

Early Childhood Masturbation: A Clinical Study

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Abstract

Objectives: To study the characteristics of masturbation in children below the age of six years and to assess the course and outcome of this condition.

Methods and Materials: A retrospective study of all children diagnosed to have masturbation at the pediatric clinic of Queen Alia Military Hospital over duration of three and half year's period. A data- collecting sheet was developed which includes information on demographic characteristics, clinical presentations, investigations and modes of treatment. Children with proven urinary tract infection, epilepsy and gastrointestinal disease were excluded from our study.

Results: Fifteen children (6 males and 9 females) were found to have masturbation during the study period. The most common reason for presentation to the clinic was possible urinary tract infection (8=53.3%), abdominal pain (4=26.7%) and possible epileptic seizures (3=20%). The age at first symptom was variable with a mean of 18.5 months. The frequency of the masturbation act varied from 3 times per week to 10 times per day. Only one child had abnormal EEG, four children had extensive investigations. Only one child aged 10 months had home video recording. Twelve patients were treated with behavioral therapy alone. Three female children had in addition to behavioral therapy, local Zylocaine cream at the genital area.

Conclusion: Masturbation is not uncommon in young children and should be included in the differential diagnosis of common pediatric instinct. Home video recording of events may prevent unnecessary investigations and treatments.

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Keywords

Childhood masturbation, Gratification disorders, Satiation disorder.

Introduction

There are very few reports in literature on infantile and childhood masturbation (gratification or Satiation disorder).^{1, 2} The term masturbation is derived from the Latin words manus, meaning 'hand', and stupratio, meaning 'defilement'.^{2, 3} Masturbation or self-stimulation of genitalia often to achieve an orgasm is a common human behavior, said to occur in 90-94% of males and 50-60% of females at some time in their life.^{1, 2} The diagnosis of masturbation is difficult in young children, especially girls,⁴ and this may lead to unnecessary investigations and treatment.^{1, 5} It is more acceptable to the majority of families to use the term auto stimulation or habit rather than masturbation.⁵ A minimal perineal irritative focus with discomfort as dermatitis, pinworms may precede the manifestations, also stressful events such as weaning or birth of a sibling may also be a precipitating factor.^{5, 6} Masturbatory behavior has been mistaken for epilepsy,^{1, 7} abdominal pain^{1, 4, 8} and paroxysmal dystonia.^{1, 9} It has been practiced at all ages and has been observed in utero.^{5, 10} Previous reports have shown that these children may have many unnecessary investigations.^{1, 4, 8, 11} Unnecessary treatment including antiepileptic drugs has been given for some of these children.^{1, 7, 10, 11}

This study was carried out to evaluate children who have been diagnosed to have masturbation and to explain the unnecessary investigation and treatment that may have been done, stressing on the benign nature of this condition.

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Material and Methods

This is a retrospective study of all children who were diagnosed to have childhood masturbation at the pediatric clinic of Queen Alia Military Hospital between January 2000 and October 2004. All children had detailed history of the behavior during the acts, their age at diagnosis and at presentation, the frequency of events per week, the investigations, which were needed for diagnoses and modes of treatments.

Children with proved urinary tract infections, epilepsy, and gastroenterological problems were excluded from the study.

Results

Fifteen patients were diagnosed to have masturbation, (6 males 40% and 9 females 60%) studied.

The most common reason for visiting the clinic was for a possible urinary tract infection (8=53.3%), abdominal pain (4=26.7%) and possible epileptic seizures (3=20%). The age of first symptom was variable: 3 children (20%) were below one year of age. 9 children (60%) were above one year and below 3 years, 3 children (20%) were above 3 and below 6 years. The mean age of the first symptom was 18.5 months for all children. The age at diagnosis ranges from 10 months to six years. The frequency of events varied from 3 times per week to 10 times per day. The mean length of events was 7 minutes. No definite time or cause to start the events but in 3 (20%) children they had the events during nappy change. Behaviors during events included: 6 girls and 4 boys (66.7%) had tightening of the thighs, rocking pelvic movements or other rhythmic activities like apparent rocking in and rubbing both legs together, 8 (53.3%) had sweating, 6 (40%) had staring and shaking with pallor, 2 (13.3%) had grunting noises. 2 (13.3%) children had fatigue and looked frightened.

All the children had detailed physical and genital examination. All children had urine analysis and culture, routine stool analysis; three children had EEG, but only one reported to have abnormal EEG. Two children had brain tomography scan and one had Barium swallow and meal. Only one child aged 10 months had home video recording upon doctor request to diagnose the case. Thirteen patients (86.7%) were treated with behavioral therapy for 3 to 6 months and all had good response. Two female children (13.3%) had in addition to behavioral therapy, local Zylocaine cream three times per day for two weeks and showed good response.

Discussion

Masturbation occurs at all ages^{3, 12} and have been reported to occur in as young as a 3.5-month-old boy.¹³ Some children discover masturbation while exploring their bodies. Children aged 3-4 years learn that stimulation of the genitalia will consistently provide a pleasurable sensation and may then continue as a life long pleasurable experience unless the individual is otherwise distracted or the activity is suppressed.^{2,3} Shuper et al, reported that there are problems in the differentiation between epilepsy and non-epileptic paroxysmal events in the first year of life¹⁴ and this statement had been reported by others.^{5,7,14} Epilepsy was the commonest misdiagnosis in previous studies,^{1, 4, 11} but suspected urinary tract infections were the commonest in this report. Normal EEG during the fits, lack of response to antiepileptic medication and careful reviewing of videotape recordings, eventually raise the issue of the diagnoses of a seizure-like episodes as masturbatory activity.⁷ Epilepsy and masturbation may coexist.^{3,15,16} Fleisher and Couper et al,^{4, 8} have reported that masturbation may mimic abdominal pain in girls. Misdiagnosis seems to be more likely when direct stimulation of genitalia with the hands is absent as when there is repeated adduction of the thighs or star shaking or 'watching television in the sky' (so called eidetic imagery).^{1,15} It is for this reason, gratification often leads to over-investigations^{1, 7- 9} and occasionally to medications.^{1, 7, 9, 11}

In this study the earliest age at diagnosis was 10 months but it may be earlier (2 months) in another study.¹ A detailed history is essential and personal observation of these episodes helps to confirm the diagnosis. Videotaping the episodes by parents is also very helpful for the diagnosis,^{1,8,9} if it is available at home; in our study only one family could videotape the event. Ünal et al, reported that delayed improvement occur in younger children, those who begin to masturbate earlier and those who masturbate more frequently.^{5,6} Adult overreaction to the act of childhood masturbation may cause emotional harm such as guilty feeling and this will lead to long lasting effects during child maturation.¹⁷ Because of this, behavioral therapy remains the most effective way of therapy. If you actively discourage kids from self-exploration, then genital play becomes a forbidden fruit and it will be a shameful act and they will hide themselves during this act. Reassurance to parents that spontaneous resolution is the expected outcome and that most of them will grow out of this habit within two years. It is not abnormal unless it is done in public places after the age of 5 or 6 years. In addition to the behavioral therapy, other factors like shortening the time of diaper change, to try to keep the child distracted by a toy or activity and to spend more time with them. There is no role for physical punishment nor yelling at them.^{5,18}

Conclusion

Masturbation is not an uncommon behavior in young children and should be included in the differential diagnosis of common pediatric conditions.

Failure to recognize it may lead to parental anxiety, unnecessary investigations and inappropriate therapy. The key for diagnosis is detailed history and personal observation of the acts. Behavioral therapy is more encouraging than medications.

A further prospective study is needed and should include more children.

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الاستمناء بالطفولة المبكرة - دراسة سريرية

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الخدمات الطبية الملكية

الهدف:

دراسة جميع حالات الاستمناء عند الاطفال دون السادسة من العمر وبيان الطبيعة الحميدة لها.

طريقة البحث: مراجعة جميع حالات الاطفال الذين تم تشخيص الاستمناء لديهم اثناء مراجعتهم لعيادة الاطفال في مستشفى الملكة علياء العسكري في فترة زمنية حوالي ثلاث ونصف السنة. استثنى من الدراسة الحالات المثبتة من انتانات المجاري البولية، الصرع واضطرابات الجهاز الهضمي. تم بحث الاعراض السريرية ، اعمار الاطفال، وقت تشخيصهم، الفحوصات التي عملت لهم وطرق المعالجة.

النتائج: 15 طفلا (6 ذكور 40% و 9 اناث 60%) تم تشخيصهم بالاستمناء. كانت اغلب مراجعة العيادة لاحتمالية التهابات المجاري البولية (8=53.3%)، الام البطن (4=26.7%) أو احتمالية الصرع (3=20%).

كان عمر الاطفال عند بدء الممارسة مختلف بمعدل 18.5 شهرا. تكرار الحدث كان يتراوح بين 3مرات بالاسبوع الى 10 مرات باليوم. طفل واحد فقط كان عنده تخطيط للدماغ غير طبيعي، 4اطفال عمل لهم فحوصات متقدمة. طفل واحد عمره 10 أشهر تم تسجيل فلم كاميرا وقت الممارسة. 12 طفلا تحسناوا بالعلاج السلوكي. 3 اناث احتاجوا بالاضافة لذلك الى دهون مخدر للاعضاء التناسلية.

المحصلة: الاستمناء هو سلوك طبيعي عند الاطفال ويجب ان يكون ضمن تشخيص امراض الاطفال الشائعة. التصوير بالكاميرا للممارسة عند الطفل يساعد بالتشخيص السريري و يخفف الفحوصات المطلوبة.

الكلمات الدالة: الاستمناء الطفولي ، الارضاء، الاشباع.