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Parent adolescent communication related to pubertal issues

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Abstract

The present study was undertaken with the objective of investigating the nature of Parent Adolescent communication regarding pubertal issues, as research evidence has suggested its association with healthy development of ideas related to sexuality and family life. Menarche marks a turning point not only in the lives of girls but also in the lives of their parents. Relatively normal and healthy adolescents tend to come from homes where there is reasonably good communication between the two. The sample of the study comprised 100 girls in the age group of 15-18 years drawn from Jammu city of J&K state by random sampling. An in-depth self-devised interview schedule having items related to experience of puberty and communication with parents was administered on the selected sample girls. The findings suggested that majority of adolescent girls did not communicate freely about the pubertal issues with their fathers and other male members of the family because of hesitation, shyness, societal norms and various stigmas. They reported that they felt embarrassed about discussing these issues with them. On the other hand, the girls felt free to discuss the issues related to puberty like development of secondary sex characters, menarche, and menstruation with mothers owing to the feeling of belongingness and gender specific compatibility. They followed the traditions and norms imposed on them by their family without questioning. The study points to an imperative call for sensitization and guidance of family members and others to open up communication with adolescents and provide them with vital and correct information about pubertal and other life related issues.

Keywords: Puberty, adolescent health, parent adolescent communication, Jammu & Kashmir

Introduction

Adolescence is a stage of life that is distinct from childhood and adulthood. Significant physical, cognitive, identity, moral and emotional development occurs against a backdrop of changing social and family relationships. It is seen as a time when the relationship between parents and their children is under significant pressure and it can be a time of increased conflict between them. Many people confuse adolescence with puberty. According to the Encarta Encyclopaedia, puberty is defined as the period in human life during which sexual reproduction organs mature. Puberty usually occurs in males between the ages of 13 and 16, and in females between 11 and 14 (McQueen, 2001)^[1]. Menarche, the first menstrual period, happens relatively late, not at the start of puberty as many people believe. Regular ovulation and the ability to carry a baby to full term usually follow menarche by several years. Puberty, however, is the most widely accepted indicator of the beginning of adolescence. The physical changes associated with puberty are seen as the most outwardly obvious indication that adolescence has begun. Because of the wide variation among individuals in the timing of the pubertal growth spurt, there is a broad range of physiologic variations in normal growth. The 'growth spurt' and maturation of secondary sexual characteristics, and consequent reproductive and social maturity, can be an abrupt reminder to parents that their child is growing up (Heaven, 2001)^[8]. Studies suggest that the onset of puberty has a marked effect on the development of health behaviours. Adolescence is also one of the riskiest phases of development due to the complexity and magnitude of change that occurs. Health and wellbeing at this stage are dependent on the interplay between physical and psychological changes and external influences. (Robinson, 2006)^[17]. Teenage girls have many reasons for seeking health care, such as gynaecological concerns (menstrual problems, contraception and pregnancy), eating disorders and mental health issues (adjustment difficulties, anxiety and depression).

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Reliance on parents decreases throughout adolescence, and idealised internal representations of parents are gradually renounced. This means that parents are not the "heroes" of childhood anymore; they gradually become recognised as being fallible human beings with strengths and weaknesses (Allan *et al.*, 2002). Parents need to be aware that so called 'mood swings' may be a sign of serious emotional distress, and that a young person may need extra help and support (Daniel *et al.*, 1999) [7]. Parent-adolescent disagreement also increases as friends demonstrate a greater impact on the child; this is especially true when parents do not approve of new friends' values or behaviour (www.boundless.com). Further research suggests that when parents from the same family are compared, knowledge of their adolescents' behaviour differs, with teens typically disclosing more to mothers than they to fathers (Crouter & Head, 2002; Smetana *et al.*, 2006) [5]. The increased attention in recent years to a more strengths-based approach to adolescent health and wellbeing has highlighted the importance of warm and connected relationships between parents and adolescents (Robinson, 2006) [17]. In a study by Kearney and Bussey (2014) [9], high openness in communication and stronger disclosure self-efficacy beliefs were associated with more disclosure at follow-up. Although a positive relationship was also found for maternal warmth/responsiveness, when it was considered together with other parenting attributes, its unique contribution to the disclosure process was attenuated once openness and self-efficacy beliefs were taken into account. Developmental changes occurring for the adolescent, the parent, or both (such as social cognitive or self-definitional change), as well as other relationship changes, personality characteristics etc. have been posited as potential contributors to changes in the parent-child relationship for young adolescents (Paikoff, 1991) [14]. Both mother's and father's separate communication as well as their interaction effect was linked to the development of delinquent behaviour. It was further noted that a satisfactory mother-adolescent communication was much more important compared to the father-adolescent communication in the present context. These relationships buffer the effects of other environmental and personal risk factors and provide a secure base for young people to develop an independent identity (Rueter & Conger, 1995) [18]. It seems possible, however, that parents also perform a critical function as a "secure base" from which to explore peer relationships and different roles and identities. The secure base allows a child to explore this external world and return to safety if the need arises (Noller *et al.* 2001) [13]. Puberty tends to dramatically increase body awareness and concerns about physical appearance. Early onset of puberty has many effects on the body. This in turn affects how adolescents react socially. The major effects are in self-esteem and interpersonal relationships (McQueen, 2001) [11]. The onset of puberty has a marked effect on the development of health behaviours. It is related to an acceleration of the development of unhealthy behaviours (Simon & Wardle, 2000) [20]. For a more positive youth development the presence of the five C's: competence, confidence, connection, character, and caring has been proposed by Lerner *et al.*, 2005. The onset of puberty also has effects on the social interactions of adolescents. Due to these appearance differences, early maturing females may suffer rejection by peers (Silbereisen *et al.* 1989) [19]. Although the immediate impact of puberty on the adolescent's self-image and mood may be very modest, the timing of physical maturation does affect the teen's social and emotional development in important ways. Early-maturing

boys tend to be more popular, to have more positive self-conceptions, and to be more self-assured than their later-maturing peers, whereas early-maturing girls may feel awkward and self-conscious (Reynolds & Juvonen, 2011) [16]. Furthermore, age of the adolescent was also related to delinquency and it was observed that early adolescence was a richer breeding ground of delinquency, although a satisfactory parental communication was crucial throughout the adolescent period to serve as a protective factor against delinquency (Moitra & Mukherjee, 2012) [12].

Another study revealed that girls and boys used less effective conflict resolution strategies with siblings than with mothers or fathers and adolescents' personal qualities were linked with effective conflict resolution. Moreover, evidence for the role of conflict resolution effectiveness as a moderator was limited (Tucker, McHale, & Crouter, 2003) [21]. Regarding more important life issues, many adolescents will still share the same attitudes and values as their parents. Adolescents who have a good relationship with their parents are less likely to engage in various risky behaviours, such as smoking, drinking, fighting, and/or unprotected sex. A study conducted by the Population Council suggested that adolescents need more information about reproductive health, including physiological changes during puberty. The finding supported the results of a study that has shown that lack of proper knowledge related to puberty and sexual health, and taboos attached to the issue, female adolescents do not seek proper health care assistance for gynaecological problems (Qazi, 2003) [15]. The participants of this study as well as the previous studies have identified school curriculum, school health programs and programs delivered by print and electronic media as potential sources which could be used to enhance adolescents understanding of puberty and sexual health (Qazi *et al.* 2003) [15].

Research Methodology

The present study has been undertaken with a view to investigate the "Parent Adolescent Communication about pubertal issues". A combination of quantitative & qualitative approach has been used for the study. The sample of the study comprised 100 adolescent girls in the age group of 15-18 years, studying in grade 9th to 12th, selected from 5 schools of urban areas of Jammu district by purposive sampling technique. From each school a list of students was drawn who met the requirement of criteria. Then by using lottery method, the required sample was selected randomly.

A self-devised, pre-tested interview schedule was used to study the parent-adolescent communication about pubertal issues which covered the following major areas; Background information of adolescent girls, Experience of Puberty, Communication with mothers and Communication with father. The researcher interviewed each girl individually for 20 minutes each to illicit information.

Content analysis of all responses obtained was done to highlight the major responses and to derive valid conclusions. Further, appropriate statistical techniques were applied to derive the results of the present study.

Results and Discussion

Results of the study depicted that majority of respondents (67%) were in the age group of 13-15 years & most of them were in the IX-X standard. A large number of sample (73%) were in the income group of 5,000-15,000.

Puberty is the part of an unfolding growth process that begins at conception. At the time of pre-puberty, there is a rapid rise

in the secretion of certain hormones, especially the sex hormones, which signals the onset of puberty. All the respondents were aware of the external changes (appearance of pubic hair, breast enlargement and increase in height) occurring in their body at the time of puberty but did not mention any behavioural and cognitive changes. This is in contrast to the study of Qazi, (2003)^[15] who reported lack of proper knowledge related to puberty and sexual health in the respondents of his study.

Age of menarche is an important indicator of the developmental status of adolescent girls, 70% of the respondents had their menarche at the age of 13 years. When the respondents of the study were asked about their experiences regarding their menarche, majority of the respondents (84%) exhibited negative reactions towards their menarche and none felt good about this important aspect of their life. When an adolescent girl has menarche, she tries to find a person with whom she can share her feelings, problems etc. In order to effectively deal with the transition, adolescents require information and a clear picture of their bodily changes to prevent them from physical problems, guilt, ambiguity, and confusion (Ali *et al.* 2000). Family is normally the first unit for an individual from where she gets much support during such situation. As given in fig. 1, mother was the first person to give prior information regarding menarche and other related aspects of growing up to majority (84%) of the girls. Families having more traditional views have more restrictions on adolescent girls during their menstruation. Families having such views, see menstruation as "Menstrual Taboo". The results showed that majority of the respondents (77%) were not allowed to eat food items like pickle, onion, curd, tamarind etc., 89% of the respondents questioned about these restrictions and 11% simply followed them without any questioning (Table 1).

Some parents provided their daughters with books or booklets about menstruation, instead of or as a supplement to the conventional mother-daughter talk, they said advertisements acted as beginning point for sharing discussion about these issues. Maximum number of girls had awareness about menstruation before they experienced it (Fig. 2) which they derived from the female members of their family, and other formal sources (electronic media, magazine, female teachers and books) (Fig.3). Participants of the study by Qazi *et al.* (2003)^[15] have identified school curriculum, school health programme and programmes delivered by print and electronic media as potential sources which could be used to enhance adolescents' understanding of puberty and sexual health.

In the Indian context, the changes, a girl can expect during puberty are not discussed in the family openly. Fathers, in particular are noticeably absent in this process. The adolescents appear to perceive it as the mother's role to discuss issues related to bodily changes and menstruation with their daughter. The results depicted that majority (77%) of the respondents communicated freely with their mother regarding menstruation (Fig. 4) and felt comfortable while interacting

with her because, according to them, their mother is very friendly with them and she is the only figure with whom a girl can share her personal issues as she also undergoes the same experience. Contrary results were found in the study of Ackerman *et al.* (2004) which revealed that majority of daughters reported that communication with their mother about menstruation was negative in tone.

In a male dominated society, interaction about menstruation is not allowed in the family members especially with the fathers thus a majority of girls did not communicate about menstruation and other puberty related aspects with their father (Fig.5). All, except one respondent reported that girls should avoid interacting with their father as far as discussing personal issues with him was concerned.

When the respondents of the study were asked about the reasons for non-discussions with father, majority (81%) of the respondents stated that they felt uncomfortable in discussing these issues with their fathers because there are societal norms and gender specific generation gap between an adolescent girl and her father, hence they did not consider it good to communicate such issues with their father (Fig.6). They felt hesitant and uncomfortable in discussing menstruation related issues with their fathers. Contrary results were found in the study of Bhushan (1993)^[4] which showed that adolescent girls faced problems in communicating with their mothers whereas the boys faced the same with their fathers. On being asked to imagine a situation when their supply of sanitary napkins was exhausted and their mother was away, would they tell their father to get sanitary napkins for them. Majority responded that they would never tell their fathers to purchase sanitary napkins for them (Fig.7) instead they would prefer to purchase them on their own (65%) because such things cannot be purchased by the father and they felt ashamed of it. 67% of the respondents stated that they prefer to change the channel or tried to distract the attention of their fathers and (vice-versa) when any advertisement was shown on TV about sanitary napkins, since they felt highly embarrassed and uncomfortable in such situation.

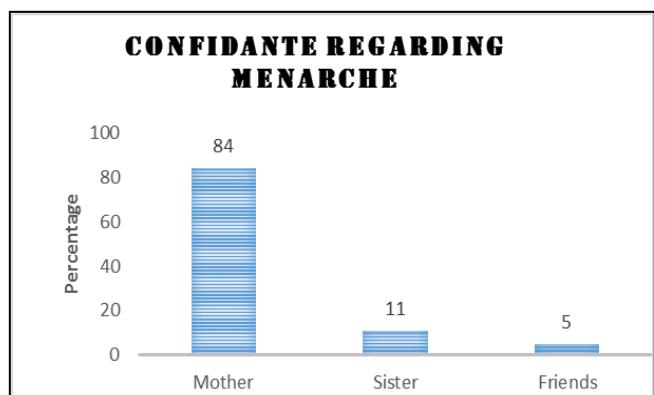
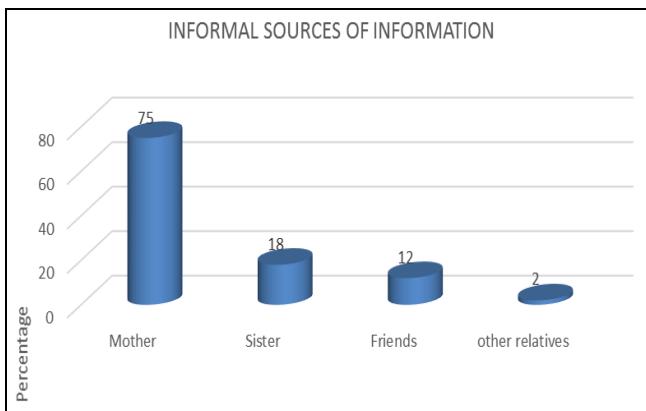
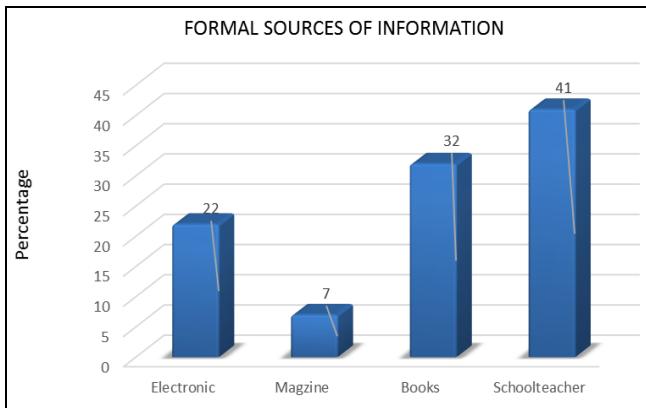
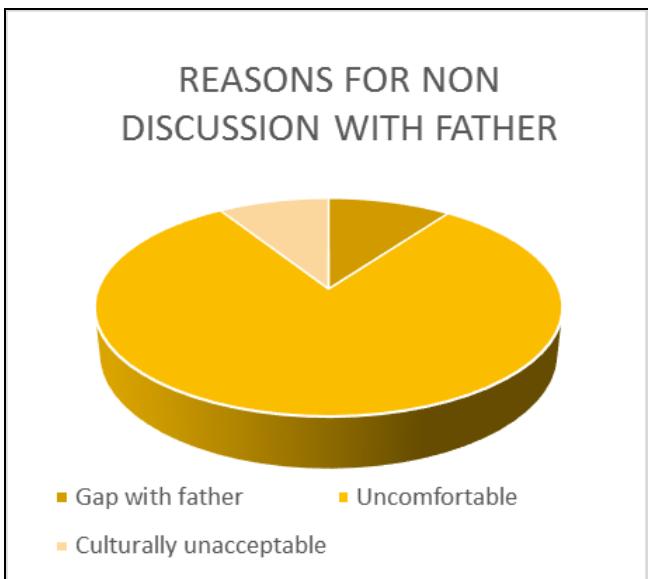
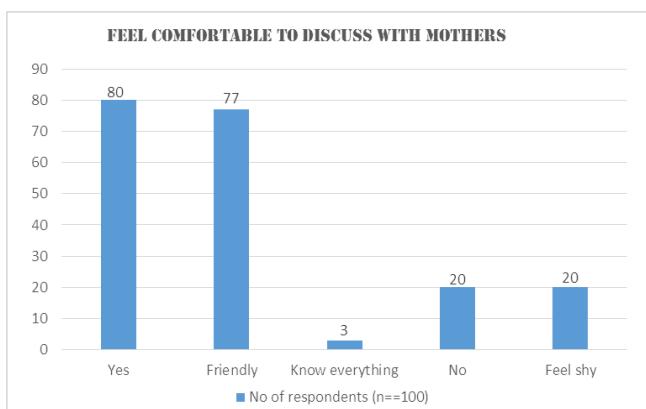
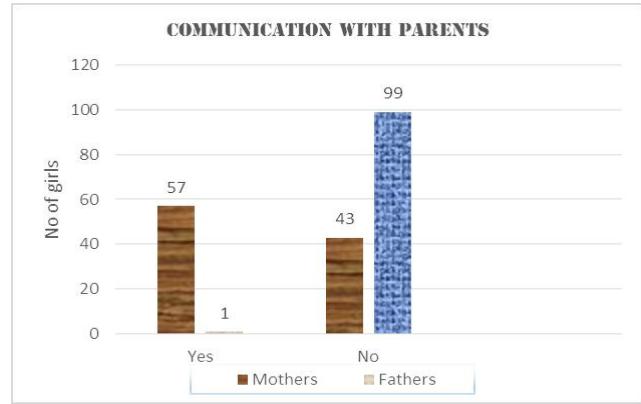


Fig 1

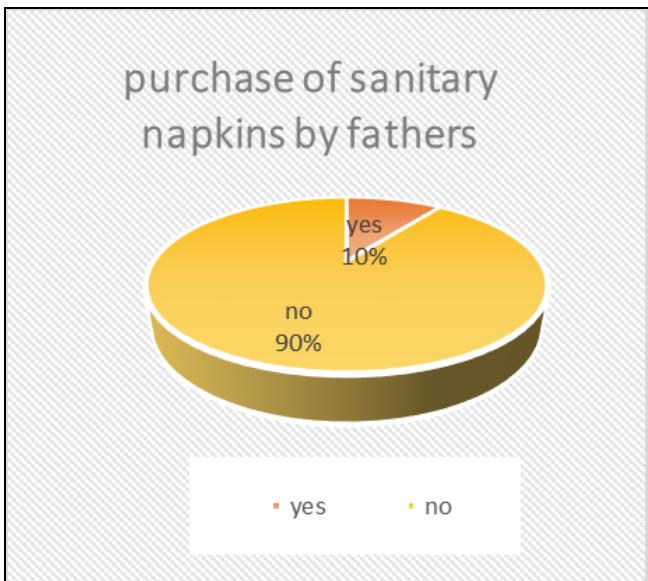
Table 1: Perception of Restrictions Imposed During Menstruation

| List Of Restrictions* | No. of respondents (N=100) |
|--|----------------------------|
| 1. Food restrictions | 77 |
| 2. No regular bath | 6 |
| 3. Not to go to religious places | 52 |
| Ever Questioned About These Restrictions | |
| 1. Yes | 89 |
| 2. No | 11 |

*Multiple Responses

Prior Source of Information (Fig. 2 & 3)**Fig 2****Fig 3*****Multiple Responses****Fig 6****Fig 4****Fig 5****Conclusion**

The results of the present study indicate lack of open communication between adolescent girls and their parents, especially fathers, on the very important issues related to puberty which can affect their reproductive and sexual health and overall well-being. The study points to an important need for measures aimed at opening up communication between adolescents and those who can provide them vital and correct information about their life related education because adolescence is a major transitional period of physical and psychological development between childhood and maturity. In order to effectively deal with this transition, correct and timely information about puberty and changes related to it is very important to prevent them from physical and psychological distress. Adolescents require more opportunities for free communication within the family throughout this phase to serve as facilitator for a smooth transition to adulthood. Intervention programmes designed to promote communication about health issues need to be promoted so as to bring about behavioural changes, both among the parents and adolescents.

**Fig 7**

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