Annotated Bibliography of Early Puberty Development and Risk Factors for Girls

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CHLD 354

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**1. The Interactive Effects of Puberty and Peer Victimization on Weight Concerns and Depression Symptoms Among Early Adolescent Girls**

In this empirical study, researchers made three hypotheses regarding this topic. Hypothesis one stated that more physical mature girls will experience more peer victimization. Hypothesis two stated that there will be main effects for pubertal status (more advanced pubertal status will be related to more internalizing symptoms) and peer victimization (higher rates of peer victimization will be related to more internalizing symptoms). Hypothesis three stated that there will be interaction effects between pubertal status and peer victimization. That is, girls at varying stages of pubertal development who report the same rates of peer victimization will display significant difference in internalizing symptoms. A survey of 261 sixth grade girls at two Northern California middle schools (grades 6-8) provided data for analysis. Ethnicities were 32% Caucasian (white); 30% Hispanic (Latina and Mexican-American); 13% Asian (Korean, Vietnamese, Japanese/Japanese-American, and Chinese/Chinese-American); 13% Pacific Islander (Filipino and Pacific Islander); and 13% Other (African-American, American Indian/Native American, Asian Indian, and other). Several questionnaires were conducted on participants covering areas of weight concerns, depression symptoms, peer victimization, pubertal status, and height.

Results show that more physically mature girls reported greater victimization and lack of pro-social treatment. Adolescents who mature early rather than late are at greater risk for negative psychological outcomes because early maturation shortens the time in which an individual may adjust and assimilate to the new challenges of adolescence**.** The more physically mature girls reported the greatest weight concerns and depression symptoms when experiencing higher rates of victimization in comparison to their less physically mature peers. The interaction between pubertal status and victimization was significant for both depression symptoms and weight concerns. (Compian, L., et al. (2009).

**2. The Family Context in Middle Childhood**

The environment the family creates plays a role in the timing of puberty in young girls. Research has shown that the presence of a the biological father, a secure family connection, less family conflict, good teen-parent communication, parents monitoring children closely, strong parental attachment and making healthy food choices available are all important factors in reducing early puberty.

Parents actually being in the home, the communication level parents have with their children as well as the lack of family drama is extremely important in a shaping a healthy environment for a child. When parents get involved and show concern with what their children are doing it creates a warm, secure environment and lessens the likely for them to begin puberty early. This article states that mothers are more likely than fathers to introduce and communicate with their children about sex-related topics. This strong communication is so effective that it can largely influence when their children actually begin sexual endeavors.

Parents interviewed in this article, stated that as long as their child was not hungry then that was all that mattered in ensuring that they grew properly. On the contrary, a healthy diet effects puberty. Obesity is one of the leading causes in early maturation of puberty. Parents should model good eating habits, make healthy foods available to their children and educate themselves on proper nutrition for their children. (Zembar et al., 2010)

**3. The falling age of puberty in U.S. girls: What we know, What we need to know**

(nonempirical article)

In this literature review, Sandra Steingraber examined past and current researching regarding early puberty in U.S. girls. Girls today are beginning their menstruation on average a few months earlier than before. This study has showed that breast cancer is a known risk for this population. If a young girl starts her menstruation before the age twelve her chances of breast cancer will increased to 50%. The increase of estrogen and longer exposure also increase their risk. Three key findings are protecting our children from environment toxins, knowing that children who start their menstruation early have multiple possibilities of consequence which may depend child to child and last but least addressing the importance of research and proving this information to the communities on early puberty.

**4. A prescription drug prevention program: SUPPERLIN LA (website)**

On this website SUPPERLIN LA is described as an FDA approved drug used to treat Central Precocious Puberty (CPP). It was designed to help children stop the progression into early onset puberty. The medicine released stops the chemical signal of gondatopin-releasing hormone (GnRH) to the pituitary gland. This type of treatment is an insertion of a small tube into the child’s arm and releases 65 mcg of histerlin acetate per day over a 12 month period. After 12 months the drug needs to be removed, and after discussion with a doctor a new one may be reinserted to continue to stop the start of puberty. On average the stop of  use for SUPPERLIN LA is around ages 11 for girls and 12 for boys.

  After the insertion, it is common for puberty symptoms to increase for the first two weeks, but signs of puberty stopping should occur after a month of use. The drug is states that it issuccessful in stopping puberty; however, side effects such as migraines, influenza-like symptoms, benign pituitary tumors and other side effects may occur. The cost of SUPPERLIN LA may be absorbent for some, so the company has a "Shares" and a "Shares Plus" program that can help offset insurance co-pays to make the drug more accessible for use.

Parents can benefit from this program because they can use it to stop the early onset of puberty for their child. Counselors and teachers can benefit from knowing about treatments such as SUPPERLIN LA to inform parents that there are ways to stop CPP so that their child can develop at an average age, and develop through a normal amount of childhood. If adults surrounding the child who is having symptoms of CPP are aware of treatment options, the child has a better chance of stopping the progression early. Children benefit from this program because they have an opportunity to stop early puberty and prevent risk factors that come along with CPP.

This drug states that it is effective, but like any drug should be discussed with the child’s physician before deciding on using SUPPERLIN LA. The site doesn’t give an exact price on the treatment so it’s hard to say if it’s truly accessible to many people, even after utilizing the “Shares” programs, but over 12,000 implants have been used in the past five years. Based on the information provided from the website, I would say that it’s a viable option for parents to consider for their child (2012).

Reference

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