

**Pattern of Sexual Behavior in A Community
Sample of Egyptian Children**

Dr. Mohamed Salah El-Dean Mostafa
Professor of Preventive Medicine and
Epidemiology Institute of postgraduate
childhood studies Ain Shams University

Dr. Mona Medhat Reda
Assistant Professor of Psychiatry Institute of
postgraduate childhood studies Ain Shams
University

Dr. Hanan Hussein Ahmed
Assistant Professor of Psychiatry Faculty of
Medicine-Ain Shams University
Rania Samy Mohamed

Abstract:

This study describes the sexual behaviour of 6- to 12-year-old Egyptian children without known histories of sexual abuse and explores the relation of this behaviour to gender and age. Primary caregivers were recruited from a public schools, clubs and orphanages and administered a self designed Child Sexual Behaviour questionnaire, a parental report measure that assesses a broad range of childhood sexual behaviours. Data were collected on 106 Egyptian children. Results indicate that Egyptian children display a broad range of sexual behaviours that were not reported to frequently occur. Sexual behaviours that involved requesting, planning, or forcing other children or adults into sexual activity were not reported. The range of sexual behaviours observed and reported for girls were narrower in comparison to boys. No significant differences were found between frequency levels of sexual behaviours observed and reported for children of different ages. Analysis of the behavioural differences found between children of different ages indicates the emergence of a marked interest in sexuality as Egyptian children approached puberty.

Keywords:

Child sexual behaviour, Normative, Problematic, Risk factors, Child sexual abuse.

Introduction:

Human sexuality is how people experience the erotic and express themselves as sexual beings; the awareness of themselves as males or females; the capacity they have for erotic experiences and responses. Human sexuality can be described as the way someone is attracted to other people. What they feel can be heterosexual (attracted to the opposite sex), homosexual (attracted to the same sex) or bisexual (attracted to both sexes). The term Human sexuality can also cover cultural, political, legal and philosophical aspects. It may also refer to issues of morality, ethics, theology, spirituality or religion and

how they relate to all things sexual (National Center on Sexual Behaviour of Youth, 2004).

Sexual behaviours in children are common, occurring in about 42 to 73 percent of children by the time they are around 13 years of age. Developmentally appropriate behaviour that is common and frequently observed in children includes trying to view another person's genitals or breasts, standing too close to other persons, and touching their own genitals. Sexual behaviours become less common, less frequent and more secret after five years of age. Sexual behaviour problems are defined as developmentally inappropriate or intrusive sexual acts that typically involve coercion or distress (Kellogg, 2010).

Child welfare and mental health systems have increasingly devoted attention to developmentally inappropriate and unexpected sexual behaviour by children aged 12 years and younger. Increased attention was initially fuelled by research demonstrating a significant association between child sexual abuse and subsequent sexualized behaviours. However, more recent research suggests that while sexual abuse is a significant etiological factor in the onset of problematic sexual behaviour in children, it is not essential (El-Kovitch et al., 2009).

Rationale:

Cultural taboos are major obstacles to have discussions about sexuality in the Middle East and North Africa region, particularly with regard to children and young adolescents. Talking about sexuality in these closed communities is often considered taboo; moreover, there is a belief among these communities that talking openly about sexual and reproductive health may encourage young adolescents to have early sexual relations. In the view of this, the parents in these closed societies are reluctant to talk with their children about sexuality,

puberty and give them the necessary information (Bonnie et al., 2005). Very few if any research is available in Egypt or the Middle East directed to childhood sexual behaviors with the consequence that very little is known in this issue among regional health care providers.

Aim Of The Study:

Find out the frequency of sexual behaviour problems in a sample of school-aged children and its relation to their social class.

Methods:

✧ The Sample: Sexual behaviour data were collected via a survey administered in face to face format to 106 primary caregivers of (6- 12) years old, Egyptian children who were recruited randomly from public schools (Degla School in Maadi), clubs (Gezira Sporting Club in Zamalek) and orphanages (Awladi Society for Orphans in Maadi). Caregivers were individually approached by the research staff and asked if they would be interested in participating in a study about their child's sexual behaviour. After ascertaining the primary caregiver's initial interest, but before beginning the informed consent process and interview, an eligibility screen was conducted to ensure that the children were eligible for participation in the study.

✧ Inclusion Criteria of the Subjects:

1. Age range from 6- 12 yrs old (Pre-pubertal).
2. Both Genders.
3. Iq \geq 70.
4. Medically And Mentally Healthy.

✧ Exclusion Criteria of the Subjects:

1. Personal history or positive family history of epilepsy.
2. History of chronic medical illness (e.g., bronchial asthma, chronic renal failure, diabetes...).

3. IQ < 70.
4. History of child sexual abuse.
5. History of psychiatric morbidity.
6. Children with secondary sexual characters.

Measures:

Because the study focused on the sexual behaviour of Egyptian children without known histories of sexual abuse and without mental, physical, or psychiatric morbidity, the target sample was subjected to the following:

1. History Taking.
2. Examination:
 - a. Physical Examination: To exclude chronic medical illness (bronchial asthma, chronic renal failure, diabetes & epilepsy) and presence of secondary sexual characters.
 - b. Psychiatric Examination: To exclude subjects with psychiatric morbidity.
3. IQ Test was done using Wechsler Intelligence Scale for Childhood WISC (Wechsler, 1991) and children with IQ ≥ 70 were taken.
4. Mini kid Mini International Neuropsychiatric Interview for children (M.I.N.I.) Kid- Arabic version (Ibrahim, 2002) was used for exclusion of subjects with psychiatric morbidity.

Children with these histories (histories of sexual abuse and mental, physical, or psychiatric morbidity) were excluded. It should be noted that the process for identifying primary caregivers of children with a history of sexual abuse involved asking the primary caregiver if their child had a known or suspected history of sexual abuse. Therefore, it is possible that primary caregivers of children with a history of sexual abuse may have been recruited into the sample.

5. Socioeconomic status of the family was determined using Fahmy and EL Sherbini (1986) classification.

6. Arabic Child Sexual Behavior Questionnaire (ongoing publication): A parental report measure that assesses a broad range of childhood sexual behaviors within 9 specific domains was administered to the parents or legal guardians after obtaining written informed consents.

An abstract sheet was used to collect data on gender, school, social class, IQ scores and parents answers of the sexual questionnaire.

Statistical Analysis:

Raw data were entered and analysis of data was done by PC computer. SPSS version 12 (Statistical Package for Social/ Scientific studies) was used in statistical manipulation and analysis as follows:

1. Description of quantitative variables as mean, SD and range.
2. Description of qualitative variables as numbers and percentages.
3. Chi-square test was used to compare qualitative variables between groups.
4. Fisher exact test was used instead of chi-square test when one expected cell less than or equal 5.
5. Bivariate Analysis.
6. Multivariate Regression Analysis.

N.B: (P value >0.05 insignificant, $P \leq 0.05$ significant, $P < 0.01$ highly significant). (Clinton and Rebecca, 1992).

Results:

- ✧ Description Of The Studied Sample:

The studied group included randomly selected normal Egyptian children with 50.9% females, 49.1% males and they fall in the age group (6-12 years) with mean age of 9.9 ± 1.4 years and none were reported to have histories of sexual abuse or mental, physical, or psychiatric morbidity (Table 1).

The majority of the children's mothers were of higher level of education (university degree (41.5%) and secondary school (23.6%)), the same was for

their fathers; the majority of them were of higher level of education (university degree (46.2%) and secondary school (40.6%)) (Table 1).

As regards the mother's occupation the majority of mothers (61.3%) were working while a percentage of the mothers (38.7%) were house wives (Table 1).

Also the same was for the children's fathers the majority of them (84%) were working while only a small percentage of the fathers (16%) were not working (Table 1).

Concerning the family income we found that in nearly half of the studied group, the family income does not meet their needs at all (50.9%), or sometimes it can only meets some essential needs (20.8%), meanwhile only a small percentage of the studied group (28.3%) their family income can completely meets their needs and even they could save (Table 1).

As regards the sanitation we found that nearly half of the studied group (46.2%) had moderate sanitation. while nearly an equal percentages of the studied group had poor sanitation (25.5%) , and good sanitation (28.3%) (Table 1).

Table (1): Socio-Demographic Characteristics of the Studied Sample

Variables		No	%
Gender	Male	52	49.1
	Female	54	50.9
Age in years	(Mean+SD)	9.9±1.4	(6-12)
School	Shelters	36	34
	Degla School	40	37.7
	Gezira Sporting Club	30	28.3
Occupation Of Mother	Not Working	41	38.7
	Working	65	61.3
Education Of Mother	Illiterate	0	0
	Primary	22	20.8
	Preparatory	15	14.2
	Secondary	25	23.6
	University	44	41.5
Education Of Father	Illiterate	0	0
	Primary	0	0

Variables		No	%
	Preparatory	14	13.2
	Secondary	49	40.6
	University	43	46.2
Occupation Of Father	Not Working	17	16
	Working	89	84
Family Income	Inadequate	54	50.9
	Barely Adequate	22	20.8
	Adequate	0	0
	Adequate& Save	30	28.3
Sanitation	One Out Of Three Present	27	25.5
	Two Out Of Three Present	49	46.2
	All The Three Present	30	28.3
Crowding Index (Person/room)	(mean +SD)	3±0.5	(2- 4)
Total Social Score	(mean +SD)	2±0.8	(1- 3)

As regards the children IQ, the most of the studied group had mean IQ of 100.9+16.4. The majority of the studied group had average IQ level (41.5%), while (16%) had high average IQ level, (10.4%) were superior, (5.7%) were very superior, (16%) had low average IQ and (10.4%) were borderline (Table 2).

Table (2): IQ Category According To WISC

IQ	No	%
Borderline	11	10.4
Low Average	17	16
Average	44	41.5
High Average	17	16
Superior	11	10.4
Very Superior	6	5.7
Total Score (mean ±SD)	100.9±16.4	(70±141)

✧ Range and Frequency of Sexual Behavior in the Overall Sample: Primary caregivers observed their children display a broad range of sexual behavior reflecting the most domains of the designed sexual behavior questionnaire (Table 3 for the prevalence of designed sexual behavior questionnaire items in the sample). Behavioral items commonly observed by primary caregivers included Genital Manipulation (21.7%)&

Sexual Knowledge (20.8%), followed by Sexual Media Pleasure (17.9%), Sexual Talking (13.2%)& Sexual Drawing (13.2%). Intrusive or aggressive sexual behaviors that specifically involved requesting, planning, or forcing other children and adults into sexual activity were not observed. The sexual behaviors that were observed were reported to occur infrequently.

Table (3): Frequency of Individual Sexual Behaviour in the Studied Sample

		N	%
Sexual Talking	Frequent	14	13.2
	Less Frequent	92	86.8
Sexual Play (As Playing A Doctor Who Examine Other Children Different In Age& Mental Level)	Frequent	2	1.8
	Less Frequent	104	98.2
Sexual Drawing	Frequent	14	13.2
	Less Frequent	92	86.8
Sexual Stimulation& Genital Manipulation	Frequent	23	21.7
	Less Frequent	83	78.3
Sexual Violence (Tries To Look At Others When They Change Their Clothes, Touches Other's Private Parts)	Frequent	8	7.5
	Less Frequent	98	92.5
Gender Role Behaviour (Interest In Being Or Acting Like A Member Of The Opposite Gender)	Frequent	1	0.9
	Less Frequent	105	99.1
Exhibitionism	Frequent	1	0.9
	Less Frequent	105	99.1
Total Score Of Part1 Of The Questionnaire:	Frequent	24	22.6
	Less Frequent	82	77.4
Sexual Interest (Interest In The Opposite Gender)	Frequent	8	7.5
	Less Frequent	98	92.5
Sexual Knowledge	Frequent	22	20.8
	Less Frequent	84	79.2
Sexual Anxiety	Frequent	11	10.4
	Less Frequent	95	89.6
Sexual Media Pleasure	Frequent	19	17.9
	Less Frequent	87	82.1
Total Score Of Part 2 Of The Questionnaire:	Frequent	21	19.8
	Less Frequent	85	80.2
Total Score Of The Entire Questionnaire	Frequent	19	17.9
	Less Frequent	87	82.1

✧ Environmental Factors for Development of

Sexual Behaviour in Egyptian Children: Our results showed that male gender, shelters, poor sanitation and low educated mothers were considered independent predictors of more frequent sexual behaviour (Table 4).

Table (4): Environmental Factors for Development of Sexual Behaviour in Egyptian Children

Variables	Beta Coefficient	P	Odd's (95%CI)
Male Sex	1.6	<0.05*	3 (0.8-11)
Shelters	1.3	<0.05*	2.1 (0.4-6)
Poor Sanitation	0.9	<0.05*	1.7 (0.2-8)
Mother education (low education)	0.87	<0.05*	1.1 (0.03-11)

Discussion:

Egyptian children in this study were reported to display a broad range of sexual behaviours. However, the prevalence of individual sexual behaviours in the overall sample was low, and the sexual behaviours that were observed were reported to occur infrequently.

Our results showed that 17.9% of the entire studied group had more frequent sexual behaviour, while 82.1% showed less frequent sexual behaviour (Table 3).

These results were extremely consistent with earlier researches that clearly found that children exhibit numerous normal sexual behaviours at varying levels of frequency (Friedrich et al., 1998).

The most commonly observed sexual behaviours reported by the parents in this study (e.g., Genital Manipulation (21.7%), Sexual Knowledge (20.8%), Sexual Media Pleasure (17.9%), Sexual Talking (13.2%), Sexual Drawing (13.2%), Sexual Interest (7.5%), Trying to look at others when they change their clothes (7.5%), Sexual Play (1.8%)) and Exhibitionism (0.9%)) were considered normal behaviours and may indicate that these normal children are in the process of normal sexual development, exploring their bodies and acquiring

knowledge about sexually related matters that will serve as the foundation for further sexual development and experience (Worley, 2011).

Whereas, the low frequency reported sexual behaviours in this study such as Gender Role Behaviour (0.9%) (Interest in being or acting like a member of the opposite gender) was considered maladaptive behaviour or non-normative sexual behaviour that may indicate underlining psychopathology that need behaviour modification and psychotherapy (Worley, 2011).

These findings are consistent with the findings of most empirical studies on normative sexual behaviour in children that found that the high-frequency child sexual behaviours reported by the parents were self-stimulating behaviours (e.g., touching genitals in public/home), exhibitionism (e.g., exposing genitals to others), voyeurism (e.g., attempting to look at other people when nude) and behaviours related to personal boundaries (e.g., standing too close to others). Of these, solitary, self-stimulating behaviours are reported to be the most frequently observed behaviours (El- Kovitch et al., 2009).

In contrast these empirical studies on normative sexual behaviours in children found that the low-frequency behaviours reported by the parents were behaviours that are intrusive, aggressive, or more imitative of adult sexual behaviour, such as attempted intercourse, oral-genital contact, masturbating with an object, inserting objects into vagina/rectum and interest in being or acting like a member of the opposite gender. While rare (typically 3% of children in community samples throughout childhood) these behaviours are reported to occur in nearly all investigations utilizing the CSBI. These behaviours typically considered non-normative or problematic (El- Kovitch et al., 2009).

Among normative study samples of children, all

38 sexual behaviours that were studied were observed in at least some of the children (Kellogg, 2010).

In a retrospective study of 339 child welfare and mental health professionals in which normal participants without reported sexual abuse histories were asked about their own experiences before 13 years of age, 73% recalled engaging in sexual behaviours 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 (Kellogg, 2009).

Another study of normal female undergraduates without reported sexual abuse histories reported that 26% recalled exposing themselves, 17% recalled unclothed genital touching, and 4% recalled oral-genital contact during childhood (Kellogg, 2009).

The results of this study also suggest that children of different age groups were observed engaged in similar types of sexual behaviours that were reported by high percentages such as genital touching, sexual knowledge, interest in sexual content of media, drawing sexual parts and interest in the opposite gender.

This findings are consistent with the findings of other studies that were utilized parent's reports as some interpersonal sexual behaviours such as exhibitionism (Revealing sexual parts to adults or children) and voyeurism (Trying to look at others when they are nude/undressing) have been commonly reported by parents and day-care providers. In one Flemish, two Dutch and two American samples of normal children, 25 to 63% of children aged 2 to 6 years were reported trying to look at other people when nude or undressing, standing too close to others and touching female breasts. These behaviours decline to 20 to 29% of children in age group 6-9 years. Again, the

prevalence of these behaviours declines with age with 6 to 19% of children aged 10 to 12 engaging in this behaviour (El- Kovitch et al., 2009).

In contrast, a number of other sexual behaviours have been found to become more frequent with age. These behaviours include showing interest in the opposite sex, asking questions about sexuality, looking at nude pictures, drawing sexual parts, using sexual words, and expressing an interest in nudity on television. For example, in a sample of normal children aged 2 to 12 years, 5% of children aged 2 to 5 were reported by their female caregivers to express an interest in television nudity, whereas this behaviour was reported in 15% of the children aged 10 to 12 years (El- Kovitch et al., 2009).

Common child sexual behaviours in children aged (2-12) years were observed to be differentiated in to two age groups that express normal development of sexuality:

- ✧ Group (2- 6) years which share similar pattern of sexual behaviours such as exposing their genitals to others, standing too close, and trying to look at nude people. These behaviors usually diminish in both boys and girls after 5 years of age and this pattern of behaviour usually result from that younger children are less aware of breaches in personal space and how this behavior may be construed as sexual or inappropriate.
- ✧ Another age group from 7- 12 years which share different pattern of sexual behaviours such as interesting in sexual content in media (TV, movies, radio), touching own genitals at home/ in private, looking at nude pictures and interesting in the opposite gender. (National Center on Sexual Behaviour of Youth, 2011).

Since our studied group fall in the age group of (6- 12) with mean age of 9 years (preadolescent), therefore high percentage of specific sexual

behaviours such as Genital Manipulation, Sexual Knowledge, Sexual Media Pleasure, Sexual Talking, Sexual Drawing, Interest in opposite gender are expected behaviours in this age group.

The results of our study showed that male's gender, shelters, poor sanitation, low income and low educated parents were considered high risk factors for more frequent sexual behaviour in children (Table 4).

Male's Gender:

Our results showed that boys were reported by their parents to have more frequent sexual behaviours than girls.

This finding is consistent with the findings of earlier studies that boys are more likely to be referred for intervention for Sexual Behavioural Problems (SBP) than are girls (Carpentier et al., 2006). One notable exception, however, is Silovsky and Niec's (2002) sample of preschool children in which 65% of the children referred for treatment were girls.

However, nearly all studies, many of which were described previously, find the more low-frequency problematic sexual behaviours to occur at similar rates for both boys and girls. For example, in a sample of children without reported sexual abuse histories (n=690), boys and girls were reported to demonstrate similar prevalence rates of sexual behaviours (Merrick et al., 2008).

The way in which children are socialized into being male and female may help to interpret this finding in our study, as children are guided by parents and other important figures in their lives toward behavioural patterns that are consistent with cultural norms pertaining to appropriate gender role behaviour. Behaviours that are interpreted as being consistent with these cultural norms may be reinforced, whereas behavioural inconsistencies may be strongly rejected. Some parents (especially in Eastern societies where restrictions are put on girls'

mobility, dress, and comportment due to the traditions of these communities) may experience more anxiety over girl's displays of sexual behaviour than boys, and that adult reactions inhibit the sexual expression of girls and more even they may deny any observed sexual behaviours inconsistent with their cultural norms which consider this behaviours as a stigma even if it is part of the normal development.

Shelters:

The results of this study showed that most of the children who reported to have more frequent sexual behaviours including that abnormal sexual behaviours such as gender role behaviour (interest in being or acting like a member of the opposite gender) were found in the shelters.

This finding is consistent with the finding of a large survey of alternative parents in foster home, externalizing behaviours including problematic sexual behaviours were reported as the primary reasons they requested their children be placed in another home. (El-Kovitch et al., 2009).

In fact, the placement changes and disturbed family environment are particularly concerning for some children living in shelters as these children usually feel insecure and deprived from their parents and normal family life experienced by other children, in addition to multiple changes in their placement all this make them vulnerable to continued internalizing and externalizing symptomatology that may lead to pathological behaviour. This is particularly true when there are other children in the home or if the alternative parent had not received adequate training regarding child sexual behaviour what is normal and what is concerning, in addition to lack of appropriate supervision and parental guide that their normative counterparts obtained.

Low Educated Parents:

Our results showed significant association between the parent's level of education and

frequency of reported sexual behaviours, as more frequent sexual behaviors in children were reported with low educated parents.

This consistent with extant research which indicates that low educated parents, poor parental monitoring and child mal-treatment, are significant risk factors in the development of Child Sexual Behavioural Problems (CSBP). In fact, research indicates that nearly all children referred for treatment for problematic sexual behaviours are victims of some form of maltreatment (El-Kovitch et al., 2009).

Merrick et al., (2008) attempted to address these issues by examining the timing and impact of physical abuse, neglect, and emotional abuse on sexualized behaviours in a prospective study of high-risk children (all 8-years-old) without a sexual abuse allegation (n=690). Instead of relying on substantiated reports (which likely underestimates the actual incidence of maltreatment), maltreatment allegations were used which may more accurately capture the actual maltreatment experiences of children. Both early (before age 4 years) and late (between age 4 and 8 years) reports of physical abuse consistently increased the odds of both boys and girls engaging in problematic sexual behaviours. The pattern differed by gender, however, with physical abuse predicting sexual intrusiveness and exhibitionism in boys and boundary problems (e.g., hugging adults they don't know well) in girls.

Friedrich et al.'s (1991, 1992, 2001) samples, parents who endorsed family sexuality which includes items related to nudity, opportunities to witness sexual intercourse and look at pornographic magazines/movies, co-sleeping, and co-bathing also reported higher levels of sexual behavior in their children regardless of whether the child had a history of sexual abuse. Furthermore, modeling of sexuality (consisting of both family sexuality and sexual

abuse) has been found to be significant predictor of sexually intrusive behavior specifically (Friedrich et al., 2003).

Parenting practices have been consistently linked with children's developmental outcomes and wellbeing. High level of parent's education is usually associated with a good child- parent relationship, positive parental involvement, the provision of structure (e.g., limits) and good parental role modeling. On the other hand, low level of parent's education is usually associated with a poor child-parent relationship, coercive parenting, poor parental monitoring, and violent discipline that may all lead to the development of child externalizing behaviours (El-Kovitch et al., 2009).

Poor Sanitation and Low Income:

Our results also showed inverse relation between the family income and the sexual behaviours, as low family income was found to be associated with more frequent sexual behaviors in children.

This finding is consistent with the finding of Friedrich et al. (2003) who found family adversity (as measured by family income) to be one of the strongest predictors of sexually intrusive behaviours, above and beyond that of sexual abuse.

In another sample of Finnish children, an increase in all types of sexual behaviours was found for both boys and girls who had at least one life stressor present in their lives (Santtila et al., 2005).

Actually, children from impoverished families are at a considerably increased risk for a number of adverse experiences and outcomes including maltreatment, aggression and school failure, as well as, poverty and low family income are confounded with a number of other familial risk factors such as stressful life events, parental conflicts and coercive parenting which may all lead to sexual behaviour problems.

The Striking finding in our results that more frequent sexual behaviour was found to be increased with decreased crowding index. This finding may be interpret by when child sits alone for longer periods especially in the presence of less educated parents and lack of good parental monitoring this will give him opportunity to have more sexual behaviour like (masturbation, watching nude pictures, watching TV with sexual content, play sexual games or visit sexual websites, thinking about sexual acts...).

Limitation Of The Study:

- ⌘ During this study we faced many difficulties and major obstacles considering dealing with parents and encouraging them to talk about their child sexuality freely, as many of the parents refused to participate in the study, answer the questions of the questionnaire and they denied any observed sexual behaviours on their children.
- ⌘ Another major obstacle was in allowing us to get access to the sites that were supposed to take the sample from (as schools). As, many of these places refused to allow us to enter and meet the parents after knowing the subject of the study, in the view of being a sensitive topic and very embarrassing issue to be discussed in the Egyptian society.

Conclusion:

In conclusion, the findings of this study contribute to and enhance our growing knowledge and understanding of childhood sexual behaviours by providing a description of sexual behaviours as it occurred within a specific age subgroup. The findings also have important implications for clinicians and helping professionals. The sampling methodology of this study precludes the extension of these findings to all Egyptian children. Although measures were taken to exclude primary caregivers of children with histories of child sexual abuse, it is possible that primary caregivers of such children may

recruited in the sample. Further, reliance on primary caregiver report is unlikely to provide a complete picture of the sexual behaviours of children.

Future research should be undertaken to confirm the behavioural patterns found in this study, as well as further investigate typical childhood sexual behaviour. Future research should also be undertaken to elucidate the influence of family environment on the sexual development and behaviour of children. Particular attention should be given to the role primary caregivers play in socializing their children toward (or away from) particular types or modes of sexual expression. Research in this area should also examine the impact of racism and other forms of social oppression on the sexual development of children, as sexual abuse and sexual risk taking as potential outcomes of these conditions.

As the continuities (and discontinuities) of sexual development and behaviour over the life course are not well understood, future research is needed to theorize the role and significance of childhood sexual behaviour, particularly the influence of the unique sexual learning that takes place in childhood on future development and behaviour. Finally, contextual factors, such as the sexual culture within the family, should receive attention. To that end, the familial sexual culture – that is, the beliefs, attitudes, customs, knowledge, sexual decision making, and risk taking comes to bear on the sexual development and behaviour of children in that it is likely to contain important messages about what it means to be sexual for given individuals at a particular time in life.

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المخلص

نمط السلوك الجنسي في عينه مجتمع من أطفال مصريين

السلوك الجنسي في الأطفال عادة ما يتراوح بين السلوك الطبيعي الملائم وبين السلوك الجنسي الغير الملائم التعسفي العنيف. غالبا الوالدين ما يذهبون إلى أطباء الأطفال بتساؤلات عديدة حول ما إذا كان السلوك الجنسي لدى طفلهم أمر طبيعي، عما إذا كان السلوك يشير إلى أنه قد تم الاعتداء الجنسي على الطفل، وكيفية التعامل مع مثل هذا السلوك. على الرغم من أن الدراسات السابقة أشارت إلى وجود علاقة قوية بين الاعتداء الجنسي على الطفل ومشاكل السلوك الجنسي لدى الأطفال، شملت الدراسات الأكثر حداثة هذا المنظور، مع الإشارة إلى وجود عدد من الضغوطات الإضافية، وخصائص الأسرة، والعوامل البيئية التي تؤدي إلى مثل هذا السلوك الجنسي المتطفل والمتكرر. يجب أولا على الأطباء التمييز بين السلوكيات الجنسية المناسبة للعمر والطبيعية من السلوكيات التي هي غير ملائمة تنمويًا / أو مسيئة (مشاكل السلوك الجنسي). الأطفال الذين يعانون من مشاكل السلوك الجنسي يتطلبون مزيدا من التقييم وأساليب علاجية أكثر تخصصا.

وقد أجريت هذه الدراسة بهدف تصميم وبناء استبيان باللغة العربية لتقييم المشاكل السلوكية الجنسية في مرحلة الطفولة، إختبار موثوقية وصلاحيه هذا الاستبيان ومدى ملائمته للاستخدام العام في مجتمعاتنا ثم استخدام الاستبيان للكشف عن المشاكل السلوكية الجنسية في عينه من أطفال المدارس المصريين ومحاولة وجود علاقة بين المشاكل السلوكية الجنسية وطبقاتهم الاجتماعية. ويجدر الإشارة هنا إلى أن نتائج هذه الدراسة قد تكون محدودة وذلك لأنها أجريت على مجموعة محدودة من الأطفال المصريين.

وقد تم جمع البيانات بواسطة استبيان المشاكل السلوكية الجنسية من خلال مقابلات أجريت مع الآباء والأمهات للأطفال المصريين من عمر (٦-١٢) عاما الذين تم إختيارهم عشوائيا للمشاركة في دراسته من المدارس العامة (مدرسة دجلة في المعادي)، والنوادي الرياضية (نادي الجزيرة الرياضي في الزمالك) ودور الأيتام (جمعية أولادى لرعاية الأيتام في المعادي). وقد تم أخذ موافقات خطيه من الآباء والأمهات للمشاركة في دراسة حول سلوك طفلهم الجنسي وأيضا أجرى فحص مبدئى على الأطفال للتأكد من أنهم مؤهلين للمشاركة في الدراسة وذلك قبل البدء في إجراء خطوات دراسته.

وقد أشارت النتائج الأولية لهذه الدراسة إلى أن ١٧,٩% من الأطفال في العينة الماخوذه للدراسه يعانون من بعض السلوك الجنسي المتكرر بصوره واضحه بينما يعتبر هذا السلوك أقل تكرارا في ٨٢,١% وأن هذا السلوك الجنسي المتكرر موجود بصوره أكبر في الذكور أكثر منه في الإناث وأن هذا السلوك يكثر إنتشاره في أطفال الملاجئ. وقد أشار تحليل الاختلافات السلوكية بين الأطفال من مختلف الأعمار إلى ظهور اهتمام ملحوظ في النشاط الجنسي للأطفال المصريين كلما اقترب الأطفال من سن البلوغ.

وقد وجد أن أكثر السلوكيات الجنيه شيوعا كانت ملاعبة الأعضاء التناسلية (٢١,٧%) والمعرفه الجنسية (٢٠,٨%)، يليه الاستمتاع بمشاهده الاعلام الجنسي (١٧,٩%)، بينما وجد أن أقل السلوكيات الجنيه شيوعا كانت الاستمتاع بالعرى (٠,٩%) محاولة التشبه بالجنس الآخر (٠,٩%) يليها اللعب الجنسي (١,٨%)، وكانت هذه السلوكيات الجنيه أكثر شيوعا لدى الذكور أكثر منه لدى الإناث وأكثر في أطفال الملاجئ.

وقد أظهرت نتائج هذه الدراسه إلى أن المستوى التعليمى للوالدين والبيئه الأسرية، فضلا عن دخل الأسرة قد تكون من العوامل الأكثر تأثيرا في وقوع المزيد من السلوك الجنسي المتكرر وأن تثقيف الآباء والأمهات المعلومات الأساسية حول السلوك الجنسي للأطفال والتي قد لا تكون معروفة أو واضحة لجميع الآباء والأمهات قد يكون العامل الأكثر أهمية في خفض هذا السلوك الجنسي المتكرر.