



Empowering Early Awareness: Body Terminology and Gender Inclusiveness in Early Childhood Education and Care

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Abstract

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This thesis's objective is to explore the use of gender-inclusive language and body terminology used in early childhood education, focusing on the language educators use. Through research and development, this research aims to identify areas for improvement and provide recommendations for utilizing more inclusive language and the appropriate body terminology. This development-based thesis will address key research questions related to the use of gender-inclusive language and the correct body terminology with children in early childhood education. By exploring these various aspects of early childhood education language, the thesis seeks to add to the development of specified language that supports the implementation of gender-inclusive language practices and body terminology usage in early childhood education and care. This study will examine two types of language, gender inclusiveness and early awareness of body terminology.

The research aspect of this thesis has been limited to kindergarten staff only, due to the sensitive nature of the topic. The kindergarten is an international daycare, and this provides multi-cultural aspects from the staff and parents alike. The targeted development will be developing a vocabulary within the daycare implemented by management to have consistent language that not only the staff will understand but will also benefit the children and their families.

The chosen form of thesis is development based. The goal of this type of thesis is to develop an inclusive language along with terminology about body parts for children between the ages of three and seven. After conducting the study, it was clear that there is a need for reevaluating the language used throughout the daycare was needed. The working life partner was given a leaflet explaining this thesis, the reasoning behind it and the conclusion that was reached. There are suggestions to the employer about which terminology could be implemented.

The key conclusion of this study is that the correct terminology would be beneficial to educators, children in early childhood education and their families. The results of this study can be applied in the professional field by offering a list of key words to the working life partner and once agreed upon, the working life partner implementing the language throughout their kindergarten. This will establish a base language for inclusiveness and body terminology to help exclude confusion in the future in early childhood education and care. The thesis aims to study how the vocabulary in question is used in early childhood education. Determine if there is a need to develop specific terminology to be implemented in early childhood education. The desired result is to develop guidelines that support gender inclusivity in early childhood education and offer them to the working life partner for implementation.

Keywords: Body terminology, gender inclusivity, daycare inclusivity language, early childhood education and care.

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1. Introduction

Using words that can be used by children and adults and that can be clearly understood when discussing body parts is important. As well as using inclusive language within the classrooms and being consistent throughout kindergarten. This is a development-based thesis. The goal of this thesis is to develop an inclusive language along with terminology about body parts for children in early childhood education. I have presented my plan to my working life partner and determined if there is a need for implementation throughout the entire kindergarten. There was an offer if a solution to the working life partner in the way of terminology that could be implemented in kindergarten in early childhood education.

The working life partner chosen to conduct this development-based thesis is an international private daycare operating in Finland. The working life partner is always looking for new and innovative ways to improve how they educate children, while staying in the guidelines of VASU. Seminars, webinars, workshops, and countless hours are spent researching how to better educate the children in their care. Educating children doesn't stop at academics, it is the holistic approach, and this includes what language is used with the children. Early childhood education is an ever-evolving platform for day cares to educate from, so the constant need to research and inquire about new methods is present. This working life partner was chosen because it gave an opportunity to gather information from a broad range of nationalities.

This aspect of the objective is important as it involves language use in children's education between three and seven years. This thesis addresses the intricacy involved in the usage of the different body terms in the classroom, with reference to the relationships between teachers and children in early childhood education.

Studies have shown that the general population of children are not taught the correct names for genitalia until the age of 12-13 when the child starts going through puberty and then is taught sex education, usually through a school system. Research problems that might occur include teaching children about their bodies and the correct terminology; it can be a sensitive topic and make many adults uncomfortable. Not only will parents object to their children learning about such terminology so young, but some educators might also find it uncomfortable to discuss or say. Children will pick up such language more from their parents versus educators, as parents have more influence over their children (Klass 2016).

The language used by educators is a powerful instrument that shapes the psychological and intellectual development of children in early childhood education towards creating an environment where all children are important and listened to. This approach is especially important in body terminology, which includes words describing sensitive parts of the body with children. There are many studies on language acquisition and communicative competence in children and yet, there is

little literature available on the use of body terminologies in relation to early childhood education. This study is aimed at filling this gap by examining how teachers use various wording and appropriate language for children in early childhood education.

The phenomenon to be developed is determining which words to use with children that are age appropriate when naming certain parts of their bodies, i.e., genitalia. There will be a questionnaire that will be given to the staff of a private daycare that will ask various questions regarding this type of language and what support should be provided by either other staff members or management. Gender inclusive language means speaking in a certain way that does not exclude certain sex, social gender or a specific gender identity, and does not support gender stereotypes (United Nations, Gender- inclusive language). With the help of the questionnaire and the information provided by the staff of the kindergarten, there will be a determining factor of need within the classrooms surrounding the gender-inclusive language used and if there is a need for implementation of support. With an understanding of what information is lacking within the teachers of the daycare, a plan can be put in place to help effectively equip teachers with the skills and knowledge to use the correct inclusive language and body terminology.

This thesis considers the views of day care workers on the use of body terminology with children in their direct care. The study uses a detailed questionnaire to gather the views, knowledge, and experiences of teachers, directors, and support staff. This research focuses specifically on the perceptions of those engaged in daily interactions with children in early childhood education. It aims at determining if the use of inclusive language and proper body terminology can be beneficial to children and staff is needed. The targeted development will be developing a vocabulary within the daycare implemented by management to have consistent language that not only the staff will understand but will also benefit the children and their families.

The plan was to make a leaflet for the working life partner to introduce a list of specified terminology that is consistent between all the staff regarding body terminology used within the kindergarten. Introducing other options of terminology for the working life partner to implement throughout kindergarten was the goal. The main product to be developed was a solution to a problem that was presented in the way of inconsistencies with the language used in the classrooms about the names of body parts from teachers to children within the specified age range. My working life partner is a private international daycare within Finland that practices teaching within the guidelines of ECEC (Early Childhood Education and Care) and uses/follows VASU.

2. Conceptual Framework

There are two types of languages and terminologies that are important for young people to learn, body terminology and gender inclusiveness. These two types of language and terminologies are common among older children, pre-pubescent and up, but have a stigma for being

inappropriate for children in ECEC. Research shows that 89% of children know the name for their non-genital body parts but only 10% know the correct names for genitalia (MassKids 2018). That is a significant difference in numbers. It is important that children know the correct names for their body parts for their own safety and welfare. Language shapes cultural and social attitudes and by using gender-inclusive language, it is a powerful way to promote gender equality and eradicate gender bias. (United Nations, Gender-inclusive language 2023.) This could be rectified with the help of educators by changing the language used with the children in everyday life within the classroom.

As stated by Piaget's Cognitive Development Theory, Children from 2 to 7 years old are experiencing the Preoperational Stage, where they start using language and imagination to understand the world inside their minds (McLeod 2018). Preoperational stage is when a child starts to use information logically. The child can think but until this stage, they are not able to use logic when converting, incorporating, or dividing ideas. They are learning about the world they live in by engulfing themselves in it and experiencing it. Although they are learning from their experiences, they are not yet able to maneuver the information they have learned. (Lewis 2020.)

Using gender-neutral language and appropriate terms for body parts when talking to children ages 3-7 is complicated. It requires considering the child's development, culture, and individual needs. Teachers, caregivers, and parents must be careful in creating an environment where children feel included, educated, and empowered, while avoiding potential problems. (Waugh and Brownell 2015.) Children develop gender awareness and stereotypes between the ages of 5 to 6, prime preschool years. Their understanding of their own identity expands, and their stereotypes can develop rapidly because of the influence that adults' actions towards certain rules or principles have. Which means the preschool period is crucial for opposing gender stereotypes. (Aina & Cameron 2011.)

Through a study conducted on preschool teachers over a span of the past 10 years and what they do and do not do about gender states "Teachers' negative stereotypes about gender transferred to children and can limit their potential growth in academic development and future career choices by impacting their self-esteem and enthusiasm in particular fields." (Jianing Li 2023.) Understanding that not all teachers have the same cultural background and beliefs is important (Mississippi College 2021).

This framework analyzes the advantages and disadvantages (Figure 1) of using inclusive language and specific body terminology to encourage healthy development and reduce harm.

Gender-inclusive language		Correct terminology for genitalia	
Advantages	Disadvantages	Advantages	Disadvantages
Fosters gender equality	Confusion and misunderstanding	Promotes body positivity	Cultural and social sensitivity
Reduces gender stereotyping	Potential for overcorrection	Facilitates health education	Age-appropriateness
Supports gender diverse children		Reduces Vulnerability	Potential for oversexualization
Encourages open communication			

Figure 1: Advantages and disadvantages

With everything in life, there come advantages and disadvantages. When using gender inclusive language in early childhood education, the advantages include fostering gender equality, reducing gender stereotyping, supporting gender-diverse children, and encouraging open communication. Using gender-inclusive language promotes equality and helps children develop a fair and inclusive worldview from an early age. Using gender-inclusive language helps break traditional gender stereotypes and promotes individuality among children. It creates a secure environment for kids to discover and comprehend their gender identity, encouraging acceptance and understanding. Using gender-inclusive language promotes a welcoming environment for kids to freely discuss gender and identity, encouraging their self-expression and curiosity. (Sczesny, Formanowicz & Moser 2016.)

The disadvantages of using gender inclusive language include confusion and misunderstanding and potential for over correction. Gender-inclusive language might confuse young children if it does not go alongside with their initial understanding of gender roles and identities. Focusing too much on gender inclusivity might unintentionally make kids want to talk about gender is forbidden or complicated, which could make them reluctant to join in these conversations. (Westbrook 2016.)

As stated before, most anything in the world has its good side as well as its bad side. When talking about the correct terminology for genitalia in early childhood education, these good and bad sides are widely debated. On the positive side, it promotes body positivity, facilitates health education, and reduces vulnerability. Teaching children proper body part names promotes a healthy body image, emphasizing that these parts are normal and not shameful. Accurate terminology enables children to better understand their bodies and recognize potential health concerns, promoting early detection and prevention. Using precise terminology empowers children with the language they need to communicate any discomfort or potential abuse, enabling caregivers and educators to respond appropriately. (Klass 2016.)

The negative side to teaching children the correct terms for their more private areas are cultural and social sensitivity, age-appropriateness, and potential for oversexualization. Some argue that teaching children anatomically correct terms for genitalia may be culturally or socially insensitive, potentially causing embarrassment or confusion. Determining when and how to introduce correct terminology can be challenging. Trying to introduce it too early may not be supportive of the cognitive development of all children. Critics argue that introducing specific genitalia terminology too early may inadvertently sexualize children or make them more curious about sexual matters before they are developmentally ready. (Klass 2016.)

A study done with children of different races and backgrounds found that English speaking children versus Spanish speaking children, knew more correct terminology for genitals. Many children in the study knew the correct terminology for non-genital body parts. The children knew this terminology from their parents and family members and not from their educators. (Kenny & Wurtele 2008).

The education system cannot force all teachers to share the same beliefs about gender inclusivity, but they can enforce that the same standard of language is taught across the board to ensure consistency. Regardless of personal beliefs, the children in the care of the education facility should have the same and best opportunities available. (Kaplan and Bista 2022.) This includes gender inclusivity and learning the proper terminology for their bodies.

It is not necessary or appropriate to have a course or lengthy conversation with children who are not your own children about their body parts. Being able to talk to children with the correct terminology is important but does not need to be a lengthy process. The goal is to find a way to be consistent with the language we use and to find a way to incorporate the correct terminology about body parts with children within kindergarten care in everyday life. (Kaplan and Bista 2022.) An example would be if a child has a habit of pulling their pants down before they reach the toilet, the educator will kindly instruct the child to wait to take off their pants until they are in the toilet. Explaining that their friends do not need to see their penis/vulva. Being able to convey this message to a child but not knowing what wording to use can be difficult (Kaplan and Bista 2022).

It is not the educators' job to give nicknames to body parts or push personal beliefs on the children. Teachers should encourage the children to grow in a healthy manner that is respectful as well as correct. (Kaplan and Bista 2022.)

3. Inclusive language

Inclusive language focuses on the person first rather than the person's attributes. There are multiple different areas of inclusive language that can be incorporated into early childhood education. One is family inclusive language. This means when talking about the relationship status of a child's parent, if it is uncertain, then it might be best to not say anything. If you know the guardian is in a relationship but not with whom, then the best response would be to refer to them as partner or spouse. This will help to avoid making wrong, or uncomfortable assumptions.

Using words like grownups, adults or guardians can be more inclusive when someone is not clear of the relationship between the child and their caregiver. When talking to a group of children, it is more inclusive to use words like children, kids, people, friends, or folks. Remaining gender neutral when addressing a group of children or if the gender is unknown will help the children to feel more included and less gender stereotyped.

When working within early childhood education, it is acceptable to openly challenge and interrupt gender biases and stereotypes that you may hear from children or adults. Creating a space for gender inclusivity does not happen overnight and will take time and adjustments by all involved. Starting a debate with a child or a parent should be avoided. Change cannot be forced and respecting the beliefs of parents and their children is another form of support that an educator can offer. The best way to approach this type of support is to respectfully explain that within this specific early childhood education environment, children are encouraged to be gender inclusive and to not form stereotypical gender roles. Every child can play with any toy regardless of the color or specific area, such as home corner, dress-up corner, cars, or blocks. Each child has the right to participate in all activities, join any group, and grow to their best capability. They should be supported by positive educational opportunities and celebrated for their strengths (The Finnish National Agency for Education, 2022).

4. Awareness to body terminology

Body awareness is the image of your own body in your mind. This means, where you think body parts are located such as arms and legs and how they should move and are connected to or have a relationship with other body parts (Mykidsplace) This includes the more private areas of the body. Children in early childhood education might not need to know how these body parts work biologically yet but knowing the proper terminology for them is important.

There are staff, families and children who come from all different types of backgrounds and beliefs. This may cause some hesitation when teaching children in early childhood education the proper names for the more intimate body parts. They may feel shame or embarrassment when naming genitalia, the proper names aloud or to children. They have been brought up or taught that they are private areas that should remain private and should not be talked about with others. This causes issues when growing up and not knowing the correct terminology for your own body parts. Genitalia should be given the proper names with children as you would any other body part.

There are some nicknames that are common in distinct parts of the world that could be used. Unfortunately, this is not optimal for all kindergartens. Even though an early childhood education facility might be using only the English language, there have been some nicknames that do not register as known throughout. This includes words such as fanny, which refers to a vulva or willy which refers to a penis.

5. Implementation

My action plan includes compiling data from a questionnaire given to the staff of the working life partner. Taking that data and determining if there is a need for standardized language about body terminology throughout kindergarten and if there should be gender inclusive language used more often in the classroom.

The use of a questionnaire (found in Appendix 9.1) is the major instrument in collecting data for research objectives. Moreover, all eligible participants were invited to take part in this questionnaire to capture information relevant to the thesis. The target audience of the questionnaire are the staff, management and owner of a private daycare within Finland, working in ECEC and directly with the targeted age group of children. There are a total of 24 eligible participants which only 41.6% participated.

The implementation process is still underway with the management of the daycare. Since the topic of the thesis is of a sensitive nature, the owner has asked for time to make an informed and calculated decision on the implementation of the two languages offered in my leaflet (found in Appendix 9.2).

The aim of this development is to offer the correct body terminology throughout the working life partner and to provide a consistent language that is gender inclusive. The results from this development thesis, once implemented, will mean a more inclusive kindergarten and the children's ability to correctly name their body parts with terminology that is consistent throughout the working life partners facility. These results gave the working life partner insight into the language currently being used withing the kindergarten and are helping them to decide if there needs to be a change.

There was a preliminary analysis of reliability and ethical questions according to the questionnaire given to the staff of the working life partner. These different parts were recruitment, consent, incentives, risk, confidentiality and anonymity, access to staff data, and reliability.

Recruitment- Participants of the questionnaire will choose themselves as participants. The questionnaire will be administered throughout the working life partner's facility via internet link and the staff may choose to participate or decline. The questionnaire will be offered to all staff within the kindergarten.

Consent- Consenting to participate will be upon beginning and submitting the questionnaire. The staff will be able to see the questionnaire in its entirety and then decide if they want to submit their answers to be included in the development of this thesis topic.

Incentives- The incentives offered for participating will be the knowledge offered upon the completion of this development thesis. Any suggestions offered from the results will be up to the working life partner to implement within the kindergarten. There will be no other reimbursement for participation than knowledge to implement to the children regarding this topic. **Benefits-** The participants will gain knowledge and skills to better communicate with the children in their care.

Risk- The risk that the participants are taking while taking the questionnaire is being embarrassed by some of the content of the questionnaire. The intention is not to embarrass the participants but to get information on how they use inclusive language and correct body terminology.

Confidentiality and Anonymity-The confidentiality of the questionnaire will be maintained by only the person giving the questionnaire having access to the information upon completion. The anonymity of the participants will be kept the same as confidentiality portion. After the thesis and the development's conclusion, all data from the questionnaire will be deleted. The questionnaire also includes an option to omit your name and take the questionnaire as anonymous. The names of the participants are irrelevant to the study being conducted and have no bearing on the results that will be gathered.

Access to staff data- I will be the sole person to have access to the data gathered from the questionnaire completed by the staff. Once the completion of the development study is done, all data will be deleted, as consent for keeping the data for further studies has not been granted.

Reliability- All participants will be over 18 years of age. Many will have multiple years of experience within ECEC in Finland. The consistency of information given prior to all participants taking the questionnaire will be maintained professionally.

I received a variety of feedback, all depending on background and personal beliefs. Surprisingly, with this study's help, I realized there were many educators within early childhood education who do not use the proper terminology when referring to genitalia. There were numerous reasons that varied on the reasoning. These reasons include personal beliefs, religious beliefs, and how they were raised. Some of the participants expressed that using the correct terminology when referring to genitalia was uncomfortable and inappropriate, especially with children in early childhood education.

The process included determining if a need was present for the two types of languages within early childhood education. In (Figure 2), there is a flow chart showing the process to be done for this thesis's development.

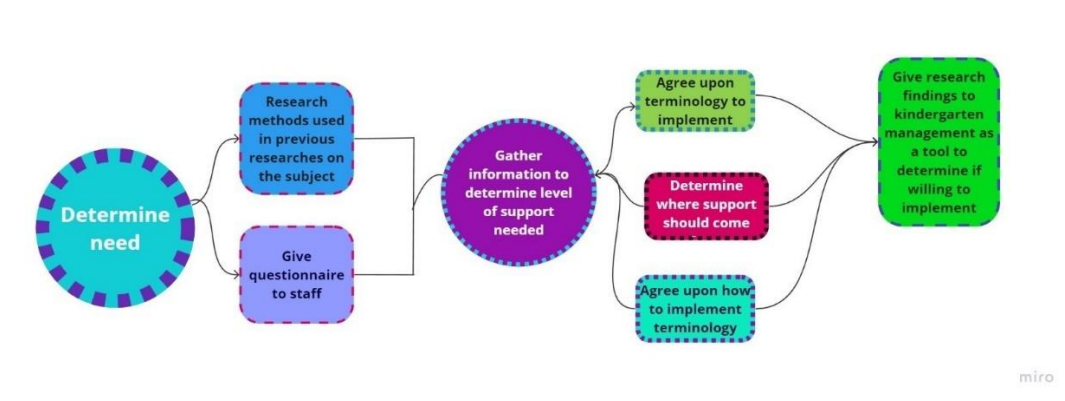


Figure 2: Flow chart for thesis development

First, a need is required for the initial engagement of this topic. Alongside doing research into previous studies on this topic, there will be a questionnaire given to the staff of a private, international daycare. The questionnaire is composed of multiple questions about their working habits regarding the body terminology and inclusive language they actively use in the daycare. Working in a private international kindergarten has provided the opportunity to work in a culturally diverse work environment. This has also led to many different personal beliefs which may be carried over to working life.

There is an apparent need for a consistent working language to be used with the children throughout kindergarten, which is important for them, parents, and teachers. Once the research and questionnaire were completed, the level of support was determined. From there, where the support should come from has been determined along with agreeing upon which terminology to implement and how to implement it. Finally, the research, findings and thesis have been given to the working life partner and they are currently determining if this is an area that needs improvement and if they desire to implement it within the daycare. The working life partner has recognized the inconsistencies throughout the daycare and is aware of how sensitive but important this topic is.

The reason these methods were chosen is the information needed is required to come from staff actively working within ECEC (Early Childhood Education and Care) in a daycare setting. The ideas and opinions on how to better support each other, from staff, management, and the head of ECEC, are the main material in this thesis's development. In an ideal situation, being able to reach out to the parents of the children that attend kindergarten would grant a larger insight to what kind of language is being used by the parents with their own children. Due to this thesis topic's sensitive nature, it would cause unnecessary anxiety and worry within the parent community as well as with the management of the working life partner.

6. Questionnaire

A questionnaire was handed out to the staff of my working life partner. They were explained that they are free to take the questionnaire and remain anonymous. The staff were given two weeks to complete the questionnaire. I compiled the data from the questionnaire and determined it was enough to proceed with my development research. Once the development of my research was completed and the leaflet had been presented to the working life partner, their acceptance of my findings and implementation of the language would solidify my goal.

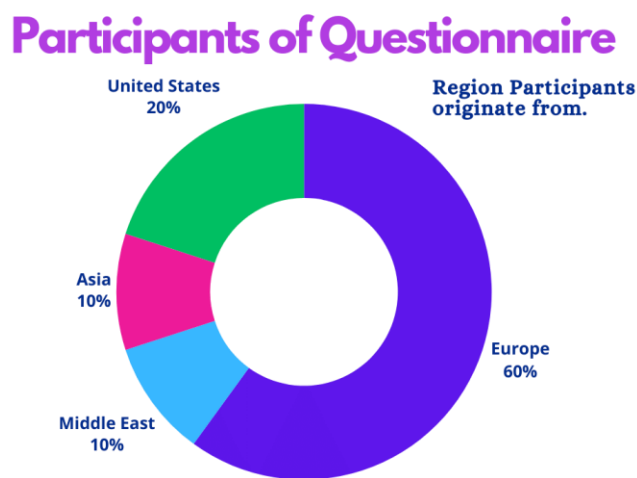


Figure 3: Participants origination region

When examining the data collected from the questionnaire, the region that the person was from was not an indication of their response. (Figure3) The daycare facility in which the questionnaire was administered is an international daycare. There are people from all over. Most of the reasoning was the same and there was not a middle of the fence kind of thinking. It was either, all for using the correct terminology with children about their bodies or it is something that is shameful and inappropriate. There

were some that admitted to not using the correct terminology with children but also stated that they fully understood the importance of using the correct terms.

While looking at the data collected referring to inclusive language used in early childhood education, most participants stated that they do use inclusive language in their classroom. It was interesting to see that a couple of teachers were not acquainted with inclusive language.

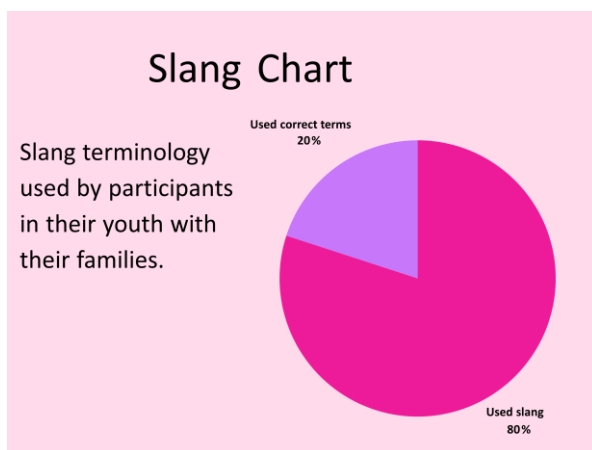


Figure 4: Slang language chart

open for confusion and misunderstandings.

Often, genitalia are given nicknames by parents or even educators in early childhood education. This can cause confusion among staff, students and even parents. An example of a situation that could be potentially harmful to a child for not knowing the correct terminology for their genitalia is, if the child is in a situation where the child is abused, if the child uses a nickname such as cookie for vulva, then miscommunication would occur. If the child is brave enough to tell an adult that someone has touched their “cookie,” the adult might not understand that the word cookie stands for vulva and might think they are just referring to a food item. The child does not get the help needed, and the abuse could continue.

The questionnaire was constructed in a way that offered the participants the opportunity to remain anonymous and feel comfortable enough to give their answers freely and honestly. The questionnaire offered questions about what region of the world they come from. It inquired about personal beliefs and if this had an impact on how they used inclusive language and the correct body terminology within early childhood education. The participants were asked if they used different terminology for their more intimate parts when they were children, such as nicknames, with their own families. The questionnaire also offered an outlet for the participants to state how they would like to be better supported to use more inclusive language and correct body terminology in the classroom.

One of the questions within the questionnaire inquires about the usage by the staff of the working life partner within early childhood education. As shown in (Figure 5.), a little above half actively use inclusive language in the classroom.

One of the questions presented to the participants of the questionnaire was, “As a child, did you use slang words to talk about your body parts with your family?” Most participants, as you can see in (Figure 4), did use slang terminology with their families as young children. Slang is a term that means you are substituting a word or phrase with something else, like a nickname. In the context of the thesis, vajayjay would be slang for vagina. Not using the correct terminology with genitalia leaves the interpretation of the meaning

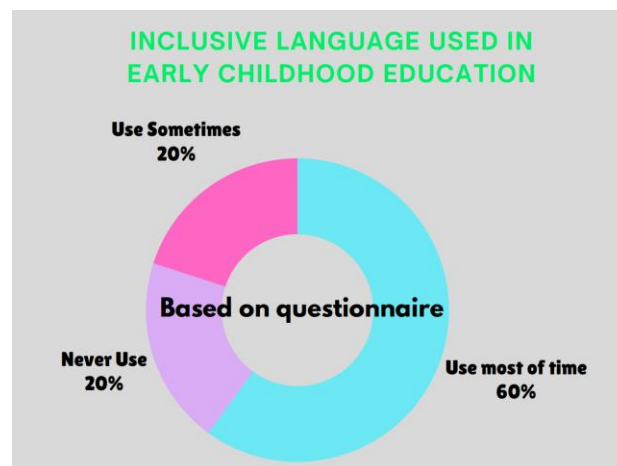


Figure 5: Inclusive language used in Early childhood education.

It is unclear if the staff who never use inclusive language in the classroom are unfamiliar with the concept of inclusive language or just refuse to utilize it. This would require further research and would need to be conducted at another time.

7. Evaluation

During the process, my personal working life partner (not my employer) gave feedback on the questionnaire before it went to all the staff in the daycare. I accepted the criticisms and adjusted my questions accordingly. When evaluating my personal position on the topics within this thesis, I am biased to my own beliefs. Remaining neutral posed as a challenging task due to the curiosity of why people think the way they do. This development thesis has given me the opportunity to evaluate and understand that there are many different views on such sensitive topics, especially when children are involved. While language implementation can be made mandatory or even just encouraged in the classroom, it is important to recognize that everyone has their own belief systems. One cannot make others adopt the same perspectives, even with persuasive reasoning. Everyone holds their own opinions, and developing an environment of respect for diverse points of view is important.

The objectives of the project were achieved in the way of obtaining information and developing a plan to implement new terminology and inclusive language throughout the daycare facility. The data collected through the questionnaire has proven that the inclusive language and body terminology throughout the working life partners facility is inconsistent. Therefore proving there is a problem and a solution. The problem being inconsistencies by the staff throughout the company and the solution is to implement standardized language for all staff. Once the implementation process has been completed by the working life partner, the final goal of this development thesis will have been accomplished.

The initial activity targeted by the development project has changed in the way of participants. The initial plan was to have the participants contain parents of students in early childhood education. This plan being too risky for the working life partner, respect to their wishes has altered the participants to staff only.

During the activity of giving out the questionnaire, the staff learned that this subject is not only sensitive but important. I have learned that, to get the desired results in a questionnaire, the right questions need to be asked and in a manner that can be understood by a multicultural group of participants. The working life partner has learned that there is a problem with consistency in the language used within their facility, which has caused some confusion among the staff.

8. Leaflet

The findings were examined and orchestrated into a leaflet aimed at the educational environment. The leaflet is visually appealing, using inclusive language and child-appropriate words for body terminologies for children in early childhood education. These are terminologies and expressions that should be endorsed by the intended recipient (working-life partner) and smoothly introduced into a classroom environment. These measures include a standardized language expected to be adopted by all staff members to create an inclusive learning environment before the start of the academic year 2024.

The leaflet given to the working life partner shows a chart explaining the number of participants available and the number that participated. In this chart, the intention is not to have a course of action against the workers that did not participate, but to allow the working life partner an understanding of a potential lack of research evidence. The leaflet also briefly explains the purpose of the study, the method for which I have chosen to conduct research and the conclusion to my findings. There is also a small section offering suggestions for implementation regarding body terminology to be used with children.

The participants in the questionnaire have been given the opportunity to view the leaflet. The leaflet has been left in the manager's office where all staff have access to it. The leaflet includes information about the why, how and who aspects of this study. It briefly explains why this topic was chosen, how the data was gathered and who the results of the questionnaire will affect. It offers a short list of terminology and suggestions for the working life partner to consider implementing within their facility. It demonstrates a pie chart listing participants numbers in terms of overall count, active participants, non-participants, whether they use inclusive language, and the use of the correct body terminology within early childhood education.

Along with the leaflet, the working life partner has access to this thesis as agreed upon at the start of this development process. Being able to share this process and data with the working life partner has been exciting and a great learning experience.

9. Conclusion

In conclusion, using the proper terminology when referring to body parts with children and using inclusive language in early childhood education is important for the children's personal growth. Helping children become aware of their bodies and using the correct terminology will not only boost their confidence in themselves but will encourage them to openly talk about their bodies with their guardians and help them understand their own biology.

By going through this development process with a group of adults actively working in early childhood education, I was given the opportunity to understand more fully the need for standardized language. Gathering the data through the questionnaire helped me to see the bigger picture and understand more that there are so many different views than my own on this specific and delicate topic. Even though I have my own bias towards the subject, I respect the beliefs and opinions of those I work with.

Understanding the importance of this topic is key when dealing with children in early childhood education. Everyone can have their own beliefs on how they would raise their own children, but when one works in a kindergarten, following the protocol designated by the employer is important. As educators, we understand that we cannot force our personal beliefs on children that are not our own because that is immoral. Understanding that there is a professional balance we all must play to ensure that the children are being taught the best they can be while following VASU and ECEC.

The limitations that were faced in this thesis were tricky but also made this topic necessary. Realizing just how much this topic needed to be discussed, researched, and addressed within our own educational community was eye opening. Originally, the idea of this development thesis was to take the questionnaire to the children's parents from the working-life partners facility. The topic posed to be too sensitive, and the fear of upsetting parents and guardians was too much of a risk to take. Accepting that my plan needed to be revised to obtain similar data but from a different demographic. The information obtained was still pertinent to my thesis topic and has granted data to assist in an informative conclusion.

It would be interesting to do further research on this topic but with parents and children. Conducting a study in the same type of demographic (international families) and determining what kind of language is used at home regarding the body terminology and if they practice inclusive language. Understanding the different family dynamics involved in a multicultural household and

how much culture, religion and personal beliefs play a role in what language they actively use with their children.

This journey into a better understanding of how important the language we as educators use in our everyday lives in early childhood education was engaging and thrilling. I appreciate the opportunities given to me by Laurea, my employer, and my co-workers to conduct my development study and be able to offer a solution to a problem that few have thought to look at before.

Choosing a topic that I am passionate about and being able to help bring to light the importance of it with my working life partner as well as many others who have had the opportunity to engage in the information that I have offered is amazing. I appreciate all the assistance and guidance I have received from my instructors at Laurea and the guidance and feedback I have received from my employer and personal working partner.

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“Appendix 1”: Empowering Early Awareness: Children’s Body Terminology and Gender Inclusiveness questionnaire.

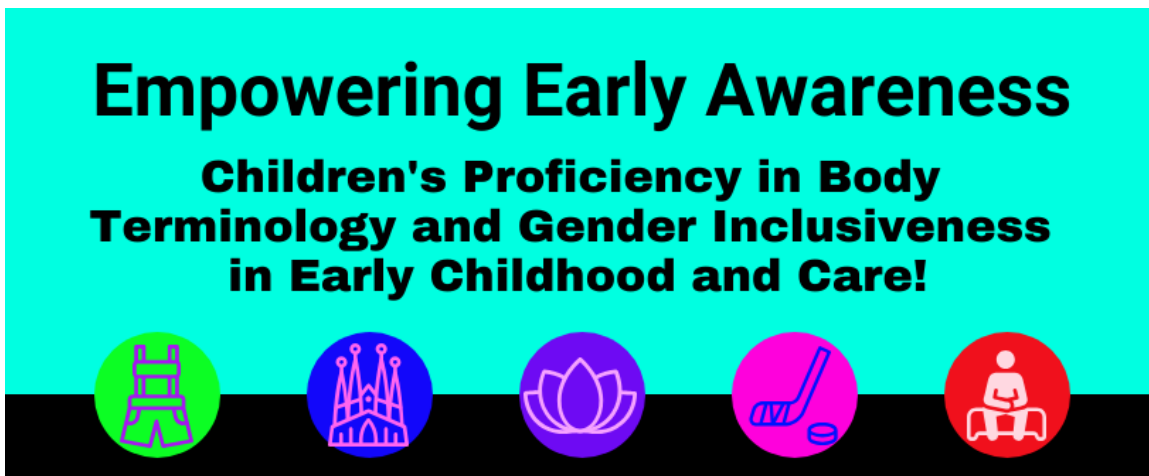
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Questionnaire questions:

1. What part of the world are you from?
2. Is it Necessary for kids to learn the proper names for their body parts as part of pedagogy?
 - a. Yes
 - b. No
 - c. I don’t know.
3. Were the correct terms part of your childhood education?
 - a. Yes
 - b. No
4. Does your cultural background influence how you discuss body parts with children at work?
 - a. Yes- go to question 5.
 - b. No- go to question 6.
5. How does it impact your work?
6. Are you uneasy using certain words to discuss male and female body parts?
 - a. Yes
 - b. No
7. Do your personal beliefs prohibit using certain terms with young children outside of daycare?
 - a. Yes- go to question 8.
 - b. No- go to question 9.
8. If so, what terms or gestures are used instead or is the subject matter completely avoided?
9. Does our daycare staff use the correct language when talking to children about their bodies?
 - a. Yes
 - b. No
10. Should children aged 3-7 be taught the correct names for their body parts?
 - a. 1.-Not at all 2. 3.-Somewhat 4. 5.-Absolutely
11. What words do you use with the kids you work with?
12. As a child, did you use slang words to talk about your body parts with your family?
 - a. Yes
 - b. No
 - c. Should daycare use standardized body terminology for consistency? Yes
 - d. No

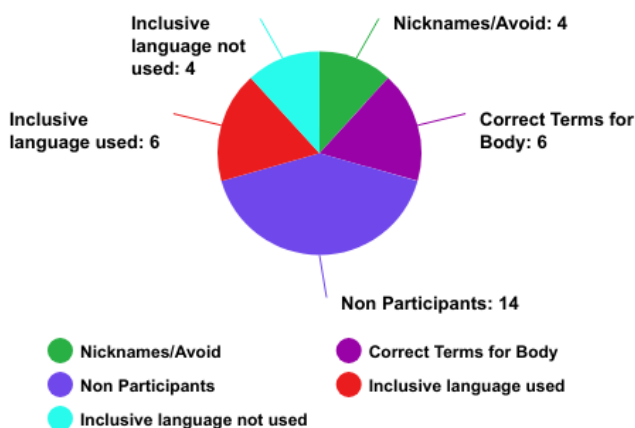
13. Are the terms “Penis” and “Vagina” age-inappropriate for young children?
 - a. Yes- go to question 15.
 - b. No- go to question 16.
14. What other age-appropriate options could be used instead?
15. How can we support each other to use agreed upon body terminology with children within the classroom?
16. Is it okay to use gender-neutral language and age-appropriate terminology about their bodies when talking to children aged 3 to 7?
 - a. Yes, for both.
 - b. Inclusive language only
 - c. Age-appropriate terminology only
 - d. No to both
17. What is your understanding of using gender inclusive language in the classroom?
18. Do you practice gender inclusivity in your classroom?
 - a. Yes
 - b. No
 - c. Sometimes
19. What are some examples of gender inclusivity that can be practiced in daycare?
20. Is it ok to enforce stereotypical gender roles in children’s play, such as limiting girls to dolls and dress-up and boys to cars?
 - a. Yes
 - b. No
21. Should Finland offer a gender inclusive refresher course for educators?
 - a. Yes
 - b. No

“Appendix 2”: Informational Leaflet given to working life partner.



PURPOSE OF THE STUDY

The purpose of the study is to identify areas for improvement and provide recommendations for utilizing more inclusive language and the appropriate body terminology within the classroom.



This Chart shows the results from the questionnaire given among the staff of an international daycare working within Early Childhood Education.

METHOD

Participants

Participants are staff of a private daycare working within Early Childhood Education and Care.

Method

Each participant was given a link via email to a questionnaire inquiring about their usage of the correct body terminology with children in the daycare and if they practice inclusive language within their classrooms.

CONCLUSION

During this study, I have learned that the professional language used within the classroom regarding gender inclusivity and body terminology is inadequate. Based on my findings and observations, there is a need for standardized language to be implemented throughout the daycare.

TERMS FOR IMPLEMENTATION

- Penis/ Willy
- Vulva/ Vagina
- Breast / Chest
- Butt/ Bottom
- Testicles/ Testes

The use of inclusive language in the classroom should be assessed to ensure consistent implementation by all staff.