

POSTGRADUATE THESES ON SEXUAL DEVELOPMENT: A LİTERATURE REVIEW FROM TÜRKİYE

CİNSEL GELİŞİM ÜZERİNE LİSANSÜSTÜ TEZLER: TÜRKİYE'DEN BİR LİTERATÜR TARAMASI

 Öznur GÜLDAĞ¹,  Yağmur SÜRMEİ²

¹Md, Lecturer, Toros University, Department Of Childcare And Youth Services, Child Development Program, Mersin, Turkey

²Dr. Lecturer, Toros University, Vocational School Of Health Services, Anesthesia Program, Mersin, Turkey

ABSTRACT

Objectives: The purpose of this study is to examine the quality of the research and determine the current situation by examining the thesis studies containing the phrase "sexual development".

Method: 14 master's theses containing the keywords "sexual development, child development, sexual development disorder", which can be accessed free of charge from the National Thesis Center, were included in the research.

Results: As a result of the studies examined, it was determined that the studies on sexual development and the knowledge of those responsible for child care and education were insufficient. In line with the findings, it has been seen that studies in the field of sexual development, especially experimental studies, are insufficient.

Conclusion: Sexuality is one of the most important elements of a healthy individual and forms the basis of a healthy society. For this reason, especially health professionals or experts working in the field need to think more deeply and give importance to the field of sexual development. Examining this literature, which was put forward to reveal the current situation regarding sexual development, also reveals problems.

Keywords: Sexuality, Sexual development, Child development, Sexual development disorder

ÖZET

Amaç: Bu çalışmanın amacı, “cinsel gelişim” ifadesini içeren tez çalışmalarını inceleyerek araştırmanın niteliğini incelemek ve mevcut durumu tespit etmektir.

Yöntem: Araştırmaya Ulusal Tez Merkezi'nden ücretsiz olarak ulaşılabilen “cinsel gelişim, çocuk gelişimi, cinsel gelişim bozukluğu” anahtar kelimelerini içeren 14 yüksek lisans tezi dâhil edilmiştir.

Bulgular: İncelenen çalışmalar sonucunda cinsel gelişim konusunda yapılan çalışmaların ve çocuk bakımı ve eğitiminden sorumlu kişilerin bilgilerinin yetersiz olduğu tespit edilmiştir. Elde edilen bulgular doğrultusunda cinsel gelişim alanında yapılan çalışmaların, özellikle deneysel çalışmaların yetersiz olduğu görülmüştür.

Sonuç: Cinsellik, sağlıklı bir bireyin en önemli unsurlarından biridir ve sağlıklı bir toplumun temelini oluşturur. Bu nedenle özellikle sağlık profesyonellerinin ya da alanda çalışan uzmanların cinsel gelişim

alanına daha derinlemesine düşünceleri ve önem vermeleri gerekmektedir. Cinsel gelişimle ilgili mevcut durumu ortaya koymak için ortaya konan bu literatürün incelenmesi sorunları da ortaya çıkarmaktadır.

Anahtar Kelimeler: Cinsellik, Cinsel gelişim, Çocuk gelişimi, Cinsel gelişim bozukluğu

INTRODUCTION

Sexuality, which is an inseparable part of our life and personality, is the basic feature of being human and starts with birth and continues throughout life.¹ Sexuality, sexual satisfaction and harmony between two people it can be defined as a special experience with biological, psychological and social aspects, determined by social rules, value judgments and taboos.² Sexual development; it includes the emotional and cognitive development of the reproductive organs and the resulting problems and behavioral changes.^{3,4} Healthy sexual development of all children and adolescents focuses on important developmental points related to acquiring information about sexual identity, orientation, and relationships and forming attitudes, beliefs, and values accordingly.⁵

Sexual development, which has been discussed from different perspectives for years, has been attempted to be explained by researchers with theories.⁶ The most commonly used and known is Freud's psychosexual development theory, in which the sexual development of the individual is examined in five sections: oral, anal, phallic, latent and genital periods.⁷ Freud suggests that the spread of "libido," a familial and unconscious energy, is concentrated in different parts of the body during these periods, which are sources of conflict and act as a driving force in human behavior. He also emphasizes that individuals can get stuck in these periods that cannot be successfully overcome.^{8,9} Erikson, a proponent of psychosocial theory that takes Freud's assumptions from a broad perspective, also examined human development in eight stages. He stated that the individual's psychosocial desires and needs are effective in sexual development.¹⁰ Erikson suggested that these universes should prevent two emotional conflicts, one positive and the other negative, and that these conflicts should be resolved in a positive way to maintain positive emotional functioning.¹¹ Piaget argues that the child plays an active role in his or her own sexual development and that schemas come to the forefront in the development of sexual identity. The child selects information appropriate to his or her gender from the information received from the environment and adapts this information to new and old situations.¹² Based on Piaget's cognitive and moral development, Kohlberg explains sexual development as the child's understanding of his or her own gender and that of other individuals as he or she cognitively matures and exhibits behaviors appropriate to his or her gender.¹³

The behavioral theory of sexual development assumes that children who behave according to their gender reinforce the reactions of those around them, while when they behave differently, they are punished (ignored, etc.). The child gathers information about his or her gender in accordance with the results of his or her behavior, and the frequency with which he or she reinforces gendered behaviors

increases.¹¹ In social learning theory, which emerged from the joint consideration of behavioral theory and cognitive theory, sexual development takes place through the information provided by the environment to the child, and when the behaviors that the child models are rewarded, these gender-related behaviors are repeated. However, cognitive processes are also prominent as there is choice and flexibility in modeling children's gender-related behaviors.^{11,14}

Considering these theories, in the healthy development of sexuality, the effects of many factors can be mentioned: Family, school, religion, social media, circle of friends, socioeconomic level, etc.¹ In underdeveloped and developing countries, especially in the field of sexual education, it is thought that parents have wrong beliefs (sexual taboos) and practices (such as not talking about sexuality, not giving covert information) in raising children. Starting with the family, sexual education should be continued in cooperation with the family in school. Concepts related to important individual characteristics such as social development, personality development, self-love, self-confidence, and valuing others should be explored in detail and related concepts discussed. In order to prevent sexual violence and abuse and to identify disorders of sexual development at an early stage, parents, educators, and others who have an interest in the child should be educated about and aware of sexual development. In order to determine the situation in this area, qualified studies should be conducted on parents, teachers and other groups involved to obtain accurate information. In this direction, it is aimed to examine the studies conducted with the term "sexual development" in the title of the theses should be examined to determine the current situation. In this respect, it is important to analyze existing studies and to identify where there are gaps, methodologies and findings.

MATERIAL AND METHOD

This research was conducted to present a comprehensive review of the literature on sexual development in Türkiye. Ethics committee approval was not obtained for this literature review. In the study, which was conducted using the literature review method, the theses in the National Thesis Center, completed by the end of 2021 and freely available in the National Thesis Center were scanned with the keyword "sexual development". In this study, which was conducted as a literature review, all theses were evaluated in terms of author, year of the thesis, department, research method, sample group, and outcome parameters. Descriptive statistics were used to analyze the data.

2.1. Inclusion and Exclusion Criteria

This evaluation covers studies conducted in Turkey, accessible through the National Thesis Center, and completed until the end of 2021 and published in Turkish or English. In the preliminary screening, 75 theses were reached by marking the field to be searched with the keyword "sexual development" as "all", permission status as "all" and thesis type as "all", and it was determined that only 69 theses were open access. With the keywords sexual development, child development, sexual development disorder, 15 theses were reached through secondary screening without making any changes

in the markings. As a result of the examination of the abstracts of these studies, it was determined that one thesis was written on animals and was not included in the analysis. A total of 14 theses were examined and included in the study. 15 theses were reached by secondary screening with the keywords sexual development, child development, sexual development disorder. As a result of examining the summaries of these studies, it was determined that one thesis was written on animals and was not included in the review. A total of 14 theses were examined and included in the study.

2.2. Data Collection and Analysis

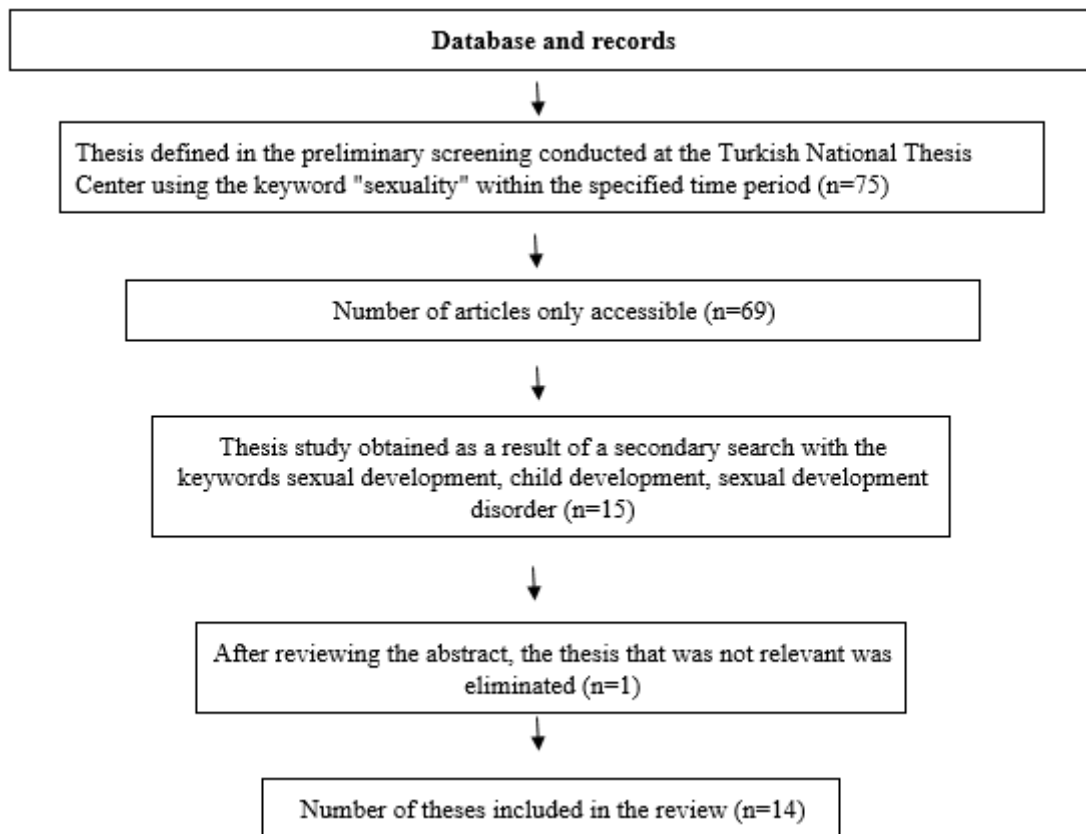


Figure 1. The Screening Process

RESULTS

The authors of the theses, thesis year, research method, sample group and result parameters are listed in Table 1. Firstly, when the publication years of the studies are looked, it is seen that the first study that meets the criteria was conducted in 2006. In addition, it is seen that theses with "sexual development" in the title were written most frequently in 2011 and 2020 (n=3). It has been determined that 64.28% (n=9) of the thesis studies were quantitative studies. In one thesis, the study was divided into two parts and quantitative data were collected in the first part and qualitative data were collected in the second part.²⁵ In terms of research types, 28.5% (n=4) were quasi-experimental, 21.4% (n=3) were retrospective and 14.28% (n=2) were case studies.

When the type of postgraduate theses analyzed has been examined, it was found that the most common type of theses were master's theses (n=9) and medical expertise theses (n=4), while the least number of theses were doctoral theses (n=1). When the fields of study of the theses were examined, it was found that most of the studies were conducted in the field of "Education and Training (n=8)", and the other studies were conducted in the fields of "Child Health and Diseases (n=2)", "Psychology (n=2)", "Family Medicine (n=1)", Endocrinology and "Metabolic Diseases (n=1)" (Table 1). When the subjects studied in the theses were examined, it has been found that disorders of sexual development, sexual education, sexual identity, sexual roles, sexual behavior, educational programs for sexual development, attitudes towards sexual development, endocrinology and metabolic diseases were studied (Table 1). When Table 1 is analyzed as a sample group, 28.5% (n=4) of the studies were from mothers and fathers, 7.1% (n=1) were from mothers only, and 21.4% (n=3) were from patients with sexual development disorder. It was determined that 42.8% (n=6) consisted of different groups (children with normal development and needing special education/care, teachers and research assistants).

When the data collection tools of the theses were examined, it was determined that the survey created by the researchers was used in 57.1% (n=8) and the scale was used in 14.2% (n=2). When the scales used in the studies are examined; Alptekin (2018)'s Selcuk Sexual Development Scale child and family forms, Şahin (2014)'s Child Sexual Development and Education Knowledge Test and Childhood Sexual Behaviors Teacher Approach Scale, Baysan (2020)'s Child Sexual Development and Education Information and Attitude Form for Families, Kayabaşı (2019)'s Opinion Questionnaire on Sexual Education and Sexual Education Program Knowledge Test, Gurbuz (2018)'s Sexual Development Characteristics Scale of Children with Adolescent Mental Disabilities, Çerçi (2013)'s Sexual Health Questionnaire and Attitude Scale Towards Sexual Education, and Eliküçük (2011)'s Preschool Sexual Education Parent Questionnaire was determined to be used (Table 1). 28.5% (n=4) of the studies were conducted in the Central Anatolia region, 21.4 (n=3) in the Aegean region, 14.2% (n=2) in the Marmara region and 7.1% (n=1) in the Mediterranean region. It was found to be produced in the region. In 28.5% (n=4) of the studies, it was not stated where it was made (Table 1).

Table 1. Descriptive Analysis Findings of Examined Graduate Theses

Author's name	Method	Study design	Sample	Measurement tools	Results
Cakmak, 2006 ^[15]	Quantitative	Descriptive	137 adolescents between the ages of 11-17 with mild or complete visual impairment (F:57 M:80)	A questionnaire form developed by the researcher	The results of this research are discussed under the headings of “changes in the body, sexual interaction, sexual activities and sexual fantasies”. Adolescent girls who see changes in the body about the menstrual period have less fear than those with visual impairment; changes in the body in visually impaired adolescents do not cause feelings such as distress, sadness, and anxiety; that both groups of adolescents first consulted with their friends about the issues they were curious about about sexuality; sighted adolescents have more friends than visually impaired adolescents; It has been revealed that almost all of the boys masturbate, all of the girls do not masturbate, and finally, a large part of both adolescent groups have sexual fantasies.
Erdogan, 2009 ^[16]	Qualitative	Retrospective	95 patients with sexual development disorder (F:36 M:22 Uncertain:37)	Questionnaire including general information, clinical evaluation, diagnostic evaluation and final evaluation	It is seen that patients with 46, XY DSD are in the majority, more than half of them apply after the neonatal period, the average age is 6.5, and the most common complaint is suspicious genital structure. It was determined that the most significant patient groups in the diagnosis distribution were 29 individuals diagnosed with Partial Androgen Insensitivity Syndrome, 21 individuals diagnosed with Turner Syndrome, and 16 individuals diagnosed with Congenital Adrenal Hyperplasia.
Banlı Cesur, 2011 ^[17]	Qualitative	Retrospective	36 patients aged 0-18 years who were diagnosed with sexual development disorder and underwent surgical treatment (Female pseudohermaphrodite (DPH):22	Registration of patients	In five of the 27 patients who were given a female gender decision, staged surgery was performed due to high type of vaginal opening, and cliteroplasty was performed first, and vaginoplasty was left to the adolescence period. In addition, the names of 22.2% of the patients were changed and one-stage cliterovaginoplasty was performed in 12 (33.3%) of the DPH patients.
Topcu, 2011 ^[18]	Qualitative	Retrospective	28 patients with sexual development disorder	Registration of patients	Mutation was found in 1 (4%) of 24 patients with a preliminary diagnosis of Partial Androgen Insensitivity Syndrome. A mutation causing androgen receptor changes was detected in 2 (50%) of 4 patients with a pre-diagnosis of Complete Androgen Insensitivity Syndrome.
Elikucuk, 2011 ^[19]	Quantitative	Quasi-experimental design (pretest - posttest)	46 mothers and 31 fathers with a 6-year-old child attending a pre-school education institution	"Preschool Sexual Education Parent Questionnaire" developed by the researcher	When the total questionnaire scores of the mothers and fathers before and after the education were compared, a significant difference was found; It was determined that the child sexual education program given to the parents increased the knowledge level of the parents about the child sexual development and education. It was determined that there was a difference in favor of the mothers in the pre-test and post-test mean scores of the mothers, but this difference decreased after the education.

Note: The table includes some abbreviations. These are as follows: F: Female, M: Male.

Table 1. Descriptive Analysis Findings of Examined Graduate Theses (continued)

Author's name	Method	Study design	Sample	Measurement tools	Results
Cerci, 2013 ^[20]	Quantitative	Descriptive	99 mothers and 90 fathers who have children with mental retardation	1) Attitudes Towards Sexual Education Scale 2) Sexual Information Collection Questionnaire	According to the socio-demographic characteristics of parents with mentally retarded children, their knowledge levels and attitudes towards sexual development and education differ, and these parents believe that their children's sexual education needs are higher than their normal peers. For this reason, mentally handicapped children need sexual education programs, which are organized for their sexual development and sexual education.
Sahin, 2014 ^[21]	Quantitative	Quasi-experimental design (pretest posttest)	186 teachers working with children aged 5-12 in phase 1, in the 2nd stage, 23 teachers (F:22 M:1) for the pre-test and 19 teachers (F:17 M:1) for the control group	1) Child Sexuality and Education Knowledge Test for Teachers 2) Scale of Teacher's Views on Childhood Sexual Behaviors 3) Demographic Information Form	At the end of the training program, it was concluded that the teachers in the training group got a significantly higher score from the Child Sexual Development and Education Teacher Knowledge Test compared to those in the control group, and their approach to childhood sexual behaviors changed positively.
Ozgun, 2017 ^[22]	Quantitative	Quasi-experimental design (pretest posttest)	For the experimental group, 29 children aged 60-72 months (F:10 M:19) For the control group, 29 children aged 60-72 months (F:10 M:19)	1) Questionnaire for Sexuality Knowledge Level 2) Personal Information Form	It was observed that the sexuality knowledge level of the children in the control and experimental groups changed according to whether they participated in the sexuality education program or not, and the sexuality education program increased the sexuality knowledge level of the children.
Gurbuz, 2018 ^[23]	Quantitative	Descriptive	860 parents who have children with mental retardation (F:634 M:226)	1) Sexual Developmental Characteristics of Children with Intellectual Disabilities in Adolescence 2) Personal Information Form	It has been determined that there is a significant difference according to the sexual development characteristics of adolescent children with mental disability and the gender of the parents, educational status, living with their spouse, gender of the child, age and degree of disability. In addition, parents do not have enough information about their children's sexual development characteristics. In this study, a valid and reliable "Scale of Sexual Development Characteristics of Children with Adolescence Mental Disabilities" was developed.
Kayabasi, 2019 ^[24]	Quantitative	Quasi-experimental design (pretest posttest)	In the 1st stage; 115 primary school mothers, in the 2nd stage; 30 mothers constituting the experimental (n= 15) and control group (n= 15)	1) Personal Information Form 2) Opinion Questionnaire on Sexual Education 3) Sexul Education Program Knowledge Test	According to the pre-test results of the study, the majority of mothers found that they could not give sexual education to their children, did not know how to give sexual education, and had difficulty answering questions about sexuality. In addition, it is seen that the Sex Education Program Knowledge Test scores differ significantly according to the age and educational status of the parents. Finally, in the post-test, it was determined that the Sex Education Program Knowledge Test scores differed in favor of the experimental group, and the sexual development education program was effective.

Note: The table includes some abbreviations. These are as follows: F: Female, M: Male.

Table 1. Descriptive Analysis Findings of Examined Graduate Theses (continued)

Author's name	Method	Study design	Sample	Measurement tools	Results
Alptekin, 2018 ^[25]	Mixed	General scanning model (Part 1) Case study (Part 2)	1) 36-72 months old children (F: 158 M: 169) and their families, 2) 48-72 months old children (F:9 M:18) with hearing impairment (n=9), intellectual disability (n=9) and autism diagnosis (n= 9) and 48-72 randomly selected from the 1st study group 27 months of normal development	1) Interview forms 2) Selcuk Sexual Development Scale Child and Family Forms	In this study, it was concluded that the Sexual Identity, Gender-Related Behavior child and family forms are valid and reliable. It was observed that the mean scores of children with disabilities in all sub-dimensions of the Selcuk Sexual Development Scale child and family forms were significantly lower than their peers with normal development, and this scale had a distinguishing feature between the two groups.
Adatepe Yapici, 2020 ^[26]	Quantitative	Cross-sectional study	127 women, 72 men from family medicine (n = 104) and pediatrics (n = 95) research assistants	Interview form prepared by the researcher	According to the results of the research, the majority of the participants stated that they did not receive training on sexual education and that they needed training on this subject. 88.4% of the participants encountered questions about sexual development in children; During patient interviews, it was determined that 25.6% of children excluded sexual development problems from the field of study. The average of attitudes of the participants, whose level of knowledge on sexual development is above the average, is below the average.
Baysan, 2020 ^[27]	Quantitative	Descriptive	102 mothers, 18 fathers with children aged 3-6	Knowledge and Attitude Form for Families on Child Sexual Development and Education	It has been determined that parents have difficulty in answering their children's questions about sexuality, fathers are shy compared to mothers, sexual education should be given by mothers, and the content of sexual education and the starting age is not known correctly. In addition, it is seen that the vast majority of parents need resources on child sexual development, and the level of knowledge of parents who receive child sexual education is significantly different from that of parents who do not.
Yalkilic, 2020 ^[28]	Qualitative	Case study	10 preschool teachers (in digital environment)	1) Demographic information form 2) Semi-structured interview form 3) Document review form	It has been determined that preschool teachers do not have sufficient knowledge about the content of sexual education, children do not ask their teachers about sexual development, and teachers do not encourage them to ask questions In addition, it was determined that most of the teachers who were faced with questions about sexual development gave avoidant answers and stated that they felt nervous when faced with questions about sexual development. It has been observed that parents do not demand any training on sexual development for their children or for themselves, teachers generally show the right approach to sexual behavior in the classroom, but there are teachers who do sexual development practices as well as teachers who do not practice due to lack of knowledge and anxiety about getting a reaction.

Note: The table includes some abbreviations. These are as follows: F: Female, M: Male.

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This evaluation covers studies conducted in Türkiye and published in Turkish, which can be accessed through the National Thesis Center and completed by the end of 2021. In the preliminary search, 75 theses were reached with the keyword "sexual development". 69 open access studies were reached. When the theses examined in this direction are analyzed in terms of publication years, it can be seen that the frequency of the concept of sexual development increased in 2011 and after. In this respect, when the theses analyzed in terms of publication years are examined, it can be seen that the frequency of the concept of sexual development increased in 2011 and after. In the previous years, issues related to sexual development were considered more taboo, while the fact that these issues were handled more easily over time may have paved the way for academic studies, but this issue still remains a taboo. Although the positive contributions of sexuality and sexual health to the quality of life of individuals are recognized worldwide, the traditional perspective in our society is passed down from generation to generation and issues related to sexuality cannot go beyond traditional boundaries.³³

It was found that the majority of the postgraduate theses on sexual development are master's theses and most of these published works are located in the programs of the Institute of Educational Sciences, Faculty of Medicine, Institute of Social Sciences and Institute of Health Sciences. This shows that sexual development is a multidisciplinary subject and is examined in different fields of science. The predominance of studies in the field of education reveals that education and awareness play an important role in the sexual development process of individuals. Sexual development involves the interaction of social-emotional and cognitive development areas as well as physical development.²⁹ Since behavioral changes are visible and can be studied in line with the information obtained from the individual, it can be said that studies in the field of education come to the fore.

It can be seen that in almost half of the sexual development theses investigated in the study, quantitative methods are used and the least preferred method is the qualitative method. Qualitative research is considered a research method that aims to understand human behaviors and the reasons for these behaviors in detail and depth, and the processes of data collection and objective analysis require more time and effort.³⁰ Quantitative data collection methods offer faster data collection and analysis compared to qualitative research, in addition, conducting qualitative research on a special and sensitive subject such as sexual development may make ethical approval processes more complex and researchers may prefer quantitative methods for this reason. Therefore, it can be said that the low frequency of the qualitative method is due to this.

In the study of the sample groups of the postgraduate theses on sexual development, in addition to patients with sexual development disorders, parents, teachers, children and adolescents with normal development and special needs were selected as data sources, and it can be seen that the sample is very diverse. In addition, the studies discussed; examined the knowledge and attitudes of parents, preschool teachers, family physicians, and pediatric research assistants about children's sexual development and

reviewed the development and effectiveness of educational programs on this topic; examined the sexual development of both normally developing and special needs children and adolescents; and evaluated treatment methods, gene alterations, and clinical characteristics of individuals with sexual development disorders. The fact that the data collection sources were selected from different fields and that the subject was handled in a multidimensional manner shows that sexual development is not only an individual process, but is also affected by environmental and social factors. In addition, the evaluation of the clinical characteristics, genetic factors and treatment methods of individuals with sexual development disorders shows that the subject is addressed not only in the field of education and psychology but also in the field of medicine.

According to the results of the theses examined in this research, parents' participation in sexual development and education programs has a positive impact on their knowledge and attitude towards sexual development, and families especially need informative training on sexual development of their children.^{19, 24} In parallel, it was found that professionals and teachers working in this field, regardless of the grade level they teach, do not feel sufficiently informed about children's sexual development and need training programs on this topic.

It is seen that children with special needs need more information and guidance on sexual development than children with normal development, because these children have similar sexual activity and reproductive health needs as their peers with normal development.³¹ In addition, it has been found that the level of knowledge increases after sexual education programs conducted with children with normal development.²² In this direction, as Roden et al. (2020) mentioned, adolescents and young adults with intellectual or developmental disabilities need comprehensive sexual education that is presented in a non-judgmental, sexually inclusive manner using universal learning design principles. Determining the research findings for different sample groups is important in terms of identifying the gaps in the literature and the development needs of researchers and practitioners in this field.

Our study is limited to postgraduate studies with the concept of "sexual development" in the title. In further research, other concepts related to sexual development can be included and the study can be detailed. However, considering that doctoral field are practice-oriented, researchers should be supported to study the topic of sexual development in doctoral theses in order to provide benefits both academic and social benefits.

LIMITATIONS

This article is based on the data of thesis results obtained from the databases of the Turkish National Thesis Center. Additionally, this article includes the results of theses addressing sexual development issues.

CONFLICT OF INTEREST AND AUTHOR CONTRIBUTIONS

The authors declare that they have no conflict of interest. All authors contributed to the conception and design of the study. All authors provided contributions to the literature review and substantially edited the primary manuscript and prepared the final version of the manuscript. All authors revised the manuscript, agreed to be fully accountable for ensuring the integrity and accuracy of the study, and read and approved the final version of the manuscript to be published. All the authors met the criteria for authorship, and they are listed as co-authors on the title pag.

REFERENCES

1. San Bayhan P, Artan, İ. Child development and education. Istanbul: Morpa Publications; 2012.
2. Aydın, H. Sexuality and Sexual Function. (Compilers) Köroğlu, E., Güleç, C., Psychiatry Basic Book, Ankara: Physicians Publishing Association; 1998. pp. 605-60.
3. Tuzcuoglu N, Tuzcuoglu, S. Child's sexual education/mother, how was i born? Istanbul: Morpa; 2004.
4. Erdogan S. Sexual development. N. Aral, B. Gülen (eds.), Child development. Istanbul: Ya-Pa Publishing; 2011. pp.340-362.
5. Breuner Cora C, Mattson Gerri, Committee on Adolescence, Committee on Psychosocial Aspects of Child and Family Health. Sexuality education for children and adolescents. American Academy of Pediatrics; 2016.
6. Gurbuz S. Evaluation of sexual development characteristics of children with intellectual disability in the adolescent period with opinion of parents: a scale development study [Unpublished master's thesis]. Abant İzzet Baysal University, Bolu, 2018.
7. Dincmen K. Psychiatry/psychosomatic medicine. Istanbul: Pan Publishing; 2005.
8. Boyd D, Bee H. The developing child. 13th edition. Harlow, Essex: Pearson Education Limited; 2004.
9. Senemoglu N. Development, learning and teaching. 11th edition. Ankara: Gazi Bookstore; 2005.
10. Yazgan İnanc B, Bilgin M, Kilic Atici M. Developmental psychology: development in children and adolescents. Ankara: Pegem Academy; 2007.
11. Buldu M. Child development theories. J. Trawick-Smith (ed). Early childhood development a multicultural perspective. Ankara: Nobel Akademik Publishing; 2014. pp. 294-327.
12. Feldman R. Child development. 3rd edition. New Jersey: Pearson Education; 2004.
13. Dokmen ZY. Gender social psychological explanations. 2nd edition. Istanbul: Remzi Bookstore; 2010.
14. Banerjee R. Gender identity and the development of gender roles. S. Ding, K. Littleton (ed.), Children's personal and social development. Walton Hall, Milton Keynes: Blackwell Publishing; 2005. pp. 141-179.

15. Cakmak S. Sexual development of blinds and individuals with normal vision [Unpublished master's thesis]. Gazi University Ankara, 2006.
16. Erdogan S. Classification and clininical evaluation of the children and adolescent with disorders of sex development [Thesis in medicine]. Ondokuz Mayıs University, Samsun, 2009.
17. Banli Cesur I. Treatment management of childrens with sexual development disorders [Thesis in medicine]. Cukurova University, Adana, 2011.
18. Topcu V. Detection of androgen receptor gene alterations in subjects with 46,xy disorders of sex development [Thesis in medicine]. Ankara University, Ankara, 2011.
19. Elikucuk A. Examination of the effect of education about sexual development of children to parents knowledge who have 6 years old children [Unpublished master's thesis]. Ege University, İzmir, 2011.
20. Cerci G. Investigating knowledge level and attitudes of families with mentally retarded children towards their sexual development and education [Unpublished master's thesis]. Dokuz Eylul University, İzmir, 2013.
21. Sahin GN. Developing and testing the effectiveness of the teacher training program on child sexual development [Unpublished master's thesis]. Orta Dogu Teknik University, Ankara, 2014.
22. Ozgun SY. The effect of sexuality education program on the sexual development of children aged 60-72 months [Unpublished master's thesis]. Mersin University, Mersin, 2017.
23. Gurbuz S. Evaluation of sexual development characteristics of children with intellectual disability in the adolescent period with opinion of parents: a scale development study [Unpublished master's thesis]. Abant Izzet Baysal University, Bolu, 2018.
24. Kayabasi E. The effectiveness of the sexual development training program for the mothers of primary school students [Unpublished master's thesis]. Abant Izzet Baysal University, Bolu, 2019.
25. Alptekin A. Development of Selçuk Sexual Development Scale (36-72 months) and examination of sexual development in children with disabilities for 48-72 months [Unpublished doctoral dissertation]. Selcuk University Konya, 2018.
26. Adatepe Yapici S. Sexual development and training of pre-school children: knowledge and attitudes of family physician and paediatric research assistants [Unpublished master's thesis]. Cukurova University, Adana, 2020.
27. Baysan MP. Knowledge level and attitudes of parents whose children's age is between 3 and 6 about child sexual development and education [Unpublished master's thesis]. Medipol University, Istanbul, 2020.
28. Yalkilic B. Pre-school teachers'views and practices: a case study about sexual development and education [Unpublished master's thesis]. Okan University, Istanbul, 2020.
29. Tugrul B, Artan İZ. Research of mother's opinions about the children's sexual education. Journal of Hacettepe University Faculty of Education; 2001. pp. 141-149.
30. Guler A, Halicioğlu M, Tasgin S. Qualitative research in social sciences. Ankara: Seçkin Publishing; 2015.
31. Holland-Hall, C., & Quint, E. Sexuality and disability in adolescents. Pediatric clinics of North America; 2017. 64 2, 435-449. <https://doi.org/10.1016/j.pcl.2016.11.011>.

32. Roden, R., Schmidt, E., & Holland-Hall, C. Sexual health education for adolescents and young adults with intellectual and developmental disabilities: recommendations for accessible sexual and reproductive health information. *The Lancet. Child & adolescent health*; 2020. 4 9, 699-708. [https://doi.org/10.1016/s2352-4642\(20\)30098-5](https://doi.org/10.1016/s2352-4642(20)30098-5).
33. Kılınç, S. Content Analysis of Theses on Sex Education in Turkey. [Unpublished master's thesis]. KTO Karatay Üniversitesi, Konya, 2023.