Late childhood to early adolescence is one of the most rapid and dramatic periods of physical change in the human life cycle. During these years — sometimes difficult for both child and parents — the child becomes physically like an adult.

These changes are often referred to as “puberty.” As the parent of a teen or preteen, understanding what is happening to your child may help you support your child through this demanding time.

As early as age 8 in girls and 10 in boys, internal changes begin — organs grow and adult hormones appear. In contrast, some girls begin to mature physically as late as age 13, and boys age 15. Some may race through this process in a year and a half, and for others it may last 5 to 6 years. So at a time when adolescents want to be like everyone else, differences in age and pace of puberty make them least alike.

Variability among individuals may cause great concern for teens maturing much earlier or much later than their friends.

Puberty does not mean maturity. Despite dramatic physical change, your child may still be a child — socially, intellectually and emotionally. The informed, concerned parent can do a great deal — through empathy and reassurance — to help the young teen.

As a parent, you will want to be aware of health problems common among teenagers. Because of the rapid growth and changes in a teen’s body, they need body-building nutrients, especially protein, vitamins A and C, calcium and iron. Yet teens may be picky eaters, they may have easier access to fast foods and snacks, or they may exert their independence by refusing to eat food associated with parental control (vegetables) — all contributing to poor dietary practices.

Your teen may take in many calories during the day. But “empty” calories in the form of high-fat and high-sugar foods don’t provide the nutrients growing bodies need. Adolescents may spend a lot of time sitting — watching TV, playing video games, talking on the phone. Along with bad eating habits, inactivity can lead to obesity and long-term health problems.
Most adolescent girls are deeply concerned about their weight. University of Wisconsin-Madison and UW-Extension researchers surveyed more than 40,000 teens in 30 Wisconsin counties. According to 1991-92 Teen Assessment Project (TAP) surveys, 39 percent of boys and 80 percent of girls reported that they worry about being too fat. Adolescent girls increase the fat around their hips and thighs as their bodies mature. In a society that values thinness, this can lead to desperate dieting attempts and distorted self-image.

The Wisconsin study found that most girls reported trying to lose weight by eating less food, fasting — eating no food — even vomiting. These practices were more common among older girls. If frequent, these behaviors can be dangerous. If extreme, these behaviors can become life-threatening eating disorders.

The best way to prevent obesity is to increase physical activity and to eat more vegetables, fruits and grain products and other low-fat foods. Avoid calling attention to your child’s weight. Never give a child the impression that they will earn or deserve more of your love if they change their body shape or size.

Boys are more likely to increase in height before completely filling out. They might become concerned with having enough muscle, and lift weights and do strengthening exercises. Unfortunately, some may choose health compromising behaviors such as using anabolic steroids — synthetic derivatives of the male hormone testosterone — to increase bulk and athletic performance.

In the Wisconsin survey, one out of 20 boys reported having used steroids at some time. In males, harmful side effects include liver damage and even cancer, impaired kidney function, enlarged prostate gland, sterility, breast tissue growth, water retention, weight gain and hypertension, increased libido, aggressive behavior, depression and serum cholesterol, and shrinkage of the testicles. In females, negative side effects include deepened voice, facial and chest hair, liver damage, menstrual irregularities and impaired reproductive capacity. In addition, anabolic steroids may cause bone growth plates to close prematurely — retarding or stunting growth.

“How I look” was a major worry teens reported in the TAP survey. Appearance was girls’ biggest worry (69 percent), and second after “Grades” for boys (45 percent). One of the most obvious teen problems is skin blemishes. Acne affects about 85 percent of all teenagers. Although common, unsightly acne can create feelings of social embarrassment.

Acne is caused by changes in hormones, and is usually unrelated to diet. Oil glands become more active, get plugged more easily, and produce blackheads or pimples. If the surrounding skin is irritated, oil glands are more likely to be plugged and get infected. Most doctors agree that the best treatment for ordinary acne is normal hygiene and keeping fingers away from blemishes. But if your teen has significant acne, have him or her see a doctor to prevent scars.

Sudden and extreme growth can cause problems with coordination. Parents often complain of a child suddenly so clumsy he or she “trips over his/her own two feet.”

This is caused partly by rapid growth, which takes getting used to, and partly by the fact that different parts of the body grow at different rates. For example, hands and feet grow much faster than legs and arms. Imagine the problems if your feet grew from their present size 7 to size 10 in the next 6 months!
Understanding Physical Changes

The Wisconsin study asked teens how much they worried whether their own body was growing normally. Although as adolescents got older they worried less, at least half the teens in every grade were at least a little worried about this, and girls worried more than boys.

T
eens’ concern about their body growing normally is based in part on comparing themselves with their peers. As a result, early maturing girls and late-maturing boys risk difficult adjustment because these two groups are most different from their peers.

These differences may bring on emotional uneasiness. The appearance of facial and body hair may be seen as a sign of manhood, and a boy maturing later than his friends may have concerns about his masculinity. Girls may feel embarrassed by early breast development.

Features of the face also grow at different rates, so a young teen convinced that his or her nose is too big may be quite right for a time. Soon, however, the rest of his or her facial features will grow in proportion. And, often, that nose won’t seem so large.

Hormones related to growth stimulate the body to change. These hormones intensify moods as well as physical growth. Young teens worry about their feelings. As one girl says, “It’s scary that I can get so emotional over some things. My mom tries to be understanding, but sometimes I get really angry. It clouds my vision. If I’m in a really bad mood and something good happens, it doesn’t matter. But if something bad happens, I dwell on it. I don’t see things clearly.”

She says it helps to know that hormones induce strong emotions. “It makes me feel better to know it’s not just me, that it’s my body changing and there’s not something wrong with me.”

Just as knowing the facts may help you be more tolerant, it may also ease your child’s concern about temporary physical “problems.” To avoid common health problems, help your teen be aware and exercise good judgment.

Preparing for change is important. Children need to know about puberty before it begins. An awareness about menstruation or nocturnal emissions is important so an adolescent is not worried or frightened.

Parents who maintain the attitude that menstruation is normal and natural can help their daughter experience the process more comfortably. How her mother feels about menstruation and has prepared her for it influences how a girl feels and helps her accept its onset.

Girls as young as 9 or 10 begin menstruating, so start preparing your daughter early. She needs to know what will happen and how to care for herself, as well as why menstruation occurs — that she is fertile and can become pregnant. If she understands there is no “right” age for the onset of menstruation, she will worry less about being “early” or “late.”

Males usually experience their first ejaculation during early puberty. Some boys may discover this through masturbation, or a nocturnal emission or “wet dream.” While boys are more reluctant to talk with others about their experiences, inform your son that this is a natural part of growing up, as normal and common as sneezing.

Children mature sexually long before they are capable of entering into mature, adult relationships. At the same time, however, films, television, music, advertising, magazines and
other media play up sexuality. So your teen may be very confused by the need to respond to physical impulses as seemingly encouraged by society yet frowned upon at home, in school and by the church or temple.

In the Wisconsin study, by the 12th grade, two-thirds of teens reported having sexual experience. Yet only about half of those sexually active teens reported they always use birth control.

About 8 out of 10 teens reported that they never talked with their parents about their values regarding premarital sex or birth control. Talk to your child about sex and keep the subject open for discussion, even if you do not think it is an issue yet. Your teen will need your support, understanding and guidance in making decisions about sexual activity.

Although parents can be an important source of guidance and information for young people to learn about mature, responsible sexuality, many parents find it difficult or impossible to discuss this subject with their children.

One helpful strategy is to discuss issues as they arise without making a big deal of them. For example, your daughter may ask Mom when she got her period, or your son may ask about a program on AIDS he saw on television. These casual questions may be a good time to bring up other questions and provide information.

Another strategy is to bring up topics when situations arise. You might overhear your daughter joking with friends about someone who “went all the way,” or find pornography in your son’s room. Such incidents give you a chance to teach your child about changes that occur for both sexes.

Your child may not feel comfortable talking with the opposite sex parent. Respect these feelings, and provide someone he or she does feel comfortable talking with. If you cannot teach your children, it remains your responsibility to see that they learn — by providing books, or through the schools, a doctor or nurse, a social worker or an informed adult such as a 4-H agent, 4-H leader, teacher, clergy or other adult willing to teach.

The teen years and the changes that accompany them are exciting and challenging. Your support, concern and guidance can do a great deal to promote your child’s positive sense of self and cement healthy relationships.