A Boy or A Girl? Managing Parental Anxiety

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A baby is born!

- A happy moment
- Social attention
 - extended family
 - neighbors
- Social consequence
 - Celebration
 - Cultural ceremonies
- Birth certificate



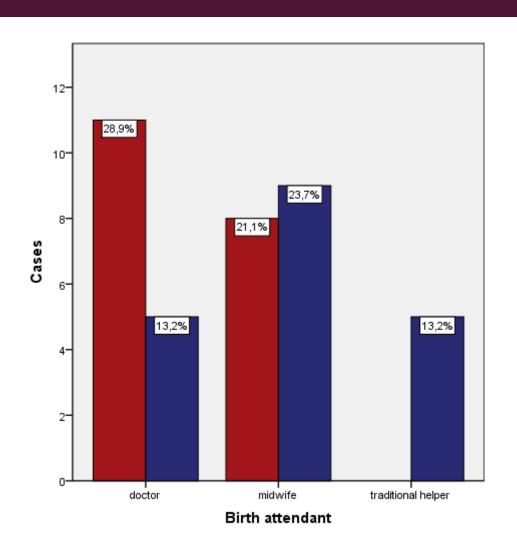


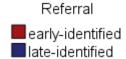


Newborn with an ambiguous genitalia

- Ambiguous genitalia is the most common form of 46,XX CAH (congenital adrenal hyperplasia) found in the newborn
- Genital ambiguity is the major reason for seeking medical care for patients with 46,XX CAH
- Gender assignment should be done based on the karyotype, hormonal evaluation, internal & external reproductive structures → takes long time
- 46,XX CAH → assign a female gender

BIRTH ATTENDANT PLAYS IMPORTANT ROLE IN EARLY REFERRAL OF BABIES WITH CAH (P=0.02)





$$N = 72$$

Early (n) = 27
Late (n) = 45

A Ediati et al. Healthcare-seeking in late-identified patients with Congenital Adrenal Hyperplasia in Central Java (Unpublished data)

Attitudes towards Newborn with An Ambiguous Genitalia MIDWIVES

- Familiar with terms of "ambiguous genitalia"
- Aware of the psychological impact BUT do not know what to do
- Prefer to delay referral to medical doctors (3 months unknown)
- Prefer to refer to pediatrician, pediatric urology, surgeon, hospital
- Mistakes in gender assignment

MANAGEMENT OF DSD IN SEMARANG

THE SEXUAL ADJUSTMENT TEAM

DR KARIADI HOSPITAL - FACULTY MEDICINE, DIPONEGORO UNIVERSITY

On patient's initial visit

Physical examination & Ultrasound

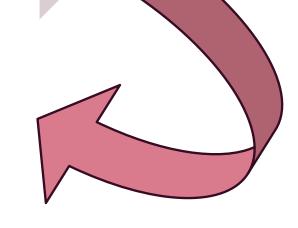
Hormonal analysis

Chromosomal analysis

Psychological evaluation

Team meeting:

- Case discussion: diagnostic findings
- Diagnose establishment
- Discuss treatment program
- Determine treatment plan



Treatment and monitoring

Having a Child with Ambiguous Genitalia PARENTS' MAJOR CONCERNS

Mama - papa ... Saya mau dikasih nama siapa??

A. Identity & parental rearing:

- Baby's name
- Clothing
- Child's toys
- Child's playmates
- "Tindik telinga"











MAJOR CONCERNS

- B. Medical evaluation & treatment:
 - Repetitive visits
 - Surgeries
 - Rare conditions



MAJOR CONCERNS



- Fertility
- Consequences of infertility (for affected girls):
 - Difficulties to find a partner
 - Difficulties to maintain a satisfying marriage
 - Being divorced by her husband
 - Be a lonely elderly

MAJOR CONCERNS

- Fear of:
 - Being a center of attention
 - Bullying
 - Social isolation/rejection
 - Shame

In village, people memorize across generations

REDUCING PARENTAL ANXIETY

- Listen to parental concern & worries
- Provide reliable information:
 - In a simple language
 - Reduce uncertainty
- Assure parents that they are in the good hands

It will take your time but worth for a long run

COMMON QUESTIONS FROM PARENTS

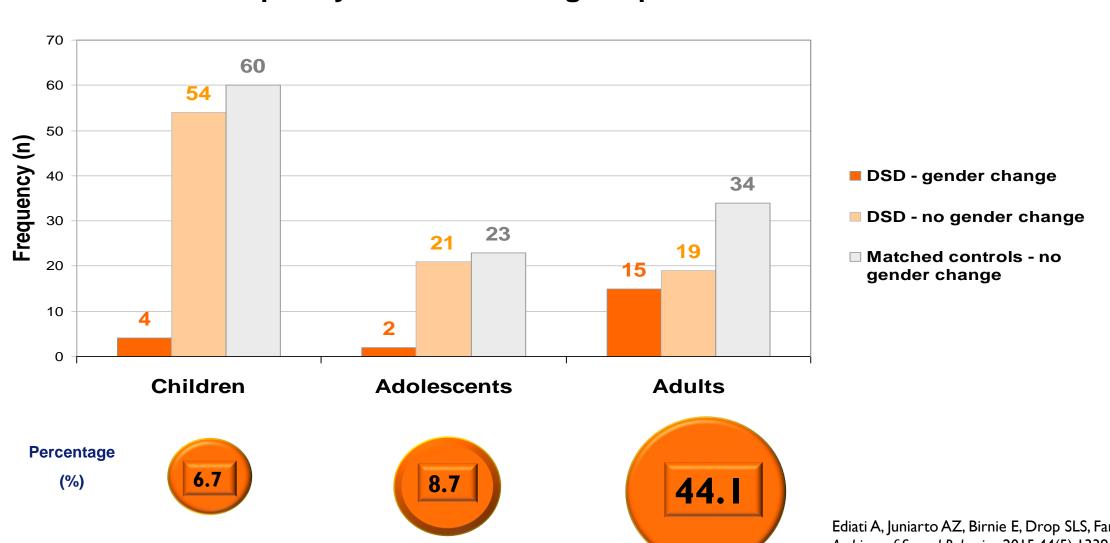
- What is an ambiguous genitalia/CAH?
- What kind of medication/medical treatment needed?
- What to do in parenting?
- How to explain this conditions to others?
- What to do during emergency?
- How to explain to the child later when she grown up?

Helps parents understand gradually

WHAT DID WE LEARN? Semarang Experience

GENDER CHANGE: SEMARANG EXPERIENCE

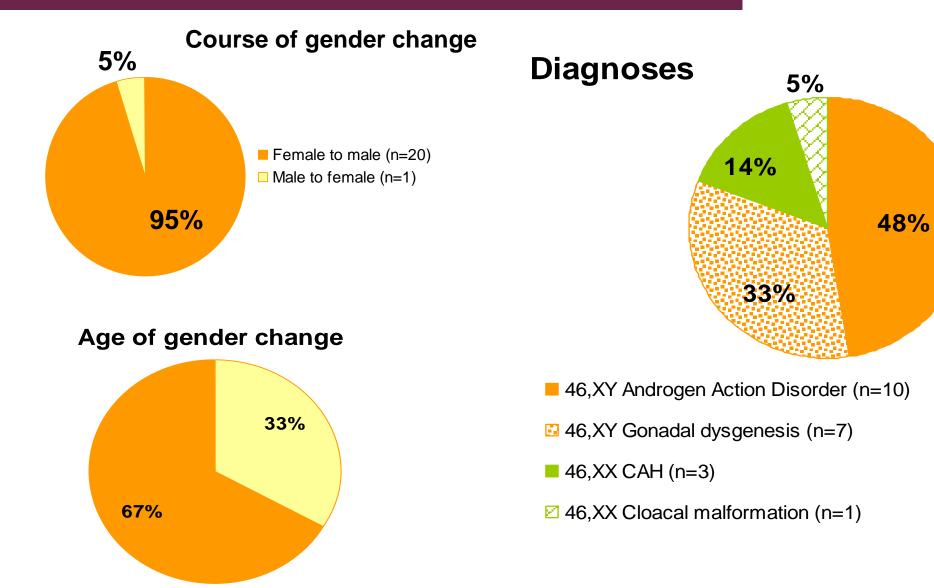
Frequency of Gender change in patients with DSD



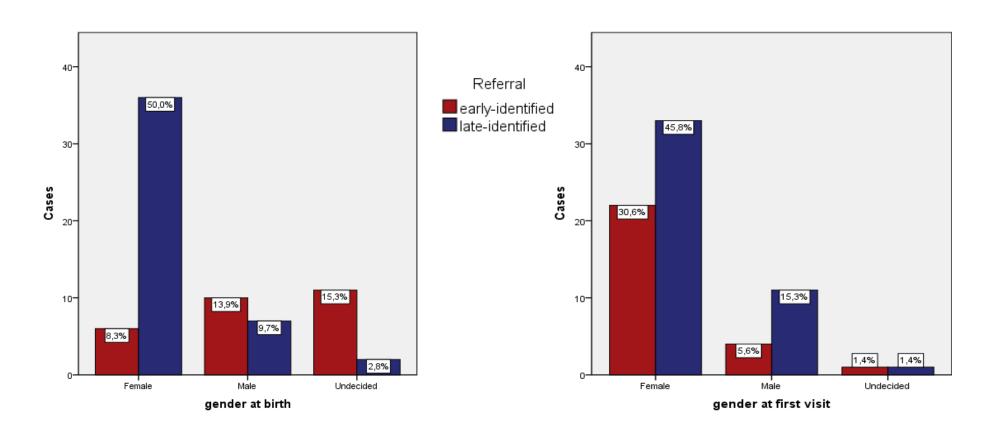
Ediati A, Juniarto AZ, Birnie E, Drop SLS, Faradz SMH, Dessens AB. *Archives of Sexual Behavior*. 2015;44(5):1339–61.

GENDER CHANGE: SEMARANG EXPERIENCE

□ 2-9 yrs ■ 15 yr above



MORE PATIENTS WITH 46,XX-CAH WERE ASSIGNED OR REASSIGNED A FEMALE GENDER



N = 72 Early (n) = 27 Late (n) = 45

PARENTAL STRESS: STIGMA

- Higher parental stress, caused by:
 - Negative social reactions (teasing, rejection, isolation)
 - Affected girls reported more emotional problems than affected boys
- Visible ambiguity (appearance/behavior):
 - Trigger social reaction (more negative reaction than positive reaction)
 - Gender change in individuals with DSD mostly received stigmatization due to their ambiguity on appearance/behavior that are visible to others

EMOTIONAL PROBLEMS

Comparison among children, adolescents, and adults with DSDs who are scored above cut points across age groups.

| Scales | Children (n = 60) | Adolescents $(n = 24)$ | Adults (n = 34) | p-Value |
|------------------------------|-------------------|------------------------|-----------------|-----------|
| Total problems | 11 (18.3) | 3 (12.5) | 7 (20.6) | 0.73 |
| Internalizing problems | 9 (15.0) | 4 (16.7) | 16 (47.1) | 0.003* |
| Externalizing problems | 14 (23.3) | 0 | 5 (14.6) | 0.02* |
| Scales: | | | | |
| Anxious/depressed | 1 (1.7) | 0 | 10 (29.4) | < 0.001** |
| Withdrawn/depressed | 11 (18.3) | 3 (12.5) | 11 (32.4) | 0.16 |
| Somatic complaints | 1 (1.7) | 3 (12.5) | 4 (11.8) | 0.20 |
| Social problems ^a | 7 (11.7) | 2 (8.3) | _ | 0.99 |
| Thought problems | 1 (1.7) | 0 | 4 (11.8) | 0.046* |
| Attention problems | 3 (5.0) | 1 (4.2) | 5 (14.7) | 0.24 |
| Rule-breaking behavior | 5 (8.3) | 1 (4.2) | 1 (2.9) | 0.59 |
| Aggressive behavior | 10 (16.7) | 1 (4.2) | 3 (8.8) | 0.26 |
| Intrusive ^b | - | _ | 1 (2.9) | - |

Note. Data presented in n (%). The Fisher Exact test was applied; significant at p < 0.05.

- Externalizing problem reported higher on children with DSD than adolescents or adults
- Aggressive behavior were found higher on young boys than girls

 $^{^{*}~}n=84$. The social problem scale was only available in the CBCL and YSR.

^b n = 34. The intrusive scale was only available in the ASR.

HIGHLIGHTS

- Parental stress and anxiety are common reactions found in parents of newborn with genital ambiguity
- Discussing sexuality still taboo; it could lead to communication problems and internalizing problems
- Parents need reliable information to better understand the child's conditions & to deal with people's reactions
- Follow-up evaluation is necessary, physically & psychologically

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