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Communication Blockades between Mothers and Adolescent Girls Regarding Reproductive Health: A Study in Ballari, Karnataka-India

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Abstract

This study empirically examines and attempt to comprehend parental communication with adolescent girls regarding reproductive health. It investigates the communication barriers from the parent's perspective. The research was undertaken in two taluks of the Ballari District, such as Sandur and Hospet. To accomplish the objectives of the study, a descriptive research design was chosen. The data was collected from 260 parents utilizing the Interview schedule and a random selection technique. The study results indicate that the average age of the parents was 33.20 years. It was discovered that the parents' age and degree of education affect reproductive health communication with adolescent girls. The association between Communicational obstacles and education has been ascertained using the Chi-square test.

Keywords: Adolescent Girls, Blockades, Communication, Mothers, Reproductive Health.

INTRODUCTION

World Health Organisation (2012) defines adolescence in terms of age encompassing between 10 and 19 years and as the time of life characterised by distinctive characteristics, such as rapid physical growth and development and attaining maturity physically, socially, and psychologically. The onset of sexual activity, experimentation, the development of adolescent psychological processes and adult identity, and the transition from total socio-economic reliance to relative independence, but not simultaneously.

Adolescence is a period of great conflict, tension, storm, and opposition. Adolescence is that stage of development that begins with puberty and ends with the emergence of maturity. Generally, this stage is considered from 12 to 18 years, but due to individual differences, culture, climate etc. Adolescence begins sooner in hot regions than in cold-dominated areas (Hashmi, 2013). Adolescence flinches about two years earlier in girls than in boys. Some psychologists have divided adolescence into two parts- Pre-adolescence from 12 to 16 years of age. Late-adolescence from 17 to 19 years of age. The age of 17 is said to be the dividing point between both. Hurlock has pointed out that the dividing line between early and late childhood is around 17. The period between late childhood and adolescence is known as pre-adolescence.

Adolescence is a period of rapid physical, emotional and behavioural changes. These changes come due to some hormones produced in the body, resulting in some glands becoming active suddenly. All these changes are directly related to sexual development during this period, and significant physical changes occur along with secondary sexual characteristics. Adolescents tend to insist on their own identity and want to be independent as adults rather than dependent on their parents like a child. They start to distance themselves from their parents and spend most of their time in their peer group. Because of their sexual energy, they are attracted to the opposite sex. Thus adolescence has a special place in human life (WHO, 2011).

Pre-adolescence

This stage of development is the initial stage of adolescence. Physical development is sudden and visible in this stage of pre-adolescence. This change occurs in different ways in different adolescents. At this time, the long bones of the legs and arms develop

rapidly. Juveniles can grow up to 8 to 9 inches in length per year. Height increases more due to gender differences. At this time, adolescents experience rapid social development and dynamic sexual development in their own right. They try to go their time in groups. At this stage, only dear friends remain essential. Adolescents form groups belonging to their respective genders. Sexual thinking and sexual performance begin at this stage. Some parents do not approve of this normal behaviour and blame the teen. Adolescents are often frightened by physical changes at this stage of development. They try to balance socio-cultural boundaries and sexual desires (Allen & Waterman, 2019).

Middle Adolescence

This stage of adolescence refers to developing physical, emotional, and intellectual abilities. During this stage, the development of sexual characteristics continues; during this time, teenagers try to keep themselves away from their parents. This stage of adolescent development is full of experimentation and courage. Every adolescent wants to belong to the opposite sex and gender groups. The adolescent at this stage wants to know his existence in society and wants to contribute to society. The mindset of the adolescent becomes more complex in this situation, their feeling becomes profound and intimate, and decision-making power develops (Allen & Waterman, 2019).

Late Adolescence

In this stage of adolescence, the secondary sexual characteristics are well developed, and the sex organs are capable of adult activity. Adolescent aspires to have a separate identity and place in society. This identity is different from their actual view of the outside world. Their group is less important because now there is more tendencies to choose friends (Allen & Waterman, 2019).

Adolescence is such a sensitive period when significant changes take place in personality. Those changes are so sudden and rapid that they rise to many problems. Although adolescents experience these changes, they are often unable to understand them. So far, they do not have any source available to get scientific information about these changes. But they need information about these changes and developments, so they either take the help of the same age group for this, or they depend on misleading cheap literature. Due to getting wrong information, they often fall prey to many misconceptions, which adversely affect their personality development (Backes & Bonnie, 2019).

Adolescents also face problems because they cannot correctly understand the suddenly awakened interest toward the opposite sex. The tendency to move away from the parents and close association with the same age group also creates doubts and anxiety in their minds. But in the absence of proper guidance from the family, they have to orient towards the same age group. It is often seen that adolescents get compelled in the face of pressure from the same age group, and some of them are compelled to do inappropriate actions without thinking of the consequences (Backes & Bonnie, 2019).

Sexual well-being is a condition of physical, emotional, mental, and social well-being about sexuality. It is not just the nonappearance of disease, dysfunction, or infirmity. Sexual health needs a positive and polite perspective on sexuality and sexual interaction and the opportunity to have a pleasurable and secure sexual experience, free of oppression, prejudice, and aggression. For sexual well-being to be reached and maintained, all persons' sexual privileges must be respected, protected, and fulfilled (WHO, 2006).

Communication is one of the essential instruments for all sorts of interactions and relationships. When a child enters adolescence, proper communication is crucially important. During puberty, when she grows up, the girl wants a guide or informer because she is not well known about sexual and reproductive health. Daughter-Mother Contact is an essential and crucial factor in spreading development and learning. It has been widely recognized that the bond between children and mothers is unique and central to behavioral development and intergenerational learning (Runcan *et al*., 2012). Among adolescents, communication within the family seems to be particularly crucial concerning reproductive health issues. Family communication affects the formation of adolescent identity and role-taking skills, and adolescents who experience family support may feel freer to explore identity problems (Cooper *et al*., 1983).

The objectives of the Study

1. To Comprehend the Educational background of the parents
2. To explore the association between parents' education and barriers to communication on Reproductive health.

RESEARCH METHODOLOGY

The study espoused a descriptive research design. The universe of the study constitutes all the parents having adolescent girls. The parents of the adolescent girls belonging to Sandur and Hospet taluk of Ballari District are included in the study. By adopting a simple random sampling method with a sample size of 260, the questionnaire method was used to gather primary data. The data collected was processed and analyzed using the Statistical Package for Social Sciences (Version 20) for Windows.

RESULTS AND DISCUSSION

It is vital to comprehend the parental profile to explore the quality characteristics of interaction with adolescent girls. Therefore, an effort is made to investigate the respondents' age distribution, religious distribution, caste category, and residence. Mothers of teenagers ranging in age from 28 to 39 years. The average age score is 33.20 years. Evidently, by the time mothers reach the age of 30, they will have adolescents marrying at an early age. More than three-quarters are Hindus, and around half are members of other backward classes, with roughly one-fifth each living in rural and urban areas. Slightly less than half are from Sandur taluka, while most are from Hospet taluka.

Table-01: Parent's education and Reproductive Health Communication

Education of the Mother	Communication from the Mothers		
	Yes	No	Total
Illiterate	32	19	51
	62.7%	37.3%	100.0%
Literate	35	24	59
	59.3%	40.7%	100.0%
Primary Education	37	31	68
	54.4%	45.6%	100.0%
Secondary Education	18	08	26
	69.2%	30.8%	100.0%
Pre University Education	17	09	26
	65.4%	34.6%	100.0%
Under Graduate	14	05	19
	73.7%	26.3%	100.0%
Post Graduate	07	04	11
	63.6%	36.4%	100.0%
Total	**160**	**100**	**260**
	61.5%	**38.5**%	**100.0**%

Chi Square Value: 4.993 DF: 6 SL: .025 Result: Significant

The association between the mother's level of education and whether they discuss reproductive health concerns with their adolescent daughters are depicted in the table above. Most (73.7%) of 160 mothers who communicate sexual health-related problems are graduates. The category of educational level with the lowest percentage of mothers who are afraid to talk is mothers with primary education. In addition, many do not wish to discuss sexual health concerns with their adolescent daughters. Additionally, research indicates that the level of parental education correlates positively with the frequency of sexual health-related discussions with their children. The Chi-square test is used to determine the relationship between the variable education of mothers and their communication on sexual matters with adolescent girls. There is discovered to be a strong association. Therefore, it is required to reject the null hypothesis.

Table-02: Barriers of Communication and Education of the Mother

S. No	Barriers	Education of the Mother		
		Chi-Square Value	Level of Significance	Result
1	Stringency behaviour	2.076	.150	NS
2	Inadequacyof Acquaintance on RSH	5.037	.025	S
3	Disinclination from the Daughter	2.637	.104	NS
4	Occupational bustle	8.357	.004	S
5	Inadequate time	3.759	.053	NS
6	A dearth of Communication Skills	3.496	.062	NS
7	Self-hesitation	1.544	.214	NS
8	The daughter spends the majority of her time on her phone.	8.747	.003	S
9	Stigmatization feeling	3.467	.063	NS
10	Feeling generation gap	10.278	.001	S
11	Anxiety /fear	.917	.338	NS
12	Feeling discomfort	1.331	.249	NS
13	Cultural Taboo	2.790	.095	NS
14	Overcrowd in Family	3.476	0.62	NS

The certain variables of the communication blockades are cross-tabulated with the mothers' education and also applied Chi-square test to see the connotation. It is found that the variables lack knowledge on reproductive health, spending most of the time using a cell phone, and the Feeling generation gap is found to have a significant association with mothers' education. Thus, it calls for the acceptance of the null hypothesis. The variables, a shortage of Communication Skills, Inadequate time, Disinclination from the daughter, self- hesitation of the mothers, stigmatization feeling, strict behaviour, anxiety/fear, discomfort, cultural taboo, and crowdies in the family are found to have no significant association with the education of the mothers. This calls for the rejection of the null hypothesis. It is clear that several factors influence the mothers' communication with their adolescent girls.

SUGGESTIONS

1. Because the mother is the primary source of sexual and reproductive health information for their adolescent daughters, raising awareness among mothers on these issues is critical; this can be accomplished through micro-level techniques.
2. Using Social Work Intervention to minimise fear and discomfort about reproductive and sexual issues among mothers is critical.
3. Local messengers like ASHA workers and Anganwadi workers need to be trained on RSH issues to develop a healthy communication channel.
4. An ICT intervention is needed to improve reproductive and sexual health knowledge and put it into practice so that it may be passed on to their daughters.
5. With the government concentrating more on improving adolescents' reproductive and sexual health in India through various programmes and schemes, the communicational side of these programmes can be addressed.
6. Non-governmental organisations should fill communication gaps to pass important information from mothers to daughters.
7. Self-help organisations can encourage mothers to talk openly about their daughters' reproductive and sexual health issues.

CONCLUSION

Communiqué between mother and adolescent girl implies the atmosphere of the family. Proper, timely, and passable communication regarding reproductive health is essential for adolescent girls' overall development. Parents in general and mothers, in particular, play a significant role in this regard. Mothers being of the same gender can do a lot in the life of adolescent girls. Several communication barriers affect the family, parents, and adolescent girls. Overcoming such obstacles has something to do with helping adolescent girls develop themselves. It is not only supporting a girl but also assisting a prospective mother.

REFERENCES

- Cooper, C. R., Grotevant, H. D., & Condon, S. M. (1983). Individuality and connectedness in the family as a context for adolescent identity formation and role-taking skills. *New Directions for Child and Adolescent Development, 1983*(22), 43–59.
- Hashmi, S. (2013). Adolescence: An Age of Storm and Stress. *Review of Arts and Humanities*, *2*(1). http://rah-net.com/journals/rah/Vol_2_No_1_June_2013/2.pdf
- Runcan, P. L., Constantineanu, C., Ielics, B., &Popa, D. (2012). The Role of Communication in the Parent-Child Interaction. *Procedia - Social and Behavioral Sciences*, *46*, 904–908.
- WHO. (2011). *Adolescence: a period needing special attention - adolescence-physical-changes*. https://apps.who.int/adolescent/second-decade/section2/page3/ adolescence-physical-changes.html
- World Health Organization. (2006). *Defining sexual health Report of a technical consultation on sexual health document series*. World Health Organization. https://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf?ua=, 5-9.
- WHO. (2012). *Handout for module an introduction: Orientation program on adolescent health for health-care providers* (1st ed., p. B5). Dept. of Child and Adolescent health and development, World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/42868/9241591269_Handout_eng.pdf?sequence=2
- Allen, B., & Waterman, H. (2019, March 28). *Stages of Adolescence*. HealthyChildren.org; American Academy of Paediatrics. https://www.healthychildren.org/English/ages-stages/teen/Pages/Stages-of-Adolescence.aspx
- Backes, E. P., & Bonnie, R. J. (2019, May 16). *Adolescent Development*. Nih.gov; National Academies Press (US). https://www.ncbi.nlm.nih.gov/books/NBK545476/