

# Understanding the impact of lack of pubertal change information on adolescent girls' physical and psychological development

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## Abstract

This research intended to understand the impact of lack of pubertal change information on adolescent girls' physical and psychological development. This study has been conducted applying mixed methods (qualitative and quantitative methods of data collection). A questionnaire survey, In-Depth Interview and case study methods have been used to collect data for this study. This study found that adolescent girls have limited access to pubertal change information. During puberty, they faced physical, psychological, and social changes. Due to lack of information or limited information adolescent girls didn't know how to cope with this changing situation. So, they found their way out to deal with this situation and faced several physical, psychological, and social problems. Sometimes these problems took serious form and had long term effects on adolescent girls. The family especially the mother and peer group have an important influence on adolescent girls. This study recommends that adolescents should be provided with pubertal change information before and during their puberty period to make them confident in dealing with their body changes during puberty effectively. Pubertal change information should be included in the secondary school curriculum. Sources of information should make more available to adolescent girls. Family and as well as society should be more conscious and flexible with adolescents and should take more initiatives so that adolescent girls can cope with these transitions confidently.

**Keywords:** Adolescents, Puberty, Pubertal change information, physical changes, psychological problems

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## I. INTRODUCTION

Adolescents go through puberty, which is a period of transition in their physical, social, and emotional lives. The changes that teenagers go through throughout puberty give them a fresh perspective on themselves and have an impact on how others react to them (Simmons and Blyth, 1987). Puberty is the time in a person's life when he or she reaches sexual maturity. One foot is firmly planted in childhood, while the other is making its way towards maturity. To effectively cope with this period of transition, they require adequate and accurate information about the entire process, as well as a clear picture of their bodily changes, to avoid a variety of physical, psychological, and social problems, as well as personality ambiguities and confusion in their lives.

## II. STATEMENT OF THE PROBLEM

Puberty refers to all the physical and psychological changes that occur in a growing girl or boy's life when he or she makes the journey from childhood to adulthood. Pubertal health encompasses a wide range of elements that influence physical and psychological development, sexual function, and reproduction throughout puberty. Physical, mental, and emotional variables all play a role (Mueller, 1993). In this instance, pubertal change information is critical for maintaining healthy pubertal development. This phase is crucial since it is a moment of change in one's life. They don't fit into either the kid or adult categories. They appear to be children, yet they strive to act like adults, believing that they have matured enough.

However, society makes little attempt to comprehend their mentality. As a result, they became reclusive and limited their ideas to themselves. Then, for the most part, a barrier is built between teenage children and their parents, and they become more interested in the outside world. They suddenly experience bodily changes throughout puberty, but they don't know how to adjust to these changes, and they begin to experience psychological stress as a result. Information on pubertal changes is crucial at that time. If there is any upheaval at that moment, it has an impact on the person's personality, self-image, or attitude. As a result, it's critical to have an open dialogue about pubertal difficulties to develop a nation's healthy youth. However, not all civilizations have access to pubertal change data (Bott & Puri, 2003).

The pubertal transition is not the same for everyone. For the notions of safety and virginity/purity that have been put in our patriarchal society for a long time, puberty opens a door for a guy to connect with broader society but confines a girl to the four walls of the house. They strive to gather information from a variety of sources that are both accessible and relevant to their current expertise. In Bangladesh, pubertal health information is typically not available to all, and discussing it is, to some extent, forbidden or sinful. Girls may suffer physical and psychological problems because of a lack of knowledge or ignorance regarding pubertal development. Studies found that pubertal changes in girls have been linked to psychosomatic symptoms, eating disorders, sadness, anxiety, and a distorted self-image (Aro & Taipale, 1987), as well as suicide attempts (Wichstrom, 2000), drug usage, and criminal activity (Wichstrom, 2000, Hazebroek-Kampschreur & Verhulst, 1999). As a result, having access to accurate and trustworthy information on girls' pubertal changes is critical for developing a healthy and sparkling young for the future nation.

#### ***Research Objective***

- To explore the experiences of puberty among the adolescent girls
- To understand the impact of lack of puberty information on girls' physical and psychological aspects of life.

#### ***Question of the Research***

- How did women come to know about their pubertal change information?
- What were the experiences of young girls during their puberty?
- How does their experience of puberty influence their psychological and social aspects of life?
- What causes bitter experiences about pubertal changes among adolescent girls?

#### ***Rationale of the study***

Adolescence is a significant and vulnerable segment of the population, as well as a nation's bright future. They assume responsibility for the nation's future and help it achieve its goals. As a result, the nation should place a high priority on positively fostering them so that they may make the greatest contribution to society.

They are, nevertheless, subjected to massive physical and psychological changes during puberty, which jolt them like an earthquake. During that period, a person's personality and self-image are formed. That is why their physical and mental well-being is so vital. This procedure is more difficult for girls than for guys. Society, societal norms and beliefs, women's fragility or problematic position in society, and a variety of other circumstances all have a part in how girls experience puberty, resulting in a reality that is distinct from that of males.

Young girls frequently have a hard time recognizing the changes they are going through. Those that surround children must supply correct and healthful information as well as provide a welcoming environment in which they may express their feelings, issues, and expectations (Arundhati and Marta, 2003). Otherwise, a lack of understanding or ignorance can lead to significant challenges, unpleasant experiences, dread for the future, and aversion to sexual activity. During this period, girls are at a higher risk for bad health consequences, while males are at a reduced risk (Mangrulkar, Whitman & Posner, 2001). Furthermore, adolescents' perception of their talents might be influenced by their parents' gender-based perceptions of abilities (Jacobs, Bleeker, & Constantino, 2003). Cultural and gender norms, discrimination, poverty, girls' roles and expectations, and abuse can all have a detrimental impact on young girls, making them more sensitive to unfavourable psychological health outcomes than males.

Therefore, I believe it is critical to investigate adolescent girls' experiences of pubertal changes, the causes of lack of information or misinformation about pubertal changes in Bangladeshi society, and the physical and psychological risks that they face so that appropriate authorities are informed and can take necessary steps to address these issues.

#### ***Limitations of the study***

There are a few limitations to this study that must be noted. Because just a small number of interviews were done and minimal data was obtained, the tiny sample may not be typical of all Bangladeshi women. Furthermore, fear and guilt associated with sharing, as well as the nature of data collecting at the time of the interviews, based on the participants' ages, may have hindered open discussion about menstruation among the young participants. Due to a lack of time and resources, I was unable to conduct this research in a larger scope. When the time was limited, I was unable to speak to a large number of respondents.

### III. LITERATURE REVIEW

Simmons and Blyth (1987) discussed from a sociological standpoint that adolescence has typically been regarded as a stage of physical maturation and social immaturity. The goal of this book is to research change as it occurs during the transition from infancy to early and middle adolescence, as well as a range of psychological variables, with a special focus on self-image. The child's first big transition into a large-scale organizational framework, as well as the dramatic changes of puberty, may provide challenges. The urge to withdraw from parents during these years has been considered to result in high levels of rebellion and parent-child conflict.

Schools are institutions that develop and repeat the meanings society has given to the creation of the body, according to Fiset (2009) in her book "Adolescent Girls' Embodied Identities: Exploring Strategies and Barriers to their Success and Survival in Physical Education." Adolescent girls compare themselves to their classmates and the socially created idealized female form as they strive to negotiate the physical changes that occur within their bodies. Girls' ability to perceive their embodied identities is challenged by a lack of information about their bodies paired with powerful effects. This book delves into how teenage girls think about and feel about their bodies, as well as how they navigate ways to feel at ease in their bodies and the physical education classroom. The findings should help physical educators, parents, and students understand the elements that shape girls' embodied identities and why giving them a voice is critical.

Xiaoja Ge, Irene J. Kim; Gene H. Brody; Rand D. Conger Ronald L. Simons; Frederick X. Gibbons and Carolyn E. Cutrona (2003) in "It's About Timing and Change: Pubertal Transition Effects on Symptoms of Major Depression Among African American Youths" examined the effects of early physical maturation and fast pubertal changes on symptoms of severe depression among 639 African American children. Two waves of data (mean ages 11 and 13 years) were used to examine three competing hypotheses: early timing, off-time, and stressful change. The pubertal impact differs depending on the gender and age of the kid. Early maturation was consistently linked to higher levels of depressive symptoms in girls. Early maturity in boys revealed increased levels of depression only at the age of 11, but by the age of 13, these symptoms disappeared. Symptom levels were higher in boys who experienced rapid pubertal development over time.

In the article "Early puberty is associated with mental health problems in middle adolescence" Riittakerttu Kaltiala-Heino, Mauri Marttunen, P. Aivi Rantanen, and Matti Rimpel (2003) wanted to see if there was a link between pubertal timing and emotional and behavioural issues in adolescence. A school-based survey of health, health behaviour, and school conduct, as well as questions concerning emotional and behavioural difficulties, were used in the study. Depression, bulimia nervosa, psychosomatic symptoms, anxiety, drug usage, smoking, bullying, and truancy were among the topics included in the study. Internalizing and externalizing symptoms were more prevalent among girls as puberty progressed. Externalizing symptoms were solely linked to early puberty in guys. Early pubertal onset is linked to an increased risk of mental health disorders, according to the findings. Professionals who work with teenagers should take into account the mental health requirements of adolescents who are still evolving.

According to Rosengard C, Tannis C, Dove DC, van den Berg J, Lopez R, Stein LAR, Morrow KM (2012), sources of sexual health information show a considerable impact on teenagers' sexual activity. This study looked at how families act as sexual knowledge sources for at-risk teenagers, the messages they remember from their families, and how family learning experiences affect sexual behaviour. Many participants in this survey described their family as a source of sexual health knowledge. The following are the main messages that were remembered from family- sex hazards, protection, and relationship guidance. Family members were indicated as sources of sexual health information by participants, with gender differences. Teens are more likely to seek extra sexual knowledge from peers or the media when they get negative or warning signals. Males appear to be lacking advice and instruction from their families. From Research to Practice in Health Education: Adolescents' requirements for practical and sex-positive information on the mechanics of sex and the creation of healthy relationships should be addressed in sexual health messaging, which should be balanced with warnings about negative effects.

Amy Bleakley, Michael Hennessy, Martin Fishbein, Harry C. Coles, Jr, () examined how sources of sexual information are associated with adolescents' behavioural, normative, and control beliefs about having sexual intercourse using the Integrative Model of Behavior Change. Friends, teachers, moms, and the media were the most often mentioned sources. In the lives of most children and teenagers, the media plays an important role. Learning about sex from parents, grandparents, and religious leaders were related to views likely to delay sex, whereas learning about sex from friends, cousins, and the media was associated with beliefs likely to enhance the chance of having sexual intercourse. They concluded by stating that various sources of sexual knowledge were linked to various underlying ideas.

The article named 'Overrating pornography as a source of sex information for university students: additional consistent findings' by Trostle LC (2003) focused on pornography's influence as a source of sex information. Pornography does not appear to play a significant role in the distribution of sexual information,

according to the findings; peers appear to be the predominant source. However, there are statistically significant disparities in reports of the degree of sexual knowledge from pornography on subjects such as oral and anal intercourse between the sexes. The findings add to the body of knowledge on pornography as a source of sex information and disagree with the earlier study.

In this article titled 'Sources of Information and Adolescent Sexual Knowledge and Behavior' by Carol DamothHandelsman Rebecca J. Cabral Glenn E. Weisfeld (1987) Sexual knowledge and behaviour and response to peer sex educators were investigated concerning adolescents' sources of sex information and the quality of communication with parents about sex. Although the answer to the peer educators was not found to be connected to the previous source of knowledge, the majority of teenagers reported that an adult was their preferred source of information, with virgins leading the way. Adolescents who selected an adult as their primary source of sex and birth control information were no better informed than those who named peers. Sexually active teenagers who used birth control, on the other hand, spoke with their parents about sex substantially better than sexually active adolescents who did not use contraception. The findings suggest that improving the quality of parental engagement in sex education programs is critical.

In the book titled 'Social and Health Context of Girls' Menstrual Experiences & schooling: The Case of Garissa District, Kenya' Mohamed Sabul (2012) explored that the government of Kenya and its development partners have been concerned about poor school enrolment among adolescent girls from underprivileged areas. Given that over 70% of school-age females in Kenya's North-eastern Province are out of school, this is a concerning situation. The case study looked at the social and health context of pubescent girls' menstrual experiences and schooling in Kenya's Garissa District, with an emphasis on dissecting pubescent girls' menstrual experiences and suggestions. The findings show that adolescent girls endure considerable menstruation-related issues that have a detrimental influence on their health, well-being, and academic performance. The study also looked at the policy and practical implications of the findings. The case study presents adolescent girls' proposals for making schools more health-promoting and girl-friendly institutions.

In this study 'Preparing girls for menstruation: recommendations from adolescent girls' By Koff E & Rierdan J. (2007) teenage girls who had been menstruation for one to three years were asked how they would prepare younger girls for the occasion, as well as how parents should prepare their daughters. The girls highlighted the need for emotional support and reassurance that menstruation was natural and healthy, not scary or unpleasant. They emphasized the practical aspects of menstrual hygiene and the subjective experience of menstruation (how it feels) while downplaying the biological components and the relationship between menstruation and female self-identification. Menstruation had been discussed with most girls' moms, but only a handful had discussed it with their dads. Many girls were hesitant to discuss menstruation with their fathers, preferring instead for them to be supportive but silent; others believed that fathers should be excluded. Menstrual education should be viewed as a long-term, continuous process that begins well before menarche and continues long beyond menarche, according to the responses.

Rembeck & Hermansson (2008) described 12-year-old girls' experiences of entering puberty. Growing up—awareness, physiological changes, yearning; mother—a close and vital relationship; menarche—a personal and significant occurrence; and sex and relationships—were discovered to be the four key topics. During this time of change, girls sought understanding for their feelings and ideas. It was critical for mothers to be nearby and give support. The girls felt a higher desire for honesty as they approached menarche. They had powerful bodily experiences with their sexuality and had many inquiries about sex and physical changes. They expressed a desire to talk about these matters and learn more about sex but claimed that adults had failed them in this area because they assumed the girls were too young to understand. School nurses have the opportunity to assist girls as they move to puberty.

#### **IV. THEORETICAL FRAMEWORK**

##### ***Freud's Psychoanalytic Theory***

Adolescents' lives are full of tension and struggle, according to Freud. He believed that teenagers bury their disputes in their unconscious thoughts to relieve tension. Even insignificant activities can become significant when the unconscious impulses behind them are disclosed, according to Freud. A twitch, a sketch, a joke, or a grin might all be signs of unspoken strife. The id, ego, and superego are three structures in Freud's model of personality. The id is made up of instincts, which represent a person's psychological energy reserve. The id, according to Freud, is unconscious and has no touch with reality. As infants become more aware of the demands and restrictions of reality, a new personality structure, the ego, arises to deal with these demands. Because it makes rational judgments, the ego is referred to be the "executive branch" of personality. The id and ego are morally amoral; they do not consider if something is right or bad. The moral branch of personality is the superego. The superego considers whether something is correct or incorrect. Consider the superego to be what we call our "conscience." You've probably seen that both the id and the superego make

things difficult for the ego. The ego uses defence mechanisms to reconcile the contradiction between its reality demands, the desires, the id's and the superego's restraints.

Repression, according to Freud, is the most effective and widespread defence mechanism. It pulls undesirable id impulses out of awareness and back into the unconscious mind.

Because the purpose of every defence mechanism is to repress or drive threatening emotions out of consciousness, repression is the foundation on which all other defence mechanisms are built. Early childhood memories, many of which he believed to be sexually charged, are too dangerous and stressful for adults to deal with consciously, so they repress them, according to Freud.

### ***Erikson's Psychosocial Theory***

Human development is divided into eight phases, according to Erikson's theory. Individuals are confronted with a crisis that must be handled at each level by a specific developmental job. New problems confront the stages, necessitating active, intentional, and responsible action. This crisis, according to Erikson, is a transition moment distinguished by heightened vulnerability and increasing potential. The healthier growth will be the more successful an individual overcomes crises (Hopkins, 2000).

Erikson's first psychosocial stage, which occurs throughout the first year of life, is trust vs mistrust. Childhood trust establishes the foundation for lifetime anticipation that the world will be a nice and happy place to live.

Erikson's second stage, which occurs in late infancy and toddlerhood, is autonomy versus guilt and uncertainty. Infants begin to realize that their conduct is their own when they earn trust, and they begin to express their independence.

Erikson's third stage of development, initiative versus guilt, occurs throughout the preschool years. Preschoolers are exposed to a wider social world as they get older.

Erikson's fourth developmental stage, industry versus inferiority, occurs throughout the primary school years. Children must now focus their efforts on learning knowledge and cognitive abilities. The youngster may acquire a sense of inferiority, feeling inadequate and unproductive as a result of this experience.

Individuals must discover who they are, what they are all about, and where they are heading in life throughout their adolescent years. Identity versus identity uncertainty is Erikson's fifth developmental stage. If teenagers healthily explore roles and find a constructive route to pursue in life, they develop a positive identity; if they don't, identity uncertainty reigns.

Erikson's sixth developmental stage is intimacy vs isolation, which people go through in their early adulthood years. Individuals are faced with the developmental problem of creating personal connections during this period. Intimacy may be attained if young adults create good connections and intimate interactions with one another; else, loneliness will occur.

Erikson's seventh developmental stage, creativity versus stagnation, occurs in middle adulthood. Erikson defines generativity as a concern for assisting the younger generation in developing and leading productive lives. Stasis is the sensation of having done nothing to benefit the following generation.

Erikson's eighth and last stage of development is integrity versus despair, which people go through in late adulthood. A person reflects on their history in this period. Integrity will be realized if the person's life review indicates a life well spent; if not, retrospective views are likely to bring uncertainty or gloom—the misery Erikson described.

### ***Behavioural and Social Cognitive Theories***

The behavioural and social cognitive theories highlight development's continuity and claim that it does not take place in stages.

The Social Cognitive Theory of Albert Bandura Some psychologists concur with behaviourists that development is learnt and heavily impacted by environmental interactions. They contend, however, that cognition is also vital in understanding development, unlike Skinner (Mischel, 2004). The important components in development, according to the social cognitive theory, are behaviour, environment, and cognition. Albert Bandura (1925–), an American psychologist, is the father of social cognitive theory. Bandura (1986, 2001, 2004, 2006, 2007a, b) highlights the importance of the environment and behaviour in cognitive processes. His early study was on observational learning (also known as imitation or modelling), which is the process of learning through seeing what others do. People learn a wide range of actions, ideas, and feelings through witnessing others' behaviour, according to social cognitive theorists, and these observations are a crucial aspect of adolescent development.

He thinks that people mentally represent other people's conduct before occasionally adopting it themselves. The most recent model of learning and development proposed by Bandura (2004, 2006, 2007a, b) incorporates three elements: behaviour, person/cognition, and environment. A person's belief that he or she has control over his or her achievement is measured as an example of a personal factor; strategies are an example of a cognitive factor.

## **V. CONCEPTS SPECIFICATION**

### ***Puberty***

Puberty refers to the physical changes that occur when a child's body evolves into an adult body capable of sexual reproduction and conception. Hormonal signals from the brain are sent to the gonads, which are the ovaries in a girl and the testes in a guy. The gonads create hormones that increase desire as well as the growth, function, and change of the brain, bones, muscles, blood, skin, hair, breasts, and sexual organs in response to the signals. Physical growth—height and weight—begins to increase in the first part of adolescence and continues until the kid has established an adult physique. The genitalia, penis, and vagina are the pre-pubertal anatomical variations between males and girls until their reproductive capacities mature. Menarche, or the beginning of menstruation, is a crucial puberty milestone for girls, which occurs on average between the ages of 12 and 13.

### ***Psychological health***

The term "psychological health" refers to a person's social and emotional well-being. Psychological well-being entails more than the absence of mental illnesses. It is described as a condition of well-being in which each individual reaches his or her full potential, can cope with everyday challenges, works successfully and fruitfully, and contributes to her or his community. Psychological well-being is essential for a person's healthy growth. It is linked to: feeling good about yourself and enjoying life; having healthy relationships with family and friends; engaging in physical exercise and eating a healthy diet; being able to relax and sleep well; and community engagement and belonging. People need good psychological health to build strong relationships, adapt to change and deal with life's challenges. It is thought that puberty is an especially risky period for psychological health problems. During this period teenagers go through many challenges and changes in a short time.

### ***Adolescence***

Adolescence is a period of life marked by changes in the body and mind, as well as the surroundings. The body and brain grow and change during adolescence, and the teenager must learn to manage new obligations, evolving relationships, and develop a new sense of self while adjusting to these changes. The interval between the onset of puberty and maturity is commonly referred to as adolescence. Adolescent growth does not follow a set schedule; each young person develops at his or her own pace. Adolescent development is also notoriously non-linear, with abrupt growth spurts and new levels of maturity that come and go.

## **VI. METHODOLOGY OF THE STUDY**

In this chapter, the methods of data collection are discussed. This study was conducted by following both qualitative and quantitative methods. In the later parts of this chapter, the methods of data collection have been elaborated. The data collection tools have been explained briefly in this chapter. This chapter also mentions what were the coping up mechanisms that were adopted by me to overcome the difficulties of the fieldwork. The first segment discussed in detail the methods of data collection. The later segment elaborated on the tools used for data collection. The final discussions of this chapter will include the area and the people under the study and their profiles.

### ***Process of data collection***

The whole research process is divided into 4 sections. These are data collection, data processing, data analysis and data presentation. The survey questions were filled up by the students who were eager to talk and gave me permission and time. I have disclosed my interest and asked them to share their experience with puberty. Among them, three girls' pubertal experiences seem important and related to my research topic. I have asked for their permission and time from them for detailed information. I went to them according to their time and took in-depth interviews with them about their pubertal change experience. Among these five in-depth interviews, three more referable interviews have been used as a case study for processing and analyzing this study.

### ***Methods of data collection***

This research has a broad focus on feminist research methodology. Feminist methodology reveals the questions that are asked and even more significantly those that are not asked and generates its problem from the perspective of women's experiences. It also uses these experiences as a significant indicator of the reality against which hypotheses are tested (Harding: 1987, pp. 3-7). Here this study has focused on feminist epistemology because its main focus was on women and their different experiences and perceptions than that of men. It has tried to reveal women's different reality because of pubertal changes which men do not experience ever.

To conduct this research, I have followed both qualitative and quantitative research methods to allow for a better understanding of this topic. The use of a mixed-method approach can make the results more presentable to the audience or in using quantitative work to back up qualitative work. The qualitative method helps to keep privacy and bring deep data. So In-depth Interviews and case study methods have been used which are qualitative. On the other hand, Quantitative research design helps to express the experience in short term and easily. For this reason, the survey questionnaire method has been used to collect data to back up qualitative work. The methods of data collection which are used in this study are given below:

#### Questionnaire Survey

The Questionnaire Survey was conducted among 100 female College and University students of Rangpur. These Students have come from different areas with varieties of social classes, cultures, views and beliefs. So this has helped me to get cross-sectional views and experiences while staying in the same place. I revealed my identity as a researcher and explained to them the purpose of the study that I am pursuing. I did not force anyone to talk to me and to fill up the questionnaire. They were asked if they have any problem cooperating with me. I also asked them if they have any problems filling up this questionnaire, and if they can leave it. I allowed them to hide their identity in the questionnaire if they want to. 100 is not a significant number of people considering the total female population of the country. So the results of the questionnaire survey might not be representative of all the female population who has gone through pubertal changes.

#### In-depth Interview

I have conducted five In-Depth Interviews for this study. Two respondents were chosen from the responses to the questionnaire survey. The other three interviewees were selected among my female friends whose pubertal experience I knew before from very regular girls' talk and seemed to be very relevant to my study. Pubertal change incidents are considered very confidential and shameful in a conservative society like ours. Most of the girls don't want to share their pubertal experience considering this experience is very private and they don't feel easy to share with others even with girls. They hardly share this experience with close friends. So it was very challenging for me to build rapport with those respondents who were selected from the questionnaire survey. I asked their permission to talk and assured them their privacy of information.

#### Case Study

The case study has also been a method that has been used through the In-Depth Interview. As a form of qualitative analysis case study is a method that can explore and analyze the life of a social unit. In this study case study has been used to study a single unit to understand a larger group of people. In this research, all case studies of young girls who have gone through pubertal changes were analyzed deeply to have a clear view of the physical and psychological experience of pubertal changes in girls.

#### *Areas under the Study*

This study was not conducted in any specific area nor focused on any geographical location. The main focus of this study was the female students, so the research assistances communicated with the female students at different Colleges and Begum Rokeya University through their already existing network and interviewed them in their comfortable times and spaces. They came to Rangpur from different areas of Bangladesh for study purposes and live in different places in Rangpur city and belong to different classes, races, and social contexts.

#### *Locating the samples of the study and the Sampling process*

The sample population of this study was the female students at College and University level age range 20-25 who have gone through the pubertal period of life. Girls of this age range are physically mature and have coped with this transitional period of life. Various methods of sampling have been applied in this study to locate respondents and collect information from them. This study included three types of sampling process: Random sampling, Purposive sampling and Snowball sampling. For the questionnaire survey, the sampling process was random and for the In-Depth interview, the sampling process was both purposive and snowball.

#### *Types of Data*

**Primary data:** Primary data has been collected through in-depth interviews, focus group discussion and participant observation methods from my respondents. The informal conversation has been carried on with the respondents intending to build a good rapport. I have talked to them and noted down their experience, opinion, recommendations etc.

**Secondary data:** Besides primary data collection secondary data has been used for the study to give strength to my research arguments. Data has been gathered from the seminar library of the Women and Gender Studies

department and newspaper, different articles and books. I have browsed many websites to find data that have played an important role to conduct my study.

## VII. FINDINGS AND ANALYSIS

### Quantitative Analysis

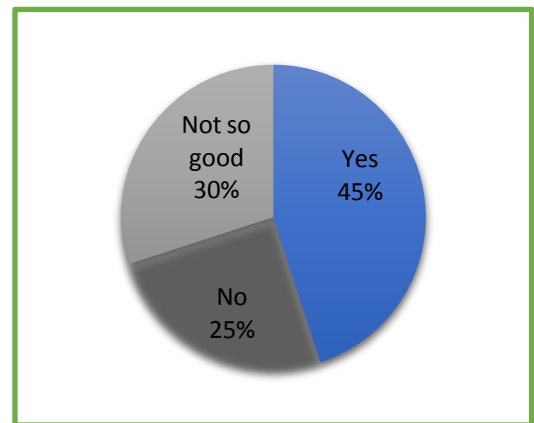
In this chapter, the knowledge and experience of girls about their pubertal changes, source of pubertal information and types of physical and psychological problems they have faced during puberty have been discussed. Their experience and problems that have been tried to analyze based on statistical data were found after conducting the questionnaire survey. This chapter will cite the results of the questionnaire survey to establish arguments. Statistical data that have been collected from 100 questionnaire surveys will help to know the overall situation of society regarding girls' pubertal change experience and their problems within a short time and in an easy way. This result could not be generalized but these study arguments will be based on this survey result.

#### Knowledge about pubertal change information:

Knowledge about pubertal change information is very important to cope with this transitional situation. That is why the respondents of the questionnaire survey were asked whether they know what pubertal change information is or not. Among 100 respondents 45% said that they know what pubertal change information means. Other 25% said that they heard about it for the first time and 30% said that they have heard about it but have no clear idea about pubertal change information. These statistics give an alarm that most girls have no clear idea about pubertal change information.

#### Starting age range of pubertal change of girl

From the questionnaire survey, it has been found that in Bangladesh pubertal change starts more frequently in the age range of 12- 14 years. 35% of respondents to the questionnaire survey said that they started to feel changes in their bodies when they were at age of 12-14. At the age range of 8-10 and 16

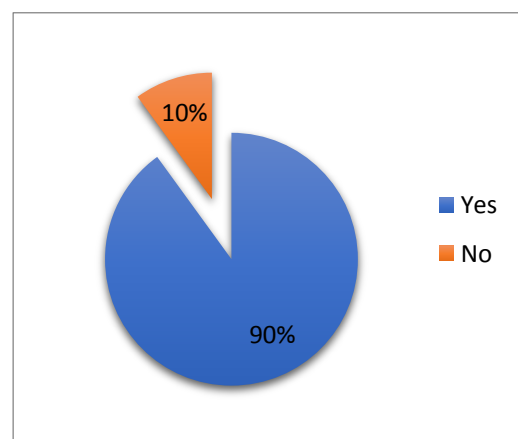


**Figure 1: Knowledge about pubertal change information**

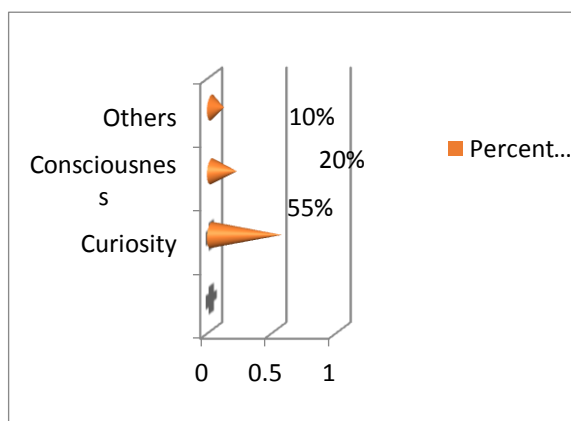
to afterwards pubertal change rate of girls are very low. So, society and families should be aware of the age range of adolescent girls and pay more attention to them so that adolescent girls can easily adjust to these changes and grow with confidence.

#### Showing interest to know about pubertal change information

The respondents of the survey were asked whether they ever showed any interest to know about pubertal change information or not and why. So that will indicate are they ever tried to know about the changes that they are feeling or just they ignore them. Sometimes girls become interested in their physical changes but can't find an answer to them. They are interested but not getting the proper information that they are needed. It is not for their lack of interest or ignorance rather there are other reasons behind it.



**Figure 2: Showing interest to know about pubertal change information**



**Figure 3: Reasons of interest**

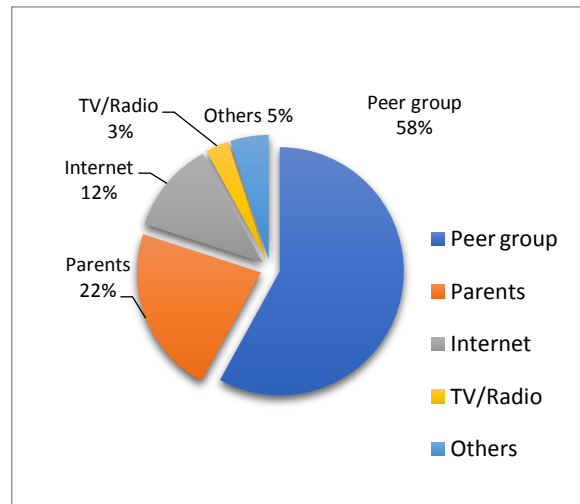
Statistics show that 90% of girls have tried to know about pubertal change information and only 10% remain silent about it. As reasons for showing interest to know about pubertal change information, they said to be conscious and for curiosity, they became interested in it and tried to know about pubertal changes. 55% of girls said that they tried to know about pubertal change for



curiosity and 20% of girls tried to know about the pubertal change to be conscious of the changes that they were feeling at the time of puberty and 10% of girls tried to know about this for other reasons like peer pressure, girl's gossip, seeing TV advertisement on matured women etc. other 10% who didn't show interest to know about pubertal change said that because of shyness, social norms, family structure etc. Moreover, many of them had the negative perception that knowing about pubertal change means knowing about a sexual matter which is regarded as bad for a so-called good girl. So, they didn't try to know about the changes that they were feeling during puberty although they were curious.

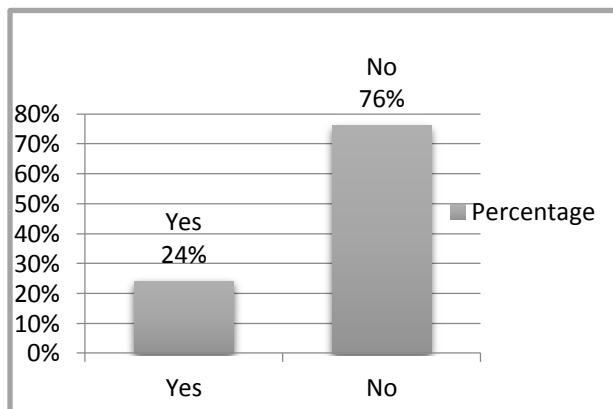
**Sources of pubertal changes information:**

Adolescent girls get different types of information from different sources. Most of the respondents of questionnaire survey said that they got pubertal change information from peer group. Other sources are Parents, internet, TV/Radio, magazine, medical book etc. among the whole respondents 58% respondents received information from friends and classmates, 22% respondents received information from parents especially mother, 12% from internet, 3% from TV/Radio and 5% from other sources like a magazine, medical book etc. during puberty peer group plays an important role on adolescent girls. They feel comfortable sharing anything with friends even any personal problem. Parents especially mother also an important source of pubertal change information identified by the respondents of this study. But they said that they feel shy to share these changes with mothers at the very beginning of puberty.



**Figure 4: Sources of Pubertal change information**

**Getting information about change before puberty**



**Figure 5: Receiving Information about Puberty**

Puberty is a very important period of life. Before the time of puberty getting pre-information about pubertal changes can play a big role for an adolescent girl to cope with these alterations. Otherwise, when adolescent girls face rapid changes in their body fall into bewildering situations and face many physical and psychological problems during and after puberty. From the questionnaire survey result, it was found that 76% of girls were not informed about their upcoming pubertal change. Only 24% of girls were informed or known about pubertal change before their time of puberty.

It is surprising that a huge number of girls remain unaware or not informed about upcoming pubertal change although this life span is very much important and risky for them. Puberty is the period

when a girl turns into a woman. So many physical and psychological changes they must face. These changes happen rapidly and if they remain uninformed about these changes then girls fall into a bewildering situation. They cannot understand what to do with this changing body, so they face many unwanted situations and takes a long time to cope with this situation.

**Sources that had negative impact on adolescents**

The Source of pubertal change information is very important to safely deal with this transitional period of puberty. The adolescent girls came to know about their pubertal changes from different kinds of sources that have been mentioned in chart - 4. But all source of information does not positively help or direct adolescent girls. Some sources have a negative effect on adolescent girls. Some sources that had a negative impact on adolescent girl during their puberty have been identified by the respondents.

55% of respondents have said there are some sources they came to know that had a negative impact on them. 45% of girls haven't found any source that had a negative impact on their life. 55% of girls said that in their life 2/3 sources had negative impact. As negative impacts they mean that these sources either physically or psychologically created problems during puberty. These sources had given wrong information about pubertal changes or precautions that they needed at that time.

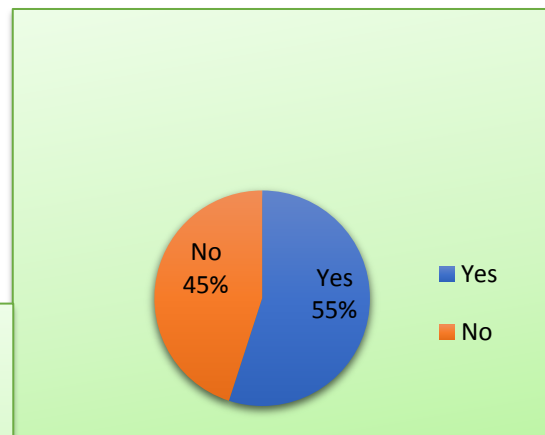


Figure 6: Source that had a negative impact

As harmful sources of pubertal information, the respondents mentioned pornography, internet source of sexual information, peer group and taboos that are existing in our society regarding puberty and sexuality. The respondents who have faced problems because of some sources

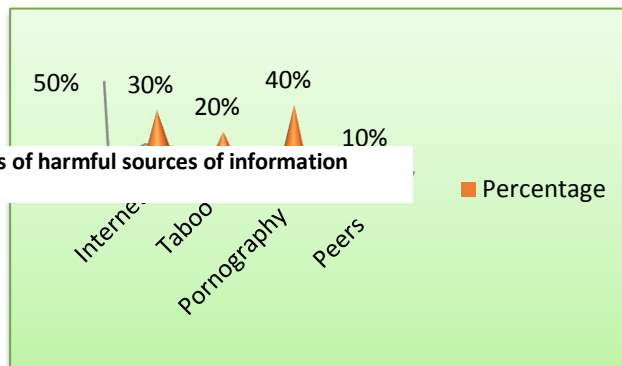


Figure 7: Types of harmful sources of information

during puberty have identified pornography as the main source that negatively impacts adolescent girls. 40% of respondents identify pornography, 30% identified Internet sources, 20% mentioned taboo and 10% cited peer groups as negative sources.

### Puberty and Family relation

At the time of puberty, family relation is very important. It is the source where they can get more accurate information and mental support at a time. In Bangladesh family is considered the place of help and happiness. So, in times of pubertal change, the family should take the major responsibility to make a girl fit for a transitional period.

But among the respondents of the questionnaire survey only 40% said that they have received pubertal change information from the family. The majority 60% never discussed any pubertal issues with any family member even with their mother. Whenever they were asked about this and why they haven't shared pubertal issues with family they answered family relations with them were not good at that time, so they haven't gotten any information from their family and shared any issues related to pubertal changes.

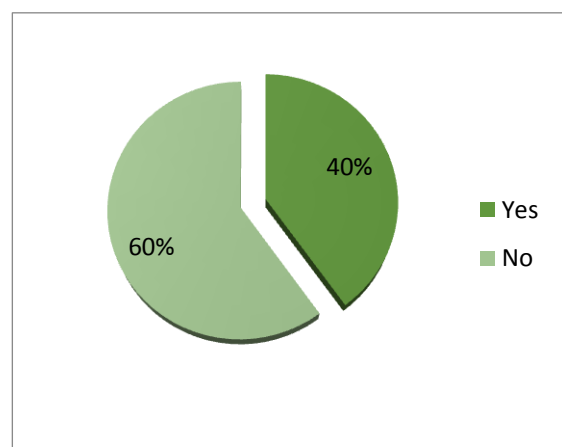


Figure 8: Getting information from family

In the chart, we can see that only 24% of girls had friendly

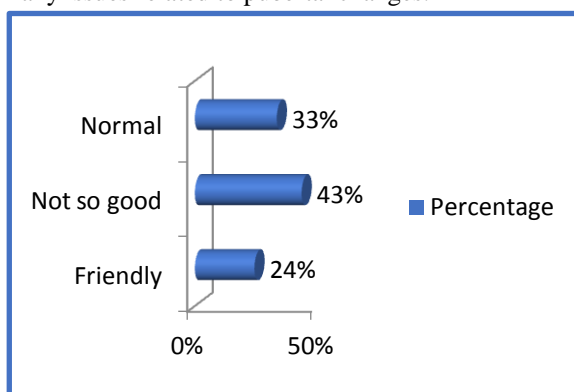


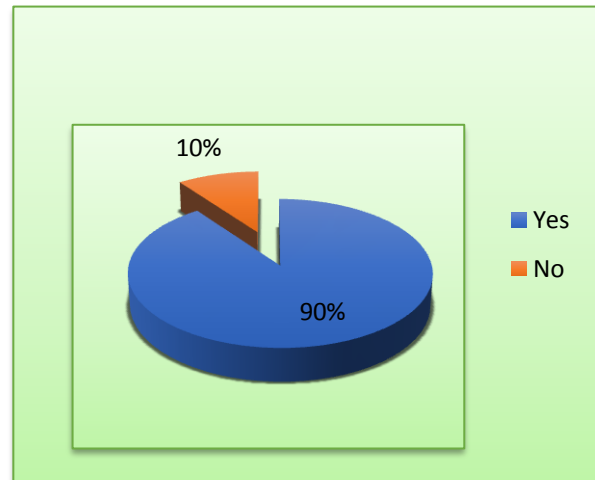
Figure 9: Family relation during puberty

relations with their families during puberty. Other 33% and 43% of respondents respectively had normal and not so good relationships with family. So, the majority of adolescents hadn't had friendly relations during puberty. A total of 76% of girls haven't got any information, help or psychological support from their family which is very alarming for adolescent management.

**Psychological Problem at puberty**

Adolescents face transition both physically and psychologically during their puberty. With the change in the physical state, their psychological state also differs. Adolescent girls try to adjust to new situations and face different kinds of psychological problems. Physically they are a girl but with the time change, they started to think of themselves as an adult. Then psychological clashes begin with family members or even with their minds. Sometimes it happens that they cannot identify what kind of trouble or problems they are suffering.

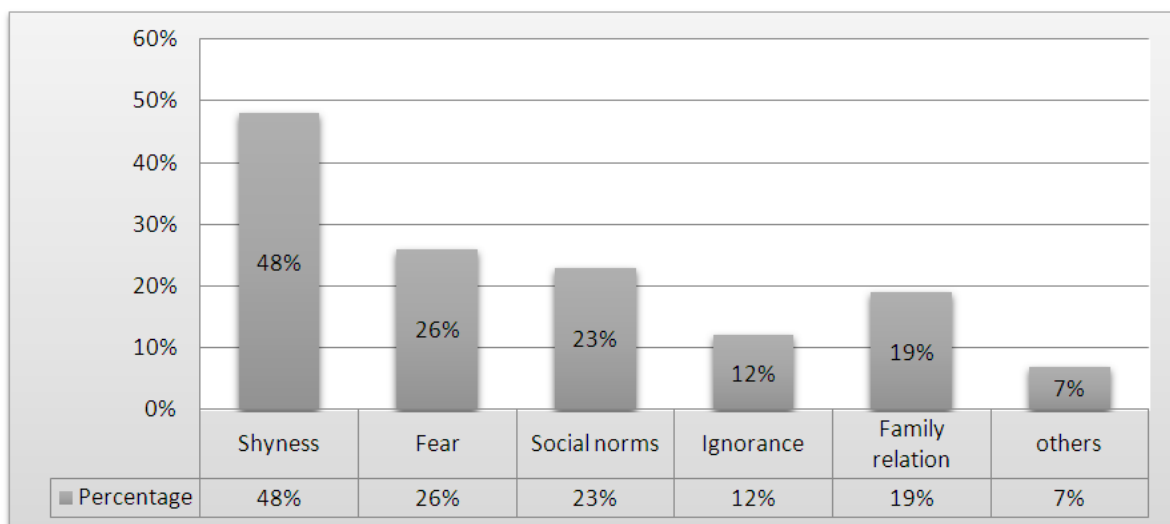
The chart shows that a total of 90% of respondents declared that they have faced various psychological problems during puberty. They could realize there is something wrong with their mind but clearly could not be able to mention the name of the problem. In the case of receiving treatment for psychological problems during puberty, the respondents said that they didn't know there are treatments for psychological problems or there is a need of treatment for psychological problems. 98% of respondents answered that they had faced psychological problems during puberty but never received any treatment for these problems. Only 2% said that they went once to a psychologist because they were so much depressed about the changes that were happening to their body during puberty.



**Figure 10: Psychological Problem Ratio**

**Obstacles to knowing about pubertal change information:**

The respondents of this study have identified the obstacles to knowing about pubertal changes information and access to the accurate source of information. They were allowed to mark more than one option if they think only one reason is not responsible for this. The results show that most of the respondents think that shyness is the main reason for not getting pubertal change information and limited access to an accurate source of information. Other reasons are fear, social norms, ignorance, family relation etc. 48% of respondents said because of shyness girls can't ask anything about pubertal changes to others. Our social norms added value to not talking about these issues because pubertal changes are related to sexual maturation. If girls started to talk about it then they will be interested in sexuality which may increase social problems. 23% of respondents identify social norms as a problem to be aware of pubertal changes. Other respondents also denoted unfriendly family relations and ignorance of the importance of pubertal health information as obstacles to knowing about pubertal changes information and getting access to an accurate source of information.



**Figure 11: Obstacles to knowing about Puberty**

## Qualitative Analysis

This chapter discloses the experience of puberty of girls that has a further impact on psychological and social life. In the first phase, the experience and psychological and social problems that adolescent girls face will be discussed and then in the second phase, the reasons behind the lack of pubertal change information among adolescent girls in our society will also be analyzed here.

### Bitter experience due to lack of Information

Teenage females' lives were complicated by a lack of information and incorrect information at an early age. They had a variety of problems and were unsure about their pubertal health. The research group was between the ages of 23 and 24, and they had access to information from a variety of sources. I noticed that if people needed knowledge, they could get it via the internet, books, movies, and other sources. However, awareness of the importance of health information linked to puberty and sexuality has remained low. They possessed some information, but it was not deliberately acquired. It indicates they were unable to break free from their societal standards and were reliant solely on quick access to knowledge. Furthermore, the majority of this data was not accurate. This study corroborated Myagmar's (2000) contention that existing information fails to fulfil the needs, interests, and expectations of teenagers. Adults tend to develop information content, which does not appropriately represent the interests and expectations of teenagers. They stated that if they had access to knowledge and had the option to communicate everything throughout their adolescent years, they would not have faced such a terrible circumstance. Even though controlling menstruation and developing bodies was uncomfortable for all of the respondents in this survey, they did not receive any assistance from elders.

Adolescents' additional care is rarely maintained in our culture, yet all of the respondents indicated that they missed care during this period. They also revealed that physical and psychological changes such as despair, increased pubic hair and breast, desire for the opposite sex and feminine orientation, and so on were unknown and sometimes secret to them during puberty. As a result, they interpreted it in a negative light. They sought to conceal themselves in public areas most of the time because of this. The respondents had a lot of negative encounters during this time. Respondents' attitudes regarding sexual relationships were impeded by their painful adolescent experiences.

### Problems faced by adolescent girls

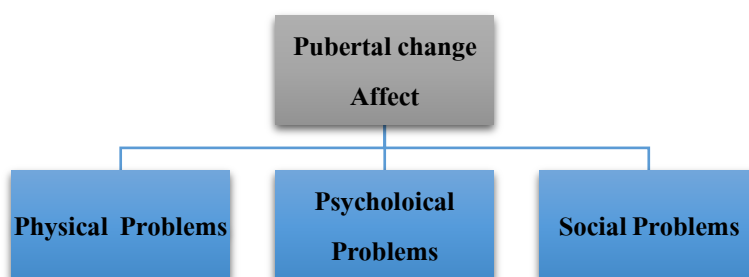


Figure 12: Types of Problems that girls face

Changes in hormones produce puberty, which encompasses both physical and emotional development. In addition, secondary sexual traits such as pubic hair and breasts in girls begin to grow with the start of puberty. They also had certain prevalent physical health concerns at the time due to a lack of information or ignorance. All of the responders stated that they had had severe troubles during their pubertal period, which has made their pubertal existence so much more difficult. Infection, profuse bleeding during menstrual cycles, irregular bleeding, significant discomfort, and itching are the most prevalent physical difficulties in the pubertal stage. These issues are listed below based on the experiences of my respondents.

### Physical problems:

- **Infection:**

Due to a lack of pubertal information, ladies have had a lot of physical issues during their pubertal period. When they utilized moist cloth during their menstruation times, they developed infections in their vagina. They didn't realize, however, that these issues were caused by the use of unsafe methods during menstruation.

One of my responders remarked in an in-depth response—

*"I had a severe problem in my vagina when I used moist cloth during menstrual times. I'm scared since there's some itching on the side of my vagina. However, I was unable to share it with others."*

- **Excessive bleeding:**

Over bleeding is another kind of physical problem in the pubertal stages. Sometimes girls have over bleeding during their menstruation periods. They do not know why this is happening as well as they cannot share it with others. These made them so upset. In an in-depth interview, one of my respondents said that

*“In the early menstruation periods, I have experienced excessive bleeding, as well as my menstruation periods, stay at 20 to 22 days. It made me so weak and helpless. I have nothing to do. Due to lack of information at that time I did not know how I can recover”*

- **Anemia:**

All the respondents said that during the first year of menstruation they had suffered irregular but extensive bleeding. Due to extensive bleeding, many girls suffer from anemia during the pubertal period. Anemia made them so weak that they could not do normal activities.

One respondent shared that-

*“I had been suffering excessive bleeding during menstruation for the first 10 months. Menstruation period used to stay 15 to 18 days at a time. Then I became so sick and weak. My family took me to a doctor and the doctor said that I was suffering from anemia due to over bleeding.”*

Another respondent said that-

*“I used newspaper as a napkin during my menstruation. I was tired of washing used cloth for menstruation. But I didn't understand that the newspaper absorbed more blood from my body. When my face turned pale my mother took me to a gynaecologist. She said due to using paper more blood was going out of my body and I was suffering from anemia. She prohibited my paper use and my mother was very angry with me. From then my mother bought a Sanitary napkin each month”.*

- **Irregular bleeding or menstruation:**

Most of the respondents of my research have experienced irregular bleeding and menstruation in their life cycles. At that time they thought that it is a disease. They have some problems with themselves that's why they have irregular menstruation. Sometimes it made them so nervous and makes them think that they would not be able to give birth to a child.

In an in-depth interview, one of my respondents said that-

*“When I was a college student I faced this problem occasionally but I never share it with others. Because if I shared it with others then they will be thought that I am not a girl of good character. But at that time I was mentally so depressed. It hampered my education. But I have nothing to do.”*

- **Extensive pain:**

Extensive pain during menstruation is a very common problem for all girls. Usually, girls have some pain during menstruation periods but sometimes they have experienced extensive pain. At that time they cannot do any normal work. But the problem is that girls don't know what measures should take to reduce pain. There is a common trend among girls not taking medicine for menstrual pain. They think there is no pain killer for this special pain.

One respondent said that-

*“I had severe pain when my menstruations start. I didn't know what I should do to reduce the pain. I was unwilling to go to the doctor because I thought it is common problem for every girl. I didn't know there is medicine for reducing menstrual pain.”*

These are the physical problems identified by the respondents of this study. These physical problems become so serious due to a lack of right information about the pubertal change. If an adolescent girl or their family members especially her mother know pubertal change information and measures that should be taken during this time then many problems can be avoided or reduced. So information about puberty is very important for adolescent development.

### **Psychological problems:**

- **Depression**

During puberty, most girls suffer from deep depression. They think the changes that are happening to their body are not good at all. The first menstrual experience as reported by the participants was shocking (44%), and stressful (18%), as according to them they were never given any information about menstruation before it occurred.

Depression level becomes more acute when their menstruation was started.

Two out of five respondents told that their breasts were large from the beginning of their puberty. They felt depressed and angry about this, their mother told them to use a bra (underwear for breast) to hide it from the people's eyes. Therefore, they thought (that large breasts) is very bad for a girl, so they felt guilty. One

respondent told that-***"I was depressed about my breast size because I thought my breasts were big and people will laugh at me. So I always walked crookedly when my breasts become large."***

- **Fear**

The majority (74%) of the participants in this study reported that their first menstrual experience for them was shocking and fearful. The findings in this study support the findings of Qazi (2001) who stated that most girls were unprepared for the trauma of their first menstrual experience. This characterization often has more to do with the anxieties, fears and beliefs of adults than the reality experienced by adolescents (Smita, 2002). In the research, I have also found the same result; the period of first puberty was very fearful and complicated for the entire respondents.

One respondent shared her experience of menstruation-***"One day at school when I was playing with my friends I had noticed blood on my salwar (trouser); I was so scared and cried out at school. My school teacher came to me and makes me calm. The teacher said that it is very natural for every girl, nothing to worry about."***

- **Inferiority complex:**

During pubertal change, girls undergo from inferiority complex. They felt that they are not the same as the others. They compare themselves with adult women in their family or role model whom she likes most or other friends. They compare their body appearance, and beauty and try to follow them. When they found they don't look like them nor can act like an adult woman they undergo from inferiority complex. Their confidence level goes down. Respondents shared their feeling that they were so frustrated at that time because they didn't look beautiful and smart.

One respondent said- ***All the time I felt inferior to my friends because I had severe acne problems during puberty. My face seemed very ugly. I didn't want to go outside with my friends, especially with any beautiful friends. I had a lack of confidence at that time because I judged everything by beauty. These inferiority feelings had a severe negative impact on me. I remained depressed all the time because of my acne problem.***

Another respondent said that-***I always tries to follow her mother. My mother was a very good athlete. She was a very renowned athlete in our town. But I was very bad at athletics. I was so frustrated and suffered from an inferiority complex thinking that all the people will compare me with my mother and say that my daughter is not good as well as her mother. It was very shameful for me.***

So it is clear that during puberty girls hang about their appearance and gain the quality of adult women and some other things and suffer from an inferiority complex that hampers their personality development process.

- **Confusion**

An adolescent girl's identity is muddled by her quickly changing physique. She used to be a small girl, but now she resembles a lady. She could be perplexed because her new appearance leads people to react differently to her. They were treated like children by their parents on the one hand, and their bodies imposed an additional obligation to be adults on the other, so they are under pressure from both sides. They were perplexed due to their little expertise. As a result, they stated that it was a difficult period.

All the respondents said that they were so confused when they saw that their breasts are developing. Many of them thought it was a severe disease.

One respondent said- ***I cried out that day when I first felt my breasts swelling. I thought it was cancer and very soon I will die. I was so confused about what are happening to me. I couldn't decide whether I should tell this my mother or not.***

Menstruation caused the most confusion, followed by all other pubertal changes. Every participant in this research stated that they were unable to comprehend what was happening when their menstruation began. They were completely perplexed. They suffer from bad psychological effects as a result of it. They were unsure of what to do, with whom they should discuss their experience, and what to use during menstruation, among other things. They were under psychological duress since they had no clear orders. They ran into a slew of issues as a result of their perplexity.

Another respondent in an in-depth interview shared that-

***When my menstruation started I was so confused and had no idea what I should use during menstruation. At first, I used a piece of cloth and when I found it is problematic to dry openly I started to use paper. This caused a serious problem to my health. I think I was so confused about my role of mine that is why I have faced many problems.***

So confusion about rapid pubertal changes is very common among adolescent girls. It happens because they lack information about pubertal change and their role in society.

- **Mood Swings**

Extreme mood swings might occur as a result of the massive hormonal changes that occur throughout puberty. As an adolescent's emotions become more intense, everyday concerns might seem huge. A girl in puberty may be ecstatic about life one minute and profoundly depressed the next.

One respondent said that-

*"I became angry and shouted to my little sister without any reason. Just after one moment, I was happy. Sometimes I felt like I am crying without any reason. My family was anxious about my behaviour. Sometimes my mother shouted at me for my strange behaviour. But very strange thing was that I didn't feel any guilty rather most of the time I laughed in front of her when she was shouting at me"*

This remark elicited comparable responses from other responders. It's completely natural during puberty, but sometimes family members or peer groups don't understand and treat teenage females cruelly. This conduct has a negative influence on her mental and psychological growth at times. She may believe she is going insane or weird.

Regarding this, another respondent said that- *"When my mental condition used to fluctuate very swiftly I thought I am going to be mad very soon. I felt very pity for myself because no one in my family could understand my situation rather they misunderstood me."*

So during puberty families should be more careful with adolescent girls. Otherwise, their normal mental growth will be hampered. An adolescent girl should make understand that this fluctuation of mental condition is very normal at their stage of life.

### **Puberty and Social problems:**

#### **Mobility:**

The girl's family restricts her movement during puberty. This is a shock that girls must endure. Suddenly, her movements, which had previously included travelling to the market and playing with friends outside, had been halted by her family. Many teenagers are unable to accept these limitations. They fight with their families, causing their relationships to deteriorate. All of the responders stated that they suddenly felt unable to walk outside as they normally do. This appears to them to be a bizarre situation. They couldn't understand why their family was acting oddly, but they were furious with them.

*"On our village's playground, I used to play with my female and male pals. My mother forbade me from playing with them, particularly with male friends, when I was ten years old. This limitation was something I couldn't tolerate. I sobbed for days, but my mother refused to listen to me. So I'll have to get used to this constraint gradually."*

According to another respondent, *"I was a fantastic dancer. I received several awards in various competitions. However, when I was 15, my family forbade me from entering any dancing competitions or programs. They told me it was bad for me to dance because it was bad for my health. It was a shock to me because I enjoy dancing. Till now I miss dancing"*

As a result, it is apparent that throughout puberty, a girl's right to movement is restricted by family or community conventions. For an adolescent girl, it's shocking. They don't understand why they are cut off from others, but they must live with the consequences. Restricting their freedom of movement is akin to limiting their independence. In our culture, girls are unable to develop complete freedom.

#### **Visibility:**

Adolescent females' visibility in public places declines dramatically after puberty. Their family places restrictions on their movements and imposes a slew of rules and regulations. They are no longer children in their family's eyes, thus they must spend most of their time at home. Even if they go out for whatever purpose, they must be accompanied by another person for their protection. All of the responses had something in common.

All of the people that took part in the survey had the same experience.

According to one responder,

*"If I needed to travel anywhere, I had to take my younger brother with me. It was revolting to me. I'm free to leave my residence. I had no choice but to remain in my room. I felt like I was being held captive. My family suddenly forbade me from going to the store, the playground, or any other location."*

According to another respondent,

*"When my physique was quickly transforming, I voluntarily stopped going outside. When my period began, I was uneasy. Because I assumed that everyone would realize that I was on my period. At that time, I don't even go to school or my friend's house. I like to stay in my room and avoid interacting with others."*

So due to pressure from family or willingly adolescent's visibility decrease in our society.

### **Lack of self-confidence**

Puberty causes a biological change in the adolescent's appearance, which may cause changes in how others react to the teenager. The adolescent's behaviour may vary as a result of these changes in responses. They get perplexed as a result of many transitions occurring at the same time. Their mood shifts frequently. They have the impression that they are inefficient at times. They are incapable of doing anything constructive. The behaviour of family members, in particular, has an impact on their mental patterns. They are self-conscious about their abilities.

*"I had a lack of confidence in myself"* one responder said in an in-depth interview. She continued- *"I'm not sure why I can't trust my judgment. It appears like I am doing everything incorrectly."*

### **Fragile personality traits**

Puberty can affect the adolescent's behaviour and psychological functioning in several ways (Brooks-Gunn, Graber, & Paikoff, 1994). Puberty's biological changes can have a direct effect on behaviour and the construction of personality. The biological changes of puberty cause changes in the adolescent's self-image, which in turn may affect how she behaves. Only two of the respondents said that they took this easily. The other three said that they were confused about their behaviour.

*"It was a big depression and pain in my life"* one respondent said.

She claimed that she didn't fit in with anyone at that age; she was afraid of daylight and preferred a gloomy setting. As a result, the night warmed up to her. It was difficult for her to adjust or cope in this setting. One of my replies stated that she felt bashful the first time she wore the upper section of the garment (Orna) and that she was always sad and terrible about her size breasts.

### **Safety and security issues**

The adolescent girl's movement was curtailed in the name of safety and security. An adolescent girl who has recently matured physically may find herself suddenly receiving the attention of older boys, who had not previously paid her much heed. She may feel nervous about all the extra attention and may be confused about how she should respond to it. The girl's family becomes so tense about her safety. Their possibility of violence also increases as they grow up. So, girls have to stay in the house and cannot go out alone.

One respondent shared that-

*"My mother always went with me wherever I needed to go. She said it is not safe for a girl to go anywhere alone. Our society is not safe for a girl. At first, I didn't understand her talking but now I can realize."*

### **Reasons behind physical, psychological and social problems during puberty**

#### **Sources are not well informing**

In Bangladeshi society, the sources of pubertal change (Mother, Sister, school teacher etc. ) are not well informed that's why they cannot give accurate information about pubertal change. One respondent said that Open discussion of pubertal change information is considered inappropriate in society and parents may fear that discussing these issues with adolescents would imply approval of the pre-marital activity.

The other reason is the low education level of women in Bangladesh, especially about pubertal changes; mothers themselves do not have sufficient knowledge related to puberty. Though electronic media including cable and the internet has been cited as a major source of information for female adolescents, it does not provide them with the appropriate information they need as reported in previous studies. Although the mothers are educated, still lack information on reproductive organs, normal physiology and dos and don'ts. Hence, they transfer limited knowledge to their daughters.

#### **Taboo/shame/stigma**

The finding that the adolescent girls believed that bathing, praying, carrying heavyweights, and avoiding certain foods during menstruation also supported previous research studies which suggest women are considered unclean during menstruation and were advised to avoid some food and to take baths. The finding supported the results of a study that has shown that lack of proper knowledge related to puberty and sexual health, and taboos attached to the issue, female adolescents do not seek proper health care assistance for gynaecological problems.

Most of the participants in the questionnaire survey and the in-depth interview had received this information from their mothers who had also told them to avoid bathing, praying or preaching, carrying heavyweight, and eating eggs, beef, and fish during menstruation. The remaining participants reported receiving information from an elder sister, or a friend as same. For these taboos, girls faced many psychological problems. They thought that time they are unclean and a problem to society although they had no role in these changes.

One of the respondents of the in-depth interview said that,



*“When I had a period, I never sleep in bed because I thought blood will come out and unclean the bed cover. I cried all night and prayed to god please stop ministraton. I thought I was contaminated and had no right to pray.”*

#### **Absence of reproductive health information in Education policy**

The majority (72%) of the participants believed that they should be given proper information related to puberty and sexual health before and during the time of puberty. School health programs (45%), television programs (35%) and magazines (10%) were cited as the sources which could be used to provide information to the adolescents. Eighty percent per cent of the participants believed that topics related to puberty, and sexual and reproductive health should be taught as a part of the school curriculum. The participants suggested the need for reproductive education as a part of the school curriculum, especially in secondary school.

#### **Shyness**

The majority of the participants in this study felt that problems related to pubertal change should not be reported to anyone. Various reasons contributing to this issue may include a feeling of shyness to discuss such issues, lack of knowledge and perceived barriers to access to health care for female adolescents. Adolescents do not ask any questions regarding puberty because of shyness.

One respondent said that-

*“I never shared anything regarding puberty because I thought it is a matter of shame. I was so shy so I had no option but to know what I should do during menstruation. So I had faced many problems.”*

#### **Limited knowledge about pubertal change information**

Adequate knowledge about pubertal change information is very crucial to cope with this situation. The findings of the study revealed that the knowledge of puberty and sexual health among female adolescents is lacking. Only 45% of respondents know about pubertal change information. They have a clear idea of what it means. But 25% of respondents have no idea of pubertal change information. They never thought about it. They thought puberty is a secret matter and should not share any information with anyone. When they were in the pubertal period they haven't got any concrete information about the pubertal change. They only heard from their friends. They didn't think it is a matter that people should pay concentration to. Different studies suggested that many adolescent women in Bangladesh lack adequate knowledge about pubertal change information. Recent studies from both rural and urban areas found that nearly half of the adolescent women in the studies had no information about menstruation before it began (Halida, 2000). This was strongly supported by research, where three of my respondents said that they used torn clothes during their first-time menstruation, but they did not know how to prepare them, and they used it in a wrong manner. 30% of girls have heard about pubertal changes information but have no clear idea about it. Some of them have tried to know but haven't got reliable sources to which they can ask. Bangladeshi society is not opening minded to talking about issues like puberty or sexuality. People usually mixed up the term puberty and sexuality. People think talking about sexuality is very bad and should not talk about it. Most of the respondents interchanged pubertal issues and sexual issues while talking with me. So they don't know that sexuality is a different concept than puberty. Lack of pubertal change information leads girls to different kinds of physical and psychological problems. However, they now freely discuss this topic (sexual health) but it was impossible and unspeakable to them when they were adolescents. They said that they had enough excitement but they could not speak about their pubertal changes, which were new to them. They had no fair knowledge about their changing body change, menstruation, and sexuality. When they faced puberty, they were not sure what things were going on in their body and mind. My entire respondents told me how much helpless they were during this period though it was a very critical time in their life.

### **VIII. CONCLUSION**

Puberty is the beginning of the transition from childhood to adulthood. Girls go through a lot of physical and psychological changes during puberty. However, the psychological effects of pubertal development on teenage girls have been overlooked. While puberty is most commonly linked with huge physical changes as the body prepares to reproduce, the psychological influence of puberty is equally intense and significant. Psychological changes have an impact on one's personality development and prepare one for the future. Between the ages of 8 and 13, girls begin to show physical indicators of puberty (breast development, pubic hair growth). Because of these changes, they get baffled and perplexed. The adolescent females then try to figure out what is going on with their bodies and discuss it with their peers. Parents, particularly moms, elder sisters, peer groups, school instructors, the internet, and media such as TV, magazine, and medical books were all mentioned as key sources of pubertal change information in this study. Pornographic websites were also highlighted as a source that had a detrimental influence on them. They encountered various psychological and physical issues as a result of limited access to sources or failure to get pubertal transition information at the appropriate time. They were terrified of pubertal transition since they were unaware of it, and they were unable to cope with the

circumstance confidently. Adolescent females encounter a variety of psychological issues throughout puberty, including perplexity, fear, fragile personality characteristics, mood swings, melancholy, and frustration. These issues obstruct their progress. These issues obstruct their natural psychological development and have a negative influence on their future lives. If teenage females are given knowledge about pubertal changes before puberty begins and are psychologically prepared for these changes, these changes will not have a negative effect on them and they will be able to cope with these altering conditions. The attitudes and ideas of those around them have a big impact on how girls react to their growing bodies and brains. Children often react more positively to this era when some time and effort is spent in preparation for these changes.

### **Recommendations**

To solve any problem, you must first figure out what's causing it. Measures should be implemented in accordance with the needs of individuals who are affected by the problem or victims. The study's respondents have suggested a few actions that might assist to improve the situation. The lack of information regarding pubertal transition was identified as the primary cause of physical and psychological issues among teenage females in this study. To address teenage girls' difficult condition during puberty, society, government, and non-governmental organizations (NGOs) should take substantial steps to disseminate vital knowledge regarding pubertal transformation. The following are some of the recommendations made by respondents to this study:

- Parents and adolescent females should be informed about the changes. Parents and girls who are taught about the puberty process, especially when they know what to anticipate, are far more prepared for the changes that will occur.
  - Parents and adolescent girls should realize that the changes are normal and that there is no shame in what is happening by knowing what to expect and how to deal with the physical changes that occur during this era. This is all part of the natural growth process, albeit it is rarely mentioned.
  - Adolescent girls and their parents should learn how to adjust to the changes. Many of the events are novel, and kids must learn how to deal with them appropriately. While school, friends, and even the Internet may provide some knowledge, certain issues may go unaddressed. Parents and teenagers should discuss the practical difficulties that puberty entails, such as new hygiene needs (e.g., how to cope with hair growth, menstrual cycles, body odours), clothes (e.g., undergarments), and so on. Parents and children should keep communicating openly and honestly. Both parents and children may have questions or concerns, and both parties must recognize that the other is ready and willing to communicate.
  - At the same time, parents should be willing to give their children some space if they aren't ready to chat. They should, however, continue to let them know that they are there and supportive, and that they are eager to talk about difficulties and questions when their child is ready. Parents should also convey that they are prepared to seek further information on their children's behalf if they have queries to which they do not have answers.
  - Participants in this study indicated school curriculum, school health programs, and other activities that may help teenagers better understand puberty and sexual health. Publication of pubertal health information should be incorporated in secondary school curricula, according to the respondents, so that females are aware before they get into pubertal change.
  - All members of society should be made aware of the teenage girl's needs so that they may be helpful and positive to her, accept her changes as natural occurrences, and regard her as an essential part of society. Forming national policy should ensure that the public has access to knowledge about pubertal change and that this information is widely disseminated. The government should also guarantee that this policy is implemented. It emphasized the need of providing teenagers with knowledge about menstruation before their first period to help them cope properly with the shift.
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- Print and electronic media can be used to emphasize the necessity of understanding and disseminating pubertal change information about adolescents, particularly female adolescents, in a culturally sensitive manner.

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