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Risky, early, controversial. Puberty in medical discourses

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ABSTRACT

This article comes within the compass of a research program (entitled *CorAge. Bodily Experiences and AgePassages among 9–13 year-olds* (ANR-09-ENFT-017) conducted between 2009 and 2013 about the emergence of a “new” age in life – “preadolescence” – as instanced in France (Alsace, Lorraine) and Italy (Venetia). The impressive amount of references to “early puberty” and “precocious puberty”, in a context of feeling of a premature end of childhood, led us to make an in-depth study of this issue: first, through an analysis of international and French and Italian medical journals; second, through interviews with health professionals. Following the thesis of Foucault, we assume that the discourses on puberty timing participate of classifications of the child body drenched with moral representations of childhood, especially on gender and age issue. Our results: the question of whether a secular trend in puberty timing even exists continues to be debated between American and European scientists. Second, the terms “puberty”, “precocious puberty”, “early puberty” have been used to indicate a variety of puberty markers, increasing confusion. A controversy has focused on early breast development in girls, because this attribute is questioning the order of ages and gender. Moreover, psychosocial factors presented as accelerating early puberty, do not demonstrate the relation between earliness and risk behavior. The literature, as it is moved by the female precocity, creates a medical category to objectify the complex and flexible process of puberty and invent female child precocity. These differences between American and European scholars and the interviews with French and Italian health professional show a gap between the international literature and practitioners, clinicians and nurses who regularly work with children: they neither find pubertal advancement, nor increase of “true precocious puberty”, although they share concerns about premature feminization of girls (France) or environmental toxicity (Italy) on children.

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1. Introduction

This article comes within the compass of a research program conducted between 2009 and 2013 on the subject of the emergence of a “new” age in life – preadolescence – as instanced in France and Italy. The program entitled *CorAge. Bodily Experiences and Age Passages among 9–13 year-olds* (ANR-09-ENFT-017) studies and questions the representations and practices of the different types of social actors concerned by children in this age group: parents, the peers, professionals in the education and health sectors. The study centers on three regions geographically close as well as comparable in socio-economic terms: Alsace, Lorraine and Venetia (Diasio & Vinel, 2014). This article focuses on the health and medical aspects of the *CorAge* project: the controversy on both the average

onset of puberty and precocious puberty (when children show the development of sexual traits before the age of 8 for girls and 9 for boys).

2. From childhood to adolescence: the state of the art

The state of the art on the passage from childhood to adolescence has highlighted two trends. Some scholars focus on a broad floating among ages (Meyrowitz, 1985; Galland, 2008), a shortening of childhood and an earlier entry into adolescence concomitant with the consumption of products looked at with ambiguity (Buckingham, 2000; Cook and Kaiser, 2004; Bouchard and Bouchard, 2003). The feeling of a premature end of childhood is amplified by the public agencies in a number of countries in Europe and North America through reports on the early sexualization of children – above all, girls (Duquet and Quiéniart, 2009; Bailey, 2011; Jouanno, 2012). Other sources, such as the international

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medical data bases and articles on puberty in the French and Italian press, show that “puberty” is frequently associated with the terms “precocious” and “risk”.

The impressive amount of references to “precocious puberty” led us to make an in-depth study of this issue. This article presents the results of our inquiry.

Our aim is first to determine what is considered as “normal” and “abnormal” in terms of puberty, and whether the knowledge about puberty is consolidated or under debate. Michel Foucault’s (1999) concepts of normalization will be called on in this article to show how the set of discourses on puberty timing and early puberty participate of classifications of the child body drenched with moral representations of childhood.

We shall then examine the risks and diseases highlighted in medical publications in connection with the early onset of puberty and precocious puberty. We shall not be charting the reality of early puberty or the increasingly young age at which precocious puberty occurs, nor embarking on an exhaustive analysis of the international literature on puberty; rather, drawing on a specifically selected sample of publications, our focus will be on the anthropological issues arising from inquiry into precocious puberty today, more particularly among young girls. Our last section will focus on showing and interpreting the contrast between the danger warnings put out in medical literature and the lack of concern among the practitioners we met in France (Alsace, Lorraine) and Italy (Venetia).

The article follows the works of Corsaro (1997), James and Prout (1990, 1998), Armstrong (1995), Moulinié (1998), Turmel (2008), Diasio (2012): these scholars reveal how the development steps of childhood are but historical, social and medical constructions – which denaturalize the child timings. It also draws on a critical approach to science and biomedicine, and shows that, in time and place, theories are not compelling only by virtue of their objective scientific truth alone, but also by their interrelationship with factors deriving from social and historical conditions (Foucault, 1976; Callon and Latour, 1991; Bourdieu, 1997; Fabiani, 1997; Lock and Nguyen, 2010). Critical social science perspectives show how gendered representations of the masculine and feminine have determined not only the objects of research and the imagery and style of writing, but also the scientific and medical results (Martin, 1992, 2007; Laqueur, 1990; Kraus, 2000; Gardey & Löwy, 2000). The social sciences have endeavored to deconstruct past and present medical representations of a number of physiological changes experienced by women: menopause (Kaufert and Gilbert, 1986; Lock, 1993; Diasio & Vinel, 2007), pre-menstrual syndrome (Martin, 1992), pregnancy (Löwy, 2009; Neiterman, 2010). Puberty among girls has been mainly treated in terms of menarche: whereas cultural and historical representations of menarche are well documented (Chebel, 1984; Britton, 1996; Brumberg, 1997; Fingerson, 2005; Mardon, 2009), publications on the male experiences and representations of puberty in Europe and North America are wanting (Mora, 2012). As a consequence, little research has been carried out in the social sciences on medical and epidemiological descriptions of puberty or on health care for pubertal children (Roberts, 2013; Cozzi, 2013, 2014; Vinel, 2014b). A further aim of this article is to help redress this balance.

3. Sample and methods

The documentary research into the medical literature dealing with the early onset of puberty has been carried out by phases. During the exploratory phase, we used key-words to look through the following medical databases: Scopus, eMedicine, Medline and the Directory of Open Access Journals (DOAJ). The period under examination was from 1969 (the year of publication of Marshall and

Tanner’s reference article on the stages of pubertal development among girls: Marshall and Tanner, 1969) to 2009. As our searches progressed, we got aware of the degree of controversy surrounding the timing of puberty onset: this prompted us to create an anthology of articles published on the subject in the journal *Pediatrics* between 1997 (the year of publication of a controversial article on early puberty, Herman-Giddens et al., 1997) and 2012. The anthology resulted from both individual and joint full reading and analysis of such articles. With regard to French sources, our starting point was the INSERM report *Croissance et puberté. Evolution séculaire, facteurs environnementaux et génétiques (Growth and Puberty. Secular Trends, Environmental and Genetic Factors, 2007a)* together with its abridged version (2007b). Then we created an annotated bibliography based on specialist journals on health, such as *Archives de Pédiatrie* (2005–2010) and *Soins Pédiatrie/puériculture* (2005–2009). A systematic web exploration by key-words through the search engine *egora-doc* (2005–2010) produced a further 11 articles. As for the Italian medical journals we referred to: the *Italian Journal of Pediatrics, Quaderni ACP, Medico ebambino, Pediatria*. From these, we kept 10 articles for analysis. The 110 selected articles deal with: the timing and stages of pubertal development and menarche onset; discussions on the increasingly early age of puberty onset; causes and effects of precocious puberty, along with the social and psychological dimensions. We also checked the pertinence of our international medical and epidemiological references against the article by Parent et al. (2003) and Euling’s compilation (Euling et al., 2008). Following this phase, we carried out both semi-directive and group interviews with 61 health professionals in Alsace, Lorraine and Venetia: our interviewees represented a mix of branches in the health sector, and included both men and women working in different locations (both urban and rural areas) and types of organization. The aim of our survey was to meet professionals working with children aged 9–13 in a context lacking in anthropological and sociological studies on the medical assistance during puberty in France and Italy. In East France, we carried out semi-structured interviews with 22 among general practitioners, medical specialists (endocrinologists, pediatricians, psychiatric consultants), school nurses and social workers. The focus-group included 17 among general and school practitioners, recruited through the professional directories of Alsace and Lorraine. In Venetia, the focus group and the single contact involved 22 among medical specialists, psychologists and social workers recruited at the Local Sanitary Unit (ASL) of Venice, Belluno and Feltre: the last two are located in an Alpine area. After a preliminary phone contact, all the professionals agreed to be recorded and have their comments published anonymously. Ethical approval for research was obtained.

The 61 interviews were processed through Nvivo® (8th edition), a qualitative data analysis computer software that organizes non numerical or unstructured data. A multiple close reading of all interviews generated a code that recorded puberty and developmental precocity, the relations between professionals and child patients, and the children bodily appearance. In addition, we examined variations within and across groups, and we compared the responses by position in the medical hierarchy (general practitioners/hospital endocrinologists, school nurses/pediatricians) and by gender.

Medical and health care in France and Italy are organized along different lines: in France, children up to 6 years of age have their compulsory medical examinations paid for by the National Health Service. These either can take place in a national health clinic (Protection Maternelle Infantile, namely the Mother and Child Care Units) or be carried out by a pediatrician or a general practitioner in the private sector. Apart from two examinations organized by school nurses under the schools’ health service program at the ages

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