Parenting the Early Bird

We watch our children learn and grow and take pleasure from their development. We take pride in how early our child walks, how tall she grows, how “grown up” she is when we take her out. But, most parents do not react in the same way when they realize that their daughter’s physical maturity is ahead of what is expected. They are more likely to feel concern and anxiety when the changes of puberty come before age ten years.

Most girls begin puberty between 8 and 13 years. For a few it may be earlier or later. Starting early or late may be awkward socially, for a year or two but this does not mean that there is anything wrong.

Your daughter is someone for whom normal puberty is starting early. The changes you see are the natural ones. In a year, or two, or three, others in her age group will catch up.

“I was helping my 8 year old daughter wash her hair one day and I noticed that she had little breasts and some hair on her private parts. I was shocked and upset.”

Any girl who shows the signs of puberty before 8 should have a checkup by an endocrinologist (doctor who is a specialist in the hormones of the body). Tests will tell if this is the early side of normal or something else.
Puberty refers to the way the body changes when sexual development starts. Hormones trigger these changes. A part of the brain known as the hypothalamus pushes the “start button.” It sends its hormone - gonadotropin - releasing hormone (GnRH) to a gland in the brain called the pituitary gland. GnRH acts on the pituitary making it release another set of hormones called gonadotropins into the bloodstream. These hormones - luteinizing hormone (LH) and follicle stimulating hormone (FSH) - in turn act on the ovaries. The ovaries release estrogen, progesterone, and androgens into the blood. These hormones are picked up by the breast tissue and some other tissues. They cause the body changes that are part of growing up:

- Breasts develop.
- Coarse dark hair grows in the armpits and around the pubic area (private parts),
- Changes in the skin’s oil glands may cause acne.
- The young girl grows taller in a sudden growth spurt.
- Menstrual periods begin about 18 months after the breasts begin to develop. (Keep in mind that there is not an exact date for this.)
The hormones in the bloodstream also affect feelings and behaviour.
- The young girl may have mood swings. She may feel happy and then sad or angry within a short time.
- She may be irritable, rude and unco-operative for what seems like no reason. Even your daughter may be surprised at herself!
- She may be much more concerned about her body and her looks.
- She may have a giggling awareness of boys.

What causes early puberty?

Normal growth patterns vary. There is no way to explain why. It seems that nature’s clock is set differently for each of us.

Some people have the idea that something in the food, air or water has caused puberty to start early. There is no evidence for this. However we do know that there is a trend for heavier children to start puberty earlier than other children.

Some people wonder if their child has inherited a gene that caused a disturbance in her hormones. Most likely this is not the case.

The few known causes of early puberty are linked to conditions such as meningomyelocele, congenital adrenal hyperplasia, radiation or a tumour in the head.

How can we be sure that this is normal early puberty?

Your family doctor can set up a visit to a pediatrician or pediatric endocrinologist. The specialist will do the following tests:
- Check the level of the different hormones in the blood.
- Request a wrist Xray to look at bone age. The maturity of the bones shows the doctor how long ago puberty began in your daughter. Bone age also shows how much taller your daughter will grow. Bones stop growing at a “bone age” of 13. Your daughter may be tall for her age now but if she is near the end of her growth, she may be a shorter adult.
- Occasionally the doctor will also:
  - Request an abdominal ultrasound - type of test that gives a picture of the ovaries.
  - Ask for an MRI of the brain - type of test that gives a clear picture of the brain.

Note: Your daughter will not need to have a vaginal exam to check for early puberty. However the doctor will need to check the breast development and have a brief look at pubic hair development to determine how far puberty has progressed.
What can be done about early puberty?

Early puberty is often a social and emotional challenge. It is seldom a medical condition or disease. (There is, however, a medical condition called “central precocious puberty.” With this condition, puberty starts outside of the range of normal early and moves quickly. Treatment is suggested for this diagnosis.)

Puberty holds a lot of meaning. It seems like the end of childhood. Often parents say, “I've lost my little girl. I feel like she’s lost her childhood.” It also brings into focus the young person as a sexual being. Often parents say “I am afraid that I can't protect her as well from the adult world and she is still so young!”

Early puberty is not a medical condition that needs treatment. Often parents, and, sometimes their daughters, are uncomfortable being ahead of their age group. Their concerns are social, rather than medical. Early puberty certainly presents some real challenges. But most parents and young girls can do very well with support and advice rather than “treatment.”

It may be that you feel strongly that you want to delay puberty and the start of periods. Quite a few parents have this reaction at first. There are medications that can block puberty hormones for a time. These, like all medications, have risks along with their benefit. Discuss the issues with your endocrinologist.

At the same time, try to think about your specific anxieties. What is it about this life passage you fear? Why? Do your concerns relate to your own puberty?

Talk with an experienced health care professional. S/he may be able to help you understand your feelings and think through what is best for your child. Once you understand your issues and the options available, you can make a decision for your child.

What can I do to help my daughter see the changes in her body as something she can feel good about?

Try really hard to separate your feelings from those of your child. Your feelings may come from painful memories of menstrual discomfort, embarrassing times and the stress of your teenage years. Your daughter does not have this memory. You can do some things to make puberty easier for her than it was for you. Start by looking at her life as she is experiencing it. What might be a problem for her?

We have talked with many families who have successfully supported their young daughter through early puberty. Here are some of their suggestions in their own voices.

Make sure she understands what is happening to her body.

“Therere are a few good books and videos at a 7–9 year level of understanding. Our favourite was What's the Big Secret? by the authors of the “Arthur” series. It eased us into talking about puberty and about sexuality. (See the last page of this booklet for other suggestions.) But, we made sure to take every chance we could to talk about natural changes and feelings in our every day chats.”

Children take their cue from their parents. If you talk with pleasure about her growing up and accept the changes as normal, you create a climate of support. This is what adults who have had an early puberty tell us now.
Prepare her right away for her first period.
“Blood means injury to a child. I explained that one day she would see blood that came from a place inside her that was not hurt at all. She would see it in the toilet, or in her panties, or on toilet paper. I told her about the first time it happened to me. I told her that it may be a lot of blood or a little. How ever much it was, it did not mean she was sick or hurt. I showed her with pictures where it was coming from and what it meant. I gave her a calendar and promised to write in the day each month it came for me. I said that when her “period” came we would write in her days and mine on the calendar. I did this as a way of bringing up the topic at least once a month so that she was reminded about it. Writing in the calendar also turned out to be the time she asked questions about it. What is more, it made her think about the period as something we shared as women.”

Consider that the first period may come when she is at school or at a friend’s house rather than at home.
“I remember, in my teen years, that I would break into a sweat when I had to buy sanitary pads. So, I took my daughter with me to the drug store to buy pads for me and for her. I was relaxed and she could see that. We then made a “period plan” together. We planned where she could keep her pads. We bought her a knapsack that had a zipper section that locked. We packed pads, brown paper bags for used pads, clean panties and a spare pair of pants into it in case of stains. We thought about what the school toilets are like in terms of privacy. We discussed what she should do with a used pad. I went to the school with her and we checked the best toilet to use and a bin for discarding pads.”

Help her learn to deal with new body care and hygiene issues.
“With puberty comes more body odour. Our daughter was not aware of her own body smells. We felt she had enough to cope with and did not want her to be teased about that! We made sure she had a bath or shower every day. I showed her how to use a non-perfumed deodorant. When she said that she did not like the hair in her armpits I told her that I would show her how to take it off. I made sure to tell her that some women took away the hair but others did not mind it. Since she did not like it we could take it off. When it grew back she could decide again if she wanted it off or not.”

Some girls are very involved with sports.
A tampon will make activities like swimming or gymastics more comfortable. Many parents are reluctant to let their daughters use tampons, but there is no medical reason for this. A Tampax Learner’s Kit® is on the market. It has clear instructions for use. Your daughter may need to use a mirror, at first, to find her vaginal opening. If she applies a water soluble lubricant around the tampon it will slip in more easily. We suggest that you check that she changes the tampon often. This is an example of when an 8 year old may not be as good at remembering as a 13 year old!

Note: Removing the hair in the armpits will not make the hair grow in coarser. The coarseness of the hair is caused by the hormones of puberty. Nothing will change its texture, thickness or how fast it grows.
Train her to respond with confidence to teasers and the questions of her curious friends.

“Without question this was the hardest aspect of early puberty for our daughter. What helped most was practising how to respond. First we explained that what was happening to her would happen to her friends also but later. We talked about how we are all interested in something that is new or a bit different. We want to know about these things and do our best to find out. We gave her some examples of this from her own life. It helped her realise that those staring and asking were interested rather than mean. We suggested that when her friends or school-mates made comments or wanted to see, touch, or talk about her body, she could tell them a little so that they understood. Explaining is one way of dealing with comments. I said we could talk about other ways too. We tried out things she might say like: “Some girls grow bigger when they are 7, some don’t grow much until they are 12. But we all get bigger – sooner or later. I’m starting to grow earlier. I have little breasts already. I’m the early bird.” We tried saying this in a strong voice with good eye contact. My daughter became quite comfortable with it after a while. She felt brave and strong. I think not everyone can do this though. I told my daughter that she certainly did not have to give everyone an answer if it made her feel uncomfortable. She could just say, “staring and touching people is not polite. Could we just get on with ….” or “This is my body, and I don’t want you to touch me”. She could even just ignore those questions and move off with her chin up. An 8 or 9 year old needs lots of low-key rehearsal at home. It helps her have the right words and tone ready. If teasing becomes a real problem, there are several good books that give ideas to manage teasing. Ask at the children’s section of a library.”

Be mindful of her need for privacy.

“I made a point of not talking about her to others without asking her if she felt OK about it. She preferred to change for the pool and ballet at home. We bought her a loose fitting track suit to wear over top. We let our son know that the time had come for him to knock before going into his sister’s room. We took our cue from our daughter – if something bothered her, we helped her find a solution.”

Remind yourself, and others, that she is not as mature as she looks. Expect her to behave like other children of her age.

“Parenting was a little confusing until we realised that her mature looks were tricking us. We returned to expecting 8 year old behaviour and needs. We gave her back her childhood. We had 8 year old laughs, cuddles and rules. We drew the line on behaviour just where we had a few months back.”
Parent questions regarding early sexuality

Q: Is my child having sexual feelings?
A: She is probably having some new kinds of feelings in her body. How she interprets these will be different from the way a teenager interprets them. The hormones will increase the sensations of the genital tissues. If your daughter has not already done so, she will likely discover the pleasure of touching her own body. Most girls and boys touch their genitals. This is a natural, good feeling that some adults deny themselves because they were taught that it was bad. The important thing is to teach her that touching genitals is a private activity.

Most young girls of 7 to 10 years will have no interest in sexual behaviours such as intercourse. They still think about it as a “gross” and odd activity. Interest in being sexual with a partner will come when her understanding of life and sexual love mature. To help her understand her sexual feelings you could read a book on the topic together. For suggested reading see the list on the last page of this booklet.

Q: I think she is “coming on” to her older brother’s friends, how should I handle this?
A: Use her manner with boys as an example from which you teach her (and her brother) “sexual manners”. You will need to start by helping her understand what “flirting” is. One way to describe it is to talk about it in terms of “showing off”. Most young children have an understand-

ing of this idea. You can discuss how “showing off” makes others look at you in a certain way. They may laugh and encourage you to show off more but that does not mean that they like you more. It may even mean that they are making fun of you. You can talk about how the way to make friends is to let others have attention rather than drawing the attention of others to you.

Note: in a few instances the flirting behaviour may lead to sexual interest from an older friend. In this case, you may want to move beyond a discussion about flirting to a more serious talk about sexual behaviour. You can use one of the books in the resource list to get some ideas on what and how to talk about sexuality with a young girl. You can also ask the clinic nurse for some guidance.

Q: I’m worried that she may be attractive to a pervert? What can I do?
A: Because your daughter is not yet a teen, she is unlikely to be any place without an adult. It is important to teach all children to tell the adult in charge, at once if she feels something is not quite right or makes her feel uncomfortable. Tell her to tell you if the person in charge asks her to do anything strange.
Early puberty presents challenges. There is no question that this is so. But, if you handle these wisely, your daughter will celebrate this milestone in her life with excitement rather than fear. Your positive attitude and support will light her way. We hope the context of this book will guide your way.

**Puberty resources for parents**

**Puberty resources for young children**

**Resources to manage teasing**
- Durbach, E., Mackenzie, B., Puder, C., Temis, J. Teasing and How to Stop It. Vancouver, BC: British Columbia’s Children’s Hospital, 1993 (Video and manual)
For pricing and ordering information

Family Resource Library
B.C.'s Children's Hospital
Room K2-126, Ambulatory Care Building
4480 Oak Street
Vancouver, BC  V6H 3V4
tel: (604) 875-2345 ext. 5102
toll free: 1-800-331-1533 ext. 2
fax: (604) 875-3455
e-mail: famreslib@cw.bc.ca

Acknowledgements

Developed by: Sheila Kelton, RN, BScN, Nurse Clinician, Endocrinology

Reviewers: Dr. D. Metzger, Dr. J.P. Chanoine, Dr. L. Stewart

Editor: Edna Durbach, Consultant writer & editor
“Get it write”

Layout: Gail Soo Lum, Dept. of Patient Family Education

Graphics: Piktografik