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CASE REPORT

Infantile masturbation: "a culturally sensitive topic in African contexts"

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Abstract

Introduction: Infantile masturbation or infantile self-gratification is a benign paroxysmal behavior that is often misinterpreted as a neurological disorder, such as epilepsy or seizures disorders. Few cases have been documented, particularly in African countries. This case report aims to highlight the misconceptions surrounding infantile masturbation for which many children in Africa are subjected to traditional treatment which, in certain instances, leads to harmful consequences including genital mutilation. **Case report**: We report a clinical case of a child experiencing episodes of self-gratification, who is being monitored at our Neurology Outpatient Clinic. **Discussion**: It is very important for all pediatric professionals and parents to recognize the benign nature of this transitory behavior in order to address the misconceptions around infantile masturbation.

Keywords: Infantile self-gratification. Misconceptions. Behavioral disorder.

Masturbação infantil: "um tema culturalmente sensível em contexto Africano"

Resumo

Introdução: A masturbação infantil ou a auto-gratificação infantil são episódios paroxísticos, muitas vezes confundidas com quadros neurológicos, mais frequentemente, com crises epiléticas. Em África existem poucos casos descritos. Este relato de caso tem como objectivo, abordar os equívocos sobre o tema auto-gratificação infantil, razão pela qual muitas crianças em África são submetidas a tratamentos tradicionais e em alguns casos terminam em mutilação genital. **Relato do caso**: apresentamos um caso clínico de uma criança com episódios de auto-gratificação, seguido na consulta de Neurologia. **Discussão**: É muito importante que todos os profissionais pediátricos e pais estejam conscientes da benignidade deste comportamento transitório, de forma a corrigir os equívocos em torno da auto-gratificação infantil.

Palavras-chave: Auto-gratificação infantile. Mitos. Transtorno do comportamento.

Keypoints

What is known

– There is little information on the management of infantile self-gratification, especially in Africa context, leading to inappropriate management.

What is added

– This case reinforces the need for all pediatric practitioners to raise awareness about this diagnosis in order to prevent inappropriate treatment.

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Introduction

Infantile masturbation or infantile self-gratification is a common behavioral condition that pediatricians should be aware of. It is characterized as stereotyped paroxysmal events, typically arising in female infants between the ages of three months and three years.[1] These episodes are often misdiagnosed as epileptic seizures, leading to the unnecessary administration of antiseizure medication. The episodes occur mostly in specific circumstances, such as when the child is bored or seated in a car seat or highchair. Unlike epileptic seizures, they cease immediately if the child is distracted or engages in another activity, confirming the absence of a change in consciousness and the voluntary nature of the behavior. Sometimes, however, the child may appear upset, even irritated, when interrupted. Although physiological, this behavior may be more common in children with little affection or anxiety. Some authors suggest that perineal irritation and a history of sexual abuse should be ruled out.[2-4] There are very few reports on self-gratification disorders in early childhood. In Africa, masturbation remains a taboo topic that is not openly discussed, and it is even more stigmatized when it occurs in infants. Due to misconceptions and lack of awareness, children in some African countries are more likely to be subjected to traditional treatment or even female genital mutilation in an attempt to reduce their libido and prevent sexual promiscuity later in life or as they get older.[5] It is very important to educate parents about the benign nature of this transitory behavior, advising them not to repress the child but rather to gently distract them to stop the episodes.

Case report

A three-year-old girl, with normal developmental milestones, presented at our Neurology Outpatient Clinic with a history of paroxysmal events since eight months of age. One of the episodes was video-recorded by her mother, showing hip rocking and manual rubbing of the genital area, followed by contraction of the lower limbs, during the episodes. She had no loss of consciousness and was able to stop the episode when distracted.

She was initially assessed at another clinical institution, where the events were misdiagnosed as an epileptic disorder, and carbamazepine was prescribed, with no improvement. On average, the episodes occurred three-to-four times daily, almost every day. The child was also referred for psychological consultation. The case was discussed in depth. After our detailed assessment and observation of the home video recording, a diagnosis of self-gratification was made. Parents were advised to stop carbamazepine and were reassured about the benign nature of the episodes, which are expected to gradually disappear as the child gets older. Unfortunately, no further follow-up information is available.

Discussion

It is essential that all healthcare professionals, especially pediatricians, as well as the general community, recognize this condition in childhood as a benign behavioral phenomenon, addressing misconceptions, especially in the African context, in order to provide better medical assistance for affected children. However, it is essential that clinicians consider further research and evaluation by a child psychologist or mental health professional in cases with varied presentations and certain features, including excessive frequency or intensity of the episodes, particularly if they interfere with social or functional activities, as well as signs of emotional distress, anxiety, or behavioral disturbance. A few reports have indicated a high association of coexisting developmental delays or neurobehavioral concerns (e.g., autism spectrum disorder, regression, intellectual disability, compulsive sexual behaviors, or attention-deficit/hyperkinetic disorder) with self-gratification disorder,[6] especially when the behavior persists beyond the typical age range (usually over five years of age). Clinical awareness of these signs would help guide pediatricians and general practitioners on when to seek additional support, avoiding both under- and over-pathologization.

While self-stimulation can still occur in healthy children as part of normal psychosexual development, in cases where the behavior persists beyond the typical age (four-to-five years) or where onset presents in older children (e.g., at age seven), prompt further assessment should be made for inadequate boundary-setting or social development, psychosocial stressors or emotional deprivation, and neurodevelopmental disorders (e.g., autism spectrum disorder). Also, any possible history of sexual abuse needs to be ruled out in each case. Referral to a child psychologist or a multidisciplinary team is advisable to ensure a safe and developmentally appropriate management and response.

Author contributions

F. Sambayeta: idea behind, and design of, the case report; data acquisition from the patient and literature; critical review

of the article; and final approval of the version to be published.

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Conflicts of interest

The author has no conflicts of interest to declare.

Ethical considerations

Protection of humans and animals. The authors declare that no experiments involving humans or animals were conducted for this research.

Confidentiality, informed consent, and ethical approval. The study does not involve patient identifiable personal data. All local protocols regarding access to and use of clinical records were followed. Oral consent was obtained from the child's parents.

Declaration on the use of artificial intelligence. The authors declare that no generative artificial intelligence was used in the writing of this manuscript.

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