

Affective-Sexual Health Promotion in Early Childhood: Critical Review in The Context of Childcare and Education in Costa Rica

Promoción de la salud afectiva-sexual en primera infancia, contexto de cuidado y educativo en Costa Rica. Una revisión crítica

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Abstract

This critical review describes research on affective and sexual development in early childhood in preschool and childcare settings. Studies are analyzed from the point of view of the regulatory and operational frameworks on which education on this topic in Costa Rica is based. The review was carried out using 4 international databases, examining empirical studies and review studies. Costa Rica has put in place a broad national-level policy framework that supports a comprehensive understanding of affective-sexual development from infancy. However, implementation of the policy in the national preschool program does not always meet the framework's standards. We find that the risk of sexual abuse tends to be prioritized in early sexual-affective education. Sexual-affective development is often addressed from a moralistic standpoint, advising for instance that the genitals should be named only in the last levels of preschool and not when the other parts of the body are first named. From a health-promotional perspective on national childcare and early education, we here propose a broader view that takes fully into account the complexities around the social determinants of sexual-affective development. We conclude that an update of the preschool program is required, accompanied by continuous training for staff and families of infants.

Key Words: Sexuality, Affectivity, Early Childhood, Health Promotion, Caretaking, Preschool Education

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Resumen

La presente revisión describe investigaciones sobre el desarrollo afectivo-sexual en primera infancia en el ámbito preescolar y de cuidado; éstas se analizan desde el marco normativo y operativo en el cual se sustenta la educación sobre este tema en Costa Rica. Dicha revisión se realizó con 4 bases de datos internacionales y se sustentó en estudios empíricos y de revisión. Los estudios hallados apuntan a una diversidad de procesos a tomar en cuenta. Algunos de éstos se relacionan con el desarrollo de vínculos seguros y confiables, el uso de terminología genital desde temprana edad, abordajes asertivos de las manifestaciones afectivas-sexuales de infantes, así como a contemplar los aspectos culturales y socio-históricos. A nivel nacional se encuentra que existe un amplio marco normativo que respalda la comprensión integral del desarrollo afectivo-sexual para su abordaje. Sin embargo, se observa que en el programa nacional de preescolar, se prioriza el riesgo al abuso sexual. Además en este se devela una visión moralista por edades, considerando que los genitales deben nombrarse sólo en los últimos niveles de preescolar y no cuando se conocen las partes del cuerpo en los niveles iniciales. Desde un enfoque de promoción de la salud sexual en el ámbito de cuidado y educativo nacional, aquí se propone una visión más amplia que tiene plenamente en cuenta las complejidades en torno a los determinantes sociales del desarrollo afectivo sexual. Por lo que se requiere una actualización del programa de preescolar, acompañado de formación continua para el personal y las familias de infantes.

Palabras clave: sexualidad, afectividad, primera infancia, promoción de la salud, cuidado, educación preescolar.

This critical review describes research studying contemporary understandings of affectivity and sexuality in early childhood and in preschool and childcare settings. Subsequently, these studies are analyzed from the regulatory and operational frameworks which form the basis for education on this topic in Costa Rica. This review aims to heighten awareness of the topic's importance and provide inputs for the institutions that serve this population in schools and day-care centers.

Infants as active, sexual and fully social subjects are immersed in a dynamic multi-dimensionality that involves making visible their own desires and intimacy, the ways in which they bond with other people emotionally and erotically, their ways of caring and of obtaining pleasure, the relationship they build with their own body, the realm of play and fantasy, and responses to experiences, among many other issues ([Zemaitis, 2016](#)).

Childhood can be understood from other perspectives than traditional psycho-evolutionary models of development. Children can be seen as agents who participate actively in society and whose interactions permeate the different spirals of the context in which they live ([Vergara et al., 2015](#)). According to Vergara et al. (2015), families are located at the center of the spiral as relevant intermediaries not restricted only to the inter-personal scene, since they are also found in a historically structured and changing context ([Vergara et al., 2015](#)).

Sexual-affective development in early childhood should be viewed from a complexity perspective. According to Almeida (2006), complex processes are multifaceted and cannot be explained by linear and determinative models. Hence, building a reference conceptualization requires transdisciplinary synthesis operations; it is also necessary to resort to the polysemy resulting from the interaction of different disciplinary discourses ([Almeida, 2006](#)).

From the viewpoint of the (non-linear) social determinants of health, it is important to highlight that the scientific discourse on health cannot be separated from the collective social discourse. This also implies that the vocabulary and the underlying meanings emerge from a specific cultural context that at the same time affects the production of scientific ideas (Breilh, 2010). From this approach, the biological is subsumed into the historical and social processes within which people develop and live.

In the fields of education and childcare, health promotion would be the implementation of a political and pedagogical framework fostering the conditions for generating capacities and actions of people, families, professionals, and communities through the development of protective factors to strengthen well-being and confront situations of violence (Torres et al., 2011). These factors are intrinsically articulated at the individual, family, institutional, community, social, and cultural levels. At the individual level, some protective factors can be mentioned, such as the development of a complete vision of the self, related to self-concept, self-image, self-esteem, and self-determination. Likewise, the possibility of strengthening social skills related to communication, recognition, and expression of emotions and conflict resolution.

Regarding the family context, among some of the protective factors related to the promotion of sexual-affective health are clear communication with significant adults, clear and timely scientific information, appreciation of diversity, coexistence of respect and credibility of situations of violence expressed by someone in the family. These factors tend to strengthen affective bonds and trust. Among the social and cultural institutional factors are timely and comprehensive sexual education, social supports and community networks, promotion of equitable relationships between people, political representation, and visible and accessible spaces for participation (Torres et al., 2011).

Affectivity-sexuality in early childhood is an issue that deserves to be prominently positioned in state institutions and civil society in charge of care and education, in order to promote sexual-affective health. International organizations such as UNICEF have been paying increasing attention to the profound impacts experiences during infancy have on subsequent development. Still, it remains necessary to further prioritize the promotion of health to contribute to the well-being of people and society. However, according to Burman (1996), within the framework of international legislation, the search for a single comprehension of childhood development fails to consider cultural pluralisms and local understandings. He further indicates that normalized concepts and rights are insufficient to guarantee well-being in childhood. Therefore, the proposals must be accompanied by sociocultural readings that also facilitate the commitment of resources and implementation.

The development of affectivity and sexuality in the first years of life has been seen as a global, continuous process on which sexual and gender identity and the establishment of affective bonds are based. It is considered that the early experiences lay the foundation for self-regard and the relational qualities that develop later during the life course (Hernández, 2008). This development is seen as a “life stage” during which the dominant social morality and its dynamics in the face of human diversity and associated stereotypes are internalized. Values, attitudes, and behaviors related to self-care and relational care are formed and developed. Furthermore, early sexual-affective experiences are considered to largely determine the quality of adult sexuality and the assumed sense of freedom and responsibility (López, 2009).

However, we consider that early childhood should be seen as more than an ‘evolutionary’ step to adulthood. Instead, it is itself a process emerging from the multi-dimensionality of the whole person. In the contemporary Latin American context, ‘evolutionary’ approaches to child development by stages are fundamentally depoliticizing. According to Anastasia (2019), they function to evade discussions about the responsibilities of the State in this matter, for example in topics such as the updating of digital citizenship from an early age.

International research on sexuality and affectivity in early childhood: Childcare and educational context

For this critical review we drew on four electronic databases: PsycINFO, EBSCO, SCIELO and PROQUEST. We limited our search to journal articles, empirical research, and reviews. We explored keywords, titles, and abstracts in each database. Articles studying pathologies and sexual abuse were excluded. These studies are analyzed from the point of view of the regulatory and operational frameworks on which education on this topic in Costa Rica is based.

Many contemporary studies indicate that open and frank discussions about sexuality are essential. In addition, teachers or caregivers must be able to answer children’s questions, in order to strengthen their social skills and self-knowledge and to help them become well-informed citizens (Simonovska & Kane 2015; Yameng et al., 2017; Balter et al., 2016).

When reference is made to the affective sexual manifestations observed by caregivers and teachers, results are generally found in three areas: healthy and typical behaviors of preschool children, including games and sexual exploration; behaviors influenced by the family context; and intrusive sexual behaviors influenced by lived experiences of sexual coercion, be it in the family context or another one close to the child (Huaiquián et al., 2016; Salinas & Rosales, 2016; Miragoli et al., 2017; Cale & Lussier, 2017).

In this context, it must be understood that school-age children show a natural curiosity about their bodies and that of others and may carry out explorations and playful activities within the school context. In Italy, an investigation carried out with 227 children aged 5-10 years found that a greater number of sexual behaviors were expressed between the ages of 5 and 6, decreasing in later age-groups (Miragoli et al., 2017). This study found that knowledge of age-appropriate sexual behaviors can help teachers distinguish healthy sexual behaviors from problematic ones (such as those that mimic adult sexual life). In this regard, teachers can educate on aspects such as interpersonal distance, respect for themselves and the bodies of others. They can provide correct information to parents about sexual development (Miragoli et al., 2017). In addition, we note that with school-age children, these behaviors may not decrease with time so much as become less easy to observe as children absorb the socially dominant moral guidelines (López, 2005).

Other research supports the importance of the affective bond that is developed with caregivers and teachers (Huaiquián et al., 2016; Salinas & Rosales, 2016). For example, in one study, it was found that babies who had less than four months’ interaction with a single caregiver had more difficulty building secure bonds than babies who were cared for by the same caregiver over a more extended period (Salinas & Rosales, 2016). The manifestation of trust and security as a product of sustained contact over time with the same caregiver provides a fundamental basis for the construction of secure bonds.

The quality of a child's connections with people in charge of childcare and education, and the reactions they show to the child's bodily exploration and discovery, will influence the construction of meaningful experiences, whether pleasant or unpleasant. These Caregiver reactions may be internalized by the child, associated, and integrated with emotional and symbolic aspects: identity, self-esteem, and the quality of their social connections (Hernández, 2008).

Currently, more and more adults must go to work and leave their children from an early age in care and educational centers. These spaces thus emerge as opportunities to offer a sexual-affective education promoting the personal and social well-being of infants. When these issues are addressed at an institutional level, it is usually done timidly, from a fragmented, overly 'biological', and preventive approach (Anastasia, 2018). More attention is given to the affective component, but there is little training for the personnel in charge of care and education on the importance of establishing affective bonds that offer trust and security to the infant, and the sexual dimension tends to be unrecognized and is often managed inappropriately. In a study carried out with teachers in Canada, it was found that 64.1% of early childhood teachers considered that sexual education in schools was inadequate. In addition, 53.2% of teachers said they do not have the training to address these domains (Balter et al., 2018).

Due to various paradigms that have persisted throughout history, sexual and affective health in the first years of life has received little attention at the institutional levels in the context of care and education. In our current culture, the understanding of sexuality is often characterized by a reduced and repressive vision, restricted to adult sexual expression, and focused on adult couples' relationships and the dangers that these entail. This tends to deny, ignore, or even punish manifestations of sexuality in early childhood, eroding the sexual-affective health of infants (García, 2016). In the same way, in qualitative research carried out in Brazil, it was noted that there is a demand for addressing issues related to expressions of sexuality in the fields of childcare and education. One of the great challenges for educators working in daycare centers is to understand children's expressions of sexuality. Hygienicistic, moralistic, and religious attitudes still support the concept of sexuality as a phenomenon primarily or exclusively related to the adult world, and to reproduction (Ciaffone et al., 2014).

The socio-affective competencies of the educators and personal caregivers are conditioned by the sociocultural context in which they have developed in the personal and professional sphere. Proper handling of these issues facilitates methodological decision-making in their professional practices to more efficiently address the behaviors and emotional problems that children may manifest. Positive affective bonds forged at an early age stimulate better affective development, with confidence, lasting security, and the absence of anxiety being observed in children over time (Huaiquián et al., 2016).

Likewise, these approaches must consider the development of new technologies and the possibility to access information on the Internet. In the same way, it is relevant for the learning and development of skills related to sexuality to consider the children's perspectives, their relations with their peers, as well as the potential influence of other social environments and media (Simovska & Kane, 2015). Among the proposals for this type of comprehensive education within the institution, it is proposed to expand the heteronormative vision whose content includes knowledge of the human body and its essential functions, gender, and human rights perspectives, as well as the development of self-protective behaviors (Salinas & Rosales, 2016).

However, in a study conducted with preschool students, little clarity was found regarding the issues to be addressed related to sexuality. Future teachers participated during the research by taking a short course on sexuality, but this was not enough to help them identify the topics that need attention from 0-5 years of age (Brouskeli & Sapountzis, 2017). This study indicates the need for educators to be fully trained in theory and practice, using creative teaching techniques.

Other international evidence shows that teachers and caregivers tend to perceive sexual and affective expressions in children as de-sexualized and that they tend to respond with silence, neutralize them, ignore them, or resort to humor and the assumption of a maternal role (Gerouki, 2011). There is also a widespread tendency to develop infantile, heteronormative speeches of innocence and silencing (Robinson, 2013; Surtees & Gunn, 2010).

These perceptions and beliefs of teachers and caregivers result in children having inadequate and inaccurate information about their bodies, which may produce responses of fear, shame, and vulnerability. These feelings may reinforce inappropriate sense of power relations which may render children more highly exposed to sexual abuse by adults. It is found that this vulnerability of children is often related to the action or inaction of adults in the area of sexuality (Robinson & Davies, 2008).

In another investigation related to the legal framework in the institutional context, it was found that one in three educators did not know whether policies were supporting affective-sexual education in their institution (Balter & Davies, 2016). The development of curricula and policies is encouraged to provide systematic guidance and protocols according to sexual development and gender, as well as adequate communication and training on these.

When thinking about policies, initiatives, and didactic-pedagogical proposals in relation to sexual education, it is important to ask about the power/knowledge strategies of the curriculum and analysis of pedagogical power in its effectiveness in naming the world, bodies, and identities through which sexuality is normative. Zemaitis (2016) emphasizes the necessity of carrying out a critical analysis of the universalist, naturalizing and heterosexist conceptions of sexuality, of genders, of the ways in which sexual life is considered in childcare and early education. According to the author, aspiring to a pedagogy of sexuality with social relevance implies the need to recognize infants as sexual subjects. This requires a heightened awareness of the active exercise of their sexualities and experiences. It also entails including the cultural dimension of those experiences. In conclusion, it is essential to broaden the view and the institutional approach to incorporate the full range of aspects linked to childhood sexuality – understanding them as embedded in a complex web of relationships, while aiming for a socially relevant sexual education.

Costa Rica's national-level pedagogical and normative frameworks

In Costa Rica, there is a progressive normative framework at the national level that is meant to guide the understanding of sexuality and affectivity in the population. The national-level approach to sexuality education considers the perspectives implied by structural, socio-historical, political, and cultural aspects (Simovska & Kane, 2015). The National Sexuality Policy of 2010-2021, for instance, addresses health and sexuality throughout the life course as an integrated and dynamic socio-biological process, in constant interaction and mutual transformation, and intimately related to the political,

economic, and cultural contexts that broadly influence health status (Breilh, 2000, as cited in [Ministerio de Salud \[MINSAL\], 2011](#)).

This progressive policy framework includes a focus on rights, gender, and diversity, on issues related to affectivity, on the establishment of equitable relationships between women and men, and on the right to receive clear, reliable, and timely information that facilitates decision-making. The policy similarly guarantees the right to develop a sexual orientation free from all forms of coercion, manipulation, or violence, as well as the right to pleasure, among others ([MINSAL, 2011](#)).

As Brenes (2020) points out, the vision of comprehensive protection of children at the state level follows a paradigm deriving from the Convention on the Rights of the Child (1989), which was ratified in Costa Rica and articulated through the Code of the Child, Childhood and Adolescence. This paradigm, which is closely related to economic, political, and cultural transformations in the country, made it possible to deepen the concept of childhood in several dimensions. In the Childhood and Adolescence Code, as well as in various legal articles, the rights of minors are promulgated, including those related to personality and health. These articles explicitly support the creation and development of integrated early educational programs such as programs on sexual and reproductive health ([Código de Niñez y Adolescencia, 1998](#)).

Currently, Costa Rica has two national-level institutions that oversee care and education in the first years – the Centros de Educación y Nutrición (CEN) and the Centros Infantiles de Atención Integral (CINAI). One of the functions of the CEN-CINAI, according to article 4 of the law N°8809 (2010), is to support the development of children in conditions of poverty. The 2012 Regulation of these Centers calls specifically for integrated attention to all aspects of health, including the promotion of infant health, as well as healthy family and community environments. However, although the conceptual model and strategy of the CEN-CINAI do refer to growth and development in the earliest infancy, they do not mention aspects related to the understanding of the body, genitalia, or sexuality in general. Reference is made to social-affective considerations such as interpersonal relationships and ways of feeling and expressing emotions ([MINSAL & CEN-CINAI, 2008](#)), but there is no explicit acknowledgment of the importance of strengthening the affective connections of children within their families.

In 2011, Costa Rica's national study program of preschool education, a maternal-infant cycle of the Ministry of Public Education (MEP), was adopted and remains currently in force. In this document, playful and creative strategies were proposed to work on the concept of body image, seeking to promote construction of a positive self-image by recognizing individual capacities and in interaction with peer groups. However, its content is aimed in the first instance at the prevention of sexual abuse, and there is no clear guidance on how to integrate these components into daily practice. Though "private or intimate parts" are mentioned, they are not named as such (penis, vulva, vagina, among others); rather, they are cursorily recognized in the materials concerning hygiene or the issue of abuse prevention ([MEP, 2014](#)).

The Preschool program of the MEP (2014) indicates that it responds to Article 12 of the Fundamental Law of Education of Costa Rica (1957). This article mentions that pedagogy must protect health while stimulating children's experience, observational capacity, and aesthetic sense. However, the contents of the program on health protection tend to reduce it to care through healthy eating, physical activity and

the practice of cleanliness, order, and courtesy habits (MEP, 2014, p.10). In other words, the protection of health is seen as a matter concerning hygiene and protection against risks; it leaves out the dimensions of creative development and observation. This generates a movement away from what is proposed in Article 12 of the Fundamental Law of Education.

There are significant contrasts between what international studies propose and what the National Preschool Program proposes in its mediation strategies, implying a need to update and improve the program. For example, in a review of international research, the need to use the correct genital terminology in nursery-school children around 3 years old is raised (Kenny & Wurtele, 2008). In Costa Rica, the MEP (2014) preschool education program consists of one year divided into several instruction levels. Children do not learn terminology for the genitalia from the beginning, though all other body parts are taught. While the literature reviewed above calls for recognizing the intimate body parts from the age of 3, in Costa Rica these parts are mentioned only in the last level of the preschool course (usually age 6). The MEP program indicates that during this last instruction level, classroom work should focus on the “development of safety strategies and prevention of physical and sexual abuse” (MEP, 2014, p.69). Although the genitals are mentioned, they are still not identified by name – they are described simply as “everything covered by a bathing suit” (p.69). At the same time, paradoxically, the identification of inappropriate caresses and ways of dealing with abusive situations are addressed in detail at this level; and it is also mentioned that children construct a concept of “sexual abuse” according to their age (p. 69). In addition, the evaluation strategies of the program indicate that teachers should assess aspects such as safe actions to prevent physical and sexual abuse (MEP, 2014). However, it is not clearly described how these components should work, and the promotion of a healthy affective-sexual experience of early childhood becomes invisible.

Discussion

Affectivity and sexuality are present throughout life. These phenomena emerge from the interaction of multiple dimensions of social determination, through complex processes that are dynamic, non-linear and in constant change. The subjects of these processes – including young children – should be seen as social and sexual beings participating actively in the construction of meaning and of individual and collective experiences.

In the recognition of infants as social and sexual subjects, it is essential to know the particular socio-cultural context and use that as a basis to generate appropriate approaches. This vision must be incorporated into the regulatory framework and its operationalization in the institutions that care for children. The professionals in charge should promote sexual-affective health work by offering differentiated, free, and safe spaces. Similarly, processes involving teachers, caregivers and families can only be developed by explicitly appreciating their own experiences and culture, re-signifying ways of learning about sexuality and affectivity in the exercise of childcare and education.

Although we have seen that Costa Rica’s policy on sexuality is progressive in many ways, its operationalization in early childhood education and care sectors is inconsistent and relatively weak. Costa Rica has not yet achieved an effective, comprehensive proposal in which the state sectors in charge of health, education and social welfare participate. The existing modality consists of a series of disjointed normative documents that respond neither to the reality of sexual affective life in early childhood, nor

to the various local contexts in which infants develop. The implementation of public policies aimed at sexuality relates them primarily to exposure to situations of violence and related problems, reducing it to a preventive approach.

Thus, we call here for the Ministry of Public Education and the CEN-CINAI care centers to update the contents of the preschool programs to establish an integrated approach to the body and to social-affective and sexual expression.

This update will require (a) inclusion of topics related to the diversity of manifestations that occur in early childhood, combined with knowledge of the body from the first levels of the preschool program, in order to give children a clear and precise vocabulary about these topics; (b) promotion of healthy interpersonal relationships by establishing links of trust and confidence between children, teachers and caretakers; and in general, (c) adoption of pedagogical approaches based on the infant's experience, to understand and respect the context of all children's sexual-affective expressions.

According to the latest report from the State regarding the Rights of Children and Adolescents in Costa Rica, health promotion should be promulgated as a master strategy to improve the quality of life for the child population by stimulating empowerment and autonomy. Emphasis should be laid on social determination strengthening the social capacity of individuals, families, communities, local public institutions and emerging organizations and groups to function as agents of change and as protagonists in decision-making and public policy ([Fondo de las Naciones Unidas para la Infancia \[UNICEF\] & Universidad de Costa Rica \[UCR\] 2015](#)).

The promotion of affective-sexual health among young children (and hence, among future adults) implies the articulation of actors involved in the implementation of participatory community management processes. The development of approaches should be based on critical analyses acknowledging diversity and contemplating local pluralisms in constant change. In this way, the promotion of sexual-affective health can transcend biological, legalistic approaches and adapt to social and technological changes.

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Authors' contribution

Both authors have jointly developed the article, both in the literature review and in its writing and revision.

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