Pediatric Residents' Knowledge, Perceptions, and Attitudes towards Homosexually Oriented Youth

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Background: Pediatric residents must have clinical exposure and specific training to meet the health-care needs of gay, lesbian, and bisexual adolescents. Homosexually oriented youths have medical and psychosocial needs that these future pediatricians must fulfil.

Objective: This study investigated the knowledge and attitudes of pediatric residents in the management of gay, lesbian, and bisexual youth and related health-care issues.

Method: Twenty-nine pediatric residents at the University of Ottawa were sent a survey questionnaire.

Results: Many respondents indicated that they experience difficulties in discussing issues of sexual orientation, and feel inadequately prepared to address the health-care needs of homosexual youth. Furthermore, respondents showed a lack of awareness regarding resources available to gay, lesbian, and bisexual youth in the community.

Conclusion: While knowledge is limited, residents' attitudes towards homosexual youth are generally positive. Also, most respondents indicated an interest in continuing education, and in gaining more information to better serve their homosexually oriented adolescent patients.

Introduction

Many gay and lesbian youths first become aware of their sexuality during adolescence.' These adolescents face potential problems such as social isolation, violence perpetrated by homophobic individuals, chemical dependency, depression, suicide, sexually transmitted diseases, running away, and prostitution.2,3 Many of these problems develop from societal misconceptions about homosexuality, and the resulting fear of disclosing one's sexual orientation. Because pediatricians are in a position to be the first to discuss sexuality with patients, these health-care providers should be knowledgeable and supportive regarding patients' sexual orientation. Training in this area has been minimal in past programs. 5 As future pediatricians, residents can play a paramount role in the development of these youths. Consequently, residents should be instructed to assess sexual orientation, to be cognizant of the stages of homosexual orientation development, and to provide appropriate anticipatory guidance and supportive counselling.1

A few residency training programs invite guest speakers from homosexual and bisexual populations to lecture and conduct workshops. This provides an opportunity for group discussion, role playing, and the clarification of myths and stereotypes concerning

homosexuality. Open discussions can also help residents overcome covert homophobic attitudes, and develop a gender-neutral language.

While homosexuality was removed as a psychiatric illness from the DSM in 1973, misconceptions still prevail. Despite new convictions about homosexuality as a natural sexual orientation, homosexually oriented youths are still referred for psychoanalysis and psychotherapy to rid them of "notions" that they are homosexually With adequate training and increased sensitivity, these practices will decline.

Homosexual adolescents must be assessed for psychiatric disorders, as should all adolescents if necessary. They must then be referred appropriately for therapeutic intervention. Because homosexually oriented adolescents may face additional stressors, they should be referred to psychiatrists, psychologists, and other professionals who are not only sensitive to and supportive of the special needs of adolescents, but who are also aware of the stages of homosexual development. Such caregivers should be identified before youths and their families are referred for supportive care. The gay and lesbian communities of all regions in Canada have directories and Web sites that list community resources and information. It is uncertain, however, whether these resources are made known to residents.

This investigation explores the knowledge, perceptions, and attitudes of pediatric residents regarding the health-care needs of gay, lesbian, and bisexual youths in Ottawa.

Methods

All pediatric residents from the July 1999 to June 2000 academic year (n=29) at the University of Ottawa received the questionnaire during an academic half-day session. Included with the questionnaire was a letter explaining the purpose of the survey, and a return envelope to mail back the survey anonymously. There was a second distribution of surveys at a half-day session approximately four weeks after the first, to increase the response rate.

We used a questionnaire developed by East and El Rayess6 that was modified to suit the Ottawa pediatric residency program. Written permission for the use of the questionnaire in this study was obtained from Dr. East.

The questionnaire was pre-tested on family practice residents. As with the original East and El Rayess questionnaire, the survey items included demographics; awareness of health-care needs; barriers to care; and concerns of lesbian, gay, and bisexual adolescents. In addition, methods of addressing these concerns and interest in further training were investigated.

Data were coded for each question, and basic descriptive statistics were computed. Reported percentages for each question were calculated from the total number of re-sponses for each respective question.

Results

Of the 29 questionnaires that were handed out, 19 (66 per cent) were completed and returned (Table 1).

Of those who responded, 74 per cent (n=14) had completed an adolescent medicine rotation. Overall, 37 per cent (n=7) reported adequate exposure to adolescent patients, and 63 per cent (n=12) reported inadequate exposure. Of the respondents who had completed a rotation specific to adolescent medicine, 43 per cent (n=6) reported that their exposure was adequate. Of participants, 63 per cent (n=12) have had gynecological examinations as part of their training.

The age at which residents routinely start taking patients' sexual histories ranged from 12 years to 17 years of age: 16 per cent (n=3) reported beginning at an age younger thanl2; 32 per cent (n=6) reported taking a sexual history
between the ages of 12 and 13; 47 per cent (n=9) reported beginning between the ages of 14 and 15 years; and five per cent (n=1) reported starting between the ages of 16 and 17. While all respondents reported taking patients' sexual history, 26 per cent (n=5) would not conduct abstinence counselling, and five per cent (n=1) would not conduct safer sex counselling.

When asked whether they would include questions about sexual orientation in taking sexual histories, 37 per cent (n=7) of respondents reported that they would exclude it. With regards to how the issue of sexual orientation is approached, 53 per cent (n=10) reported that they asked directly, five per cent (n=1) reported the use of a written questionnaire, 16 per cent (n=3) reported responding to nonverbal cues, and 37 per cent (n=7) reported that they responded to patients' questions or comments. Many respondents had reservations about approaching the issue of sexual orientation (Table 2).

When asked whether a lesbian, gay, or bisexual patient has ever disclosed their sexual orientation, 3 7 per cent (n=7) reported yes, of whom 14 per cent (n=1) reported not noting it down in the patient's file. Of the respondents, 21 per cent (n=4) reported that they had an adolescent patient who was questioning sexuality, and who discussed the matter with a resident. Overall, 63 per cent (n=12) reported treating a homosexually oriented patient.

All respondents reported that they would never notify an adolescent's parent if the adolescent had reported he or she were attracted to a person of the same sex. In the event of extreme circumstances, such as a significantly older partner, 42 per cent (n=8) of pediatric residents would notify the parents.

Formal training regarding issues of sexual orientation occurred in medical school via lectures or workshops for 52.6 per cent (n=10) of the respondents, while 42 per cent (n=8) had no specific education in this area . Of the respondents, 32 per cent (n=6) reported that they had received either a lecture or other form of teaching on the topic of health care needs of homosexual youth.

When asked about familiarity with community resources for lesbian, gay, and bisexual youths, 58 per cent (n=11) reported being unfamiliar, and 42 per cent (n=8) reported being somewhat familiar with such resources. In a multiple-choice question, however, only 21 per cent (n=4) could recognize that the Pink Triangle, P-Flag (parents for lesbian and gays), The Jewish Lesbian Group and Gay Asians, and Friends in the Capital were all resources available in the Ottawa region.

While 68 per cent (n=13) of respondents felt that they were not knowledgeable in the area of lesbian, gay and bisexual youth health issues, 89 per cent (n=17) reported a de sire for more information, and 89 per cent (n=17) reported a desire for further training in this area.

Overall, the responses indicated that general attitudes toward homosexuality were positive (Tables 3, 4).

Discussion

This study identified the training needs essential for improving the skills, comfort level, and awareness of pediatric residents with regards to the health-care needs of homosexual youth. All pediatric residents who treat adolescents should be able to elicit a comprehensive sexual history, including questions about sexual orientation. Unfortunately, 37 per cent of respondents did not think it necessary to ask at any age about sexual orientation. This may be attributed to reservations in asking what may be perceived as a personal question. In addition, the age of self awareness of sexual orientation was identified by 21 per cent of residents to be in the range of 19 to 25 years, when the established age is 14 to 16 years. This error may lead a resident to miss the opportunity to address the developmental needs of younger homosexual adolescents. 10

To help homosexually oriented adolescent patients, pediatric residents should not only feel comfortable in their manner of communication, but must also attain background knowledge regarding resources. This investigation demonstrated a poor awareness of community resources available for gay, lesbian, and bisexual youths. Pediatric residents must be better educated about the available resources to help direct their adolescent patients to social supports.

Pediatric residency programs need to inform residents about the high risk of suicide attempts in gay and lesbian youth. Research indicates that one in three homosexual and bisexual youth attempt suicide each year. 7,8 While many pediatric residents are aware of this statistic, its implications must be highlighted in clinical practice. Indeed, increased awareness is necessary to identify possible psychological problems or maladjusted behaviours in these adolescents, and to help reduce the risk of suicidal behaviour.
Pediatric residents considered issues of confidentiality to be paramount, and would never disclose patients' information to parents, unless under extreme circumstances war ranting immediate intervention. II Furthermore, respondents indicated the need for more information about sexual orientation and available services.

Conclusion

The pediatric residents' responses revealed that the discussion of sexual orientation is difficult for many. Residents also reported a lack of knowledge, and a lack of confidence in the ability to approach the topic of gay and lesbian health issues, and to direct the adolescent to the appropriate resources.12 These issues must be addressed in training to help prevent and manage associated health problems among this youth population. Most importantly, however, the pediatric residents surveyed indicated a desire to learn more and to better understand the needs of their homosexual patients.

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Table1
Frequencies and Percentages of Demographic Features

Demographic features		N (per cent)
Gender	Male	13 (68)
	Female	6 (32)
Age	21 to 25	3 (16)
	26 to 30	14 (74)
	31 to 36	2 (10)
Ethnicity	Caucasian	14 (74)
	Asian	1 (5)
	Other	4 (21)
Years of training	First	3 (16)
	Second	3 (16)
	Third	4 (21)
	Fourth	9 (47)
Medical school training	Canada	19 (100)
	Abroad	0 (0)
Year of graduation	1995 to 1969	2 (11)
	1997 to 1979	5 (26)
	1999 to 1989	2 (11)
	2001 to 2002	4 (21)
	No answer	6 (31)

Table 2
Pediatric Residents' Reservations Regarding Discussing Issues of Sexual Orientation with Adolescent Patient

Cause of reservation	**n (per cent)**
It is inappropriate at this age	1 (5)
It is solely the parent's job	0 (0)
It may offend parents	6 (32)
It may oofend patients	6 (32)
It's against my religion	0 (0)
It would take too long	2 (11)
I don't know how to ask the questions	5 (26)
I don't know enough about their needs	9 (47)

Table 3
Frequency (Percentage) of True or False Statements on Homosexuality

Statement	True n (per cent)	False n (per cent)
Sexual activity is a poor indication of sexual orientation.	19 (100)	0 (0)
The mean age of self-identification for gay and bisexual males 19 to 23.	5 (26)	14 (74)
One of three gay and bisexual youths attempt suicide.	17 (89)	2 (11)
Compared with the general adolescent population, gay and bisexual male youths have higher rates of HIV infection.	10 (56)	8 (44)
One should assume that all gay and lesbian adolescents are HIV positive until proven otherwise.	0 (0)	18 (100)
Most lesbian, gay, and bisexual teens trust their doctors's confidentiality.	5 (26)	14 (74)
Many lesbian, gay, and bisexual teens see few circumstances when a doctor needs to know their sexual orientation.	18 (95)	1 (5)
It is important to know and adolescent's sexual orientation and sexual practices before contraceptive counselling.	2 (11)	17 (89)
Lesbian adoelscents are at greater risk of contracting STDs than heterosexual female adolescents.	0 (0)	19 (100)
Few self-identified lesbian women report having had sex with men.	14 (74)	5 (26)
Current recommendations for Pap smear screening are the same for lesbian and heterosexual women.	0 (0)	19 (100)

Table 4
Frequency (Percentage) of Agreement to Statements on Homosexuality

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1	11 (58)	5 (26)	1 (5)	1 (5)	1 (5)
2	0 (0)	0 (0)	0 (0)	5 (26)	14 (74)
3	0 (0	0 (0)	0 (0)	8 (42)	11 (58)
4	8 (42)	10 (53)	1 (5)	0 (0)	0 (0)
5	16 (84)	3 (16)	0 (0)	0 (0)	0 (0)
6	15 (79)	4 (21)	0 (0)	0 (0)	0 (0)
7	0 (0)	0 (0)	1 (5)	8 (42)	10 (53)
8	0 (0)	1 (5)	1 (5)	10 (53)	7 (37)
9	11 (58)	6 (32)	2 (11)	0 (0)	0 (0)
10	0 (0)	0 (0)	0 (0)	5 (26)	14 (74)
11	11 (58)	7 (37)	0 (0)	0 (0)	1 (5)
12	0 (0)	0 (0)	0 (0)	6 (32)	13 (68)
13	10 (53)	8 (42)	1 (5)	0 (0)	0 (0)
14	8 (42)	6 (32)	5 (26)	0 (0)	0 (0)
15	0 (0)	2 (11)	5 (26)	3 (16)	9 (47)
16	10 (53)	9 (47)	0 (0)	0 (0)	0 (0)

1. I would be benefical to society to recognize homosexuality as normal.
2. Homosexuals should not be allowed to work with children.
3. Homosexuality is immoral.
4. Homosexuals are mistreated in our society.
5. Homosexuals should have equal opportunity in employment.
6. Homosexuals should be allowed to openly serve in employment.
7. Homosexuality is a mental disorder.
8. Homosexuality endangers the institution of the family.
9. Homosexuals should be accepted completely in our society.
10. Homosexuals should be barred from the teaching profession.
11. There should be no law against homosexual sex.
12. I avoid homosexuals whenever possible.
13. I would feel comfortable treating female homosexual patients.
14. Homosexuals should be allowed to marry.
15. Homosexuals should not be allowed to adopt children.
16. I would feel comfortable treating male homosexual patients.