



# Parental Guidance and Sharing of Information with Adolescents about Sexuality and Sexual Health: A review

Manisa Koirala

Nursing Campus, Maharajgunj

Email: [k.manisa@yahoo.com](mailto:k.manisa@yahoo.com)

## Abstract

Sexual health is a fundamental to the overall health and well-being of individuals and families. Puberty is the process of physical changes as well as emotional maturation and being capable of sexual reproduction. Positive or respectful approach to sexuality and sexual relationships as well as free from coercion; discrimination and violence optimize the possibility of having pleasurable and safe sexual experiences. Appropriate pubertal guidance, sharing of information and education to youth about experiencing changes not only fostering positive attitudes but also healthy practices related to pubertal changes. It also influence on social and economic development of individual, communities as well as countries. This article intended to explore about the guidance and sharing of information practices of adolescence's parents about pubertal changes and sexual health through literature search.

**Keywords:** Guidance, Practice, Puberty, Sexual Health, Sharing of information

## Introduction

Sexual health covers broad area, puberty & pubertal changes during adolescents also confront many inter-related challenges or problems. Puberty is a period of rapid physical growth, hormonal changes and emotional maturation during early adolescence (WHO 2019). Globally 1.8 billion are young people, half of them are very young (10 -14 yrs). General girls are experiencing onset of pubertal change & physiological growth two years prior compared with boys usually between ages 8 to 14 years in females and 9 to 15 years in males and marking passage from the childhood to adolescence (UNICEF 2016).

Adolescent covers 23.6% of total population of Nepal, is a transitional period from puberty to adulthood. Physical and psychological development is critical and identity formation is an important virtue to be achieved so emotionally very unstable development stage (Joshi & Tripathi 2015). Sudden transformation in the body with onset of puberty significantly begins biological, cognitive, psychosocial, emotional development and also experience profound amount of change in personal relationships. With this abrupt changes arise many questions in adolescents' minds; feel hesitated; do not want to share problems with parents, family members, friends, relatives, elders and become unable to cope so peers and romantic partners become more central (Ministry of Health 2017).

Adolescents are at the threshold of young adulthood and puberty is gateway to adult reproductive competence, surrounding a collection of changes resulting from brain and Neuro endocrine functional maturation (Lee & Styne 2013). Many Gonadal changes occur in growing boy and girl from the infantile to adult state. Puberty is only completed with gaining physical capacity to conceive and successfully rear children (Ashcraft & Pamela 2017). Psychological changes collectively associated with the morphological and physiological changes involve nearly all organs and structure of the body but do not begin at the same age nor take the same time duration for completion with puberty. Neuro endocrine changes trigger many observable physical and functional changes; development of secondary sexual characteristics; changes in thinking; their social roles and responsibilities as well as respond to others and world around them so parents needs to communicate properly with their children (Aylwin et al. 2019).

Puberty is a universal experience with profound implications on physical health, emotional functioning and long-term sexual and

reproductive health. Pubertal education provides important knowledge and crucial skills to help youth and parents for navigating physical, emotional and interpersonal changes of adolescents with positive outcomes (WHO 2019).

## Methods

This review article is based on the systematic search of 25 related articles of the last 10 years found through PubMed and Google scholar search. Original articles, review articles and other related general articles were reviewed during article preparations that are listed in the references. Conclusion was drawn after reviewing all those collected information from the articles. The findings are categories in terms of concept of puberty, adolescence and Sexuality, problems experience with pubertal changes, physiological changes social and emotional changes during puberty and source of information, physiological, psychological, and parents - adolescence interaction or guidance and sharing of information.

## Concept of Puberty and Sexuality

Puberty is transition and the most important journey in the life. Inadequate or inaccurate information leaves ill-equipped to manage pubertal changes. Fifty percent young girls know nothing about menstruation until it started, which make them negative, confusing and traumatic experience. Received information often is selective and surrounded by myths and taboos but boys also lack the recognition about their changes in body (UNICEF 2016). Adolescence is most fascinating and complex transition in the life span; biological processes drive many aspects of growth & development; also increase intellectual capacities; experience moral development; forming personal & social identity and is closely linked with self-image, supplemented by psychological identity (UNESCO 2014).

Introducing information to adolescents regarding pubertal changes from the parents at home and teachers in school including peers made them capable to start talking prior to developing bodily changes or becoming embarrassed. Parents of rural and urban areas of Nigeria and Nairobi, Kenya reported that, puberty include the educating adolescents on bodily changes; counseling on sexual relationships and provision of sanitary towels to females. Parents perceived that their own children achieve pubertal development earlier (Bello et al. 2017).

### **Problems Experience by Adolescence with Pubertal Changes**

Puberty means the onset of menstruation among girls; many context is considered a private issue, making difficult to speak publicly, not properly prepared in the classroom. Many problems can arise related to self-image, nutritional, substance misuse, violence, risky sexual behaviors and perceived bullying toward peers during puberty (UNESCO 2014). Binary division of the class (boys and girls) in school to teach puberty may raise anxiety for entire adolescence. Transgender students also hesitate for approaching, due to not matching their gender identity align with their assigned sex (Mendle et al. 2015). Unplanned pregnancies and menstruation problems are significant so family based approaches can be effective in preventing, alleviating, reducing such social problems and implementing sexual & reproductive health education strategies (Marceau et al. 2016).

Positive parenting practices are associated with less aggressive and delinquent behavior in early-maturing girls. Early maturation was associated with delinquency but not aggression but also associated with higher relational aggression only at low levels of nurturance, communication, and knowledge. Low levels of maternal nurturance were associated with delinquency and relational aggression. Early maturation only predicted physical aggression when combined with low maternal nurturance. Conduct problems, substance use and early maturation was related to norm-breaking (Mrug et al. 2008).

Adolescents tend to become arrogant and engaged in sexual relationships reported by Nigerian, and Nairobi parents. Responses to pubertal bodily changes include anxiety, shame, pride and desire privacy due to lack of communication and parenting during puberty education essential on bodily changes, counseling on sexual relationships and, provision of sanitary towels to females (Bello 2017). Iranian Adolescent girls explore experiences of menarche as a most unpleasant event during puberty, getting nervous and ashamed of bodily changes, psychological changes; discordance with parents, sexual orientation and felt need for education, scholastic dysfunction and religious considerations (Golchin 2012). They explore the pubertal experiences as shame and embarrassment, anxiety, transition, puberty orientation and management. Development of knowledge about puberty issues is important and in priorities for meeting health and educational needs of this transient period (Ahmadi et al. 2009).

Changes in self-control found while child entering early adolescence. During the early adolescence or in transition, self-control declined, particularly those experiencing puberty earlier so parental warmth influences the trajectory of self-control, significant influences on stability and changes in self-control. Self control association was found for pubertal status and parenting warmth and hostility, but not for parental discipline. Self control declining was associated with children's behavioral and social functioning (Knight 2016).

### **Perceptions, Attitude and Practices about Sex and Sexuality**

In Nepal Adolescent sexual and reproductive health includes puberty & bodily changes, relationships, genital and menstrual hygiene, nutrition, avoiding early pregnancy, family planning, life-skills, tobacco & alcohol abuse, gender equity and equality (UNESCO 2014). Different belief and perception found on sexuality among adolescence, 24 % India boy's age between 14 to 20 years believe sex means reproduction, 16 % hugging &

kissing 26 % intercourse as perceive sexual activity (Singh et al. 2014).

Fathers' perceptions and practices in conversation to their 10 year old children about puberty, relationships and reproduction showed tension between the cognitions, accounts and behaviors. They reported positive attitudes towards children's sexuality education and perceived themselves as equipped and willing to take the role and responsibility for sex education also enjoying open relationships with their children (Anstey et al. 2017). Iranian Adolescent girls stated society, families and adolescents themselves are responsible and have to work together to create an comfortable atmosphere and getting readily accessible correct information on puberty associated issues (Golchin 2012).

### **Physiological Changes Experience during Puberty**

Puberty is a transitional period between childhood and adulthood, during this period growth spurt occurs, secondary sexual characteristics appear, fertility is achieved and profound psychological & emotional changes take place (UNICEF 2016). Numerous changes takes place in adolescents body but they are entirely unknown about the changes due to lack of information through teachers, families (Gill et al. 2018). Adolescents generally tend to desire greater privacy; trying to hide developing bodies creates anxiety. Most female adolescents emphasized breast tenderness & development as mark for pubertal initiation than menstruation also experience changes in figure, widening of hips, pubic & underarm hair growth and start of menstruation. Parents of western parts Nepal mentioned most common change in their daughters during the puberty were growth of auxiliary hair (94.3%), breast development (87.7%), growth spurt (85.8%) and 76.4% menstruation (Pwali 2020). Similarly males emphasized voice changes and will experience growth of the penis and testes, growth of pubic, underarm and facial hair, due to testosterone hormone production, stimulates the testes to produce sperm, start of penile erections and ejaculation, growth of the larynx (Gill et al. 2018). Parents were found Pubic, auxiliary and facial hair growth (85.8%); voice changes (79.2%); growth spurt (67.9%); nocturnal emission (4.7%) were found as the major sign of the puberty in boys (Pwali 2020).

Turkish 10-17 years school girls mentioned that they did not know about beginning time period of puberty and menarche by 50.7% and 31.5% mentioned acne as the first symptom of puberty (Isguven et al. 2015). Usually parents were recognized the pubertal changes in their children by observation 60.4% in daughter and 57.5% in son (Pwali 2020).

### **Source of Information about Pubertal Change and Sexual Health**

Adolescent is a transitional stage of physical and psychological human development that generally occurs during the period from the puberty to adulthood and positive parenting during puberty period is important because the adolescents feel hesitated to share their problems with their parents, friends, relatives, elders, etc (Ministry of Health 2017).

Adolescence are entirely unknown about the changes in their body due to lack of information through peers, teachers, families (Gill et al. 2018). Home is the first school and parents are the first teacher and nearby or often willing source of information to their individual child even though conversation would be often

very difficult for both parent and adolescents about puberty and sexuality (Department of Ed. USA 2005).

If parents can be effective in reducing the problems related to the sex and puberty of their sons and daughter. Family based approaches to prevent unplanned pregnancies; menstruation problems can complement not only the sexual health but also the physical and psychological health of adolescents. The poor education, guidance and supervision by parents can lead to anxiety, stress, shame and many more problems to adolescents. So, effective participation of parents on guiding and sharing of information practices about pubertal changes, reproductive and sexual health with adolescents' child is important during puberty (Anstey et al. 2017).

Adolescents of Ambala India have limited knowledge about sexual and reproduction health, and know little about the natural processes of puberty, sexual health, pregnancy or reproduction. Majority (93.5%) of adolescents favor sex education; 86.3% said sex education can prevent the occurrence of AIDS (Kumar et al. 2017) (Kumar & Goyal, 2017).

In rural areas of Nepal pubertal changes and education got less preference due to lack of parental education about puberty, sexuality and sexual health; lack access to reproductive health information and appropriate guidance though menstruation and reproduction falls under major concern of sexual and reproductive health (Ministry of Health 2017). Only 26.4% of adolescence parents got the information from course book (Pwali 2020). Girls who arrive at puberty are often considered by family and society as ready for marriage, pregnancy and childbirth (Ministry of Health 2017). People of Makwanpur, Nepal thought the sex education preferably introduce from grade seven. Teacher-parent partnership particularly mothers in designing program of pubertal changes or sex education and should be encouraged for providing and delivering knowledge properly to the children (Acharya 2019).

Mothers were the preferred communication partner and receive more puberty-related education generally focused on daughters (Bello et al. 2017). Both Tanzania and South Africa 44% mothers and only 15% with their father favored for communication about sexuality found in (Francis et al. 2009) and mother found major current source of information of the teenage girls 56% in Iran and 66% in other countries about the process of puberty, menarche, and menstruation.

Pubertal changes are only considered as natural changes of body where only mothers are involved on educating their daughters about the menstruation than the sons (Ministry of Health 2017). In Turkish most of adolescent got the information largely through their own experience so girls who had already attained menarche were more knowledgeable about puberty; Most (84.2%) of Turkish 10-17 years girls got the pubertal information from the mothers leading source of pubertal information among them 82.3% already had menarche as (Isguven et al. 2015). Contrast thoughts represented by Indian adolescence least preference was given for discussing with parents, only 10% teenage boys of Varanasi (Singh 2014) and 37.3% parents in Ambala (Kumar et al. 2017) involved in educating their child about pubertal changes.

Majority adolescents exposed and influenced by media and information technologies (Bello et al. 2017). Male child lack the guidance about puberty so more involved on internet to assess information (Ministry of Health 2017). Similarly Indian teen

derive information from magazines (62%), internet (47%) and movies (46%) about sex and sexual changes (Singh 2014). Peers would be the more comfortable partner choice for sharing information so mostly adolescents got first information about sexuality and puberty from peer whose views are often inaccurate and based on rumor (Ministry of Health 2017) 51% Indian adolescence received form peers (Singh 2014). Health person would be the best choice for getting correct information about sexuality and puberty, 91.5% Indian adolescence preferred doctor followed by 83.0% school/teacher (Kumar et al. 2017). Similarly give preference to health professionals by both genders and less (18%) to teacher in Turkey as source of information (Isguven et al. 2015).

### **Parents - Adolescence Interaction or Guidance and Sharing of Information**

Pubertal maturations create dynamic change in parent-adolescent child relationships which brings both challenges and opportunities created by transitions from parenting a child to an adolescent can produce stress, uncertainty and vulnerability. Effective parenting during this key development or transition helps to establish positive trajectory throughout adolescence period and helps further understanding (Coast et al. 2019). Parent-based approaches were be effective strategies, especially improving mothers and daughters communication as primary sources of information for facilitating communication about sexuality and reproductive health and problems faced by adolescent girls (Suleiman & Dahl 2019).

Knowledge, attitudes and behavior of adolescent is appearing influencing by parents and adolescent communication because parents are an accessible and often willing source of information to their children (Department of Education 2005) which found lacked by most of the parents and countries to educate their child going through the transitional phase of puberty. Very few (12.3%) Indian parents discuss about the component of the sexual health and puberty with their child and interact verbally 34.0% (Singh 2014). In Nepal out of 34.0% occasionally 14.2% interacts and 66% of parents did not interact; verbal interaction 34.0% and 12.3% communicate on reproduction (Pwali 2020).

Fathers' practices and perceptions about sexuality revealed tensions and contradictions between the fathers' aspiration and realities which is underpinned by the dynamic, contradictory, shifting, plural nature of fatherhood identities. Even as fathers wished to adhere to the cultural essential for father-child emotional closeness, a disparity between their ambitions and their conduct emerged. Care appeared to be a deeply gendered concept for the fathers and despite their aspirations for an intimate relationship with their children, gendered norms for motherhood and fatherhood prevailed resulting in passivity in their role as sexuality educators (Anstey et al. 2017).

Parental communication was triggered by seeing or hearing about SRH with their children in Tanzania was mainly found on same sex (mother-daughter and rarely father-son or father-daughter) and took the form of warnings, threats and physical discipline. Parent perceived negative, would not like share experience specially death from HIV and unmarried pregnancy. Cultural norms limitation or barriers and lack of appropriate knowledge restrict interactions even though parents would be Natural Avenue for channeling and reinforcing for child (Nurachmah et al. 2019).

The practical aspects of school sex education program, importance of parent-child communication were of major concerns. Parental attitude towards sex education and discussions of sexual health matters with children, partnership with schools suggested further improvement. Just above half (55.7%) of the parents accepted that guidance and sharing of information is important on puberty and sexual health of child (Pwali 2020). Weak or negative practice 67.9% in Nepal (Pwali 2020); in Iran (33.3%) followed by 50.5% moderate practice; similarly found positive practices 32.1% in Nepal (Pwali 2020) and in Iran (66.7%) on educational practices toward puberty (Wamoyi et al. 2010).

Statistically significant association was found between guidance and sharing information practice about puberty and sexual health with age and the education of parents. Higher the parental education has more positive practices (Pwali 2020). Likewise, significant relationship was not found between Iranian adolescents' knowledge and mother's education; however, significant association found with father's education. Moreover, the significant relationship exists between teen's practices and education of mother and father (Wamoyi 2010).

## Conclusion

Most of the parents' become reluctance to share the information regarding puberty and sexuality with their adolescence child. Majority of the children got the information from internet and from peers about sexual health and puberty which would be inappropriate and full of rumors. They felt comfortable with the mother rather than father. Health person or doctors prefer to receive appropriate information about sexual and reproductive health rather than becoming embarrassed talking about their body.

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