





The importance of knowledge of the fundamentals of proper psychosexual development in nursing practice, including aspects related to autosexual behaviour – the role of nurses in sexual education

Znaczenie znajomości podstaw prawidłowości rozwoju psychoseksualnego w praktyce pielęgniarskiej z uwzględnieniem aspektów związanych z zachowaniami autoseksualnymi – rola pielęgniarki w edukacji seksualnej

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STRESZCZENIE

ZNACZENIE ZNAJOMOŚCI PODSTAW PRAWIDŁOWOŚCI ROZWOJU PSYCHOSEKSUALNEGO W PRAKTYCE PIELĘGNIARSKIEJ Z UWZGLĘDNIENIEM ASPEKTÓW ZWIĄZANYCH Z ZACHOWANIAMI AUTOSEKSUALNYMI - ROLA PIELĘGNIARKI W EDUKACJI SEKSUALNEJ

Wprowadzenie. Seksuologia jest definiowana jako naukowe badanie ludzkiej seksualności, w tym jej rozwoju, zachowania, funkcji i preferencji. Wiele problemów ginekologicznych wiąże się z rozwojem seksualnym. Rozwój narządów płciowych jest ściśle związany z funkcją osi podwzgórze-przysadka-nadnercza.

Podsumowanie. Celem pracy było podkreślenie znaczenia opieki pielęgniarskiej w edukacji seksualnej na przykładzie masturbacji dzieci.

Ginekologia dziecięca i młodzieżowa jest dziedziną multidyscyplinarną. Problemy ginekologiczne wśród dzieci i młodzieży są często złożone, zarówno pod względem medycznym, jak i psychologicznym, i wymagają interdyscyplinarnego podejścia, w tym opieki pielęgniarskiej.

Słowa kluczowe: seksuologia, ginekologia, dziewczęta

ABSTRACT

THE IMPORTANCE OF KNOWLEDGE OF THE FUNDAMENTALS OF PROPER PSYCHOSEXUAL DEVELOPMENT IN NURSING PRACTICE, INCLUDING ASPECTS RELATED TO AUTOSEXUAL BEHAVIOUR – THE ROLE OF NURSES IN SEXUAL EDUCATION

Introduction. Sexology is defined as the scientific study of human sexuality, including its development, behaviour, functions and preferences. A lot of gynaecological problems are linked to sexual development. Development of the sexual organs is strictly associated with the function of the hypothalamic-pituitary-adrenal axis.

Conclusion. The aim of the study was to emphasize the importance of nursing care in sexual education on the example of masturbation of children.

Paediatric and adolescent gynaecology is a multidisciplinary field. Gynaecological problems among children and adolescents are often complex, both in terms of medicine and psychology, and require an interdisciplinary approach, including nursing care.

Key words: sexology, girls, gynaecology

INTRODUCTION

Human sexual life is based on three levels: biological, psychological and social. Sexual development = Somatic development + Psycho-sexual development.

Three types of childhood masturbation are distinguished: developmental, experimental and instrumental. It needs to be strongly emphasised that childhood masturbation should not be referred to in just the contexts of sexology and gynaecology, without referencing proper sexual development, where that consists of both somatic and psychosexual development as an integral part of human sexual development [1,2].

Sigmund Freud, the founding father of psychoanalysis (a clinical method for treating psychopathology and for explaining various social and cultural phenomena), was the first person to pay attention to the fact that a child is a sexual creature. Freud's contribution to the development of the scientific study of gender, i.e. sexology, is of particular significance.

From the point of view of contemporary sexology and developmental age gynaecology, human sexual development begins with sexual determination at the creation time of genetic (chromosomal) sex. According to Sigmund Freud and the theory of psychoanalysis, there are certain phases of psychosexual maturation, with each phase a transition state of psychosexual development differing in libido from the previous and following states, i.e. sex drive. He indicated that personality is an internal organisation developing with age. It is also believed that Freud created one of the first concepts in psychosexual development, the organic growth metaphor. The basic idea of this theory is the assumption that personality is shaped until about five years of age, followed by the further shaping of this basic structure. According to Freud, childhood is a particularly important period, as events from this time have impact on both psychosexual development and personality. In Freud's opinion, sex drive is of great significance in psychosexual development [3, 4].

It should be added that, according to Sigmund Freud, sexual life should be perceived broadly as encompassing the functions of deriving pleasure from different zones of the body. Freud's research into the causes and justification of psychoneuroses led him to the conflicts between sexual emotions and resistance towards sexuality. In analysing the individual cases of his patients and the reasons behind their suppression of sexuality, the founder of psychoanalysis went back to increasingly earlier periods of his patients' lives, which precisely led him to his patients' early childhood years [5].

It is worth emphasising here that in modern times, when analysing sexual development, one goes as far back as the prenatal period. Sometimes in prenatal ultrasound examination it is possible to observe the foetus touching the mouth, anus or genital area. Differentiation of sexual characteristics begins at day 45 of embryonic life and continues until puberty. In contrast, until about day 45 of embryonic life, regardless of genetic sex, embryos, although different in chromosomes, develop in the same way in both males and females. Between 8 and 10 weeks, the

foetus with the XY genotype develops the genital organs (epididymides, spermatic ducts) and between 11 and 15 weeks the penis and scrotum develop [6-11].

In the case of genotype XX, development of the fallopian tubes, uterus and upper 2/3 of the vagina occurs between 8 and 10 weeks of foetal life, and between 11 and 15 weeks the clitoris, labia majora and lower vagina develop. As early as 16 weeks of age, sexual reactions appear in the foetus and can be observed on ultrasound until birth.

Development of sexual function according to Sigmund Freud

- The oral phase comes from the Latin word 'os,' 'oris' – meaning mouth, as the first organ to become an erogenous zone after birth. This period covers the first 12-18 months of age, when the baby's sucking reflex is strongly expressed and the baby is focused on activities linked to this reflex, which give the baby pleasure on the one hand, and as a specific tool for learning on the other. Disturbances during the oral phase of psychosexual development (e.g. absence of the mother) can be associated with disturbances of further development. As Freud points out, all psychic activity during this period is oriented towards satisfying the needs of this oral erogenous zone. In the persistent sucking of the child, as mentioned earlier, the need for satisfaction originating from the intake of food is manifested and is stimulated by it – but it seeks to obtain pleasure independently of the nourishment itself. According to Freud, the mouth is the first organ that makes libidinal demands on the psyche. The teething period is followed by a second oral activity in addition to eating, that of biting and chewing, which are the prototypes of many of the character traits that develop later. The pleasure derived from oral incorporation can be distributed to other types of incorporation [12].
- The anal phase comes from the Latin word 'anus,' it covers the period between 1 and 3 years of age, when the child undergoes training in cleanliness and the activity of excreting faeces, and during care and hygiene activities there is anal teasing, discovered as a new kind of pleasure. It should be noted here that Freud pointed out the great importance of learning to control one's own excretory functions for further psychosexual development. The excretion of faeces has an additional significance – the source of unpleasant tension, caused by reaching a certain level of pressure on the anal sphincter, is removed due to the accumulation in the lower gastrointestinal tract of the remnants remaining after digestion of food. According to Freud and his successors, this is the moment when demands are made on the child for the first time – it is regarded as the beginning of socialisation, and a disruption in the course of this anal phase can be the cause of rigidity of character, manifested by rigour, lack of imagination and inhibitions in sexual life [12].
- The phallic phase covers the period between 3 and 6 years of age, when the child focuses his interest on his own genitals (hence the name) and enjoys the activities associated with them. This phase was not described by Freud

until 1923, and he associated this stage with the so-called Oedipus complex, the discovery of which he considered one of his greatest achievements in the course of his self-analysis. In this phase, sexual and aggressive feelings related to the functioning of the external genital organs start to play the most important role. According to Freud, the appearance of the Oedipus complex is conditioned by the child's autoerotic fantasies, which accompany the pleasure of the first autosexual behaviours. It is worth adding here that in a letter to Wilhelm Fliess in autumn of 1897, Freud wrote: 'the thrilling power of King Oedipus becomes comprehensible (...) Greek legend picks up the compulsion that everyone recognises because they have felt it in themselves'. The phallic phase is of particular educational importance. This is because the parents' behaviour towards their children during this period will determine whether the child's activities are accompanied by feelings of shame or guilt, and this may in the future become the cause of complexes and inhibitions in the sexual sphere [12]. Further studies of psychosexual development led to the identification of successive phases. After the phallic stage the child enters a prolonged period of latency, at least from a dynamic point of view. This is a period often referred to as the quiet years. During this period impulses are usually kept in a state of suppression. A lack of interest in sexual matters occurs in early childhood at around 7-10 years of age.

- A further, homophilic phase, occurs during the early puberty period (10-12 years of age), however, it can be prolonged. It manifests itself in latent homosexual tendencies and is expressed, among other things, in the desire to be in the presence of people of only the same sex – girls choose to be in the company of female friends [12].

Also important in terms of autosexual behaviour in psychosexual development is the genital phase, which begins at puberty, around 12-14 years of age. However, before it fully develops, the autosexual behaviours occur. According to Freud, the period of the earlier stages, the so-called pre-genital stages, is strictly narcissistic in character, since the child in another object seeks only the satisfaction of their forms of bodily pleasure, and the manipulation of his own body (a kind of masturbation) is also supposed to lead to this. In adolescence, this self-love is directed towards another person, and the adolescent boy or girl begins to love others with other altruistic motives to make real object choices. Added to this is the process of socialisation and preparation for fulfilling social roles. The primary biological function of the genital stage is reproduction, whereby the psychological aspects allow this to be achieved with a certain degree of stability and security [12].

Contemporary human psychosexual development

The first stage of psychosexual development encompasses the first three years of a child's life and is primarily associated with the occurrence of a very important

and complex process of gender identification. Because of gender orientation by observing the external characteristics of men and women, it is important that the child is clearly defined in terms of its own gender from the very beginning by its educators, where the development of psychological gender, i.e. a sense of belonging to a gender, takes place. The next stage is gender acceptance. However, acceptance of oneself as a girl or boy is only fully possible if this role is perceived by the child as attractive. Hence the great importance of gender role models existing in the adults who surround the child and have daily contact with them. The child creates an image of himself as a sexual being by participating in his parents' mutual relationship. Gender identification and acceptance determines the choice of sexual object during adolescence. This occurs in the child's affectionate relationship with both parents simultaneously. And although the primary object of sexual identification for a girl is her mother, complementary identification with the opposite sex (for a girl with her father) is extremely important for her correct psychosexual development. The process of gender acceptance allows the child to assume a gender role, which is the next stage of psychosexual development [12].

The stage of assuming a gender role, as a developmental consequence of the stage of acquiring basic knowledge about and acceptance of gender, is one in which wise and appropriately selected educational measures are particularly important. Gender role-taking is expressed in the performance of activities characteristic of the gender already possessed and accepted. Playing is the child's school of life, a place for practising a variety of behaviours. Pseudo-sexual child play is an example of childhood experiences that provide knowledge about the characteristics of the bodies of both sexes, the behaviour and reactions of others, and are also a school for interactions that are not yet erotic but already mimic erotic ones [12].

During the childhood period preceding the emergence of the psychophysical tensions associated with the emergence of sexual need, there are a number of opportunities for acquiring experiences which, despite their non-sexual form, constitute part of a person's general preparation for life by influencing the overall development of their personality. Children are very attentive observers of adult life, and they observe various forms of erotic contact between adults (these observations have only a cognitive aspect). It should therefore be considered beneficial for the child's emotional and psychosexual development if the parents do not conceal from the child the fact that they give each other affection, caresses or kisses. Educationally, it is important to draw a line to define what is open and public and what is intimate and implicit [12].

An important issue that needs to be addressed is the development of the child's attitude to his own body; one's own sexual characteristics. Freud points out the great importance of purity training in this process. For girls, the culmination of their development in this aspect too is the appearance of their first menstruation.

Adequate parenting related to this fact is a very important element in the development of girls' attitudes to

their own bodies. Developing the right attitude towards motherhood is important in girls' sex education. "Paediatric gynaecology – health of the mother-to-be". From the point of view of philosophy – personalist anthropological ontology: *'A woman, because of her peculiar experience of motherhood, seems to be endowed with a special sensitivity to the human being and all that makes up their true good, starting with the fundamental value of life'*.

In the period leading up to adulthood, a person has to learn everything, including all forms of contact that adults have with each other [5, 12].

The period from early childhood to the onset of puberty allows for the formation of basic concepts of sexual morality, as well as the acquisition of appropriate social functioning skills that will serve as a starting point for socio-erotic activities initiated during puberty. The emergence of sexual need occurs during puberty and has two important effects: - as a new need, it is not initially realised, the lack of recognition of the object of the need causes inner tension and anxiety – without understanding the reason for this state, the young person is unable to remedy it – as a new need, the sexual need is revealed in situations that have not hitherto had the significance of sexual situations. The lack of experience of how to behave, the lack of a sense of security, makes such situations during puberty difficult.

If the conditions for the fulfilment of the sexual need are met, the need has a potential form, and if not – a state of inner tension arises. It is a state that must be recognised in order for a person to satisfy a need (of course, sometimes they may satisfy it accidentally), the resulting tension being reduced by means of a specific behaviour. The kind of behaviour it should be is something a person has to learn either through personal experience or through the transmission of information.

Sexual need is innate and occupies a special place among the needs comprising those properties of the body for the maintenance and development of which certain conditions must be fulfilled. Satisfying it serves both a human being themselves and the preservation of the species. The neurophysiological mechanisms needed for sexual reactions are possessed by the human being from birth. From the beginning of life, the child learns what love, warmth, tenderness, carnality and touch are through the affection shown to them by their parents, for example through their touch. It is believed that the early stages of psychosexual development are the basis for later sexual behaviour. In this development the child goes through stages of fascination with own body. Observations of children indicate that boys discover their own genitals within the first seven months of life, slightly earlier than girls, who make this discovery two months later. Children learn that touching these body parts is pleasant. According to Sigmund Freud, even the smallest child is influenced by drives. According to Carl Gustav Jung, the first year of a child's life is like a land of senses and instincts, the second year is the birth of individuality and the drawing of their own boundaries. A two-year-old child distinguishes a girl from a boy and a woman from a man by their hairstyle and clothing. They are also aware of their

gender, that is, that being a girl, like her mother, or a boy, like his father. At the age of 2-3, the child is interested in the positions boys and girls take when urinating – girls try to imitate boys and vice versa. During this period of life, a girl notices that she is built differently from a boy, a boy notices that he is built differently from a girl. These differences arouse a particular kind of sexual curiosity in children. This curiosity also extends to the bodies of parents, siblings and loved ones. Children then show an interest in their genitals, touching them (sometimes there is early childhood masturbatory behaviour) [5, 12].

Early childhood masturbation

It is estimated that 35 to 55% of children who masturbate do so as if by chance in solitude for a kind of pleasure, because this type of behaviour has a relaxing effect on them. There are children who have a cognitive need and repeat the act (sliding down the railing). However, such behaviour usually ceases on its own. Some children perform secondary masturbation to the primary trigger of pruritus such as pinworms, lice, with hygienic negligence, genital inflammation, which is important in the practice of gynaecology of developmental age.

Around 12% of children are characterised by behavioural variability and these children use masturbation as a kind of experiment (sometimes sharing information about their experiences with friends, for example). There may be an escalating trend here. These children can also, unfortunately, suffer injuries during this type of behaviour. In about 8% of children, masturbation is a substitute used for the satisfaction of emotional hunger, usually involving more complex pedagogical and psychological issues.

Early childhood masturbation is usually transient and is considered in most cases to be a physiological rather than a pathological phenomenon. From the point of view of the practice of developmental gynaecology, one of the causes of early childhood masturbation in girls may be inflammatory conditions. This usually affects very young children (around 3-5 years of age). This is usually (but not always) followed by a pause until puberty – a period of activation of the gonadoliberein pulse generator – changes in the hypothalamic-pituitary-gonadal axis, characterised by emotional lability. Autosexual behaviour in children is said to be so-called masturbatory experiences [13].

As already mentioned, one of the causes of early childhood masturbation in girls is inflammation of the vulva and vagina, which is encouraged by low oestrogen levels during childhood, a deficiency of glycogen as a nutrient for lactic acid bacilli, which causes an alkaline reaction of the vagina. It should be noted that in pre-menarche girls, 75 % of all visits to the gynaecologist concern vulvovaginitis [13-15].

However, there is repeatedly a need to differentiate vulvar inflammatory diseases in girls and adult women from dermatoses. In these situations the symptoms of vulvar disease require dermatological consultation and treatment. It is important to remember that dermatoses are not only localised on the genitals. In the case of dermatological problems, the vulva is only one of the areas affected, so it is advisable to look at the whole skin in the

affected child, taking into account the rare dermatoses that occur in childhood [16-17]. Non-specific vulvovaginitis accounts for 25-75% of all cases of vaginitis in girls. The inflammation, manifested by itching, triggers a scratching reflex, which leads the girl to discover new sensations, possibly resulting in masturbation.

There is a need for sexual education not only for children and young people, but also for adults – in the aspect of early childhood masturbation there is a constant need for pedagogical, psychological and medical care for children and parents [15].

It is worth remembering that sometimes masturbation can be a symptom of psycho-emotional developmental disorders related, for example, to the family situation and a separate problem is masturbation as a symptom of sexual violence against the child (also described later).

Paediatric gynaecology also deals with girls in puberty, a period of development in which hormonal and somatic changes occur leading to biological sexual maturity. It should be added here that in Anglo-Saxon literature the term 'adolescence' is understood more broadly than 'puberty'.

It denotes a period of human development leading not only to the maturity of the gonads, changes in body structure, but also psychological development leading to psychosocial and emotional maturity.

Puberty, and later adolescence, is at the same time a period of searching, shaping the appropriate form of sexual contacts (from autosexual – masturbation to heterosexual – caressing and sexual intercourse). In heterosexual contacts there is an inseparability of the sexual need from the need for an emotional bond. Particularly in pubescent girls, when sexual needs are only just forming, the relationship between sexual needs and the need for emotional contact is particularly strong.

Developmental masturbation

It is formed during the normal development of the child. This type of masturbation has been observed, for example, in children having a rest who direct their hand to the crotch area, rhythmically teasing their own external genitals with their hand or some instrument, or rubbing the area against objects. It happens as if in a repetitive and schematic way, and the child's behaviour leads to a kind of pleasure for the child. The course and meaning of this behaviour is rather different than in adults. When asked why they undertook such an activity, the child responds that it is cool to do so, and describes the activity as good, nice, cool, tickling. This type of behaviour has no other function and does not lead to bodily harm. Developmental masturbation is transient and harmless and is nowadays considered a developmental sexological norm – it does not require any medical intervention [13].

Experimental masturbation

It is different in nature and, unlike developmental masturbation, the main aim of experimental masturbation is to satisfy the child's cognitive curiosity. Sometimes it is also due to the need for increased stimulation. In experimental masturbation the function is to get to know one's own body. On this occasion, the child discovers that

certain behaviours involve stimulating intimate parts of their body, which triggers a kind of pleasure in the child. There is a combination of cognitive and sexual motivation in these behaviours. However, this cognitive motivation plays a key role, and the emergence of previously unknown sensations in the child should be considered as a side effect. This is inconsistent with the widespread misconception that this type of masturbation is always driven by sexual motives. It is worth noting that experimental masturbation does not follow one fixed pattern. Unfortunately, it can be associated with behaviour that threatens to cause injury (sometimes the child ties something on the external genital organs or places objects in the genital lumen of the urethra or anus. Such practices can sometimes result in cuts, abrasions and secondary infections. It is also specific to experimental masturbation that it can occur in new situations that are different from previous ones, and the child does not hide the activity. It should be emphasised, however, that the sexological norm of developmental age includes only such activities which enable the realisation of developmental tasks and belong to the set of behaviours typical for a given age, which do not involve the participation of persons different in age and are voluntary, not posing a health risk and not contradicting socio-cultural norms [13].

Instrumental masturbation

It is yet another type of child autosexual behaviour, and masturbation itself is not an end in itself and is not intended to give the child pleasure, but rather a way for the child to convey certain information, to communicate an unmet need. This type of masturbation takes place openly. A repetitive pattern is typical here, and it may appear in certain circumstances. An example of this is when a child, who is afraid of the dark, goes to bed in a dark room (as if to reduce stress). Sometimes a stressed child stimulates the crotch area, rubs it against various objects such as furniture or toys, clenches their thighs, and even undresses in the presence of other people and touches their own external genitals. The insertion of objects into the natural orifices of the body can occur, resulting in trauma, the development of inflammation, such objects when left behind can cause the development of anaerobic bacterial flora and this requires specialist medical treatment [5].

Sometimes instrumental masturbation does not end during the latency period, and it can also appear earlier in development than the typical developmental masturbatory age of preschool, or early childhood. Often this type of masturbation signals a problem that is beyond the child's ability to solve on his own. In the case of a child who is stressed by a problem, a lot of tension and the need for significant stimulation arise. It should be remembered that instrumental masturbation may result from fears that are more typical for children, such as fear of the dark, or it may result from psychological disorders, such as intellectual disability, obsessive-compulsive disorders, and holistic developmental disorders. By means of this kind of autosexual behaviour, the child ensures, on one hand, a reduction of tension, soothing and rewarding himself, while on the other hand, he/she draws the attention of the

guardians, thus aiming at satisfying the demanding need in a substitute way, and at the same time leading to the consolidation of such behaviour. In such cases, the non-sexual nature of the behaviour displayed prevails.

The reasons for out-of-normal masturbation can be from many different factors. An example of this is a dysfunctional family system, where there are conflicts or even family dysfunction, resulting in child neglect, a lack of proper care and attention from parents or other carers. Separation from parents or one parent, feelings of loneliness, stress, or a lack of appropriate stimulation, are of particular importance for children. A particular and most drastic fact, however, is instrumental masturbation, which can develop as a result of sexual violence. Such behaviour is intended to help the child cope with the anxiety or trauma associated with the act of violence. In this case, this type of instrumental masturbation is singled out as a separate type of masturbation. Instrumental masturbation requires psychotherapeutic treatment in the form of individual or family therapy, sometimes also psychiatric treatment, as it indicates a different problem that needs to be solved. The therapeutic treatment must be adapted to the identified cause of the child's abnormal behaviour, and the parents (carers) themselves should receive psycho-education. It is typical that parents (carers) of a child displaying this type of behaviour often feel anxious. They strive to get the child to stop his/her unacceptable behaviour as soon as possible. They must be informed, however, that prohibiting or punishing the child does not usually lead to the child stopping the activity to satisfy the deprived need. This is where parenting skills training can be helpful – the aim is to find and meet the child's demanding emotional needs. It is important to eliminate the causes that lead to masturbation – the child undergoes stress management training and the therapy focuses first on the causes of masturbation and then on the patient's behaviour that needs to be corrected [13].

In conclusion, stress the importance of nursing in all pro-health education activities, including sex education.

A perfect example is for parents as carers, in the context of the issues of children's masturbation.

- Informing parents that developmental masturbation is a stage of psychosexual development
- In the context of the discussed issue, it is important in nursing care, in educational pro-health activities it is the indication of specialist centres dealing with medicine at developmental ages, sexology at developmental age or gynaecology at developmental age.

DISCUSSION

Knowledge of the fundamentals of proper psychological development, and aspects of autosexual behaviours (masturbation), is important from the point of view of nursing practice, to differentiate between behaviours resulting from developmental norms and pathological behaviours. This allows for undertaking actions when a child's expression is beyond developmental norms. The significance of the criteria of sexual norms for children should be emphasised here as they facilitate the assess-

ment of masturbation activity and sexual behaviours in the discussed age group [19, 20].

Sexual activity of a child is within the norm when the following conditions are met:

- Realisation of developmental tasks for a given period – different for childhood, adolescence and adulthood. Sexual activity of a young child or teenager should be one form of a developmental activity, not limiting other forms of activity. Too frequent sexual activity competes with other tasks, or where sexual behaviours (sometimes occurring as compulsions) demand too much attention, which results in neglecting learning, playing and everyday duties. When used for non-sexual purposes (to release aggression or fear), it quickly loses its proper character and changes from a developmental behaviour to an alarming behaviour, indicating that the child does not cope with a difficult situation, and then into a defence mechanism (habitual action to release stress).
- Falls within sexual behaviours characteristic for a given age. Insufficient knowledge in adults regarding proper developmental age results in fear and treating typical reactions as a sign of pathology. Behavioural characteristic for children at a preschool age, i.e. peeping, rubbing against other people, exposure of genitals, are connected with their cognitive, emotional and social development. They all have a non-genital character, without attempts of penetration. Genitality – joining genitals, intrusiveness – crossing the borders of the body by oral, anal or genital penetration, and sophistication – inadequate to cognitive ideas of a child, can contribute to specific forms of activity going beyond the repertoire of typical behaviours of children [21].
- Takes place between persons of similar age. An important criterion as a norm of sexual behaviour is the equal position of people, i.e. comparable age difference, causing that the participants of an interaction have a similar possibility to decide its course. Sexual activity undertaken by different age groups (different intellectual, physical and social possibilities) can be the reason for limiting a young person's will and choices.
- Is based on a principle of voluntariness – consent is an obligatory yet not sufficient condition to call an activity a norm. Forcing children by other children (by blackmail, reward, physical strength) to take part in sexual activities falls into the category of abuse, but the difference is that the perpetrator is not an adult. Sexual behaviours (at any age) need to be free from aggression, coercion and violence [22].
- Does not disturb health – any sexual activity, regardless of the sex and age of participants, but it should be highlighted that a child's ability to recognise a harmful character of a sexual behaviour is not sufficiently developed yet.
- Takes into account cultural and social context – sexual activity belongs to an intimate area and is subordinated to systems of norms that do not need to be coherent or inconsistent. If a child's sexual behaviours do not disturb his/her developmental tasks, fall within the age repertoire, take place between persons of similar age,


voluntarily, and do not disturb health and social order, then they belong to the developmental norm. The knowledge of these criteria can ultimately be helpful also in the assessment of masturbation [19].

CONCLUSIONS


1. There is a need for sexual education not just for children and young people, but also for adults – in the aspect of early childhood masturbation there is a constant need for pedagogical, psychological and medical care for children and parents.
2. The therapeutic approach should start with psycho-education of the child's parents (carers).
3. Gynaecological problems occurring in children and adolescents are often complex both medically and psychologically, and therefore, require a highly skilled and consistent approach, and masturbation is one such problem [23,24].

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REFERENCES

1. Robbins CL, Schick V, Reece M. Prevalence, frequency, and associations of masturbation with partnered sexual behaviors among US adolescents. *Arch. Pediatr. Adolesc. Med.* 2011; 165(12): 1087-1093.
2. Jakubek E, Jarząbek-Bielecka G, Borocho J, et al. Autosexual behavior as a topic for inclusion in gynecological practice. *Clin. Exp. Obstet. Gynecol.* 2021; 48(2): 212-215.
3. Nass G, Fisher MP. *Sexual Choices*. Jones and Bartlett Publisher, INC. Boston; 1987.
4. Nawrot-Borkowska M. A Secret Sin. The Issue of Children's Sexuality, Considered in the Light of Handbooks from the Second Half of the 19th Century and the Early 20th Century. *EETP.* 2016; 1: 79-100.
5. Jarząbek G. Childhood sexuality in childhood and adolescent gynecology. *Role Freud: psychoanalise. Gin. Prakt.* 2006; 3: 16-23.
6. WHO. *Sexual health and its linkages to reproductive health: an operational approach*. Geneva 2017: World Health Organization. Available at: https://www.who.int/reproductivehealth/publications/sexual_health/sh-linkages-rh/en/ (Accessed: 1 August 2020).
7. Baumeister RF, Twenge JM. Cultural suppression of female sexuality. *Review of General Psychology.* 2002; 6: 166-203.
8. Laumann EO, Paik A, Rosen RC. Sexual dysfunction in the United States: prevalence and predictors. *Journal of the American Medical Association.* 1999; 281: 537-544.
9. Rosen C, Brown Heiman J, Leib SR. The Female Sexual Function Index (FSFI): a multidimensional self-report instrument for the assessment of female sexual function. *Journal of Sex & Marital Therapy.* 2000; 26: 191-208.
10. Pastwa-Wojciechowska B, Izdebski B. Sexual activity of Polish adults. *Annals of Agriculture and Environmental Medicine.* 2014; 21: 194-197.
11. Plagens-Rotman K, Jarząbek-Bielecka G, Merks P, et al. Disability vs the sexual life of women - selected issues. *Clin. Exp. Obstet. Gynecol.* 2021; 48(1): 19-23.
12. Nowak M, Gawęda A, Janas-Kozik M. Physiological psycho-sexual development of children and adolescents. *Seksuologia Polska.* 2010; 8(2): 64-70.
13. Borocho J, Jarząbek-Bielecka G, Mizgier M, et al. Sexuologic and gynecologic problems in childhood and adolescence girls. *Pediatr. Endocrinol.* 2019; 66: 17-22.
14. Plagens-Rotman K, Przybylska R, Gerke K, et al. Genital herpes as still significant dermatological, gynaecological and venereological problem. *Post. Derm. Alerg.* 2021; 38(2): 210-213.
15. Robbins CL, Schick V, Reece M. Prevalence, frequency, and associations of masturbation with partnered sexual behaviors among US adolescents. *Arch. Pediatr. Adolesc. Med.* 2011; 165(12): 1087-1093.
16. Plagens-Rotman K, Przybylska R, Gerke K, et al. Acute form of acne inversa in an 18-week pregnant patient: a case study. *Post. Derm. Alerg.* 2019; 2: 242-246.
17. Plagens-Rotman K, Przybylska R, Adamski Z, et al. Skin and mucous membranes' manifestations of dermatological diseases within the genital area in females. *Post. Derm. Alerg.* 2018; 2: 199-203.
18. <https://psychologiapraktyce.pl/artukul/seksualnosc-malych-dzieci> (data wejścia 04.09.2021 godz. 17.39)
19. Beisert M. Rozwojowa norma seksuologiczna jako kryterium oceny zachowań seksualnych dzieci i młodzieży. *Dziecko krzywdzone. Teoria, Badania, Praktyka,* 2006; 16: 66-80.
20. Beisert M. Kryteria diagnostyczne przydatne dla oceny zachowań seksualnych małego dziecka. *Przegląd Seksuologiczny.* 2008; 2: 11-19.
21. Brilleslijper SN, Baartman HEM. What do young children know about sex? Research on the sexual knowledge of children between the ages of 2 and 6 years. *Child Abuse Review.* 2000; 9: 166-182.
22. Bolton FG Jr, Morris LA, MacEachron AAE. *Males at risk: the other side of child sexual abuse*. Beverly Hills CA: Sage; 1990
23. Barton D. Schmitt, author of *My Child Is Sick*, American Academy of Pediatrics Books. Published by RelayHealth. McKesson Corporation, 2014.
24. Borocho J, Jarząbek-Bielecka G, Mizgier M, et al. Infantile and early childhood masturbation and adult masturbation. *Med. Rodz.* 2018; 1A: 80-82.

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