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ARAŞTIRMA / RESEARCH

Parent attitudes and other comorbid behavioral problems in masturbating children

Masturbasyon yapan çocuklarda ebeveyn tutumları ve komorbid diğer davranış sorunları

Mine Ağır[1], Soner Çakmak[2], Gülşah Seydaoğlu[3], Asiye Gürbüz Arıcı[4], Ayşe Avcı[5]

[1]Cağ University Social Sciences Institute Department of Psychology, Tarsus, Mersin, Turkey
[2]Cukurova University, Faculty of Medicine, Department of Psychiatry, [3]Department of Bioistatistic, [5]Department of Child and Adolescent Mental Health Diseases. Adana, Turkey
[4]Kahramanmaraş Sütcç İmam University, Faculty of Medicine, Department of Child and Adolescent Psychiatry, Kahramanmaraş, Turkey

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Abstract

Purpose: This study aims to examine the relationship of the pre-school childhood masturbation with the parental attitude as well as the relation of the same with the comorbidity and related stammering, tic disorders, nail biting, nocturnal enuresis (NE) and encopresis.

Materials and Methods: In this study, parents of 105 preschool children (between the ages of 3 - 6) were interviewed. 50 out the 105 interviewed parents' children had have been with childhood masturbation (CM) and they are receiving professional consultancy or support services and these parents constitute the case group of this study. The control group was formed with the parents of 55 children. Research data were obtained by of the Personal Information Form filled by the parents, Parental Attitude Scale (PAS) and Comorbid Problems Determination Form prepared by the researcher.

Results: Authoritarion parental attitude is discovered to be statistically higher than the case group with CM compared to the control group without such disorder. It has been detected that nail biting, NE and encopresis comorbidity is significantly higher in the case group with CM compared to the control group.

Conclusion: There was a direct relationship between authoritarian parental attitudes and the CM that emerged in pre-school childhood. Along with CM the rate of frequency of nail biting, NE and encopresis are higher than the control group.

Keywords:. Early childhood, parental attitude, masturbation, comorbidity

Öz

Amaç: Bu çalışmada okul öncesi dönemde çocukluk çağı masturbasyon bozukluğunun ebeveyn tutumları ile ilişkisinin ve kekemelik, tik bozukluğu, tırnak yeme, enürezis noktürna, enkoprezis ile komorbiditesinin incelenmesi amaçlanmıştır.

Gereç ve Yöntem: Bu çalışmada 105 okul öncesi çocuğun (3-6 yaş) ebeveynleri ile görüşülmüştür. Görüşülen 105 ebeveynin 50'si çocuklarına Çocukluk çağı masturbayon (ÇÇM) bozukluğu tanısı konulan ve profesyonel danışmanlık veya destek hizmeti alan kişilerdir ve bu ebeveynler çalışmanın olgu grubunu oluşturmaktadır. Kontrol grubu 55 çocuğun ebeveynleri ile oluşturulmuştur. Araştırma verileri, ebeveynlerin doldurduğu Kişisel Bilgi Formu, Ebeveyn Tutum Ölçeği ve araştırmacı tarafından hazırlanan Alışkı Sorunları Belirleme Bilgi Formu kullanılarak elde edilmiştir.

Bulgular: Otoriter ebeveyn tutumu ÇÇM bozukluğu olan olgu gurubunda, bu bozukluğun olmadığı kontrol grubuna göre istatistiksel olarak yüksek bulunmuştur. ÇÇM bozukluğu olan olgu grubunda, kontrol grubuna göre anlamlı düzeyde yüksek tırnak yeme, enürezis noktürna, enkoprezis komorbiditesi saptanmıştır.

Sonuç: Otoriter ebeveyn tutumu ile okul öncesi çocukluk döneminde ortaya çıkan ÇÇM arasında doğrudan bir ilişki olduğu görülmüştür. ÇÇM ile birlikte tırnak yeme, enürezis noktürna, enkoprezis görülme sıklığı kontrol grubuna göre daha yüksektir.

Anahtar kelimeler: Erken çocukluk, ebeveyn tutumu, masturbasyon, komorbidite

Yazışma Adresi/Address for Correspondence: Dr. Soner Çakmak, [2]Cukurova University, Faculty of Medicine, Department of Psychiatry, Adana, Turkey E-mail: drsoncak@hotmail.com
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INTRODUCTION

The relationship within the family between the parents and the child is an important factor for the emotional, physocososcial, behavioral and personality development of the child. While the parents influence the behavior of the children, the children also effect the behavior of their parents[1-5]. The parents may directly or indirectly support the positive or negative behavior of their children. Therefore, the parental attitude is crucial for the child to gain positive or negative behavior patterns, to get to know themselves as an individual, to develop healthy perception relating to their self-selves, to gain fundamental habitudes, for socialization, learning of the social rules and to gain self organization skills[1, 2, 6]. The appraisal of the parent-child relationship during the period known as the early childhood phase (between ages of 0-6) is essential for the purposes of taking such relationship in the end from the point of certain variables and bringing into light the problems within this relationship[7]. The communication between the parents and the child bears importance with regards to coming to sight in the children of psychiatric disorders in children in terms of emotions, behavioral, developmental and social. Children subjected to emotional or neglect cannot find solutions for adaptation problems caused by internal and external conflicts and are apt, by turning towards their own bodies due to the deficiency of stimulus, to develop stereotype gestures as method of appeasement of negative emotions such as fear, anxiety, excitement[8, 9]. Stereotype gestures are defined as repetitive gestures appearing without any social purpose such as hand waiving, nail biting, thumb sucking, lip biting, swaying back and forth while sitting and masturbation. When such gestures cause loss of functionality in social, communal or in any other field "disorder" should be mentioned. The most common stereotype gestures in terms of disorder are thumb sucking, masturbation and nail biting[10].

Childhood phase masturbations (CM) is defined as the fact that pre-adolescent children to stimulate in any way their genitals and observation during this course of the accompanying symptoms such as sweating, blushing and frequent breathing[11]. While the Diagnostic and Statistical Manual of Mental Disorders (DSM) does not define diagnosis criteria for the childhood phase masturbation within its diagnosis system, it is observed the header "body focused repetitive behavior disorder" located under the subtitle "Other defined and undefined obsessive compulsive and related disorders" under the title "Obsessive compulsive and related disorders" DSM-5 seem to comprise the definition of CM[12]. Although CM has been observed in children aged only two months in the pre-school phase, its is commonly detected in children around the age of 4[13]. Its prevalence is not known with certainty[14]. The etiology and pathogenesis of the CM have not been clearly explained. As a consequence of the scrutinization of the literature, it is asserted that physical illnesses such as irritation of genitals, urethral infection and dermatitis may generate/cause CM as well as factors including familial stress and lack of attention, separation from mother or father, emotional deprivation, cessation of breast-feeding, sexual abuse, neglect, birth of sibling[15, 16]. A study dated 2002 defended that genetic factors play a prominent role in etiology however this study has also emphasized that familial environment and parental attitude also have high significance[17]. Although great number factors were defined in many studies, it is indicated that the main cause finds its origin in the fact that the child failing to reach gratification in its relations with their environment. Be that as it may, researches based on evidence putting forth the effect of these factors are not yet existent[14]. Propounded theories have been formed on the basis of observations relating to the development of the children and the characteristics of certain phenomenon, which were reported previously. However, the majority of the theories tend to define the predisposition constituting factors more than explaining the etiology[11].

This study's objective is to determine the relation between the masturbation stereotyped behavioral disorder observed in pre-school children with shuttering, tic disorder, nail biting, nocturnal enuresis (NE), encopresis as well as its comorbidity with encopresis and, additionally, parental attitude. It is thought that the study will shed light on future research on the prevalence of behavioral problems seen in preschool children and their relationship with masturbation behavior.

MATERIALS AND METHODS

In this study, 62 children and their parents who were admitted to a private psychological counseling center in Adana between January 2017 and January 2018 with the complaint of masturbation and diagnosed as

CM disorder according to DSM-5 were interviewed. 12 parents did not participate and 50 parents and their children who agreed to participate in the study constituted the case group of the study. Parents as case subjects had had applied to a physiologic consultancy centre located in the city of Adana between the dates of January 2017 and January 2018 with the complaint that pre-school their child(ren) were masturbating. There is not an exact breakpoint for the purposes of distinction between the CM which is considered to be development-relatedly normal and CM cases which are admitted to be pathological. For example, while frequent masturbation is considered to be abnormal, it should be noted exact implication/scope of the terms frequent and/or "excessive" has not been fully explained. Common trend is prone to concur that where the behavior is in the shape of following a pattern to cause a medical disorder or a physical damage such as dermatitis or irritation; behavior is condense to the extent of impairing the functionality of the child[14]. In this study, the diagnosis was based on these criteria. The cases where acts of masturbation is in a level impairing the functionality, where they appear every day and in cases where such acts had had been continuing for at least four weeks are diagnosed with CM. The control group was formed with the parents of 55 children who were educated in preschool education institutions and who did not have masturbation habit problems but applied to psychological counseling center due to other behavioral problems. Written informed consent was obtained from the parents who agreed to participate in the study. Diagnostic evaluations of the case and control groups were performed by a specialist child and adolescent psychiatrist and psychologist. A total of 105 families were included in the study including both the control and the case group. The ages of the children aged between 3 to 6 and their sex as well as the familial status of the mother and the father were evaluated.

For the purposes of appraisal of the attitudes of the parents belonging both to the control and the case groups, we have administered Parental Attitude Scale (PAS). In addition to the above, shuttering, tic disorder, nail biting, NE, encopresis accompanying CM in the case group were inquired into and the cases where such psychiatric problems reaching the level of disrupting functionality is indicated as the choice of "being always the same/this way" in the form of psychiatric comorbid cases evaluation" form prepared by the researcher. The cases where the problems reported to be at intervals and which do not impair the functionality is expressed with the choice of "being occasional"; and the cases where such problems are non-existent with "being never as such". In this way, we have tried to determine the existence and the severity of additional psychopathology in cases with CM. Twelve families who had not agreed to participate were not included in the study. In this study, for the purposes of keeping under control of the sequence effect, initially, the personal information form, the form determining the particularities relating to the behavioral and habitual problems of the child (habit problems determination form) and parental attitude scale were presented. The process of filling into the form and the scale has taken about 35 minutes and the researcher had helped the participators where they did not fully understand the scales. The ethical board approval was obtained by the decision dated 20.01.2017 and numbered 382 of Cag University Social Sciences Institute Ethics Committee.

Data gathering

The Personal Information Form prepared by the researcher was used in order to gain information on the socio-demographic data of the parents of the children participating in the study. Additionally, for the purposes of determination of the additional psychiatric comorbid problems/illnesses the monitoring form prepared by the researcher inquiring into the existence and frequency of shuttering, tic disorder, nail biting, NE, encopresis and Parental Attitude Scale (PAS).

Personal Information Form

In this form, the marital status (married, divorced, married but separated), gender of the interviewed parent, sex of the child and the age of the child have been questioned in relation to the children between the ages of 3 - 6 belonging to the case group with CM and the control group without the CM.

Comorbid Problems Determination Form

A form prepared by the researcher consisting of five articles was administered for the determination of the psychiatric comorbid illnesses relating to the child. In this form, we endeavored to establish the existence, frequency and severity of the problems such as shuttering, tic disorder, nail biting, NE, encopresis in relation to the children aged between 3 - 6 included in the case group with the questions of "being always like this, it is so occasionally, it is never like that". The

expression of "Being always like this" is designated to express the cases where the severity of the problem is at the level of being the cause of destruction of the functionality and where the problem appears every daily and which had been continuing for at least four weeks. The expression of "it is like this occasionally" is designated for the cases where such problems do not occur daily and is not at a degree that is destructive to functionality; and finally, "it is never like this" expression is designated for cases where such problems are completely non-existent.

Parental Attitude Scale (PAS)

The Parental Attitude Scale (PAS) developed by Demir and Sendil (2008) is having been used for the purposes of evaluation of the child rearing attitudes of the mothers-fathers having children between the ages of 2 to 6[18]. The scale is a linker scale consisting of 62 questions and 4 dimensions. These dimensions are named democratic, authorotian, over-protective and permissive. In the original article of the scale Cronbach alpha values are to be found 0.83 for the "democratic" dimension, 0.76 for the "authoritative" dimension, 0.75 for the "over-protective" dimension and 0.74 for the "permissive" dimension[18]. Whereas in this study, the Cronbach alpha values are calculated as 0.81 for the democratic dimension, 0.74 for the authoritative dimension, 0.78 for the over-protective dimension and 0.80 for the permissive dimension.

Statistical analysis

Compliance of the data with Standard deviation has been tested; for the analyses of the continuous variables that exhibit standard deviation unpaired t test or one way analyses of variance; while for the analysis of continuous variables that do not exhibit standard deviation the Mann Whitney U or Kruskall Wallis tests have been administered. For the analysis of the categorical deviations chi-squared test has been used. The results are expressed as Average-Standard deviation (Sd), n (number of persons) and as percentage (%). The cases where the p value is 0.05 have been classified as being significant. Data were analyzed by entering SPSS 22.0 program.

RESULTS

The age average of the children is 4.9 ± 0.9 (min: 3 - max: 6) in the case group while the age average of the children of the control group is 4.6 ± 0.9 (min: 3 - max: 6) (p= 0.156). While the age average of the parents in the case group is 34.2 ± 6.8 (min: 22 - max: 47) the age average of the families of the control group is 34.1 ± 7.0 (min: 20 - max: 48) (p= 0.116). No statically significant difference in terms of defining particularities except for marital status was detected between the two groups.

It has been detected that, in terms of marital status, the number of divorced and separated parents is of a statically higher level in the case group as compared to the control group (p= 0.001) no significant difference is detected between the case and control groups in terms of the age and sex of the children (Table1). Comorbid disorders that have been examined/studied in 50 cases all having the CM are shown in Table 2. The Prevalence of Comorbid nail biting, nocturnal enuresis and encopresis has shown statistical significant difference in the case group as compared to the control group.

Table1. Demographic characteristics of the case and control groups

		Groups				
		Case		Control		
		n	(%)	n	(%)	p
Sex of the Parent	Female	38	(76.0)	45	(81.8)	0.464
	Male	12	(24.0)	10	(18.2)	
Sex of the Child	Female	19	(38.0)	26	(47.3)	0.338
	Male	31	(62.0)	29	(52.7)	
Age of the Child	3	4	(8.0)	6	(10.9)	0.471
	4	13	(26.0)	21	(38.2)	
	5	19	(38.0)	17	(30.9)	
	6	14	(28.0)	11	(20.0)	
Parental Marital Status	Married	8	(16.0)	27	(49.1)	0.001*
	Separated-Divorced	34	(68.0)	21	(38.2)	
	Married-Living Separately	8	(16.0)	7	(12.7)	

n: number of participants, *p< 0.05 is acknowledge as statically significant.

Table 2. Prevalence of the comorbid disorders in the case and the control groups

Comorbid Disorders		Groups			
		Case		Control	
		n	%	n	%
Shuttering	Not at all	0	(0.0)	7	(12.7)
	Every once in a while	7	(14.0)	9	(16.4)
	All the time	43	(86.0)	39	(70.9)
Tic Disorder	Not at all	2	(4.0)	6	(10.9)
	Every once in a while	5	(10.0)	8	(14.5)
	All the time	43	(86.0)	41	(74.5)
Nail Biting	Not at all	2	(4.0)	20	(36.4)
	Every once in a while	15	(30.0)	9	(16.4)
	All the time	33	(66.0)	26	(47.3)*
Nocturnal Enuresis (NE)	Not all all	2	(4.0)	5	(9.1)
	Every once in a while	13	(26.0)	18	(32.7)
	All the time	35	(70.0)	32	(58.2)*
Encopresis	Not at all	1	(2.0)	9	(16.4)
	Every once in a while	9	(18.0)	11	(20.0)
	All the time	40	(80.0)	35	(63.6)*

* p< 0.05 has been accepted as statistically significant.

In the statistically comparison between the parental attitudes of the parents respectively belonging to case and control groups; Authoritative family sub-scale points is significantly higher in the case group compared to the control group (p= 0.032), meanwhile, over-protective family points are higher in the control group as compared to the case group (p= 0.012) (Table 3).

Table 3. Distribution of PAS sub-scale points with regards to case and control groups

Group		Permissive Family	Authoritarian Family	Democratic Family	Over-Protective Family
Case	Average	18.6	24.2	66.7	26.5
	Sd	5.1	5.8	7.3	5.0
Control	Average	20.5	22.0	66.7	28.9
	Sd	5.4	4.1	10.3	4.6
p		0.060	0.032*	0.986	0.012*

* p< 0.05 has been statistically as significant, Sd: standart deviation

Table 4. Distribution of PAS subscale scores according to gender in the case group.

Sex of the Child					
Case Group		Permissive Family	Authoritarian Family	Democratic Family	Protective Family
Female	Average	18.5	25.5	65.6	25.8
	Sd	5.7	7.4	7.7	4.8
Male	Average	18.7	23.4	67.3	27.0
	Sd	4.8	4.5	7.1	5.1
	p	0.910	0.018*	0.416	0.420

* p< 0.05 is acknowledged to be statistically significant, Sd: standard deviation

Children with the CM being in the case group have been subjected to a comparison based on their sexes; authoritative attitude point as part of PAS sub-scale points has been statistically found higher in the female sex (p= 0.018) (Table 4).

DISCUSSION

The focus of this study is the relation between the CM suffered by pre-school children and the parental attitude as well as the co morbidity of the behavioral disorders such as shuttering, tic disorder, nail biting, NE and encopresis with the CM. The data gathered from the study sets forth that the authoritative parental attitude in relation to the children with the CM is significantly higher as compared to the control group. The authoritative parental attitude, where is set against other parental attitudes, is concluded to be a more of a defining factor in CM. While, in literature, we have not come across a study focused mainly on CM, however there are a number of studies which research the liaison between the parental attitude and the behavioral problems in children. There are studies with the findings that: (i) behavioral problems observed in children are connected to over-protectiveness and/or strict discipline[19]; (ii) that democratic parental attitude has a positive impact on the children's problem solving ability (physosocially based) whereas the simultaneous application of pressure and discipline has a negative impact[20]. A number of studies also indicate that authoritative and controlled attitude displayed by the parents triggers behavioral problems in children and even in time such problems, spreading over time in the following years, have gained severity[21]. Authoritarian attitude is the attitude of mother-father, which brings out trust problems in the child who is treated and dominated by them with a strict discipline. It is unavoidable that the child feels anxiety with regards to compliance with rules where such parental attitude reigns. It may be related that in a child-parental relation, where the authoritarian attitude is dominant, the child exhibits an endeavor to lower the occurring anxiety resulting from the decrease of sufficient tactual stimulation and associations with satisfactory objects and thus displays behaviors' with the object of compensating the deficiency felt by the child relating to the tactual stimulus.

The studies on clinical sampling, it is indicated that CM is observed more often in female children[22]. However in the general society the prevalence depending on sexes may differ. Because of the facts that the masturbation in girls is seen as a more serious problem or as unacceptable in the families, the girls may have been brought to hospitals with more frequency. In our study, we do not determine a significant difference in terms of prevalence of the CM in the case group between female and male children. Having said the above, observance of a significant higher level of masturbation behavior especially in girls in families with authoritarian parental attitude is an issue, which needs to be explained. As a result of this study, it is observed that authoritarian attitude on the female sex constitutes a higher risk in terms of CM. When the demographic characteristics of the study groups have been examined, no statistical significant difference was detected in relation to the sex and age of the child. We consider the following reasons first being that, due to the sexist approaches, the tolerance threshold displayed by the families to female children on masturbation behavior is higher compared to male children and secondly that such behavior is regarded more quickly as being abnormal in the girls may have increased the number of applications to consulting centers by the parents of such female children. Considering that there has been no detection in the case group of a deviation based on the sexes, the following result is possible to be set forth as being reached: the authoritarian parents with the authoritarian parental attitude in comparison to other parental attitudes (democratic, over-protective, permissive) interprets masturbation behavior in their girls as more of an non-regularly act.

Another result reached in this study is that the over-protective parental attitudes in the control group (the group without the CM) were given statistically higher points. Protective parents display controlling behavior over the normal and abnormal behaviors of the children. They are deficiencies in the communication between the parent and the child. The parents who display protective attitude unconsciously and non-educatively put the brakes on the self-knowing process of the child and they tend to avoid consulting a specialist and ignore and try to cover up the situation when are set face to face with stereotyped behavioral problems. Protective families either ignore the problem or cause the repression by the child of the stereotyped behaviors due to the parents' protective attitude towards the problem. It has been considered that the protective parents faced with the CM to choose the way of dealing with the CM with their own methods in a wrong and uneducated manner instead of seeking efficient

treatment methods, such parents wanting to preserve the child in a bell jar, may have caused an artificial decrease in the prevalence of the CM in the control group as compared to the case group. We think that it is worth examining what additional problems this artificial decrease may cause in children. The reserach of physiatrist problems that may occur in the child other than stereotyped behavioral problems in this parental type may be the subject of another study.

Depending on this study's results, the most important finding on the demographic structure relates to the marital status. The marital status of the family gives information on the conditions in which the child had been evaluating. CM is mostly observed in families who are either divorced and/or in a state of separation. For reasons such as the birth of a new sibling, leaving home of either mother or father, mother/father having a physiatrist disorder (depressive disorder) the saturating level of the parental-child relation may decrease and masturbation may appear when the child thus turns to their body[23]. When the research findings are examined, we see that 68% of the case group consists of separated/divorced families. Results obtained from the findings also show that the CM is related to the marital status of the parents (such as married, divorced or separated). Ending of a marriage creates negative impacts on all individuals of the family. Examination of the literature shows us that CM is often associated with emotional abuse and neglect. In related studies, it has been stated that CM may be caused by emotional deprivation, absence of parents or divorce[8, 24]. While a study conducted in Turkey sets forth that in 85.2% of the cases CM had started after a specific incident such as cessation of breast-feeding, birth of a sibling, separation from mother and father[15]. In cases where the children experience difficulties to adapt to stressful transgressions created by divorce, physical and psychiatric illnesses/problems/disorders may occur. Children may, after the imminent phase following the divorce, feel sad for the non-present parent, may respond with disobedience to the structural dysfunction of the family and the conflicts between the father and mother, may worry because of the change of their relationship with their mother/father[25]. The above supports the finding in our study to the fact that CM is seen more amongst the children who are/had been existing in an environment of divorce/separation.

Finally, it can be observed that the CM is associated with some other psychiatric conditions. Nail biting and incontinence are the statistically significant disorders which co-habit with CM. The studies that have been conducted show that negative parental attitude cause a great number of negative impacts[26]. Following are the other physchological disorders; obsessive compulsive disorder[27], sleeping disorders[15, 28], encopresis, NE, Pica, conduct disorder and attention deficient hyperactivity disorder[14, 15, 29]. The co-existence of the CM with shuttering, tic order, nail biting, encopresis and NE has been evaluated. CM co-existence with nail biting and fecal soiling is presented as a new information while co-existence with nocturnal enuresis is observed to of a nature which supports previous studies.

Although there are studies investigating the relationship between parental attitudes and behavioral problems in children, the lack of literature information examining the relationship between masturbation behavior in children and the high comorbidity finding between CM and other behavioral problems constitute the strengths of this study. The fact that the research to be conducted with a single parent (mother or father) would have an impact on the trustworthiness and validity of the research. The research would ensured to be more healthy when conducted with both parents displaying the same parental attitude or when each parent's attitude is determined separately. When the effect of the parental attitude over the children's CM is examined, genetic factors were not taken into consideration. The research was conducted without examining the impact of the sex of either the mother of the father and number of the siblings. No questions were asked which are to measure the impact of the number of siblings would have over masturbation. In the following study, these factors may also be taken into consideration. It should be noted, in this study which was conducted on the basis of the information gathered from the people, the facts that people's insight with regards to their own behaviors may not be sufficiently developed and that the people may reflect themselves other than their real selves, may have impact on the study. In order to overcome these disadvantages, supporting of the gathered information with natural observations of the households and structured interactional observations would yield to much more healthier results. It should also be noted habitual problems in the early childhood to be examined not only with inconveniences in the parental attitude but also along with many other factors such as sociocultural factors,

environmental factors and family structure would be much more beneficial to the research.

As a result of this study, it is detected that there is a direct relation between authoritarian parental attitude and CM occurring during pre-school childhood phase. From a sociodemographic point of view, it has also been observed that CM is higher compared to a control group in the children who parents are separated and/or divorced. It has also been detected that the nail biting, NE and encopresis comorbidities are observed to be significantly higher in CM in comparison to the control group.

Yazar Katkıları: Çalışma konsepti/Tasarımı: MA, SÇ, GŞ, AGA, AA; Veri toplama: MA, SÇ, GŞ, AGA, AA; Veri analizi ve yorumlama: MA, SÇ, GŞ, AGA, AA; Yazı taslağı: MA, SÇ, GŞ, AGA, AA; İçeriğin eleştirel incelenmesi: MA, SÇ, GŞ, AGA, AA; Son onay ve sorumluluk: MA, SÇ, GŞ, AGA, AA; Teknik ve malzeme desteği: MA, SÇ, GŞ, AGA, AA; Süpervizyon: MA, SÇ, GŞ, AGA, AA; Fon sağlama (mevcut ise): yok.
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