

The Vagina Problem: A Step Too Far in Parent-Child Sex Communication with Younger Children

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Abstract

Parents describe a want for better sex education for their young children compared to their own myth and silence-led experiences while growing up. However, introducing the vagina has proved a challenging step too far for many parents. This study arose from a secondary qualitative data analysis of 20 focus groups with parents in Ireland about how they engage in body and sexuality communication and socialisation practices with young children, aged 4 to 9 years old. Though parents often utilised euphemisms, the language applied to male bodies tended to be generic, while euphemisms for female bodies tended to be family specific. The language used in talking about the female body evaded reference to the vagina and talking about its functions. Protecting the child from knowledge about the sexual body was aligned with maintaining innocence and delaying the progression of the child's transition into adulthood. Parents demonstrate a commitment to stop using myths but still placed boundaries around their young children's sex education, albeit boundaries that are being redefined. Perpetuating intergenerational taboos, placing boundaries on the knowledge of the sexual body impacts a child's ability to fully integrate their body into their sense of self.

Keywords: parent-child communication, genital naming, young children, secondary qualitative data analysis, Ireland.

Introduction

When parents communicate with young children about the body and sexuality, language used for genitalia contextualises the sexual body, embedding notions of what it means to be male or female, a boy or girl, and the role of these respective identities within society (Braun and Kitzinger 2001; Robinson 2013). Parents place boundaries around knowledge by using euphemisms, silences, and unintentional messages of discomfort and taboo that impede a child's ability to integrate the sexual body and sexuality into their sense of self. Messages and language parents use in talking with their younger children about the sexual body can have the effect of distancing the child from their body (2018). The sexual body, and in particular the female sexual body has been shown to be a particularly challenging subject for parents to discuss with young children (Martin et al. 2010).

This paper discusses Irish parents communication with younger children about the body and sexuality, focusing particularly on terminology relating to genitalia. We look at the regulation of access to knowledge about the body and consider how this positions the child in relation to the body and their future embodied sexual self.

Background

A consistent message from parents when asked about their aspirations for communicating with children about the body and sexuality, is that they want a better experience for their children compared to their own sex education experiences. Despite this, parents describe barriers to sexuality and body conversations such as their own embarrassment and discomfort, ill-preparedness and lack of education, perceptions of age appropriateness of the knowledge, and concerns regarding the maintenance of innocence (Geasler, Dannison, and Edlund 1995; Ballard and Gross 2009; Christensen, Wright, and Dunn 2017; Conlon 2018).

Childhood innocence is often conflated with a lack of sexual knowledge (Lamb, White, and Plocha 2018). However, studies show that younger children are regularly observed discussing and exploring their genitalia (Balter, van Rhijn, and Davies 2016; C. Davies and Robinson 2010; Miragoli, Camisasca, and Di Blasio 2017). Cacciatore et al. (2020) found that Finnish childcare professionals working with children aged 6 and under, reported frequently observing children exploring and talking about sexual body parts and argued this highlights the importance of instilling openness to sexuality conversations within the family from a young age.

This is supported by findings that once they reach adolescence Irish children are more likely than their parents to foreclose conversations about the body or sexuality, largely because of embarrassment (Hyde et al. 2009). Nolan and Smyth (2020), found that while family is a child's main source of such information at age 13, by age 17 friends become the most commonly cited source. This shows that over time a change occurs, whereby embarrassment, taboos and learning not to ask your parents questions, transfer boundaries about knowledge sharing from one generation to the next.

Yet parental concerns for maintenance of innocence drives the regulation of access to knowledge. Equated to a child learning Santa Claus is a myth, there is a perceived threshold that a child crosses into adulthood once they gain awareness regarding sexuality (McGinn et al. 2016). Parental anxieties are heightened by fears around childhood being destroyed or lost through sexualisation or receiving knowledge too early, threatening a

child's future physical or emotional wellbeing and development (Martin and Torres 2014; C. Davies and Robinson 2010). The maintenance of innocence by putting boundaries around knowledge perpetuates moral panics, taboos, and stereotypically gendered learning, exasperated by children patchworking together partial sexuality knowledge from myths and misinformation they glean from wider society, peers and parents (C. Davies and Robinson 2010; Jarkovská and Lamb 2018).

Childhood is increasingly redefined as a time of risk and crisis, situated within socio-cultural power relations with adults while concepts of innocence position the child as unknowing and without their own agentic voice (Robinson 2013). Jarkovská and Lamb (2018) argue for the reconceptualization of 'childhood innocence' as 'childhood vulnerability' and are in favour of distinguishing between harm arising from loss of innocence through early sexuality education and the legitimate vulnerability of exploitation from adults. They argue for more emphasis on acting on the harms of exploitation rather than suppressing childhood voices and curiosity.

Curiosity in childhood about the body including genitalia has been observed yet naming and talking about genitalia has only been a sporadic focus of research on communication with younger children about sexuality and the body. Kenney and Wurtele (2008) found efforts to teach young children correct terms for genitalia has shown little progression over time. Martin et al. (2010) found US mothers of younger children more likely to teach boys anatomically correct terms than girls due to greater expectations on girls using anatomical terms which parents consider taboo in public. The fear of children relaying information in the schoolyard and generating reaction and judgement from other parents inhibits parent-child sex communication (Stone, Ingham, and Gibbins 2013; Pariera 2016 and Conlon, 2018). This paper hones in on parents' portrayals of how genitalia are discussed with younger children and factors supporting openness to building children's knowledge or driving regulation and boundary placing around this knowledge.

Methods

The study is a secondary data analysis project which entailed a re-analysis of an existing qualitative focus group dataset discussing parent's communication with younger children regarding the body, sexuality and growing up. Novel questions not interrogated in the first round of analysis were posed here. Ethical approval for the primary study and this secondary analysis was granted by the Research Ethics Committee of the School of Social Work and Social Policy, Trinity College, Dublin.

Primary project

The primary project entitled 'Research With Parents project' was conducted by researchers at Trinity College Dublin in 2016. It explored barriers, enablers and the range of communication tools and strategies Irish parents employ when responding to 4 to 9-year-old's sexuality curiosity and questioning. As well as investigating parent's own sex education experiences, it also examined their awareness of the Relationships and Sexuality Education [RSE] provided to their children in school. A full account of the methods and findings of the project is given in Conlon (2018).

Participants

The primary project comprised of 20 focus group interviews with 93 [73 female and 20 male] participants, each a parent or guardian to at least one child aged 4 to 9. The focus groups ranged in size from 3 to 8 participants, with groups both known and unknown to each other. A combination of network and snowball sampling in selected geographic areas, identified by a tool spatially mapping socio-economic profile of areas derived from Census data, ensured a diversity of participants along economic and social lines. Within six months after the focus groups, a subset of 33 participants [26 female and 7 male] were purposively selected to take part in one-to-one follow-up telephone interviews. These aimed to probe further into some key or sensitive issues that had been raised during their focus group.

Secondary qualitative data analysis

This secondary qualitative data analysis was underpinned by a feminist poststructuralist framework. Applying this lens allowed for a focus on the discursive construction of childhood, examining how gendered subjectification, sexuality, and the body are conceptualized (Weedon 1987; B. Davies and Gannon 2005). By deconstructing these understandings this study aims to query the inevitability of those understandings of childhood and challenge the perpetuation of the power interests in the maintenance of those understandings.

The study adopted an inductive data-led approach, informed by Charmaz's Constructivist Grounded Theory [CGT] consistent with the methodology employed in the primary project (Charmaz 2014; Conlon 2020). The CGT method was blended with thematic analysis for secondary analysis reflecting the inability to pursue theoretical sampling during data collection as discussed as a limitation below. This allowed for systematic examination, interpretation, and identification of meaningful insights, patterns, and themes. Focus group [20] and follow-up interview transcripts [33] were made available for secondary analysis fully anonymised. Thematic codebooks were developed reflecting the three main emerging themes: [i] The Body, [ii] Bodily Functions, and [iii] Knowledge Regulation, containing a total of 14 subthemes. The data was coded and relationships between themes and codes were explored, providing a deeper understanding of connections and meanings. This aligns with the theoretical sampling process of CGT, where emerging concepts are iteratively confirmed, challenged, extended, or modified until saturation is reached, ensuring that the findings are grounded in the data (Conlon 2020).

Limitations

The issue of fit can arise as an epistemological concern when doing a secondary analysis of qualitative data (Heaton 2004). A key concern is that the data was originally gathered for a project with different aims or a broader focus. In this case the focus on genital naming practices was narrower than the original project which looked at communication practices around sexuality and the body with younger children broadly. In focus groups, facilitators did not always ask about or probe further into genital naming specifically or systematically. However, one of the first steps of secondary data analysis is data familiarisation and assessment of the transcripts for quality, suitability and relevance to this study's aims and

research questions. It was deemed the data was a suitable fit and sufficient detail and focus on the topic of analysis here featured. A key limitation is that the usual theoretical sampling device in Grounded Theory of integrating the novel concept as a focus in further data collection was not possible here. Therefore, as noted above a hybrid of Grounded Theory and thematic analysis methods was followed. A follow-on study could employ the theoretical sampling approach.

Findings

Secondary analysis of this rich dataset of Focus Group interviews with parent on communicating with their younger children about the body and sexuality to mine for talk about naming and discussing genitalia specifically, generated findings regarding practices for naming the body and management of age-appropriate knowledge, including the experiences of parents incorporating the vagina and its functions as part of those practices.

Naming the body

Given the age group of the children focused on in this study, 4 to 9-year-olds, questions, and conversations within the family about the body or sexuality often took the form of teaching or clarifying the names of all body parts. These conversations were usually prompted by the child's curiosity about their own physical characteristics or by observing differing genitalia or secondary sex characteristics, such as breasts or body hair, on parents or siblings. This reflects evidence in the literature, such as Cacciatore et al. (2020), that young children want and do discuss, explore, and show interest in genitalia and the bodies of themselves and others.

Approaches and opinions of parents varied when it came to discussing the body with their children or allowing family members to observe each other's bodies naked. Some parents made a point of not discussing genitalia at all. Other parents purposively set out to teach their children anatomical words from the start. Many parents felt it was important to learn and instil openness about the body, however, others talked about preference for using what they termed "softer," or less "harsh," euphemisms to formal anatomical terms considering euphemisms more age-appropriate for their child/ren.

As per Table 1, parents used, taught, or heard their children use a wide variety of terms for both male and female genitalia. Some families would use multiple variations of a euphemism. The term vagina for female genitalia topped the list as the term for female genitalia used by the most families, reflecting parents belief in the value of teaching or using anatomical terms in their family. However, it was at the same time outnumbered by a wide variety of alternatives used to desexualise or soften language. By contrast the 'Willy' was a commonly accepted euphemism for penis and used widely to refer to male genitalia, followed by penis but with a much narrower range of alternatives cited. Within the focus groups, parents themselves mostly used willy/penis interchangeably for male genitalia and vagina when discussing female genitalia, with variations of the term 'privates' also used by some parents.

[Table 1 about here]

Use of euphemisms or avoidance of naming or discussing genitalia was not unique to either male or female genitalia. However, a distinct difference is that male genitalia tend to be referred to using common terms that would be widely understood for referring to the particular body part. Parents felt that there was a universal understanding of the term 'willy' as referring to penis and found it an acceptable term. The terminology applied to female anatomy by contrast tended to be more varied and devised locally within the family rather than a universal. Also, terms were regularly employed that obscure or hide what part of the body is being referred to and the anatomical functions of the vagina.

“Nicola: Yeah, in terms on doing the talk about our bodies and we wouldn't be using scientific names, more sort of more family names rather being very direct and straight saying; “There's your vagina!” (FG6)

Mandy used the name “Mary,” as the euphemism for vagina with her daughter and described how this led to a confusing and embarrassing incident when her daughter used it outside the home. Mandy acknowledged the need to correct partial or incorrect information her child may have about the body, in this case, a confusing and unclear term for female genitalia but still had not addressed this.

“Mandy: She was in a crèche when she was only about 3 [daughter] and she was a outspoken little kid and a nun came in with a load of pups and the teacher, it was her aunty and she says “This is my aunty, Sister Mary,” and she goes “Oh you've the same name as my bum,” [laugh], I swear to god, I was scarlet [red with embarrassment].

Q: And did you go back and correct that?

Mandy: Yeah, I did, I was like it's not really Mary, like it's your vagina but like you're not going to say vagina, so she still calls it Mary like, I was scarlet.” (FG4)

The vagina problem: The introduction of the vagina as a step too far

Karen was among the parents who held the alternative view that the normalisation of anatomical terms is essential from the beginning. Parents were not directly asked about or informed about the term vulva by the facilitators of the focus groups. Vulva being the recognised collective term for external female genitalia, which includes the vaginal orifice (opening), with the vagina being an internal hollow fibromuscular tube connecting the vaginal orifice with the cervix, the lower part of the uterus, to allow for sexual intercourse and childbirth (Wallace and Sokol 2020). Karen was also one of only two parents in the dataset, both mothers, who acknowledged the existence of the term vulva and the misuse of the vagina as a collective term and debated, therefore, whether vagina should be the term taught to children at all.

“Karen: Well, I've always felt for the women's sexual parts, I have always had a problem with the stupid names that girls are given. I feel like starting

off with being as matter-of-fact as possible. So, I just couldn't give them a silly name.

Féilim: You've always said that for boys it's there, it's kind of willy. There's a handy name there but for girls, there isn't.

Karen: But willy is also a silly name, but I mean at least I feel a boy will grow up, I would probably call a boy's a penis. I think as maybe boys grow up, they develop more of a definite relationship with that part, they can even hold it and it becomes something more. Whereas I think for girls, yeah, well for both I'd probably call it as it is, its name. (...) Even though, yeah, it's not actually a vagina, you know." (FG2)

Karen argued that the language for penis and the fact boys can physically hold their penis in their hands can mean boys have a more definite relationship their genitalia. Féilim when responding to Karen, stated there is a challenge of not having "nice words," to name female genitalia unlike the case for male genitalia.

Another group of parents discussed terminology they used during toilet training and the challenges they found referring to the vulva and vagina. They agreed that children needed to be taught and know the term penis but did not feel the same about the need to know the anatomical term for female genitalia.

"Claire: Oh potty training, that's when it was, you could tell the boys like it's a pee pee, and there were all sorts of nice words for the boy's pee-pees, there was no nice word for a vagina, and that was one of the things, one of the parents in the crèche said to me, it was always, they were always rude words.

Kate: Lilly [Daughter, aged 4] calls it her wee and the boys call it their willies. I suppose I've introduced, an odd time I would say penis so that they know that that's the right word.

Sinéad: Yeah, I think I would as they get older yeah.

Claire: But you know they call it a willy at home, but they know it's a penis, they need to know that that's the real word.

Kate: Ah yeah, I'd say as time goes on I will.

Claire: Yeah, just so that they know that if people call it penis, that's kind of the real, that's the proper word but you can call it your willy. Then my daughter is 9 and I haven't introduced the word vagina at all. So, you know I haven't put a word on it yet because she's never asked me. It didn't even dawn on me too you know because it's not a word I would use in conversation.

Kate: No, no it's not." (FG9)

Cáit when described evading explaining childbirth to her daughter Polly when she asks questions about where babies come from:

“Cáit: I always told them it’s like when the mare has a baby, or the dogs have a baby, you come out through the hole. Then Polly would ask you, who is eight ‘Is that my pee pee hole or what hole?’ She might question it, but I haven’t got to the stage of explaining. (FG1)”

Like Cait, no parents in the study specified the anatomically correct distinction of urethra and vagina for the female body. Some parents reported never sharing correct terms with their children but rather presuming the children do know the anatomical terms from personal and sexual education at school. Angela articulated how her discomfort using the term vagina makes it difficult for them to use it as a parent.

“Angela: I can say front bum and back bum, you know, and I can say penis, but I wouldn’t say vagina, I wouldn’t. So once again I’m on my third child and I still wouldn’t be like.

Q: So, the challenge for you is just being able to be comfortable to have the language?

Angela: And I think it’s right to be able to explain exactly what happens but it’s very difficult for me.” (FG13)

Navigating the vagina when discussing ‘where do babies come from?’

When responding to questions or initiating conversations about where babies come from, or specifically how they ‘got in or out of’ the uterus or tummy, naming and acknowledging the vagina proved the most challenging aspect for parents. Many elided inclusion of the vagina as a part of their explanation of childbirth.

“Susan: I don’t think kids know, like younger kids don’t know that a baby actually comes out of your vagina. They just think it comes out of your belly. They ask where does the baby come from, I wouldn’t say well it comes out of your vagina. No, no way. But if they watch it on telly, they still think it comes out of their belly. You just don’t even say.” (FG8)

Meanwhile parents wanted to acknowledge the reproductive function of the body and pregnancy and did not want to use myths, such as being found under cabbages. However, many parents, including those who explained the uterus to their children, felt introducing the vagina was a step too far for them or their child/ren. In attempts to avoid naming the vagina as a part of the birthing process, parents often provided alternative explanations for how the baby is birthed, such as saying the baby emerges through the belly button, “magic zips,” or is cut out. Andrea describes how she “fobbed off” (foreclosed) a question from her son.

“Andrea: I think he [aged 4] said something like oh is it cut out mammy? Or does it come out through the belly button? I think he said it comes out through the belly button and I said yeah, or something like that, I think I fobbed it off anyway, he kind of came up with his own solution.

Linda: I had a section on my last baby [son] and so when the twins [boy and girl] were 4 came to see me in the hospital and so they would have seen my scar you know, I’d say that’s where the babies came out. I had to tell them when they were older that babies came out through, we called it the front bottom at the time, before I told them vagina, because they thought that all babies were cut out and I know it’s different, it’s not coming out of a sexual place, it’s coming out of your belly I suppose but they weren’t frightened by that either.” (FG12)

Associating the vagina with sexualisation Linda expressed concerns over how her children could be frightened by the explanations of babies coming out of the belly. Wayne [FG16] found it hard to talk about vaginal birth because he has never had to talk about or explain it to his children before. Reflecting Martin et al. (2010) many of the parents in this dataset also described talking about caesarean sections as easier than discussing vaginal birth with their child. Kim relied on having a caesarean section to avoid discussing vaginal birthing while answering her children’s questions about how babies are born and was grateful this avoided her having to ‘lie’.

“Kim: I was kind of lucky in one way because I didn’t have to lie. I had 3 sections so when they asked me, because they were old enough to understand there’s a baby growing in there, and how is the baby going to come out and I wasn’t lying, I said the doctor cuts me and the baby comes out, rather than having to explain the whole natural birth thing. (FG14)

Managing age-appropriate language and information about the body

Parents who felt that introducing the vagina was ‘a step too far’ often related this to concerns regarding age-appropriate information and language or overloading young children with too much information too soon. The focus group with Kim, who found talking about caesarean sections easier than vaginal birth, continued with the others in the group discussing why they find it difficult to talk about the vagina. Amy reflected a common theme among parents of feeling some words are “adult words” while considering vagina ‘harsh’, or ‘advanced’ were other reasons cited:

“Amy: I suppose a lot of it has to do with wording. Like, some words well you think they’re harsh for kids, words like vagina and stuff like that, there’s simpler words, not harsh like.

Mary: Well, I would have used private until they’re old enough to understand the word vagina. Because if you have a little girl shouting vagina it sounds very advanced. To come out with, a little child, it’s too much. You’d say “What’s going on in that house? How does she know?”

Whereas if they're saying little things like that it's not as noticeable. I would just say that's your private parts, and as they get older then obviously like that's your willy, penis is the medical, willy or whatever and then vagina." (FG14)

Sophie was 'mortified' (very embarrassed and shocked) to hear her daughter use the word vagina, and questioned how she knew the word. Echoing other parents, she felt it is different for children 'these days' compared to when she was her daughter's age and would not have known the word. Stone, Ingham, and Gibbins (2013) argue that silences and misinformation from parents regarding naming the body are potentially conducive to opportunities for exploitation and child sex abuse and that it requires further research on the matter. Reflecting on her own experience Sophie identified child sexual abuse prevention as a driver for conversations with her children regarding genitalia.

"Sophie: Gemma was 9 at the time, she was able to tell me that it was a vagina, like, and I couldn't believe her. I was like, "God, how do you know how to say that?" I was always saying your private part, or you know your Mary or whatever. I don't think I even knew that word when I was that age, I'm amazed how they seem to know more, don't they? In some way I was horrified. I remember my Ma [mother] used to say if anyone tries to get you to keep a secret and no one is to touch your private parts and she said like down below and across here is your private parts. So if anyone ever touches you, she goes always say it to me like." [FG4]

Another factor shaping parents decisions on managing conversations about the body with children was fear that their child/ren would relay information to other children who either were younger or had not heard that information from home as yet. Carol [FG6] did not want her 6-year-old son to be an "information dealer." Parents also feared how other parents or adults would judge them as a parent if their child shared information or language deemed age inappropriate. Parents did not want to frighten their children, questioned their readiness to hear such terminology and feared spoiling the innocence of the child, akin to spoiling the Santa Claus myth. Yet at the same time parents were concerned to get in first before children heard potentially upsetting language or misinformation elsewhere.

"Jessica: I don't want my child to inform others about his mom's non-willy or whatever. I would prefer at this stage yeah, there's so much confusion around it that it is probably better to have that conversation at home so they can ask those question of me and get straight answers as opposed to concocting things in the play yard." [FG6]

Several parents described actively instructing their children not to share information with other children. One prompt parents referred to for identifying the appropriate time to share information or language about the body with children was when the child themselves showed physical development in their own, such as starting to develop pubic hair or breasts. Mark explained;

“Mark: That was a big part of our first talk with Jack [son] as well, he physically developed very early, he was getting body hair when he was 10. So, we had to say to him, “Look, some of your friends are going to be a year or 2 behind and some are going to be a year or 2 ahead so you just keep all this to yourself now.” I’m sure he probably didn’t, he’s a young boy, they talk, but we had to try and make that part of it as much as we could.”
[FG12]

Parents described managing age-appropriate language and information about the body with humour or through humorous euphemisms. It was regularly a tool used by parents to make the language more child-friendly and to take the edge off language deemed too “harsh,” or “advanced.”

Discussion

Many parents are uncomfortable and find it challenging managing understandings and communication with their young children about the sexual and reproductive body, male or female. However, managing discussion of female genitalia and reproductive system was more challenging and a step too far for many parents. While discomfort or euphemisms were not unique to a specific sex, our findings reflect those of Martin et al. (2010) who noted that terms used for female genitalia were less anatomically specific. In contrast to Martin et al.’s findings where the terms used for female genitalia tended to be more sexual, in this dataset parents portrayed a practice of employing terminology specifically intended to desexualise the childhood body. The forms this took specifically in relation to female anatomy were attempts to elide or avoid discussion of female genitalia and in particular, any references to aspects of pleasure, sexuality, conception, or childbirth.

Parents illustrated a shared understanding of euphemistic terminology for male genitalia, specifically using ‘willy’ to refer to the penis. By contrast terms used for female genitalia were more likely to be family specific. Family specificity could go some way to explaining contradictions both within this dataset and in broader parent-child sex communication scholarship regarding openness about male and female genitalia. This suggests future research should contextualise whether communication practices are gender specific and indeed how gender itself is dealt with. Further research on whether family specific euphemisms have a reciprocal relationship with the perpetuation of discomfort, taboo, confusion, ill-preparedness and so on, which transfers from one generation to the next is also suggested by this data.

van Ham et al. (2021), and Cacciatore et al. (2023) found that younger children are more capable of naming boy’s genitalia over girl’s. Though the data indicated that some parents do introduce pregnancy/childbirth, the vagina, or the uterus to their children and conversely that silences attach not just to female genitalia but also to male genitalia, parents considered that learning terminology and information relating to the penis was more necessary for both boys and girls in contrast to terminology and information relating to female genitalia.

Across the research on this topic, the use of myths has been noted as synonymous with the ‘where babies come from,’ conversation with young children (C. Davies and Robinson 2010). In this data-set there was overwhelming support to move away from a myth-led approach when talking about the body and sexuality with their children, as per the

conclusions of the primary project report (Conlon 2018). However, a notable finding in this iteration of analysis is that though parents considered use of myths was pointless and patronising, in practice, rather than being completely eradicated from contemporary Irish parenting ideals, the boundaries parents wish to place around their younger children's sex education are being redefined. A liberalisation in openness about the body or sexual body, and how parents talk about it, is progressing incrementally with greater ease being shown in open and anatomically correct discussion of male genitalia.

Other studies highlighted that many parents of young children foreclose conversations or still adhere to a model of having one big sex talk, often too late, rather than an ongoing conversation (Frankham 2006; Ballard and Gross 2009; Martin and Torres 2014; Pariera 2016). The vagina-as-a-step-too-far concept is akin to these approaches in that it makes knowledge about sexuality and the body close-ended. Protecting the child from the vagina and its functions was perceived by parents as an approach to slowing down the progression of a child's transition from childhood to adulthood, delaying the transition from 'not knowing to knowing,'. A child gaining access to adult language or knowledge is seen as a transition aligned with not-innocent contrasting with children's knowledge during era of parent's childhoods. This perpetuates a sense of childhood becoming shorter in time span, a growing emphasis on child sexual abuse prevention and overall perpetuating the concern that childhood is itself in crisis.

Conclusion

The parents in this study wanted open lines of communication to correct misinformation and provide better sex education experiences for their own children than they had, while simultaneously placing a boundary around those experiences. Parents want their children to have knowledge about the body, but they want them to hear it from them on their own terms. A key finding from this data is a process of evolving from total silence about every aspect of sexuality towards abandoning some myths, particularly about pregnancy and childbirth, yet the sexual body, and in particular female genitalia is an enduring site of silence. If a child does not have ownership over the knowledge needed to understand their body, it is not overly speculative, particularly when applying a feminist poststructuralist perspective, to believe this would impact the relationship the child has with their own body. Placing boundaries on the language used for the sexual body constructs a child's understanding of both what it means to be a child, the nature of male and female sexualities and highly gendered differences in relating to the sexual body.

Euphemisms, myths, silences, and discomfort in relation to the body and language and boundaries to knowledge applied to it can impact how children define and make sense of messages about their own bodies. As concluded in the primary project by Conlon (2018) children build from the world around them and patchwork the information they do have together to build understanding. Analysis here honing in on naming genitalia highlights particular issues in relating to female bodies and the cultural expectations regarding sexualisation and how female sexuality and genitalia are positioned in society. This has potential to perpetuate traditional tropes problematising the vagina, childbirth, menstruation, and masturbation as shameful or taboo, to be hidden and silenced rather than openly acknowledged, discussed, and understood. Outlining the benefits of learning about all body parts regardless of gender, future providers of sex education resources and support to both parents and children should focus on levelling up knowledge and combating

discomfort regarding female autonomy. Developing consistent terminology and approaches in resources provided to parents and children, to aid in the development of a clear shared understanding of female anatomy is suggested by this data towards healthier sexual lives across genders.

Funding

The primary Research with Parents project and this is a secondary qualitative data analysis was supported by funding from the Health Service Executive (HSE) Sexual Health and Crisis Pregnancy Programme, Ireland.

Disclosure Statement

The authors have no conflict of interest to declare.

Data Availability Statement

The data that support the findings of this study are available on reasonable request from the corresponding author while awaiting submission to an open-access data repository.

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Table 1. List of terms for male and female genitalia used by the families of the focus groups.

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| MALE | Used By More Than One Family |
| | Willy (39), Penis (23), Private[s] (5), Private Parts (5) Testicles (3), Balls (2). |
| | Used By One Family |
| | [Bruce] Willis, Charlie, Dickie, Goolies, Harry, Mister, Non-Touchies, Pee Pee, Peegle, Tom Dooley, Winkie. |
| FEMALE | Used By More Than One Family |
| | Vagina (11), Private[s] (10), Mary (8), Bum (7), Front Bum (6), Private Parts (4), Private Area (4), China[s] (3), Flower (3) Girlie Bum (2), Special Place (2), Wiggly Woo (2), Front Part of Your Bum (2). |
| | Used By One Family |
| | 2 Bums, Badger, Bagina, Between the Legs, Birdie, Bum-Bum, Doobies, Downstairs, Fanny, Gee, Girl's Privates, Girl's Willy, Girl's Part, Hole, Lilly, Mary-Ellen, Mary-Kate, Non-Willy, Pee Pee, Private Bits, Pygina, Special Hole, There, Tooshie, Tutsi, Virginia, Wee, Wee Bum, What Hole, Willy. |