

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background

Puberty is the time in which a child's sexual and physical characteristics mature. It is a period between childhood and adulthood, which occurs due to hormone changes. It usually happens between ages 10 and 14 years for girls and ages 12 and 16 years for boys. It causes physical changes, and affects boys and girls differently. According to the World Health Organisation (WHO), the people of age group 10-19 are called adolescent. And adolescence is the period between puberty and adulthood (Puberty: MedlinePlus, 2017).

The onset of puberty in female is menarche, and it can be understood by the onset of menstrual cycle among girls. In brief, 'menstruation' is the periodic discharging of the menses, the flow of blood and cells from the lining of the uterus in females of humans. It is a natural process in every female body. After the onset of this process, it is understood that now the female is capable of bearing a child. This stage of girls is related with many cultures of society. Like in Nepal, Gupha: a ceremony of Newar community in which pre-menstrual girls are kept in a dark room for twelve days and are debarred from the vision of males; Chaupadi: a practice of living in an isolated cowshed far from the residential home by girls and women during menstruation period. It is widely prevalent practice in mid and far western communities of Nepal.

Similarly, the onset of puberty in male is spermarche. It can be understood by the boys being able to produce sperm in their semen. Boys experience physical changes in their body like voice change, wet dreams, breast enlargement, and enlargement of reproductive organs. Adolescent boys have pubertal concerns and worries regarding this topic.

Being a dynamic transition period from childhood to adulthood, adolescents are physically, psychologically and socially vulnerable because of the changing needs and

demands of their bodies, minds, and social relations which are quite different than that of a child or an adult. Onset of curiosity on changes in human body, family and relationships, reproductive health, sexual health, and sexual activity is common during this age group.

Adolescence is a social construction. Views on when childhood ends, when adulthood begins, and what happens in between are shaped by social and biological factors. To understand how social and biological aspects of adolescence interact with society is necessary. The biological aspects of adolescence have been identified as the possible impetus for many psychological aspects of development. For instance, puberty represents the onset of physical changes during adolescence – namely hormonal changes, the growth spurt, and the presence of primary and secondary sex characteristics. These physical changes have immense potential to affect an individual's psychological and social development during this time. For example, girls are also more likely to be depressed during adolescence. This has been linked with the biological (namely hormonal) changes during puberty. These hormonal changes interact with the adolescent girl's psychological development, particularly with regard to body image and self-esteem. These physical changes can also affect social development and status during adolescence. Because adolescent girls also tend to retain more body fat (doing so is necessary to prepare for menarche), which can cause her to be displeased with her appearance. If this occurs, it might damage her self-confidence and ability to form strong connections with others. If adolescent girls interpret the physical changes during puberty as negative, this could affect their emotional well-being.

Social and contextual factors, in turn, can also affect pubertal changes. The timing of puberty is a subject to individual differences that are subject to many interrelated factors. Early or late maturation can occur as a result of these interrelated factors. Research has suggested that late maturation can occur based on close, supportive relationships with parents. In contrast, early maturation tends to occur with family disruption and residential separation from the father. This evidence reveals that an individual's social environment – for example, the nuclear family environment – provides crucial support and stabilization during an individual's time in adolescence. Lack of support can affect an individual's physical development. Other contextual

factors, such as ethnicity, school, and neighbourhood can also influence individual timing of menarche. These relationships play an important role in the physical changes during adolescence. This shows the important place of socialization in the life of people.

Socialization is predominately an unconscious process by which a people learns the values, beliefs, rules and regulations of society or internalizes the culture in which s/he is born. It includes the knowledge of how things are caused and the establishment of emotional links with the rest of the members of the society. Socialization, therefore, equips an individual in such a way that s/he can perform her/his duties in her/his society. The agents of socialization vary from society to society. However, in most of the cases, it is the family which is a major socializing agent, that is, the nearest kinsmen are the first and the most important agents of socialization. The other groups which are socializing units in a society vary according to the complexity. Thus, in modern complex society, the important socializing agents are educational institutions, while in primitive societies, clans and lineages play a more important role. Social norms grow out of social value and both serve to differentiate human social behavior from that of other species. Social construction on any topic is also shaped by the gained social values and norms during the process of socialization.

According to 'What about boys? - a literature review on the health and development of adolescent boys done by WHO, "the social meaning of menarche and spermarche are often quite different. Typically, boys are not encouraged to talk about pubertal changes nor offered spaces to ask questions or seek information about these changes (Pollack, 1998). In contrast, menarche sometimes implies enhanced social status while also bringing with its increased social controls over young women and their movements and activities outside the home. Societies seem to have developed more structures to discuss and prepare girls for menarche than they do boys for spermarche. In some cases; boys have more information about menarche than ejaculation, given the societal importance attached to female reproduction." Parents can support their children as their child approaches and enters puberty. Socializing agent should be sensitive to the need of adolescents. Adolescents also become more sensitive about how they look during this time.

## **1.2 Statement of the Problem**

Puberty should not be taught in isolation, rather it should be delivered through an age and developmentally-appropriate skills-based health education curriculum framework that starts as early as age of five and continues into young adulthood. Sadly, many learners do not receive any education on puberty or sexuality, which leaves them vulnerable to infection and unintended pregnancy. A health promoting school is central to providing a high quality education for all, including learners going through puberty.

Adolescents depend on their families, communities, schools, health services and their workplaces to learn a wide range of important skills that can help them to cope with the pressures they face and make the transition from childhood to adulthood successfully. Parents, members of the community, service providers, and social institutions have the responsibility to both promote adolescent development and adjustment and to intervene effectively when problems arise (WHO, 2017).

There is growing recognition that because of a combination of biological, psychological and social factors adolescents faces many different health risks and problems such as sexually transmitted infections including HIV and AIDS, early and frequent pregnancy, substance abuse, accidents and violence (NAHDS, 2000). Conversely, adolescents are usually very energetic and receptive to information that pertains to them and are anxious to become more autonomous in their decision-making. Such curiosity and interest in learning offers great opportunities for improving adolescent health, development and social relations.

Informal means of social control i.e. values, tradition, religion, ideologies, etc. have been recognized effective to control harmful activities in the society. This includes activities an adolescent should and should not do for being a part of society.

It was relevant to look at the adjustment made by adolescents in order to further understand the complete picture of adolescent girls and their menarche needs, and the boys and changes during adolescence. Driven by such research problems, I had formulated following research questions:

- ❑ What and who are the sources of information regarding puberty issues for adolescents?
- ❑ On which topics did the adolescent girls and boys communicate regarding puberty?
- ❑ With whom did the adolescent girls and boys communicate information about puberty?
- ❑ With whom did the adolescent girls and boys feel the most and the least comfortable talking about puberty?

### **1.3 Objectives of the Research**

1. To assess the knowledge of adolescents about puberty in relation with social values.
2. To list the specific discussion topics that adolescents have with their mother, father, siblings, friends, relatives, school teachers regarding puberty.
3. To assess comfort level of adolescents while they discuss about puberty.

### **1.4 Rationale of the Study**

Puberty in boys and girls causes physical changes, and affects boys and girls differently. It is a time that calls out for specific guidance and assistance. Educators need to help these young people build a solid foundation for understanding their sexuality and social roles. They need to be empowered with correct, age appropriate and up-to-date information and skills to develop and practice responsible behaviours to protect themselves from risks as well as to help them seek appropriate services. Information for parents, teachers and social workers is equally important as they play key roles in adolescent health, development and social bonding. The young people of today are tomorrow's adults. It is of paramount importance that an environment be created and adequate support provided to enable adolescents to develop their full potential and to enjoy a healthy and responsible adulthood.

In a least-developed country like Nepal the meaning of puberty education is questionable and issues of health especially sexual and reproductive health are not discussed openly. This study will contribute to the studies on adolescence and puberty by paying attention to a macro level institution (i.e. the school) and a micro level

institution (i.e. family and kinship). Furthermore, adolescent sexual and reproductive health is accepted as one of the component by the Family Health Division (FHD) of Nepal, which is why it is necessary to examine the adolescent's relation with family, friends, and teachers with respect to puberty education and social relationships.

The proposed research will be helpful to those trying to know about the social construction of puberty in adolescents in Nepal and how adolescents of Om Secondary School has adapted to acquire information from family, peers, school and society. Moreover, this research will also be useful to those interested in studying about the adolescent's understanding on puberty.

### **1.5 Organization of the Study**

This thesis consists of six chapters. In the 'Chapter One - Introduction', details of the study including background, statement of problem, objectives of the research, rationale of the study and this section 'organization of the study' itself has been presented. After this, 'Chapter Two - Literature Review' will present the facts and information related with the study topic on three topics: (i) the social construction of puberty, (ii) Puberty, adolescents, communication and comfort, and (iii) Scenario of adolescent in Nepal. On 'Chapter Three - Research Methods' the methods followed by the researcher to do this study has been mentioned by giving other sub-headings. With the main motive for analysing the topic at the upper paragraph and data interpretation beneath the table, the findings of this study has been presented in tabular form. Here, the findings of the study in this thesis have been presented in two chapters i.e. 'Chapter Four: Respondents and their knowledge' and 'Chapter Five: Comfort, content and/of communication'. The last chapter, 'Chapter Six – Summary and Conclusion' shows the researcher's view and reflection regarding the study conducted.

# **CHAPTER TWO**

## **LITERATURE REVIEW**

### **2.1 The social construction of puberty**

Certainly people throughout human history and all over the world experience the physical changes of puberty: the maturing of genital organs and development of secondary sex characteristics (for example, breast and hips in girls; pubic hairs and deepening of the voice in boys). For both sexes, the onset of puberty often coincides with the society's first acknowledgement of the person's sexual capacity. But the physical changes in adolescents itself are not solely responsible for what happens to young people during and after puberty. Much more crucial are the social reactions to these changes and the meanings that are assigned to them. The cultural focus on ejaculation (for males) and menstruations (for females) as the key biological events associated with puberty serves to reinforce Western attitudes toward male and female sexuality in adolescence and beyond. For young men, puberty is associated with sexual pleasure for its own sake. For young women, however, sexual pleasure is a small part of their experience with puberty (David M Newman, Elizabeth Grauerholz, 2002).

The social meaning attached to menstruation has always been somewhat ambivalent. At one time, the onset of menstruation was seen as a serious threat to girls' emotional and physical well-being. Today, although girls generally equate menstruation with growing up and being normal, some still find it an anxiety-producing event. A survey of adolescent girls found that many of them consider menstruation embarrassing, disgusting, and annoying or dislike the idea of it is not being controllable. The vast majority felt that it was a subject that should never be discussed with males (Golub, 1992).

Adolescence as people knows it today appears to have evolved in the late nineteenth century, a consequence of social and economic changes that extended childhood dependency into the teen years. As industrialization gradually moved paid labour away from the home, the gap between adult responsibilities and children's activities widened. As young people were removed from the labor market, child labor laws

went into effect. The movement to regulate working conditions and set a minimum age at which children were allowed to work outside their own families helped segregate teenagers from the rest of society and extend their dependence on their parents. Furthermore, to limit young people's free time, compulsory education became necessary. School attendance was now required, and truancy became defined as a punishable act. The age-graded school system created separate worlds for children and youths. High schools separated young people from the rest of the society and helped create a youth culture (David M Newman & Elizabeth Grauerholz, 2002).

The social changes helped make adolescence a legally and psychologically recognizable stage of life. It became known as the period between puberty and the ages specified by the law for ending compulsory education and beginning employment. Soon people began writing about the *adolescent experience*, which included the urge to be independent of the family, the search for personal and sexual identity, and the questioning of adult values.

As adolescence emerged as a recognizable stage of life, family ties between parents and their teenage children intensified. Adolescents began depending more completely and for a longer time on their parents than in the past. By the beginning of the twentieth century, adolescence had become a household word and part of the social structure of modern society. It also became an important stage in an individual's biography—a recognized, intermediate period of being neither a child nor an adult.

## **2.2. Puberty, adolescents, communication and comfort**

“Puberty is a profound period of a person's development: a time when multiple dynamic physical, social, and emotional changes occur at unprecedented speed. Almost overnight, adolescents are faced with new experiences and feelings that create both a powerful sense of excitement and a powerful sense of dread. For these young people, puberty demands a lion's share of attention and sets in motion waves of free-flowing confusion, anxiety, and turmoil. Discomfort and uncertainty abound as they face highly charged and unfamiliar situations with enormous pressure to act in new and different ways” (McCann, S., & Petrich-Kelly, B. 1999).



Puberty education is currently offered in various forms in schools throughout the nation. Sadly, however, this instruction is typically limited in depth and breadth. “Today, as yesterday, a lot of unfamiliar, medical-sounding words and abstract diagrams of internal organs are shown to young men and women in sex-segregated classrooms amid giggles and red faces” (McCann, S., & Petrich-Kelly, B. 1999).

According to a study on Communication about sexual issues: Mothers, fathers, and friends (DiIorio, C., Kelley, M., & Hockenberry-Eaton, M. (1999), both male and female adolescents were more likely to discuss sexual topics with their mothers than their fathers. Male adolescents were more likely than female adolescents to discuss sex-based topics with their fathers. Both male and female adolescents were less likely to discuss sex-based topics with their friends than with their mothers, but more likely to discuss these topics with their friends than their fathers. Content of conversations of male adolescents was fairly consistent among mothers, fathers, and friends, and sexually transmitted disease/acquired immune deficiency syndrome and condom use were popular topics of discussion. Female adolescents tended to talk about the menstrual cycle with their mothers, sexual abstinence with their fathers and sexual intercourse with their friends. Both male and female adolescents were most comfortable discussing sexual issues with their friends. Male adolescents were less comfortable talking to mothers, but more comfortable talking to their fathers than were females.

To the extent that there is a generation gap, puberty is as much a product of incongruent perceptions and expectations as it is of inadequate or insufficient conversation (Steinberg, 2001). Parents and adolescents (relationship insiders) do not necessarily share the same view of the relationship and their ability to communicate, nor are their perspectives typically congruent with those of observers (relationship outsiders). Parents and adolescents pursue different implicit goals and timetables regarding the adolescent’s autonomy, which may give rise to communication difficulties (Collins & Luebker, 1994). But communication problems are not preordained. Families differ widely in the extent to which autonomy has a corrosive effect on parent-child interactions. For some it is a difficult passage, but most families are well equipped to navigate the developmental challenges of adolescence (Laursen, B., & Collins, W. A. 2004).

Early puberty is a risk factor for delinquency, and early puberty combined with low parental nurturance, communication, or parental knowledge of the child's activities presents a risk for aggressive behavior in early adolescent girls. Early-maturing girls may benefit from increased parental nurturance, communication, and knowledge (Mrug, S., Elliott, M., Gilliland, M. J., Grunbaum, J. A., Tortolero, S. R., Cuccaro, P., & Schuster, M. 2008).

### **2.3 Scenario of adolescent in Nepal**

In Nepal, the adolescent population is approximately 6.4 million or 24% of the total population (CBS, 2011). The mean age of menarche in girls in Nepal is 13.5 years, and spermarche in boys is 14.5 years, heralding the onset of puberty (NAYS, 2011/12). The adolescent proportion of the population is expected to grow during the years to come due to a high fertility rate and a high proportion of under 15 year olds. The health and development of adolescents is one of great concern for the country, as they comprise the future human resources (NAHDS, 2000).

Nepal is in the top 20 countries globally with high prevalence of child marriage. Over half (51%) of the Nepalese women who are aged 20-24 years were married before they were 18 years old (UNICEF, 2011). 28.8% of women and 6.9% of men aged 15-19 years were married. 11.5 % of population were married below 14 years (NDHS, 2011). 60% of women aged 20-49 were married before reaching the age of 18 years, and 16% before the age of 15 in Far and Mid Western Regions (MICS, 2010).

Of the total female population of the age group 15-18, 23.1% of the girls are married. One-fifth of girls aged 15 to 19 have been pregnant, but few adolescents utilize ASRH services of any kind in health facilities (FHD, 2011). The two main reasons for low-service utilization rates are that ASRH services are: 1) not welcoming and friendly and 2) not easily accessible. For this reason, the Ministry of Health and Population (MoHP) deemed it important to include adolescents in the strategy, guidelines and training package development (NAYS, 2011).

Nonetheless, adolescents, as a distinct age category, remain largely invisible in national policies and programmes. About equal proportion of adolescents live in

urban and rural areas. In Nepalese context, the challenges encountered by adolescents are: 1) child marriage, 2) dowry, 3) early pregnancy, 4) sexual abuse and harassment, 5) trafficking, 6) negative peer pressure, 7) a wide range of gender discriminatory practices including harmful social norms such as Chhaupadi, 8) mobility restriction, 9) limited employment opportunity, and 10) limited culture of youth participation within the family, community and national level (Sapkota, 2015).

The 2011 NDHS reports only 26% of all female and 34% of all male adolescents and youth aged 15-24 had comprehensive knowledge about HIV and AIDS. Among all age groups, unmet need for family planning is highest among adolescents (MoHP et al., 2012). Overall, the level of unmet need among currently married female adolescents and youth has changed little in the last 15 years. In 1996, 40 % of currently married women age 15-24 had an unmet need for family planning; in 2011 the level of unmet need is 38 %. This varies by place of residence and age (Sapkota, 2015).

Access to health care for young people is central to promoting health and well being. Young people, regardless of socio-economic class, are at risk of becoming marginalised when it comes to access to health education and health services. International research from both developed and developing countries highlights the importance of creating accessible services that are acceptable and attractive to young people, if their health and well-being are to be maintained.

Family Health Division, DoHS developed the National Reproductive Health (RH) strategy in 1998 and adolescent health is included as one of the components of Reproductive Health. However, adolescent health did not receive any attention until late 2000 in Nepal. In order to operationalise this strategy, FHD under the Department of Health Services introduced a national Adolescent Sexual and Reproductive Health (ASRH) program in 2008. This national ASRH program is piloted in 2009 in 26 public health facilities in Bardia, Surkhet, Dailekh, Jumla and Baitadi. However, very limited progress is made due to lack of adequate attention to ASRH. During the development of the National Health Sector Program phase II (NHSP II), adolescent's health is prioritised with a target of 1000.

Nepal, as a co-signatory in 1994 Plan of Action of the International Conference on Population and Development (ICPD), has committed itself to improving the reproductive health status of people throughout the nation (NAHDS, 2000).

Social constructionism is a school of thought introduced into Sociology by Peter L Berger and Thomas Luckmann with their book, *The Social Construction of Reality*. The focus of social constructionism is to uncover the ways in which individuals and groups participate in the creation of their perceived reality. What we perceive as reality has been shaped through a system of socio-cultural and interpersonal process. In social constructionism, the idea of an objectively knowable truth does not exist. Knowledge is constructed through social interpretations and the intersubjective influences of language, family and culture (Hoffman, 1999).

Socially constructed reality is seen as an ongoing, dynamic process; reality is reproduced by people acting on interpretation and their knowledge of it. Concepts are assumed to relate to permanent human experiences and cultures. Persons are constructors of knowledge in their lives assisted by the prevalent discourses in their societies and cultures (Martino 1997).

How puberty and adolescence is expressed and organized varies between societies, social classes, gender, and ethnicities. What is seen as normal and natural varies from society to another, and in the same society overtime. Thus, through social constructionism, we can look for diverse meanings of puberty within and between social groups. Puberty and adolescence is influenced by social norms, culture, and personal experience. All these, therefore, affect the way individuals define, feel and perceive their puberty. Thus diverse understanding upon puberty may exist in the same environment.

This theory, thus, forms the basis for this study.

# **CHAPTER THREE**

## **RESEARCH METHODS**

### **3.1 Rationale for the selection of Study Site**

The selected secondary level school, namely, Om Secondary School is a private school located in Katunje VDC of Suryabinayak Municipality - Bhaktapur, Nepal. It was established in the year of 2038 BS. Student of this school belong to VDC itself and also from the nearby VDCs and belong to the required age group. They represent various caste and religions, therefore doing this study in this school will help the research to find the answers of the research questions. Also, the researcher has passed the SLC from the very school.

### **3.2 Research Design**

This is a descriptive cross-sectional study. The purpose of a sociological research was not just to describe a social phenomenon but to explain it. Following this dictum, the research adopted both descriptive and explanatory research design. The research has presented a detailed description of the selected case focusing on its relation with the study topic.

### **3.3 Nature and Source of Data**

The data collected and analysed in the study are quantitative in nature. Few qualitative data (for e.g. question no. 1.4), information were listed, analysed and presented in quantitative form. The source of data is purely a primary one.

### **3.4 Unit of Analysis, Universe and Sample Selection**

Individual girl and boy student of grade 8 and 9 of Om Secondary School present at the day of assessment was the unit of analysis. The number of students in grade 8 and 9 were 32 and 34 respectively; in total there were 66 students from these two grades. Out of this total, 62 adolescents were present on the day of data collection. Thus, the universe population of the study was 62 adolescents. Hence, 24 girls and 38 boys (62 in total) were selected as respondents through census method.

### **3.5 Data collection method**

Self administered questionnaire was the method for data collection among the adolescent boys and girls student. The data collection date was 14<sup>th</sup> March, 2017 AD (Chaitra 1<sup>st</sup>, 2073 BS). Structured and semi-structured questionnaire that consisted of close ended questions were used to collect the data. The questionnaire consisted of four main parts:

- 1) Socio-demographic data
- 2) Questions related to knowledge of adolescents about puberty in relation with social values.
- 3) Questions related to content of discussion regarding puberty
- 4) Questions related to comfort level

For the questions related to comfort level, a ranking item questions was developed.

### **3.6 Data management and analysis**

The data analysis was mostly about the interpretation of the quantitative and qualitative data gathered from the field research. After collection of data, they were checked thoroughly for the completeness, correctness and internal consistency. A standard statistical method was applied for data analysis. Data coding/recoding, editing, entries, and analysis were done in an Excel and SPSS 16.0 program. Findings are presented through tables and textual forms.

### **3.7 Validity and reliability**

- 1) Questionnaire was prepared under the proper guideline and supervision of advisor and it was pre-tested among the two students (1 girl and 1 boy) and revised before attending the respondent.
- 2) Nepali language was used to orient about the questionnaire during the data collection time.
- 3) The entire questionnaire were distributed and supervised by the researcher.
- 4) Researcher was directly engaged in data collection, cross-checking, data entry, processing and analysis.
- 5) Each filled questionnaire was re-checked just after completing the interview so that any under responding could be corrected.

### **3.8 Ethical consideration**

The purpose of the study was clearly explained at the time of interview through verbal and written form. Data were collected with verbal consent not forcefully from the school. A section of agreement from the respondent was clearly mentioned at the questionnaire. Full confidentiality was maintained. Objectives of the study were clarified to the principal of the school.

### **3.9 Limitation of the Study**

Owing to several constraints imposed by time and costs, this study was focus only on only one school among the schools in Bhaktapur. The research had following limitations:

- As this will be a descriptive cross-sectional study, the research might not bring information that a qualitative study could bring.
- The research was limited itself to one school in semi-urban area. Therefore, the findings cannot be extrapolated to the whole country.

# CHAPTER FOUR

## RESPONDENTS AND THEIR KNOWLEDGE

This chapter deals with the results obtained from data analysis. Results are based on data collected from the students, of grade 8 and 9 of Om Secondary School, Bhaktapur. Meanwhile, this chapter deals with the introduction to respondent and knowledge of adolescent about puberty in relation with social values;

### 4.1 Introduction of Respondents

This section provides information on basic demographic and social characteristics of the study population. Also, although the study was done among adolescents, this record contributes in understanding other components of this study topic.

#### 4.1.1 Age/Sex composition

Analyzing age/sex composition of the study population helps to understand the presence and distribution of them by their age and by sex. This result provides basic scenario of the study population. The tables mentioned below present the frequency and percentage of this distribution of respondents.

**Table 4.1.1.1 Age of Respondents**

Age (in years)	Frequency	Percent (%)
13	15	24.2
14	25	40.3
15	12	19.4
16	7	11.3
17	3	4.8
Total	62	100

*Source: Field Survey, 2017*

The table shows that all the respondents were of age from 13 to 17 years. Along with



being in adolescent group (10-19), they also represented teen-age group i.e. 13 to 19 years. Around 65% of the respondents belonged to early adolescence (10-14 years) and remaining 35% represented middle adolescence (15-17 years).

**Table 4.1.1.2 Distribution of Respondents by Sex**

Sex	Frequency	Percent (%)
Male	38	61.3
Female	24	38.7
Total	62	100

*Source: Field Survey, 2017*

The table shows that among the 62 responding student, 39% of the total population was girls and 61% were boys.

#### **4.1.2 Religion**

In our society, almost every human has inclination to some religions. Religion, being vital for human's personal and spiritual growth; is also one of the component of society that sets norms and values on social aspects. Puberty is understood in accordance to these values described by the religions in societies. And this understanding may vary from the religion people follows and the society people grew. Therefore, it plays important role in constructing knowledge of adolescent about their life, including puberty with social values. The table following this paragraph shows the study population based on their followed religion.

**Table 4.1.2 Religion followed by Respondents**

Sex	Frequency	Percent (%)
None	1	1.6
Hinduism	55	88.7
Christianity	4	6.5
Islam	-	-
Buddhism	2	3.2
Total	62	100

*Source: Field Survey 2017*

The table shows that Hinduism, Christianity, Buddhism were their selected answers when they were asked ‘What is your religion?’. Majority of study population followed Hinduism (88%). There were minimal presence of student from Christianity (7%) and Buddhism (3%). Meanwhile, 2% respondent chose ‘none’ as an answer to the question.

#### ***4.1.3 Caste and Ethnicity***

It is a known fact that society is composed of people with various ethnic identities. And each caste and ethnic group has their own culture and knowledge on social aspects. This is one of the components which controls adolescents, and provides knowledge about their puberty. Therefore, to know the presence of diversity of caste and ethnicity among the respondents, their distribution based on their belongingness was analyzed. The result is presented in the given table.

**Table 4.1.3 Caste and Ethnicity of Respondents**

Caste and Ethnicity	Frequency	Percent (%)
Brahmin	12	19.4
Chhetri	24	38.7
Newar	16	25.8
Dalit	3	4.8
Tamang	2	3.2
Kirat	4	6.5
Madhesi	1	1.6
Total	62	100

*Source: Field Survey, 2017*

The ethnic identity of respondents is presented in 7 different categories. Among 62 responding students, majority of the respondents belonged to the Chhetri caste, at 39%. It was then followed by the Newars and the Brahmins at 26% and 19% respectively. Remaining groups, namely, Dalit, Tamang, Kirat and Madhesi were

minimal and were below 5% in an average.

#### ***4.1.4 Nature of society***

Nowadays, it is common to find society where people of different cultures lives and share the same territory. The effect of mixed culture in society, not only promotes interaction among people but also impacts on day-to-day living of people. Continuation of interaction and manifesto of cultural practice promotes acceptance of knowledge and exchanges of practices within cultures. In order to assess chances of this exchange, distribution of the respondents based on the nature of their society was analyzed. They were asked 'Does the society you live have people from different caste and religion?'. Their responses reflected that all of them are living in a society where there is presence of multi-culture. This result reflects that there is a clear probability of sharing of knowledge and practice of each other's culture which contributes in social construction of puberty as well.

## **4.2 Knowledge about puberty in relation with social values**

### ***4.2.1 General knowledge on adolescence***

It is necessary for adolescent population to have knowledge on puberty and their adolescence. As they have to pass through this stage of human life, having basic knowledge on adolescence helps them to accept the changes they will have to experience. This analysis will help to know about respondent's knowledge on some basic things of adolescence and their societal rituals. Three questions were asked to the study population, and their responses are presented in tables.

#### ***4.2.1.1 WHO defined adolescence***

World Health Organisation (WHO) has defined adolescence and has grouped them as young people of age 10 to 19 years. It is a universally accepted and used term whenever the topics 'adolescence' and 'puberty' are discussed. Respondents, being one of age 10-19, should have this basic knowledge that how world views them. Therefore, study population was asked whether they are familiar with this term or not.

**Table 4.2.1.1 WHO defined adolescence**

Knowledge of Adolescence age	Boys		Girls		Total	
	N	%	N	%	N	%
Yes	29	76.3	19	79.2	48	77.4
No	3	7.9	-	-	3	4.8
Not sure	6	15.8	5	20.8	11	17.8
Total	38	100	24	100	62	100

*Source: Field Survey, 2017*

The table shows that out of 62 respondents (38m, 24f), 77.4% respondents have idea that WHO has grouped adolescence as people of 10-19 age. On the other hand, 17.8% student are not sure of it among them girl proportion is higher than boy and 4.8% said that according to WHO, adolescence is not 10-19 years in human. These findings reflect that much of the respondents were aware of the age group distinguished by the WHO: this is may be because of the inclusion of the comprehensive adolescent sexual and reproductive health (ASRH) education on the curriculum of school - a social institution of a society.

#### ***4.2.1.2 Changes in a boy and a girl during and after puberty***

Adolescents experiences different changes in their physical, mental, emotional and social status in this stage. Although it would be unusual and sometimes scary for some adolescents, these changes are a normal process during adolescence; everyone should have this knowledge. This topic was analyzed to assess the knowledge of the respondents. For this, study population was asked ‘What changes do a boy and a girl experience during his/her puberty?’

**Table 4.2.1.2 Changes in a boy and a girl during and after puberty**

Changes during puberty	Boys		Girls		Total	
	N	%	N	%	N	%
Physical changes	-	-	-	-	-	-
Mental changes	1	2.6	-	-	1	1.6
Emotional changes	1	2.6	-	-	1	1.6
Social changes	-	-	-	-	-	-
All of the above	36	94.8	24	100	60	96.8
Total	38	100	24	100	62	100

*Source: Field Survey, 2017*

The table shows that out of 62 respondents, 60 (36m, 24f) have the knowledge that all four changes occurs in person during and after puberty. However, two male respondents said that during this period, there will be only mental changes and emotional changes. Lack of awareness and acceptance about these changes (mental and emotional) as clearly as the physical changes may be the probable reason behind this result. The result also reflects that the respondents were aware that adolescents face social changes during puberty and their adolescence.

#### ***4.2.1.3 Social rituals for adolescent***

Adolescents, being a part of a society, are just not dealt by health sectors, but are also viewed from sociological aspects. Social rituals set and conducted for them gives a clear picture that this group is a part of the society. Performances of social rituals for young children during their adolescent period are can be taken as an example. Also, their participation gives a glance of their social changes. In order to assess such social rituals, and its knowledge among the respondent, this topic was analyzed. The respondents, who also represented multi-cultures, were asked to list some social rituals that are organized specially for adolescent girls and boys. They listed few rituals on the basis of their knowledge and experience, and their answers are as listed below:

**Table 4.2.1.3 Social rituals for adolescents**

For Girls	For Boys
Gupha (27)	Bratabandha (44)
Gunyo cholo (29)	-
Bel Bibaha (Ihi/ Imacha) (20)	-

*Source: Field Survey, 2017*

*Note: Other response were; Guthi, Pasni, Happy Birthday, Love marriage, Arrange marriage*

In a response to the question, four social rituals were mostly mentioned by the respondents. Three social events, namely, Gupha, Gunyo Cholo and Bel Bibaha were mentioned as a rituals for girls by 27, 29 and 20 respondents respectively, and only one i.e. Bratabandha was mentioned for boys by 44 respondents. As most of the respondents belonged to Newar, Brahmin, and Chhetri group, it is normal to get this response. This witnesses that adolescence is a matter linked with social aspect too. Another thing in this result 'love marriage and arrange marriage' gives hints about the practice of an underage marriage in our society.

#### ***4.2.2 Knowledge on Spermarche (puberty in a boy)***

*Spermarche* is a technical term used for the onset of puberty in a boy. A question was asked to the study population whether they know about this term or not. Also another question to assess their knowledge about the relation between puberty in boys and being able to be a father was also asked. The analysis to these two questions would help to know about the status of knowledge of adolescence on basic characteristic of puberty. Their responses to the questions are in following tables:

**Table 4.2.2.1 Technical term for puberty in a boy**

Onset of puberty in a boy is called	Boys		Girls		Total	
	N	%	N	%	N	%
Menarche	1	2.6	-	-	1	1.6 (1.8)
Wet dreams	10	26.3	13	54.2	23	37.1 (40.4)
Spermarche	5	13.2	-	-	5	8.1 (8.8)
Masturbation	3	7.9	-	-	3	4.8 (5.3)
Don't know	16	42.1	9	37.5	25	40.3 (43.9)
<b>Total</b>	<b>35</b>	<b>92.1</b>	<b>22</b>	<b>91.7</b>	<b>57</b>	<b>91.9 (100.0)</b>
Missing response	3	7.9	2	8.3	5	8.1

*Source: Field Survey, 2017*

When 62 respondents were asked to choose a technical term used for puberty in a boy (i.e. spermarche), 57 (35m, 22f) responded and 5 (2m, 3f) did not respond to the question. Therefore, in a total of 57 responses, only around 9% chose 'Spermarche'; the correct answer while 44% chose 'don't know' as the answer. 40% respondents chose 'Wet dreams', 5% chose 'Masturbation' and 2% chose 'Menarche' as their answer. It was surprising to find that many (23 (10m, 13f) out of 62) believed wet dreams only as puberty in boy. Likewise, 25 (16m, 9f) out of 62 respondents had an answer 'Don't know'. These findings suggest that adolescents lack some basic knowledge of puberty. This may be because of the limited discussion in our society on puberty of adolescent boys. Moreover, this also shows the familiarity with the word 'wet dreams' among adolescents.

**Table 4.2.2.2 Relation of puberty in boys and being able to be father**

After puberty boy will be able to become father	Boys		Girls		Total	
	N	%	N	%	N	%
True	20	52.6	10	41.7	30	48.4 (52.6)
False	1	2.6	-	-	1	1.6 (1.8)
Not sure	13	34.2	8	33.3	21	33.9 (36.8)
Don't know	2	5.3	3	12.5	5	8.1 (8.8)
<b>Total</b>	<b>36</b>	<b>94.7</b>	<b>21</b>	<b>87.5</b>	<b>57</b>	<b>91.9 (100.0)</b>
Missing response	2	5.3	3	12.5	5	8.1

*Source: Field Survey, 2017*

The table shows the knowledge perceived by adolescent in relation of being able to become a father (physically). Out of 62 respondents, 57 (36m, 21f) responded to the question. In a total of 57 responses, more than half of the population (52.6% - 20m, 10f) said 'Yes' to the question and only 1.8% said 'No'. 36.8% was 'Not sure' to the fact and 8.8% said they did not know about it. This reflects that half of the study population saying true were aware about the fact and remaining half were unaware to it. This may be because in our society discussion on this issue is limited. Also, more focus is give to adolescent girls being able to become a mother after entering in puberty.

#### **4.2.3 Wet Dream**

A wet dream is one of the indicators of child stepping to adolescence. It is a commonly given example while talking about physical changes among adolescent boys. It is also one of the symptoms that can describe that a child has now in his/her puberty period. Therefore, I find it necessary to assess knowledge of and perception on this topic among study population, as it contributes in defining puberty socially and from the point of health. For this, two questions were asked to the respondents and their responses are presented in following table.



**Table 4.2.3.1 Have you heard about wet dreams?**

Have you heard about wet dreams?	Boys		Girls		Total	
	N	%	N	%	N	%
Yes	29	76.3	17	70.8	46	74.2 (75.4)
No	8	21.1	7	29.2	15	24.2 (24.6)
<b>Total</b>	<b>37</b>	<b>97.4</b>	<b>24</b>	<b>100</b>	<b>61</b>	<b>98.4 (100.0)</b>
Missing response	1	2.6	-	-	1	1.6

Source: Field Survey, 2017

Out of 62 respondents, 61 (37m, 24f) responded and one male did not to this question. Therefore, in a total of 61 responses, 75.4% said that they have heard about wet dreams and remaining 24.6% said they have not. This reflects that more than half of the study population had learnt about it from some sources of knowledge. One of the probable sources of knowledge may be their school because of the school curriculum.

**Table 4.2.3.2 What is your opinion on wet dreams?**

Perception on wet dreams	Boys		Girls		Total	
	N	%	N	%	N	%
Natural	30	79	15	62.5	45	72.6 (88.2)
Dirty	4	10.5	-	-	4	6.5 (7.8)
Abnormal	-	-	1	4.1	1	1.6 (2.0)
Dangerous	-	-	1	4.1	1	1.6 (2.0)
<b>Total</b>	<b>34</b>	<b>89.5</b>	<b>17</b>	<b>70.8</b>	<b>51</b>	<b>82.3 (100.0)</b>
Missing response	4	10.5	7	29.2	11	17.7

Source: Field Survey, 2017

However, when they were asked about their opinion on wet dreams, 51 (34m, 17f) responded to this question out of 62. Among the 51 responses, for 88.2% respondents,

it is a ‘Natural process’. For around 12% respondents, it is an ‘Abnormal’, ‘Dangerous’ and ‘Dirty thing’ happened in adolescents. 11 (4m, 7f) study population did not respond to the question. This missing response may suggest that either the respondents were shy or they have not responded to it as they answered ‘No’ to the previous question. Among the study population who responded to the question, the finding reflects that majority of them had perceived ‘wet dreams’ in a positive manner.

#### **4.2.4 Masturbation**

Like wet dreams, masturbation is another topic which falls in topic which is usually not discussed openly among adolescents. It is also one of the characters that start during or after puberty, and study of their knowledge on this topic would contribute to define it. To assess knowledge of and perception among study population on this topic they were asked three questions. Their responses are presented in following table.

**Table 4.2.4.1 Have you heard about masturbation?**

Have you heard about masturbation?	Boys		Girls		Total	
	N	%	N	%	N	%
Yes	22	57.9	9	37.5	31	50.0 (50.8)
No	15	39.5	15	62.5	30	48.4 (49.2)
<b>Total</b>	<b>37</b>	<b>97.4</b>	<b>24</b>	<b>100</b>	<b>61</b>	<b>98.4 (100.0)</b>
Missing response	1	2.6	-	-	1	1.6

*Source: Field Survey, 2017*

Out of 62 respondents, 61 (37m, 24f) responded to this question and one did not. Therefore, in a total of 61 responses, 50.8% said that they have heard about masturbation and remaining 49.2% said they have not. One male respondent did not answer to the question. This finding infers that half of the study population were familiar a bit about this component of spermarche, and remaining half were not. This also reflects the silence that our society maintains while communicating about puberty

among this age group.

**Table 4.2.4.2 What is your opinion on masturbation?**

Opinion on masturbation	Boys		Girls		Total	
	N	%	N	%	N	%
This act is normal	15	39.5	6	25	21	33.9 (60.0)
This is a bad work, a sin	1	2.6	1	4.1	2	3.2 (5.7)
Causes serious damage to health	-	-	1	4.1	1	1.6 (2.9)
Over doing of it is dangerous	10	26.3	1	4.1	11	17.7 (31.4)
<b>Total</b>	<b>26</b>	<b>68.4</b>	<b>9</b>	<b>37.5</b>	<b>35</b>	<b>56.5 (100.0)</b>
Missing response	12	31.6	15	62.5	27	43.5

*Source: Field Survey, 2017*

When they were asked about their opinion on masturbation, it was surprising to see that out of 62 students, 27 (12m, 15f) did not responded to this question. 60% respondents from 35 (26m, 9f) responses chose ‘this act is normal’. Around 31.4% respondents said that over doing of it is dangerous. Similarly, around 3% said that this causes serious damage to health and this is a sin. Meanwhile, it was amusing to get this result. Because, 56.5% of respondent shared their opinion about it although nearly 50% of respondents said that they were aware about masturbation (see table 4.2.4.1). This result reflects that adolescents tend to avoid discussing about the topic that they feel uncomfortable.

#### **4.2.5 Knowledge on menarche (puberty in a girl)**

*Menarche*, as *spermarche*, is a technical term used to understand the onset of puberty in a girl. It is usually understood as an initial phase in female’s reproductive life, and this is when menstruation in a female starts. Few questions on menarche and menstruation were asked to assess the knowledge the respondents carry, how they have understood it, and to assess the relation between puberty in girls and being able to be a mother. Their responses are in following tables:

**Table 4.2.5.1 Onset (start) of puberty in girls is called:**

Onset of puberty in a girl is called	Boys		Girls		Total	
	N	%	N	%	N	%
Menarche	5	13.2	5	20.8	10	16.1
Menstruation	22	57.9	18	75	40	64.5
Masturbation	-	-	-	-	-	-
Spermarche	-	-	-	-	-	-
Don't know	11	28.9	1	4.2	12	19.4
<b>Total</b>	<b>38</b>	<b>100</b>	<b>24</b>	<b>100</b>	<b>62</b>	<b>100</b>

*Source: Field Survey, 2017*

*Note: An end of menstruation in female's life is called menopause, and it is not discussed in this research.*

The given table shows that out of 62 respondents, 40 (22m, 18f) answered menstruation as the technical term used for puberty in a girl. Only 10 (5m, 5f) said that menarche is the real term. Meanwhile, 12 (11m, 1f) said that they do not know about it. Overall, it was found that more than half of students have understood menstruation as puberty in a girl; even though menstruation is just one of the major components of puberty in girl.

**Table 4.2.5.2 Relation of puberty girls and being able to be mother**

After puberty girl will be able to be mother	Boys		Girls		Total	
	N	%	N	%	N	%
True	23	60.5	16	66.7	39	62.9 (63.9)
False	-	-	1	4.2	1	1.6 (1.6)
Not sure	8	21.1	4	16.6	12	19.4 (19.7)
Don't know	6	15.8	3	12.5	9	14.5 (14.8)
<b>Total</b>	<b>37</b>	<b>97.4</b>	<b>24</b>	<b>100</b>	<b>61</b>	<b>98.4 (100.0)</b>
Missing response	1	2.6	-	-	1	1.6

*Source: Field Survey, 2017*

The table shows the knowledge perceived by adolescent in relation of being in puberty and becoming physically able to be a mother. Out of 62 respondents, 61 (37m, 24f) responded to the question. Therefore, in a total 61 responses, more than half of the population (63.9%) said ‘Yes’ i.e. girls become able to be a mother physically after entering puberty and only around 2% said ‘No’ to the fact. Remaining 19.7% and 14.8% respondents said they were not sure and they don’t know about the fact respectively. This finding reflects that boys more than 60% boys and girls were aware about menarche and its relation with female becoming physically able to bear a child. Meanwhile, it is a sad to know that around 25% of them have no clear knowledge of it. As they have already entered in this stage, it is necessary for them to know about this fact so that they could prevent themselves from any unsound happening.

**Table 4.2.5.3 Understanding on menstruation**

What do you mean by menstruation?	Boys		Girls		Total	
	N	%	N	%	N	%
A biological process	34	89.5	22	91.7	56	90.3
Health problem in female	1	2.6	2	8.3	3	4.8
Don't know	3	7.9	-	-	3	4.8
Total	38	100	24	100	62	100

*Source: Field Survey, 2017*

The table shows the knowledge perceived by adolescent on menstruation. In a total of 62 responses provided by 38 male and 24 female, 90% of the study population said that menstruation is a biological process and 5% understood it as a health problem in female. It was surprising to found that 5% of them have no clear idea on it, and hence chose ‘Don’t know’ as their answer. 56 (34m, 22f) respondent’s answer has reflected that adolescents are provided more knowledge on menstruation.

The reason that two girls chose menstruation as a health problem in female may be due to some common but painful sign and symptoms that female go through during menstruation. It was found that many girls perceive menstruation as a burden.

Moreover, many girls fall sick - severely - because of the pre-menstrual syndrome (PMS) during their periods. In addition, three boy's selection of 'don't know' to this question reflects either they do not give attention to this topic or they got confused to answer as they might have seen girls getting ill due to this.

#### ***4.2.6 Source of information on component of spermarche and menarche for adolescents***

Every knowledge has its source of origin. Adolescents receive information about puberty from the people they know (family members, relatives, teachers, friends, health workers) and from other means of information like book, newspaper, and audio-video methods. For this, communication plays important role. However, these sources may differ to some extent for boys and for girls when it comes to receiving information, specially, on puberty and its some components.

This part will analyse the person or other source involved in providing knowledge to adolescents. Doing this will also contribute to assess common and contrasting source of information for boys and girls. To assess the source of information for boys and girls about component of spermarche (wet dreams and masturbation) and menarche (menstruation), all the study population were asked few questions.

All 62 respondents (38m, 24f) have had answered the question. For the question relating to source of information on component of spermarche and menarche, only 38 boys were asked to respond to question which stated '*for boys*' and only 24 girls were asked to respond to the question which stated '*for girls*' in the question. Their responses are based on practice and assumption, and it is presented in two separate tables which are as follows;

**Table 4.2.6.1 Source of information on component of spermarche for boys and girls**

Adolescents generally receive information about wet dreams and masturbation from	Boys (n=38)		Girls (n=24)	
	N	Percent	N	Percent
No one	1	2.6	1	4.2
Grandparents	6	15.8	-	-
Mother	3	7.9	11	45.8
Father	6	15.8	-	-
Sister	1	2.6	7	29.1
Brother	8	21	-	-
Relatives	4	10.5	-	-
Friends (Girls)	2	5.3	9	37.5
Friends (Boys)	30	79	-	-
Teachers	20	52.6	12	50
Books and newspaper	16	42.1	8	33.3
Radio/Internet	20	52.6	2	8.3

*Source: Field Survey, 2017*

The table shows the possible source of information from which adolescent boys and girls receive information on components of spermarche (wet dreams and masturbation). In the column for boys, in a total of 38 adolescent boys, majority of them (79%) said that, 'Friends (Boys)' were the main source of information. Around 53% boys chose 'Teacher' and 'Radio/Internet' as the source. After that, 42.1% adolescents said that, 'Books and newspaper' was another source. Also, for 21% adolescent boys, their 'Brother' was the source. Same percentage of boys, around 16%, chose 'Grandparents' and 'Father' as their source of information. 10.5% said that, 'Relatives' were another source of information. At less than and equal to 8%

chose that, ‘Mother’, ‘Friends (Girls)’ and ‘Sister’ were the source for the information on spermarche. Likewise, in the column for girls, in a total of 24 responses, 50% of the study population said that ‘Teacher’ was the main source of information. Around 46% said that they receive information from ‘Mother’, from ‘Friend (Girls)’ – 37.5% and from ‘Books and newspaper’ - 33.3%. The data also presents that 29% study population selected ‘Sister’ as another source of information. Similarly, about 8% said that they choose ‘Radio/Internet’ the source. It was surprising to see that for girls, ‘Grandparents’, ‘Father’, ‘Brother’, ‘Relatives’ and ‘Friend (Boys)’ were not the source of information on spermarche because, the value was zero.

From this what we could analyse is boys depend mostly on outsource and male friends to be informed about the spermarche. In terms of girl’s source of information, what we could analyse is girls depend mostly on their female family member (mother and sister) and outer source: friends (girls), teachers, book and newspaper, and radio/internet to be informed about their spermarche. Also, there is no communication with their male family members on this topic.

**Table 4.2.6.2 Source of information on component of menarche for boys and girls**

Adolescents generally receive information about menstruation from	Boys		Girls	
	N	Percent	N	Percent
No one	2	5.3	-	-
Grandparents	2	5.3	3	12.5
Mother	8	16	22	91.7
Father	4	10.5	-	-
Sister	5	13.2	19	79.2
Brother	6	8	-	-
Relatives	4	10.5	2	8.3
Friends (Girls)	6	8	11	45.8
Friends (Boys)	15	39.5	-	-
Teachers	24	63.2	10	41.7
Books and newspaper	14	36.8	7	29.2
Radio/Internet	11	30	2	8.3

*Source: Field Survey, 2017*



The table shows the possible source of information from which adolescent boys and girls receive information on components of menarche (menstruation). In the column for boys, in a total of 38 adolescent boys, around 63% of the study population said that 'teachers' were the main source of information. Approximately 40% and 37% boys prefer to receive information from 'friend (boys)' and 'books and newspaper' respectively. It was found that 30% boys preferred on 'radio/internet' to learn about menarche. Less than and equal to 16% boys said that they receive information from their family member: mother - 16%, father – 10.5%, sister – 13.2%, brother – 8% and grandparents – 5.3%. Similarly, 10.5% boys depended on 'relatives' and 8% mentioned that they receive information from 'friend (girls)'. This finding suggests that boys learn about menarche from multiple sources and thus they have more knowledge on menarche than spermarche.

Likewise, the data in column for girls shows that, 'Mother', 'Sister' and 'Grandparents' were the source of information in their family. The percentage distributions of the very sources are around 92%, 79% and 15% respectively. 'Father' and 'brother' of adolescent girls were not the sources of information to them because there is a nil on the table. Talking about outsources of information, about 46% adolescent girls said that they receive information from 'Friend (Girls), and about 42% said they depend on 'Teacher'. Around 29% said that they depend on 'Books and newspaper' and about 8% rely on both 'Relatives' and 'Radio/Internet'.

This finding infers that boys learn about menarche from multiple sources. 'Friend (Boys)' was the main source of information for them. And they depend on outsource than their family to receive information on menarche. In terms of girl's source of information, this finding suggests that they prefer to choose their female family member, female friend and teacher to learn and share about menarche. They also depend on book and newspaper and radio/internet. Also, there is no communication with their male family members and friend (Boys) on this topic.

To conclude, regarding the sources of information on spermarche and menarche; male adolescents depends less upon female members of their family and female peers. They have discussion with their peers of same generation and limited discussion with the first generation people. And, female adolescents have people from both – first and

second generation – as their sources of information. What adolescents perceive on spermarche relies on the information they receive from the socializing agents existing their society.

## CHAPTER FIVE

### COMFORT, CONTENT AND/OF COMMUNICATION

This chapter deals with the two broad aspects namely ‘content of discussion and comfort level of adolescents while discussing about puberty’.

#### **5.1 Who comes first and last for adolescents? (Comfort level of adolescents while discussing about puberty)**

People make preferences in accordance to their needs. Likewise, adolescents also have choices with people when they have to talk about their puberty issues. As adolescent’s characters are influenced by social norms, culture, and personal experience; similarly comfort that they feel to talk with also has some relation with these social factors. Meanwhile, like the source of knowledge varies for girls and boys; preferences may also differ among adolescents when it comes to discuss about their problems. Therefore, this analysis will contribute to understand who comes first and last for adolescents whenever they have to discuss about puberty issues.

To create the top ten ranks of people, firstly, the respondent was given a table which consist a list of people with whom they interact in their day-to-day life. The list of people included their family members (grandparents, mother, father, brother, and sister), friends (boys and girls), relatives, school teacher, and health workers. After that, they were asked a question-

*‘Imagine that you have to talk with the mentioned persons about the things or issues that might disturb you. The issues may be about your teen age, problems related to menstruation, family quarrels, your physical changes, emotional changes, social changes, sex-related matters, etc. Whom would you talk with at 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th and 10th place?’*

Lastly, they were asked to rank the people in the list, keeping in mind the above question, and their comfort with those people. The rank thus developed by adolescent boys and girls was analyzed and is presented in a comparative form in the given table:

**Table 5.1 Comparative form of boy's and girl's preference**

By Adolescent Girl (n=24)	Rank	By Adolescent Boys (n=38)
<b>Mother</b>	<b>1</b>	<b>Friends (Boys)</b>
Sister	2	Brother
Friends (Girls)	3	Father
Father	4	Mother
Grandparents	5	Grandparents
Brother	6	Health Worker
Relatives and School Teacher	7	Grandparents, Sister, Relatives Friends (Girls)
School Teacher	8	Relatives
Relatives	9	School Teacher
<b>Friends (Boys)</b>	<b>10</b>	<b>Friends (Girls)</b>

Source: Field Survey, 2017

The table shows the top ten rank prepared by adolescent girls and boys. For girls, their mother is the first person with whom they interact regarding puberty issues. On the contrary for boys, their friend (boys) is the first person to contact. It also shows that friend (boys) and friend (girls) are the last resort for girls and boys respectively. If we see the other persons in first preferences for girls and boys, we can find that sister and friend (girls) comes first for girls and brother and father for boys. This reflects that adolescent girls and boys feel more comfortable with people of same sex. Also, they feel least comfortable with the people of same age and opposite sex.

### ***5.1.2 Communication pattern of adolescent with people***

The study population were also asked ‘*how often they communicate about her/his teen age issues, emotional changes, social changes, mental changes with their family members, friends, relatives, and with school teachers?*’. All of them were then asked to answer this question by selecting one from options - ‘often’, ‘occasionally’, and

‘never’. (Please see Annex I for the adolescent vs. individuals communicating status.)

## 5.2 Content Vs. People

The ‘content vs. people’ heading tries to focus on adolescent’s preference of people when they have to discuss on their issues (contents). This specific topic gives a glimpse of some inevitable situations and/or issues that an adolescent have to go through their adolescence. As the social controls, values, culture, facilitate in inter-personal and social relations of people in society; adolescent’s ability to interact with people also has some relation with these social factors. Meanwhile, like the source of knowledge varies for girls and boys; preferences may also differ among adolescents when they go through some situation and need support. Therefore, this analysis will contribute to understand whom adolescents chose to talk whenever they be in situations.

The respondent was given a list of situations (puberty issues) as a reference and was asked to mark it that reflects with whom they used to discuss about it. Options for people given to respondents were their mother, father, siblings, friends, relatives, school teachers. The reference topics presented in following table.

**Table 5.2 Reference topics**

S. No.	Reference topics
1	Physical growth and changes
2	Interest to participate in social activities
3	Boyfriend/ Girlfriend
4	Your relations with family members
5	Sex related issues (intercourse, harassment, abuse, etc.)
6	Function of genital organs of male and female human body (Breast,
7	Menstruation - signs and symptoms, hygiene management
8	Menstruation - worshipping God and cultural practices
9	Wet dreams (Nocturnal emission/night fall)
10	Sexual orientation (Lesbian, Gay, Bisexual, Transgender, Intersex)

*Source: Field Survey, 2017*

The findings of this analysis are presented in 10 tables. However for each topic, the results are presented in a comparative manner, means, the results are divided for girls and boys separately. The aim of doing this is to show girl's and boy's preference in a separate way and also to make comparisons. The total number of study population for this analysis was 62 (girls = 24, boys= 38).

**Tab. 5.2.1 About physical growth and changes**

Adolescents who discussed with his/her	Girls (n=24)	Boys (n=38)
Mother	19	11
Father	-	8
Brother	-	12
Sister	17	3
Relatives	-	-
Friends (Boy)	1	28
Friends (Girl)	11	1
School Teacher	1	5
No one	-	2

*Source: Field Survey, 2017*

If adolescents have to talk about their physical growth and changes, the table shows that girls prefers to talk about it frequently with their mother, sister, friends (girl), and very rarely with friends (boy) and their school teacher. Whereas, boys chose their mother, father, brother, sister, friends (boy), friends (girl), school teacher. It was found that majority of girls prefers their mother and a boy prefers their friends (boy) when they are in this situation. Meanwhile, two boys told that they do not talk about the topic with anyone. The result reflects that, for girls and boys, the sex of people with whom they share about this issues matters.

**Table 5.2.2 About interest to participate in social activities**

Adolescents who discussed with his/her	Girls (n=24)	Boys (n=38)
Mother	18	23
Father	18	29
Brother	10	15
Sister	13	11
Relatives	9	7
Friends (Boys)	5	16
Friend (Girls)	12	5
School Teacher	14	14
No one	-	1

Source: Field Survey, 2017

When adolescents have to share about their interest to be involved in social activities, the table shows that girls and boys prefers to talk about it with all the people they are in day-to-day interaction. They chose their mother, father, brother, sister, relatives, friends (girl), friends (boy) and school teacher. However, one response from boys' side shows that he does not share about it with anybody. The result reflects that adolescents do not feel any problem sharing this with all.

**Table 5.2.3 About Boyfriend/Girlfriend**

Adolescents who discussed with his/her	Girls (n=24)	Boys (n=38)
Mother	3	8
Father	1	4
Brother	5	17
Sister	16	15
Relatives	1	2
Friends (Boys)	4	27
Friend (Girls)	16	9
School Teacher	2	-
No one	4	7

Source: Field Survey, 2017

If adolescents have to share about their relation with opposite sex i.e. boyfriend and girlfriend, the table shows that girls and boys talk about it with all the people they are in day-to-day interaction. However, majority of girls prefers to share it with their sister and friends (girl) only, and boys with their friends (boy) only. Meanwhile, about half of the boys also share with their brother and sister as well. Four girls and seven boys said that they do not share about it with anybody. The result reflects that female adolescents in this situation feel more comfortable with their friends (girls) and sister and boys with their friend (boys) and siblings only.

**Table 5.2.4 About their relations of family members**

Adolescents who discussed with his/her	Girls (n=24)	Boys (n=38)
Mother	17	18
Father	11	17
Brother	7	21
Sister	12	14
Relatives	2	8
Friends (Boys)	-	17
Friend (Girls)	12	7
School Teacher	1	6
No one	1	7

*Source: Field Survey, 2017*

At times when adolescents have to share about their relation of family members, the table shows that majority of girls prefer to share it with their family members and friends (girl). Meanwhile, boys share this with all. Limited number of girls share with their relatives and school teacher. One girl and seven boys said that they do not share about it with anybody. The result reflects that girls and boys talk about it with almost all people around them. However, none of girls mentioned that they share this matter with their friends (boy) whereas almost half boys said that they talk with friend (girls)



on this matter.

**Table 5.2.5 About sex related issues (intercourse, harassment, abuse, etc.)**

Adolescents who discussed with his/her	Girls (n=24)	Boys (n=38)
Mother	13	1
Father	-	2
Brother	1	3
Sister	15	-
Relatives	-	-
Friends (Boys)	-	18
Friend (Girls)	12	1
School Teacher	2	1
No one	2	16

*Source: Field Survey, 2017*

The table shows communication trend of girls and boys when adolescents have to learn and talk about sexual harassment, abuse and intercourse. Majority of girls prefers to share it with females; their mother, sister and friends (girl) only. None of girls shared this matter with their father, relatives and friends (boy). Very low number of girls told that they share it with their brother and school teacher. Similarly, around half of the boys prefer to talk about it with their friends (boy) only. Very low number of boys told that they share it with their family members, friends (girl) and school teacher. No boy told that they discuss about it with their sister and relatives. Two girls and 16 boys said that they do not share about it with anybody. The result reflects that girls in this situation feel more comfortable with female (mother, sister and their friends (girl)) whereas boys feel more comfortable with their friends (boy) only.

**Table 5.2.6 About function of genital organs of male and female human body  
(Breast, Vagina, Penis)**

Adolescents who discussed with his/her	Girls (n=24)	Boys (n=38)
Mother	12	-
Father	-	-
Brother	-	4
Sister	9	-
Relatives	-	-
Friends (Boys)	1	21
Friend (Girls)	9	-
School Teacher	6	6
No one	6	14

*Source: Field Survey, 2017*

The table shows adolescent's nature when they have to learn and talk about role of genital organs in a male and a female human body. Majority of girls prefers to share it with their mother, sister and friends (girl) and school teacher. None of girls told that they talk this matter with their father, brother, and relatives. Only one girl told that she share it with friends (boy). Similarly, more than half of the boys prefers to talk about it with their friends (boy) only. Very few number of boys told that they share it with their brother and school teacher. No boy told that they discuss about it with their mother, father, sister, relatives and friends (girl). Six girls and 14 boys said that they do not share about it with anybody.

The result reflects that girls in this situation feel more comfortable with female (mother, sister and their friends (girl)) whereas boys feel more comfortable with their friends (boy) only. Also, equal number of girls and boys interact with their school teacher in this matter.

**Table 5.2.7 About menstruation - signs and symptoms, hygiene management**

Adolescents who discussed with his/her	Girls (n=24)	Boys (n=38)
Mother	18	7
Father	-	1
Brother	-	1
Sister	14	4
Relatives	-	-
Friends (Boys)	-	1
Friend (Girls)	10	7
School Teacher	2	2
No one	-	18

*Source: Field Survey, 2017*

At times when adolescents have to talk about symptoms and hygiene management during menstruation, the table shows that girls and boys talk about it with different people around them. Majority of girls prefers to share it with their mother, sister and friends (girl). None of girls told that they talk this matter with their father, brother, relatives and friends (boy). Only two girl told that they share it with school teacher. Likewise, very few number of boys told that they talk about it with their mother, father, brother, sister, friends (boy and girl) and school teacher. No boy told that they discuss about it with their relatives. 18 boys said that they do not discuss about it with anybody.

The result reflects that girls in this situation feel more comfortable with female (mother, sister and their friends (girl)) whereas boys feel better when they do not talk about it. Also, equal number of girls and boys interact with their school teacher in this matter.

**Table 5.2.8 About menstruation - worshipping God and cultural practices**

Adolescents who discussed with his/her	Girls (n=24)	Boys (n=38)
Mother	14	8
Father	2	5
Brother	-	-
Sister	8	1
Relatives	2	-
Friends (Boys)	-	1
Friend (Girls)	9	1
School Teacher	2	1
No one	4	18

*Source: Field Survey, 2017*

At times when adolescents have to talk about cultural practices related with menstruation, the table shows that girls and boys talk about it with different people around them. More than half of girls prefer to share it with their mother. They also talk with their sister and friends (girl). None of girls told that they talk this matter with their brother and friends (boy). Only two girls told that they share it with father, relatives and school teacher. Likewise, very few number of boys told that they talk about it with their mother and father. Only one boy told that he talk about it with sister, friends (boy and girl) and school teacher. No boy told that they discuss about it with their brother and relatives. Four girls and 18 boys said that they do not discuss about it with anybody.

The result reflects that girls in this situation feel more comfortable with female (mother, sister and their friends (girl)) whereas boys feel better when they do not talk about it.

**Table 5.2.9 About wet dreams (Nocturnal emission/night fall)**

Adolescents who discussed with his/her	Girls (n=24)	Boys (n=38)
Mother	4	4
Father	-	1
Brother	-	6
Sister	4	-
Relatives	-	-
Friends (Boys)	-	25
Friend (Girls)	3	3
School Teacher	5	1
No one	10	8

*Source: Field Survey, 2017*

If adolescents have to talk about wet dreams, the table shows that girls and boys talk about it with different people around them. Majority of girls prefers not to share it with any person. Meanwhile, very few of them talk about it with their mother, sister, friends (girl) and school teacher. No girls mentioned that they interact about it with their father, brother, relatives and friends (boy). Likewise, more than half of boys said that they talk about it with their friends (boy). However, the result also shows that very few boys talks about it with their mother, father, brother, friends (girl) and school teacher. Eight boys told that they do not share about it with anybody. The result reflects that adolescent girls in this situation feel more comfortable if they do not talk about it whereas, boys prefer their friends (boy) to talk about it.

**Table 5.2.10 About sexual orientation (Lesbian, Gay, Transgender, Intersex, Bisexual)**

Adolescents who discussed with his/her	Girls (n=24)	Boys (n=38)
Mother	4	1
Father	2	1
Brother	-	1
Sister	4	-
Relatives	-	-
Friends (Boys)	-	8
Friend (Girls)	5	2
School Teacher	1	-
No one	12	25

*Source: Field Survey, 2017*

If adolescents have to talk about people's sexual orientation, the table shows that majority of girls and boys prefer not to talk with anyone. Very few of girls talk about it with their mother, father, sister, friends (girl) and school teacher. No girls mentioned that they interact about it with their brother, relatives and friends (boy). Likewise, few boys prefer to talk about it with their friends (boy). However, the result also shows that very few boys talks about it with their mother, father, brother, and friends (girl). No boys mentioned that they interact about it with their sister, relatives and school teacher. The result reflects that adolescent in this situation prefer either to talk with their peer of same sex or to be silent.

# **CHAPTER SIX**

## **SUMMARY AND CONCLUSIONS**

### **6.1 Summary**

‘Social construction of puberty in adolescent boys and girls - knowledge, content and comfort level of discussion’ was a descriptive cross-sectional study. This study intended to assess the knowledge of adolescent boys and girls about puberty, to assess the content of discussions they have regarding puberty and their comfort level while communicating puberty issues with their fathers, mothers, siblings, friends, relatives, teachers and health workers.

The objectives of this study were to find what, when, where, how, and from whom adolescent girls and boys get information, and with whom they talk about puberty comfortably so that social construction of puberty in adolescents could be understood. Secondary School girl and boy students of age 13 years to 19 years attending the school named Om Secondary School was recruited purposively into this study as the respondent. The school is located at Katunje VDC of Suryabinayak Municipality of Bhaktapur District. The data collected and analysed in the study were quantitative in nature. Few qualitative data (for e.g. question no. 1.4) were listed, analysed and presented in quantitative form. The source of data is purely a primary one. Student of grade 8 and 9 of Om Secondary School and present at the day of assessment was the unit of analysis. The students were given a questionnaire to complete which then was analysed to portrait the knowledge and socio-cultural practices of in-school adolescents towards puberty. The data analysis included interpretation of the quantitative and qualitative data gathered from the field research.

The finding of the knowledge section of the study reveals that adolescents have fare enough knowledge on the puberty issues. Much (96.8%) of the respondents were aware that adolescents face social, physical, mental and emotional changes during puberty, and they belong to 10-19 age group distinguished by the WHO. Almost 50% were also acquainted with the social rituals organised for adolescents in their family - society. About knowledge on spermarche, the finding reflects that adolescents lack

some basic knowledge of puberty in boys. However, they unknowingly had some knowledge on components of spermarche - wet dreams and masturbation. Similarly, about the knowledge on menarche, it was found that more than half of students have understood menstruation as puberty in a girl; even though menstruation is just one of the major components of puberty in girl.

The two major sources of information for boys on spermarche were their friends (boys) (67.7%) and teacher (50%), and the two sources for the least information for boys were sister (1.6%) and friends (girls) (3.2%). Teacher (66.1%) and books and newspaper (37.1%) were the major source of information for boys on menarche whereas father (8.1%) and relatives (6.5%) were the two sources for the least information. Likewise, on spermarche, the two major sources of information for girls were friends (girls) (54.8%) and teacher (53.2%) and the two sources for the least information for girls were father (1.6%) and brother (1.6%). On menarche, mother (80.6%) and teacher (48.4%) were the major source of information for girls and father (1.6%) and relatives (6.5%) the source for the least information on it.

On the assessment of content of discussion on puberty issues, the study found that some adolescents do discuss with their mother, father, siblings, friends, relatives, school teachers and some do not. Out of those who discusses on the given general topics related with puberty and adolescence, the brief of the findings are: for girls and boys, the sex of people with whom they share about this issues matters while they discuss about 'Physical growth and changes'. On 'Interest to participate in social activities', the result reflects that adolescents do not feel any problem sharing this with all. While discussing about 'Boyfriend/ Girlfriend' it was found that average of 66.7% adolescents girls in this situation feel more comfortable with their friends (girls) – 66.7% and sister – 66.7%; and average of 52% boys with their friend (boys) – 71% and siblings (45% sister, 39.5% brother) only.

On the state of discussing on 'Your relations with family members' the result reflects that average of 21% girls and 25% boys talk about it with almost all people around them besides their family member. However, none of girls mentioned that they share this matter with their friends (boy) whereas 45% boys said that they talk with friend (girls) on this matter. To talk about 'Sex related issues (intercourse, harassment,



abuse, etc.)', it was found that about 56% of girls feel more comfortable with female (mother – 54.2%, sister – 62.5% and their friends (girl) – 50%) whereas 47.3% boys feel more comfortable with their friends (boy) only. About 42% boys do not talk about it with anyone. In the situation to talk about 'Function of genital organs of male and female human body (Breast, Vagina, Penis)' it was found that average of 42% girls in this situation feel more comfortable with female (mother – 50%, sister – 37.5% and their friends (girl) – 37.5%) whereas 55.2% boys feel more comfortable with their friends (boy) only. Also, equal in number of girls (25%) and boys (16%) interact with their school teacher in this matter. About 37% boys do not talk about it with anyone.

On 'Menstruation - signs and symptoms, hygiene management', the result reflects that average of 58.3% girls in this situation feel more comfortable with mother, and female (mother - 75%, sister – 58% and their friends (girl) – 42%) whereas 47.3% boys feel better when they do not talk about it. Also, equal in number of girls (8.3%) and boys (5.3%) interact with their school teacher in this matter. To talk about 'Menstruation - worshipping God and cultural practices' it was found that average of 43% girls in this situation feel more comfortable with female (mother – 58.3%, sister – 33.3% and their friends (girl) – 37.5%) whereas 47.3% boys feel better when they do not talk about it, and 21% boys talk about it with their mother.

On discussing about 'Wet dreams (Nocturnal emission/night fall)' the finding reflects that 41.7% adolescent girls in this situation feel more comfortable if they do not talk about it whereas, 65.8% boys prefer their friends (boy) to talk about it. On 'Sexual orientation (Lesbian, Gay, Bisexual, Transgender, Intersex)', the result reflects that adolescent in this situation prefer either to talk with their peer of same sex (21% m and 20.8% f) or to be silent (65.8% m and 50% f).

On the assessment of "who comes first and last for adolescent in terms of comfort of adolescents while discussing about puberty?", from the ranking table prepared by the respondents reflects that adolescent girls and boys feel more comfortable with people of same sex. Also, they feel least comfortable with the people of same age and opposite sex. The above mentioned findings on 'source of information' section of this study also support this result.

## 6.2 Conclusions

This thesis sums up that adolescents have fair knowledge on spermatarche and much knowledge on menarche; and they are familiar to the social rituals set for adolescents. Boys depend mostly on outsource and male friends to be informed about the spermatarche and menarche. In terms of girl's source of information on spermatarche and menarche, they depend mostly on their female family member (mother and sister) and outer source: friends (girls), teachers, book and newspaper, and radio/internet. Also, there is no communication with their male family members on this topic. This scenario of knowledge on puberty of adolescents is due to the established social values in the society.

Adolescent girls discuss on mostly on the topics related with girl's physical and mental changes, functions of genital organs of male and female body, and components of menarche with their female member of family and with their female peer. On the contrary, adolescent boys discuss these topics mostly with their male peer and less with their male members of family. About the social changes adolescent boys and girls discuss it almost with everyone. On components of spermatarche and sexual orientation, adolescent girls generally prefer not to discuss with any one, but if they do, then they do it with their peer. Similar is the case for adolescent boys on these topics. It was found that adolescent boys and girls talk about it in the school – in health education class. When it comes about talking about the 'boyfriend/girlfriend' topic, the thesis concludes that adolescent adolescents girls in this situation feel more comfortable with their friends (girls) and sister; and boys with their friend (boys) and siblings only. This practice of adolescents seems to be directly related with the social relationship of individual.

Adolescent girls feel more comfortable with their mother, sister and friend (girls) and adolescent boys feel more comfortable with friend (boys). The social structure of communication pattern may have contributed in this result.

### **6.3 Recommendations for Further Research**

Few things that came into the realisation of the researcher after doing the works for development of this thesis - from the initial days of proposal writing and till the period of report writing - are:

1. Including more qualitative method to conduct the study
2. Including more schools and hence more no. of adolescents so that another method of sampling could be done.

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## ANNEX

### ANNEX -1: COMMUNICATION - ADOLESCENTS AND OTHERS

**Table 5.1.2.1 Respondent's Communication with Father**

Communication with Father	Boys (n=38)		Girls (n=24)	
	N	Percent	N	Percent
Often	1	2.6	-	-
Occasionally	7	18.4	5	21
Never	30	80	19	79
Total	38	100	24	100

*Source: Field Survey, 2017*

**Table 5.1.2.2 Respondent's Communication with Mother**

Communication with Mother	Boys (n=38)		Girls (n=24)	
	N	Percent	N	Percent
Often	5	13.2	17	70.8
Occasionally	6	15.8	7	29.2
Never	27	71	-	-
Total	38	100	24	100

*Source: Field Survey, 2017*

**Table 5.1.2.3 Respondent's Communication with Brother**

Communication with Brother	Boys (n=38)		Girls (n=24)	
	N	Percent	N	Percent
Often	11	29	1	4.2
Occasionally	11	29	6	25
Never	7	18.	14	58.3
Total	29	76.3	21	87.5
Missing	9	23.7	3	12.5

*Source: Field Survey, 2017*

**Table 5.1.2.4 Respondent's Communication with Sister**

Communication with Sister	Boys (n=38)		Girls (n=24)	
	N	Percent	N	Percent
Often	1	2.6	15	62.5
Occasionally	5	13.2	4	16.7
Never	28	73.7	2	8.3
Total	34	89.5	21	87.5
Missing response	4	10.5	3	12.5

*Source: Field Survey, 2017*

**Table 5.1.2.5 Respondent's Communication with Friends**

Communication with Friends	Boys (n=38)		Girls (n=24)	
	N	Percent	N	Percent
Often	23	60.5	16	66.7
Occasionally	12	31.6	7	29.1
Never	2	5.3	1	4.2
Total	37	97.4	24	100
Missing response	1	2.6	-	-

*Source: Field Survey, 2017*

**Table 5.1.2.6 Respondent's Communication with Relatives**

Communication with Relatives	Boys (n=38)		Girls (n=24)	
	N	Percent	N	Percent
Often	1	2.6	1	4.2
Occasionally	4	10.5	4	16.7
Never	32	84.2	19	79
Total	37	97.4	24	100
Missing response	1	2.6	-	-

*Source: Field Survey, 2017*



**Table 5.1.2.7 Respondent's Communication with School teacher**

Communication with School Teacher	Boys (n=38)		Girls (n=24)	
	N	Percent	N	Percent
Often	4	10.5	2	8.3
Occasionally	16	42.1	12	50
Never	17	44.7	10	41.7
Total	37	97.4	24	100
Missing response	1	2.6	-	-

*Source: Field Survey, 2017*

## ANNEX -2: QUESTIONNAIRE

### Informed consent

Namaste! I am **Ms. Anu Gomanju**. I am a student of Masters in Sociology in the Central Department of Sociology at Tribhuvan University of Nepal. The topic of my research is **“Social construction of puberty in adolescents: An analysis of knowledge, content and comfort”**. The objective of this study is to find out what, when, how and from whom adolescent girls and boys get information, and with whom they talk about puberty comfortably so that social construction of puberty in adolescents could be understood. Therefore, I am here in Om Secondary School - Bhaktapur to collect some information about your knowledge and practice regarding puberty (adolescence), which we normally sometimes understand as teen age. I have asked some questions related with these sectors, and I hope you will provide the real information. Your personal information and the information which you shall provide will be kept confidential and will not be disclosed with other than above mentioned objective. There are questions in total and it will take about 25 – 30 minutes to fill it up.

Are you willing to take part in this research?

Yes, I am.

No, I am not.

Date: .....

(Note: If you are not ready to participate in it, you can return this questionnaire to the researcher.)

---

### **Things to remember while filling up the form.**

- Circle the probable answer for each questions
- For the questions where there is no options to choose, please write the answer in your own word and with a clear handwriting.
- Questions with the \* sign have multiple answers, thus you can circle as many options as your answer.

**Questionnaire on**  
**“Social construction of puberty in adolescents: An analysis of**  
**Knowledge, Content and Comfort”**

*Section A: Socio-demographic and family characteristics*

S. No.	QUESTIONS	ANSWERS
1	Age of respondent	..... <i>Years</i>
2	Sex of respondent	<i>1. Male</i> <i>2. Female</i> <i>3. Other</i>
3	In which grade do you study?	<i>1. Grade 8</i> <i>2. Grade 9</i>
4	What is your religion?	<i>1. None*</i> <i>2. Hinduism</i> <i>3. Christianity</i> <i>4. Muslim</i> <i>5. Buddhism</i> <i>6. Other (Specify)</i> .....
5	Which caste do you belong to? (your surname)	.....
6	Does the society you live have people from different caste and religion?	<i>1. Yes</i> <i>2. No</i>
7	Do you have grandparents in your family?	<i>1. Yes</i> <i>2. No</i>
8	Does your father live in the same household with you?	<i>1. Yes</i> <i>2. No</i>





2.7 Adolescent **GIRLS** generally receive information about wet dreams and masturbation from:\*

- a. No one
- b. Grandparents
- c. Mother
- d. Father
- e. Sister
- f. Brother
- g. Relatives
- h. Friends (girls)
- i. Friends (boys)
- j. Teachers
- k. Books and newspaper
- l. Radio/Internet

**3. Question related to menarche**

3.1 The onset (start) of puberty in girls is called:

- a. Menarche
- b. Menstruation
- c. Masturbation
- d. Spermarche
- e. Don't know

3.2 After the start of puberty in girls, she will now be able to produce ovum and become a mother.

- a. True
- b. False
- c. Not sure
- d. Don't know

3.3 Please list any four physical changes that occurs during adolescence in female

- a. ....
- b. ....
- c. ....
- d. ....

3.4 What do you mean by menstruation?

- a. A biological process
- b. Health problem in female
- c. Don't know

3.5 What is the reason behind menstruation?\*

- a. Growing ages in female
- b. Hormones
- c. Curse from God
- d. Being physically ready to become a mother
- e. Others.....

3.6 Menstrual blood flows from:

- a. Fallopian tube
- b. Uterus
- c. Vagina

*d. Ovary*

*e. Don't know*

3.7 Adolescent **GIRLS** generally receive information about menstruation before its onset from:\*

*a. No one*

*b. Grandparents*

*c. Mother*

*d. Father*

*e. Sister*

*f. Brother*

*g. Relatives*

*h. Friends (girls)*

*i. Friends (boys)*

*j. Teachers*

*k. Books and newspaper*

*l. Radio/Internet*

3.8 Adolescent **BOYS** generally receive information about menstruation from:\*

*a. No one*

*b. Grandparents*

*c. Mother*

*d. Father*

*e. Sister*

*f. Brother*

*g. Relatives*

*h. Friends (girls)*

*i. Friends (boys)*

*j. Teachers*

*k. Books and newspaper*

*l. Radio/Internet*

3.9 Do you think menstruation is a matter to be proud of (or a matter of dignity)?

*a. Yes*

*b. No*

*c. Never thought about it*

*d. Don't know*

**Section C: Questions related to comfort level of adolescents while they discuss about puberty**

4.1 How often do you discuss about teen age issues, problems, physical changes, emotional changes, social changes, mental changes, with your.....? (Please circle any one answer for each heading)

<b>Father</b>	<b>Mother</b>	<b>Brother</b>	<b>Sister</b>	<b>Friends</b>	<b>Relatives</b>	<b>School Teacher</b>
1. Often	1. Often	1. Often	1. Often	1. Often	1. Often	1. Often
2.	2.	2.	2.	2.	2.	2.
Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally
3. Never	3. Never	3. Never	3. Never	3. Never	3. Never	3. Never

4.1.1 Why have you selected option 1/ 2/ 3 for father?

*Because*.....  
 ...

4.1.2 Why have you selected option 1/ 2/ 3 for mother?

*Because*.....  
 ...

4.1.3 Why have you selected option 1/ 2/ 3 for brother?

*Because*.....  
 ...

4.1.4 Why have you selected option 1/ 2/ 3 for sister?

*Because*.....  
 ...

4.1.5 Why have you selected option 1/ 2/ 3 for friends?

*Because*.....  
 ...

4.1.6 Why have you selected option 1/ 2/ 3 for relatives?



*Because*.....

...

4.1.7 Why have you selected option 1/ 2/ 3 for school teacher?

*Because*.....

...

4.5 Imagine that you have to talk with the below mentioned persons about the things or issues that might disturb you. The issues may be about your teen age issues, problems related to menstruation, family quarrels, your physical changes, emotional changes, social changes, sex-related matters, etc. Whom would you talk with at 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> place?

(Please give numbers from 1 to 10 in the RANKING column)

<b>S. No.</b>	<b>Comfortable with</b>	<b>Ranking</b>
1	Grandparents	
2	Mother	
3	Father	
4	Brother	
5	Sister	
6	Relatives	
7	Friends (Boys)	
8	Friends (Girls)	
9	School teacher	
10	Health workers	



8. Menstruation - worshiping God and cultural practices									
9. Masturbation									

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