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## Privacy and Bodily Autonomy Practices of Mothers During Daily Caregiving Routines of Preschool-Aged Children

### Okul Öncesi Çocukların Günlük Özbakım Rutinleri Sırasında Annelerin Mahremiyet ve Beden Özerkliği Uygulamaları

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#### Abstract

This qualitative study examined how mothers of pre-school children (aged 4–6) promote bodily autonomy and privacy during everyday care routines. Ten participants, who were all the primary caregivers of children enrolled in early childhood education settings, were recruited through snowball sampling and took part in semi-structured individual interviews. The data were analyzed using thematic content analysis following Braun and Clarke (2006, 2021). Three key themes emerged from mothers' accounts: (1) privacy as a relational aspect of caregiving; (2) developing autonomy and consent through emotional attunement; and (3) boundary negotiation and parental modelling. According to the participants' narratives, bodily autonomy was perceived as an integral part of daily care interactions. Mothers reported that they supported children's independence by acknowledging bodily and emotional cues, explaining boundaries, and modelling respectful behaviour. Emotional sensitivity, calm communication and reflective responses were described as essential for maintaining connection while encouraging autonomy. Overall, the findings suggest that routine caregiving activities provide moral and developmental contexts in which empathy, trust and respect for bodily autonomy are co-constructed through close relationships.

**Anahtar Kelimeler:** privacy, preschool, parenting, body awareness, caregiving routines

#### Öz

Bu nitel araştırma, okul öncesi dönemdeki çocukların günlük özbakım rutinleri sırasında bedensel özerklik ve mahremiyetlerinin anneler tarafından nasıl desteklendiğini incelemektedir. Araştırma, erken çocukluk eğitim kurumlarına devam eden çocukların birincil bakım verenleri olan on anne ile, kartopu örnekleme yöntemi kullanılarak yürütülmüştür. Yarı yapılandırılmış bireysel görüşmeler yoluyla toplanan veriler, Braun ve Clarke'ın (2006, 2021) tanımladığı tematik içerik analizi yöntemi ile analiz edilmiştir. Verilerin analizi sonucunda üç temel tema ortaya çıkmıştır: (1) özbakım ilişkisinin bir parçası olarak mahremiyet, (2) duygusal uyum yoluyla özerklik ve onamın desteklenmesi ve (3) sınırların müzakere edilmesi ve ebeveynin model olma rolü. Katılımcılar, çocukların bedensel ve duygusal ipuçlarının fark edilmesi, sınırların açıklanması ve saygılı davranışların modellenmesinin çocukların bağımsızlıklarını desteklediğini belirtmişlerdir. Ayrıca sakin iletişim, duygusal duyarlılık ve yansıtıcı tepkilerin yakınlığı korurken özerklik gelişimini güçlendirdiği ifade edilmiştir. Genel olarak bulgular, özbakım rutinlerinin çocuklara empati, güven ve bedensel özerklik gibi değerlerin ilişkisel olarak aktarıldığı ahlaki ve gelişimsel bağlamlar sunduğunu göstermektedir.

**Key words:** mahremiyet, okul öncesi, ebeveynlik, bedensel farkındalık, özbakım rutinleri

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## **Introduction**

The early years of life provide the foundation for developing a sense of self, bodily integrity and autonomy. Preschool-aged children learn about body ownership and the meaning of consent through everyday caregiving routines. Showing respect for bodily autonomy during early care can lead to greater socio-emotional competence, empathy, and self-regulation later in life (Spinrad et al., 2022). When caregivers respond sensitively to a child's discomfort or refusal, they communicate that the child's body and boundaries are important (Wurtele & Kenny, 2010). However, coercive or dismissive reactions can undermine a child's emerging sense of self and their ability to express consent (Miller et al., 2004), which is especially significant given that bodily autonomy and privacy in early childhood are co-constructed through children's daily interactions with their caregivers (Denham et al., 2007). Primary caregivers, often mothers, mediate how children experience being touched, seen and helped, thereby shaping their internal models of safety, trust and consent (Bowlby, 2008). According to developmental theories, autonomy emerges in relationships that balance guidance and respect (Erikson, 1963; Smetana et al., 2014). In this sense, a caregiver's approach, including their communication style, timing, and emotional attunement, can turn everyday caregiving moments into significant opportunities for moral and psychological learning (Cekaite & Bergnehr, 2018; Morris et al., 2007).

Acknowledging children's emotions with sensitivity and without shaming helps them integrate these experiences adaptively (Karaman & Boz, 2023), thereby strengthening both attachment security and moral reasoning (Feldman, 2003). In contrast, repeatedly disregarding a child's bodily cues can lead to confusion about consent and reduce confidence in expressing discomfort (Kara & Sığirtmaç, 2022). Current studies are increasingly addressing bodily autonomy within global frameworks for children's rights and sexual health. According to the World Health Organization (WHO), bodily autonomy is a universal right essential to well-being and equality (World Health Organization, 2022). Integrating this concept into early childhood education aligns with the Sustainable Development Goals, which promote gender equity and protection from violence (UNICEF, 2022). However, despite these international agreements, the processes through which autonomy is realized within families remain under-researched. Although cross-cultural studies have examined concepts such as parental control and social norms (Xu et al., 2013), few have explored privacy as an everyday moral practice. Caregivers continually navigate the balance between protecting their children and respecting their autonomy, as autonomy-supportive caregiving fosters competence and internal motivation by encouraging independence without undermining structure (Deci & Ryan, 2000). Furthermore, quantitative approaches often fail to capture the meanings that caregivers attribute to caregiving dilemmas. Qualitative inquiry, by contrast, can reveal the moral emotions -such as care, guilt, and pride - that shape everyday interactions (Creswell & Poth, 2016).

Accordingly, the present study examines how mothers of pre-school aged children negotiate and maintain bodily privacy during their daily caregiving routines. The study examines how mothers respond to their children expressing discomfort or autonomy, how they verbalize and maintain boundaries, and the emotional and communicative strategies they use to remain consistent. By focusing on the lived experiences of mothers, this research aims to highlight the relational processes through which children begin to understand and respect consent and bodily autonomy.

## **Method**

### **Design**

This study used a qualitative methodology with a basic qualitative design (Merriam & Tisdell, 2016). This design was chosen to capture the naturalistic narratives of mothers regarding how they promote bodily privacy and autonomy during daily caregiving routines. The exploratory nature of the study allowed the researcher to identify patterns, meanings and interpretative insights that emerged directly from the participants' lived experiences (Creswell & Poth, 2016), providing deeper insight into the phenomenon.

### **Settings and Participants**

The study included ten mothers of preschool-aged children between four and six years old. All participants were the primary caregivers of their children and were actively involved in daily routines. Participants were recruited using a snowball sampling strategy (Patton, 2015). Snowball sampling was chosen because the target population-mothers who actively engage in daily caregiving routines involving privacy and bodily autonomy is not easily accessible through institutional records. Mothers who met the inclusion criteria were more effectively reached through interpersonal networks that provided access to participants with relevant experience. Initial contacts were made through informal parent networks and connections with early childhood educators. Inclusion criteria required that participants (a) have a child attended preschool and aged four to six years, (b) be directly responsible for the child's daily caregiving tasks, and (c) hold at least university degree (d) volunteer to share their caregiving experiences in an individual interview. No exclusion criteria were applied regarding, employment, or family structure, while maintaining relevance to the study's focus on caregiving practices.

Participants' ages ranged from 33 to 42 years. All mothers held at least a bachelor's degree, and three had completed postgraduate studies. Most participants were employed in professions such as teaching, nursing, engineering, while two were not working at the time of data collection and were primarily engaged in full-time childcare. All participants lived in nuclear families and reported middle-income household conditions. None of the children had any chronic illnesses or special educational needs.

Written informed consent was obtained from each participant. Ethical approval was granted by the public University's research ethics committee prior to data collection. Data were collected through individual semi-structured interviews conducted by the researcher. Interviews were carried out face-to-face or via Zoom meetings, depending on participant availability and preference. Each interview lasted approximately 25-35 minutes.

### **Data Collection Tools**

The semi-structured interview guide was developed based on the existing literature on bodily autonomy, privacy practices in caregiving, and emotional attunement in early childhood (Feldman, 2003; Wurtele & Kenny, 2010). To ensure content validity, two experts in early childhood education and qualitative methodology reviewed the questions, and a pilot interview was conducted with two eligible mother to assess clarity and flow before finalizing the form. The interview guide included open-ended questions such as: "Describe a time your child refused help during bathing or dressing," "How do you explain body boundaries to your child?," "What do you do when you sense your child feels uncomfortable?". Prior to each interview, participants also completed a brief demographic form that included information such as mother's age, education level, employment status, number of children and the child's age and gender. All interviews were audio-recorded with participant consent and transcribed

verbatim, and personal identifiers were removed to ensure confidentiality by assigning participant codes (M1–M10). The final sample size provided sufficient depth for qualitative thematic analysis, allowing for rich, detailed exploration of maternal perspectives while maintaining data saturation.

### **Data Analysis and Trustworthiness**

The data were analysed using thematic content analysis described by Braun and Clarke (2006, 2021). This analytical process involved several recursive phases: (a) familiarization with the data, (b) generating initial codes, (c) organizing codes into potential themes, (d) reviewing and refining themes for coherence, and (e) defining and naming the final thematic categories. To strengthen the analytical rigor, a second qualitative researcher with experience in qualitative methodologies independently reviewed the coded transcripts and thematic structure. The reliability of the coding was enhanced through a consensus-based approach (Nowell et al., 2027). Both researchers coded the transcripts independently and then compared their decisions for consistency. Any instances of disagreement were discussed in detail until a shared interpretation was reached, with relevant data extracts being re-examined in context to ensure coherent and accurate codes were applied. This negotiation process, which was repeated until a consensus was reached, ensured intercoder consistency, analytical rigour and the credibility and reliability of the final themes.

### **Results**

Theme development was conducted collaboratively by two researchers through repeated discussions and iterative refinement, ensuring that each theme was grounded in shared interpretations of the data. Three overarching themes emerged from the analysis: (1) privacy as a relational aspect of caregiving, (2) autonomy and consent through emotional attunement, and (3) boundary negotiation and parental modeling (see Table 1)

**Table 1 Themes, sub-themes/codes, and illustrative data excerpts.**

<b>Main Theme</b>	<b>Sub-Theme/Code</b>	<b>Data Excerpt Example</b>
<b>(1) Privacy as a relational aspect of caregiving</b>	Proximity and private space negotiation	“I stay close but I don’t cross her boundaries.” (M2)
	Age-related variations	“At five she started closing the door while changing.” (M9)
	Individual differences	“Each child signals their needs differently.” (M5)
	Explaining bodily control	Even when she was small, I would say, ‘I need your permission to touch your body.’” (M1)

<b>(2) Developing autonomy and consent through emotional attunement</b>	Acknowledging refusals		“When he says ‘I’ll do it myself,’ I let him try first.” (M8)
	Emotion-sensitive responses		“If she refuses, I stay calm and see what she feels.” (M10)
	Collaborative communication		“Do you want to do it on your own or should I help?” (M6)
	Supporting emotional expression		“When she cries, I say, ‘It may feel hard for you,’ so she knows I understand.” (M4)
<b>(3) Boundary negotiation and parental modeling</b>	Teaching boundaries	bodily	“That’s my private part; you can ask first before touching.” (M5)
	Modeling privacy behavior		“I knock before entering her room so she learns to do the same.” (M2)
	Managing extended-family boundaries		“Sometimes I remind grandma to ask before hugging.” (M9)
	Learning through observation		“He copies how we cover ourselves after bathing.” (M7)

### Theme 1: Privacy as a Relational Aspect of Caregiving

All participants described privacy not as a separate aspect of teaching but rather as an integral part of daily caregiving routines. Mothers described these routines as opportunities for protection and autonomy. They viewed bodily privacy as an interpersonal quality developed through interactions rather than as a fixed rule taught by adults.

When my daughter says, ‘I want to wash myself,’ I step back. I tell her, ‘Okay, I’m here if you need help.’ She feels proud, and I can see she enjoys doing it alone (M1).

Likewise, one of the mothers reported, shared how modifying her own behavior:

I used to enter the bathroom to hurry her up, but now I knock and wait. It’s her space (M3).

These examples reveal a change in parenting style, shifting from control-oriented to responsive, which allows children to experience autonomy while maintaining a parental presence. Several mothers emphasized that privacy is essential to warmth and connection.

I still help my son with the towel, but I turn my back a little, so he knows I respect his body (M7).

Another mother (M2) added: *“It’s not about leaving them alone—it’s about being close by without crossing their boundaries”*. In this context, physical closeness is seen as a sign of respect. This suggests that intimacy and boundaries can coexist. For mothers, bodily privacy thus functioned as an evolving form of relational regulation that balanced proximity and

independence. Participants also perceived privacy development as a gradual, individualized process shaped by age and temperament:

When my younger one was four, she didn't care much, but at five she started closing the door. I realized she was growing (M9)

The mother, who has both a daughter and a son, drew attention to individual differences as follows:

Each child signals differently; my son used words, my daughter used actions (M5).

Overall, mothers conceptualized privacy as an emergent, relational achievement a process of mutual adjustment that maintained emotional security while supporting autonomy.

## **Theme 2: Developing Autonomy and Consent through Emotional Attunement**

The second theme captures how mothers interpreted children's refusals, hesitation, or embarrassment as meaningful communicative acts. Across accounts, emotional attunement remaining calm, validating feelings, and adapting tone was central to sustaining connection while fostering autonomy.

When he said, "No, I'll do it," I stopped. It's his way of saying, "I can". If I insist, he gets angry. So I let him try and just watch. Even though it can be exhausting at times, I have to let him do it on his own (M8).

One mother similarly described a conscious shift from directive to collaborative interaction:

Before, I would say, "Come here, we need to hurry." Now, I pause and ask, "Do you want to do it yourself or should I help?" It changes everything (M6).

These examples demonstrate how mothers are becoming more reflective, understanding children's resistance as a developmental phase rather than a behavioral issue. Many participants linked these changes to the emotional context of caregiving. One mother shared:

If she refuses, I try to stay calm. I tell her, 'It's okay, we can wait.' When I react gently, she relaxes (M10).

Another mother recalled a different experience:

I once raised my voice, and she started crying. I realized that she felt ashamed. That day taught me to calm down (M4).

The mothers' reflections highlight the fact that their emotional regulation had a direct impact on their children's sense of safety and competence. One mother emphasized the importance of clearly stating consent as a teaching strategy:

I always explain why I touch like "I'm helping you clean" so she doesn't feel confused. At this age, consent is important for their own protection (M9).

Such conversational strategies enabled mothers to transform routine caregiving into opportunities for moral dialogue.

## **Theme 3: Boundary Negotiation and Parental Modeling**

The third theme demonstrates how mothers responded to their children's natural curiosity about bodies and their testing of boundaries, and how they set boundaries around privacy within the family. Participants often described situations in which their children observed, touched or

asked questions about bodies. In presenting these examples, care was taken to ensure that children's behaviors were interpreted within a normative developmental framework, and quotations were contextualized to highlight caregivers' sensitivity and protection of the child's emotional safety.

My son once asked why I cover myself after showering. I told him, "Because my body is private, just like yours". He nodded seriously (M1)

Several mothers described developmentally typical moments of bodily curiosity, which they approached calmly and without shaming, using these interactions as opportunities to teach consent and respectful boundaries. Example of M5 as follows

When my daughter touched my breast out of curiosity, I said, "That's my body. You can ask instead of touching". She learned quickly.

Both mothers' statements demonstrate how they approached bodily curiosity by providing clear explanations that emphasized respect and consideration. Some mothers described this learning process in following:

I used to say, "Don't do that!" but now I explain. If I stay calm, he listens (M3).

I knock on her door before entering. If I don't model it, she won't learn it (M2).

These examples reveal that mothers are aware that children primarily learn about boundaries through observing adult behavior. Modelling respect by knocking, waiting and using non-judgemental language became a core teaching tool, supporting research that suggests adults' relational strategies influence children's socio-emotional competence. For some, these negotiations extended to interactions with partners and extended family. One mother shared:

I remind my husband to knock too. It's not only the mother's job; everyone needs to show respect (M9)

Such statements position privacy as part of family routines rather than as a maternal responsibility.

## Discussion

This study explores the ways in which mothers of preschool children promote bodily autonomy and privacy during daily routine care activities. Through responsiveness, empathy and modeling, mothers presented children's developing independence as a social achievement through trust, empathy and communication. These findings align with the growing perspective that early autonomy is not an individual achievement but rather a socially constructed process (Aksan et al., 2006; Erikson, 1963; Feldman, 2003). This relational perspective highlights that children's sense of autonomy is influenced not only by their developmental level but also by the emotional availability and approach of their caregivers.

Routine care activities such as bathing, dressing and toileting were described as natural settings for fostering mutual respect. Recognizing children's cues and offering small meaningful choices promoted autonomy within secure attachment relationships. This is consistent with evidence that autonomy-supportive environments nurture self-regulation and self-motivation (Deci & Ryan, 2000). Therefore, everyday caregiving is a powerful developmental context in which boundaries, communication and protection are constantly negotiated.

Similar to Adegbesan's (2021) research on the socialization of bodily autonomy, the participants in this study emphasized that early childhood is a critical stage at which awareness

of the body, consent, and respect for others become established within the context of family intimacy.

Emotional responses and self-regulation were identified as vital foundations for teaching consent. These findings align with Feldman's (2003) study, as well as with the work of Morris et al. (2007), who emphasize the central role of the family in emotional regulation. Emotional sensitivity maintained warmth while guiding behavior, a dynamic associated with empathy and secure attachment (Bowlby, 2008). Notably, mothers did not consider children's refusals to be examples of disobedience but rather as valid expressions of autonomy. This shift reflects the growing trend of child-centered communication in early caregiving practices.

Such micro-level exchanges reflect the broader human rights perspective promoted by the World Health Organization and the United Nations, which recognizes bodily autonomy as a fundamental right that is supported by emotionally sensitive communication (UNICEF, 2022; WHO, 2022). The study findings also contribute to the body of literature exploring the connection between emotional development and body-safety education. In prevention research, it has been shown that children demonstrate stronger self-protective efficacy when safety concepts are introduced by adults through warm, ongoing conversations rather than fear-based instruction (Russell et al., 2025; Wurtele, 1993; Wurtele & Kenny, 2010).

Moreover, boundary negotiation and modeling were key mechanisms through which respect for bodily autonomy was conveyed. Participants consistently associated their own behaviors with children's observational learning, such as knocking before entering, asking permission or covering themselves after bathing. These observations are consistent with Bandura's (1986) social learning theory, as well as with recent evidence from early childhood education indicating that knowledge of body safety increases when adults practice what they teach (Cacciatore et al., 2025; Rosenthal, & Gatt, 2010).

Importantly, these findings should be considered in the context of Turkish culture, where extended family networks and modesty norms influence how privacy is taught in early childhood. Shared living environments and close intergenerational relationships may necessitate parents negotiating bodily boundaries with not only their children but also other adults within the household (Bulunuz, 2022; Sönmez & Özçelik, 2022). As sociocultural research indicates, Turkish parenting reflects a balance between collectivist, protection-oriented traditions and increasingly autonomy-supportive expectations (Ahiöğlü-Lindberg, 2012). The mothers in the present study navigated these dual influences when teaching privacy and autonomy, highlighting that bodily autonomy is culturally embedded rather than universally experienced.

In context, the study's findings contribute to broader discussions about how bodily autonomy is socialized within different family groups. For instance, Adegbesan's (2021) study of African-American parents showed that historical experience and cultural heritage shape protective narratives surrounding bodily respect. Similarly, the caregivers in this study balanced encouraging independence with being aware of safety issues, showing how cultural knowledge and caregiving beliefs come together. Taken together, the results broaden our current understanding by representing privacy as both an emotional process and a moral education. Through repeated, emotional interactions, caregivers not only taught the behavioral aspects of privacy but also empathy, respect, and value (Russell et al., 2025). Thus, the present study contributes to the existing literature by demonstrating the link between the development of bodily autonomy and parenting values, cultural norms, and the everyday emotional aspect of caregiving.

## Conclusion

This study is based on interviews with mothers, demonstrated that bodily autonomy and privacy in early childhood are learned through everyday, emotionally responsive caregiving rather than formal instruction. Caregivers supported autonomy by acknowledging children's cues, offering choices, and modeling respect in routine care moments. These interactions transformed caregiving into a moral dialogue grounded in empathy and trust. By linking attachment, communication, and consent, the findings highlight that autonomy and safety develop together within close relationships. Promoting reflective, calm, and consistent communication can strengthen children's sense of bodily integrity while maintaining emotional closeness. Overall, fostering bodily autonomy from the preschool years supports both protection and independence two complementary goals of healthy development.

## Limitation

Although the findings provide valuable insights, several limitations should be acknowledged. First, the study sample was consisted primarily of self-selected caregivers who may already value autonomy-supportive parenting. This limits the transferability of the results. Broader and more diverse samples including fathers, extended family members from different socioeconomic or cultural contexts are needed to capture variability in privacy practices. Second, the study based on self-reported narratives. Observational or mixed-method designs incorporating children's perspectives could validate these findings. Finally, the present study centered exclusively on family life and did not investigate institutional or cultural systems that interact with home practices such as preschool education policies or religious norms. Examining these intersecting environments would provide a more ecological understanding of how children's bodily autonomy is nurtured and constrained across contexts.

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## Geniş Özet

### Giriş

Erken çocukluk dönemi, çocukların beden farkındalığı, mahremiyet ve özerklik kavramlarını öğrenmeye başladıkları kritik bir gelişim sürecidir. Günlük özbakım rutinleri, çocukların hem yakınlık hem de sınır deneyimlerini şekillendirerek, benlik algısını ve başkalarına karşı saygı duygusunu şekillendiren etkileşim alanlarıdır. Araştırmalar, duygusal duyarlılık ve güvenli bağlanmanın, çocukların bedensel özerklik gelişiminde belirleyici rol oynadığını vurgulamaktadır (Bowlby, 2008; Feldman, 2003). Ebeveynin çocuğun duygularına yargılamadan, anlayışla yaklaşması; çocuğun yaşadığı duygusal deneyimleri sağlıklı biçimde anlamlandırmasına ve düzenlemesine katkı sağlamaktadır (Karaman & Boz, 2023; Morris ve ark., 2007). Buna karşılık, çocuğun bedensel tepkilerinin ve sınırlarının görmezden gelinmesi, çocuğun bedensel onam ve mahremiyet algısında belirsizlikler yaratabilir. Bedensel özerklik, UNICEF (2022) ve Dünya Sağlık Örgütü (WHO, 2022) gibi uluslararası kuruluşlar tarafından temel bir insan hakkı olarak kabul edilse de erken çocukluk döneminde bedensel özerkliğin ve mahremiyetin aile yaşamında gündelik etkileşimler yoluyla nasıl şekillendiğine ilişkin bilgiler hâlâ sınırlıdır. Bu araştırma, okul öncesi dönemde çocukların günlük özbakım rutinlerinde

özerklik ve mahremiyetin hangi yollarla desteklendiğini; annelerin bu süreçte benimsedikleri duygusal, iletişimsel ve davranışsal yaklaşımları incelemeyi amaçlamaktadır.

## **Yöntem**

Temel nitel araştırma deseninde yürütülen bu araştırma (Merriam & Tisdell, 2016), annelerin çocuklarının günlük bakım rutinleri sırasında bedensel mahremiyet ve özerkliği nasıl desteklediklerine ilişkin deneyimlerini ortaya koymayı amaçlamıştır. Çalışmanın keşfedici niteliği, araştırmacının katılımcıların yaşantılarından doğrudan ortaya çıkan örüntüleri, anlamları ve yorumlayıcı içgörülerini belirlemesine olanak tanımış ve böylece incelenen olgunun daha derinlemesine anlaşılmasını sağlamıştır (Creswell & Poth, 2016). Çalışmaya, 4–6 yaş aralığında çocuğu olan ve bu çocukların özbakımından birincil olarak sorumlu on anne katılmıştır. Katılımcılar, (a) okul öncesi kuruma devam eden 4–6 yaş arası çocuğa sahip olma, (b) günlük özbakım rutinlerinden doğrudan sorumlu olma, (c) en az lisans mezunu olma ve (d) bireysel görüşmeye katılmaya gönüllü olma ölçütleri araştırmanın dahil edilme kriterleri olarak belirlenmiştir. Veriler, yarı yapılandırılmış görüşme yoluyla toplanmıştır. Annelerle yapılan görüşmeler 25–35 dakika sürmüş, ses kaydı alınarak yazıya aktarılmış ve katılımcı kimlikleri gizlenmiştir. Veriler tematik analiz yöntemiyle analiz edilmiştir (Braun & Clarke, 2021).

## **Tartışma ve Sonuç**

Verilerin analizi sonucunda üç temel tema ortaya çıkmıştır: Temalar, (1) özbakım ilişkisinin bir parçası olarak mahremiyet, (2) duygusal uyum yoluyla özerklik ve onanın desteklenmesi ve (3) sınırların müzakere edilmesi ve ebeveynin model olma rolü olarak belirlenmiştir.

Mahremiyetin anneler tarafından bir uzaklaşma biçimi olarak değil, ilişkisel yakınlığın bir ifadesi olarak görüldüğü ilk temada katılımcılar, çocuklarına günlük rutinlerde kendi başlarına hareket etme fırsatı verirken duygusal olarak yanlarında olmayı sürdürmüşlerdir. Bu yaklaşım, özerkliğin güvene dayalı ilişkiler içinde geliştiğini ortaya koymaktadır (Erikson, 1963; Deci & Ryan, 2000). Anneler, çocuklarının yaşa ve bireysel özelliklerine bağlı olarak mahremiyet ihtiyaçlarının değiştiğini belirterek, sınırların çocuk tarafından sözlü ya da davranışsal ipuçlarıyla ifade edildiğini vurgulamışlardır.

Araştırmanın ikinci temasında, duygusal uyumun önemini vurgulamaktadır. Çocukların utanma, reddetme ya da çekinme gibi tepkileri karşısında anneler sakinliğini koruyarak açıklayıcı ve anlayışlı bir dil kullanmış; çocuklarının duygularını onaylamışlardır. Annelerin bu tutumu, çocukların kendilerini ifade etme becerilerini güçlendirmiş, özerklik duygularını desteklemiştir. Bu bulgu, Feldman'ın (2003) biyodavranışsal eşzamanlılık modeliyle uyumlu olarak, empati ve duygusal düzenleme arasındaki ilişkiyi pekiştirmiştir. Anneler ayrıca, çocukların bedensel bütünlüklerine ilişkin karar alma süreçlerini desteklemek için seçim sunma ve izin isteme davranışlarını da benimsediklerini ifade etmişlerdir.

Son olarak, katılımcılarla yapılan görüşmede sınır öğretiminin doğrudan uyarılardan çok model olma yoluyla gerçekleştiği sonucuna ulaşılmıştır. Anneler, kapıyı çalma, izin isteme ve bekleme gibi davranışları yalnızca anlatmakla kalmayıp kendileri de uygulayarak örnek olmuşlardır. Bu durum, Bandura'nın (1986) sosyal öğrenme kuramını desteklemekte ve yetişkin davranışlarının çocukların sosyal-duygusal gelişiminde belirleyici olduğunu gösteren Rosenthal ve Gatt'ın (2010) bulgularıyla da örtüşmektedir. Anneler, yalnızca kendi davranışlarının değil, babalar ve aile büyüklerinin de çocuklara sınır konusunda model olmasının önemli olduğunu vurgulamışlardır.

Sonuç olarak, araştırmanın bulguları annelerin günlük özbakım rutinlerini, çocukların mahremiyet, sınır ve özerklik deneyimlerini destekleyen doğal bir öğrenme bağlamı olarak gördüklerini ortaya koymaktadır. Anneler, çocukların sözel ve sözel olmayan bedensel

ipuçlarını dikkate alarak, açıklayıcı iletişim ve model olma davranışlarıyla çocuklarının bağımsızlık girişimlerini teşvik ettiklerini ifade etmişlerdir. Ayrıca, duygusal uyum ve sakin yaklaşımın çocukların kendilerini güvende hissetmelerine ve bakım verenle olan ilişkisel bağlantıyı sürdürmelerine katkı sağladığı görülmüştür. Bulgular, mahremiyetin öğretiminden çok, ilişki içinde karşılıklı olarak müzakere edilen bir süreç olarak deneyimlendiğini göstermektedir. Bu doğrultuda, annelerin günlük özbakım rutinlerinde sergiledikleri iletişim ve etkileşim yaklaşımlarının, çocukların bedensel sınırlarını fark etmelerini ve özerkliklerini desteklemelerini kolaylaştırdığı söylenebilir.