen natural such that eroticism and nudity themes were freely used on the art objects, and this shows that the more Turks were alienated from Shamanist culture, the more did sexuality issues begin to be regarded as secret and sin.

After Seljuks, man-women relationship and equality began to be influenced by the acceptance of Islam. Although Islam stresses the importance of fairness toward women, it permits polygamy as a right for men; Paroy states this view has changed the gender equality to the detriment of women. During Ottoman time, this inequality began to be felt in many parts of the society. Although there were several books called *bahname*, which means the book about sexuality, they were mainly for sultans, not for ordinary people. These books were written by medical specialists of that time and covered various topics such as different sex position, contraception, pleasure, beauty, reproduction, etc. These books can be regarded as early sexuality education tools although after 18th century they covered topics only about sex positions.

After the foundation of the republic and then acceptance of the Sweden Civil Code in 1926, gender inequality was abolished, at least in the eye of law. In 1930, enfranchisement of woman became law and this accelerated the change in the view of the inferiority of women. After 1950s, because of industrialization and urbanization processes, the role of women and view on sexuality issues have undergone changes. This period can be defined as a dilemma between modernism and conservatism (Sancar, 2012), and social, economic and political changes affected the perspectives on sexual issues. As Sancar (2012) stated, sexuality was in the center of both degeneration and anti-modernism, and

uncontrollable sexualities of women and children became one of the “problematic” issues in the society. Uncontrollable sexuality, which was thought to be affected by western culture and modernism, was seen as a threat to family life so that the morality.

### **2.1.1. First scientific sexuality studies in the world and in Turkey**

Since sexuality is not a one-sided discipline, rather it is a multidisciplinary study related to various fields ranging from biology to technology, research on sexuality is quite scattered (Özgüven, 2012). Early research studies related to sexuality was about its biological aspects. The prominent early sexuality studies were Harvey’s discovery of the importance of female egg to reproduction in 1653 (Short, 1977), Leeuwenhoek’s discovery of sperm swimming in human semen in 1678, and Hertwig’s observation of the actual fertilization of the egg by the sperm in sea urchins in 1875 (Hyde & DeLamater, 2006).

Even though Freud is mainly referred for the initial studies on psychological aspects of sexuality, there are other contributors to the scientific study of sexuality. One of them was Ellis, who published a vast collection of information on sexuality with an objective perspective clashing the norms of his era (Hyde & DeLamater, 2006; Masters & Johnson, 1995). He believed that sexual deviations from norms were harmless and he urged society to accept them. He also believed sexual experimentation was a part of adolescence, and masturbation and sexual desire are common in both sexes. Unlike Ellis, Krafft-Ebing -another important figure in sexuality research- defined many aspects of sexuality as pathological (Hyde & DeLamater, 2006). He coined concepts of homosexuality, heterosexuality, fetishism, sadism, masochism, and pedophilia.

Hirschfeld, another pioneer, conducted scientific studies by administering large-scale surveys to over 10,000 people in 1903 and reported that 2.2% of

people were homosexual. He also established the first journal on sexual issues; first sexology institution and marriage counseling service, and gave advice on contraception and sex problems (Hyde & DeLamater, 2006; Özgüven, 2012).

In the 1940s, Kinsey conducted a survey with 16,000 people and reported its results in his works entitled “Sexual Behavior in Human Male” and “Sexual Behavior in Human Female” which are still used as the primary resource for sexuality study. Then, in 1970s, Masters and Johnson investigated physiological sexual responses of 694 volunteer men and women in a laboratory setting (Masters & Johnson, 1995). As Özgüven (2012) stated too, its results about physiological aspects of sexuality contributed to the treatment of sexual disorders and to the development of modern sexual therapy techniques. Above all, they took sexuality disorder as one of the major parts of human life and paved the way for change in the societal view on it.

When it comes to scientific sexuality studies in Turkey, the first sexuality journal, which mostly covered translations of sexuality research in the west, was published between 1949 and 1954 with the name of “Sexology: Journal Of Sexual Information (Seksoloji: Cinsi Bilgiler Mecmuası)” (Saritaş, 2012). The first worthy research was a survey study on sexual and social behavior of women, which was conducted by Aytul in 1964. Aytul’s survey became a hot topic in the Grand National Assembly of Turkey and many deputies objected to this study by arguing that it is against the public morality (Paroy, 2005).

After Aytul’s pioneering study, in the last few decades the number of sexuality studies in Turkey has risen. Some of these studies which are basically related to sexuality education and child/adolescent sexuality are cited in relevant sections below.



### **2.1.2. Perspectives on Sexuality**

Masters, Johnson and Kolondy (1986, 1995) summarized different perspectives on sexuality in terms of its five main dimensions: biological, psychosocial, behavioral, clinical, and cultural. Hyde and DeLamater (2006), on the other hand, grouped them under three category: evolutionary, psychological, and sociological.

In Bruess and Schroeder's (2014) work, namely *Sexuality Education-Theory and Practice*, sexuality is explained in terms of four dimensions including cultural, psychological, ethical, and biological. Cultural dimension is defined as "sum of the cultural influences that effect out thoughts and actions, both historical and contemporary" (p. 5).

Psychological dimension of sexuality includes learnt aspects such as attitudes and feelings toward ourselves and other people related to sexuality. Bruess and Schroeder (2014) explained psychological aspects in terms of direct and indirect messages coming from society. They add that from the time we are born we receive signals from all around us telling us how to think and act. We learn that some words are "wrong" or "dirty" and certain parts of our body are "untouchable" and unmentionable" and due to these messages, in time, we learn that talking and thinking on sexuality is not a good idea and these learnt responses become our internal part of sexuality.

The ethical dimension consists of "questions of right-and-wrong, should-I-or shouldn't-I, yes-or-no related to decisions about sexuality" (Bruess & Schroeder, 2014, p. 6). Regardless of the foundation of our ethical attitudes, whether they are based on our religious beliefs or on a more humanistic origin, they affect our sexuality and are affected by our sexuality.

The biological dimension, finally, involves physical appearance, responses to sexual stimulation, reproductive health and opinions and general growth and development (Bruess & Schroeder, 2014). Biological dimension are generally believed as the major aspect of sexuality. However, as Bruess and Schroeder, (2014) also explained there is no hierarchy in the dimensions of sexuality and although they seem separate to each other they are overlapping and influencing each other.

## **2.2. Sexual Development**

Sexual development is a process of sexual maturity beginning from conception and ending with death (DeLamater & Friedrich, 2002). During this process, sexual being is influenced by biological maturation, social interactions, psychological states and cultural factors (Hyde & Delamater, 2006).

Psychological side of sexuality has been investigated by different theorists. Freud's psychosexual and Erickson's psychosocial developmental stages have clear implications on a person's sexual development (Bruess & Schroeder, 2014). They both described development by using a stage-based approach.

Freud believed that personality and sexuality developed together, and sexual development in a child can be seen as the sign of how he/she will be sexually as adults (Freud, 1923/1996). He developed five psychosexual stages: oral, anal, phallic, latency, and genital.

Oral stage begins with birth and lasts till the end of the first year. Because, during this time, learning about the world basically occurs through breastfeeding and oral sensations like tasting things and bringing objects to the mouth, major focus of this stage is the mouth. As Carroll (2009) also briefed, Freud's argument is that if an individual's needs, for example, breastfeeding, during oral stage are not met, he/she may be fixated in that stage and develop unhealthy personality

as an adult and exhibit behaviors like smoking, nail biting, overeating, or alcohol abuse. Freud argued that while breastfeeding is just for eating one's fill in the first months of life, in time it becomes a way of satisfaction and sexuality plays a role in it (Özgü, 1976). However, many specialists object this argument and hold the view that there is no relation between sexual satisfaction and the satisfaction that an infant gets by breastfeeding (Özgü, 1976).

At anal stage, between the ages of 1 and 3, when toilet training becomes the central developmental issue, a child realizes the connection between feelings in his body when he needs to go to the bathroom and that he can control when and where to relieve himself. According to Freud, a child who did not pass this stage healthily may develop psychological problems in the future. As it is encapsulated in Bruess and Schroeder, (2014), for example, "anal retentive" people may exhibit obsessions with cleaning or behaviors like keeping things regardless of the discomfort. Conversely, "anal expulsive" people may lack the ability to distinguish between appropriate and inappropriate ways to relieve themselves. These behaviors are caused by the parental attitudes during toilet training.

Main focus of the phallic stage lasting from 3 to 6 is the genitals. During this stage, children are highly interested in their own and opposite gender's genitals. They exhibit more sexual behaviors comparing to oral, anal and latency stages. Freud argued that this is the normal part of psychosexual development and the increase in the frequency of observed sexual behaviors among children in this age group will drop in the next stage if they are dealt with appropriately (Özgü, 1976). Furthermore, according to Freud during this stage children identify more with a different-sex parent and abstain from same-sex parent. He explained the conflict in this stage with the terms of "Oedipus Complex", "Castration Anxiety" and "Penis Envy". Oedipus complex refers to the internal conflict that a child has about aspiring their same-sex parent, but at the same time being jealous for the love and attention of opposite-sex parent. Castration anxiety is used for

boys' unconscious fear that someone will cut off their penis and they will not be enough man in the future. Penis envy, on the other hand, is used for girls' unconscious feeling of inferiority about not having a penis. All these unconscious conflicts affect individuals' later psychology and sexuality that is why, parents, as well as the significant people around child, should know about this stage and be prepared for the surprising expectations of their child who rivals with same-sex parent (Hoing, 2000).

Latency is the fourth stage and it begins at about age 6 and ends through the puberty. To Freud, at this stage, earlier sexual impulses, behaviors and curiosity disappear and reappear about the beginning of the puberty. Children prefer to play same-sex peers and develop antipathy to opposite-sex peers. He believed that if a person enters this stage without solving the conflicts of the previous stage, she may develop neuroses in future sexual relationships.

Genital stage, the final stage of psychosexual development, lasts from puberty and through to the end of life. According to Freud, if a person accomplishes earlier stages healthily, he/she can develop a healthy personality and so that social and romantic relationships. He also said that if a person becomes stagnated at this stage and does not continue to grow and change her main focus from herself to others, in the future, that person may have relational problems because of her e selfish and self-centered attitudes.

Additionally, Erikson (1950/1993) defined eight life stages and particular crises to be met at each stage related to psychosexual development. These stages require a person solve one conflict and pass to another stage in order to progress throughout life. These stages are, respectively; Trust versus Mistrust (Birth to Age 1), Autonomy versus Shame and Doubt (Ages 1-3), Initiative versus Guilt (Ages 3-5), Industry versus Inferiority (Ages 5-12), Identity versus Role Confusion (12-19), Intimacy versus Isolation (Ages 19-40), Generativity versus Stagnation (Ages 40-65), and Ego Integrity versus Despair (65 and over). In Erickson's stages of development, role of sexuality is deemphasized (Fleming,

2004). Hence, these stages refer much more psychosocial development than psychosexual development (Steinberg, Bornstein, Vandell, & Roo, 2010). Still, they have important implications for sexuality development and education (Bruess & Schroeder, 2014). For example, in order to understand an adolescent who becomes sexually active at 15, it is important to know about the characteristics of the stage 5, Identity vs. Role Confusion. Because during this stage adolescents rely much on their peers and in order to develop an identity and a feeling of belonging somewhere they copy the behaviors of their peers and try on different personas. In order to prevent early and risky sexual activity, it is important to help young people solve the identity conflict healthily at this stage. Likewise, at the stage 3, children usually engage in sexual games. They may initiate these games because of curiosity or just for trying a “new” thing. When they are punished because of these types of games, they will experience shame and guilt.

Another theory contributed to the psychological perspective of sexuality development is social learning theory. Bandura, founder of social learning theory, viewed attitudes and behaviors to be shaped by direct or indirect social reinforcements. According to him, children learn by observing and modeling the behaviors of other people around. Sex-related behaviors and attitudes are also learnt by observing and modeling others, especially significant people around. As stated by Bruess and Schroeder (2014), children develop their relational behavior patterns by observing the consequences of various sex-related behaviors and expressions of attitudes. They observe it in their families, their relatives, movies, etc. This is important in terms of sexuality education because young people learn by modeling other people around and for school age children these people usually are their peers. Therefore, principals of social learning theory are used as basis for various preventive programs including sex education (Steinberg et al., 2010) since wrong or overloaded information about sexuality coming from peers is risky for children as well as this modeling can be the source of risky sexual decisions.

Consequently, different behavioral and biological characteristics of human sexuality throughout life span is often investigated by a staged-based approach, since as DeLamater and Friedrich (2002) stated, sexuality manifests itself differently in different phases of life. Generally these stages are identified as childhood, adolescence and adulthood and each of them have different sub-stages. These developmental stages involve biological and behavioral components as well. Within the scope of this study, childhood sexual development (ages 0-12) in terms of biological and behavioral characteristics has been discussed in the following section.

### **2.2.1. Child sexual development**

Child sexuality and sexual development had been thought as nonexistent by the end of 1800s, and with the works of Freud, the belief that children are asexual beings has begun to change (Hyde & Delamater, 2006; Larsson, 2001; Masters et al., 1995). However, as Friedrich (2007) also stated, sexual behavior in childhood is still frequently seen as disturbed behavior and as a reflection of disorder by society, despite of the fact that there are no data to support these beliefs. Contrary to this, there is increasing data showing sexual experiences before the age of 13 to be common (Larsson & Svedin, 2002a; Larsson & Svedin, 2002b).

Sexual development in children can be summarized according to behavioral patterns of three different stages during childhood: preschool (0-4), young school age (5-7) and latency/preadolescence (8-12) (Gil & Johnson, 1993). Pre-school children have limited peer contact, engage in self-exploration and self-stimulation, and behaviors do not include inhibition. Some examples of these behaviors are: randomly touching/rubbing own genitals, watching and poking other people around, showing own genitals, being interested in and asking about bathroom functions, using dirty language, playing house/mum-dad, playing doctor, inserting objects to the genitals, and stopping the behaviors with pain.

Children, ages 5-7, have increased peer contact and engage in experimental interactions and their sexual behaviors include inhibition. Gil and Johnson (1993) list common sexual behaviors among these children as: touching self (this time behavior may not be random, but intentional), watching and asking questions about sexuality (e.g., like watching people kissing on TV or asking the question “where did I come from?”), wanting more privacy, being repulsed by/drawn to opposite sex, telling dirty jokes, playing house, kissing holding hands (flirtatious behaviors), mimicking and practicing behaviors observed among adults around or on TV.

During preadolescence, between the ages approximately 8 to 12, children continue to have increased contact with their peers, have experimental interactions with them, and the sexual behaviors usually include both disinhibition and inhibition at the same time. Common behaviors are touching self/others, mooning, exhibitionistic behaviors, kissing/dating, petting, touching others’ genitals, engaging in dry humping, engaging in digital or vaginal intercourse or oral sex in about the end of this period.

The following part discusses the frequently observed sexual behaviors among children and their perception on sexuality with regards to related literature by gathering them under the following themes: reflexive sexual responses and exploring the body in childhood; attachment to caregivers and formation of gender identity; curiosity about sexual issues; and children’s perception on reproduction.

#### ***2.2.1.1. Reflexive sexual responses and exploring the body***

Although it is still difficult for many to accept that children are sexual beings (Flanagan, 2011), today it is known that the capacity of the human body to show a sexual response, vaginal lubrication in baby girls, is present as early as 24 hours after birth (Langfeldt, 1981) and even, first sexual reflexes, erection in

baby boys, are observed before birth (Martinson, 1976). However, as Martinson (1976) stated these sexual responses in prenatal and early childhood period are reflexive, not involving conscious eroticized purpose, that's why, we should not evaluate these responses within the understanding of adult sexual capacity, rather it should be understood by the concept of pleasure-pain, as a conditioned-reflexive behavior seeking for pleasure and avoiding pain. Martinson (1976) also indicated by the third or fourth month of life, genital stimulation is begun to be accompanied by smiling and cooing, but this does not mean that socio-sexual erotic awakening occurs because conscious awareness of sexual encounter cannot be possible during infancy. In these cases, self-stimulation usually occurs when children are upset or stressed, or when they seek merely pleasure or stimulation (Hill, 2008).

Like many other sensual experiences, for example sucking fingers or toes, and cuddling, self-stimulation of the genitals by fondling or rubbing are seen frequently among normally developed children, although after the age of 6 these behaviors become more covert (Friedrich, Fisher, Broughton, Houston, & Shafran, 1998; Friedrich, Grambsch, Broughton, Kuiper, & Bielke, 1991). Masters et al. (1995) indicated that 3 year-old boys and girls can be aware of sensual feelings of genial stimulation although these feelings are not labeled as erotic or sexual since the child does not have capacity to understand these concepts. They also added that, after about age 3, children develop capacity to understand parental attitudes of approval or disapproval toward genital play. Thus, parental attitudes toward sexual exploration of children during this time are important for the development of healthy sexuality.

#### ***2.2.1.2. Attachment to caregiver and formation of gender identity***

Another important factor influencing sexual development is attachment to caregiver, generally mother or father. According to Bowlby's attachment theory,



a secure bond between parent and child is critical for a child to develop healthy relationships in the future (Holmes, 1993). Parent-child bond begins at birth, develops with various physical contact, such as cuddling, clinging, holding, nursing, breastfeeding, bathing, dressing, etc. as well as emotional interactions which involve warm and loving care, and these can be seen as early sexual education activities (Hill, 2008; Hyde & Delamater, 2006; Masters et al., 1995).

Formation of gender identity, perception of one's self as male or female, occurs around the age of 3 (DeLamater & Friedrich, 2002; Link, 2009). During this period children develop the ability to discriminate the people with their same sex and the ones with their opposite sex. In a study, by looking at gender-typed visual preferences, recognition of labels associated with faces, and metaphoric associations with gender, Martin, Ruble, and Szkrybalo, (2002) showed that categorizing people in terms of gender develops earlier around 18-24 months. This identification is basically made on external characteristics such as haircuts, clothes, participation in certain type of activities (Hill, 2008). On the other hand, although -in Piagetian terms- before age 7, children are in the preoperational stage of cognitive development during which they are perception bound and can only use perceptual cues to identify gender, if children have the knowledge that the genitalia defines maleness and femaleness, preschool children can identify the gender (Bem, 1989). This indicates that most of the preschool children have a capacity to understand gender in terms of differences in genitals. The gender identity identification process is well explained in a study with German preschool children (Volbert, 2000). The results demonstrated that one fourth of 2-year olds, 85% of 3-year olds and almost all 4, 5, 6 year olds correctly identify their own gender. Before the age of 5, most children provide explanation for their gender assignment by using statements made by others (e.g., "Because my mother said so."). 5 and 6 year olds, on the other hand, make explanations based on external characteristics (e.g., clothing or hair style). Only, 17% of 147 children in total make genital-based explanation for their identification, and the largest accurate genital-based explanation with the percentage of 37.5 is made by

6-year olds. In sum, even though preschool children have a capacity to understand gender in terms of differences in genitals, development of gender identity does not require understanding of the genital differences, because for children, gender differences are mainly based on social characteristics not on biological ones (Carey, 1988).

#### ***2.2.1.3. Curiosity about sexual issues***

Children are generally curious about everything. Especially between the ages of 3 and 8, they may ask endless questions about anything. Similar to the fact that they ask for other things, such as questions about god, religion, nature etc., children are very curious about their own body, and as well as those of others. Exploration of one's own body and bodies of other people around help children formulate bodily representation of both sexes and this is an important aspect of sexual development (Hill, 2008). As a result of this curiosity, children may engage in various sexual behaviors (Hyde & DeLamater, 2006).

Friedrich, Fisher, Broughton, Houston, and Shafran (1998) conducted a study to assess the normative sexual behavior in childhood by including a large sample of 1114 children between the ages of 2 and 12. Primary female caregivers of these children were asked to rate observed sexual behaviors in their children in the last 6 month period. These children had no history of sexual abuse or psychiatric disorders. According to the results of this study, frequently observed childhood sexual behaviors are self-stimulating behaviors, exhibitionism, and behaviors related to personal boundaries and less frequent behaviors are clearly the more intrusive behaviors. The intrusive behaviors, for example, "touching/trying to touch their mother's or other women's breasts, or self-stimulating behaviors, such as touching private parts when at home" (p. 4), are usually seen in younger children, and their observed frequency decreased with age.

Similar results have also been obtained from a study, in which an adapted version of Child Sexual Behavior Inventory developed by Friedrich et al. (1991) was used and observed child sexual behaviors were collected from 670 Dutch and Belgian mothers (Standfort & Cohen-Kettenis, 2000). In to the adapted version, three behaviors (“Plays doctor,” “Asks questions about sexuality,” and “Draws sexual parts and breasts.”) lacking in the original scale were added. The prevalent behaviors reported in the study are, “touching own sexual parts”, “touching breasts”, “being interested in other gender”, “playing doctor”, “asking questions about sexuality” and “masturbating with hand” (p. 110). Furthermore, looking at nude pictures, drawing sexual parts, trying to look at people undressing, show sexual parts to adults or other children, and using sexual words are other behaviors more likely to be observed among children between ages of 0-11. Boys were observed more frequently to touch their own sexual parts and masturbate with hand, whereas playing doctor and masturbating with an object were more frequent behaviors among girls. Certain behaviors, for example asking to watch explicit TV, imitating sexual behavior with dolls, asking to engage in sexual acts, making sexual sounds, inserting objects into vagina or anus, and talking about sexual acts were scarcely ever observed.

Likewise, in another study, based on the reports of parents and teachers about sexual behaviors of 3-6 year old children, exposure of body and genitals to peers and looking at other children’s genitals were found to be common behaviors (Larsson & Svedin, 2002b). The results indicated that behaviors of touching own and peers genitals are seen less frequently at school. For instance, 79% of the children touched their mothers’ breasts, while only 10% were reported to touch female teacher’s breasts. Touching an adult’s genitals is extremely unusual and happens only occasionally with family members. Additionally, children use sex words more frequently at home than at school. Children’s questions about sexual matters were generally related to reproduction and birth. Sexual language occurs more often in 5- and 6-year-olds. Most of the children play sexual role play games, namely doctors’ or playing “house”. To

initiate more explicit sexual games with other children was very unusual both at home and at school, although some children may participate in when another child starts the game.

In a different study, Larsson and Svedin (2002a) asked young adults about their childhood sexual behaviors when they were 6-10 years of age. Of the 269 respondents, a vast majority reported having had solitary sexual experiences and frequency of these experiences among boys is higher than girls despite the insignificance of the difference. The most prevalent solitary sexual experiences, across all age groups, were “exploration of self, including genitals, looking at the body in the mirror and looking at pornographic pictures/videos” (p. 265-266). Moreover, voluntary sexual behaviors among children, including talking about sex, kissing and hugging, looking at pornographic pictures, teasing at school by peeking in toilets, lifting skirts, using sex words, “humping” or pretending intercourse, and showing genitals were very common. Inserting objects in the vagina/rectum of another child was rare behavior and occurs mainly in the younger age group.

Generally, solitary and interpersonal sexual behaviors by children seem to be harmless (Levy & Baldwin, 2009), unless they are involuntary or coercive. Young adults describe their feelings during sexual experiences in their childhood as “excitement, pleasant body sensations, feeling natural and feeling silly/giggly” (Larsson & Svedin, 2002a, p.266). Although it is not easy to identify which behavior is “normal” which one is “abnormal”, knowing that a specific behavior is exhibited by a large group of same-aged children may comfort caregivers who worry about their child’s behavior (Standfort & Cohen-Kettenis, 2000). Therefore, knowing the prevalence of child sexual behaviors and subsequent effects of these behaviors on children seem important. Moreover, knowing the meaning of these behaviors to children will help adults manage their reactions. As Standfort and Cohen-Kettenis (2000) suggested, “These behaviors get a sexual meaning in the perception of the adult observers” (p. 113). Young

children are not able to understand many concepts of sexuality and to label their own behaviors as sexual. As they grow older they begin to realize the meaning and the significance of their behaviors. Depending on the parental reactions, children may continue the behavior, since as also indicated by Masters et al., (1995), children have a pretty good idea of what bothers their mothers or fathers, so they may use these behaviors to see their caregivers blush.

#### ***2.2.1.4. Children's perception on reproduction***

Caregivers' reactions are usually related to the idea that children are too young to understand sexual matters, such as reproduction. It is true for preschool children since children's understanding of origin of babies should be inaccordance with their cognitive development stages as their ideas of physical causality (Goldman & Goldman, 1982). Ability to understand causality and notion of creation develops around the age 6. Because children before age 6 have difficulties to grasp the fact of what currently exists did not exist at one time and the cause-effect relation between two things, they frequently ask questions. As stated above, these questions can be sometimes related to origins of babies.

As cited by Volbert (2000), children between 4 to 7 years old know about basic information of intrauterine growth. However, they do not possess a fully understanding of birth, and accurate knowledge of conception. In one of these studies conducted by Goldman and Goldman (1982), children's perception on reproduction was examined via cross-national and age cohort comparisons and explained in terms of Piaget's cognitive development stages. According to the results of the interviews with 838 children between ages of 5 and 15 in Australia, England, North America, and Sweden, quality of explanations to the question of "how are babies made?" is increased with age. On this question, Swedish children between 5 and 9 years have higher scores and they achieve concrete operational stage at 9, whereas the English speaking group achieves at 11. The

North American children develop operational levels at 13 and 15 and had the lowest score. About the question of the roles of father and mother on procreation, Swedish children explain contributory roles of father and mother earlier than the English speaking group. Within the English-speaking countries, the English sample shows the earliest development in understanding the procreative process at ages 9 and 11. The authors interpreted these results in the context of sexuality education and stated that children who receive early sex-education are better to make sense of the biological facts of reproduction without intellectual confusion.

In a study with German preschoolers (Volbert, 2000), 90% of all 2-6 year old children did not have knowledge related to procreation process. None of 2-year-olds, more than 90% of the 3- to 5-year-olds, and two-thirds of the 6-year-olds have had relevant knowledge about the biological process. Although a few older children (6-year-olds) were able to state the significance of ovum and sperm, they could not explain the physiological mechanisms behind procreation. Most of preschoolers explained the arrival of babies by using behavioral descriptions, for example, getting married, going to the hospital, liking each other, no longer taking a pill, etc..

According to Carey (1988), children understand the origin of babies by constructing information in accordance with their “intuitive” framework of theory. This means that children are not able to understand reproduction in terms of sexual male and female roles until 11, because they are not ready to fully construct intuitive information they draw, yet. On the other hand, Goldman and Goldman (1982) show that the nature of information given to children significantly influences the development of knowledge related to origin of babies, and if information is given properly they can explain process earlier.

Caron and Ahlgrim (2012) replicated the study of Goldman and Goldman (1982) with some modifications. In the previous study, children from Australia along with England, North America, and Sweden were included, but in their study, Caron and Ahlgrim conducted interviews with children from Netherlands,

England, North America, and Sweden. Goldman and Goldman examined how children between ages of 5 and 15 perceive origin of babies though in previous study Caron and Ahlgrim conducted same interviews with only 6 year olds. There were 6 boys and 6 girls from each country (total 48 children) in the latter study. Its results are similar to the previous research indicating that children in this age group tend to use preoperational thinking pattern in understanding and explaining reproduction process. While 35 out of 48 children explained process in terms of location of the baby or behavioral based characteristics of father and mother, several of the children gave responses related to biological process, which is an indication of higher cognitive development. Most of these children are from the Netherlands and Sweden. The children from the United States, similar to the previous research, had lower scores compared to their peers in other countries. The authors concluded that early sexuality education increases young children's knowledge and understanding of some aspects of sexuality as it is seen in the responses of children from Netherlands and Sweden where children receive comprehensive sexuality education from preschool years. They also state that "children without accurate knowledge will invent their own explanations of conception and birth based on myths and misconceptions" (p. 35).

### **2.2.2. Discriminating developmentally expectable childhood sexual behaviors from unexpected ones**

American Academy of Pediatrics (2005) provides a guideline to professionals in order to help them to differentiate expectable childhood sexual behaviors from the unexpected ones. The guideline describes childhood sexual behaviors as "normal, common behaviors", "less common normal behaviors", "uncommon behaviors in normal children" and "rarely normal behaviors".

According to this guideline, on the condition that behaviors are transient, few, and distractible, touching/masturbating genitals in public/private,

viewing/touching peer or new sibling genitals, showing genitals to peers, standing/sitting too close, trying to view peer/adult nudity are evaluated as “normal, common behaviors”. Sexual behaviors, including rubbing body against others, trying to insert tongue in mouth while kissing, touching peer/adult genitals, crude mimic of movements associated with sexual acts are evaluated as “less common normal sexual behaviors” if they are occasionally, but persistently, disruptive to others and transient and moderately responsive to distraction. In order to make a clear differentiation, situational factors (e.g., family nudity, day care, new sibling) contributing to behavior should be assessed. “Uncommon behaviors in normal children” are frequently disruptive to others and persistent and resistant to parental distraction. These behaviors includes asking peer/adult to engage in specific sexual act(s), inserting objects into genitals, explicit imitation of intercourse, and touching animal genitals. It is recommended to assess situational factors, family characteristics (e.g., violence, abuse, neglect) in order to discriminate uncommon behaviors. Any sexual behaviors involving children who are 4 or more years apart, a variety of sexual behaviors displayed on a daily basis, sexual behavior that results in emotional distress or physical pain, sexual behaviors associated with other physically aggressive behavior, sexual behaviors that involve coercion, behaviors are persistent and child becomes angry if distracted are rarely evaluated as normal.

Association for the Treatment of Sexual Abusers Children with Sexual Behavior Problems Task Force defines children with sexual behavior problems as “children ages 12 and younger who initiate behaviors involving sexual body parts (e.g., genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others (Chaffin et al., 2008, p. 200). “Inappropriate behaviors” usually occur before the expected age determined with developmental and cultural norms, at the same time child engages in these behaviors intensively and insists on behaviors despite the disruption of adults. Behaviors “potentially harmful to themselves or others” include pressure, force, coercion, threat, deception; result in physical harm and/or



emotional distress; interrupt child development; and occur among children having a significant age difference.

Chaffin and his colleagues (2008) pointed out that although the word “sexual” is used in the definition, these behaviors do not have to be related to sexual pleasure or stimulation but may be related to curiosity, anxiety, intimidation, attention seeking, self-calming or other reasons. In determining whether a specific sexual behavior is expectable or not, that behavior must be evaluated regarding to the developmental stage as well as the culture that the child is currently in. Since a “normal” behavior for a child at 4 may not be normal for the one at 9, a behavior that is normal for a culture may not be tolerated in another culture.

As Gil and Shaw (2014) stated, natural/expectable childhood sexual behaviors involve sexual curiosity, interest, experimentation, pleasure, joy, and embarrassment and they occur spontaneously. However, problematic sexual behaviors are difficult to distract, persistent and have themes of dominance, coercion, threats, and force. Children engaging in expectable sexual behaviors usually are not aware of the “sexual” meaning of that behavior. They usually occur because of curiosity, create joy and are repeated as a result of the physical pleasure discovered by chance. On the other hand, unexpectable sexual behaviors create anxiety and fear. These children are usually aware of the sexual meaning of the behavior, have higher levels of sexual arousal, and they usually do not draw a similar degree of pleasure and excitement from any other activity. For these children, sexual behavior becomes the focus of their life.

Age-appropriate sexual play and age-inappropriate sexual play can be differentiated using the following criteria (Gil & Johnson, 1993): age, size, status, developmental difference between children, type of sexual activity and other dynamics (e.g., factors leading the behavior, each child’s contribution to the behavior, and the tone of the interaction). When age difference between two children engaging in sexual play is more than three years, it is vital to explore the

situation; however, age difference should not be the only criterion to decide the sexual molestation. Although since it is certainly possible that the situation of two same age children playing doctor, mum-dad, and show me yours games etc. can be expectable, if the size difference between the two kids is large or if one child is developmentally retarded, this situation cannot be evaluated as expectable. In such a case, mutuality principle in childhood sexual games will be at risk since disadvantaged child lack the ability to understand the behavior or to say no. Type of sexual activity is an important criterion to decide whether the play is age-appropriate or not. Behaviors seen less commonly in specific developmental stages should be explored carefully. For example, an eight year old who wants to contact with other children vaginally, anally or orally with his fingers, penis or other object may be a sign of child molestation and must be evaluated sensitively.

### **2.2.3. Discussion of childhood sexuality interrelated with child sexual abuse**

Child sexual abuse is defined as “any sexual activity with a child where consent is not or cannot be given” (Berliner & Elliot, 2002, p. 55). This includes sexual contact that is accomplished by force or threat of force, regardless of the age of the participants, and all sexual contact between an adult and child, regardless of whether there is deception or the child understands the sexual nature of the activity. Sexual abuse can be in the form of physical contact or non-contact. Abusive physical contact is explained as “touching a child's genitals or private parts for sexual purposes, making a child touch someone else's genitals or play sexual games, putting objects or body parts (like fingers, tongue or penis) inside the vagina, in the mouth or in the anus of a child for sexual purposes” whereas non-contact abuse is exemplified as “showing pornography to a child, deliberately exposing an adult's genitals to a child, photographing a child in sexual poses, encouraging a child to watch or hear sexual acts, inappropriately watching a child undress or use the bathroom (Stop It Now, 2014). Moreover,

according to this definition, viewing sexually abusive images of children, and downloading sexual images of children are also regarded as child sexual abuse, because it may cause someone to consider sexual interactions with children as acceptable.

Aforementioned, sexual contact between an older and a younger child also can be abusive if there is a significant disparity in age, development, or size, rendering the younger child incapable of giving informed consent. Literature indicates that prevalence of children, who are molesting, is approximately 20% to 50% of all child sexual abuse cases (Vizard, 2013).

There is a common belief that problematic sexual behaviors among children are result of sexual abuse. These children are seen as those who repeat or reenact the sexual abuse that they have been experienced. However, later studies suggest that many children with broadly defined sexual behavior problems have no known history of sexual abuse (Bonner, Walker, & Berliner, 1999; Friedrich, 2001). That is why; differentiating sexual behaviors seen among sexually abused children and among those non-abused ones has become vital. In order to establish a cross-cultural baseline of normative sexual behaviors, Friedrich and colleagues were developed the Child Sexual Behavior Inventory (1991), and asked parents and teachers about specific sexual behaviors seen among children in different ages. The data obtained from large scale studies (1991; 1998; 2001) provides a guideline to differentiate developmentally expectable sexual behaviors from those are developmentally unexpected and those usually seen among children who have a sexual abuse history. Based on these large scale studies, Friedrich (2007) indicates that sexual abuse is not a necessary condition for problematic sexual behaviors in childhood, although sexually abused children tend show problematic sexual behaviors more than non-abused children.

In sum, in order to determine if a behavior is developmentally expectable or not, the criteria scholars are agreed on are: (a) age, (b) developmental level

(having a mental or physical handicap), (c) type of sexual behavior, (d) motivation for behavior, (e) frequency of behavior, (f) time and place that behavior occurs, (g) whether it is planned before or spontaneous, (h) child's reaction when adults distract behavior, (i) child's interest in other activities (social, academic etc.), and (j) whether the behavior cause harm (physical and/or emotional) for the self or others. Furthermore, sexuality education is a significant tool to protect children from sexual abuse. Educating children only about "good touch and bad touch" is not enough to protect them from sexual abuse since today sexual abusers use many ways to reach children, including social media, online games etc., and grab attention of children by showing visuals or talking about the sexuality that children are curious about. To protect children, comprehensive sexuality education, which covers all dimensions of sexuality (biological, psychological, ethical, and cultural), is needed. Crenshaw, Crenshaw and Lichtenberg (1995) suggest that since teachers are the ones who have first contact with students, teacher training about child abuse should involve more than giving them a hotline number. They should be educated about signs of abuse in order to develop a reasonable suspicion and to take required steps to protect children. In order to detect the signs of sexual abuse and teach students protect themselves from sexual abuse, teachers need to be knowledgeable about child sexual development and education (Aktepe, 2009; Çecen, 2007).

### **2.3. Sexuality Education**

The United Nations Educational, Scientific and Cultural Organization (UNESCO) (2009, p. 2) defined sexuality education as "an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality".

According to UNESCO report (2009) effective sexuality education programs can “reduce misinformation; increase correct knowledge; clarify and strengthen positive values and attitudes; increase skills to make informed decisions and act upon them; improve perceptions about peer groups and social norms; and increase communication with parents or other trusted adults” (pp. 2-3). In the same report, it is indicated that comprehensive programs help increasing the use of contraception whereas it helps decreasing the early sexual activity, unprotected sexual activity, risky sexual behaviors, and Sexually Transmitted Diseases (STDs).

Although there is a strong evidence for the need and effectiveness of SBSE, in most countries this is still a debatable issue. Many people, including ministry of education staff, school principals and teachers are either do not believe the necessity of sexuality education at schools or even if they think that there is a need for it they are reluctant to provide it due to lack of skills and confidence. Moreover, many have misunderstandings about the content, aim and effects of sexuality education and this usually stems from the fact that they lack the relevant knowledge. In the following section views and perceptions of different parties, parents, educators, school counselors and teens, are presented.

### **2.3.1. Perceptions on the need for sexuality education around the world and in Turkey**

Sexuality education has been a debatable issue in most cultures and societies for a long time. Although as Francoeur, Koch, and Weiss (1999) stated it is still criticized for “maintaining the status quo of the ‘acceptable’ expression of individual sexuality” (p.71), numerous countries have developed sexuality education programs and put them into action. Meanwhile, there is still not a consensus about the target population of these programs. In most of the developed countries, such as USA, Canada, Australia, Denmark, and England,

children and young people are educated by comprehensive SBSE programs (Çalışandemir, Bencik, & Artan, 2008).

On the other hand, there are many opponents to SBSE programs. As Bruess and Greenberg (2009) included in their work, those opponents mainly claim that parents should be responsible for sexuality education of their children since they believe that educators responsible for the programs are not competent about the issue as well. Goldman (2008) also listed these claims as:

- (a) 'It is the parents' duty to provide sexuality education for their own children',
- (b) 'If they are taught about sex they will go out and do it', (c) 'Teaching about contraception means you are condoning teenage sex', (d) 'Sexuality education should emphasize traditional moral values', (e) 'Only traditional biological education should be taught, with sex in a biological, not a moral, context', (f) 'Until they are adolescents, school children are too young to understand what sex is all about' (g) 'Because children mature at different ages, no sexuality education syllabus can meet their differing intellectual, physical and emotional needs', (h) 'Government funding of school sexuality education and Family Planning associations leads to moral decline, increased teenage pregnancies and increased spread of sexually transmitted infections', (i) 'Pregnant teenage girls want to have a baby and be supported by the government', (j) 'Teachers are not competent to teach sexuality education to the young', (k) 'Materials used in sexuality education for children are visually pornographic and employ gutter language', and (l) 'Sexuality education is supported by gays, feminists, humanists, atheists, pro-abortionists, postmodernists and communists' (p.419).

Although there is a consensus on the fact that parents should be the first sexuality educators, most of the children are given no sexuality education in home and learn about sexuality from their peers, TV, and the internet. This leads a massive amount of misinformation and age-inappropriate information (Whitaker & Miller, 2000). Therefore, according to Goldman (2008), people who say that schools are not right place for sexuality education, and that it should be carried out at home are not making sensible arguments.

In spite of the objections stated above, in the last decades, a growing body of literature documents strong support for such sexuality education (Barr, Moore, Johnson, Forrest, & Jordan, 2014). Views of individuals who directly affect and are affected from sexuality education programs are significant. In this study, views of parents, educators, counselors and teens are covered.

#### ***2.3.1.1. Parents' views on sexuality education***

Parents views on sexuality education in schools has been drawn a considerable attention by several researchers (e.g., Alexander, 1984; Barr et al., 2014; Berne, et.al, 2000; Constantine, Jerman, & Huang, 2007; Dake, Price, Baksoovich, & Wielinski 2014; Walker & Milton, 2006; Welshimer & Harris, 1994). Likewise, parental attitudes and perceptions about child and adolescent sexuality have been subjected to numerous studies (e.g., Diiorio, Pluhar, & Belcher, 2003; Feldman & Rosenthal, 2000; Newcomer & Udry, 1985). These studies indicated that parents should be the primary sexuality educators for their children and schools should serve as a complementary factor.

A recent study carried out with 1715 parents in the US shows that parents have a supportive view for early SBSE programs (Barr et al., 2014). About 80% of the randomly selected parents who answered the telephone survey say that they would allow their children to attend age-appropriate sexuality education program. Parents were also asked which topics should be covered in the SBSE program for elementary school students and “communication” was selected by about 89% of respondents, while “anatomy” got votes of 65% of the participants. Furthermore, 61% was in favor of abstinence, 53% was in favor of HIV and 52% was in favor of gender and sexual orientation issues. More than half of the participants supported teaching all these 5 topics at the elementary school level. The topics supported by most of the parents to be taught in the middle school

level are communication, anatomy, HIV, abstinence, birth control, condoms, and gender and sexual orientation issues.

Another study also reflects the similar results (Dake, Price, Baksoovich, & Wielinski, 2014). The results of this study, in which 2400 randomly selected parents of children ages 6 to 11 in the US were surveyed using a 3-wave mailing, shows that most of the parents are in favor of comprehensive sexuality education beginning from elementary level. Main topics to be covered in the program are suggested by the parents as the reproductive system in grades 3-5; abstinence and refusal skills in grades 6-8, and birth control and condom use in the middle school grades.

A telephone survey conducted by Eisenberg, Bernat, Bearinger, and Resnick (2008), shows that only 0.9% of 1605 parents in the US, believe sexuality education should not be taught in schools at all. Most of those who support SBSE reported that it should be comprehensive, not abstinence-only. A significant number of parents say that topics, reproductive anatomy, puberty, sexual abuse and responsible relationships should be included in the elementary school program. Other topics, even the controversial ones such as abortion and sexual orientation, are mostly thought to be presented in middle school.

Likewise, results of a telephone-survey conducted with 1,284 parents from different socio-cultural backgrounds in California indicates that 89% supports comprehensive sex education, while 11% are in favor of abstinence-only programs (Constantine, Jerman, & Huang, 2007). More than 40% of parents say that topics such as reproductive facts, pubertal changes and sexual abuse and assault should be presented at elementary school. In addition to these topics, a great majority of parents states that topics such as the importance of responsible relationships, sexual decision making, pregnancy and childbirth, parenting responsibilities, abstinence, contraception and sexually transmitted diseases, and homosexuality should be covered by high school.



In a focus-groups study, Australian parents who attended discussions about sexuality education and communication say that SBSE programs are beneficial and help them facilitate the communication with their children about sexuality topics (Berne et al., 2000). In order to examine the existence of universal dimension of parental views on sexuality education, Walker and Milton (2006) compared the data in the studies of Walker (2001) and Berne et al. (2000) and they found that parents from UK and Australia are generally agreed on the role of schools in sexuality education, however, scope of sexuality education in primary school years is relatively considered.

When literature in Turkey is reviewed, it is seen that there are only few studies related to parental views on child sexuality education. The most recent one is a survey study, in which parents' view related to child sexuality and education was explored by Eliküçük, and Sönmez (2011). In this study, only one out of 80 parents of 6 year-old children states that schools should involve in sexuality education. About 47% of parents say that sexuality education should be given at home, while 22% states that it should be given by professionals/educators. 41.43% of the participants stated that sexuality education should begin around the age of 6, during preschool years. The topics indicated by parents to be covered in a possible sexuality education either by parents or schools during preschool years are anatomical differences between genders (81.30%), pregnancy and birth (1.30%), reproduction (2.50%), health and hygiene (3.80%), sexual curiosity and games (1.30%), sexually transmitted diseases (2.5%), and all of them (3.80%).

In an experimental study, 30 parents of preschoolers are given training about child sexual development and education (Konur, 2006). Before the training, 80% of parents indicated that sexuality education should not be given by parents because they may lack the knowledge and competency on this issue and this may be dangerous for children, thus it is better to be given by professionals. Yıldız (1990) found the similar results indicating that although parents believe that sexuality education should be provided to children, they do

not communicate with their children about it. Most of them believe that it should begin in middle school years and should be both at home and at school. Although there is no difference on the necessity of sexuality education in terms of socioeconomic status of parents, parents' views about how it should be given depends on the socioeconomic level. Parents from higher and middle socioeconomic status want it be given as a separate lesson by specialized teachers, whereas parents having lower socioeconomic status want it to be covered in religion and morality lesson by theology teachers (Yıldız, 1990). On the other hand, Tuğrul and Artan (2001) carried out a research with 665 mothers of children between the ages of 0-18, and found that almost half of the parents (48.4%) think that sexuality education provided by other adults apart from parents is not appropriate for children, and 34.3% of them thinks that it depends on what kind of information to be given.

Erbil, Orak, and Bektaş (2010) surveyed 192 mothers of 9 year-old children and asked questions about if they give sexuality education to their children, what and when they teach it. 68% of mothers reported that sexuality education should begin just before puberty and should be about puberty. Although some of them indicated that they have conversations about anatomical gender differences after puberty and sexual intercourse, only a small percentage of mothers mentioned that they had conversations related to pregnancy and contraception. Ersoy (1999) also asked the opinions of parents of 6 year-old children ( $n = 120$ ) about sexuality education and results revealed that 70% of parents were in favor of sexuality education within family though only 62% of them provided it. Moreover, 35% of the participant parents have provided sexuality education to train their children based on hearsay information and the rest provided it based on the information gathered from related books.

In sum, related studies in Turkey show that parents are confused about how to educate their children about sexual issues. Even if they are open to the idea of sexuality education, they lack the knowledge to educate their children. Unfortunately, most of the studies conducted in Turkey have relatively small

sample sizes and it is difficult to generalize their results; thus, further research is needed.

### ***2.3.1.2. Educators' and school counselors views on sexuality education***

After SBSE programs have been brought to the agenda of many countries, educators' views and experiences about the programs received the attention of various scholars. As Goldman (2011) summarized, most of primary school teachers avoid teaching sexuality courses (e.g., Gerouki, 2007; Schaalma, Abraham, Gillmore, & Kok, 2004; Veiga, Teixeira, Martins, & Melicco-Silvestre, 2006). This avoidance usually is the result of various factors, including lack of confidence, fear of parental objection, misconceptions about childhood innocence, and lack of school support (Goldman & Coleman, 2013).

Focused group discussions with 41 sexuality education teachers in Minnesota, USA, revealed that although most of the teachers find comprehensive sexuality education beneficial and value teaching a wide variety of sexuality topics to meet their students' needs, they face various challenges resulting from both micro and macro levels of the society (Eisenberg, Madsen, Oliphant, & Resnick, 2012). Especially parental objections and limitations set by school administrators, and policies about the content of the courses make teachers be in a tight situation. Eisenberg et al. (2012) explain the current situation of teachers in terms of different societal-levels. The authors give the following example in order to explain the relationship between different societal-levels and teacher experiences: "Teachers' conversations with parents (interpersonal level) may prompt parents to contact the school principal or school board (organizational level), or may affect their voting behavior (community/policy level), any of which may in turn influence the teachers' feelings of confidence in teaching the specific content (intrapersonal level), thereby affecting actual teaching practice" (p. 321).

Interviews conducted with teachers in Edinburgh about their views on the role of sexuality education suggest that teachers' embarrassment and lack of skills related to sexual health issues make them reluctant to teach these subjects, and for this reason, majority of them (25 out of 30 teachers) are in favor of these lessons to be given by medical professionals (Jobanputra, Clark, Cheeseman, Glazier, & Riley, 1999).

A survey research carried out with 956 secondary school teachers in the Netherlands shows that teachers' views on whether or not classroom-based Acquired Immune Deficiency Syndrome (AIDS) education should be implemented depend on many factors, such as outcome beliefs, self-efficacy of teachers, sense of responsibility and sexual morality, school policy and past experience with AIDS education (Paulussen, Kok, & Schaalma, 1994). Results also indicated that teachers having conservative moral beliefs are less willing to teach the curriculum and have lower confidence in their ability to deliver it. Schaalma, Abraham, Gillmore, and Kok (2004) suggest that sexual health promotion activities should include the teachers first, since their willingness and beliefs about benefit of the program effects its efficacy.

In Belgium, SBSE was legislated in 1990 and views of school principals and teachers on application of the curriculum have received attention of the scholars. One of these studies (Oost, Csincsak, & Bourdeaudhuij, 1994) shows that teachers and principals working at 400 schools in Flanders support SBSE, though they face some challenges including time restrictions, problems with teaching methods, discrepancy between goals of the curriculum and teaching methods to achieve these goals.

Milton (2003) conducted a focused group study with 17 teachers from four different primary schools applying SBSE program in Sydney. The discussions focused on teachers' experiences in teaching the curriculum, the topics found to be difficult to discuss, and concerns related to the sexuality education. The results revealed that sexual identity and orientation issues are avoided to be covered in the programs. Besides, topics such as masturbation, wet dreams and

intercourse are found to be difficult to teach in classroom setting especially by less experienced teachers. Although experienced teachers feel more comfortable in delivering the program, main concerns of the teachers are summarized as parents' reactions, how to cope with students' detailed questions and how to accommodate differences in maturity, knowledge and comfort among the children.

Portugal has legislated sexuality education beginning from the first grade. Similar to other countries having SBSE programs, teacher training and their perspectives on sexuality education are perceived to be significant factors. In order to form a better idea about teachers' knowledge level and feelings of competency about sexuality and human reproduction, Veiga, Teixeira, Martins and Melico-Silvestre (2006) carried out a survey study with 148 prospective teachers, who will be responsible for teaching sexuality education curriculum to 6 and 10 year-olds. Results indicate that although the topic of sexuality and human reproduction has been covered in the initial training of the participants, about 85% of them state that they are not confident enough to teach this topic to small children in a classroom. Moreover, despite of the participants' general opinion on the necessity of classroom-based sexuality education, the initial training does not seem enough to make them well-equipped to teach it, since significant number of them made critical errors in the knowledge questions about physiological-anatomical aspects of the human body.

In Europe, Greece along with Turkey is the last two countries having no systematic, SBSE program. However, because of the increasing global need in sexual health education, Greece has also included it into its educational agenda (Gerouki, 2007). The results of the related studies in Greece show similar results as in other countries. For example, a survey study among 128 primary school teachers indicates that most of the teachers support the sexuality education beginning from primary school (Gerouki, 2007). 89% of them responded 'yes' to the question of "Is primary school suitable for systematically teaching sexuality and relationship issues?", since most say that they already have discussed

sexuality issues in class upon sexuality related behaviors or questions of students. Yet, concern of parental opposition and the absence of adequate teacher training and teaching material in case of a sexuality education program is applied in their school are predominant concerns among teachers.

Nigeria is a country in which sexual health problems have been studied by many scholars and sexuality education is highly recommended for the prevention of these problems. Recently, 3020 randomly selected secondary school teachers have been surveyed in order to obtain their opinions about sexuality education (Onwuezobe & Ekanem, 2009). A considerably large percentage of the teachers (56%) are of the opinion that sexuality education will lead children to have early sexual relationship. Many of them see sexuality education as the responsibility of parents, not schools. Teachers generally are not in favor of early sexuality education, they say that 10 - 14 years are appropriate ages to begin sexuality education, and it is found to be beneficial in terms of preventing unwanted pregnancies. The authors suggest that teacher training is very important for the willingness of teachers to teach sexuality since positive opinions on sexuality education is significantly related to teachers' higher educational qualification.

In Iran, recently, a focused-groups study has been conducted in order to explore the primary school teachers' attitudes and opinions on sexuality education (Abolghasemi, MerghatiKhoei, & Taghdissi, 2010). The results of the four discussion groups with 22 teachers indicate that participants view schools and parents as the primary sexuality educators. However, similar to other countries mentioned above, teachers are not perceived competent enough in sexuality education. Additionally, inadequate policies, limited resources for teacher education, teaching material, and the cultural background of families are seen as the major obstacles in the sex education of children in Tehran schools.

In Turkish literature, studies about teachers' views and attitudes towards sexuality education have received considerable attention, though the number is still very limited. In one of these studies, it is found that almost 71% of 248

primary school teachers in Bursa view classroom-based sexuality education courses positively. However, most favored age-group to begin sexuality education is stated as 6th grade, whereas 9th grade is generally seen too late to begin (Gökdeniz, 2008). About 58% of the teachers say that sexuality courses should be given to girls and boys, separately.

Kocatürk (2002) carried out a survey with 403 school principals and teachers in Istanbul. The results indicated that 65.5% of the teachers, 99% of the principals approach sexuality education positively, and have discussions with their students related to sexuality topics. A substantial percentage of teachers (81%) think that sexuality education should begin at the age of 3. In accordance with the general view of teachers in other countries mentioned above, a significant percentage of teachers have concerns about getting parental rejection by offering sexuality courses. Both principals and teachers think that teachers need to have in-service sexuality education training, since they are not competent enough on this subject.

On the contrary, Özmen, Çetinkaya, Kuş, Yılmaz, and Hügül (2006) found that teachers in Manisa are generally not in favor of sexuality education in schools. About 42% of 360 teachers think that if children are given early sexuality education, they will have negative experiences because they are not ready to learn about sexuality. It is also important to note that male teachers have more positive attitudes toward sexuality education than female teachers.

Although most educators are not against sexuality education in schools, they do not feel positive about giving sexuality education due to the lack of related knowledge and skills. Under these circumstances, burden falls on school counselors seen as experts and responsible for sexuality education.

### ***2.3.1.3. Teens' views***

Teens' views on sexuality education are also significant determinants for the development of sexuality education programs. It is vital to understand what teens need regarding to sexuality education and what they expect from it.

A variety of studies showed that teens demand sexuality education to accept young people as sexual beings and to be more explicitly handled in a less didactic way by educators (Allen, 2005; Allen, 2008; Brown, Jejeebhoy, Shah, & Yount, 2000; Hilton, 2007) and by parents (Kirkman, Rosenthal, & Feldman 2005). Although parents think that they discuss various sexuality topics with their kids, most adolescents do not agree with their parents (Miller, Kotchick, & Dorsey, 1998). This shows even parents think that they give sexuality education to their children, adolescents do not satisfied with this education. Similarly, teens' expectations from sexuality education also differ from what parents and teachers have in mind in terms of the content of sexuality education (Caims, Collins, & Hiebert, 1994).

A study in Canada, examined the consistency among perception of parents, teachers and teens in terms of content of sexuality education, and showed that while teens want to learn primarily about STDs and AIDS, parents want them to be educated primarily about saying 'no'. Additionally, educators viewed sexual identity as the most necessary topic to be covered (Caims et al., 1994). Likewise, in the same study, teens rated sexual decision making as one of the high prior topics, whereas it was not one of the four top rated topics by parents and educators. Despite of this contradiction between expectations of teens and adults, teens still rely on sexuality education given by parents and schools rather than the sexuality information on the internet (Jones & Biddlecom, 2011).

However, Measor and her colleagues (1996, 2004) stated that gender has a relation with whether being favor of sexuality education. In a qualitative study about reactions of adolescents to sex education programs in England, it was



yielded that boys are strictly against sexuality education in schools while girls are more participative in sexuality education lessons (Measor, Tiffin, & Fry, 1996). Most boys said that these lessons are not necessary because they already know about sexuality and they can learn whatever they need from friends or the media. The authors stated that because of the negative attitudes of boys during and after the sexuality education lessons, girls got disturbed and annoyed, and asked for taking lessons in separate classes with boys.

The fact that girls and boys have different reactions related to content and method of sexuality education lessons also came out in the study by Woodcock, Stenner, and Ingham (1992). In this study, girls between ages 16 and 25, indicated that they were dissatisfied with the biological focus about sexual matters and lack of discussion related to topics, while boys stated that factual information related to sexual issues is missing in the programs. In the same study, the frequent critics of boys and girls related to sexuality education lessons were about the timing of the education. Both gender stated that it was too late for that lessons since they already knew about it. Furthermore, participants were generally agreed on the fact that non-interactive teaching methods used in sexuality education courses are related to teachers' own discomfort and embarrassment about subject. This shows that teachers comfort level about the subject seems to be related to the efficiency of the lessons.

Views and expectations of teens in Turkey regarding the sexuality education have been studied by some researchers. In general, teens are keen to sexuality education. In a study, 88.4% of the adolescents are found to be in favor of SBSE, and 60.5% indicated that they want it to be given in the same classrooms with opposite gender (Kükner, et al., 1993). Another survey study among 308 high school students in Ankara shows that students support the view that schools should have the responsibility in sexuality education (64%) and that SBSE will be beneficial (78.5%); however a substantial percentage of the students (44.6%) say that boys and girls should be presented sexuality courses in

separate classes (Gölbaşı, 2005). In a study about adolescent girls' knowledge level and views on sexuality and sexuality education, it was found out that more than half of the participants want to receive sexuality education in schools, and 40.2% of them demand an expert on sexual issues (Biri et al., 2007). In the same study, the most voted topics to be covered in sexuality education courses are identified as healthy sexuality, marriage, family planning, sexuality transmitted diseases, AIDS, hymen, and pregnancy.

In sum, most of the teens are in favor of sexuality education in schools, yet content and teaching methods should be appropriate for their expectations, otherwise they may develop a stance against sexuality courses.

#### **2.4. Views on target population of sexuality education**

Various views on the need and desired characteristics of sexuality education produce a new discussion question: who should be the target population of sexuality education? Some believe that parents should be educated first or only, while others say that teachers should be knowledgeable and skilled about child sexuality and education since they spend a significant amount of time with children. There is also another group of people who is in favor of school based sexuality education to be given directly to children by specialists. In order to discuss the reasons of selecting parents, educators, teens/children as the target group for sexuality education programs, literature related to target population of sexuality education are presented in the following part.

##### **2.4.1. Should it be parents?**

According to a review of the ninety five studies published between 1980 and 2002 (Diiorio, Pluhar, & Belcher, 2003), embarrassment as well as difficulty in acknowledging and accepting adolescent sexuality are some of the major factors

blocking parents having effective communication with their children about sexuality. Contrary to general opinion on the fact that socio-demographic variables are determinants of parent-child communication about sexuality, age, race or ethnic group, education, occupation, and religion do not have significant correlations on the quality and frequency of parent-child communication about sexual issues. Only gender of parents and children have significant association, whether the sexuality communication occurs or not. Specifically, mothers talk with their children about sexual matters more than fathers do, and if fathers have the talk, they do that usually with their son. In the same review study, it is pointed out that knowledge or the perception of knowledge, confidence, comfort of the parent, and the quality of general communication between parent and child have significant relations with parent-child communication about sexuality. Walker and Milton (2006) also showed that parents' uncertainty about what to say, how to say and how to approach as well as the embarrassment about talking about sexual issues seems to be universal aspects of parent-child sexuality talks. Additionally, mothers' self-efficacy and comfort about sexuality are significantly correlated with frequency of mother-child sexuality talks (Pluhar, DiIorio, & McCarty, 2008).

As stated by Miller (1998), sexual socialization of children is significantly influenced by the family. Research indicates that sexual attitudes, behaviors and sexual decision making of young people are strongly related to the parent-child communication (Aspy et al., 2006; Fisher, 1987; Gordon, 1996; Jaccard et al., 1999; Miller, 2002). While parents influence their children sexual development in critical ways, and they are, also should be, the primary sexual socializing sources for children, they rarely provide the type of information that schools or health programs do; therefore they may not be the best providers of specific factual sex information and social skills training related to sexuality (Shtarkshall, Santelli, & Hirsch, 2007). Training programs for parents can help them learn to share both information and values related to sexuality with their children. The major goal of these programs should be to create a family atmosphere in which

children can freely ask questions about sexuality to their parents (Bundy & White, 1990). However, promoting healthy sexuality is not the exclusive domain of parents or educators; instead, collaboration between home and school should be supported (Shtarkshall et al., 2007).

#### **2.4.2. Should it be educators?**

As stated above, research indicates that parents lack the knowledge to give sexuality education. Along with low comfort level about talking on sexual issues, most of them avoid having communication about sexuality with their children, that's why; schools have played a significant role in sexuality education (Crooks & Baur, 2005). Furthermore, in current educational system, it is obvious that children typically spend significant periods of time with their teacher and they play a key role in development of children. Children's relationships with their parents and their teachers show similar attachment patterns (Howes & , 1992; Howes & Matheson, 1992). This relationship pattern affects the development and maintenance of interpersonal and self-regulatory competencies related to adjustment in childhood settings (Pianta, Nimetz, & Bennett, 1997). Therefore, teacher-child relationship characterized by open communication and a sense of closeness beginning from early school years is significant factor that positively affect their later school lives (Wentzel, as cited in Pianta, Nimetz, & Bennett, 1997).

Children exhibit various sexual behaviors in school setting. Because they find their teachers close to them as their parents, they also ask specific questions related to sexuality. As Thomas (1996) states, children are acutely aware of adults' embarrassment when discussing sexual matters with them and this is an obstacle for open communication and a sense of closeness. Teachers' discomfort in talking about sexual issues can contribute to children resentment (Allen, 2005). This may become an obstacle for both healthy teacher-child relationship,

and thus, healthy development of children. Effective sexuality education is actualized when educators can be open, candid and comfortable talking about sexual issues (Allen, 2005). Significant numbers of teachers require more opportunities for training so that they can address with comfort to the concerns of children and their parents related to sexuality (Milton, 2003).

Target population of sexuality education may change depending on the conditions of the specific environment; yet beginning sexuality education from teachers can be a good start-point. The rationale behind this comes from the fact that teachers have a significant impact on children's behaviors and development (Wentzel, 2002). Additionally, as Walker and Milton (2006) suggested providing training opportunities related to child sexuality for teachers would help prepare and support them to integrate and embed sexuality education curriculum and consider how the school can develop strategies to involve parents more comprehensively in their child's sexuality education.

Pre-school and primary school children are more vulnerable to sexual abuse and in order to prevent, refer and recognize the sexual abuse cases, schools so that the teachers have a significant role (Goldman, 2005). Teachers, school principals and counselors also think in the same way and most of them want to have additional training related to child sexuality and abuse (Crenshaw et al., 1995).

#### **2.4.3. Should it be school counselors?**

Counselors are seen as an expert about sexuality issues (Başgöl, 1997; Cupit, 2010; Hatipoğlu Sümer & Engin Demir, 2006) and school counselors have responsibilities in the development and implementation process of the sexual education program (Dycus & Costner 1990; Pietrofesa, 1976). School counselors view their own role in sexuality education as developing awareness among teachers, parents and students by conducting seminars and workshops about

sexuality education, helping parents about the changes in adolescence, advocating sexuality education, and helping students re-orient their values related to sexuality (Omeje, Michael, & Obiageli, 2012).

As Tegtmeier (1980) stressed, young people want to understand sexuality in terms of their needs and relationships, and they are seeking help from schools, that's why, school counselors have to be knowledgeable about sex related issues. In a context that counselors are expected to assist students in understanding and dealing with their socio-sexual needs and concerns, they do not have an option to ignore these needs and concerns. However, it is known that counselors' willingness to discuss sexuality issues with their clients is related to the sexual comfort level and sexuality education training background (e.g., Anderson, 2002; Cupit, 2010; Harris & Hays, 2008; Juergens, Smedema, & Berven, 2009; Roche, 1998) and comfort level of helpers is related to sexual knowledge level (e.g., Juergens et al., 2009; Katzman & Katzman, 1987; Roche, 1998). The fact that most of the pre-service counselors believe that they are competent enough only about gender-specific sexuality issues and that they feel incompetent about sexual concerns belong to the opposite gender (Topkaya & Hatipoğlu Sümer, 2010). This finding indicates that knowledge level is linked to perceived competency level. Regarding these facts, it is important to increase sexual knowledge so that the comfort and willingness level of counselors to discuss sexual matters with their clients.

In Turkey, pre-service counselors' primary sources of sexuality information are mothers and peers, and with regards to some specific sexuality topics school/teacher, educational materials, TV/movies are also seen as main source (Topkaya, 2006). In order to increase counselors' perceived competency level, as suggested by Topkaya and Hatipoğlu Sümer (2010), it is important to provide comprehensive sexuality education during pre-service years.

To provide counselor more reliable source for sexuality information, training opportunities were created in some under-graduate programs. For

instance, in a study (Kumcağız, Çelik, Barut, & Koçyiğit, 2013), pre-service counselors' views ( $n = 115$ ) on Sexual Health Training course were examined and results revealed that most of the students evaluated the course as beneficial and indicated that this course should be a must course in counseling education. Results also showed that 59.1% of the students selected the course in order to obtain reliable sexuality information, but only 10% took the course because they think they may need sexuality information in their professional life. This indicates that counselor candidates mostly are not aware of their role in helping clients' about sexuality matters (Kumcağız et al., 2013). To this respect, there is a need for sexuality training for counselors both to increase their sexual knowledge and competency level and to increase their awareness about their role in helping clients with sexual matters.

#### **2.4.4. Should it be adolescents and children?**

Due to the characteristics of adolescence, risky sexual behaviors become more prevalent among adolescents. These behaviors are seen as the contributing factors for the higher rates of unintended pregnancy and sexually transmitted infections (STIs), including HIV infection (Kann et al., 2013). According to the data in Youth Risk Behavior Surveillance System (Cdc.gov, 2013), 46.8% of adolescents in the US had ever had sexual intercourse, 15% had sexual intercourse with four or more persons during their life. Additionally, among students who were currently sexually active 40.9% did not use condom during last sexual intercourse, 15.7% of female adolescents who were currently sexually active did not use any method to prevent pregnancy. Comparing data of the previous years with the last year, it is seen that rate of the risky sexual behaviors has been decreased over the years. For example, in 1993, 53% of adolescents in the US had answered as 'yes' to the question of "Have you ever had sexual intercourse?" Likewise, since 1993, the rate of "sexual intercourse before age 13" has decreased from 9.2% to 5.6% and rate of adolescents who did not use

condom during last sexual intercourse dropped 47.2% to 40.9%. However, these rates still indicate health risks for adolescents. That is why, sexual education programs for adolescents play a significant role in prevention of sexually transmitted diseases.

The results of a study about longitudinal change in the sexual behaviors among female adolescents in Sweden shows that girls in 1996, comparing with girls in 1970, had fewer sexual relationships and postponed their sexual transition, and this decrease is considered to be related to sexual health education programs applied in various settings of Swedish community, including schools (Magnusson, 2001). The review of 83 studies measuring the impact of SBSE programs on sexual behavior among young people around the world also shows strong evidence for the fact that most of the programs delay or decrease sexual behaviors or increase condom or contraceptive use (Kirby, Laris, & Roller, 2007). This shows the significance of sexual education programs for adolescents in order to increase their knowledge on sexuality so that change their risky attitudes in the long run.

In Turkey, there is a large young population who are sexually active. In a study, 33% of the 530 undergraduate students in Ankara indicated that they had sexual intercourse at least once in their life time, and among those, most also described limited safer sexual behaviors (Çok, Gray, & Ersever; 2001). In a similar study about sexual knowledge, attitudes, and risk behaviors of students in Izmir, 53.3% of the university students ( $n = 2,217$ ) say that they have never engaged in sexual activity and among those who have sexual intercourse, 71.4% reports their first sexual activity age as 15-19 and the rate of those who have 5 and more partners is 29.4% (Gökengin, et al., 2003). In a more recent study by Bal, Yılmaz, Kavlak, and Atan (2010), it is seen that these rates have been increased. For example, among the undergraduate students in Izmir ( $n = 1000$ ), 50.3% of answered as “yes” for the question about “having experience of sexual activity”. The mean age for the first sexual intercourse has been found as 18



among females and 17 among males. Besides, in the same study, although 92% of the participants indicate the significance of contraception for sexual health, 44.5% of female and 30.6% of male students say they had not used any contraceptive methods. These studies indicate that the majority of young people lack the knowledge of healthy methods of contraception which creates a risk of unwanted pregnancies and STDs and rate of sexual activity among young people is higher than general opinion in Turkish society.

Similarly, sexual knowledge level is considerably low among Turkish youngsters. In a study about adolescents' sexual knowledge level and opinions on SBSE, 13665 girls aged 13-18 were surveyed (Kükner et al., 1993). According to the results, although 50.84% of the participants indicate that they are knowledgeable about sexual issues, only 36.2% of them can give the right answer to the question of "where do babies come from?" and only 15.41% know about AIDS. These results indicate adolescents have insufficient or misinformation about sexuality. Similar results are seen in a more recent study (Biri et al., 2007). Biri and her colleagues asked adolescent girls ( $n = 128$ ) to name 3 male and 5 female sexual organs. While 66.4% of them did not answer the question, among those who gave an answer only 18.6% fully named the male and female sexual organs. To the question of "Is it possible to get pregnant without a full sexual intercourse?" 9 of the participants said "yes", 58 said "no", 8 said "maybe" and 37 said "I don't know". Likewise, to the question of "Is it possible to transmit of sexually transmitted diseases without a sexual intercourse?" 22 answered as "yes", 25 answered as "yes, some of them", 28 said "no" and 37 answered as "I don't know". Only 10% of the participants could answer to the question about contraceptive methods. Consequently, as it is seen in related literature in Turkey, children and adolescents lack the age-appropriate knowledge related to sexuality, therefore there is a growing need for sexuality education for adolescents.

Nevertheless, some argue that puberty is too late for sexuality education and it should begin in childhood and be included in general education (Bourton, 2006; Buston & Wight, 2002; Hinds, 1998; Ogden & Harden, 1999; Woodcock, Stenner, & Ingham, 1992). There are many factors making this argument reasonable. For example, *sexualization of children* or earlier age of puberty in the last few decades. Sexualization of children, especially girls, has become a prevalent phenomenon around the world (APA, 2007). Besides, as Golub et al. (2008) also summarized, timing of puberty has been altered and there is a secular trend toward an earlier age of puberty. That is why; children not only want to know about sexuality earlier, but they need to know it, in order to have essential knowledge and appropriate attitudes and values towards their bodies, pubertal changes, and sexuality (Goldman, 2005).

Additionally, much sexual abuse occurs during pre-school and primary school ages (Goldman & Padayachi, 1997, 2000; Goldman & Goldman, 1988; as cited in Goldman 2005). Goldman (2005) argued against the idea that childhood is too early for sexuality education by stating that: “Ignorance of sexuality is no defense against child sexual abuse nor other unwanted sexual effects, including STIs (sexually transmitted infections) and unwanted pregnancies” (p.82). Therefore, in order to teach children how to respond assertively to sexual abuse advances, beginning sexuality education from pre-school becomes very essential.

## **2.5. Sexuality education programs: their characteristics and impact**

Aforementioned, there are different views about the target population of sexuality education. Based on these views, various programs have been developed targeting different groups of people; parents, teachers and children. Some of these programs and their impact are explained in detail below.

### **2.5.1. For parents**

Undoubtedly, parents are the primary source of sexuality information for their children. As Goldman (2008) summarized and criticized, many think that parents should be the only sexuality educators; schools or other community staff should not involve in sexuality education. However, several parents do not -or somehow are unable to- give developmentally appropriate and enough sexuality education for their own children. Also, their perceived frequency of sexuality communication with their children does not meet the needs of their children. Contrary to their parents' claim, young people generally do not agree with their parents about the fact that they receive enough sexuality education in their family (Diiorio et al., 2003).

Whether or not parents educate their children about sexuality, they have a significant role in sexual socialization of their children (Shtarkshall et al, 2007). Verbal, nonverbal, intentional or unintentional messages delivered in the family shape children sexual development and sexual behaviors. Parenting attitudes related to child sexuality influence child's sexual behavior and attitudes in the future. Although most of the parents believe that they should give sexuality education to their children, many faces roadblocks to it. Knowledge or the perception of knowledge, confidence, difficulty in acknowledging and accepting adolescent sexuality, comfort of the parent (Diiorio et al., 2003), nervousness of saying 'too much' or using the 'wrong' terminology (Stone, Ingham, & Gibbins, 2013) are the major factors abstaining parents from having sexuality communication with their children.

Regarding this problem, parental education programs have been developed by a number of researchers and health care organizations in various countries. For instance, Kirby, Peterson, and Brown (1982) developed a joint parent-child sex education program in order to enhance parent-child communication on sexual topics, minimize the oppositions to SBSE and create an enthusiastic support

group for SBSE programs. The program consisted of weekly sessions lasting 2 hours was developed as a sexuality and family life project of a mental health center in Missouri, in the US, and reached more than 1500 parents and children. In order to diminish the embarrassment of children, they joined classes with same sex parents. Children aged 9-12 and 13-17 were separated because of the developmental content of the curriculum offered. The classes for younger children and their parent lasted for five sessions, while classes for older children and their parents were six sessions. The topics covered in the program were reproductive anatomy and physiology, body changes during puberty, feminine and masculine health and hygiene, reproduction, pregnancy, and childbirth. The girls and boys learnt about both male and female body changes. The classes for teenagers and their parents cover in greater depth the same basic factual information and other subjects, such as breast and pelvic exams, birth control methods, sexually transmitted diseases, and teenage sexual behavior. In all classes, parents and children were encouraged to explore their values, feelings and communication skills related to sexual matters. Different teaching methods, including mini-lectures, discussions, question-and-answer periods, games, films and question box were used. Although the program was not formally evaluated, informal observations and evaluation interviews indicated a positive impact on parent-child communication and parental views on SBSE programs (Kirby, Peterson, & Brown, 1982).

Another program was developed and implemented by Bundy and White (1990). It was an action research aimed to develop and evaluate the impact of four-session seminar program for parents. The sessions respectively, were about the characteristics of effective sexuality educators and do's and don'ts that parents should be careful about in child sexuality education; human sexual anatomy and development and child sexual behavior patterns seen in each developmental level; importance of communication skills in effective sexuality education; and developing a plan for sexuality education of their children. Although no statistical data available for the results of pretest and posttest

questionnaires completed by the participants ( $n = 19$ ), authors evaluated the program as effective. It is indicated that all parents showed improvement in their comfort level and communication skills, and shared positive feedbacks related to the program.

In order to increase parents' communication skills and confidence level related to child sexuality, Klein and his colleagues (2005) developed a program consisting of a series of four core and two optional group workshops delivered over one month. Target population of the program, namely Parents as Primary Sexuality Educators - PAPSE, was parents of young children (0 –12 years). Program curriculum covered topics including “How to talk with children about sexuality”, “Sexual information needs of children”, “Discussion on what children need to know”, “Understanding the human body and reproductive anatomy”, “Parental standards for children's sexual behavior”, and “Locating resources in the community to help parents communicate about sex with their children”. Participants completed surveys delivered in before, after and follow-up period after the program. The surveys included items measuring parental attitudes toward communicating on sexual matters with their children, frequency of initiation of conversations, and comfort level when facing questions coming from their children about sex. The results revealed that comparing to the pretest data significantly more number of parents indicated that they initiated conversations with their children about sexual matters. Similar results were found for comfort level of parents in discussing sexuality related topics with their children.

### **2.5.2. For educators**

There is a consensus on the importance of teacher training before the implementation of school based sexuality education program since most of the teachers believe that they lack the required skills and competency to provide sexuality education (Eisenberg, Madsen, Oliphant, Sieving, & Resnick, 2010).

However, there are limited pre-service or in-service training programs empirically validated in order to prepare teacher to deal with child and adolescent sexuality issues and to give the sexuality education courses.

Smith, Flaherty, and Webb (1981) developed a nine week (72 hours) course program about human sexuality and examined its impact on teachers' knowledge and attitudes. The program covered the topics such as interpersonal relationships, sexual anatomy, contraception, diseases of the sexual system, pregnancy, homosexuality and heterosexuality issues, divergent sexual behaviors, and sexual abuse. Results of the pretest and post-rest comparisons of both scales measuring teachers' sexuality knowledge and attitudes towards sexuality indicated a significant improvement in the posttest knowledge scores and a significant change in autoeroticism attitude scores. This suggests training programs can work if they have methodologically appropriate qualities.

Carter and Frankel (1983) implemented a similar program for the physical education teachers who were expected to give health education courses in Louisiana, US. Topics like, role and gender identity, psychosexual development, biological maturation, adoption and abortion, alternative lifestyles, divorce etc. were presented in three-hour weekly sessions during 16 weeks. Lectures, films, small group discussions were used of in the sessions. The Attitude Inventory and Sex Knowledge Test developed by the authors were implemented before and after the training to both control ( $n = 30$ ) and training group ( $n = 85$ ). The analysis of pretest and posttest scores of both groups showed a significant increase in the posttest sex knowledge scores of the training group comparing with the control group. However, analysis of the posttest scores in attitude inventory of the training group did not indicate a significant change. Authors suggest a longer training period in order to change attitudes towards sexuality positively. The relationship between the specific variables and change in attitude scores show that older and more experienced teachers who took training are still nonaccepting about the sensitive sexuality issues such as homosexuality, abortion and masturbation.

In another study based on the similar assumptions that teacher trainings on sexuality would help an improvement in their knowledge and attitudes and decrease their concerns related to sexuality education (Levenson-Gingiss & Hamilton, 1989b), 59 middle school teachers took one week in-service training. Pretest and posttest survey results showed a significant improvement in teachers' knowledge, perceptions of the importance of teaching the curriculum, intent to teach, and level of comfort with course content. However, the program did not have an impact on sexuality beliefs of teachers (being conservative or liberal about sexual issues).

In Turkey, there has been limited research on teacher training related to sexuality. In 1997, a project called 'Supporting the Health Education of Young People', developed with the collaboration of the Ministry of Health and United Nations Department of Political Affairs has started. The aim of the project is to educate prospective teachers in faculties of education by providing unrestricted elective courses. As a result, Sexual Health Education courses were presented in the curriculum of the Faculty of Education in 2000–2001 academic year. Elective "Sexual Health Education" courses are still not included in many of the teacher education programs and there is no related mandatory course in none of the Turkish universities, and currently, the program is still being developed and is under evaluation (Gürşimşek, 2010).

Some of the studies examining the impact of taking Sexual Health Education course showed that prospective teachers' beliefs in the effectiveness of teaching sexuality increase (Girgin, Gürşimşek, & Ülker, 2003), the attitudes relating to sexuality and sexual education significantly changed to a positive way (Gürşimşek, 2003), and knowledge on sexual health issues increased (Gürşimşek, 2010) after completing the course. However, although pre-service training aims to changing the attitudes of teacher candidates towards sexuality, course did not change their attitudes towards homosexuality.

Target population of the sexual health education courses in teacher education programs in universities is prospective teachers. However, huge

numbers of teachers who are currently working in various schools and educating children have not received any training related to sexual health. This fact shows the need for in-service teacher training and forces scholars to develop such programs.

### **2.5.3. For adolescents and children**

According to the report of the UNESCO (2009), positive impact of SBSE programs targeting adolescents has been empirically proven in many studies conducted in many countries. These studies show that SBSE programs help decrease the risks of unintended pregnancies and STDs. In another report of UNESCO (2009) it is stated that there is significant evidence that invalidates the false belief that sexuality education leads earlier sexual activity. However the success of sexuality education programs is depended on the characteristics of the program as well as the characteristics of the community in which they are developed and implemented. Cost effective analysis of SE programs for adolescents in six different countries (Nigeria, Kenya, Indonesia, India, Estonia, and the Netherlands) shows that compulsory intra-curricular sexuality education programs are more favorable whereas extracurricular sexuality education programs have found to be less efficient (UNESCO, 2011). It is suggested that if only option is the extracurricular sexuality education programs in conservative countries choosing that way can be considered; however, they need to be gradually integrated into the national curriculum.

Even though school based sexuality education issue has been debated in Turkey for long time, currently there is no comprehensive sex education program implemented in Turkish schools. There is only one wide-scale project, ERDEP, which aims to educate adolescents in grades 6, 7 and 8, and their parents about the developmental changes during puberty. Its pilot study was conducted in 2000 and it still has been implemented in schools with the collaboration of Turkish



Ministry of Education, Procter and Gamble Company, Topsak Health Products. This project includes one class hour session for students and their parents at the same time but female students are expected to listen to the presentation with their parents while male students with their fathers in different settings. During the session the specialists give a structured presentation for about 25 minutes and in the rest of the time they answer the questions of students and their parents. At the end of the sessions the booklets about puberty are distributed to students. After the pilot study, 91.6% of female students ( $n = 930$ ) and 87% of male students ( $n = 938$ ) found the program as beneficial, but only 70.4% of females and 57.8% of males said that the program was adequately informative (Babadoğan, 2002).

Another sexuality education program developed by Yöndem and Güler (2007) included guidance and counseling activities to cover topics “adolescence development”, “sexuality and reproduction”, “cultural and individual differences in sexual behaviors and attitudes”, “sexually transmitted diseases, sexual abuse and protection”. The author examined the effect of the program on students’ sexual knowledge level and attitudes toward sexuality. In her experimental study, students received four-session education each lasting 50 minutes. The results yielded that knowledge and attitude scores of training group increased significantly compared to the control group.

Furthermore, there is a growing attention for school-based sexuality education in Turkey. Çok and Gray (2007) developed a comprehensive sex education program for 12-14 year-old adolescents. This program, namely, the Human Development Programme for 12–14-Year-Old Adolescents, is designed as extracurricular activity based on interactive activities in small group setting. The whole program covers five main themes in fourteen sessions, each lasting 40 minutes. These themes were determined as “Human Development”, “Relationship”, “Personal Skills”, “Sexual Behavior”, “Sexual Health”, and “Society and Culture”. The evaluation of program was planned to be conducted by a sexual knowledge test (Kutlu & Çok, 2002). Results of the pretest-posttest control group experimental study assessing the effectiveness of this program on

sexual knowledge level of 6<sup>th</sup> and 7<sup>th</sup> graders indicated that the program is effective and efficient in terms of increasing the sexual knowledge level of the adolescents (Çok & Kutlu, 2010).

Another attempt for sexuality education for children and adolescents in Turkey is “Sexual Health and Education Program” (Cinsel Sağlık Eğitim Programı) by TAPV (2014b). TAPV provides two-hour extracurricular sexuality education program for students in grades 3<sup>rd</sup> thru 12<sup>th</sup>. Implementation of the program is based on the demand of schools. If school administrators are voluntary to implement this program for their students, they apply for it and specialists from the non-profit organization give age-appropriate sexuality education seminars to students. Unfortunately, there is no empirical study related to the evaluation of this program.

Despite of the limited empirical data for evaluation of sexuality education programs in Turkey, available data indicate that even an extra-curricular short term sexuality education program is very effective in terms of meeting the needs of students, however adolescents expect more informative programs.

In summary, the review of literature shows that, particularly in Turkey, there is no study related to educating teachers about sexual development of elementary school children. Literature also indicates that teachers are in a critical position in terms of sexuality education and sexual socialization of children. However, they usually do not have adequate training related to child sexual development and sexuality education neither during pre-service training nor in-service training. Because of their lack of knowledge, they have difficulties in discriminating expectable and unexpected sexual behaviors of children and adopt their reactions according to the developmental level of children. Moreover, since sexuality is accepted as a sensitive topic, and as UNESCO (2011) report suggests in order to change the negative views of the community on SBSE programs, it seems important to explain the importance of SBSE to clarify the misunderstandings about it by conducting various interventions in the community. In conservative countries, like Turkey, beginning community

interventions from teachers is vital because teachers have a closer contact with not only students but also their parents and other school staff. In this regard, there is a need for a training program about child sexuality for teachers and this study aims to fill this gap.

## **CHAPTER III**

### **METHOD**

This chapter covers the methodology of the current study. Firstly, details about the design of the study are presented. Secondly, the characteristics of the sample are explained. In the next part, characteristics of the instruments and the training program, and their development procedures are clarified. Finally, details about the program implementation and assessment procedure are stated.

#### **3.1. Research design**

This study was designed to develop and examine the effectiveness of a four-session psycho-educational teacher training program regarding child sexual development on teachers' knowledge, competency and views about childhood sexuality development and education. A quasi experimental design with one training group and one waiting list control group and two measurements (pretest and posttest) was used. Participants were assigned into groups based on an existing surname list provided by the school administration and there were nineteen participants in the control group and twenty three in the training group. In order to assess the effectiveness of the developed program, participants completed two different instruments (the Scale of Teacher Views on Childhood Sexual Behaviors, and the Child Sexuality and Education Knowledge Test for Teachers), and a demographic information before and after the training period.

Between-group and within-group comparisons of each group were analyzed by using Mann-Whitney U Test and Wilcoxon Signed-Rank Test.

### **3.2. Sampling**

The experimental study sample has been selected by using a convenience sampling method and consists of 42 teachers (including classroom teachers, and subject teachers) who work at one of the private elementary schools in Ankara. Participants were selected based on the age group that they work with, so only the teachers who are responsible for children between the ages 5 and 12 were participated in the study. In the beginning of the process, sample was divided into two groups and half of the participants was assigned to training condition while the other half to the control condition. The division was done based on the teachers' surname list given by the school administration. School administration announced teachers that teachers whose surname is in the first part of the list, were supposed to participate in the training program and those whose name is in the second part would participate in another in-service training program. The training program that second group took was not a part of this study, it was organized by school administration as a usual in-service training program. At the end of the process, four teachers in the control group and one teacher in the training group did not hand in the posttest questionnaires. Data obtained from 23 teachers in the training group and 19 teachers in the control group were analyzed. Thus, analysis has been carried out based on the data of 42 teachers in total.

Because the intervention area was a private school, and in most private primary schools, lessons, such as, art, physical education, music, computer technologies etc. are given by subject teachers, subject teachers constituted an important part of the present study sample. It is also because of the target age group is 5-12 years, children above 10 usually go to middle school, and in middle school all lessons are given by subject teachers; subject teachers spend a significant amount of time with students in this age group. Regarding these facts, there were 19 classroom teachers and 23 subject teachers participated in the study. 12 of the classroom teachers and 11 of the subject teachers

were in training group, while 7 classroom teachers and 12 subject teachers were in the control group.

Descriptive data for experimental study participants in each group are presented in *Table 1*. A total of 42 teachers (23 teachers in the training group and 19 teachers in the waiting list control group) participated in the study. The majority of the participants were female. The mean age in training group ( $n = 23$ ) was 34.30 years ( $SD = 9.39$ ), whereas the average age of participants in the control group ( $n = 19$ ) was 33.32 years ( $SD = 7.74$ ).

Most of the participants in the training group had BA/BS degree ( $n = 18$ ), some had MS or PhD degree ( $n = 4$ ). In control group, on the other hand, half of the participants had MS or PhD degree ( $n = 9$ ), and the other half had BA/BS degree ( $n = 9$ ). One of the participants in each group had a degree from vocational higher education school. The training group consisted of 12 classroom teachers, 11 subject teachers, while the control group included 7 classroom teachers and 12 subject teachers. Seven of the participants in control group and 6 of those in training group indicated that they had previous training about child sexuality. Among those who indicated that they had had training about child sexuality in control group, 4 said they took it during in-service trainings, and the rest stated that they learnt about it during undergraduate or graduate education. In training group, 5 participants those who indicate a previous training on child sexuality said that they learnt about it during undergraduate or graduate years and only one said that she got in-service training on child sexuality.

Table 1.

*Descriptive statistics for demographical characteristics of training and control groups*

Demographics		Group		
		Training	Control	Total
		<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Gender	Female	22(95.65)	17(89.47)	39(92.86)
	Male	1(4.35)	2(10.53)	3(7.14)
Field	Classroom teacher	12(52.17)	7(36.84)	19(45.24)
	Subject teacher	11(47.83)	12(63.16)	23(54.76)
Educational level	BA	18(78.26)	9(47.37)	28(66.67)
	ME & PhD	4(17.39)	9(47.37)	13(73.68)
	Voca. Sch. of Higher Edu.	1(4.35)	1(5.26)	2(10.53)
Training background related to child sexuality	U.grad./Grad. Course	5(21.74)	3(15.79)	8(19.05)
	Yes			
	In-service training	1(4.35)	4(7.60)	5(11.90)
	No	17(73.91)	12(63.16)	29(69.05)

### 3.3. Instrumentation

In this section, information about the instruments used in this study is presented. First of all, development process of the teacher training program is explained. After that, development process of the measures is clarified. These measures are namely Child Sexuality and Education Knowledge Test for Teachers, and Child Sexuality and Education Questionnaire for Teachers. Child Sexuality and Education Questionnaire for Teachers consists of three parts; Scale of Teacher Views on Childhood Sexual Behaviors, Questionnaire for Behavioral Reactions to Childhood Sexual Behaviors, and

Questionnaire for Teachers' Opinions on Sexuality Education. Additionally, information about demographics form is included. Finally, results of the pilot study conducted to assess the reliability and validity of the measures are displayed.

### **3.3.1. Development of the training program**

The training program was developed by the researcher based on the related literature and the Sexuality Information and Education Council of the United States (SIECUS) Guidelines for Comprehensive Sexuality Education: Kindergarten-12th Grade ( ).

At the beginning of the development process, the program had been designed as 6 sessions and with a more presenter centered approach. In the first version of the program the topics “child sexual development from birth to adolescence” and “discriminating expectable child sexual behaviors from unexpected ones” had been planned to be given in separate sessions. Likewise, the topics of “age-appropriate sexuality education” and “how to answer children’s specific questions related to sexuality” had been covered in separate sessions. However, after obtaining the opinions of three experts from guidance and psychological counseling field, the program was revised and the final version of the program included four-sessions (see Appendix A) by combining these related topics. In the final form of the program, the flow was decided as (1<sup>st</sup> session) sexuality education and its importance, (2<sup>nd</sup> session) child sexual development from birth to adolescence and how to discriminate a natural/expectable childhood sexual behavior from unnatural/unexpected ones, (3<sup>rd</sup> session) what to teach children about sexuality, when to teach it and how to respond specific questions of children, and (4<sup>th</sup> session) protecting children from sexual abuse.

These contents were determined based on the main purposes of the training program. The five main purposes of this program were:

1. To inform teachers about the importance of child sexuality education
2. To help teachers to be aware of their misbeliefs about child sexuality and education, and change these misbeliefs with scientific facts.



3. To increase teachers' knowledge level about child sexual development and education
4. To improve teachers' communication skills about child sexuality
5. To increase teachers' knowledge level related to child sexual abuse

With regards to these aims, at the end of the training process, it was expected that teachers would accomplish the following attainments:

1. Explaining the importance of child sexuality education
2. Expressing their own misbeliefs about child sexuality and education, and explain why these beliefs do not reflect the scientific facts about child sexuality
3. Listing the developmental stages in child sexuality and explain their characteristics
4. Stating how to react to children's expectable and unexpectable sexual behaviors and questions
5. List the major sexual abuse symptoms in children and explain what to do in order to protect children from sexual abuse.

The program content was developed according to aforementioned purposes and expected attainments. After the determination of main purposes and expected attainments, goals and flow of each session were generated. Methods used throughout the program were presentation, small and large group discussion, question and answer, role play, making use of video and visuals, and case analysis. At the end of each session, summary of the topics covered was presented in brochures prepared by the researcher (see Appendix B). Moreover, verbal evaluations and suggestions of participants at the end of the each session were obtained.

#### **3.3.1.1. Summary of the sessions**

The themes and activities were designed regarding the specific goals of each session. In this section, the goals and flow of the sessions are presented.

### ***3.3.1.1.1. Session 1***

The goals of the first session were determined as:

1. To inform teachers about the concept of sexuality and sexuality education
2. To inform teachers about misbeliefs related to child sexuality
3. To inform teachers about the necessity of child sexuality education

Based on these goals, the flow of the session was designed to answer the questions including “What is sexuality?” “What is sexual health?” “When does sexuality start?” “What is sexuality education?” “How to give sexuality education to children?” “What is the purpose of sexuality education?” “What is the significance of sexuality education?” “What is the role of teachers in sexuality education?” A PowerPoint presentation focusing on these questions was prepared. A video and visuals were also utilized to gain attention of teachers. An interactive training atmosphere was provided. Teachers were encouraged to ask questions and comments related to the content. The session lasted about 90 minutes as planned.

It was observed that teachers were considerably willing to participate and attentive throughout the session. As a remarkable point, many participants were surprised to hear that sexuality begins prenatally and sexuality education should begin in early childhood. Similarly, many participants commented that they knew giving sexuality education before a child asks a question can be harmful to child’s psychology. Another issue that prompted discussion was the content of sexuality education. Many indicated that giving information about sexual identity and sexual orientation, sexual and romantic relationships, and sexually transmitted diseases to children or adolescents may not be appropriate since it is too early for them to know about these issues. At the end of the session, however, most of these oppositional comments turned into supportive ones. Many participants indicated that they understood the rationale of sexuality education for children and its contents.

### ***3.3.1.1.2. Session 2***

The goals of the second session were:

1. To inform teachers about the expectable child sexual behaviors in each developmental stage and possible reasons of these behaviors
2. To inform teachers about unexpected child sexual behaviors and criteria used for discriminating expectable behaviors from unexpected ones
3. To inform teachers about the critical childhood sexuality issues those require professional help

According to these goals, the contents discussed throughout the session were: frequently seen sexual behaviors among children in different age groups (0-2, 3-5, 5-8, 9-12, and 12-15), discriminating developmentally expectable child sexual behaviors from the ones requiring professional help. Similar to the first session, an interactive training approach along with PowerPoint presentation was preferred in this session.

At the beginning of the session, participants were asked to give examples about child sexual behaviors that they observed in school setting. One said using bad words is frequently seen in school setting. Another said that making obscene jokes during class time especially among adolescents is difficult to handle. Some indicated that touching other children buttocks or showing stomach or buttock to other kids are usual among kids ages 5-7. When they were asked about how they feel when they had these observations, most said that they felt panicky and indecisive about how to react. The session continued in an interactive way and lasted about 90 minutes.

After discrimination criteria for expectable and unexpected behaviors were explained, the participants were divided by four and each group were given worksheets presenting hypothetical case samples (see Appendix C). They were instructed to read these cases, evaluate them as developmentally expectable or unexpected situations and decide how to react. The groups were given enough time to work on the cases and when all groups completed their works, each case were read aloud by the researcher and the

groups were encouraged to share their evaluation and possible reactions for each case. It was observed that almost all groups evaluated the cases correctly and gave appropriate reactions. After discussing on all cases, one of the teachers said that if they had been asked these cases before the session, they would evaluate all of them as unexpected, and added that at the end of the session they were able to discriminate which behavior is normal and which one is risky.

The behavioral reactions that should be given to expectable and unexpected behaviors could not be explained in detail because of the time limitation since school administration organized an important meeting right after the session end, the session had to be ended at the end of the 90 minutes. Finally, the topic of the next session was reminded and verbal evaluation of the session was obtained. Participants generally indicated that they are satisfied with the flow of the sessions.

#### ***3.3.1.1.3. Session 3***

This session was designed to achieve the following goals:

1. To inform teachers about the age-appropriate content of the sexuality education for children
2. To inform teachers about children's frequently asked questions related to sexuality
3. To inform teachers about the age-appropriate reactions to children's questions related to sexuality

Throughout the session, the topics including age-appropriate content of the sexuality education and age-appropriate reactions to children's questions related to sexuality were covered. A PowerPoint presentation supported with question-answer and role play techniques was used and it lasted about 120 minutes with one 15 minutes break.

At the beginning, after introducing the topics of the session, participants were asked whether they had faced with students' questions related to sexuality. Because the group was considerably open to discussion and their participation

was satisfying, the researcher was not hesitant to ask questions about teachers' own childhood experiences related to sexuality. Therefore, teachers were also asked what they were curious about sexuality during their childhood or adolescent years. Many indicated that they were curious about menstruation while some said that they had questions about pregnancy. Generally the group was in a consensus on the idea that, comparing to the kids in the last generation, they were less interested in the sexual issues because contents related to sexuality were not very common in the media in their childhood.

After the discussion, participants were presented the frequently asked questions of children and age-appropriate reactions to them. The presentation was supported with visuals from various childhood sexuality education picture books. During the presentation, teachers were encouraged to ask questions and make comments related to the topic. At the end of the presentation, teachers were divided into pairs and encouraged to role play. There was one group including three teachers, one male and two females. Since it was thought that they might be ashamed of talking about sexual matters in a large group, small group exercise was preferred. The participants were instructed as one of the pairs to be in a role of a child and other to be a teacher who was supposed to give an age-appropriate reaction to the child's question and then exchange the roles. They were given about 7-8 minutes and after each pair completed the role play, and they were asked about the experience. They were encouraged to share their feelings and thoughts during the role play. Most of them said that it was still difficult to talk about sexual matters. Some indicated that before taking this training, they would try to avoid this kind of talk even if they had to do. They also added that after the training they know how to react but they needed more practice to feel competent about it. A few participants indicated that they were anxious about if their reactions are age-appropriate or not. They were reminded that the vital issues in the communication about sexual matters with children is not about using perfectly age-appropriate words, but about keeping calm, controlling anxiety and showing child that you are interested in his/her question.

The session was ended by suggesting various child sexuality education books. Some of these books were brought by the researcher to the session for a quick browsing of participants. Many teachers said that pictures in the books are too detailed for children and they did not think that they were age-appropriate. They were explained that most of the books were the translated versions of books from Europe and that's why, for Turkey, they might seem too detailed. It was added that lifestyle and the needs of children and adolescents in Turkey had been under a change and an increasing number of children faced with more detailed sexual materials in the media or the internet.

Finally, the verbal evaluation of the session was obtained and participants generally indicated that they are satisfied with the flow of the sessions and they do not have any suggestion.

#### ***3.3.1.1.4. Session 4***

The goals of this session were determined as:

1. To inform the teachers about the myths and the facts related to child sexual abuse.
2. To inform teachers about symptoms of child sexual abuse
3. To inform teachers about how to prevent children from sexual abuse

The content of the session was developed regarding these goals. A PowerPoint presentation with an interactive approach and videos was used to support the presentation and it lasted about 80 minutes.

Firstly, the participants were presented the myths about child sexual abuse as a list on PowerPoint presentation but the list was not labeled as “myths” since participants were to discuss on whether each item on the list was a fact or a myth. Except two items (“Child sexual abuse is only seen in ‘problematic’ families.” “Children may tell lies about being abused, they may tell it for taking revenge or because of their imagery skills.”), all of the items were evaluated as facts. For these two items, related information was presented and the facts about them were explained.

Next, the characteristics of child sexual abusers and children-adolescents who molest were explained. After that symptoms frequently seen among children who were sexually abused were presented. Then, what to do to prevent children from sexual abuse was stated. A sample explanation for children for preventing them sexual abuse and teaching them good touch and bad touch was presented. Finally, teachers' role in preventing child sexual abuse was discussed. The session was ended by clarifying the concerns of teachers and applying the instruments for posttest.

After the completion of instruments, participants shared their feedbacks individually. Most of them stated that they were satisfied with the program and they found it very beneficial. Some teachers indicated that words like "masturbation" "ejaculation" "wet dreams" or "sexual games" sounded weird and made them ashamed in the beginning of the training period; however, at the end of the fourth day they became ordinary words. Additionally, one of the participants told that if there were no male in the group she would be more participative, since she was ashamed of talking about sexuality in the presence of a male. Another one stated that she was feeling panicky before, but after the program at least she was aware of how to react to sexual matters among children. One of the participants said that she did not want to complete the post test because the content of the program and questions in the test were contradictory to her culture and beliefs. It can be indicated that the program was completed as it was planned.

### **3.3.2. Development of the instruments**

Two different measures and a demographic information form were developed by the researcher in order to assess the effectiveness of the developed program on teachers' perceived competency level, knowledge level, and views on the child sexual development and education.

### ***3.3.2.1. Development of child sexuality and education knowledge test for teachers***

The first measure (see Appendix D) was a knowledge test, including 16 multiple-choice items covering basic principles of sexuality education, expectable and unexpected childhood sexual behaviors and importance of sexuality education. In the beginning of the instrument development process, based on the related literature, 22 multiple choice and 8 true-false questions had been developed for the knowledge test. Each right answer was to be scored with 1 point and each wrong answer would be scored with 0. Therefore, the total score was to be received from the test was 30. The questions in the test, firstly, had been checked in terms of content validity by a sexuality education expert, a doctorate student in measurement and evaluation program and a Turkish Literature teacher. After required clarifications were done, the knowledge test had been sent to two professors in Educational Psychology, and Measurement and Evaluation field. Based on the feedbacks of experts, the true false questions had been deleted and the content asked with those questions was melted within the other questions in knowledge test and view scale. After the last form of knowledge test was designed, it was again sent to the same experts. The questions that all of the experts are not agreed on were excluded so the instrument have gotten their final forms and got ready to be administered in the pilot study.

### ***3.3.2.2. Development of child sexuality and education questionnaire for teachers***

The second measure (see Appendix E) which was developed to obtain teachers' general views on child sexual development and education is consisted of three separate parts. These parts (explained in detail below) are namely, the Scale of Teacher Views on Childhood Sexual Behaviors, the Questionnaire for Behavioral Reactions to Childhood Sexual Behaviors, and the Questionnaire for Teachers' Opinions on Sexuality Education. In the beginning of the process, 41 items, Likert-type scale, ranging from 1



to 5 (5: strongly agree; 4 agree; 3: no idea; 2: disagree; 1: strongly disagree) had been developed by the researcher. These questions and items, firstly, had been checked in terms of content validity by a sexuality education expert, doctorate students in measurement and evaluation program and a Turkish Literature teacher. After required clarifications were done, the instrument had been sent to two professors in Educational Psychology and Measurement and Evaluation field. Based on their feedbacks, items in the view scale were separated in terms of “teachers’ views on expectable and unexpectable childhood sexual behaviors”, “teachers’ behavioral reactions to expectable and unexpectable childhood sexual behaviors”, and “teachers’ view on the principles of sexuality education”. After the last form of child sexuality and education questionnaires for teachers was designed, they were again sent to the same experts. The items that all of the experts are not agreed on were excluded and the instruments have gotten their final forms and got ready to be administered in the pilot study.

#### ***3.3.2.2.1. Scale of teachers’ views on childhood sexual behaviors***

The scale consists of 29 items to assess teachers’ views on expectable and unexpectable childhood sexual behaviors. . All of the items are presented in positive sentences, but 9 of them coded reverse since they are about the unexpected childhood sexual behaviors. The participants are asked to rate each item on a 3-point scale (1: don’t find it natural; 2: no idea; 3: find it natural). Getting a higher score means teachers find expectable behaviors as a natural part of sexual development and unexpectable ones as distractions in development.

#### **3.3.2.2.2. Questionnaire for behavioral reactions to childhood sexual behaviors**

In the second part of the measure, teachers’ behavioral reactions to expectable and unexpectable childhood sexual behaviors are assessed by using 12-item questionnaire.

For each item indicating a specific child sexual behavior, teachers are expected to select one or more answer among presented possible reactions. These reactions are: (1) I'd give punishment; (2) I'd ignore it; (3) I'd laugh at it; (4) I'd distract the child's attention (5) I'd warn him/her calmly; (6) I'd refer him/her to a specialist; (7) I'd call his/her family; (8) I'd give him/her related information. Reactions to items about unexpected behaviors and reactions to items about expectable behaviors can be evaluated separately.

#### ***3.3.2.2.3. Questionnaire for teachers' opinions on sexuality education***

In the last part of the measure, there are questions focusing on teachers' opinions about the principles of sexuality education in terms of 5 main themes: Why is sexuality education important? When it should be started? Who should give it? Where should it be given? How should it be given? To answer these questions participants are expected to select one or more of the presented choices and they are also given the option "other" in case they wish to fill out their own answers.

#### ***3.3.2.3. Demographic information form***

In the demographic information form (see Appendix VI), there are eight questions asking participants' gender, age, education level, branch, training background related to sexuality education, perceived competency level about child sexuality and education, sexuality information resources in their childhood, and experiences related to sexual issues among their students.

### **3.3.3. Pilot study for instruments**

The pilot study was conducted regarding two main purposes: firstly, to assess teachers' experiences related to child sexuality and their reactions to specific child sexual behaviors and secondly, to test the psychometric properties of the developed instruments.

Participants were selected by using a convenience sampling method, among teachers working with 5-12 year old children in Istanbul and Ankara. 520 teachers were reached and both instruments were administered to them by the researcher and six graduate students who trained about the instruments, during in-service training periods after schools closed in June and July 2014. Informed consent form was attached to the first page of the instruments. The return rate was 36.5%, ( $n = 190$ ). Instruments that most parts are empty were excluded, so that 186 instruments were used for further analysis.

The final pilot study sample ( $n = 186$ ) consisted of 139 (74.73%) female and 47 (25.27%) male teachers with age range of 21-63 years ( $M = 37.9$ ,  $SD = 10.71$ ). Majority of participants (68.82%) indicated that they did not have any training related to child sexuality ( $n = 128$ ). Among those who indicated that they got training on child sexuality, 11 (8.59%) said that they received short-term courses/seminars about child sexuality; 4 (3.13%) said they took in-service training; 15 (11.72%) said that they learnt about child sexuality during undergraduate/graduate degree; 2 (1.56%) said they were informed about it in guidance and counseling seminars; 2 (1.56%) said they learnt about it by self-training, 6 (4.69%) pointed out the seminars during high school as the source of their knowledge on childhood sexuality; and 9 (7.03%) did not mention the source of their training.

Regarding the question about teachers' experiences related to problems with child sexuality (Have you ever experienced problems with your students related to child sexuality?), 104 participants (55.91%) indicated that they have observed sexuality related problems among their students. 44.09% of the participants ( $n = 82$ ), on the other hand, stated that they have not experienced sexuality related problems with their students. Distribution of the problems classified by themes can be seen in *Table 2*.

Table 2.  
*Descriptive statistics for teachers' experiences about sexuality related problems in children (N = 186)*

Question	Teachers' answer	Problems	f (%)
Have you ever experienced problems with your students related to child sexuality?	Yes	Masturbatory behavior	22 (11.83)
		Problems related to puberty and sexual bullying	14 (7.53)
		Questions related to sexuality	18 (9.68)
		Childhood sexual games and problems related to physical boundaries	18 (9.68)
		Sexual themes in child drawings and jokes	16 (8.60)
		Age-inappropriate materials in social media	10 (5.38)
		Strict views of society about child sexuality	4 (2.15)
		Sexual identity problems	2 (1.08)
		Total	104 (55.91)
	No		82 (44.09)

As seen in Table 2, the most frequently cited problems were masturbatory behaviors, questions related to sexuality, sexual games related to physical boundaries, and sexual themes in child drawings and jokes.

The Child Sexuality and Education Knowledge Test mean score of the pilot sample was 9.84 ( $SD = 2.31$ ), and mean score of the sample on the Scale of Teachers' Views on Childhood Sexual Behaviors was 68.70 ( $SD = 9.81$ ). Perceived competency level of the teachers in the pilot study was found to be 5.46 ( $SD = 2.24$ ).

Regarding the Questionnaire for Behavioral Reactions to Childhood Sexual Behaviors, the frequency of selected reaction to each item is presented in Table 3. The most frequently selected reactions were "warning calmly", "referring to a specialist", "calling parents" and "giving related information". On the other hand, the least frequently selected reactions were "distracting child's attention", "giving punishment", and "ignoring" and "laughing".

Table 3  
*Frequencies of behavioral reactions to childhood sexual behaviors (N = 186)*

Items **	Giving punishment	Ignoring	Laughing	Distracting child's attention	Warning calmly	Referring to a specialist	Calling child's parents	Giving related information
1	3	10	0	55	65	105	60	50
2	3	5	2	19	98	81	51	56
3	15	0	0	12	37	149	88	32
4	7	3	0	11	69	74	86	55
5	4	2	2	12	29	136	89	39
6	1	3	1	13	14	56	25	128
7	13	0	0	11	51	136	97	41
8	15	0	1	8	51	124	101	36
9	6	6	3	11	74	100	66	44
10	18	5	1	5	127	58	52	46
11	16	2	3	6	121	65	53	56
12	32	0	0	4	47	142	101	53
Total *	133	36	13	167	783	1226	869	636

*Note.* \*One or more reaction selected for each item

\*\* 1. If I see my student masturbating in public place. 2. If I see my student playing a game like "Show me yours" with a peer. 3. If I frequently see my student masturbating in public place despite of the explanations and warnings. 4. If one of my students in elementary school looks at the websites having sexual content. 5. If my student frequently draws sexual contents. 6. If my student asks about a word related to sexuality. 7. If one of my students in elementary school frequently takes out his/her clothes and shows his/her private parts despite of the explanations and warnings. 8. If one of my students in elementary school frequently tries to pry others naked despite of the explanations and warnings. 9. If one of my students draws his/her private parts for the intention of game when he/she is with peers. 10. If I see my student telling bad words or words related to sexuality when he/she is with peers. 11. If my student tries to kiss and hug his peer even if his/her friend does not want. 12. If my student forces younger children to engage in sexual behaviors by pressure or deceive.

For the last part of Child Sexuality and Education Questionnaire for Teachers, namely Questionnaire for Teachers' Opinions on Sexuality Education, frequently selected answers for each question are presented below.

Among 186 participants, only 1.08% ( $n = 2$ ) stated that sexuality education is not necessary and they answered the question "Why is sexuality education not necessary?" as "Children can learn sexuality by themselves", "Sexuality education may harm psychology of children" and "Sexuality education encourages children to have sexual intercourse at early age and to engage in risky sexual behaviors".

Those who stated that sexuality education is necessary, mostly selected the answers of "it helps children become sexually healthy adults" (80.64%), and "it prevents children getting incomplete or incorrect information" (77.96%). Least selected answer for this question was "it strengthens the communication between children and adults who give sexuality education" (31.18%).

59.14% of the participants ( $n = 110$ ) indicated that sexuality education should begin in preschool. Moreover, 20.43% of them ( $n = 38$ ) indicated that it should begin in primary school, and 17.20% ( $n = 32$ ) indicated that it should begin right before the puberty. Only 0.54% ( $n = 1$ ) chose high school as the appropriate period to start sexuality education.

To the question of "who should primarily give the sexuality education?" 84.41% of the participants ( $n = 157$ ) answered that sexuality education should be given by families. Additionally, school counselors were also seen as responsible for sexuality education by 22.80% of the participants ( $n = 42$ ).

To the question "where should sexuality education be given?" 66.67% of the participants ( $n = 124$ ) stated that it should be given at home, 42.47% ( $n = 79$ ) stated that it can be given at school as lesson, 52.15% ( $n = 97$ ) selected in-school seminars as appropriate place, and 46.77% ( $n = 87$ ) indicated that it should be given in school counseling services.

The most frequently selected response to the question of "How sexuality education should be given?" was "it should be given incrementally down from birth without waiting child to ask question" (46.77%) and "it should be given after child asks

question” (39.24%). 25.27% of the participants ( $n = 47$ ) responded as “girls and boys should be given sexuality education in separate settings”.

Finally, for the last question which is about the content of sexuality education for children, 76.88% of the participants ( $n = 143$ ) responded that “anatomical differences of genders should be explained to children age-appropriately.” The answer of “both genders should be educated about biological characteristics and changes” was selected by 68.28% of the participants ( $n = 127$ ). Least selected answer, on the other hand, was “only the characteristics and changes about child’s own gender should be explained” (10.75%).

#### ***3.3.3.1. Reliability and validity studies for the Scale of Teachers’ Views on Childhood Sexual Behaviors***

The pilot study participants were asked to respond to 29 self-report items of child sexuality view scale to assess their views on expectable and unexpected childhood sexual behaviors. Primarily, to examine the psychometric properties of the scale, Principal Axis Factoring with Promax Rotation was conducted. The analysis revealed seven factors. The initial factor structure of the scale is presented in *Table 4*. Nevertheless, it was observed that most of the items did not cluster according to a theoretically meaningful factor structure. Then, various factoring methods were experimented in order to provide a well-rounded explanation for the psychometric properties of the scale.

As it was planned to obtain a total score of participants’ views on sexual behaviors of children, one-factor solution with Principal Axis Factoring with Promax Rotation was also tested. Based on the results, all the items with less than .30 loading on the factor were eliminated (item no 3, 6, 7, 13, 14, 16, 17, and 20). For the remaining items, single factor solution was tested again. Results showed that the single factor explained the 25.11% of the total variance. Factor loadings of the items are presented in



Table 5. The internal consistency coefficient of the scale was evaluated by calculating Cronbach alpha coefficient. The Cronbach alpha coefficient was found as .87.

Table 4  
Pattern Matrix for Child Sexuality View Scale Items (N =186)

Item no	Factor						
	1	2	3	4	5	6	7
1			.56				
2				.51			
3			.55			-.46	
4			.47				
5		.34	.61	-.35			
6			.59				
7	.60		-.30				
8	.34			.33			
9				.31			
10			.35		.33		
11			.45				
12			.52				
13					-.75		
14					.58		
15			.420				.33
16						-.58	
17	.45						-.44
18	.68						
19	.75						
20							.52
21	.91						
22				.79			
23				.66			
24		.43					
25	.56						
26		.72					
27				.77			
28		.81					
29		.82					
Variance explained	22.70%	15.70%	6.67%	5.52%	4.22%	4.15%	3.55%

Note: Extraction Method: Principal Axis Factoring

Table 5  
*Factor Matrix of Child Sexuality View Scale Items (N =186)*

Item no	Item loadings
1	.51
2	.67
4	.57
5	.48
8	.42
9	.66
10	.46
11	.51
12	.49
15	.32
18	.41
19	.36
21	.41
22	.62
23	.44
24	.43
25	.34
26	.48
27	.70
28	.51
29	.53

Note. Extraction Method: Principal Axis Factoring, 1 factors extracted

### ***3.3.3.2. Reliability and item analysis results for the child sexuality and education knowledge test***

16-question multiple choice knowledge test was applied to all participants in the pilot study. In the test, there was only one right answer for each question; therefore, nonresponses or multiple responses for a question were evaluated as wrong. Minimum and maximum scores ranged between 0 and 16. The average knowledge score of the pilot study sample was 9.84 ( $SD = 2.31$ ). The Kuder Richardson Coefficient of reliability (K-R 20) was used to test the reliability of

the child sexuality knowledge test. The internal consistency of the test was found to be below the suggested value .70 ( $K-R\ 20 = .51$ ).

In order to evaluate the knowledge test items' level of difficulty and capacity to discriminate, item analysis was carried out by the Test Analysis Program (TAP) version 14.7.4. Results showed that there were two problematic items. Those items' difficulty was either below .20 or above .90, and item discrimination (the Point Biserial Correlation) was either negative or below .20. When these items (item3 and item13) were excluded, the K-R 20 did not change significantly ( $K-R\ 20 = .51$ ). When another item (item9) whose item difficulty and item discrimination indexes fall slightly within the critical points was excluded from the analysis, K-R 20 increased ( $K-R\ 20 = .53$ ), but still falls behind the suggested value, .70. This may be because of the fact that number of items in the test is limited and that K-R 20 is influenced by the small number of items (Wells & Wollack, 2003). Item analysis results for child sexuality knowledge test including item difficulty, item discrimination and point biserial statistics are presented in *Table 6*.

Table 6  
*Item analysis results for child sexuality knowledge test (N =186)*

Item	Number Correct	Item difficulty	Discrimination index	Number correct in high group	Number correct in low group	Point Biserial	Adj. Point biserial
01	13	.73	.31	61 (.86)	28 (.55)	.36	.18
02	4	.22	.38	30 (.42)	2 (.04)	.41	.24
04	10	.58	.44	55 (.77)	17 (.33)	.41	.21
05	6	.36	.36	38 (.54)	9 (.18)	.34	.14
06	14	.76	.32	66 (.93)	31 (.61)	.34	.16
07	9	.49	.36	49 (.69)	17 (.33)	.34	.13
08	11	.59	.42	55 (.77)	18 (.35)	.40	.20
10	13	.71	.48	62 (.87)	20 (.39)	.45	.27
11	17	.91	.27	71 (1.0)	37 (.73)	.43	.32
12	13	.73	.51	64 (.90)	20 (.39)	.45	.28
14	16	.89	.13	65 (.92)	40 (.78)	.27	.14
15	15	.84	.37	68 (.96)	30 (.59)	.44	.31
16	12	.66	.39	60 (.85)	23 (.45)	.31	.11

### 3.4. Procedure

At the beginning of the intervention process, permission from the Middle East Technical University Human Subjects Ethics Committee and from the school was obtained. The training program was integrated into the in-service teacher training schedule of the school. In August 2014, within a two week period, training program and pretest-posttest procedures were implemented. One day before the

beginning of the program, an introductory meeting with all the teachers, both in the waiting list control group and in the training group was conducted in order to obtain their consent and to administer the pretest. The next day training program got started and continued through four days. All of the sessions lasted for about 90 minutes as it had been planned. Only the third session lasted for 110 minutes and a break had to be given in the middle of the process. At the end of the program, training group completed the posttests just before leaving the training class. Because of the practicality reasons in the school setting, control group, however, did not complete the posttests in the group atmosphere and with the presence of the researcher. After all posttests of the control group were gathered, the Session Summary Brochures were distributed to control group participants in order to inform them regarding the content of the training program.

### **3.5. Description of Variables**

The independent variables of the present study are the conditions of attending to the program (i.e., training and waiting list control groups), whereas the dependent variables are teachers' knowledge level on childhood sexuality, perceived competency level about child sexuality and education, and view on expectable and unexpectable childhood sexual behaviors.

**Knowledge level on childhood sexuality:** The total score of Child Sexuality and Education Knowledge Test.

**Perceived competency level about child sexuality and education:** The score obtained from the participants' responses to a single-question about their qualification levels related to child sexuality and education.

**View on expectable and unexpectable childhood sexual behaviors:** The total score of the Scale of Teachers' Views on Childhood Sexual Behaviors.

### **3.6. Data Analysis**

In order to assess the effectiveness of the four-session psycho-educational teacher training program regarding child sexual development on teachers' knowledge, competency and views about childhood sexuality development and education, non-parametric tests including Mann-Whitney U Test for between group comparisons and Wilcoxon Signed-Rank Test for within group comparisons were used. Alpha level was accepted as .05 in all statistical procedures. All of the statistical analyses were conducted by using Statistical Package for the Social Sciences (SPSS) version 20.

### **3.7. Limitations of the study**

There are some limitations for this study. First limitation is the use of convenience sampling method for both the experimental intervention and the pilot study. Due to the sensitivity of the topic, it was more convenient to conduct the intervention in a school that the researcher knew its teacher profile and which teachers would be willing to participate. Furthermore, since the intervention was conducted in only one private school, the results cannot be generalized to the whole population.

Secondly, because of the school administration's policy, participant teachers were not assigned to groups randomly, but the existing teacher list was used to assign participants into the groups. Although the groups were not formed as voluntary-based, using an existing name list inclines a limitation for this study. Due to the non-random assignment factor, the training background and education level of the participants could not be controlled and this led to an inequality between group participants' characteristics.

Unfortunately, failures in most of the assumptions of analysis of variances required the researcher to use nonparametric tests for intervention data analysis. Although it was thought that failures in the assumptions probably stem from the

small and unequal sample sizes, use of nonparametric tests rather than stronger parametric tests might influence the power of this study.

Moreover, although all parts of the child sexuality and education questionnaire were applied in the pilot study, only the data obtained from the first part (the scale of teachers' views on expectable and unexpected childhood sexual behaviors) were included in the data analysis of the intervention phase. Due to the limited number of participants and limited rate of responses provided for each question in the second and third part of the questionnaire, it was not possible to conduct a statistical analysis to compare within and between groups data.

Furthermore, "social desirability" may be a confounding variable since the participants might have selected answers that would meet the researcher's expectations rather than those reflecting their actual opinions.

Finally, the training program developed in the current study was included in regular in-service training program for teachers in summer. Due to the time limitation of the in-service training program, posttest data had to be collected right after the training. The permanence of the effect could not be measured since no follow-up data were collected. Follow-up assessment is significant in order to reliably interpret the effectiveness of a program. Therefore, the results should be evaluated considering this limitation.

Overall, the results of this study should be interpreted considering the above mentioned limitations since the effectiveness of the program can be regarded as valid and reliable only within the certain conditions of this study.

## **CHAPTER IV**

### **RESULTS**

This chapter presents data analysis results regarding each research hypothesis. It firstly provides the preliminary analyses for pretest results and assumptions of statistical analyses. Thereafter, based on the each hypothesis, statistical test results are stated in three sections. In the first section, Child Sexuality and Education Knowledge pretest-posttest score comparisons of training and control groups are presented. In the second section, Child Sexual Development Teacher's View Scale pretest-posttest score comparisons of training and control groups are exhibited. In the last section, perceived competency level pretest and posttest score comparisons of training and waiting list control groups are presented..

#### **4.1. Preliminary analyses**

To begin with, in order to determine which statistical tests to be used in the analysis of the experimental data, assumptions of Analysis of Variances (ANOVA), specifically, "no outlier in the data", "normality", "homogeneity of variances", and "homogeneity of covariances" were explored.

Firstly, with respect to pretest and posttest child sexuality knowledge test scores, assumptions of ANOVA were examined. The results indicated that there



were no outliers in the data, as assessed by inspection of a boxplot for values greater than 1.5 box-lengths from the edge of the box. Knowledge test scores were normally distributed for all conditions at both time points, as assessed by Shapiro-Wilk's test ( $p > .05$ ) except posttest scores of training group ( $p < .001$ ). As assessed by Levene's test, assumption of homogeneity of variances is met ( $p > .05$ ). However, homogeneity of covariances assumption, as assessed by Box's test of equality of covariance matrices ( $p = .18$ ), was not met.

Secondly, assumptions of “no outlier in the data”, “normality”, “homogeneity of variances”, and “homogeneity of covariances” were explored with regards to view scale scores of the participants. As assessed by inspection of a boxplot for values greater than 1.5 box-lengths from the edge of the box, even though there was no significant outlier in the posttest data of each group, there was one significant outlier in the pretest data of each group. Shapiro-Wilk's test of normality showed that view scale scores were not normally distributed for all conditions at both time points ( $p < .05$ ). Levene's test of homogeneity of variances confirmed that the variances in view scale scores of training group and control group were statistically equal ( $p > .05$ ). Assumption of homogeneity of covariances was also met, as assessed by Box's test of equality of covariance matrices ( $p > .05$ ).

Finally, assumptions for ANOVA regarding the perceived competency level scores of control and training groups were examined. The results showed that there was no outlier in the data, as assessed by inspection of a boxplot for values greater than 1.5 box-lengths from the edge of the box. Knowledge test scores were normally distributed for all conditions at both time points, as assessed by Shapiro-Wilk's test ( $p > .05$ ) except posttest scores of training group ( $p = .003$ ). As assessed by Levene's test, assumption of homogeneity of variances, and as assessed by Box's test assumption of homogeneity of covariances are met ( $p > .05$ ).

Descriptive statistics were also run for pretest and posttest results of control and training groups regarding the knowledge test, view scale and perceived competency level. In *Table 7*, means, standard deviations, potential and actual score ranges for dependent variables of the study are presented.

Table 7

*Descriptive statistics for knowledge test, view scale and perceived competency level pretest and posttest results of control and training groups*

Measures	Groups	Time	<i>M (SD)</i>	Potential Range	Actual Range
Knowledge Test Scores	Training	Pre	9.78 (1.59)	0-13	6-12
		Post	12.17 (0.94)		10-13
	Control	Pre	9.47 (1.81)		6-12
		Post	9.32 (1.60)		6-12
View Scale Scores	Training	Pre	52.09 (5.71)	21-63	35-63
		Post	58.04 (5.52)		41-63
	Control	Pre	56.05 (5.14)		41-63
		Post	54.37 (5.27)		39-60
Perceived Competency Level	Training	Pre	4.74 (2.36)	0-10	0-9
		Post	7.74 (1.01)		5-9
	Control	Pre	5.68 (2.19)		1-9
		Post	5.16 (1.68)		1-8

As seen in *Table 7*, in the pretests both training and control group participants reported high levels of knowledge, high view scale scores and moderate levels of perceived competency when compared with the actual score ranges of the variables. In the post tests, though waiting list control group participants' knowledge test, view scale and competency level scores remained almost same, training group participants reported higher levels of knowledge, view and competency scores when compared with the actual score ranges of the variables.

Because of the failures in some of the assumptions of ANOVA, non-parametrical analyses were performed in order to test the differences between pretest scores of training and control groups with respect to dependent variables - knowledge test scores, view scale scores and perceived competency level scores.

To examine the equivalency of the training and control group pretest scores of Child Sexuality and Education Knowledge Test, a Mann-Whitney U test was used. Knowledge test scores of waiting list control group (mean rank = 20.50) were not significantly different from the training group scores (mean rank = 22.33),  $U = 199.50$ ,  $p > .05$ .

In order to explore if there is a significant difference between training and waiting list control groups with respect to pretest scores of view scale, a Mann-Whitney U test was run. The results yielded that view scale pretest scores of control group (mean rank = 27.45) were significantly different than the training group scores (mean rank = 16.59),  $U = 331.5$ ,  $p = .004$ .

A Mann-Whitney U was used to examine whether there is a significant difference in the pretest perceived competency level scores of each group. The results indicated that there was no statistically significant difference between training (mean rank = 19.07) and waiting list control group (mean rank = 24.45) participants' competency pretest scores,  $U = 274.50$ ,  $p = .15$ . Consequently, before the implementation of psycho-educational program, two groups were equal

in terms of sexuality knowledge and perceived competency level; however, they were not equal in terms of view scale scores.

#### **4.2. Results related to Child Sexuality and Education Knowledge Test scores**

The hypothesis of “there is a significant difference between training and waiting list control groups with respect to posttest scores of Child Sexuality and Education Knowledge Test” was examined by using a Mann-Whitney U test. Results indicated that distributions of the knowledge posttest scores of training and control groups were not similar, and knowledge test scores of control group (mean rank = 11.42) were statistically significantly different than the training group scores (mean rank = 29.83),  $U = 27$ ,  $p = .00$ ,  $r = .76$ , medium effect.

Regarding the hypothesis that there is a significant difference between Child Sexuality and Education Knowledge pretest and posttest scores of training group, Wilcoxon Signed-Rank Test was conducted. However, because distribution of the data was not symmetrical, Related Samples Sign-Test was preferred to compare within-subjects pretest and posttest scores. The results showed that there is a statistically significant median increase in the posttest scores of training group ( $Mdn = 12.00$ ) compared to pretest scores ( $Mdn = 10.00$ ),  $Z = 4.06$ ,  $p = .00$ ,  $r = .85$ , large effect.

In order to test the third hypothesis, “There is no significant difference between Child Sexuality and Education Knowledge pretest and posttest scores of waiting list control group.” related Samples Sign-Test was carried out. Results indicated that there is no significant median change in the posttest scores of control group ( $Mdn = 9.00$ ) comparing to their pretest scores ( $Mdn = 9.00$ ),  $Z = -.83$ ,  $p > .05$ .

Consequently, the results with regards to the knowledge test scores of training group and control groups before and after the training yields that training group achieved better than the control group at the end of the training period.

#### **4.3. “Results related to the Scale of Teacher Views on Childhood Sexual Behaviors**

Because the view scale pretest scores of training and waiting list control groups were not equal, a Mann-Whitney U test was conducted with the gain view scale scores in order to test the fourth hypothesis, “there is a significant difference between training and waiting list control groups with respect to posttest view scale scores”. The results showed that there is a statistically significant difference between the gain scores of training group (mean rank = 28.26) and waiting list control group (mean rank = 13.32) after the training  $U = 63.00$ ,  $p = .00$ ,  $r = .61$ , medium effect.

The hypothesis that there is a significant difference between pretest and posttest view scale scores of training group was examined by Wilcoxon Signed-Rank Test. Results yielded that compared to the pretest view scale scores ( $Mdn = 53$ ), at the end of the training period, training group’s scores increased significantly ( $Mdn = 60$ ),  $Z = 3.61$ ,  $p = .00$ ,  $r = .75$ , medium effect.

Finally, the hypothesis that there is no significant difference between pretest and posttest view scale scores of waiting list control group was tested by Wilcoxon Signed-Rank Test. Results showed that posttest view scale scores of control group participants ( $Mdn = 56$ ), decreased significantly compared to their pretest scores ( $Mdn = 58$ ),  $Z = -2.39$ ,  $p = .017$ ,  $r = -.55$ , medium effect.

To sum up, results related to the data obtained by view scale from training and waiting list control groups before and after the training indicated that the training group participants, compared to the control group participants, developed more positive views regarding childhood sexual behaviors.

#### 4.4. Results related to the perceived competency level scores

The perceived competency levels of participants in both groups before and after the training were also compared by employing nonparametric tests. Regarding the hypothesis that there is a significant difference between training and waiting list control groups with respect to perceived competency level posttest scores, a Mann-Whitney U Test was employed. The analysis yielded that after the training period perceived competency level mean rank scores of training (mean rank = 29.39) and control (mean rank = 11.95) groups were significantly different from each other,  $U = 37$ ,  $p = .00$ ,  $r = .72$ , medium effect.

Additionally, for the hypothesis of “There is a significant difference between perceived competency level pretest and posttest scores of teacher training group” a Wilcoxon Signed-Rank Test was implemented. The results showed that posttest perceived competency level of training group participants ( $Mdn = 8$ ), changed significantly comparing to their pretest scores ( $Mdn = 5$ ),  $Z = 3.93$ ,  $p = .00$ ,  $r = .82$ , large effect.

In order to test the hypothesis that there is no significant difference between perceived competency level pretest and posttest scores of waiting list control group, Wilcoxon Signed-Rank Test was conducted. The results showed that in the posttest, perceived competency level of control group ( $Mdn = 5$ ) did not change significantly compared to the pretest data ( $Mdn = 6$ ),  $Z = -1.67$ ,  $p = .10$ .

Putting it all together, after attending the training program, perceived competency level of participants in training group compared to those in the control group increased significantly.

## **CHAPTER V**

### **DISCUSSION**

This chapter discusses the findings of the study in terms of related literature, and implications for future studies and psychological counseling field. Firstly, the effectiveness of teacher training program about child sexuality and education is evaluated regarding the purpose of the study. Next, implications for teacher training and school counseling services are presented. Finally, recommendations for future practice and research are stated.

#### **5.1. Discussion of the Findings**

Even though parents have the primary responsibility for giving sexuality education to their children, due to the lack of parental guidance on sexuality education of children, in many countries, schools have begun taking this responsibility. Whether or not school based sexuality education programs are applied, in school setting, teachers find themselves in a requirement of giving sexuality education, since they frequently face with sexuality related behaviors or questions of students. However, most of them avoid giving related information about sexuality to students due to lack of knowledge or skills, feeling of incompetency, or fear of parental opposition. Because school counselors are seen experts of child sexual development and education, most of the issues related to

child or adolescent sexuality are referred to counseling services. Helping teachers to learn discriminating childhood sexual behaviors as expectable/natural or unexpectable/unnatural is important in terms of taking the burden on the counseling services, since handling issues that are natural part of child sexual development can be time consuming. Furthermore, from the eye of the student, being referred to counseling service because of a harmless sexual behavior or question can be too anxiety provoking. It may also affect his/her sexual socialization negatively since it may lead an unconscious learning that doing or asking about sexuality is something wrong and unacceptable and thus they may use untrustworthy or age-inappropriate materials as a source of sexual knowledge. As it is also stated by Milton (2003), considerable number of teachers is in need of more opportunities for training about sexuality. That's why, it is important to train teachers related to child sexual development and education.

Regarding this context, this study has two purposes. The first one is to develop a psycho-educational teacher training program about child sexual development and education. Second is to assess its effectiveness on teachers' knowledge level related to child sexuality and education, on their views on expectable-unexpectable childhood sexual behaviors and on their perceived competency level. Ultimate goals of this study, primarily, are to provide a useful guide for teachers who have difficulty in discriminating expectable childhood sexual behaviors from unexpectable ones and in giving age-appropriate reactions to children's sexual behaviors and questions, so that to prevent disruptions in healthy sexual socialization of children. Finally, it aims to stress the importance of SBSE in order to overcome the prejudices about sexuality education in the long run.

The results indicated that a four-session training program has a positive effect on teachers' knowledge level related to child sexual development and education. This result is consistent with the previous findings especially showing a significant increase in the knowledge level of teachers after participating in the sexuality training programs (Carter & Frankel, 1983; Gürşimşek, 2010; Levenson-Gingiss & Hamilton, 1989b; Smith, Flaherty, & Webb, 1981). Since it is known



that lack of knowledge and skills related to sexual health is an outstanding factor affecting teachers to be reluctant for giving sexuality education (Jobanputra, Clark, Cheeseman, Glazier, & Riley, 1999), increasing teachers' sexual knowledge level and skills appears significant in terms of making them more open to providing children sexuality information.

Feeling of confidence is also a significant factor affecting teachers' communication with children about sexual matters. Considerable number of teacher do not perceive themselves as competent on child sexuality (Abolghasemi, MerghatiKhoei, & Taghdissi, 2010; Alldred, David, & Smith, 2003; Levenson-Gingiss & Hamilton, 1989a; Veiga, Teixeira, Martins, & Melico-Silvestre, 2006). Therefore, in the current study it was aimed to increase teachers' perceived competency level and the results yielded that the training group participants perceived competency level increased at the end of the training period. This finding is also consistent with the previous study showing the effect of teacher training program on teachers' competency levels (Levenson-Gingiss & Hamilton, 1989b; Watanabe & Nozu, 2004). However, the results yielded that there was a decrease in the perceived competency level of the control group. This may be because of the fact that question about competency level is asked before answering the questions in knowledge test and view scale. After participants answered the questionnaires, off-record reactions of teachers were like 'I realized that I didn't know anything about child sexuality' and 'These questions showed me that sexuality education is not that simple' etc. After seeing the questions they might have felt themselves less competent, so in the posttest they might have indicated their competency level lower than the previous time. Additionally, the drop in the perceived competency level of teachers in control group participants' posttests can be interpreted as, because teachers tend to avoid dealing with child sexuality issues, they are usually not aware of their lack of skills and knowledge.

The results of the present study also showed that even a short term training program for teachers can have an effect on changing their views about child sexuality and education. The fact that most teachers in Turkey are against the early sexuality education and believe that children are not ready to be educated about sexual matters (Gökdeniz, 2008; Özmen, Çetinkaya, Kuş, Yilmaz, & Hügül, 2006) mostly stems from the lack of training about child sexual development. After receiving training and learning about the natural side of child sexuality, teachers changed their negative views on natural and expectable child sexual behaviors.

Since attitude change is difficult to be managed with short-term training programs, previous studies showed that teachers' nonaccepting views especially about sensitive sexuality issues, such as masturbation and homosexuality, persist even after the training programs (e.g., Carter & Frankel, 1983; Gürşimşek, 2010; Levenson-Gingiss & Hamilton, 1989b). However, the current study shows that after receiving adequate training even on sensitive issues, such as childhood masturbation or childhood sexual games which occur in certain conditions, can be evaluated by teachers as the natural part of development. The teachers participated in this training program changed their views on expectable and unexpected childhood sexual behaviors in a positive way, and comparing to the waiting list control group they discriminated natural and unnatural sexual behaviors of children more accurately.

Despite of the positive effect of training program on teachers' general views on child sexual behaviors; it is difficult to explain the difference in the pretest scores of control and training groups. The control group had a higher mean view scale score than the training group this may be because the teachers in control group had higher educational level than the ones in the training group since there is a relationship between higher educational level and positive view on child sexuality and education (e.g., Dake et al., 2014; Onwuezobe & Ekanem, 2009). Another possible reason for the difference in the pretest view scale scores

of the groups can be related to the difference in the participants' training background. The number of teachers who had previously received training about child sexuality was higher in control group compared to the training group. Because of the non-random assignment, this limitation could not be controlled.

Negative change in the view scale posttest scores of control group, besides, can be because of the decrease in the perceived competency level of teachers in that group. It seems that teachers in control group got confused and could not be sure about their answers in the posttest, since after pretest they created a self-perception about the fact that they are not as competent about child sexuality as they thought before.

Aforementioned, the ultimate goals of the present study is to change public view about school-based sexuality education and preventing disruptions in healthy sexual socialization of children. As Walker and Milton (2006) suggested, providing training opportunities related to child sexuality for teachers would help them enthusiastically implement sexuality education curriculum and encourage parents to involve in their child's sexuality education. Therefore positive changes in teachers' knowledge and competency level, and views on child sexuality after training program are remarkable in terms of replacing avoidant attitudes toward child sexuality education with more courageous ones in the future. Furthermore, significant people around children, directly or indirectly and positively or negatively, take part in sexual socialization of children (Gil & Johnson, 1993). Since children have similar attachment bond with their teachers as they have with their parents (Howes & Hamilton, 1992; Howes & Matheson, 1992) and since this fact provides an enormous influence power for teachers, it can be stated that teachers are the ones who significantly involve in sexual socialization of children. Hence, training teachers about normative sexual development of children and disruptions in it seems crucial in order to help children to become sexually healthier adults.

## 5.2. Implications

Based on the findings of this study several implications for educational sciences and school counseling can be drawn. First of all, this study showed that training teachers about child sexuality can have an immediate effect on changing their negative views on child sexuality. In the context that there is a general opposition to early school based sexuality education (Yıldız, 1990; Tuğrul & Artan, 2001, Özmen, Çetinkaya, Kuş, Yılmaz, & Hügöl, 2006; Gökdeniz, 2008; Eliküçük & Sönmez, 2011), it is important to change this negative view. The findings of this study showed that even by a short term training program, it is possible to change the negative views on child sexuality. Furthermore, because it is known that lack of knowledge and skills related to child sexuality and education is one of the major obstacles for teachers engaging in communication about sexual issues with their students (e.g., Eisenberg, Madsen, Oliphant, & Resnick, 2012; Jobanputra, Clark, Cheeseman, Glazier, & Riley, 1999), improving teachers knowledge level seems important in order to open a channel of communication with their students. Improving knowledge level of teachers related to child sexuality is also vital for teachers to find appropriate reactions to deal with sexual behaviors in school setting, since many teachers give unsuitable reactions to sexual behaviors of children (Yeşilay & Akbaba Altun, 2009). Consequently, the program developed in this study can be used both in-service and pre-service teacher trainings.

Second implication can be drawn for counselors. Counselors are regarded as specialists about sexuality (Başgül, 1997; Cupit, 2010; Hatipoğlu Sümer & Engin Demir, 2006). Likewise, school counselors are expected to develop and monitor the sexual education programs (Dycus & Costner 1990; Pietrofesa, 1976). Contradictory to general opinion, counselors do not feel competent enough about many sexuality issues and they need additional training related to sexuality (Topkaya & Hatipoğlu Sümer, 2010). However, counselors need to be equipped with the knowledge and self-awareness about various sexual matters in order to help their clients effectively (Bridges, Lease, & Ellison, 2004; Hatipoğlu Sümer,

2007; Tobin, Duncan, & Frank, n.d.) and to fulfill their responsibilities in the implementation of sexuality education programs (Cooley, 1998; Sharpe, 2003). Hence, the program developed in this study can be used as a comprehensive guide for school counselors, who are seen as specialists on child sexuality and who has a great responsibility in implementing sexuality education programs and changing views on child sexuality and education. They can utilize the program for their own purposes to improve their knowledge related to child sexual development and education.

As James (1999) stressed, school counselors are responsible to consult with teachers and supervise them about child and adolescent sexuality issues. Particularly, in order not to miss any indicator of child sexual abuse, for example unusual sexual behavior or mood change that can be a sign of sexual abuse, school counselors must train parents as well as teachers about unexpected sexual behaviors of children. School counselors can benefit from this program also as a tool to prepare an in-service training program for teachers in their own schools, so that they can supervise them about expectable and unexpected childhood sexual behaviors.

Finally, the instruments developed in this study can be used by school counselors to conduct need assessment about teachers' opinions, knowledge and competency related to child sexuality and education. Before implementation of in-service teacher training program, school counselors can apply the instruments developed in this study so that they can adapt the program according to the needs of the teacher profile.

Consequently, this study presents a package program, involving a comprehensive document about sexuality education and child sexual development, four PowerPoint presentations summarizing the document, four brochures briefing the information presented in each session, a template for the content and the activities used in the sessions, and finally two instruments to measure knowledge level and views on child sexuality and education. This

package provides an efficient tool for teachers and school counselors both for professional and academic use.

### **5.3. Recommendations**

For the interpretation of the results, the limitations of the study should be taken into consideration, since the findings related to the effectiveness of the program reflect only the data obtained under the certain conditions of the study. Thus, future research is needed in order to assess the effectiveness of the program in different conditions by eliminating the limitations. For instance, due to the limitations related to convenient sampling, it is important to replicate this study among randomly selected teachers. Therefore, in the future research, teachers who selected randomly among different schools may be given the same training and effectiveness of the training on a more generalizable sample can be analyzed.

Furthermore, non-random assignment was used because of the administrative issues at the school that the training program took place. This is a significant limitation of the study, though the assignment was not voluntary-based, but based on existing name list. Due to the non-random assignment factor, the training background and education level of the participants could not be controlled and this led to an inequality between groups. In further studies, a control group experimental design with random assignment should be implemented in order to control any confounding variables such as sexuality training background or education level.

Thirdly, this study was conducted among teachers working in a private school. Teachers in private schools may be more open to new perspectives than the ones in public schools. Hence, in the future studies, the effectiveness of this program should be examined in public schools.

Fourth recommendation expresses the need for objective analysis of the impact of the program on counseling services. In further research, guidance and

counseling service records about referred children and parents who have concerns related to sexuality can be analyzed. Therefore, the assumption that teacher training programs related to child sexuality and education decrease the burden on school counseling services can be tested.

Moreover, due to the time constraints in the research procedure, posttest data had to be collected right after the program. Positive change in views, increase in knowledge and perceived competency levels of training group might be observed because of learnt information was too recent. It is recommended that in order to examine the permanence of the training effect and evaluate the teaching methods used in training a follow-up study should be conducted.

Additionally, there are limited numbers of teachers in the school in which the intervention took place and this restricted the sample even though almost all of the teachers in that school participated in the study. Also, because a few participants in each group did not prefer to complete the instruments in the posttest, sample sizes became unequal. Hence, in further studies larger and equal sample sizes in each group are recommended to be used in terms of applying more powerful parametric tests.

Finally, session and program evaluations were obtained only by off-record verbal feedbacks of the training group participants. Objective evaluations of participants concerning the training methods used in the sessions and contents covered throughout the program appear significant for the improvement of the program in the future. It is recommended that in further studies, objective participant evaluations should be gathered.

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## APPENDICES

### APPENDIX A:

#### Teacher Training Program about Child Sexuality Development and Education

135

<b>Introductory Meeting</b>	30 min.	Introducing the research and training program  Pretest					
<b>Sessions</b>	<b>Duration</b>	<b>Contents</b>	<b>Goals</b>	<b>Attainments</b>	<b>Activities</b>	<b>Method</b>	<b>Materials</b>
<b>Sessions 1</b>	90 min.	Sexuality education and its importance	1. To inform teachers about the concept of sexuality and sexuality education 2. To inform teachers about misbeliefs related to child sexuality 3. To inform teachers about the necessity of child sexuality education	<ul style="list-style-type: none"> <li>- Explains the concept of sexuality and sexuality education.</li> <li>- Express their own misbeliefs about child sexuality and explain why they are misbeliefs</li> <li>- Explains the importance of sexuality education</li> </ul>		PowerPoint presentation, Question-answer, Large group discussion	Computer, Projector, Cession Summary Brochures

<b>Session 2</b>	90 min.	<p>Child sexual development from birth to adolescence and how to discriminate a natural/expectable childhood sexual behavior from unnatural/unexpectable ones</p>	<p>1. To inform teachers about the expectable child sexual behaviors in each developmental stage and possible reasons of these behaviors</p> <p>2. To inform teachers about unexpected child sexual behaviors and criteria used for discriminating expectable behaviors from unexpected ones</p> <p>3. To inform teachers about the critical childhood sexuality issues that require professional help</p>	<ul style="list-style-type: none"> <li>- Lists the phases in child sexuality development</li> <li>- Gives examples about natural/expectable childhood sexual behaviors in different developmental phases</li> <li>- Gives examples about unnatural/unexpectable childhood sexual behaviors in different developmental phases</li> <li>- Discriminates expectable childhood sexual behaviors from unexpected ones</li> </ul>	<p>Participants are grouped into four and work on hypothetical cases given by worksheets. They are instructed to decide on whether child sexual behavior in each case is developmentally expectable or unexpected. After that, each case is discussed in large group.</p>	<p>PowerPoint presentation, question-answer, Large group discussion, Case analysis</p>	<p>Computer, Projector, Cession Summary Brochures Case worksheets</p>
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<b>Session 3</b>	90 min.	What to teach children about sexuality, When to teach it, and How to respond specific questions of children	<p>1. To inform teachers about the age-appropriate content of the sexuality education for children</p> <p>2. To inform teachers about children's frequently asked questions related to sexuality</p> <p>3. To inform teachers about the age-appropriate reactions to children's questions related to sexuality</p>	<ul style="list-style-type: none"> <li>- Lists the age-appropriate sexuality education content</li> <li>- Gives examples about children's frequently asked questions related to sexuality.               <ul style="list-style-type: none"> <li>- Gives age-appropriate reaction to children's frequently asked questions related to sexuality.</li> </ul> </li> </ul>	Participants are grouped into pairs and instructed to role play a situation when a student asks a question related to sexuality and teachers is expected to answer. After role plays, they are encouraged to share their own experiences in the roles.	PowerPoint presentation, Question-answer, Large group discussion, Role play	Computer, Projector, Cession Summary Brochures Various child sexuality education picture books
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<b>Session 4</b>	90 min.	Protectin g children from sexual abuse.	1. To inform the teachers about the myths and the facts related to child sexual abuse. 2. To inform teachers about symptoms of child sexual abuse 3. To inform teachers about how to prevent children from sexual abuse	- Explain the myths about child sexual abuse. - Lists the symptoms of sexual abuse - Explains what to do in order to prevent child sexual abuse		PowerPoint presentation, Question-answer, Large group discussion	Computer, Projector, Cession Summary Brochures
	20 min.	Posttest					

## APPENDIX B: Session Summary Brochures



Eğitim Bilimleri Bölümü

Rehberlik ve Psikolojik Danışmanlık Programı

# ÇOCUK CİNSEL GELİŞİMİ VE EĞİTİMİ

Öğretmen Bilgilendirme Programı

1. OTURUM

## Bu program neden önemlidir?

Son yıllarda çocukların medya ve internetin etkisi ile cinsel içerikli yayınlara çok daha erken yaşta ulaştıkları ve cinsel istismara daha fazla açık hale geldikleri gözlenmektedir. Bu nedenle, öğretmenlerin rehber öğretmenlere çocuk cinsel gelişimi ile ilgili ilettiği sorunlarda ciddi bir artış olduğu görülmektedir. Bu sorunlar incelendiğinde doğal cinsel gelişim içerisinde yer alan çocuk davranışlarının çocuk cinsel gelişimine zarar verecek boyutta panik ile karşılandığı ve riskli olarak düşünülebilecek davranışların ise cinsellik ile ilgili genel toplumsal tutumlar nedeniyle göz ardı edildiği düşünülmektedir.

Öğretmenlerin öğrencilerini en az velileri kadar iyi tanıdığı ve öğrencilerin pek çok konuda velilerinden önce öğretmenlerinden yardım istediği gözlemlerinden yola çıkarak cinsel eğitimde öğretmenlerin büyük bir öneminin olduğu düşünülmektedir. Ancak alandaki gözlemler ve ilgili akademik çalışmalar göstermiştir ki öğretmenlerin çocuk cinsel gelişimi konusunda ciddi bir bilgi eksikliği vardır. Bu bilgi eksikliği nedeniyle cinsel içerikli davranış sergileyen ya da soru soran öğrencilere verilen tepkiler zaman zaman zarar verici olabilmektedir. Bu sorunu engellemek için veliler kadar öğretmenlerin de çocuk cinsel gelişimi konusunda eğitim almaları gerekmektedir.

Bu programın amacı, öğretmenleri çocuk cinselliği konusunda bilgilendirmektir. Bu sayede öğrencilerin öğretmenleriyle cinsellik konusunda daha açık bir iletişime sahip olabilecekleri ve cinsellik konusundaki herhangi bir sorun durumunda öğretmenlerinden yardım istemelerini kolaylaştıracağı öngörülmektedir. Ayrıca öğretmenleri, çocuklarda gelişimsel olarak beklendiği olan cinsel davranışlar ve risk grubundaki cinsel davranışlar konusunda bilgilendirerek yanlış yönlendirmelerin önüne geçilmesi amaçlanmaktadır.

**Bir pedofilik  
mahkumunun itirafı:**

«Çocuk cinsellik  
konusunda hiçbir  
şey bilmiyordum;  
ben de onu  
eğittim.»

## Bu oturumda:

- Cinsellik ve cinsel gelişim
- Cinsel eğitim
- Cinsel eğitimin önemi
- Cinsel eğitimin amaçları
- Cinsel eğitim yöntemleri
- Cinsel eğitimde öğretmenlerin rolü

## Cinsellik

- Cinsellik denildiğinde genellikle bedensel faktörler yani cinsel organlar ve cinsel davranışlar akla gelir. Ancak cinsellik kavramı sadece fiziksel özellikleri ve davranışları değil; duygusal, bilişsel ve toplumsal faktörleri de kapsamaktadır.
- İnsanların değerleri, inanışları, duyguları, tutumları, davranışları ve fiziksel görünüşleri cinsellikleriyle ilişkilidir.



**Cinsellik, doğumdan önce başlar ve yaşam boyu devam eder.**

**Cinsel sağlık, sadece hastalık olmaması değil, genel bir iyilik halidir.**

### Cinsel Kimlik

- Cinsel kimlik, kişinin kendi cinselliği ve cinsiyeti ile ilgili nasıl hissettiğidir.
- Cinsel davranışlar her zaman kişinin cinsel kimliğini yansıtmaz.
- Cinsel tercihler her zaman kişinin cinsel kimliğini yansıtmaz.
- Çocukların cinsel kimlik ile ilgili algıları genellikle 18-24 ay arasında oluşmaya başlar.
- Kişinin cinsel kimliği, biyolojik cinsiyeti ile paralellik göstermek zorunda değildir.

## Çocuk Cinselliği

Cinsellik, sadece cinsel ilişkiye girmek demek değildir. Bu nedenle, çocuk cinselliğini yetişkin cinselliği ile eş değer tutmak ve çocuk cinsel davranışlarını yetişkin bakış açısı ile algılamak doğru değildir. Çinkü doğal gelişime sahip çocukların cinsel içerikli davranış ve soruları kendilerini ve dünyayı anlam amaçlarından ve meraklarından ibarettir. Yetişkin dünyasındaki cinsellik algısından uzaktır. Ancak, çocuklarda gelişimsel olarak beklenmedik cinsel davranışlar dikkatle izlenmeli ve derhal uzman yardımı alınmalıdır, çünkü bu davranışlar istismar belirtisi ya da psikolojik bir sorunun işaretidir olabilir. Bu nedenle yetişkinlerin çocuk cinselliği konusunda bilgilendirilmesi hayati önem taşımaktadır.



Yaygın kanının aksine, çocuklar, cinsel bilgiler yaşlarına uygun olarak verildiğinde cinsellik ile ilgili temel kavramları anlayacak kapasiteye sahiptir. Benzer şekilde, 'ne de olsa anlamaz' diye verilen yanıltıcı bilgileri de fark ederler ve o bilgiyi veren yetişkine karşı güven kaybı yaşarlar.

## Cinsel eğitimin içeriği ne olmalıdır?

- Cinsiyetler arasındaki anatomik farklılıklar
- Her iki cinsiyet ile ilgili biyolojik özellikler ve değişimler
- Üreme
- Cinsel istismar
- Cinsel kimlik ve cinsel yönelimler
- Cinsel ve romantik ilişkiler
- Cinsellik konusunda toplumsal ve ailevi değerler
- Cinsel yolla bulaşan hastalıklardan korunma

**Cinsel eğitim vermek için, çocuğun soru sorması beklenmemelidir.**

## Yetişkin tepkilerinin etkileri

Çocuklar diğer pek çok konuda olduğu gibi, cinsellik konusunda da soru sorarlar. Sorunun sonulduğu yetişkin konuyu geçştirir, ona kızar, güler ya da anne-babasına sorması gerektiği gibi cevaplar verirse, çocuk sorduğu soru nedeniyle suçluluk duygusuna kapılabilir, bu konu ile ilgili tekrardan soru sormaktan çekinebilir ve farklı bilgi kaynaklarına yönelebilir.

**Cinsel eğitim kim tarafından verilmelidir?**

**Öncelikle aile** tarafından verilmelidir.

Öğretmenler ve okulu destekleyici rol oynarlar. Okullarda sistemli ve kapsamlı cinsel sağlık dersleri verilmelidir.

Aileler çocuğun birinci cinsel bilgi kaynakları olsa da çocuk cinsellik ile ilgili **sorumu kime sorduysa soruyu o kişinin cevaplama**si daha doğrudur.

## Cinsel eğitim neden önemlidir?

- Çocukların, yetişkinlikte cinsel yönden sağlıklı birer birey olmalarına yardımcı olur.
- Erken yaşta cinsel ilişki, sık partner değiştirme, korunmasız cinsel ilişki risklerini azaltır.
- Çocukların, cinsellik ile ilgili yanlış ya da eksik bilgiler edinmelerini önler.
- Çocukların, eğitimi veren yetişkinlerle iletişimini güçlendirir.
- Çocukları cinsel istismardan korumaya yardımcı olur.
- Çocukların kendilerine güvenlerini artırır, suçluluk duygusunu azaltır.
- Ergenlik döneminde yaşanan sorunlarla baş etmeyi kolaylaştırır.

**Cinsel eğitim,  
0-2 yaş dönemin-  
den itibaren ço-  
cuğun gelişim  
düzeyine uygun  
bir şekilde ve  
aşamalı olarak  
verilmelidir.**

### Cinsellik eğitiminde öğretmenlerin rolü ne olmalı?

- Öğrencilerinizle cinsellik konusunu konuşurken, konuşulan şey çok önemli bir mevzuymuş gibi davranmayın; diğer konularda nasıl konuşuyorsanız cinsellik konusunda da aynı doğallığı korumaya çalışın.
- Cinsellik ile ilgili ders verir gibi konuşmaktan kaçının. Her ne kadar bu sizin kaygınızı kontrol etmenize yardımcı olsa da, çocuklar için sıkıcı olacaktır.
- Verdiğiniz bilgilerin sadece biyolojik olguları içermemesine dikkat edin. Çocukların cinsellik ile ilgili değerler, duygular, karar verme süreci vb. ile ilgili de bilgi almaya ihtiyaçları vardır.
- Çocuğa "çok fazla" bilgi vermek ile ilgili kaygılanmayın. Önemli olan şey onların sorularına sakinlikle ve ilgiyle cevap veriyor olmanızdır. Küçük çocuklar anlamadıkları şeyleri genellikle duymazdan gelecektir ve zamanı geldiğinde yeniden soracaktır.
- Cinsel organlar ile ilgili gerçek terminolojiyi kullanmaya çalışın. "Pipi" yerine penis, "alt" ya da "kuku" yerine vajina kelimelerini kullanmaya dikkat edin.
- Okul öncesi grubundaki çocukların bile kendilerini istismardan nasıl koruyacaklarını bilmeleri gerekmektedir. Yani onlara vücutlarının kendilerine özel olduğunu ve sağlık sebepleri dışında kimsenin dokunamayacağını, dokunmaya çalıştığı takdirde ise, bu tanıdık bir yetişkin dahi olsa hayır demelerinin normal ve gerekli olduğunu öğretin.
- Öğrencinizi size rahatlıkla gelip soru sorması için onu teşvik edin. Çocuklara "bu konuyu konuşmak, düşünmek için daha çok küçüksün" "büyüyünce öğrenirsin" gibi ifadeler asla kullanmayın.
- Eğer sorduğu bir sorunun cevabını siz de bilmiyorsanız bilmediğinizi ifade etmekten korkmayın. "Bu konuyu ben de bilmiyorum." ya da "Bu konuyu senin anlayabileceğin şekilde sana nasıl anlatabilirim bilmiyorum; bunu araştırıp sana daha sonra anlatayım." diyebilirsiniz.
- Çocuğun anlattıklarınızdan ne anladığını sorun. Böylelikle hem doğru anlayıp anlamadığını kontrol etmiş olursunuz hem de başka soracağı şeyler varsa bu konuda onu cesaretlendirmiş olursunuz.

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Eğitim Bilimleri Bölümü

Rehberlik ve Psikolojik Danışmanlık Programı

# ÇOCUK CİNSEL GELİŞİMİ VE EĞİTİMİ

Öğretmen Bilgilendirme Programı

2. OTURUM

## Çocuklarda sıklıkla karşılaşılan

### cinsel davranışlar

#### 3-5 yaş: okulöncesi/erken çocukluk dönemi:

- Bu dönemin başında, kendi cinsiyetlerine yönelik farkındalıkları artar. Kendilerini kız ya da erkek olarak tanımlayabilirler.
- Anatmik farklılıklarla ilgilenmeye başlarlar. Örneğin, "Kızların pipisi nasıl?" gibi sorular sormaya başlar.
- Çocuk ve yetişkin bedenleri arasındaki farklılıklara ilgi artar. Annelerinin ya da yakınlarındaki diğer yetişkin kadınların göğüslerini ellemeye çalışırlar.
- "Bebeklerin nasıl yapıldığı / nereden geldiği" gibi konularda sorular sormaya başlarlar.
- Cinsel organlara dokunma artar. Özellikle erkek çocukların cinsel organlarına ulaşmaları daha kolay olduğu için sık sık penislerine dokunurlar.
- Mastürbasyon davranışı görülür. Özellikle uyumak üzereyken ya da yorgun ve stresliyken bu davranış daha sık görülebilir.
- Karşı cinsi merak ederler ve incelemek isterler. Bu merakı gidermek amacıyla "Sen bana göster, ben sana göstereyim" veya "doktorculuk" oyunları oynarlar.

- Cinsel organların resmini çizerler. Karşı cinsin cinsel organını böyle bir görüntüye maruz kalmadıysa genellikle çizmezler.
- Topluluk içerisinde cinsel organlarına ya da kanınlarına dokunurlar.
- Başka insanları çıplakken görmek isterler. Bu yüzden banyoda ya da tuvaletteyken, giyinip soyunurken onları gözetirler.
- Bu dönemin sonuna doğru flört taklitleri başlar. Sevdikleri kız/erkek arkadaşlarıyla el ele tutuşmaya, öpüşmeye çalışabilirler.
- Zaman zaman vücut deliklerine obje sokmaya çalıştıkları da görülür. Ancak acı verdiğini anladıkları anda bu davranıştan vaz geçerler.
- Oyuncak bebeklerin kıyafetlerini çıkarıp giydirmekten keyif alırlar. Erkek bebeği kız bebeğin üzerine koyarlar, öpüştürüyormuş gibi yaparlar.
- Bu dönemdeki çocuklar genellikle penil-vajinal ilişki hakkında bilgi sahibi değildir.

### Bu oturumda:

- Çocuklarda sıklıkla karşılaşılan cinsel davranışlar nelerdir?
- Gelişimsel olarak beklendiği cinsel içerikli davranışları, uzman desteği alınması gereken riskli davranışlardan nasıl ayırt edebiliriz?



**Aşağıdaki  
durumlarda  
uzman desteği  
isteyin!**

**Öğrenciniz;**

- Bilgilendirmeye ve uyarılara rağmen davranışa ısrarla devam ediyorsa,
- Davranış takırı haline getirdiyse,
- Arkadaşlarını ya da kendinden yaşça küçük çocukları cinsel oyunlara zorluyor, baskı yapıyor, onları kandırıyorsa,
- Davranışta ya da oyunlarda yetişkinlere özgü cinsel ilişki öğeleri bulunuyorsa,
- Davranışın sıklığı çocuğun günlük hayatını engelleyecek boyuta gelmişse,
- Günlük etkinliklerine karşı ilgisini kaybetmişse,
- Davranış yapması engellendiğinde ya da cinsel oyun esnasında yakalandığında aşırı derecede korku / utanç / öke duyuyorsa,
- Özel alan kavramı öğretilmesine rağmen toplum içinde cinsel organını uyarma davranışını devam ediyorsa,
- Kişisel sınırlar konusunda bilgi verilmiş olmasına rağmen arkadaşlarının ya da etrafındaki yetişkinlerin bedensel sınırlarını ihlal edecek şekilde davranıyorsa....

**5-8 yaş: Orta çocukluk dönemi**

- Flört davranışlarını taklit etme bu dönemde de devam eder.
- Sevdikleri kız-erkek arkadaşlarına "aşk" olduklarını ifade eden roller yazarlar. Sürekli o arkadaşlarından bahsedebilirler.
- Cinsel konularda bilgilendirilmeyen çocuklarda başkalarının vücudlarına karşı duydukları merak devam eder. Başkalarını çıplakken görmeye çalışırlar.
- Yanı çıplakçıplak insan fotoğraflarını dikkatle incelerler.
- Medyadaki cinsel içerikli yayınları ilgilile izlerler.
- Anneçilik-babacılık, doktorculuk oyunları devam eder. Ancak bu dönemde artık daha çok karşı cinsi kovalama-yakalama oyunları oynatılır. Bu oyunlar sırasında birbirine dokunmaya, sarılmaya, öpmeye çalışabilirler.
- Hem karşı cinsi hem de kendi cinslerini merak ederler. Bu nedenle "sen bana göster ben sana göstereyim" oyunlarını hem hemcinsleri ile hem de karşı cins ile oynayabilirler.
- Genellikle 5-6 yaş civarında "cinsel kimlik sabitliği" gelir.
- Daha fazla gizlilik isterler. Başkasının olduğu ortamda giyinip soyunmaktan rahatsız olurlar. Bedenlerine yönelik utançgeçikliler atar.
- Bedenine ve cinsel organına dokunma davranışını görürler. Gizlice masturbasyon yaparlar ancak bunun sıklığı bir önceki döneme göre azalmıştır.
- Cöbeğini ağma, eteğini kaldırma, popo gösterme gibi davranışlar görülebilir.
- Arkadaşları arasında müstehcen şakalar yaparlar, duydukları küfürünü sözleri tekrar etmeden keyif alırlar.



**9-12 yaş: Ön ergenlik dönemi**

- Daha fazla gizlilik isterler.
- Bu dönemde çocuklar gizlice masturbasyon yaparlar ancak artık ne yaptıklarını daha fazla farkındalardır ve bunun cinsel bir eylem olduğunu bilirler.
- Müstehcen şakalar yapmaya devam ederler.
- Cinsel ve romantik ilişkiler hakkında soru sormaya başlarlar. Bu sorular "Seks nedir?", "Orgazm nedir?", "Seks nasıl yapılır?" gibi sorular olabilir. Bu soruların cevabını çeşitli kaynaklardan edinmeye çalışırlar.
- Adet gömme, ergenlik, ıslak rüyalar, ilk ejekülasyon gibi konuları merak ederler araştırırlar.
- Fiziksel görüntüleriyle daha fazla ilgilenmeye başlarlar. Kızlar daha dikkat çekici kıyafetler giymek ve makyaj yapmak isterler.
- Ergenlik öncesinde karşı cinsi çekici bulma ve itidi bulma arasında çelişki yaşarlar. Karşı cins ile ortak oyunları çok fazla yoktur.
- Bu dönemde kardeşler arasında yaş farkları az ise (1-2 yaş) cinsel içerikli davranışlar görülebilir.



**12-15 yaş: Erken ergenlik dönemi**

- Bu dönemde cinsel kimlikten konusunda kafa karışıklığı yaşarlar.
- Cinsel ilişkiler ile ilgili endişe duyarlar.
- Cinselliğe yönelik şüphe duyarlar. Bir yandan öğrenç bulabilir, bir yandan bu davranışlar içine girmeye çalışabilirler.
- Hamile kalmamla bırakma korkusu yaşarlar.
- Kızlık zarı konusunda kaygılan ve meraklıları vardır.
- Çekici olma ve arkadaş bulma ile ilgili endişeleri vardır.
- Bedensel değişimler konusunda kafa karışıklığı yaşarlar.
- Değişken duygularını duymaları vardır.
- Kızlar regl olmaya başlar. Erkeklerde ıslak rüyalar görme / ejekülasyon başlar.
- Duşta daha uzun süre vakit geçirme istekleri vardır.
- Gizli gizli erotik sitelere girmeye çalışırlar.
- İlişkiler ve cinsel davranışlar hakkında spesifik sorular sorarlar.
- Hemcinsleri arasında cinsellik ile ilgili konuşmaların sıklığında artış olur.
- Gizlice masturbasyon yaparlar ancak önceki dönemlerden farklı olarak bu davranışa artık cinsel fanteziler de eşlik edebilir.
- Kendi yaşlarıyla cinsel denemelerde bulunabilirler. Öpüşme, cinsel ilişkiye vaimayan davranışlar görülebilir.
- Kendi yaşlarındaki kız-erkek arkadaşlarıyla zorlamadan cinsel yakınlık kurma çabaları olabilir.
- Nadrden zorlamasız cinsel ilişki ya da ağır yoluyla cinsel ilişki denemeleri olabilir.

Sık karşılaşılan çocukluk çağı cinsel davranışları ve normal-anormal/doğal-doğal olmayan ayrımını bilmek, öğrencilerde gördüğümüz cinsel içerikli davranışlara daha sağlıklı tepkiler vermemizi sağlayacaktır.



**Bir davranışın gelişimsel olarak doğal / beklendik ya da doğal olmayan / beklenmedik / riskli olarak nitelendirilmesi için kullanılan kriterler**

Çocuğun yaşı

Çocuğun zihinsel ve fiziksel gelişimsel düzeyi

Davranışı sergilemesine neden olan motivasyon kaynağı

Davranışın sıklığı

Davranışın nerede ne zaman sergilendiği

Davranışın planlı ya da kendiliğinden olup olmadığı

Yetişkinlerin davranışına müdahale etmesi durumunda çocuğun verdiği tepkiler

Çocuğun diğer alanlara (sosyal, akademik vb.) ilgi düzeyi

Davranışın çocuğun kendisine ya da etrafına zarar (fiziksel ve/veya duygusal) verip vermediği

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Eğitim Bilimleri Bölümü

Rehberlik ve Psikolojik Danışmanlık Programı

# ÇOCUK CİNSEL GELİŞİMİ VE EĞİTİMİ

Öğretmen Bilgilendirme Programı

3. OTURUM

Tüm dünyada cinsel eğitim programlarında temel referans olarak kullanılan, Birleşik Devletler Cinsel Bilgi ve Eğitim Kurulu'nun (SIECUS- Sexuality Information and Education Council of the United States) 2004'te güncellenen "Kapsamlı Cinsel Eğitim Programı" müfredatında yaş gruplarına göre verilmesi gereken cinsel bilgiler madde madde sıralanmıştır.

Buna göre cinsel eğitime 3 yaşından önce aşağıdaki bilgiler yeri geldikçe anlatılarak başlanmalıdır:

- Erkekler ve kızların birbirlerinden farklı oldukları
- Erkekler ve kızlar için farklı olan vücut kısımlarının isimleri (gerçek isimleri ile)
- Bebekleri annelerin doğurduğu
- Kişisel sınırlar ile ilgili kurallar. Örneğin; cinsel bölgelerinin kapalı olması gerektiği, başka çocukların gizli yerlerine dokunulmaması gerektiği
- Vücut organları ile ilgili sorulara basit cevaplar

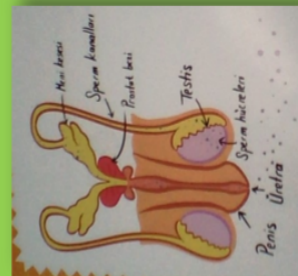
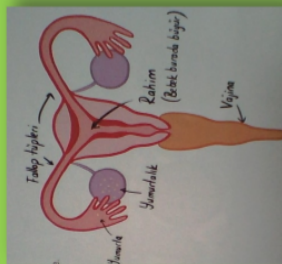


## Bu oturumda:

Gelişim dönemlerine göre cinsel eğitimin kapsamı ve içeriği:

- Hangi gelişim döneminde ne anlatılmalı?
- Çocukların sorularına nasıl cevap verilmeli?

**Çocukların sorduğu sorulara cevap verirken çocuk cinsel eğitim kitaplarındaki çizimlerden faydalanabilir; isterseniz kendi çizimlerinizi kullanarak anlatabilirsiniz.**



### **3-5 yaşından küçük çocukların sıklıkla sordukları sorular:**

- (Cinsel organını göstererek) Bu nedir? (erkek çocuk)
- Niçin kızların pipisi yok?
- Neden kadınların memeleri var erkeklerin yok?
- Kızlar neden erkeklerden farklı?
- Bebekler nereden gelir?
- Bebek annenin içine nasıl girer?
- Bebek anne karnında nasıl nefes alır? Nasıl yemek yer?
- Anne karnındaki bebeğin canı sıkılmaz mı? Orada ne yapar?
- Bebek annesinin karnından ne zaman çıkar?
- Bebek annesinin karnından nasıl çıkar?
- Bebek doğururken annenin canı acır mı?
- Neden babalar bebek doğuramaz?
- Hayvanların da bebekleri oluyor mu? Nasıl oluyor?
- Evlenmek ne demek?
- Neden elbise giyiyoruz?



### **5-8 yaş çocukların sıklıkla sordukları sorular:**

- Bebek annenin içine nasıl giriyor?
- Babanın hücreleriyle annenin hücreleri nasıl birleşir?
- Sperm ile çiğ aynı şey mi?
- Neden annenin hücreleri babanın vücuduna gitmez de babanın hücreleri annenin vücuduna gelir?
- Bebek nereden çıkıyor? Nasıl çıkıyor?
- Öpücükten çocuk olur mu?
- ... ne demek? (Küfürli sözlerin anlamı ne?)
- Aşk olmak ne demek?

### **9-12 ve 12-15 yaş çocuklarının genellikle sordukları sorular ve verilebilecek cevaplar:**

- Ergenlik nedir?
- Adet görmek /regl olmak ne demek?
- Islak rüya nedir?
- Masturbasyon ne demek?
- Masturbasyon zararlı mıdır?
- Seks nedir? / Sevişmek nedir?
- Her sevişmede bebek olur mu?
- Bebek nasıl doğuyor?
- Evlenmeden bebek sahibi olunur mu?
- Orgazm nedir?
- Evlenmeden cinsel ilişki yaşamak kötü müdür?
- Prezervatif ne demek?
- Kızlık zarı nedir?
- Bakire ne demek?
- Porno ne demek?
- Oral seks ne demek?
- Gey / lezbiyen ne demek?

**Günümüzde çocuklar cinsel içerikli yayınlarla ve konuşmalarla çok daha küçük yaşta karşılaştığı için 9-12 yaş çocuğunun, sormasını beklemeyeceğimiz soruları (örneğin; orgazm nedir? Porno ne demek? vb.) sorduğu gözlemlenmektedir.**

### Çocukların cinsellikle ilgili sorularına cevap verirken

#### dikkat edilmesi gerekenler:

- “Nerden çıktı bu soru?”, “Bunu büyüyünce öğrenirsin.”, “Kimden duydun?”, “Bunu sormak için daha küçüksün.” gibi cevaplar **ASLA** vermeyin.
- Cevaplarınızın kısa ve net olmasına özen gösterin.
- Yanlış ya da fazla cevap vermekten korkmayın. Önemli olan öğrencinizi dinliyor ve önemsiyor olmanızdır.
- Bilmediğiniz sorulara açıkça “Bilmiyorum” ya da “Bunu senin anlayacağın şekilde nasıl anlatacağımı bilmiyorum.” diyerek cevap vermekten çekinmeyin.
- Bilmediğiniz sorulara nasıl cevap vereceğinizi öğrendikten sonra öğrencinize bu konuyu halen merak edip etmediğini istediği zaman ona açıklama yapabileceğinizi mutlaka söyleyin.
- Cevap verirken vaaz verir gibi konuşmaktan kaçının. Diğer sorularına nasıl cevap veriyorsanız, cinsellikle ilgili sorularına da aynı sakinlikle cevap vermeye çalışın.
- Tepkilerinizi kontrol edebilmek için, bu konudaki soruların çocukların sordukları diğer sorulardan farklı olmadığı konusunda kendinizi telkin edin.
- Öğrencilerinizin sordukları sorular ile ilgili ailelerini bilgilendirin ve onlarla ortak bir dil oluşturmaya çalışın.

# ÇOCUK CİNSEL GELİŞİMİ VE EĞİTİMİ

Öğretmen Bilgilendirme Programı

4. OTURUM

## Çocuk Cinsel İstismarı

### Çocuk cinsel istismarı ile ilgili mitler/yanlış inanışlar

- «Çocuk cinsel istismarı sanıldığı kadar yaygın değildir.»
- «Erkek çocuklar cinsel istismara uğramaz.»
- «Çocuk cinsel istismarı sadece belli toplumlarda, kültürlerde ve sosyo-ekonomik düzeyi düşük kesimlerde görülür.»
- «Çocuk cinsel istismarı "sorunlu" ailelerde görülür.»
- «Çocuk istismarını çocuğun ve ailenin tanımadığı yabancı kişiler yapar.»
- «Çocuk cinsel istismarcıları birer canavardır ve görünüşlerinden istismarcı oldukları anlaşılabilir.»
- «Çocuk cinsel istismarcıları erkektir.»
- «Çocukları istismar eden kadınlar genellikle yabancılar ya da üvey annelerdir.»
- «Çocuk rıza gösteriyorsa istismar yoktur.»
- «Çocuklar cinsel istismara uğradıkları konusunda yalan söyleyebilir, intikam almak, hayal dünyalarının genişliği vb. nedenlerle birilerini suçlayabilir.»
- «Gerçekten istismara uğrayan bir çocuk bunu anlatır ve bundan kurtulmaya çalışır.»
- «Çocukları cinsellik ve cinsel istismar konusunda eğitmek onları istismara açık hale getirir.»



### Bu oturumda:

Çocukları cinsel istismardan koruma:

- Çocuk cinsel istismarı konusundaki mitler
- İstismarcıların özellikleri
- Çocuklarda davranışsal olarak görülen istismar belirtileri
- İstismarı önlemek için yapılması gerekenler

**Çocuk cinsel istismarını önlemede yapılması gerekenler:**

- Çocuklara yaşlarına uygun bir biçimde cinsellik ile ilgili eğitim vermek
- Çocukları kişisel sınırlar hakkında bilgilendirmek
- Korkutmadan istismarcıların kandırma yöntemleri konusunda çocukları bilgilendirmek
- Çekinmeden soru sorabilecekleri konusunda çocuklara güven vermek
- Çocukları cinsel istismar ile ilgili şüphelendikleri ya da rahatsız oldukları durumlarda ne yapacakları hakkında bilgilendirmek.

## İstismarcıların özellikleri

### (Yaşça küçük çocukları hedef alanlar)

- Kendilerini, hoş, sempatik, yardımsever, başarılı, cömert, çocuk dostu kişiler olarak gösterirler
- Yetişkinlerin yanında çocuklarla çok fazla yakın olmamaya çalışırlar.
- Çok sık çocukların ne kadar saf, masum ve temiz varlıklar olduğunu anıtlarlar.
- Çocukla ailesi tarafından yasaklanmış şeyleri yapar ve bunun aralarında bir sır olarak kalacağını söylerler.
- Çocuğun "en yakın arkadaş" olmaya çalışırlar.
- Çocukla baş başa kalmak için fırsat yaratırlar.
- Çocuğun bakıcısı olma konusunda fazla ısrarcı olurlar.
- Çocuklar arasındaki moda olan olaylarla (örneğin yeni çizgi filmler, oyunlar, oyuncaklar vb.) takıntı boyutunda ilgilidirler.
- Evlerinde çocukların ilgisini çekebilecek çeşitli koleksiyonları vardır.
- Çocuğa, arkadaşlığını bitirme ya da gözde çocuktan çıkarma konusunda tehditlerde bulunurlar.
- Belli sebebi olmadan sık sık çocuklara hediyeler alırlar veya onlara para verirler.

### ENSEST

- İstismarcı çocuğun güvenliğini kazanmak için ona fazlasıyla ilgi ve şefkat gösterir.
- Eğer ailede başka çocuklar varsa istismarcı o çocuğu sürekli kayırır, ona sık sık hediyeler alır, para verir ve diğer çocuklardan farklı olduğunu söyler.
- Böylece onu kardeşlerinden ve/veya kuzenlerinden ayırır. İstismarcı, çocuğu istismarda bulunmayan diğer abeveynden (ya da istismarcı 2/3. dereceden akraba ise anne-babasından) uzaklaştırır.
- Anne-babasının onu yeterince sevmediklerini ve onunla ilgilenmediklerini söyler. Böylece çocuk yakınındaki kişilere karşı güvenliğini kaybeder, onlardan belirgin bir şekilde uzaklaşır ve istismarcısına itaat etmeye başlar.
- Aile içi çocuk cinsel istismar vakalarında genellikle istismarcının çocuğa olan ilgisi çocuk büyüdükçe ortadan kalkar ve eğer varsa diğer küçük çocuklara yönelmeye başlar.

## İstismarcıların özellikleri

### (Yaşça büyük çocukları hedef alanlar)

- Anne-babayla yakınlık kurmaya çalışmak yerine doğrudan çocukla irtibata geçerler.
- Onu direk temas içermeyen yöntemlerle uyamaya çalışabilir. Örneğin ona soft pornografik görüntüler ya da müstahcen filmler izletebilir.
- Çocuğun cinsel konulara olan merakını cezbedecek şeyler söyleyebilirler.
- Ona yeni şeyler öğretebileceğini, birlikte yeni deneyimler yaşayabileceklerini söyleyebilirler.
- Daha büyük çocuklarda alkol ve uyuşturucu kullanarak onları istismara daha açık hale getirebilirler.
- Alkol ve uyuşturucu konusunda ailesi tarafından yasaklara ve cezalara maruz kalan gençler sırf alkol ya da uyuşturucu kullandıkları ortaya çıkmasın diye cinsel istismara boyun eğebilirler.
- Günümüzde büyük çocukları kandırma internet kullanımının etkisi büyüktür. Bu tip kişiler çocukların özel ilgi alanlarını bilir, çeşitli forumlarda vakit geçirir ve önce online olarak, sonrasında ise yüz yüze görüşme konusunda çocukları ikna edebilirler.

### Cinsel tacizde bulunan çocuk ya da ergenler

- Kendinden yaşça küçük çocuklarla arkadaşlık arayışı içinde olma, onlarla çok fazla zaman geçirme, yaşlarıyla olan oyunlara ve etkinliklere ilgi göstermeme
- Bir çocukla baş başa kalma konusunda ısrarcı olma
- Çocuklara bakıcılık yapma konusunda ısrarcı olma
- Çocukları gezmeye götürme konusunda ısrarcı olma
- Küçük çocukları "gizli" yerlere götürme
- Küçük çocuklarla kendi yaşına uygun olmayan doktorculuk, evcilik gibi oyunlar oynama
- Sık sık çocukları banyo yaparken ya da giyinip soyunurken izlemeye çalışma
- Sürekli belli bir çocukla uğraşma, ilgilenme
- Belli bir çocuğa gözde muamelesi yapma, onu kayırma, ona aşırı şefkat ve ilgi gösterme, hediyeler verme
- Çocuklara cinsel materyaller gösterme
- İnternette ya da başka bir yerde çocuk pornografisi izleme
- Cinsel organlarını küçük çocuklara gösterme
- Başka bir çocuğu cinsel ilişkiye zorlama



# Cinsel istismar belirtileri

- Oyuncaklara ya da nesnelerle cinsel içerikli davranışlar sergileme (Örneğin; pelüş oyuncaklarla cinsel ilişki taklitleri yapma)
- Kabuslar ve uyku sorunları
- İçine kapanma, başkalarından kendini soyutlama
- Kişilik değişiklikleri
- Alt ıslatma gibi küçükken gösterdiği davranışlara geri dönme
- Belirli yerlere ya da insanlara karşı nedeni anlaşılamayan korkular duyma
- Öfke patlamaları
- Yeme alışkanlıklarında değişiklikler
- Ağız ya da cinsel organların etrafında açıklanamayan morluklar, tahriş ya da enfeksiyon
- Açıklanamayan hediyeler ve paralar
- Günlük hayatın içinde bir katılımcıdan ziyade bir gözlemciye dönüşerek donup kalmış gibi görünme. Nadiren sevinçli ve canlı olma ve duygusal olarak kültleşmiş gibi görünme
- Cinsel istismar anlarını canlandıran oyunlar oynama ve kendisini istismarcı rolüne sokma
- Resimlerinde sık sık cinsel öğelere yer verme ve cinsel ilişkinin veya cinsel organların detaylarını resmetme. Büyük cinsel organlar çizme
- Yaşadığı çevrede karşılaşmamasına rağmen, konuşmalarında yetişkinlere özgü cinsel içerikli bir dil kullanma ve uyanlara rağmen buna devam etme
- İstismar sonrasında kıyafetlerini günlerce değiştirmeme, banyo yapmak istememe
- Cinsel istismarın odağı olan cinsel bölgelerini kesme, zarar verme davranışları
- Konsantrasyon güçlükleri, düşlere dalıp gitme hali
- Akademik düşüş
- Akademik başarı konusunda takıntılı boyutta hırslı olma. Geç saatlere kadar çalışma, okuldan eve dönmek istememe
- Takıntılı şekilde mastürbasyon yapma. Toplum içinde mastürbasyon yapma ve uyanlara rağmen buna devam etme
- Takıntılı bir şekilde vücudunu göstermeye çalışma ve uyanlara rağmen buna son vermeme

Bu belirtilerin biri ya da birkaçının olması istismar olduğunu **GÖSTERMEZ**. Şüphelendiğiniz durumlarda uzman desteği isteyin.

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APPENDIX C:  
Hypothetical Case Examples

Vaka Örnekleri

*Lütfen aşağıdaki vaka örneklerini okuyunuz. Kendi grubunuz içerisinde durumların gelişimsel olarak doğal / beklendik bulup bulmadığınızı ve öğretmen olarak nasıl tepki vereceğinizi tartışınız. Her bir örneğin altındaki boşluklara grubunuzun ortak görüşünü kısaca not ediniz.*

Vaka 1:

Melek, 10 yaşındaki bir kız çocuğudur. Sınıfta ders esnasında cinsel organını eliyle uyararak mastürbasyon yaptığı ve orgazmik tepkiler verdiği öğretmeni tarafından gözlemlenir. Öğretmeni ilgisini dağıtmaya çalışsa da bu davranışa son vermediği, aynı davranış birkaç hafta boyunca sık sık tekrarlandığı görülür. Melek'in derslere ilgisinde ciddi bir düşüş olduğu fark edilmiştir. Teneffüslerde arkadaşlarıyla oyun oynamak yerine sık sık sınıfta kalmayı ve cinsel organına dokunmayı tercih etmektedir.

.....  
.....  
.....

Vaka 2:

Sinan, 5 yaşındaki bir erkek çocuğudur. Son birkaç haftadır sadece aynı öğretmenin dersinde cinsel oranına dokunduğu ve dersle ilgilenmediği gözlemlenmektedir. Öğretmeni oyunlarla ya da şarkılarla dikkatini başka yöne çekmeye çalıştığında istemeyerek de olsa etkinliklere katıldığı görülmektedir. Evde annesine o dersi sevmediğini ve sıkıldığını söylemektedir.

.....  
.....  
.....

Vaka 3:

Zeynep ve Arda 6 yaşındadır ve aynı apartmanda oturmaktadırlar. İkisi de kıyafetlerini çıkarmış bir şekilde odalarında “doktorculuk” oynarken annelerine yakalanmışlardır. Çocuklar annelerinin odaya girmelerinden rahatsız olmamıştır. Birbirlerinin vücutlarını inceleyerek oynamaya devam ettikleri görülmüştür. Her iki çocuk da eğleniyor gözükmektedir.

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Vaka 4:

14 yaşında iki erkek çocuğu okul tuvaletindeki pisuarlardan mümkün olan en uzak mesafede durarak tuvalete “isabet ettirme” oyunu oynarken nöbetçi öğretmen tarafından yakalanmıştır. Öğretmen durumu müdüre bildirir ve müdür çocukların eşcinsel olduğunu düşünür ve durumu ailelerine bildirir.

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Vaka 5:

Tuna, 7 yaşındadır. Etüt saatinde yanında oturan arkadaşıyla defterlerine cinsel organlarının resmini çizme ve küfürlü sözler yazma oyunu oynarlar. Defterlerindeki yazılar ve resimler eve gittiklerinde aileleri tarafından fark edilir. Aile durumu öğretmenlerine bildirir.

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## APPENDIX D:

### Sample Items of Child Sexuality and Education Knowledge Test for Teachers

#### ÇOCUK CİNSEL GELİŞİMİ VE EĞİTİMİ ÖĞRETMEN BİLGİ TESTİ

*Bu test, çocuk cinsel gelişimi ve eğitimi ile ilgili öğretmenlerin bilgi düzeyini ölçmek amacıyla geliştirilmiştir. Her soru için tek bir doğru cevap vardır. Lütfen soruları dikkatlice okuyunuz ve size göre doğru olan seçeneği işaretleyiniz.*

**1. Çocuklara verilen cinsel eğitim ile ilgili olarak aşağıdakilerden hangisi doğrudur?**

- a. Erken yaşta cinsel ilişkiye girmelerine neden olur.
- b. Cinsel eğitimi veren kişilerle olan iletişimlerini olumsuz etkiler.
- c. Ergenlik döneminden önce verilen cinsel eğitim çocuk psikolojisine zarar verir.
- d. Erken yaşta cinsel ilişki, sık partner değiştirme, korunmasız cinsel ilişki risklerini azaltır.
- e. Cinsel eğitim çocukları cinsel istismara açık hale getirir.

**2. Cinsellik ne zaman başlar?**

- a. Anne karnında
- b. Çocuk doğduğu andan itibaren
- c. 3-6 yaşta.
- d. Ergenlik döneminde
- e. Evlenince

**3. Çocuk cinsellik ile ilgili soru sorduğunda bu soruya öncelikli olarak kim cevap vermelidir?**

- a. Anne
- b. Baba
- c. Çocuğun soruyu sorduğu kişi
- d. Öğretmen
- e. Rehber öğretmen

**4. Aşağıdakilerden hangisi 0–5 yaş arası çocuklarda sık karşılaşılan cinsel içerikli davranışlardan değildir?**

- a. Tesadüfi bir şekilde cinsel organlarını tutma ve okşama
- b. Oyuncak ve nesnelerle yetişkin cinsel davranışlarını canlandırma
- c. Bebeklerin nasıl yapıldığı ve nereden geldiği ile ilgili sorular sorma
- d. Taklitçi yap-inan oyunları (annecilik-babacılık, doktorculuk, vs.) oynama
- e. Cinsel organlarını göstermeye çalışma

**5. 0–5 yaş grubundaki çocuklar zaman zaman bezleri değiştirirken ya da banyo yaparken cinsel organlarına dokunurlar.**

**Böyle bir durumda, aşağıdakilerden hangisi verilebilecek en doğru tepkidir?**

- a. Çocuğun elini iterek elini çekmesini sağlamak
- b. Bir süre bu davranışa müsaade ettikten sonra, bir şey demeden temizlik işlemini tamamlamak
- c. Çocuğun eline sertçe vurmak
- d. Çocuğa gülümseyerek, ne kadar mükemmel bir vücuda sahip olduğunu söylemek
- e. Bunun pis/ayıp bir şey olduğunu söyleyerek ona kızmak

## APPENDIX E:

### Sample Items for Scale of Teacher's Views on Childhood Sexual Behaviors

#### ÇOCUKLUK DÖNEMİ CİNSEL DAVRANIŞLARI ÖĞRETMEN YAKLAŞIM ÖLÇEĞİ

*Değerli katılımcı,*

*Aşağıda çocuk cinsel gelişimi ve eğitimi konusunda görüşlerinizi almak üzere hazırlanmış ifadeler bulunmaktadır. Lütfen bu ifadeleri dikkatlice okuyunuz ve gelişimsel olarak doğal bulup bulmadığınızı “Doğal bulmuyorum (1)”, “Doğal buluyorum (2)”, “Kararsızım (3)”, seçeneklerinden sadece birini yanındaki kutucuğa “X” işareti koyarak belirtiniz.*

İfade No	İfadeler	Doğal bulmuyorum	Doğal buluyorum	Kararsızım
1	Okulöncesindeki bir çocuğun, arada sırada özellikle uyumak üzereyken ya da stresli bir durumdayken cinsel organını sürterek ya da dokunarak uyarması	1	2	3
9	3-8 yaş dönemindeki bir çocuğun, “Bebeklerin nasıl yapıldığı / nereden geldiği” gibi konularda sorular sorması	1	2	3
11	5-8 yaş dönemindeki bir çocuğun sevdiği kız-erkek arkadaşına “âşık” olduğunu ifade eden notlar yazması / resimler yapması	1	2	3
15	5-8 yaş dönemindeki bir çocuğun, nadiren yalnız kaldığı ortamlarda mastürbasyon yapması	1	2	3
22	9-12 yaş dönemindeki bir çocuğun, adet görme, ıslak rüyalar, ilk ejakülasyon gibi konular hakkında konuşması / sorular sorması	1	2	3
28	Ergenlik dönemindeki bir çocuğun, kendi yaşlılarıyla zorlamasız olarak, cinsel ilişkiye varmayan öpüşme, giysi üzerinden okşama gibi basit cinsel deneyimlerde bulunması	1	2	3

APPENDIX F:  
Demographic Information Form

KOD:.....

**Demografik Bilgi**

*Anket formuna isminizi YAZMAYINIZ. Kendinize bir kod adı belirleyiniz ve onu sağ üst köşeye yazınız. Cevaplarınız gizli tutulacaktır.*

**1. Cinsiyetiniz**

☐ Kadın ☐ Erkek

**2. Yaşınız: .....**

**3. Eğitim durumunuz**

☐ Yüksekokul ☐ Üniversite ☐ Yüksek lisans / Doktora

**4. Branşınız:.....**

**5. Daha önce çocuk cinsel gelişimi konusunda bir eğitim aldınız mı?**

☐ Evet (açıklayınız) .....

☐ Hayır

**6. Çocuk cinsel gelişimi ve eğitimi konusunda kendinizi ne ölçüde yeterli gördüğünüzü “0” (Hiç yeterli görmüyorum) ile “10” (Çok yeterli görüyorum) arasında bir puan vererek belirtiniz.**

0----1----2----3----4----5----6----7----8----9----10

*Hiç yeterli görmüyorum*

*Çok yeterli görüyorum*

**7. Kendi çocukluk ve gençlik döneminizdeki cinsel bilgi kaynaklarınız nelerdi?**

.....

**8. Öğrencilerinizle ilgili cinsellik konusunda sıkıntı yaşadığınız durumlar var mı?**

☐ Evet (açıklayınız)

.....

.....

☐ Hayır

APPENDIX G:  
Turkish Summary

ÖZET:

**ÇOCUK CİNSEL GELİŞİMİ İLE İLGİLİ ÖĞRETMEN EĞİTİMİ  
PROGRAMININ GELİŞTİRİLMESİ VE ETKİLİLİĞİNİN  
TEST EDİLMESİ**

**GİRİŞ**

Son on yılda cinsellik konuları toplumumuzda biraz daha konuşulabilir hale gelmiş olsa da, yetişkinler halen daha çocuk cinselliği ile ilgili konuşmakta zorlanmaktadır. Hangi sosyo-ekonomik düzeyden olursa olsun ebeveynlerin çoğu, cinsellik ile ilgili konularda çocukları ile iletişim kurmakta zorluk çekmekte ve bu da çocukların cinsel bilgileri öncelikli olarak ailelerinden almasına engel olmaktadır (Woody, 2001). Çocuklar, bir şey sormadıkları sürece ebeveynler onlara cinsel eğitim vermekten kaçınmaktadır. Cinsellik konusu ailenin gündemine gelse dahi, ebeveynler panik olmakta ve çocukların sorularına ya da davranışlarına nasıl tepki vereceklerini bilememektedir. Walker (2004) yetişkinlerin çocuklarla cinsel konuları konuşmamasının nedenlerini farkındalık eksikliği, konu hakkında bilgi sahibi olmama, utanma, cinsellik ile ilgili konuşma konusunda kendine güvenmeme, zayıf iletişim becerileri olarak sıralamıştır. Bütün olası nedenler arasında çocuk cinselliği ile ilgili bilgi eksikliği ve rahatlık düzeyi yetişkinlerin çocuklarla yaptıkları cinsel eğitim ile ilgili konuşmaların sıklığını belirlemektedir (Byers, Sears, & Weaver, 2008).

Akademik çalışmalar Türkiye’de ebeveynlerin çocuk cinselliği ile ilgili herhangi bir eğitim almadıklarını (Konur, 2006; Eliküçük & Sönmez, 2011) ve çocuklarını daha

çok kulaktan dolma bilgilerle eğittiklerini göstermiştir (Eliküçük & Sönmez, 2011). Cinsel eğitimin öncelikli olarak aileler tarafından verilmesine yönelik ortak bir kanaat bulunsa da, ailelerin bu konudaki yetersizlikleri ve çekinceleri nedeniyle pek çok ülkede okullar bu sorumluluğu üstlenmeye başlamışlardır. Okul temelli cinsel eğitim programları uygulansa da uygulanmasa da, sık sık öğrencilerin cinsel içerikli davranış ve sorularıyla karşılaştıkları için öğretmenler, okul ortamlarında öğrencilere cinsel eğitim verme gerekliliği içerisinde bulunmaktadır. Ancak öğretmenlerin çocuk cinselliği ile ilgili algısı ve bilgi düzeyleri ile ilgili çalışmalar, çocuk cinselliğinin söz konusu olduğu durumlarda öğretmenlerin çok fazla kaygılandığını ve kendilerini yetersiz hissettiklerini göstermiştir (Alldred, David & Smith, 2003; Levenson-Gingiss & Hamilton, 1989). Aynı zamanda öğretmenlerin büyük çoğunluğu velilerin verecekleri olası tepkilerden çekindikleri için cinsellik ile ilgili açıklamalar yapmak istememektedir (Goldman & Coleman, 2013; Gerouki, 2007). Bu nedenle de öğretmenler, öğrencilerine cinsellik ile ilgili gerekli bilgileri vermekten kaçınmaktadır (Gerouki, 2007; Schaalma, Abraham, Gillmore, & Kok, 2004; Veiga, Teixeira, Martins, & Melicco-Silvestre, 2006).

Öğretmenler, gelişimsel olarak doğal/beklendik olan cinsel içerikli davranış ve sorular karşısında bile kaygılandıklarından dolayı konuyu bu alanda uzman olarak gördükleri rehber öğretmenlere yönlendirmeyi tercih etmektedirler. Bu nedenle, öğretmenlerin gelişimsel olarak doğal/beklendik olan çocukluk dönemi cinsel davranışları ile gelişimsel olarak doğal olmayan/beklenmedik cinsel davranışlar arasındaki ayrımı fark etmelerine yardımcı olarak, rehberlik servislerinin üzerindeki yükü hafifletmek gerekmektedir. Çünkü gelişimin doğal bir parçası olan davranışları ele almak rehber öğretmenler için oldukça zaman alıcı bir durumdur. Aynı zamanda, çocuğun gözünden baktığımızda, son derece zararsız bir davranış nedeniyle rehberlik servisine yönlendirilmek kaygı verici olabileceği gibi, çocuğun *cinsel sosyalleşmesini* de olumsuz etkileyebilecektir. Öğretmenlerin, çocukların cinsellik ile ilgili soru ve davranışlarına verdikleri panik tepkileri çocuklara cinsellik konusunda olumsuz mesajlar vermekte ve bu konuda meraklarını farklı kaynaklardan bilgi edinerek gidermeye yönlendirmektedir. On yıl öncesine kadar çocukların cinsel konularda bilgi kaynakları öncelikli olarak arkadaş çevresi olsa da (Çok, 2003), son yıllarda, internet çocukların



önemli bir cinsel bilgi kaynağı haline gelmiştir (Greenfield & Yan, 2006). İnternetin çocuklar arasında daha sık kullanılan bir kaynak haline gelmesi onların yaşlarına uygun olmayan ya da yanlış bilgilerle karşılaşmalarına neden olmakta, bu da çocukluk dönemi cinsel davranış problemleri, erken cinsel ilişki ya da korunmasız cinsel ilişki gibi riskleri gündeme getirmektedir (Ross, 2012).

Bu bağlamda, sistematik bir cinsel eğitim programı uygulamasının başlatılması son derece önemlidir (Sungur, 1998). Cinsel eğitimin hedef kitlesinin kim olması gerektiğine dair net bir cevap vermek zor olsa da (Çalışandemir, Bencik, & Artan, 2008), Türkiye’deki cinsellik ile ilgili politik, dini ve kültürel algıyı, aynı zamanda da öğretmenlerin veli ve öğrencileri üzerindeki olumlu etkisini göz önünde bulundurduğumuzda, öğretmenlerin cinsellik ve çocuk cinselliği ile ilgili algısını değiştirmek atılması gereken ilk adımdır. Aksi halde okullarda uygulanacak sistematik cinsel eğitim programlarına toplumun karşıt tepki göstermesi olasıdır. Bu nedenle, çocukların birincil cinsel bilgi kaynaklarının onlarla yakından ilgilenen kişilerin olması gerektiğini düşündüğümüzde (Uçar, 2008), öncelikle öğretmenlerin bu konuda eğitilmesi gerekmektedir. Özetle, öğretmenlere verilecek çocuk cinselliği eğitim programlarına ihtiyaç duyulmaktadır.

#### **Araştırmanın amacı:**

Bu araştırmada, öğretmenlere yönelik çocuk cinsel gelişimi ve eğitimi hakkında 4- oturumluk bir psiko-eğitim programı geliştirilmesi ve bu programın öğretmenlerin çocuk cinsel davranışları konusundaki bilgi, yaklaşım ve algılanan yeterlilik düzeyleri üzerindeki etkililiğinin ölçülmesi amaçlanmıştır.

#### **Hipotezler:**

Araştırma aşağıdaki hipotezleri test etmeye yönelik olarak tasarlanmıştır:

1. Eğitim ve bekleyen liste kontrol grubu Çocuk Cinselliği ve Eğitimi Bilgi Testi son-test puanları arasında anlamlı bir fark vardır.

2. Eğitim grubunun Çocuk Cinselliği ve Eğitimi Bilgi Testi ön-test ve son-test puanları arasında anlamlı bir fark vardır.
3. Bekleyen liste kontrol grubunun Çocuk Cinselliği ve Eğitimi Bilgi Testi ön-test ve son-test puanları arasında anlamlı bir fark yoktur.
4. Eğitim ve bekleyen liste kontrol grubu Çocukluk Çağı Cinsel Davranışları Öğretmen Yaklaşım Ölçeği son-test puanları arasında anlamlı bir fark vardır.
5. Eğitim grubunun Çocukluk Çağı Cinsel Davranışları Öğretmen Yaklaşım Ölçeği ön-test ve son-test puanları arasında anlamlı bir fark vardır.
6. Bekleyen liste kontrol grubunun Çocukluk Çağı Cinsel Davranışları Öğretmen Yaklaşım Ölçeği ön-test ve son-test puanları arasında anlamlı bir fark yoktur.
7. Eğitim ve bekleyen liste kontrol grubunun algılanan yeterlilik düzeyi son-test puanları arasında anlamlı bir fark vardır.
8. Eğitim grubunun algılanan yeterlilik düzeyi ön-test ve son-test puanları arasında anlamlı bir fark vardır.
9. Bekleyen liste kontrol grubunun algılanan yeterlilik düzeyi ön-test ve son-test puanları arasında anlamlı bir fark yoktur.

#### **Araştırmanın önemi:**

Yapılan alan yazın taraması, özellikle Türkiye’de, ilkokul çağındaki çocukların cinsel gelişimi ile ilgili öğretmen eğitim programının etkililiğini gösteren ampirik bir çalışmanın olmadığını göstermiştir. Her ne kadar, öğretmenler için geliştirilmiş bir kaç seminer programı, örneğin Türkiye Aile Sağlığı ve Planlaması Vakfı’nın öğretmen seminerleri (TAPV, 2014a) olsa da, bunlar kısa süreli ve dar kapsamlı olup, temelde öğretmenleri çocuklara okullarda verilecek cinsel eğitim programlarının içeriği ile ilgili bilgilendirmeye yöneliktir. Nitekim bu çalışma, hem kapsamlı bir öğretmen eğitim programı, hem de etkililiği ile ilgili ampirik veriler sunmaktadır.

Ayrıca, okullardaki rehberlik ve psikolojik danışmanlık faaliyetleri açısından bakıldığında da öğretmenlere çocuk cinselliği ile ilgili eğitim vermek oldukça önemlidir. Öğretmenler okul rehberlik servislerini, sorun çözmede birincil merkez olarak görmektedir ve özellikle cinsellik ile ilgili konularda ne yapacaklarını ve öğrencilerine ne söyleyeceklerini okul psikolojik danışmanlarına sormaktadır.

Bu bağlamda, mevcut çalışmada cinsel eğitim ve çocuk cinsel gelişimi ile ilgili kapsamlı bir doküman, dokümandaki bilgileri özetleyen dört PowerPoint sunusu, oturum konularını özetleyen dört farklı broşür, oturumların içeriğinin ve oturumlarda uygulanan etkinliklerin yer aldığı taslak plan ve öğretmenlerin çocuk cinselliği ve eğitimi ile ilgili bilgi düzeyleri ve yaklaşımlarını ölçen iki farklı ölçme aracının yer aldığı bir paket program sunulmaktadır. Bu paket okul psikolojik danışmanlarına çocuk cinselliği konusunda yardımcı olacak bir rehber niteliğindedir. Buna ek olarak, program okul psikolojik danışmanları tarafından kendi çalıştıkları kurumlardaki öğretmenlere eğitim vermek amacıyla da kullanılabilir. Benzer şekilde, bu çalışma kapsamında geliştirilen ölçme araçları okul psikolojik danışmanları tarafından, kurumlarında çalışan öğretmenlerin çocuk cinselliği ve eğitimi konusundaki görüşlerini almak ve öğretmenlerin bu konudaki bilgi ve yeterlilik düzeyleri ile ilgili ihtiyaç analizi yapmak amacıyla kullanılabilecektir.

## YÖNTEM

### **Araştırmanın deseni:**

Genel hatlarıyla araştırma iki aşamadan oluşmaktadır. Birinci aşamada, öğretmenlere yönelik çocuk cinsel gelişimi ve eğitimi konusunda dört oturumluk psiko-eğitim programı ve kullanılan ölçme araçları geliştirilmiş ve ölçme araçlarının psikometrik özellikleri uygulanan bir pilot çalışma ile test edilmiştir.

Araştırmanın ana iskeletini oluşturan olan ikinci aşamasında ise bu programın öğretmenlerin çocuk cinsel gelişimi ve eğitimi hakkındaki bilgi düzeyleri, yeterlilik algıları ve yaklaşımları üzerindeki etkisine bakmak amacıyla, bir eğitim grubu, bir

bekleyen liste kontrol grubu ve iki ölçümlü (ön-test ve son-test) yarı deneysel desen kullanılmıştır.

### **Örneklem:**

Deneysel çalışmada kullanılan örneklem elverişli örnekleme yöntemi kullanılarak seçilmiş olup, Ankara ilinde bir özel okulda çalışan ve 5-12 yaş grubu öğrencilerden sorumlu olan 42 öğretmen (sınıf ve branş öğretmenleri) oluşmaktadır. Sürecin başında, katılımcılar isim listesine göre eğitim ve kontrol grubu olmak üzere iki gruba ayrılmışlardır. Sürecin sonunda, kontrol grubundan dört öğretmenin ve eğitim grubundan bir öğretmenin son-testleri teslim etmemesinden dolayı, analizler eğitim grubundan 23 öğretmen ve kontrol grubundan 19 öğretmeninden elde edilen veriler üzerinden yürütülmüştür. Toplamda 19 sınıf öğretmeni ve 23 branş öğretmeni çalışmada yer almıştır. Sınıf öğretmenlerinin 12'si ve branş öğretmenlerinin 11'i eğitim grubunda yer alırken, kontrol grubunda 7 sınıf öğretmeni ve 12 branş öğretmeni yer almıştır.

### **Kullanılan araçlar:**

#### ***Eğitim programı***

Eğitim programı araştırmacı tarafından ilgili alanyazın ve Birleşik Devletler Cinsel Bilgi ve Eğitim Kurul'unun hazırladığı Kapsamlı Cinsel Eğitim Rehberi (the Sexuality Information and Education Council of the United States, Guidelines for Comprehensive Sexuality Education: Kindergarten-12th Grade, Third Edition) temel alınarak hazırlanmıştır. Programın geliştirilmesinin ardından, eğitim programı Rehberlik ve Psikolojik Danışmanlık alanındaki üç uzmanın görüşüne sunulmuştur. Uzman görüşleri alındıktan sonra programın bazı bölümleri revize edilmiş ve programa son hali verilmiştir. Buna göre, program akışı (1. Oturum) *Cinsel eğitim ve önemi*, (2. Oturum) *Doğumdan ergenliğe çocuk cinsel gelişimi ve çocukluk çağındaki doğal/beklenmedik cinsel davranışlar doğal olmayan/beklenmedik cinsel davranışlardan nasıl ayırt edilir*, (3. Oturum) *Çocuklara cinsellikle ilgili ne öğretmeli, ne zaman öğretmeli ve çocukların cinsellikle ilgili sorularına nasıl cevap vermeli* ve (4. Oturum) *Çocukları cinsel istismardan koruma* konularını sunacak şekilde hazırlanmıştır.

Bu konular, eğitim programının beş temel amacı temel alınarak oluşturulmuştur.

Bu amaçlar şunlardır:

1. Öğretmenleri cinsel eğitimin önemi konusunda bilgilendirmek,
2. Öğretmenlere çocuk cinselliği ve eğitimi konusundaki yanlış inanışları konusunda farkındalık kazandırmak ve bu yanlış inanışları bilimsel gerçeklerle değiştirmek,
3. Öğretmenlerin çocuk cinsel gelişimi ve eğitimi konusundaki bilgi düzeylerini arttırmak,
4. Öğretmenlerin çocuklara yönelik cinsellikle ilgili iletişim becerilerini arttırmak,
5. Öğretmenlerin çocuk cinsel istismarı konusundaki bilgi düzeylerini arttırmak.

Program süresince kullanılan öğretim yöntemleri, sunum, küçük-büyük grup tartışma, soru-cevap, rol canlandırma, video ve görsellerden yararlanma ve vaka analizleridir.

### ***Ölçme araçları***

Araştırmada iki farklı ölçme aracı kullanılmıştır. Bunlar, *Çocukluk Cinselliği ve Eğitimi Öğretmen Anketi* ve *Çocuk Cinsel Gelişimi ve Eğitimi Öğretmen Bilgi Testi*dir. Çocukluk Cinselliği ve Eğitimi Öğretmen Anketi üç alt bölümden oluşmaktadır. Birinci bölümde *Çocukluk Çağı Cinsel Davranışları Öğretmen Yaklaşım Ölçeği*, ikinci bölümde *Çocukluk Çağı Cinsel Davranışlarına Davranışsal Tepkiler Anketi* ve son bölümde ise *Cinsel Eğitim Hakkında Öğretmen Görüşleri Anketi* bulunmaktadır. Ayrıca araştırmacı tarafından *Demografik Bilgi Formu* geliştirilmiş olup, öğretmenlerin çocuk cinselliği ve eğitimi konusundaki algılanan yeterlilik düzeyleri bu formda bulunan öz-değerlendirme sorusu ile ölçülmüştür. Pilot çalışmada ölçme araçlarının tüm bölümleri kullanılmış olup, araştırmanın deneysel bölümünde ise sadece Çocukluk Çağı Cinsel Davranışları Öğretmen Yaklaşım Ölçeği, Çocuk Cinsel Gelişimi ve Eğitimi Öğretmen Bilgi Testi ve Demografik Bilgi Formu kullanılmıştır.

Çocuk Cinsel Gelişimi ve Eğitimi Öğretmen Bilgi Testi 16 çoktan seçmeli sorudan oluşmuştur. Her doğru yanıt “1” puan olarak, her yanlış ve boş yanıt ise “0” puan olarak değerlendirilmiştir. Böylece testten alınabilecek en yüksek puan 16, en düşük puan ise sıfırdır.

Çocukluk Çağı Cinsel Davranışları Öğretmen Yaklaşım Ölçeğinde ise 29 madde bulunmaktadır. Her bir madde çocukluk çağındaki beklendik ve beklenmedik cinsel içerikli davranışlara örnekler sunmaktadır ve katılımcılardan bu davranışları 3’lü Likert ölçeğinde (3: Doğal Buluyorum; 2: Kararsızım; 1: Doğal Bulmuyorum) değerlendirmeleri istenmiştir. Tüm maddeler olumlu ifadeler şeklinde yazılmıştır, ancak 9 madde beklenmedik cinsel davranışlar ile ilgili örnekleri yansıttığından dolayı o maddeler için ters kodlama yapılmıştır.

Çocukluk Çağı Cinsel Davranışlarına Davranışsal Tepkiler Anketi, çocukluk dönemi beklendik ve beklenmedik cinsel davranışlarını yansıtan 12 maddeden oluşmuştur. Katılımcılardan her bir maddedeki davranışa verecekleri olası tepkileri (“Ceza Veririm”, “Görmezden Gelirim”, “Gülerim”, “Dikkatini Başka Yöne Çekerim”, “Sakince Uyarırım”, “Uzmanı Yönlendiririm”, “Aileyi Ararım”, “Konu ile İlgili Bilgilendiririm”) işaretlemeleri istenmiştir. Katılımcılara birden fazla tepki işaretlenebileceğine yönelik yönerge verilmiştir.

Ölçme araçlarının son bölümünde yer alan Cinsel Eğitim Hakkında Öğretmen Görüşleri Anketi toplamda 8 sorudan oluşmuştur ve katılımcılardan bu sorulara sunulan alternatif cevap seçeneklerinden bir ya da daha fazlasını işaretleyecek yanıt vermeleri istenmiştir.

### ***Pilot çalışma***

Yapılan pilot çalışmanın iki amacı vardır: öğretmenlerin çocuk cinselliği ile ilgili deneyimlerini ve bazı çocuk cinsel davranışlarına verdikleri tepkileri ölçmek ve geliştirilen ölçme araçlarının psikometrik özelliklerini test etmek. Pilot çalışmada, elverişli örneklem yöntemi kullanılarak, İstanbul ve Ankara illerindeki okullardan seçilen toplam 186 öğretmen yer almıştır. Örneklem, 21-63 yaş aralığında yaş ortalaması

37.9 ( $SD = 10.71$ ) olan, 139 (% 74.73) kadın ve 47 (% 25.27) erkek öğretmenden, oluşmaktadır.

Pilot çalışmada elde edilen sonuçlar, katılımcıların büyük bir çoğunluğunun (%68.82) çocuk cinselliği ile ilgili herhangi bir eğitim almadıklarını göstermiştir. “Öğrencilerinizle ilgili cinsellik konusunda sıkıntı yaşadığınız durumlar var mı?” sorusuna ise 104 katılımcı (% 55.91) “evet” cevabını vermiştir.

Örneklemin Çocuk Cinsel Gelişimi ve Eğitimi Öğretmen Bilgi Testi ortalama puanı 9.84 ( $SD = 2.31$ ) olup, Çocukluk Çağı Cinsel Davranışları Öğretmen Yaklaşım Ölçeği ortalama puanı ise 68.70 ( $SD = 9.81$ ) olarak bulunmuştur. Ortalama algılanan yeterlilik düzeyi puanı ise 5.46 ( $SD = 2.24$ ) çıkmıştır.

Çocukluk Çağı Cinsel Davranışlarına Davranışsal Tepkiler Anketi’ne verilen yanıtları incelediğimizde, en sık işaretlenen tepkinin “sakince uyarırım” “uzmana yönlendiririm” “ailesini ararım ve “konu ile ilgili bilgilendiririm” olduğu; diğer bir yandan, en az işaretlenen tepkilerin ise “ceza veririm” görmezden gelirim” ve “gülerim” olduğu görülmüştür.

Cinsel Eğitim Hakkında Öğretmen Görüşleri Anketi sonuçlarına göre 186 katılımcıdan sadece ikisi çocuklara yönelik cinsel eğitimi gerekli bulmadığını ifade etmiştir. 110 (% 59.14) katılımcı cinsellik eğitimine okul öncesinde başlanması gerektiğini, 38 (% 20.43) katılımcı ilkokulda başlanması gerektiğini ve 32 (% 17.20) katılımcı ise ergenliğin hemen öncesinde başlanması gerektiğini söylemiştir. “Cinsel eğitim öncelikli olarak kimin tarafından verilmelidir?” sorusuna, 157 (% 84.41) katılımcı “aile tarafından verilmelidir” şeklinde cevap vermiştir. Ayrıca, katılımcıların% 22.80’i okul psikolojik danışmanlarını cinsel eğitim vermesi gereken kişiler olarak nitelendirmişlerdir. “Cinsel eğitim nerede verilmelidir?” sorusuna, 124 (% 66.67) katılımcı “evde”; 79 (% 42.47) katılımcı ise “okullarda ders olarak” yanıtlarını vermişlerdir. “Cinsel eğitim nasıl verilmelidir?” sorusuna katılımcıların% 46.77, “Doğumdan itibaren çocuğu soru sormasını beklemeden aşamalı olarak verilmelidir” yanıtını verirken,% 39.24’ü ise “Çocuk soru sorduktan sonra verilmelidir” yanıtını vermiştir. Son olarak, cinsel eğitimin içeriği ile ilgili soru için 143 katılımcı (% 76.88) “Cinsiyetler arasındaki anatomik farklılıkların çocuğun yaşına uygun olarak anlatılması”

gerektiği yanıtını vermiştir. “Biyolojik özellikler ve değişimler ile ilgili her iki cinsiyetin de bilgilendirilmesi gerekir” yanıtı 127 (% 68.28) katılımcı tarafından işaretlenmiştir. Bu soru için, en az işaretlenen yanıt ise% 10.75 işaretleme oranıyla “Çocuklara sadece kendi cinsiyetleri ile ilgili özellikler ve değişimler anlatılmalıdır” olmuştur.

Kullanılan ölçme araçlarının geçerlilik ve güvenilirliği yapılan analizlerle ortaya koyulmuştur. Çocuk Cinselliği Yaklaşım Ölçeği için Promax Rotasyonlu Temel Eksenler Faktör yöntemi kullanılmıştır. Analiz sonuçlarına göre madde yükleri, .30’un altında olan maddeler çıkarılmış ve toplam varyansın% 25.11’ini açıklayan tek faktörlü yapı bulunmuştur. 21 maddelik ölçeğin iç-tutarlılık katsayısı, Crombach Alpha, .87 olarak hesaplanmıştır. Araştırmanın deneysel bölümündeki veri analizlerinde ölçekteki 21 madde kullanılmıştır.

Kuder Richardson güvenilirlik katsayısı (K-R 20), Çocuk Cinselliği Bilgi Testinin güvenilirliğini test etmek amacıyla kullanılmıştır ve .51 olarak bulunmuştur. Ayrıca, bilgi testi için madde analizi yapılmıştır. Madde analizi sonuçları değerlendirildiğinde, madde zorluk endeksi .20’nin altında ya da .90’nın üzerinde olan ve madde ayırt ediciliği negatif ya da .20’nin altında olan maddelerin çıkarılması uygun görülmüştür. Analizler, bu ölçütlere uyan iki maddenin ve bu ölçütlere yakın olan bir maddenin varlığını ortaya koymuştur. Bu maddeler çıkarıldıktan sonra ise K-R 20, .53 olarak bulunmuştur. Araştırmanın deneysel aşamasında 13 maddelik bilgi testi kullanılmıştır.

## **İşlem**

Eğitim programı, Ankara’daki bir özel okulun hizmetiçi eğitim planına entegre edilmiştir. 2014 Ağustos ayın’da iki haftalık bir dönem içerisinde, ön-test son-test ve eğitim programı işlemleri uygulanmıştır. Eğitim programı gün aşırı uygulanan her biri yaklaşık 90 dakikalık dört oturumdan oluşmuştur. Eğitim ve kontrol gruplarıyla eğitim programı başlamadan bir gün önce toplantı yapılmış ve süreç hakkında bilgi verilmiş ve bilgilendirilmiş onay formunu dolduran tüm katılımcılara ön-test uygulanmıştır. Eğitim grubuna son-test son oturumun hemen ardından araştırmacının



gözetiminde ve grup ortamında uygulanmış olup, kontrol grubu okul ortamındaki kısıtlılıklar nedeniyle son-testleri araştırmacının gözetimi dışında tamamlamışlardır.

## BULGULAR

Parametrik testler, özellikle de Varyans Analizi (ANOVA) için gerekli olan varsayımlardan birkaçı sağlanamadığı için programın katılımcıların çocuk cinselliği ile ilgili bilgi, yaklaşım ve yeterlilik algıları üzerindeki etkililiğini ölçmek için parametrik olmayan testler, Mann-Whitney U Testi ve Wilcoxon İşaret Testi kullanılmıştır.

Kontrol ve eğitim gruplarının Çocuk Cinsel Gelişimi ve Eğitimi Öğretmen Bilgi Testi son-test puanları karşılaştırması için uygulanan Mann-Whitney U Test sonuçları, eğitim grubu son-test puanlarının (sıra ortalaması = 29.83) kontrol grubu son test puanlarından (sıra ortalaması = 11.42) istatistiksel olarak anlamlı bir oranda farklı olduğunu göstermiştir,  $U = 27$ ,  $p = .00$ ,  $r = .76$ , orta etki. İşaret Testi sonuçlarına göre, eğitim grubunun bilgi testindeki son-test puanları ( $Mdn = 12.00$ ), ön-test puanlarıyla ( $Mdn = 10.00$ ) kıyaslandığında, program sonunda istatistiksel olarak anlamlı bir oranda medyan artışı olmuştur,  $Z = 4.06$ ,  $p = .00$ ,  $r = .85$ , büyük etki. Kontrol grubunun bilgi testindeki ön-test puanları ( $Mdn = 9.00$ ) ve son-test puanları ( $Mdn = 9.00$ ) kıyaslandığında ise, eğitim programının sonunda istatistiksel olarak anlamlı bir medyan değişimi ortaya çıkmamıştır,  $Z = -.83$ ,  $p > .05$ .

Çocukluk Çağı Cinsel Davranışları Öğretmen Yaklaşımları ile ilgili sonuçlar incelendiğinde, eğitim grubu ön-test puanlarının (sıra ortalaması = 16.59) kontrol grubu ön-test puanlarından (sıra ortalaması = 27.45) istatistiksel olarak anlamlı oranda farklı olduğu görülmüştür,  $U = 331.5$ ,  $p = .004$ . Bu nedenle, son-test kıyaslamaları kazanç puanları üzerinden yapılmıştır. Yapılan Mann-Whitney U test analizleri, eğitim grubunun kazanç puanlarının (sıra ortalaması = 28.26) kontrol grubunun kazanç puanlarından (sıra ortalaması = 13.32) daha yüksek olduğunu ortaya koymuştur,  $U = 63.00$ ,  $p = .00$ ,  $r = .61$ , orta etki. Ayrıca, eğitim grubunun program sonunda yaklaşım ölçeğinden aldığı puanlarda ( $Mdn = 60$ ), ön-test puanlarına ( $Mdn = 53$ ) kıyasla istatistiksel olarak anlamlı oranda medyan artışı görülmüştür,  $Z$

= 3.61,  $p = .00$ ,  $r = .75$ , orta etki. Kontrol grubunun ön-test son-test kıyaslamalarıyla ilgili Wilcoxon İşaret Testi sonuçları ise, kontrol grubundaki katılımcıların eğitim programı sonunda yaklaşım testinden aldıkları puanlarda ( $Mdn = 56$ ), ön-test puanlarına kıyasla ( $Mdn = 58$ ) istatistiksel olarak anlamlı bir oranda medyan düşüşüne rastlanmıştır,  $Z = -2.39$ ,  $p = .017$ ,  $r = -.55$ , orta etki.

Algılanan yeterlilik düzeyi ile ilgili yapılan Mann-Whitney U test analizleri, eğitim programı sonunda eğitim grubunun algılanan yeterlilik düzeyi puanlarının (sıra ortalaması = 29.39) kontrol grubunun puanlarına (sıra ortalaması = 11.95) kıyasla istatistiksel olarak anlamlı ölçüde farklı olduğunu göstermiştir,  $U = 37$ ,  $p = .00$ ,  $r = .72$ , orta etki. Wilcoxon İşaret Testi sonuçları ise, eğitim grubu katılımcılarının program sonundaki algılanan yeterlilik düzeyi puanlarında ( $Mdn = 8$ ), program öncesindeki puanlarına ( $Mdn = 5$ ) kıyasla istatistiksel olarak anlamlı oranda medyan farkı olduğunu ortaya koymuştur,  $Z = 3.93$ ,  $p = .00$ ,  $r = .82$ , büyük etki. Diğer bir yandan, kontrol grubu katılımcılarının son-test algılanan yeterlilik düzeyi puanlarında ( $Mdn = 5$ ), ön-test puanlarıyla ( $Mdn = 6$ ) karşılaştırıldığında istatistiksel olarak anlamlı bir oranda medyan değişimine rastlanmamıştır,  $Z = -1.67$ ,  $p = .10$ .

Özetle analiz sonuçları, eğitim programının öğretmenlerin çocuk cinsel gelişimi ve eğitimi ile ilgili bilgi düzeyleri, çocukluk çağı cinsel davranışları hakkındaki yaklaşımları ve algılanan yeterlilik düzeyleri üzerinde anlamlı oranda etkili olduğunu göstermiştir. Eğitim programı sonunda, eğitim grubundaki katılımcıların kontrol grubundakilere kıyasla Çocuk Cinsel Gelişimi ve Eğitimi Öğretmen Bilgi Testinden anlamlı bir oranda daha yüksek puan aldıkları sonucuna ulaşılmıştır. Ayrıca eğitim programına katılan öğretmenlerin çocukluk çağı cinsel davranışlarına yaklaşımlarının olumlu yönde değiştiği ve gelişimsel olarak doğal ve doğal olmayan davranışları kontrol grubuna kıyasla daha doğru bir şekilde ayırt edebildikleri görülmüştür. Benzer şekilde, kontrol gruba kıyasla, eğitim grubundaki öğretmenler eğitim programı sonunda kendilerini daha yeterli hissettiklerini ifade etmişlerdir.

## TARTIŞMA

Araştırma bulgularının, çocuk ve ergen cinselliği ile ilgili eğitim programlarının öğretmenlerin bu konudaki bilgi düzeyleri (Carter & Frankel, 1983; Gürşimşek, 2010; Levenson-Gingiss & Hamilton, 1989b; Smith, Flaherty, & Webb, 1981) ve yeterlilik algıları üzerindeki olumlu etkisini gösteren çalışmalarla (Levenson-Gingiss & Hamilton, 1989b; Watanabe & Nozu, 2004) tutarlı olduğu görülmektedir. Her ne kadar daha önceki araştırmalar özellikle cinsellik ile ilgili hassas konularda (Örneğin; mastürbasyon, eşcinsellik, vb.) yaklaşım değişikliğinin eğitim programları sonunda elde edilemediğini öne sürmüş olsa da (Örneğin, Carter & Frankel, 1983; Gürşimşek, 2010; Levenson-Gingiss & Hamilton, 1989b), bu çalışma çocukluk çağı cinsel davranışları ile ilgili hassas konularda (Örneğin; mastürbasyon, çocukluk dönemi cinsel içerikli oyunlar, vb.) bile eğitim programına katılan öğretmenlerde bir yaklaşım değişikliğinin olabileceğini göstermektedir. Özetle, araştırma sonuçları böyle bir eğitim programının öğretmenlerin çocuk cinselliği ile ilgili sorularına cevap aradıkları okul rehberlik servislerinde çalışan rehber öğretmenlere/okul psikolojik danışmanlarına da bir rehber kaynak oluşturabileceğini göstermiştir.

Ancak araştırmanın bazı kısıtlılıkları bulunmaktadır. Bu nedenle sonuçların bu kısıtlılıklar bağlamında değerlendirilmesi ve programın etkililiğinin yalnızca araştırmanın uygulandığı koşullar dahilinde geçerli olduğunun göz önünde bulundurulması gerekir. Sonraki çalışmalarda, rastlantısal örneklem yöntemi ve rastlantısal atama yöntemi kullanılarak deney ve kontrol gruplarının belirlenmesi ve böylece programın daha genellenebilir örneklemelerde test edilmesi gerektiği düşünülmektedir. Aynı zamanda, eğitim programının etkililiğini gösterecek sonraki çalışmalar için, örneklem gruplarının daha geniş ve eşit tutulması ve daha güçlü parametrik testler kullanılarak verilerin analiz edilmesi son derece önemlidir. Son olarak, araştırma süresindeki kısıtlılıklar nedeniyle, bu çalışmada izleme çalışmasına yer verilememiştir. Bu nedenle sonraki çalışmalarda program sonrasında katılımcıların bilgi, yaklaşım ve yeterlilik düzeylerindeki değişimlerin kalıcılığının izleme verileri kullanılarak da değerlendirilmesi gerektiği düşünülmektedir.

## THESIS PHOTOCOPY PERMISSION FORM

### ENSTİTÜ

Fen Bilimleri Enstitüsü

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Sosyal Bilimler Enstitüsü

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Uygulamalı Matematik Enstitüsü

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☐

### YAZARIN

Soyadı : ŞAHİN

Adı : GÖZDE NUR

Bölümü : EĞİTİM BİLİMLERİ

**TEZİN ADI** (İngilizce) : Developing and Testing the Effectiveness of the Teacher Training Program on Child Sexual Development

**TEZİN TÜRÜ** : Yüksek Lisans

☒

Doktora

☐

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.

☐

2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.

☐

3. Tezimden bir bir (1) yıl süreyle fotokopi alınamaz.

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**TEZİN KÜTÜPHANEYE TESLİM TARİHİ:**