

Boy/Girl

by A. Ediati

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A BOY OR A GIRL : MANAGING PARENTAL ANXIETY

Annastasia ediati, PhD, Psychologist

Diponegoro University

Abstract

The birth of a baby brings happiness to parents as well as to birth attendants. But not for parents of newborn with ambiguous genitalia. It is common in Asian societies that people posing a question about the gender of the baby first rather than the health of the baby. This is extremely difficult situation for parents and families of newborn with an ambiguous genitalia because their inability to answer such a simple question. Ambiguous genitalia is the most common form of 46, XX CAH (congenital adrenal hyperplasia) but it is not widely known in general population of Indonesia. Parents of the affected newborn usually posed many questions reflecting their worries, such as : “How should we raised the baby? Will the baby ever change gender later? Will be the baby be attracted to a man or women as adult? Will the baby able to have a child as adult? When will be the ideal time to assign gender? What age will be the best time to have genital correction surgery? What is the cause of this abnormality? Whose fault? It is common? What will be the consequences if made a wrong decision: to raise my child as boy or girl? What if my child take me to the court when he/she grown up?” In some situations, parents were depressed and do not make any decision causing delay in treatment. In many situations, parents as well as health practitioners do not aware of the importance of early identification and medical treatment in the management of newborn with an ambiguous genitalia.

Our study showed that delayed treatment on newborn with ambiguous genitalia could bring tremendous psychological impact: a female-to-male gender change gradually at age 2-3 in newborn with 46,XX CAH and female-to-male gender during preadolescence and early adulthood in the cases of individuals with 46,XX DSD (disorders of sex development)(1). The affected individuals with DSD raised as females reported more problems with gender identification, gender role behavior, emotional problem(2), and social withdrawal(3) than those raised as males. Discussing sexuality is still taboo in our society. This makes parents and affected adolescents or adults encountered problems in communicating their feelings in coping with their DSD condition. In this situation, the involvement of health practitioners is critical to provide them with sufficient and reliable information about their conditions, the consequences, and how to deal with it their daily lives. Parents usually develop their need to protect their child toward other people attitudes and responses toward their ambiguous genitalia (4,5). Parental stress and anxiety are common in the management of DSD. Educating parents about the consequences of living with DSD and how to encounter DSD-related problems in the daily lives can help to reduce parental stress and anxiety. Health practitioner should give ample time for parents to discuss their concern and worries. If available, a support group can also play important role as the provider of social and emotional supports for parents of the affected individuals.

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