

ABSTRACT

Background: Studies have suggested that Sexual behaviors are common in children. More than 50% of children will engage in some type of sexual behavior before their 13th birthday. Sexual behaviors in children range from normal and developmentally appropriate to abusive and violent. In retrospective study of 339 child welfare and mental health professionals in which participants were asked about their own experiences before 13 years of age, 73% recalled engaging in sexual behaviors with other children, 34% recalled showing their genitals to another child, 16% recalled simulating intercourse with another child, and 5% recalled inserting an object in the vagina or rectum of another child

Aim of the Work: To observe the developmental course of describe normative sexual behaviors in 2- to 12-years-old Egyptian children and to assess the relative frequencies of different types of sexual behaviors in general outpatient clinic of pediatric hospital of Ain Shams University hospitals.

Patients and Methods: This is a Cross sectional analytical started on October 2018. study conducted in pediatric hospital Ain Shams University hospitals. This present study aimed at analyzing the data of 500 children aged from 2 to 12 years old. Thirsty four refused to participate on sexual behaviour questions.

Results: A total of 500 questionnaires were done by parents of child vising clinic of pediatric hospital of Ain Shams university, 35 refused to participate in sexual behaviour questionnaire. It was divided in three groups. Preschool aged children from 2-6 years 254 child (50.8%), school aged children from 6-9 years 106 child (18.82%) & preadolescents from 10 to 12 years 140 child (24.014%). The study Included both 252 males and 248 females. The most sexual behaviours detected among children “sometimes” were touching genitals at home 111(22.2%), child asks about sexual acts 86 child (17.2%) & saying sexual words 80 (16%) and mostly repeated children was flirt with strangers 11(2.2%) & asking about sex more than other children 10 (2%).

Conclusion: There is a need for further national studies in different settings, to help create a better understanding of what constitutes both normative and deviant sexual behaviour in children.

Keywords: Child sexual behaviour, family sexuality, preschool children, sexual development

Introduction

Sexual behaviors in children range from normal and developmentally appropriate to abusive and violent. Concerned parents often present to the pediatrician's office with questions about whether their child's sexual behavior is normal, whether the behavior indicates that the child has been sexually abused, and how to manage such behavior. (*Wekerle, 2013*)

Although earlier studies have suggested a strong correlation between sexual abuse and sexual behavior problems in children, more recent studies have broadened this perspective, recognizing a number of additional stressors, family characteristics, and environmental factors that are associated with intrusive and frequent sexual behaviors. (*Kashyap, 2013*)

Sexual development begins at birth during the development of other milestones. Sexual development includes not only the physical changes that occur as children grow, but also the sexual knowledge and beliefs they come to learn and the behaviors they show. Any given child's sexual knowledge and behavior is strongly influenced by: The child's age, what the child observes including the sexual behaviors of family and friends, what the child is taught including cultural and religious beliefs concerning sexuality and physical boundaries. (*Kar et al., 2015*)

Developmentally inappropriate behavior can be defined as behavior that occurs at a greater frequency or at a

much earlier age than would be developmentally or culturally expected, becomes a preoccupation for the child, or recurs after adult intervention or corrective efforts. For example, a child touching an adult's genitals or breasts would be age-inappropriate for an 11-year-old but may be age-appropriate for a four-year-old. (*LAA., 2012*)

Frequencies of childhood sexual behaviors retrospectively reported by adults may differ from frequencies contemporaneously reported by parents; by recollection differences through time, personal acceptance of sexual behaviors as normal, and the extent to which the behavior is covert may explain some of the discrepant results. (*Simmons, 2014*)

Mothers who are more educated and who acknowledge that sexual behaviors in children can be normal tend to have a tendency to report more sexual behaviors in their children in contrast to mothers with fewer years of education and less acceptance of these behaviors and consequently they couldn't report. It is not clear whether the mother's acceptance of certain sexual behaviors as normal affects their observation of such behavior or their response to such behavior; on the other hand, mothers who are less accepting of sexual behaviors may be less likely to report such behavior or may modify their child's overt sexual behavior with disapproval or negative feedback. (*Muhwezi, 2015*)

Sexual behavior should be interpreted with consideration of several factors: the parent's view of

sexuality, family stressors, cultural origins, and day care arrangements. Parents who view all sexual behaviors as unacceptable may indicate that the behavior is disruptive and abnormal when it may be within developmentally normal limits. Parent overreaction to sexual behaviors may also escalate these behaviors if the child is intrigued or reinforced by the parent's distress. In such situations, the parent's discomfort with issues of sexuality may need to be addressed, particularly if the parent's reaction produces more aberrant behavior in the child. (*Nancy D. Kellogg, 2010*)

The Aim of The Study

1. To describe different types of sexual behaviors in a normative sample of 2- to 12-years-old Egyptian children
2. To assess the relative frequencies of different types of sexual behaviors reported in this normative sample by parents.
3. To assess the relationship of sexual behaviors to different family variables
4. To assess factors associated with increased frequencies of sexual behaviors in children.

Factors Affecting Sexual Development

Sexual behaviour includes self-image, emotions, values, attitudes, beliefs, behaviors and relationships to parents and careers, it is the observable behaviours that are the most obvious of these, for example masturbation. Sexual development is one part of sexuality, and it begins much earlier in life than adolescence. By reaching puberty adolescents already have received many messages about sexuality. Children are constantly learning social norms and what is expected or appropriate in interactions and relationships. There are healthy and common expressions of sexuality that children are likely to show at different developmental stages. Often, it's better to let parents know which behaviors are appropriate and indicate healthy childhood sexual development. (*SOGC, 2012*).

Factors Affecting Normal Sexual Developments:

A-Biological aspect of sexual development:

The number of processes involved in the development of an individual's sexuality across childhood, adolescence, early and late adulthood is quite large.

The activity of the sex-determining gene situated at the Y chromosome's short arm influences the sexual development of a zygote (fertilized egg), into becoming a male or a female. Embryonic sexual development begins at 6 weeks, when primordial reproductive structures are formed. Two different systems are involved in the early development of sexual reproductive structures. (*Sincero, 2013*)

Male reproductive structures are formed through the Wollfian system, whereas female reproductive structures originate from the Mullerian system. The sex-determining gene in males produces the testis-determining factor (TDF). As TDF is absent in female embryos, their gonads become ovaries, followed by the maturation of the Mullerian system. In males, the undifferentiated gonads develop into testes, which release testosterone that leads to the development of male external organs and also produce a substance that inhibits the Mullerian system. (*Sincero, 2013*)

B-Psychology of sexual development:

1) Sigmund Freud and Psychoanalytic Theory

Sigmund Freud, a Viennese physician, formulated a grand theory of personality termed psychoanalysis. Freud believed that Children born with biologically based sex drives that must be channeled through socially approved outlets if family and social life carry on without undue conflict. (*Barnett, 2015*)

Freud proposed that the mind operates on conscious and unconscious levels. The conscious level corresponds to present awareness. The unconscious mind refers to the darker reaches of the mind that lie outside our direct awareness. The ego shields the conscious mind from awareness of more basic sexual and aggressive urges by means of defense mechanisms such as repression, or motivated forgetting of traumatic experiences. (*Avinash, 2011*)

One of Freud's most controversial beliefs was that children normally harbor erotic interests. He believed that

the suckling by the infant in the oral stage was an erotic act, and he believed the same about the anal bodily experimentation through which 2-year-olds find pleasure in the control of their sphincter muscles in the process of elimination. He theorized that it was normal for children to progress through stages of development in which the erotic interest shifts from one erogenous zone to another, as, for example, from the mouth or oral cavity to the anal cavity. (*Kenny, 2014*)

According to his theory of psychosexual development, children undergo five stages of development: oral, anal, phallic, latency, and genital, which are named according to the main erogenous zones of each stage. Freud believed that it was normal for children to develop erotic feelings toward the parent of the other sex during the phallic stage. (*Kenny, 2014*)

2) Learning theory

Observational learning which is defined as patterns of behavior that are learned by imitation. In the field of psychology, observational learning is one of the most important forms or methods of learning engaged by others. Life experiences serve to shape and develop human behavior in a multitude of situations and circumstances and experiences among families, friends, neighborhoods, and cultures play a large role in how beliefs and attitudes developed. (*Parks, 2015*)

Observational learning includes seeing models in films or on television, hearing about them, and reading about them. According to social-cognitive theory, children

= *Review of Literature*

acquire the gender roles deemed appropriate in a society through reinforcement of gender-appropriate behavior and through observing the gender role behavior of their parents, their peers, and other models on television, in films, in books, and so on. (*Bembenutty et al., 2016*)

Sexual development relies a great deal on how various individuals perceive role models in his or her environment. Role models can include parents, peers, celebrities, siblings, and other acquaintances. Listening to and watching friends, television, books and movies generally develop sexual skills. Different cultures view the sexual development of adolescents in different ways. Fixations may also emerge, particularly around online sexually explicit materials, and may develop quickly if not detected and managed early. (*Parks, 2015*)

Behaviorists such as John B. Watson and B. F. Skinner emphasized the importance of rewards and punishments in the learning process. Children left to explore their bodies without parental condemnation will learn what feels good and tend to repeat it. (*Crain, 2014*)

When sexual behavior (like masturbation) feels good, but parents connect it with feelings of guilt and shame, the child is placed in conflict and may vacillate between masturbating and swearing off it. If, as young children, they are severely punished for sexual exploration, they may come to associate sexual stimulation in general with feelings of guilt or anxiety. (*Crain, 2014*)

In addition to previous theories important to human sexual behavior, psychology researchers are also interested

in the impact of individuals and their environments on other aspects of sexual functioning. For example, Developmental psychologists are interested in the relationship of aging and human sexuality (*Bolin et al., 2017*)

C-Environmental factors

In contrast, Social and personality psychologists are interested in the significance of variables associated with the person and the environment in understanding sexual motivation and behavior. One major area of study for these psychologists is intimate relationships.

Sexual behavior should be interpreted with consideration of several factors: the parent's view of sexuality, family stressors, cultural origins, and day care arrangements. Mothers with more years of education are more likely to think sexual behavior in children is normal and to acknowledge these behaviors in their children compared with mothers with fewer years of education, who are less likely to think sexual behavior in children is normal. (*Kellogg, 2010*)

Parents who view all sexual behaviors as unacceptable may indicate that the behavior is disruptive and abnormal when it may be within developmentally normal limits. Parent overreaction to sexual behaviors may also escalate these behaviors if the child is intrigued or reinforced by the parent's distress. In such situations, the parent's discomfort with issues of sexuality may need to be addressed, particularly if the parent's reaction produces more aberrant behavior in the child. (*Kellogg, 2010*)

= *Review of Literature*

Disturbed family environment is a corner stone in sexual development positively or in negative way, for example if there is family dysfunction in style of parenting, or parental relationship, separation and divorce, complex relationships, parental use of alcohol, drugs and presence of domestic violence, cultural / racial differences & consistency of placement (Claire et al., 2015).

Children in environments characterized by nudity or less privacy in dressing, bathing, or sexual activity among adults are more likely to openly engage in sexual behaviors. *(Kellogg, 2010)*

Family stressors, such as separation or divorce, may result in an increase in the number and frequency of sexual behaviors in the children. It can be challenging to discern whether sexual behaviors have escalated because of stress or whether one parent's perception and interpretation of the behavior has changed because he or she suspects the other parent has abused or neglected the child. *(Kellogg, 2010)*

However, there are some family harmful behaviors when parents knowingly and persistently permit their child to have access to pornographic or harmful sexual material, a referral to child protective services for supervision is needed. In children with sexual behavior problems, failure of a parent to modify the child's access to harmful sexual material in accordance with medical or mental health advice also necessitates a referral to child protective services. *(Kellogg, 2010)*

= *Review of Literature*

On the other hand, educational environment such as the structure, containment, homework, sexual education, behaviour management in school & staff training and support. In addition to their community environment like Peer groups, Formal social groups, Behaviour with groups and risk-taking & Communication across all environments. *(Claire et al., 2015)*

D-Culture Factors:

The culture concept developed at the end of the nineteenth century. It is defined as the information, skills, attitudes, beliefs, values capable of affecting individual's behavior, which they acquire from others by teaching, imitation, and other forms of social learning. Culture is not just floating around in our heads; culture is behavior too. It includes performance, our socially acquired life ways and our patterned interactions, the things humans do and make. *(Bolin, 2017)*

Despite worldwide recognition of the importance of youth sexual reproduction health (SRH) as an integral component of overall health and wellbeing, research in this arena remains sparse in Egypt. Despite the growing numbers of adolescents and youth in Egypt and their potential exposure to high-risk behaviors, little is known about their knowledge or practices in relation to SRH. *(Population Council 2011)*

The lack of research on youth SRH is largely due to social and cultural norms wherein topics related to sexuality are considered private matters that should not be discussed

= Review of Literature

in public. This culture of silence has impacted researchers, potential research participants, and government authorities. Many researchers and their academic supervisors are not aware of salient issues in youth SRH and hence do not consider it a research priority. Others may refrain from studying certain topics or behaviors that conflict with their own personal values. Some researchers fear being stigmatized by colleagues for studying certain topics (e.g., homosexuality), while fear of negative reactions by research participants or communities may deter other researchers from asking sensitive questions (*Al-Shdayfat et al., 2011*).

The above factors have not only had a negative impact on researchers but have also deterred government authorities and academic research committees from granting permits to enable researchers to conduct fieldwork on such topics. There is widespread belief that talking openly about sex might encourage unmarried youth to engage in premarital sexual relations. (*Al-Shdayfat et al., 2011*).

Mothers mentioned several barriers against SRH communication with their daughters. Communication about many SRH topics is considered a cultural taboo. Most mothers reported that since they did not receive any SRH information from their own mothers, they should not discuss these issues with their daughters. In addition, many mothers felt embarrassed to discuss SRH with their daughters. A few mothers reported that their mothers (grandmothers) always advised them against talking to their daughters about such issues. (*Abdel-Tawab et al., 2013*)

= Review of Literature

The majority of fathers (84 percent) believed their sons should know about SRH in order to protect them from “illegitimate practices” or to increase their knowledge. On the other hand, the reasons given by those who believed that their adolescents should not know about SRH issues were to prevent them from illegitimate practices (64 percent), the belief that it was inappropriate (27 percent), or the belief that it was not needed (9 percent). When specifically asked if talking with their sons would lead to inappropriate behavior, most fathers (64 percent) believed no association existed. Moreover, more than two-thirds of fathers disagreed that communication with their sons about SRH issues was against customs or religion. (*Abdel-Tawab et al., 2013*)

Cultural differences in parental observations of sexual behaviors in children are also reported. In three studies of Spanish, Dutch, and Flemish parents who were asked whether they had ever seen their children engaged in sexual play or games, rates varied from 53 to 78 percent in children up to 11 years of age. In all cultures, younger children were more likely than older children to display sexual behaviors, and sexual behaviors that were rare in American children were also rare in other cultures studied. (*Bolin, 2017*)

E-Neuropsychiatric Problems:

Children with developmental disabilities may have deficits in several domains that can affect their sexual knowledge and activity. Such children may encounter challenges with social skills, personal boundaries, impulse

control, and understanding what is hurtful or uncomfortable to others, factors that contribute to an increased risk of sexual behavior problems as well as sexual victimization. (*Urbano, 2012*)

Children or young people who are intellectually disabled or developmentally delayed experience normal physical sexual development. These children and young people are overrepresented in the population of young people displaying problem or sexually abusive behaviours. (*Mark et al., 2017*)

Their behaviour should not be ignored because of the disability or developmental delay, and chronological rather than emotional age should be used when making decisions about appropriate behaviour. Intellectual disability makes these children and young people more vulnerable to exploitation. Their problematic and sexually abusive behaviour can also have an adverse impact on themselves and other children and young people around them. (*Mark et al., 2017*)

Cognitive impairment issues, and the growing cohort of children and young people who present with Autism Spectrum Disorder (ASD), Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) driven behaviours, present particular issues for those who work in this field. The impact of these issues can mean that children and young people struggle to understand the social rules around sexual practices and relationships (*Leitner, 2014*)