

Part 3: The influence of early menarche on mother-daughter communication

Sample Student

BEHS 343 7984 Parenting Today

Lot in Life topic: Early Menarche

University of Maryland University College

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### The Effects of Early Menarche on Mother-Daughter Communication

Early menarche can pose significant challenges to mother-daughter communication. This developmental milestone may be shocking for many girls, especially those who are young and unprepared for what is happening with their bodies. This shock can invoke feelings of shame and embarrassment among some girls, which in turn may lead to increases in mother-daughter conflict. However, there are many strategies that mothers can implement in order to ensure that their daughter's early menarche experience is positive.

As outlined in Parts 1-2, these strategies include: 1) choosing a good moment to talk (i.e. car ride); 2) being a good listener and accepting her feelings; 3) being positive and giving praise; 4) remaining calm and honest during discussions; and 5) not forcing her talk when she is not ready. Although these strategies are excellent ways to promote open and honest mother-daughter communication, many mothers may need additional support in learning how to implement these solutions.

This paper provides further insight into the local community resources that are available to aid mothers in fostering open and honest mother-daughter communication. Much of the research that was reviewed in Part 2 reveals that mothers could benefit greatly from receiving social support from various sources in order to strengthen their ability to promote positive mother-daughter communication (Warren-Jeanpiere, Miller, Warren, 2010; Bradley University (2016)). The concept of social support is a term and that can have multiple meanings. Social support is typically separated into three distinct domains: instrumental, informational, and emotional (as cited in Wohl et al., 2010). Instrumental support can encompass concrete support such as transportation and financial assistance. Informational support often refers to support which is given through a transfer of information by verbal or written communication. Emotional

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support generally refers to non-tangible support and may be provided through providing encouragement, discussing a problem, and giving positive feedback about a problem (Wohl et al., 2010). The action plan outlined below is guided by the research which reveals that mothers may need additional social support with facilitating positive mother-daughter communication.

### **Plan of action – social support groups**

An excellent plan of action to promote mother-daughter communication is for mothers and daughters to attend social support groups. Neighmond (2007) discusses the benefits of having a mother-daughter support group to assist mothers and daughters with speaking openly about daughters' physical and social development. Findings from an interview conducted with a mother (Neighmond, 2007) reveals the difficulty that many mothers may experience when trying to communicate with their daughters about puberty. As stated by the daughter, "I hated those one-on-one conversations,". "Just hated them. I wouldn't let her talk. I'd plug my ears, run out of the room. For some reason, I just found these conversations awful." As voiced by this adolescent daughter experiencing menarche, her mother's communication attempt was unsuccessful and was met with a lot of resistance.

As a result of the difficulty of one-on-one conversations the mother started a mother-daughter social support group. This group allowed mothers and daughters to come together to discuss daughters' developmental milestones and challenges. Social support groups may be especially helpful to promoting good communication because participants may feel more comfortable expressing certain views about embarrassing or sensitive topics when they are in a group setting as opposed to speaking one-on-one (Warren-Jeanpiere, Dillaway, Hamilton, Young, & Goparaju, 2016). Below is detailed information about two community agencies that provide social support to mothers and daughters.

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**Community agencies**

The Tri-County Youth Services Bureau (TCYSB) of Southern Maryland is a non-profit organization that was formed in 1971 by a group of counselors who saw the need for youth counseling and began traveling through Charles, Calvert, and St. Mary's counties offering counseling services to youth and families. Some of the programs offered include: Mental Health; Girl Power; Youth on the Move; and Anger Management. The services of TCYSB are free of charge. They publish a monthly calendar (see: [http://tcysb.org/?page\\_id=19](http://tcysb.org/?page_id=19)) that provides details of the date/time of many of the program sessions. Community members do not have to register to attend any of the programs. Community members may also call the agency at 301-645-1837 for more information. Two of the programs offered by TCYSB Mental Health Counseling and Girl Power, may be especially helpful to promoting mother-daughter communication.

As stated on the TCYSB website, mental health counseling is provided to individuals and families. Case management is also provided to individuals and families with children from birth to 18 years old. TCYSB therapeutic interventions include but are not limited to family conflict, behavioral problems, and skill development (anger management, social relationships, personal growth, and parenting). Mental health counseling could be very helpful to mothers who may need guidance on how to interpret their daughter's behavior. In addition, mothers could benefit greatly from the parenting interventions offered by the organization.

The Girl Power program is ideal for helping girls who are experiencing early menarche because it is a social skills group targeted to young girls between the ages of 10 and 12 years. The group provides girls with an opportunity to work with other girls their age to explore and gain knowledge and skills in several areas including: character building; health and wellness;

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etiquette; self-care; healthy relationships; problem solving; and time management. This program helps to empower girls about their physical and social development. If girls feel empowered about their bodies and their social relationships they may more likely to speak openly with their mothers. This openness could in turn decrease mother-daughter communication conflict.

Another local community agency that provides social support to mothers and daughters is H.O.N.E.Y. This acronym stands for humble, optimistic, noble, empowered, young ladies. H.O.N.E.Y. is a non-profit organization that is committed to helping young girls feel good about their physical and social development. H.O.N.E.Y. may be contacted by phone at 804-504-1258 or by email at [honeyinc2012@gmail.com](mailto:honeyinc2012@gmail.com). Programs offered include but are not limited to, manners and manicures, and the Sisterhood Rally. Manners and manicures would be especially helpful to girls experiencing early menarche because it promotes positive relationships, good manners, and age appropriate behavior and fun in girls ages 6 to 10 years old. There is a nominal registration fee for girls to attend Manners and Manicures. H.O.N.E.Y. also offers scholarships to girls who are unable to pay the registration fee.

The Sisterhood Rally may be especially helpful for mother-daughter bonding because young girls ages 12-17 partner with their mothers to learn how to become more assertive leaders. The rally also focuses on teaching girls and their mothers the value and meaning of sisterhood, mutual encouragement, and how working together will make a difference in the world in which we live. The Sisterhood Rally takes place annually in the Spring. Participants are required to pay a nominal registration fee.

**Obstacles/challenges to success**

The community agencies described above provide excellent social support for mothers and their daughters. However, one challenge that mothers might experience is being unable to

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8 points

attend social support group meetings due to work and/or childcare constraints. Many mothers may have additional children who need childcare. As a result, a lack of childcare could hinder many mothers from attending the support groups. Another potential barrier to mothers participating in the support groups could be a lack of transportation. For instance, H.O.N.E.Y is located in Richmond, Va. Although Richmond is only a 90 minute drive from Charles County this distance may prohibit mothers who depend on public transit from attending.

### Reflection and conclusion

I chose to focus on the influence of early menarche on mother-daughter communication because I experienced early menarche. I remember how a lack of open communication between myself and my mother influenced my feelings regarding my physical and social development. As a result of my experience I wanted to ensure my daughter's experience was different and positive. After conducting research in this area, I learned that historically the topic of menstruation has been very taboo in the U.S. However, early onset menarche is becoming an increasingly common condition in industrialized societies (Bradley University, 2016). Partially as a result of the increase of early menarche, societal views regarding menstruation have become more positive.

In retrospect, I realize that my mother did the best she knew how to do with the knowledge that she had. Perhaps, if instrumental, informational and emotional social support had been available to my mother she may have been better prepared to help me through early menarche. This preparation could have set the foundation for a lifetime of open and honest mother-daughter communication about a variety of sensitive topics.

**Commented [w7]:** Excellent reflection of why the topic was chosen and how researching the topic has influenced views of parenting.

## References

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- Neighmond, P. (2007). Support Group Strengthens Mother-Daughter Bond. Retrieved from <http://www.npr.org/templates/story/story.php?storyId=12421213>.
- Warren-Jeanpiere, L., Miller, K., & Warren, A. (2010). African American women's retrospective perceptions of the intergenerational transfer of gynecological health care information received from mothers: Implications for families and providers. *Journal of Family Communication*, 10, 81-98.
- Wohl, A.R., Galvan, F.H., Meyers, H.F., et al. (2010). Social support, stress and social network characteristics among HIV-positive Latino and African American women and men who have sex with men. *AIDS and Behavior*, 14, 1149-1158.

EARLY MENARCHE

8

Part 2: Early Menarche on Mother-Daughter Communication

Sample Student

BEHS 343 7984 Parenting Today

University of Maryland University College

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### Early Menarche and Mother-Daughter Communication

Menarche is defined as the first occurrence of menstruation. As cited by Cabrera, Bright, Bright, et al., (2014), the mean age of menarche among U.S. girls differs by race. Caucasian and African American girls experience menarche on average at 12.77 and 12.17 years of age respectively. Menarche can be a dramatic and shocking signal of physical development for many girls, especially for girls who experience early menarche. Early menarche is menarche that happens before a girl is eleven years old (Wu, Mendola, & Buck, 2002). Compared to other racial/ethnic groups, African American girls are more likely to experience early menarche (Wu, Mendola, & Buck, 2002).

Several challenging issues may arise for a girl at menarche including, but not limited to: 1) an increase in parent-child conflict; 2) adolescent sexual experimentation; 3) adolescent depression; 4) and poor adolescent body-image. These issues may be exacerbated for girls who experience early menarche. Consequently, parents may need additional support and guidance from family, friends, and pediatricians to help them successfully shepherd their daughters through early menarche. This paper examines the aforementioned key issues and how parents can facilitate successful communication with their daughters about menarche.

#### **Parent-child conflict**

According to Holden (2009), conflict between parents and children increases during adolescence. Adolescence occurs between the ages of 11 – 21. Pre-adolescence is the stage of development that occurs prior to adolescence. Children aged 9-11 are considered to be preadolescents. Just as parent-child conflict may arise for children during adolescence, it may also arise during the preadolescent stage for girls who are experiencing early menarche. Many hormonal changes arise as a result of menarche. During this time, girls are more prone to

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experiencing depression and the inability to express their feelings regarding body changes and sexuality. As a result, many girls may lash out at those closest to them, particularly their mothers as they try to cope with pubertal changes. According to Pickhardt (2010), over the course of adolescence, issues of 'attachment versus separation' and issues of 'similarity versus differentiation' are contested by the young person to establish independence and individuality. In essence, daughters may be trying to establish their independence from their mothers while still needing their mothers to provide guidance.

It is also important to note that conflict may arise among mothers and daughters around daughters' menarche because mothers may feel like they have to enforce stricter rules on their daughters in order to protect them from sexual experimentation. However, this increased strictness may lead daughters to feeling a sense of shame and fear related to their reproductive health (Warren-Jeanpiere, 2006). As a result, communication regarding menstruation may be non-existent and can lead to disagreements about how menstruation is experienced (Kissling, 1996; Costos, Ackerman, & Paradis, 2002). For instance, not all women experience pre-menstrual syndrome (PMS). If a daughter complains of PMS symptoms that her mother never experiences, the mother may communicate a lack of empathy for her daughter. This lack of maternal empathy may lead to mother-daughter conflict.

### **Adolescent sexual experimentation**

Menarche can lead many girls to explore their new found feelings regarding sexuality. Early sexual initiation is linked to risky sexual behaviors including multiple sex partners and unprotected sex (Holden, 2009). Research indicates that sexual experimentation may arise during preadolescents. However, parents who communicate openly with their children about sex and sexuality are less likely to have children who engage in sexual behaviors during pre-adolescence

and beyond. It also important to note that daughters who report that their mothers did not talk with them about their changing bodies and sex, were more likely to engage in risky sexual experimentation at a young age (Warren-Jeanpiere, 2006). Another study notes that daughters whose mothers did not speak openly with them about menarche and sexuality also reported feeling uncomfortable later in life speaking openly with health care providers about their sexual health (Warren-Jeanpiere, Miller, & Warren, 2010).

### **Adolescent depression**

Puberty is a time many adolescents are at increased risk of developing depression. Girls who experience early menarche may be especially prone to developing depression. Holden (2009) notes that adolescents who think they look older than their peers are more prone to emotional distress. Mendel, Turkheimer, and Emery (2007), state that girls who experience early menarche are also more at risk for committing suicide compared to girls who experience later menarche. For instance, preadolescent girls who are very physically developed and menstruating may receive unwanted sexual attention from their male peers (Holden, 2009). This unwanted negative attention can lead girls to feelings of low self-worth. In addition, girls during this time may develop body-image issues that can cause them to engage in a myriad of negative health behaviors including: eating disorders; promiscuity; and aggression. The next section discusses in more detail how girls' body-image perceptions may be negatively impacted by early menarche.

### **Body Image**

As noted previously, puberty is a time that is linked to increased risk for poor body image and resulting eating disorders including, anorexia nervosa (AN), and bulimia nervosa (BN) (Klump, 2013). Research (Klump, 2013) finds that girls who are at more advanced stages of

pubertal development have increased rates of AN and BN. In essence, early menarche has been found to increase girls' risk for developing an eating disorder. A very significant symptom of an eating disorder is poor body image or body dissatisfaction. It is important to note that girls who have eating disorders are often also depressed.

According to researchers at Bradley University (2016), the shape of a woman's body, such as large breasts and round hips, is explicitly sexualized in our society; and young girls are not mature enough to shoulder this societal burden. As a result, young girls may develop a poor body image. Bradley University researchers also note that early exposure to excessive body-consciousness has a tendency to stick with premature developers, even years after their peers catch up with their physical development. In other words, younger girls may be less emotionally and socially equipped to handle the body changes associated with puberty compared to older girls.

### **Conclusion**

Research regarding mother-daughter communication about menarche reveals that mothers are the primary source of menstrual learning for daughters (Cooper & Koch, 2007; Warren-Jeanpiere, Miller, Warren, 2010). However, many mothers, especially African American mothers are reluctant to speak openly with their daughters about menstruation and sexual development. This reluctance to communicate can lead to mother-daughter conflicts. Parents, especially mothers need to understand the important role that they play in helping their daughters have a positive menarche experience. Mothers should be encouraged to speak openly and early with their daughters about menarche. There are tools available to help mothers to feel knowledgeable and comfortable with talking about menarche. The Mayo Clinic (n.d.), provides excellent insight on how to talk to daughters about their changing bodies. They offer several tips

including: being positive about menarche; offering practical suggestions on what to do while menstruating (i.e. wear dark clothing); and not giving up on communication. Although early menarche may present some significant challenges for parents, these challenges can be overcome if parents remain knowledgeable about menarche and committed to giving firm guidance and emotional support to their daughters during this sensitive time.

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- Bradley University. (2016). The Body Project. Retrieved from <http://www.bradley.edu/sites/bodyproject/sexuality/puberty/>
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- Warren-Jeanpiere, L. (2006). From mothers to daughters: A qualitative examination of the

**Commented [w11]:** There are more than 10 references throughout. The majority of them are from peer reviewed sources. **15 points**

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reproductive health seeking behavior of African American women. *Women's Health and Urban Life*, 5(2), 42-61.

Warren-Jeanpiere, L., Miller, K., & Warren, A. (2010). African American women's retrospective perceptions of the intergenerational transfer of gynecological health care information received from mothers: Implications for families and providers. *Journal of Family Communication*, 10, 81-98.

Wu, T., Mendola, P., & Buck, G. (2002). Ethnic differences in the presence of secondary sex characteristics and menarche among US girls: The third National Health and Nutrition Examination Survey, 1988–1994. *Pediatrics*, 110, 752–757.

Part 1: The Effects of Early Menarche on Mother-Daughter Communication

Sample Student

BEHS 343 7984 Parenting Today

**Commented [w13]:** Correct submission format: The paper has a cover sheet, reference list. Part 1 is attached, it is the correct page length and correct spacing and font is throughout. **5 points**



### The Effects of Early Menarche on Mother-Daughter Communication

#### **Description of what happened**

Dear Diary,

Today has been very eventful. It is a day I will never forget. On this hot summer day, my oldest daughter who is 9 years and 11 months old started her period. As I was in the kitchen preparing lunch, she came out of the powder room and said, "Guess what Mommy? I started my period just now!" She was so proud and I was proud of her for handling the situation with so much positivity. I am so thankful that we were at home for this momentous event because I know that being at school when this happens could be very embarrassing.

We were not unprepared for this day. I have been talking with her for approximately a year about what to expect regarding her period. In the event that she had been at school during this time, I packed her a little "emergency kit" to place in her backpack. In the kit I placed a sanitary napkin, new panties, and a starlight mint. Despite being only in the fourth grade when she started carrying the kit, she seemed to be very proud. I think we are off to a good start!

I do know that that she is young for this transition but I was too. I know that the median age of menarche for girls in the United States is 12.4, but the mean age for African American girls is younger (Holden, 2009). I remember feeling totally unprepared for what was happening to me. I also remember feeling very ashamed and embarrassed about menstruation. Based on how I felt when I started menstruating three days after my 10th birthday, I did not want my daughter to begin her journey into womanhood feeling the same way that I did.

#### **Identification of parenting issues**

Nonetheless, I am still concerned about many of the issues that parents may face in helping their very young adolescent daughter transition into a new stage of development. These issues include: 1) an increase in parent-child conflict; 2) adolescent sexual experimentation; 3)

adolescent depression; 4) and poor adolescent body-image. I am taking a course in parenting and I believe that it is going to give me excellent insight into ways that I can help my daughter overcome any obstacles related to early menstruation. I am eager to research and learn more about how I can successfully avoid and/or manage some of the issues that may arise as a result of her early menarche.

**Plan of action**

In addition to the plan of action that I initiated prior to the start of her period, I am going to continue to encourage her to speak openly with me about how she feels about her body. I am also going to continue to talk with her about what the biological changes in her body mean. For instance, we will talk in more detail about ovulation, pre-menstrual symptoms (i.e. cramps, backache, nausea, moodiness, ect.). I want her to know and understand that menstruation is just a normal part of life that women experience. Although I want to speak openly with her, it is not always easy for us to talk. Sometimes she just does not seem interested in talking about her feelings. Sometimes I am also at a loss of words when she comes to me to discuss some of the social issues that she is facing as a result of her early development. For instance, she told me that she feels boys are staring at her chest when they talk to her. That makes her feel very awkward. It is easy for me to tell her not to worry about those silly boys but my words seem to offer her little comfort.

My course readings (Holden, 2009) provide some excellent suggestions on how I might be able to encourage more open communication with my daughter. Some of the tips include: 1) choosing a good moment to talk (i.e. car ride); 2) being a good listener and accepting her feelings; 3) being positive and giving praise; 4) remaining calm and honest during discussions; and 5) not forcing her talk when she is not ready. After reading these tips, I realize that I have

more work to do to help us to have better mother-daughter communication. The communication tip that stands out the most to me is to accept that sometimes she will not want to talk about her feelings. I think I have been guilty of trying to make her talk about how she feels when I want her to talk. This is not a good strategy and if I continue to do this, I will only make her more unwilling to communicate with me about her body, friends, sexuality, etc.

Another action that I can engage in to help my daughter deal with all of the changes she is experiencing is to continue to monitor her behavior and interactions with her peers. She understands that I and her father can access her phone and social media pages at any time. Although we let her know that we respect her privacy, she also understands that if it is not something she would want her parents to see or read, then she should not post the information. This action is also supported by what I have read in my class. Holden (2009) states that good communication is important but not enough. Parents must monitor their teens, especially in the early years.

Diary I am going to end my letter today by letting you know that I feel encouraged about how I have handled my daughter's menstruation experience so far. Although things are off to a good start, there is always room for improvement. In my next entry, I hope to let you know what progress we are making towards improving our communication.

Reference

Holden, G. (2009). *Parenting : A dynamic perspective*. Thousand Oaks, CA.: Sage Publications.