

Frequency of Communication among Mothers and Adolescent Girls Regarding Physical Changes during Pubescence: A Social Work-Study in Ballari, Karnataka-India

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DOI: [10.36348/sb.2022.v08i06.001](https://doi.org/10.36348/sb.2022.v08i06.001)

| Received: 01.05.2022 | Accepted: 04.06.2022 | Published: 09.06.2022

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Abstract

Physical changes and growth during adolescence are vital phenomena; adolescent girls go through many imbalances and problems in such passing situations. It is necessary to transfer the relevant and requisite information to teen girls on physical changes during pubescence, and the mother is the core source of delivering information, knowledge, and practices to adolescent girls on physical changes. The present article has made an empirical effort to understand the frequency of communication about reproductive and sexual health and the Frequency of Communication on physical changes during pubescence. The study was carried out in two blocks of Ballari District of Karnataka-India. The sample size for the study was 260, and respondents were adolescent girls aged between 14-17 years; data was collected by using a semi-structured interview tool.

Keywords: Adolescents, Communication, Mothers, Physical Changes, Pubescence.

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INTRODUCTION

Adolescence is an intercessor segment of physical, biological, and psychological growth from adolescence to adulthood. Globally, there are more than 1.2 billion adolescents, indicating that about one in every six people is an adolescent. India has the world's largest adolescent population, with 253 million people aged 10 to 19 years, representing one in every fifth person (UNICEF, 2012). World Health Organization (2012) delineates adolescence as both in terms of age span between 10-19 years and in footholds of the phase of life expressed by distinctive ascribes, like rapid physical growth and development, reaching maturity in terms of physically, socially, and psychologically. The inception of sexuality, development of teen-psychological processes, adult identity, and the transition from total dependency to relative independence.

Puberty transpires as teenagers attain sexual maturity and undergo reproductive capability. The stage of development or point at which the individual can

replicate epitomizes the accomplishment of sexual maturity. It is adulthood, frequently considered to be similar. The mechanism of sexual maturation is termed puberty in human beings. Growth of the reproductive organs strikes at a uniform period as adolescent development accords to the anticipated trend for males and females (Shaffer and Kipp, 2007).

During adolescence development, girls' breasts grow precipitously, and sexual organs commence maturing. The vagina expands to be ampler internally. A robust set of muscles are constructed by the uterus walls that can be used during pregnancy to acclimatize the embryo and move it through the cervix (Tanner & Karlberg, 1990).

Freud discourses the genital stage of psychosexual growth, which portrays the general inquisitiveness amongst people of the opposite sex (for most people). Though children in middle school frequently play games that tutor them later in life for heterosexual relationships, adolescents develop gradually cognizant of their very personal sexuality

through the contemporary impulses they confront (Weisfeld and Woodard, 2004).

Not only do maturing adolescents feel differently about themselves, but many other people also begin to perceive and regard them differently. Rituals called traditions remind many cultures throughout society that a child becomes a teenager. The functioning and regurgitation of ceremonies affect the most satisfactory identity development outcome during the rite of passage ceremony (Schlegel and Barry, 1991).

As childhood ends and when the girl steps into adolescence, gradually, many changes start taking place in her body even if she does not want to. Along with mental thoughts, physical changes also take place. Puberty begins when physical and sexual characteristics begin to develop. Due to this change, girls become capable of reproduction. Puberty begins at different times in everyone and lasts for different periods. Due to the changing lifestyle and diet, many girls start at nine years. By the way, it is generally considered to withdraw from 13.

The early stage of adolescence (10 to 13 years)

Girls begin to develop rapidly during this stage. The body undergoes numerous changes. Hair growth in the underarms and near the genitals, breast development in girls, and testicles in boys are all examples of these changes. This transition is thought to begin one or two years earlier in girls than in boys. Many girls' menstrual cycles begin around this time. Simultaneously, the onset of puberty can be a challenging time for transgender children. At this age, some children may even question their gender identity.

The middle stage of adolescence (14 to 17 Years)

The physical changes in girls are nearly complete, and most girls' menstruation becomes regular. Many teenagers become interested in romance and physical relationships. At the same time, teenagers frequently argue with their parents because they prefer to spend their time with friends rather than family and do not want to be restricted. With all of this, boys' and girls' brain development continues.

Late adolescence (18 and 21 Years)

Physical development is typically completed by the end of adolescence. Adolescents begin to understand their personality and worth very well in the late stages of adulthood. They make decisions based on their ideals as well as their future. During this time,

relationships such as friendship and love become more stable. Some children are emotionally and physically estranged from their families. On the other hand, many re-establish a new relationship with their parents.

Adolescent girls lack knowledge of the issues affecting them and are not getting the full opportunity to develop the capacities needed to ensure active participation. Especially adolescent girls become very sensitive due to conservative social norms, due to which they are deprived of the freedom to move about freely, read, write, work, have social relationships, get married, etc. (UNICEF, 2020).

Due to the limited relevance of education about domestic responsibilities, marriage, child labor, employment, and the distance from schools, non-availability of toilets, 43 percent of girls have to drop out of school prematurely. Because of this, the life of girls becomes unimaginably chaotic. About 42 percent of girls in India use cloth instead of disposable sanitary napkins. Child marriage, widely prevalent in society, provides clear evidence of gender inequality and discrimination. It is estimated that 1.5 million girls under the age of 18 are married in India every year; today, India has the highest number of child marriages globally, one-third of the child marriages in the whole world (UNICEF, 2019).

In adolescence, the motivation to learn various skills and keep practicing until they are known is powerful. The teen also has the convenience of someone to teach him the skill, whether a teacher, a parent, or a typical teenager who has mastered the skills he wants to learn. This kind of guidance is provided in learning and the strong motivation to learn, which helps the adolescent learn the skills quickly and know so well (Mcneely *et al.*, 2009).

According to Hurlock (1964), the adolescent's knowledge of the changes of adolescence is gradually acquired. With the growth of this knowledge, he starts behaving like an adult because he appears as an adult. Physical, mental, social, and emotional, i.e., all development takes place at a rapid pace in adolescence. The changes that occur before the onset of menstruation in girls include the development of the ovaries and their supporting organs. Genital stimulating hormones produced by the pituitary gland induce these functions at 11 to 13. Estrogens (hormones) begin to be secreted from the vesicles inside the ovary, resulting in puberty changes.

Table-1: The Appearances and Changes during Pubescence

S. No	Appearances & Changes	Description
1	Physical Development	<ul style="list-style-type: none"> • Rapid physical changes are seen in adolescence. • The weight and height increase, shoulders broaden, and hair grows on the body. • The qualities of femininity begin to appear in adolescent girls.
2	Mental and Intellectual Development	<ul style="list-style-type: none"> • Mental development takes rapidly, and almost every brain area is fully developed. • In adolescence, a person starts expressing deep thinking for reasoning, thinking, and problem-solving.
3	Multiplicity of Imagination	<ul style="list-style-type: none"> • One of the characteristics of adolescence is that a diversity of imagination characterizes adolescence. • Teenagers are imaginative. Most of their time is spent daydreaming. Daydreams inspire teenagers, and on this basis, they do creative work. • In adolescence, his imagination becomes very developed.
4	Being self-centered	<ul style="list-style-type: none"> • In this stage, the adolescent tries to attract the attention of others. • They care about how people look at them and what they think of them.
5	Tendency to Rebellion	<ul style="list-style-type: none"> • Differences in opinion, mental independence, and tendency towards rebellion can be seen in children of this age. • At this stage, teenagers prefer to live a free life by not falling into the trap of customs and superstitions prevailing in the society
6	Emotional Development	<ul style="list-style-type: none"> • In this stage, the adolescent becomes very emotional; the source of energy bursts due to the pleasant emotion and increased enthusiasm. • The sense of self-respect and self-consciousness is stronger.
7	Volatility	<ul style="list-style-type: none"> • Decisions taken in adolescence are full of instability. • They engage in their work in a 'reckless' manner in interests, habits, emotions, learning, etc.
8	Development of interests and aptitudes	<ul style="list-style-type: none"> • The development of interest in adolescence is rapid, and their interest develops towards specific interests. These interests can be of many types. • At this stage, the interest in sports of boys and girls is different. • Girls are more interested in dancing, singing, drama, music, etc.
9	The tendency of heroic worship	<ul style="list-style-type: none"> • In this stage, the tendency for heroic worship develops in adolescents. • Adolescent girls choose an ideal at this age and start following it—for example- any politician, sportsperson, actor, etc.
10	Variation in Behavior	<ul style="list-style-type: none"> • There is a difference in adolescents' behavior, and they behave differently on different occasions. • At this stage, the emotions change rapidly, and the adolescent exhibits them to the fullest. According to Stanley Hall, "The physical, mental and emotional changes in adolescence emerge suddenly."
11	Social Emotion	<ul style="list-style-type: none"> • In adolescence, the adolescent begins to find his existence in society. • A feeling of respect, affection, love, etc., develops. • They crave to do something good and different in society. According to Ross, "Adolescents are at the forefront of building and nurturing society."
12	Feeling of Mental Freedom	<ul style="list-style-type: none"> • Teenagers are progressive rather than conservative. • They believe in mental freedom and have a rebellious spirit against stereotypes.
13	Increase in curiosity	<ul style="list-style-type: none"> • In this stage, the adolescent grows very fast towards curiosity. • They accept everything only after analysis. • Curiosity generates feelings of philosophies.
14	A sense of self-respect	<ul style="list-style-type: none"> • The sense of self-esteem begins to rise ultimately in adolescence. • Teenagers are self-respecting. They try to protect their self-respect and self-respect at any cost.

Communication between Mother and Adolescent Girls about Physical changes

Interaction between a mother and adolescent daughter on sexual and reproductive health (SRH) is a proper technique for transmitting reproductive information and endorsing safe behavior amongst pubescent females. Parent-adolescent communication on biological changes is recurrently considered anticipated and is regarded by many as an effective way to encourage adolescents to embrace responsible sexual behavior. However, few published studies describe the content of such communication between parents and teenagers, and even fewer examine the effect of sexuality-related conversations on sexual attitudes and behavior.

Parent-child communication on reproductive and sexual concerns, particularly in the early stages of puberty, substantially impacts adolescents' sexual and reproductive health beliefs, attitudes, and behaviors. Every adolescent's parents are a crucial source of knowledge and information regarding reproductive and sexual matters. They are anticipated to significantly

affect adolescents' sexual behavior, morals, and risk-related perceptions. (Akers *et al.*, 2011).

The objective of the Study

The primary purpose of this study is to understand the frequency of communication between mothers and adolescent girls about Reproductive-Sexual health and Physical changes.

RESEARCH METHODOLOGY

The present study has adopted a descriptive research design. The adolescent girls were the universe for the present study. The random sampling technique was followed in this study, and the total sample for the study was 260. The data was amassed from the adolescent girls aged between 14-17 years living in Sandur and Hospet of Ballari District. Quantifiable data has been placid from the respondents directly employing the Semi-Structured interview schedule. The data analysis was done using the Software named Statistical Package for Social Sciences (SPSS, Version 20) for Windows.

Table-02: Age Distribution of Adolescent Girls

Sl. No	Name of the variable	Description of the variable	Count	Percentage
1	Age of the adolescent girls	14 Year	81	31.2
		15 Year	66	25.4
		16 Year	56	21.5
		17 Year	57	21.9
2	Age distribution of the adolescent girls, according to Hurlock	13 to 16 Years (Early Adolescence)	112	43.1
		17 to 21 Years (Late Adolescence)	148	56.9

Age is a decisive demographic component that outlines the developmental stages of the social group under consideration in this study. Pointedly, more than three-tenths of the 260 respondents are 14 years of age; a virtuous proportion that one-fourth are aged 15; and substantially less than one-fifth are 16 and 17 years of age, correspondingly. The minimum age of the respondent was 14, and the maximum age of the

respondent was 17 years old. In addition, the ages are alienated into early and late adolescence. About three-fifths of the respondents are under the category of Early Adolescence, and a sizeable portion, more than two-fifths, are under late Adolescence. The mean age was ascertained to be 15.34 years, the median age was 15, and the mode age of the respondents was 14 years.

Table-03: Frequency of Parent's Communication on Reproductive and Sexual health with Adolescent Girls

Frequency of communication	Frequency	Percentage
Once in week	29	11.2
No specific timing	28	10.8
Once in 15 days	27	10.4
Once a month	89	34.2
Whenever you want to interact	52	20.0
Not applicable	35	13.5
Total	260	100.0

An effort has been made to comprehend how parents communicate with teenage girls about reproductive and sexual health subjects. More than three-tenths of parents dialogue with their progenies once a month. More than one-fifth of parents express

their emotions through communication. More than one-tenth communicate once a week and once every fifteen days, and there is no set time to interact. Affording to the above statistics, utmost parents speak with their adolescent daughters once a month.

Table-04 Frequency of Communication on Physical Changes by the Parents with Adolescent Girls

S. No	Particulars	Never	Rarely	Some times	Most times	Always	No communication on RSH	Total
1	Physical changes appear during adolescence	23 (8.8)	45 (17.3)	128 (49.2)	29 (11.2)	00 (00.0)	35 (13.5)	260 (100)
2	Growth of breast	80 (30.8)	67 (25.8)	78 (30.0)	00 (00.0)	00 (00.0)	35 (13.5)	260 (100)
3	Appearance of cubical hair	108 (41.5)	50 (19.2)	67 (25.8)	00 (00.0)	00 (00.0)	35 (13.5)	260 (100)
4	Occurrence of acne	44 (16.9)	109 (41.9)	72 (27.7)	00 (00.0)	00 (00.0)	35 (13.5)	260 (100)
5	Changes in hip	199 (76.5)	26 (10.0)	00 (00.0)	00 (00.0)	00 (00.0)	35 (13.5)	260 (100)
6	Terming of puberty	121 (46.5)	104 (40.0)	00 (00.0)	00 (00.0)	00 (00.0)	35 (13.5)	260 (100)
7	Physical affliction	44 (16.9)	107 (41.2)	74 (28.5)	00 (00.0)	00 (00.0)	35 (13.5)	260 (100)
8	Social relationship	44 (16.9)	82 (31.5)	99 (38.1)	00 (00.0)	00 (00.0)	35 (13.5)	260 (100)
9	Development of sexual identity	172 (66.2)	53 (20.4)	00 (00.0)	00 (00.0)	00 (00.0)	35 (13.5)	260 (100)

The frequency of parents' communiqué about biological transformations in adolescent girls is depicted above. More than three-quarters of the 260 do not ever speak about hip changes, more than three-fifths about the development of sexual identity, more than two-fifths about acne and physical sickness, and less than one-tenth about biological fluctuations during puberty. Around one-tenth of parents communicate about physical vicissitudes during adolescence most of the time. In terms of rarely communication, more than two-fifths speak about physical illness and physical changes, respectively; slightly less than three-tenths communicate about social relationships; more than one-fourth communicate about breast development; more than one-fifth communicate about sexual identity development, and one-fifth speak about the appearance of cubical hair and physical changes that occur during adolescence. According to the above table, more than three-fourths of parents never converse regarding hip changes; more than two-fifths rarely discuss the occurrence of acne, physical illness, and the terming of puberty, respectively; about half occasionally discuss biological changes that occur during adolescence.

CONCLUSION

Numerous factors promote healthy adolescence, the most important of which are receiving accurate and necessary information on menstrual health issues. In this regard, every adolescent girl's mother is the primary source of information. Communication between mothers and their adolescent daughters is affected by various factors, including the mother's educational status, family type, and age. Encouraging communication and the transitory of vital information will assist adolescents in fractious the barriers they face throughout adolescence. The quality and quantity of interaction between mothers and their adolescent

daughters are limited for various reasons, which may cause a wide range of problems for adolescents; therefore, mothers must understand and meet their daughters' communicational needs to avoid developmental hazards.

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