

# **Pediatricians' Knowledge, Perceptions, and Attitudes towards Providing Health Care for Lesbian, Gay, and Bisexual Adolescents**

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**Background:** Pediatricians are often the first health-care contacts for gay, lesbian, and bisexual adolescents who are developing their sexual orientation.

**Objective:** This study investigated pediatricians' attitudes and practices towards gay, lesbian, and bisexual adolescents.

**Method:** We sent anonymous self-administered questionnaires to 112 pediatricians in the Ottawa area.

**Results:** Of those who responded, 36 per cent reported having treated lesbian, gay, or bisexual patients, and 70 per cent reported not addressing the issue of sexual orientation. Reservations in discussing sexual orientation were due to fears of offending patients, and a lack of knowledge regarding their needs. Furthermore, 59 per cent of these pediatricians were unfamiliar with community resources for homosexual youths, and 78 per cent reported wanting more information with regards to the care of this population.

**Conclusion:** Many pediatricians experience difficulties in discussing issues of sexual orientation, and generally feel inadequately prepared to address issues pertaining to the health-care needs of these adolescents. While certain issues remain controversial, the overall attitude of pediatricians towards homosexually oriented patients is positive in that they are interested in becoming more aware of issues of homosexual orientation, to better serve this population.

## **Introduction**

Similar to heterosexual adolescents, many homosexually oriented adolescents first discover their sexuality during adolescence. Pediatricians are in a position to be the first to interact with a gay, lesbian, or bisexual youth regarding issues of sexual and general health. Thus, pediatricians who care for teenagers should understand the medical and psychosocial issues facing homosexually oriented youth.

In coming to terms with their sexual identity, homosexually oriented youths are at a high risk for developing problems that include social isolation, chemical dependency, depression, suicide, sexually transmitted diseases (STDs), running away, and prostitution.<sup>2,3</sup> By identifying the needs of these adolescents, appropriate preventive or supportive measures can be implemented.

While there is growing awareness among pediatricians of a need to address these issues, gaps exist in the knowledge about the health-care needs of homosexual youth in Canada. One survey indicated that pediatric residency programs provide insufficient training to deal with adolescents' psychosocial and sexual health needs. Thus, pediatricians display varying levels of comfort in addressing these issues, which may result in insufficient health care.

Although there have been several American studies investigating the care of homosexual youth from a medical perspective, research in Canada has been limited. Due to differences in demographics and the health-care system, it is difficult to generalize American findings to Canadian populations. Thus, this investigation was conducted to gain more information on pediatricians' attitudes and practices with regard to the health care of gay, lesbian, and bisexual youth in Ottawa.

## **Methods**

The names of pediatricians in the Ottawa area were selected from continuing medical education department files. Included with the questionnaire were a letter explaining the purpose of the survey, and a return envelope. Pediatricians were informed that all mail-back responses would remain anonymous and confidential. To increase the response rate, a second mailing was sent eight weeks after the first.

The questionnaire used had been formulated with the aid of two lesbian, gay, and bisexual focus groups in Washington, D.C. It identifies issues of primary importance to pediatricians, such as knowledge about mental health issues and gay health issues, awareness of insensitive practices including assumptions of heterosexuality and human immunodeficiency virus (HIV) status, and confidentiality.

Written permission was obtained to use and modify East and El Rayess's questionnaire. Modifications were related to differences in health-care systems and demographics. Furthermore, an adolescent was defined as "a youth between the ages of 12 and 19 years of age." The questionnaire was revised and retested by four practicing pediatricians with experience in adolescent health. Additional pretesting was conducted on seven medical students and family practice residents. Adjustments were then made to help clarify the questions. The final survey included questions on demographics, practice patterns, attitudes, style of assessment of sexual orientation, awareness of health-care concerns of lesbian, gay, and bisexual adolescents, barriers to delivery of services, current knowledge of available services to homosexual youth in the community, and interest in further training in this area.

Due to the extensive pre-testing of East and El Rayess's questionnaire, pilot testing was deemed unnecessary, regardless of the differences in Canadian demographics. Permission was granted to conduct this study by the chairman of the ethics review board of the Children's Hospital of Eastern Ontario Research Institute.

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

## **Results**

We sent questionnaires to 112 pediatricians in the Ottawa area; 61 (55 per cent) responded. Three were returned with unknown addresses, and two specialists declined to complete the questionnaire, as they deemed it inapplicable to their practice (Table 1).

Of those who responded, 37 per cent (n=21) reported seeing between 40 to 100 adolescents, and 63 per cent (n=36) reported seeing <40 adolescents per month. Half of the respondents reported that their training in adolescent medicine was sufficient for their practice needs.

Three per cent (n=2) of pediatricians reported taking a patient's sexual history from adolescents under 12 years of age; 40 per cent (n=24) between the ages of 12 to 13; 23 per cent (n=14) between the ages of 14 and 15; 10 per cent (n=6) between 16 and 17; and 23 per cent (n=14) reported not taking their patients' sexual history. When asked whether sexual orientation was included in the history, 70 per cent (n=40) reported that it was not considered, whereas the remainder reported asking about orientation depending on the patient's age (between 12 to 17 years of age). Of respondents, 34 per cent (n=20) reported not engaging in safe sex counseling, whereas the remainder reported counseling patients between the ages of 12 to 17.

Two per cent (n=2) reported using a questionnaire to approach patients on the issue of sexual orientation, 16 per cent (n=12) used nonverbal cues, 28 per cent (21) responded to patients' questions and comments, 24 per cent (n=18) asked directly, and 30 per cent (n=23) reported not addressing the issue. Respondents used more than one method to approach the issue. Reservations about discussing sexual orientation were due to a lack of knowledge about the needs of homosexual patients (44 per cent, n=22) and the fear of offending patients (44 per cent, n=22). Two per cent (n=1) reported that it is the parent's job to discuss such issues, 24 per cent (n=11) reported that it may offend the parent, 12 per cent (n=5) reported time constraints, and 32 per cent (n=16) reported not knowing how to ask the question. While four per cent (n=2) of pediatricians reported not attending to any lesbian, gay, or bisexual patients, and 36 per cent (n=21) reported seeing homosexually oriented patients, 60 per cent (n=33) reported not knowing their patients' sexual orientation. Of the pediatricians who have had patients disclose their homosexuality, 67 per cent (n=16) reported that they always make a note in the patient's chart, 21 per cent (n=5) only note it down sometimes, and 12 per cent (n=3) reported never noting it down.

All respondents reported that they would never notify the parent if an adolescent reported that he or she was attracted to a person of the same sex. In the event of circumstances that may pose risk to the patient, however, such as having a much older partner, 45 per cent (n=23) of pediatricians would notify the parents.

When asked about familiarity with community resources for homosexually oriented youth, 59 per cent (n=34) reported being unfamiliar, 38 per cent (n= 22) were somewhat familiar, and three per cent (n= 2) were very familiar. Furthermore, when tested on their familiarity with Ottawa community resources for gay, lesbian, and bisexual youth, 60 per cent (n=36) of respondents could not recognize any of the services in a multiple-choice selection.

1. It would be beneficial 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 the armed forces.
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.

With regards to the care of lesbian, gay, and bisexual youth, 14 per cent (n=7) of pediatricians thought that they were knowledgeable, 78 per cent (n=43) wanted more information, and 49 per cent (n=24) wanted further training. Of pediatricians, 48 per cent (n=24) reported never receiving any formal training about lesbian, gay, and bisexual health issues while at medical school or during residency. This holds true for pediatricians trained before the mid-1980s.

The responses of most pediatricians indicated a positive attitude towards homosexuality. This was determined by asking questions presenting stereotypes that are often encountered with homosexuality. Participants were asked true or false questions (Table 2), and were asked about the degree to which they agreed with certain statements (Table 3).

## **Discussion**

Adolescence, particularly between the ages of 14 to 16 years, is a period when self identity and sexual orientation develop. Adolescents who are homosexually oriented may undergo stress due to misconceptions about gay, lesbian, and bisexual individuals. Homosexual youth are two to three times more likely to attempt suicide than their heterosexual peers.<sup>9, 10</sup> Furthermore, this group accounts for up to 30 per cent of completed suicides among young adults. Because pediatricians are in a position to be the first to interact with these adolescents regarding sexual activity, practitioners must be cognizant

of the issues and resources, and be able to openly discuss sexuality issues with their patients.

Standards of care require that all pediatricians who treat adolescents should be able to elicit a comprehensive sexual history. This study indicates that sexual history may not be recorded, and that sexual orientation is infrequently addressed in doctor-patient interviews.

The discussion of sexual orientation with adolescents is a difficult task. 6,7 Despite this, pediatricians in this investigation agreed that discussing homosexuality with adolescents is appropriate, as it could be the first step towards preventing associated medical problems. While almost a third of the respondents reported experience with adolescents disclosing their sexual orientation to them, responses indicate that they probably would have been poorly equipped to deal with these situations.

Pediatricians should be able to direct adolescents to other community services that may provide information and support. Responses in this study, however, show an inadequate awareness of the resources available. Such findings highlight the urgent need to make all pediatricians comfortable enough, both in communication and background knowledge, to maximize the benefits of interaction with adolescent patients. These issues should be addressed through continuing education programs. The need and desire for more information was expressed by most respondents to this study. Those who did not feel the need for more information were generally subspecialists, or pediatricians treating younger patients.

Pediatricians considered issues of confidentiality to be paramount, and would never disclose information about patients to parents, unless extreme circumstances warranted immediate intervention. When seeing adolescent patients, physicians may need to emphasize the confidentiality of the doctor-patient relationship. Once trust is gained, open discussions on sexual orientation may surface. This in turn may prevent the development of maladaptive coping strategies.

This investigation does have several limitations, for example, the use of a self-report questionnaire. Also, since not all pediatricians completed the questionnaire, the findings must be interpreted with caution due to potential response bias. Further exploration is needed to be able to generalize these results. A future study should include other provinces. The information collected in this study, however, is a useful starting point to illuminate important issues in the care of homosexual adolescents in Canada.

## **Conclusion**

This study reveals that the discussion of sexual orientation is rare among pediatricians in Ottawa. Pediatricians further report a lack of knowledge regarding available community resources targeted for gay, lesbian, and bisexual youth. These issues should be addressed in continuing education programs to help prevent associated health problems,

such as suicidal behavior, psychological maladjustment, and STDs, as the pediatricians in this study indicate a desire to learn more about the needs of their homosexual patients.

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Table 1 Frequencies and Percentages of Demographic Features		
Demographic features		N (per cent)
Gender	Male	31 (51)
	Female	30 (49)
Age	25 to 35	6 (10)
	36 to 45	23 (38)
	46 to 55	17 (28)
	56+	14 (23)
Ethnicity	Caucasian	52 (86)
	Asian	7 (12)
	Other	1 (2)
Practice setting	Academic	34 (56)
	Private clinic	26 (43)
	Public clinic	1 (1)
Medical school training	Canada	49 (82)
	Abroad	11 (18)
Year of graduation	1960 to 1969	8 (21)
	1970 to 1979	12 (32)
	1980 to 1989	14 (37)
	>1990	4 (11)

Table 2 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 whether a person is gay, lesbian, or bisexual.	51 (88)	7 (12)
The mean age of self-identification for gays, lesbians, and bisexuals is 19 to 23.	17 (31)	38 (69)
One of three gay and bisexual youths attempt suicide.	39 (72)	15 (28)
Compared with the general adolescent population, gay and bisexual male youths have higher rates of HIV infection.	44 (75)	15 (25)
One should assume that all gay and lesbian adolescents are HIV positive until proven otherwise.	16 (28)	41 (72)
Most lesbian, gay, and bisexual teens trust their doctors with regards to confidentiality.	9 (17)	45 (83)
Many lesbian, gay, and bisexual teens see few circumstances when a doctor needs to know their sexual orientation.	51 (88)	7 (12)
It is important to know and adolescent's sexual orientation and sexual practices before contraceptive counselling.	45 (78)	13 (22)
Lesbian adolescents are at greater risk of contracting STDs than heterosexual female adolescents.	6 (11)	50 (89)
Few self-identified lesbian women report having had sex with men.	17 (32)	36 (68)
Current recommendations for Pap smear screening are the same for lesbian and heterosexual women.	45 (85)	8 (15)

Table 3  
Frequency (Percentage) of Agreement to Statements on Homosexuality

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1	18 (31)	15 (25)	14 (24)	5 (8)	7 (12)
2	0 (0)	1 (2)	7 (12)	16 (27)	35 (39)
3	0 (0)	2 (3)	12 (20)	13 (22)	32 (54)
4	18 (31)	31 (53)	6 (10)	3 (5)	1 (2)
5	44 (75)	11 (19)	2 (3)	0 (0)	2 (3)
6	39 (67)	13 (22)	6 (10)	0 (0)	1 (2)
7	0 (0)	3 (5)	5 (8)	15 (25)	36 (61)
8	4 (7)	12 (20)	8 (14)	15 (25)	20 (34)
9	25 (42)	22 (37)	9 (15)	2 (3)	1 (2)
10	2 (3)	1 (2)	8 (14)	9 (15)	39 (66)
11	32 (54)	16 (27)	9 (15)	2 (3)	0 (0)
12	0 (0)	0 (0)	11 (19)	15 (25)	33 (56)
13	28 (48)	15 (26)	11 (19)	1 (2)	3 (5)
14	12 (20)	10 (17)	23 (39)	5 (8)	9 (15)
15	4 (7)	6 (10)	17 (29)	17 (29)	15 (25)
16	20 (35)	21 (36)	10 (17)	3 (5)	4 (7)

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7. Homosexuality is a mental disorder.
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