Introduction

Sexual harassment is any sexual activity between adults and minors or between two minors when one forces it on the other. This includes sexual touching and non-touching acts like exhibitionism, exposure to pornography, photography of a child for sexual gratification, solicitation of a child for prostitution, voyeurism and communication in a sexual way by phone, Internet or face-to-face ***(Kozulin and Lev Semenovich, 2012).***

Child sexual harassment is far more prevalent than most people realize. Child sexual harassment is likely the most prevalent health problem children face with the most serious array of consequences. About one in 10 children will be sexually abused before their 18th years. About one in seven girls and one in 25 boys was sexually abused before they turn 18 ***(Townsend, 2013).***

The total number of children in the world is estimated as 2.2 billion, In Egypt according to demographics Profile 2014, Proportion of Population under17 years of age (0-17 years) is 37.1% of total population. Children constitute a large segment of the population, they are a vulnerable to victimization because they are smaller, weaker, and less sophisticated compared with the older, aggressive, and crafty offender ***(UNICEF, 2015).***

Harassment in Egypt, Egypt ranks second in the world for harassment of girls and women. Studies indicate that 95% to 99% of girls and women in Egypt have been subject to sexual harassment; and 49% report that this takes place on a daily basis. Significantly, 67.1% of the female respondents to a recent study said that all girls are subjected to harassment, regardless of looks, manner of speech or gait ***(UNICEF, 2015).***

Approximately 1.8 million child in the United States have been the victims of sexual harassment. Research conducted by the Center for Disease Control (CDC) estimates that approximately 1 in 6 boys and 1 in 4 girls are sexually abused before the age of 18. 35.8% of sexual harassment occur when the victim is between the ages of 12 and 17.82% of all juvenile victims are female. Approximately 1 in 5 female high school students report being physically and/or sexually abused by a dating partner ***(Centers for Disease Control and Prevention, 2015).***

Understanding healthy child sexual development is very important to prevent child sexual harassment or abuse. Many adults don't know what to expect as children develop sexually, which can make it hard to differentiate between healthy and unhealthy behaviors ***(National Sexual Violence Resource Center [NSVRC], 2013).***

Protection of children from harassment is considered an important contemporary goal. This includes protecting children from exploitation such as child labor, child trafficking and selling. There is a normal process by which children develop sexually and emotionally. This takes place from infancy. A key aspect of this process is children's curiosity. Children have a natural desire to learn about their bodies, their emotions and those of others ***(Jewkes et al., 2013).***

Maternal and child health (MCH) care is the health service provided to mothers (women in their child bearing age) and children. The targets for MCH are all women in their reproductive age groups, i.e., 15-49 years of age, children, school age population and adolescents. Throughout the world, especially in the developing countries, there is an increasing concern and interest in maternal and child health care. This commitment towards MCH care gains further strength after the World Summit for Children, 1991, which gave serious consideration and outlined major areas to be addressed in the provision of Maternal and Child Health Care services ***(Park, 2009).***

Mothers are often the first source of information for children when it comes to education about their bodies, safety and sex, due to their close relationship and the influence they have on their children's lives, mothers

should have an active role in child sexual harassment prevention ***(Tessier and Brown, 2015).***

Significance of the Study

In Egypt the global prevalence of child sexual harassment has been estimated at 18% from the total number of children. The National Council for Childhood and Motherhood indicates that 18% of the children had been subjected to sexual harassment, and that 35% of the incidents that the offender was a relative of the child, and responsible for the protection. According to a 2009 study published in Clinical Psychology Review that examined 65 studies from 22 countries. Using the available data, the highest prevalence rate of child sexual abuse geographically was found in Africa was 34.4%, found 19.6% of female students and 21.1% of male students aged 11-16 years. Rates among 16-year-olds were 28.8% in females and 25.4% in males they were children 1 in 5 girls and 1 in 20 boys is a victim of child sexual abuse ***(Guttmacher, 2010 & National Council for Childhood and Motherhood, 2014).***

Aim of the Study

This study aims to evaluate the effect of an educational program for mothers to protect their children from sexual harassment through:

1. Assessing mothers' knowledge about their children's sexual developmental stage.
2. Assessing mothers' knowledge and behavior about sexual harassment as phenomena.
3. Designing and implementing an educational program for mothers to protect their children from sexual harassment.
4. Evaluating the effects of an educational program on the mothers' knowledge and behaviors.

Research Hypothesis:

The educational program will improve the knowledge and behaviors of mothers to protect their children from sexual harassment.

Part (I): Children Health Profile

Introduction about the Children:

Children is generally a human being between the stages of birth and puberty. The legal definition of child generally refers to a minor, otherwise known as a person younger than the age of maturity. The United Nations Convention on the Rights of the Child defines child as "a human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier". This is ratified by 192of 194 member countries ***(Free Dictionary.com. 2013).***

Children generally have fewer rights than adults and are classed as unable to make serious decisions, and legally must always be under the care of a responsible adult. Recognition of childhood as a state different from adulthood began to emerge in the 16th and 17th centuries. Society began to relate to the child not as a miniature adult but as a person of a lower level of maturity needing adult protection, love and nurturing ***(Elizabethi.org, 2013).***

Adolescence can be broadly divided into three stages: Early (10-13 years), middle (14-16 years), and late (17-19 years). Physical changes start in early adolescence, where they are very concerned about their body image.

During adolescence cognitive development takes place; adolescents develop abstract thinking and reasoning. Emotionally, they develop a sense of identity during late adolescence; social involvement, peer interaction, as well as sexual interest, develop in this phase. Different behavioral experimentation is seen in early adolescence ***(Sales et al., 2013).***

During adolescence, the physical growth, psychological as well as cognitive development reaches its peak. Adolescent sexuality development can be better explained with the bio-psycho-social model. Biological factors, psychological factors, as well as social factors have equal importance ***(Sandberg et al., 2012).***

The development of sexuality in adolescents. Biological factors are the genetic factors and neuro-endocrinal factors, which determine the biological sex and also having an influence on the psychological sex. During adolescence the gonadal hormones, cortisol, and many other hormones play a role in causing the onset of puberty ***(Sandberg et al., 2012).***

Based on self-disclosure data, a 2011 meta-analysis of 217 studies estimated a global prevalence of 12.7% to 18% for girls and 7.6% for boys. The rates of self-disclosed abuse for specific continents were as follows, Africa 20.2%

girls and 19.3%for boys, Asia 11.3% girls and 4.1% for boys, Europe 13.5%girls and 5.6%for boys, South America 13.4% girls and 13.8%for boys ***(Stoltenborgh et al., 2011).***

Sexual harassment is well known that the problem of child sexual abuse is widespread in society today. Parents do well to educate themselves about the issue and take an active role in educating their children/youth in personal safety ***(National Child Traumatic Stress Network, 2009).***

Parents play a large role in a child's life, socialization, and development. Having multiple parents can add stability to the child's life and therefore encourage healthy development. Another influential factor in a child's development is the quality of their care ***(Kail, 2011).***

Sexual development Stages of children

Child development refers to the biological, psychological and emotional changes that occur in human beings between birth and the end of adolescence, as the individual progresses from dependency to increasing autonomy. It is a continuous process with a predictable sequence yet having a unique course for every child. It does not progress at the same rate and each stage is affected by the preceding types of development ***(Smith et al., 2011).***

Growth and development are continuous processes, which bring a change in an individual, every moment. Development of sexuality starts as early as in intrauterine life following conception and continues through infancy, childhood, adolescence, adulthood till death. During infancy, there is no awareness of gender ***(Hum, 2015).***

The child acknowledges its gender in early childhood as early as by 3 years. Self-awareness about sexuality (gender role, gender identity) evolves during the childhood. Adolescence is a phase of transition during which major developments of sexuality takes place. Puberty is reached during adolescence, which is a major landmark in the development of sexuality. The hypothalamo-pituitary-gonadal axis function is highly essential for the sexual development during puberty ***(Hum, 2015).***

Child developmental changes may be strongly influenced by genetic factors and events during prenatal life, genetics and prenatal development are usually included as part of the study of child development. Related terms include developmental psychology, referring to development throughout the lifespan, and pediatrics, the branch of medicine relating to the care of children ***(Smith et al., 2011).***

Developmental change may occur as a result of genetically-controlled processes known as maturation, or as a result of environmental factors and learning, but most commonly involves an interaction between the two. It may also occur as a result of human nature and ability to learn from environment. There are various definitions of periods in a child's development, since each period is a continuum with individual differences regarding start and ending ***(Smith et al., 2011).***

Some age-related development periods and examples of defined intervals are: newborn (ages 0-4 weeks); infant (ages 4 weeks-1 year); toddler (ages 1-3 years); preschooler(ages 4-6 years); school-aged child (ages 6-13 years); adolescent(ages 13-18). However, organizations like Zero to Three and the World Association for Infant Mental Health use the term infant as a broad category, including children from birth to age 3 ***(Vilaça, 2012).***

Children are sexual beings from birth and are curious about exploring the sexual parts of their bodies. All children do not do all of these behaviors at these exact ages; most children will do some. The child's job is to explore and the parent's job is to teach the boundaries that place around that exploration. Children begin to develop negative or positive attitudes toward their own bodies based on the kind of touch that they receive. Through nurturing body touch, they learn to value themselves and they learn what it means to be loved ***(NSVRC, 2013).***

Sexual development Stages of children

I. Preschool age (Ages 4-6)

During the early preschool years (ages 3 to 4years), young children engage in gender labeling. Young children can tell the difference between boys and girls, and will label people accordingly. However, these very young children still believe that gender can change and is not permanent. Children of this age also have trouble understanding that males and females have different body shapes, but also share characteristics ***(Hagan et al., 2008).***

As children age and interact more with other children (approximately ages 4–6), they become more aware of the differences between boys and girls, and more social in their

exploration. In addition to exploring their own bodies through touching or rubbing their private parts (masturbation), they may begin "playing doctor" and copying adult behaviors such as kissing and holding hands ***(National Child Traumatic Stress Network, 2009).***

As children become increasingly aware of the social rules governing sexual behavior and language (such as the importance of modesty or which words are considered "naughty"), they may try to test these rules by using naughty words. They may also ask more questions about sexual matters, such as where babies come from, and why boys and girls are physically different ***(National Child Traumatic Stress Network, 2009).***

Continued use of slang words, "potty humor" or jokes to describe body parts and functions. Deeper understanding of gender roles. May act in a more "gendered" manner as expected behaviors and norms associated with gender are learned (e.g., girls may want to wear dresses).Sex play or activities that explore sexuality and bodies may occur with same- and opposite-sex friends. Masturbation, some children may touch their genitals for the purpose of pleasure. This happens more often privately rather than in public ***(NSVRC, 2013).***

During these years, children learn to dress and undress themselves. This behavior is normal. There is no need to worry unless the child gets undressed all the time and often gets involved in sex play with other children. It may be important to talk with children about what "private" means. It is also good to explain what things should not be done in front of other people. This is the time when children can begin to understand that sexuality is private ***(Hornor, 2010).***

Boys and girls both masturbate as a natural way of exploring their bodies. At this age, masturbating often helps children relax and feel calm. It helps if parents and providers make rules with children about when and where these behaviors are okay. However, if adults make too many rules, children may become ashamed of their bodies ***(Hagan et al., 2008).***

Children at this age will begin to use language to name their body parts and bodily functions. It is important to teach the correct words for body parts and functions. For example, they should know the words "vagina," "vulva," and "penis." They should know "urinate" and "bowel movement" also. Children may be more comfortable using slang words, but it is also important for them to know the correct terms. And children could be embarrassed when they do not know the right words. Children need to be able to talk to doctors, teachers, and other caregivers ***(NSVRC, 2013).***

II. School-aged child (Ages 6-13)

During these years, boys and girls begin to look noticeably different. By the end of this time, some girls may start early stages of puberty. Both boys and girls may start sweating and needing deodorant. Pimples and oily skin may start to be a problem. These are early signs of sexual development, but children may not see them that way. The changes may just embarrass them ***(NSVRC, 2013).***

Children often become curious about sexuality as they begin to go through these physical changes. They might show this curiosity in the ways they play with others. Some children may want to show other children their underwear or private parts. Some may try to see others' bodies. It is still normal through these years for children to explore their bodies through masturbation ***(NSVRC, 2013).***

Children learn a lot about sexuality through these years. They also learn much more about what it means to be a boy or a girl. Also, children may start using sexual terms to insult each other. Sexual language is also used more at this age, to call others names or to show others what they know. Children at this age usually understand the secrecy that surrounds sexuality as well as what behavior is appropriate in public. Adults can help children learn to use respectful and appropriate sexual language ***(American Academy of Pediatrics, 2005).***

As puberty begins an increased need for privacy and independence is often expressed. Interest in relationships, may want to have a girlfriend or boyfriend. May express curiosity about adult bodies. This could involve the child trying to see people naked or undressing or involve looking for media (such as TV, movies, websites, and magazines) with sexual content. As social norms around masturbation become clearer ***(NSVRC, 2013).***

Continued use of slang words, "potty humor" or jokes to describe body parts and functions deeper understanding of gender roles. May act in a more "gendered" manner as expected behaviors and norms associated with gender are learned (e.g., girls may want to wear dresses). Sex play or activities that explore sexuality and bodies may occur with same- and opposite-sex friends Masturbation. Some children may touch their genitals for the purpose of pleasure ***(Hagan et al., 2008).***

Purposefully touching private parts (masturbation), usually in private. Playing games with children their own age that involve sexual behavior (such as "truth or dare", "playing family," or "boyfriend/girlfriend").Attempting to see other people naked or undressing. Looking at pictures of naked or partially naked people. Viewing/listening to sexual content in media (television, movies, games, the Internet, music, etc.). Wanting more privacy and being reluctant to talk to adults about sexual issues. Beginnings of sexual attraction to/interest in peers ***(National Child Traumatic Stress Network, 2009).***