

## Focus on sexual health



Emi Canahuati



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### Impact of early sexuality education on adult sexuality

By Emi Canahuati, MA, CSE and  
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**I am pleased to introduce Emi Canahuati, a sexuality educator and trainer who owns *Talk and Thrive Education, LLC*<sup>A</sup>, which provides workshops, educational videos, and private coaching sessions so that parents can obtain the tools they need to have open, honest, and age-appropriate conversations with their children about sexuality. In this column, Emi discusses her experience working with parents of young children, as well as the impact of childhood experiences on adult sexuality. —Brooke**



#### Talk and Thrive Education

Most of my professional work focuses on helping parents raise sexually healthy children by facilitating age-appropriate discussions about sexuality. Many parents have difficulty talking about healthy sexuality with their children—in some cases because they feel ill equipped to educate their children about this topic, in other cases because of embarrassment, and in still other cases because they have sexual problems of their own, which may inhibit them from holding an open and honest discussion. In addition, parents may not fully appreciate the importance of addressing sexual health when their children are young. Regardless, most parents with whom I work want their children to become sexually healthy adults who enjoy their sexuality in a responsible and ethical way.

#### Sexuality education

##### Self-reflection

When I speak with adult clients about challenges they face in their sexual lives, including difficulties with desire, arousal, orgasm, and intimate relationships, I sometimes identify a correlation between these difficulties and various negative attitudes and values they acquired during childhood. Few adults recognize the impact of childhood experiences on their current sexual health. Although many factors underlie sexual dysfunction in adulthood, I am focusing this column on the impact of sexuality education—or the lack thereof—in childhood.

##### Introduction to the concept of sexuality

Sexuality encompasses more than just intercourse and sexual orientation. Sexuality is affected by childhood experiences such as physical touch, messages received about the body, emotional closeness and relationships, and gender identity. When I ask adults to think about the messages they received about sexuality as children, many of them report that their parents did not talk about sexuality at all; the subject was taboo. Or if the topic of sexuality was addressed, they, as children, were told *Just don't do it*. Many of these adults said that, as children, they didn't even know what was meant by *it*, but they subsequently developed a negative perception of sexuality.

### Sexuality behaviors and milestones

One of the exercises I conduct with parents is to ask them to tell me at what age they think a healthy child starts to display certain sexual behaviors and reach certain sexual milestones. These behaviors and milestones include:

- having crushes;
- masturbation or self-pleasuring;
- physiologic sexual arousal (i.e., penile/clitoral erections, vaginal lubrication);
- growing independence;
- reaching puberty;
- awareness of their gender identity;
- playing “doctor”;
- development of body image (including genitals);
- having questions about pregnancy and childbirth;
- having interest in other people’s bodies; and
- engaging in relationships, both romantic and non-romantic.

Many parents believe these behaviors and milestones occur much later than they actually occur; all of these behaviors/milestones can start before children are 8 years old.<sup>1</sup> As a result, many children do not receive the support and resources they need at the appropriate time. It’s as if parents were to wait until their children are 6 years old before helping them walk! Children are sexual beings from birth, and they benefit from age- and developmentally-appropriate sexuality education starting when they are very young.<sup>2</sup>

### Childhood introduction of sexual education

We in the United States do not have a systematic process for providing scientifically accurate, comprehensive sexuality education.<sup>3</sup> Therefore, children may or may not receive information about sexual anatomy, birth control, sexually transmitted infections, sexual decision-making skills, pregnancy prevention, puberty education, or healthy relationships during their most formative years. Sexuality education, if provided at all, tends to vary widely from school to school in terms of instructional technique and content. If sexuality education is not provided by a school system, then parents are responsible for imparting to their children not only their values about sexuality, but also basic facts.

Many children receive mixed or negative messages about sexuality. Girls in particular tend to receive negative messages from both their families and the culture at large that can inhibit their sexual growth.

In this country, girls are encouraged to meet rather narrow definitions of *femininity* and *beauty*, laying the foundation for a negative body image. Having a negative body image can then lead girls to make unhealthy choices with regard to their sexual partner(s) and the sexual behaviors in which they engage.

To make matters worse, in U.S. society, girls’ bodies are sexualized from an early age. For example, much of the clothing available for young girls in major department stores is not really age appropriate. Girls then receive unwanted sexual attention, for which they are made to feel responsible. Many of these girls react by shutting down their sexual selves, which feels *safer*. Women are then expected, as if by magic, to feel sexual in an appropriate setting after years of intentional sexual suppression. This concept is not realistic. Many of my female clients report problems in their adult relationships that are due to previous suppression of their sexuality.

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### Challenges with adult sexuality

For many people, the message about sexuality that is gleaned during childhood is *Don’t talk about it because it’s bad*. This message translates into difficulty discussing sexuality as an adult. Adults then have difficulty expressing or even recognizing their sexual needs, negotiating for what they want/don’t want sexually from partners, and talking about sexual difficulties in relationships. I also have adult clients whose parents told them *Don’t touch yourself down there*. This message, when disregarded, translates into *I’m bad*, *That’s dirty*, or even *I’m dirty, but it feels so good*. I often identify a connection between childhood shaming related to mas-

turbatory behavior and difficulties with desire, arousal, orgasm, sexual pleasure, and relationships in general.

Other messages about sex that are often sent by parents or society, particularly to girls, are *You should not want it because Nice girls do not do things like that* and *It's your responsibility to say "no,"* regardless of how you feel or what you might want. So, as women, they inhibit their sexual desires for fear of adverse repercussions. They feel that if a sexual encounter occurs, they must have *wanted it* and male partners will feel they were *asking for it*. Some of my clients state that they avoid sexual encounters because they do not want to be held accountable for the experience. Subsequently, they never learn about their sexual desires and true responsibilities.

### Methods for supporting healthy sexuality

I suggest that healthcare providers promote healthy sexuality education in these three main ways:

1. Support comprehensive sexuality education in schools. According to the Sexuality Information and Education Council of the United States (SIECUS), comprehensive sexuality education includes the provision of age-appropriate, scientifically accurate information on a broad set of topics related to sexuality, including human development, relationships, decision making, abstinence, contraception, and disease prevention.<sup>4</sup> Under ideal circumstances, this education is available in grades K-12. This education can help systematically address the gaps in students' knowledge about anatomy, healthy relationships, and overall sexual health. For younger children in particular, this education can provide a foundation to discuss their family; their feelings; the correct names for all body parts, including genitals; and topics such as boundaries and consent.
2. Encourage and support communication between parents and children in an age- and developmentally-appropriate manner that embraces sexuality in a positive way. The communication should not be shame based or an attempt to control their sexuality. Instead, the communication should help empower children to "own" their sexuality—that is, to acknowledge and balance the potential beauty of their sexuality with the responsibilities that come with it.
3. Encourage, seek out, and support media that present a broad range of bodies and gender expressions in a positive light, not just the narrow ways we are trained to see beauty in our society—as being feminine, thin, white, tall, and able bodied.

### Conclusion

In the past, women's sexuality was not considered a relevant topic of study. Modern healthcare in this country now supports the importance of human sexuality, both male and female. There are ways to dismantle some of the psychosocial barriers that prevent women from thriving sexually. Regardless of our diverse backgrounds and training, we all have an opportunity to support the next generation of women in their quest for sexuality that is healthy and satisfying. ●

**Emi Canahuati is certified as a sexuality educator by the American Association of Sexuality Educators, Counselors and Therapists (AASECT). She owns Talk and Thrive Education, LLC, and has been working for more than 18 years with thousands of parents, conducting workshops on parent-child communication about sexuality. She is passionate about helping parents have age-appropriate conversations with their children because she believes that these conversations help produce children who become sexually healthy adults. Brooke M. Faught is a nurse practitioner and the Clinical Director of the Women's Institute for Sexual Health (WISH), A Division of Urology Associates, in Nashville, Tennessee.**

### References

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### Web resource

- A. [talkandthrive.com/](http://talkandthrive.com/)