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**An empirical study on impact of puberty among children in young
age with special reference to Tiruppur**

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ABSTRACT:-

Puberty is a dynamic period of physical growth, sexual maturation and psychosocial achievement that generally begins between age 8 and 14 years. The age of onset varies as a function of gender, ethnicity, health status, genetics, nutrition and activity level. Puberty is initiated by hormonal changes triggered by the hypothalamus. Dermatological problems of adolescence are mainly related to fluctuations in hormone levels mainly androgens. They include acne, hair problems and excessive sweating. The paper will teach about girl children's proper eating habits and too prevent them from early puberty.

INTRODUCTION:-

“Puberty”, derived from the Latin word pubertas meaning adulthood, is not a de novo event but a process leading to physical, sexual, and psychological maturation (Blondell, foster & dave 1999). “puberty” differs from “Adolescence” in that it is just one chance (maturation of the reproductive system) that occurs during adolescence. From biological perspective, puberty is the stage of development during which an individual first attains fertility and capable of reproduction. Physical

changes that occur during puberty include somatic growth, primary sexual organ development(gonads and genitals) and the appearance of secondary sexual characteristics (breasts and pubic hair). This paper reviews the hormonal processes responsible for including puberty, clinical indicators and staging of normal puberty, and psychosocial changes that accompany the physical maturation. Abnormal puberty patterns and guidelines for assessment are also reviewed.

OBJECTIVES OF THE STUDY:-

To identify the problems faced by the young children due to Early puberty .

SCOPE OF THE STUDY:-

1. The study Helps to understand and support the children and young people with additional needs and encourage their children to maintain a health weight.
2. It Enables Practical support strategies to promote continence in children and young people with additional needs.

LIMITATIONS:-

1. During our study most of the respondents were unaware of this early puberty.
2. The coverage of the area is limited to the Tirupur district.

LITERATURE REVIEW:

Many explanations and definitions of Early Puberty can be observed. According to the article Denise R. Tate. of the ages to define the onset of puberty, precocious puberty, and early puberty are debatable with in the medical community. Early puberty as less than 12 years for research purpose. It is more commonly found in girls, with African American girls maturing on average one year earlier than the Caucasia/Hispanic counterparts.

RESEARCH METHODOLOGY**RESEARCH DESIGN**

1. A Master plan that specifies the method and procedures for collecting and analyzing needed information.
2. A research design is a framework or blueprint for conducting the marketing research project.

SAMPLE DESIGN

Sampling is the process of selecting a sufficient number of element from the population. A Sample Design is a definite plan for obtaining a sample from the sampling frame. It refers to the technique or the procedure the researcher would adopt in selecting some sampling units from which inferences about the population is drawn.

NON-PROBABILITY SAMPLING

Non-Probability sampling is a sampling technique where the samples are gathered in a process that does

not give all the individuals in the population equal chances of being selected.

CONVENIENCE SAMPLING

Convenience sampling (also known as Availability Sampling) is a specific type of non-probability sampling method that relies on data collection from population members who are conveniently available to participate in study.

SIZE OF THE SAMPLE

The Sample size is 30

DATA COLLECTION METHOD**PRIMARY DATA**

These are data which are collected for the first time directly by the Researcher for the Specific study undertaken by him. In this research primary data are collected directly from the Respondent by using Questionnaire.

SECONDARY DATA

These are data which are already collected and used by someone preciously. The data's are collected from journals, magazines and websites.

STATISTICAL TOOLS USED

To analyze and interpret collected data the following simple percentage and ranking were used.

FORMULA**Number of respondents**

$$\text{Percentage analysis} = \frac{\text{Number of respondents}}{\text{Total number of respondents}} \times 100$$

HENRY GARRETT RANKING

Garrett's ranking technique to find out the most significant factor which influences the respondent; Garrett's ranking technique was used. As per this method, respondents have been asked to assign the rank for all factors and the outcomes of such ranking

have been converted into score value with the help of the following formula:

$$\text{Percent position} = 100 (R_{ij} - 0.5) / N_j$$

DATA ANALYSIS

PROFILE OF THE RESPONDENTS

The Respondent who participated in the research are from diversified background with gender, age group, and educational qualification.

Table 1: PROFILE OF THE RESPONDENTS

DETAILS OF RESPONDENTS	NO. OF RESPONDENTS		PERCENTAGE
AGE	Below 20 years	06	20
	20-30 years	15	50
	30-40 years	07	23.4
	Above 40 years	02	6.6
	Total	30	100
GENDER	Male	01	3.3
	Female	29	96.7
	Total	30	100
EDUCATIONAL QUALIFICATION	Illiterate	01	3.3
	Under graduate	11	36.7
	Graduate	08	26.6

Where R_{ij} = Rank given for the i th variable by j th respondents

N_j = Number of variable ranked by j th respondents

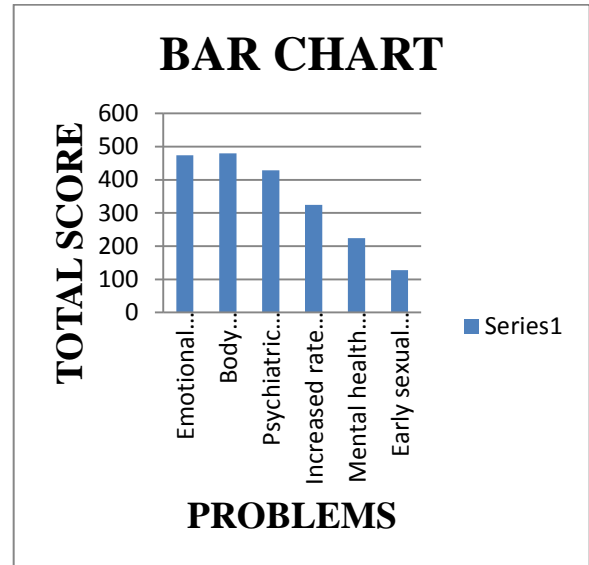
	Post graduate	10	33.4
	Total	30	100
NUMBER OF GIRL CHILDS	One	11	36.7
	Two	11	36.6
	Three	04	13.4
	Above Three	00	00
	None	04	13.3
	Total	30	100
SOCIAL EMOTIONAL DEVELOPMENT	Yes	21	70
	No	09	30
	Total	30	100
BASIC EMOTION	Yes	22	73.3
	No	08	26.7
	Total	30	100

Table :2

RANK THE PROBLEMS FACED BY PUBERTY

S. NO	PROBLEMS	MEAN SCORE	TOTAL SCORE	RANK
1	Emotional distress for some children	96	474	2
2	Body image/Self esteem issues	79	480	1
3	Psychiatric Distress	112	428	3
4	Increased rate of adult obesity	108	324	4
5	Mental health problems	107	224	5
6	Early sexual behaviour	128	128	6

From the above table it is evident that “Body image/self Esteem issues ” ranked as no.1 with a total score of 480,”Emotional distress for some children” is ranked as no.2 with a total score of 474, “Psychiatric Distress” is ranked as no.3 with a total score of 428, “Increased rate of adult obesity” is ranked as no.4 with a total score of 324, “Metal health problems” is ranked no.5 with a total score of 224 “Early sexual behaviour” is ranked as no.6 with a total score of 128.



FINDINGS:-

1. From this content “Body image/Self esteem issues” Ranked as no.1 with a total score of 480.
2. “Emotional distress for some children” is ranked as no.2 with the total score of 474.
3. “Psychiatric distress” is ranked as no.3 with total score of 428.

SUGGESTIONS:-

1. Prevent/Reduce obesity
 - Do your best to eliminate bread, pasta, potatoes, and white rice from the diet.
 - Cut the amount of watching TV in Half.
 - Cut out the soda and Juice completely (Water is the best beverage)
2. Prevent exposure to “ENVIRONMENTAL ESTROGENS”
 - Avoid flame retardant products.

- Encourage your pre-girls to avoid cosmetics.
 - Get your daughter a glass water bottle.
 - Eat organic whenever possible.
 - Avoid plastic wrapped foods.
3. Stress proof your Daughter
- Teach simple meditation or relaxation skills.
 - Reduce exposure to TV violence.
 - Encourage your daughter to join sports, Dance etc.,
 - Talk to your daughter a lot and about everything you can to her understand her body.

serving sizes, and being fit, and being food and body neurotic so that they can emerge into woman hood confident and without preventable risks of long term emotional and healthy problems.

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CONCLUSION:-

Obese should also not be the new norm neither should early puberty. If we are so worried about not making them say conscious about their weight. There in a difference between healthy food consciousness and awareness about best food choices, healthy