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Attitudes of Pediatric Residents in the Care of Transgender Youth

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Pediatric Residents' Attitudes and Beliefs in the Care of Transgender Youth

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Background

Despite significant health disparities (in mental health, STI rates and general health), transgender individuals face barriers to care, including being refused care due to their gender identity and harassment. Healthcare provider knowledge is also a barrier, and transphobia has been associated with poor knowledge gains.^a

Methods

A link to a REDCap Survey was sent to 89 US Pediatric and combined (e.g. Med-Peds) residency programs and advertised on social media. Approx 32 programs forwarded surveys

Programs selected based on program location (region) and size (small, medium, large) based on previous responses to optimize diversity of responses.

A total of 138 residents responded (est 10.4% response rate).

Results

Transgender Attitudes and Beliefs Scale (TABS)^b

- Human Value (5 questions, 5-35)
 - Median 35, range 27-35
- Interpersonal Comfort (14 questions, 14-98)
 - Median 92, range 47-98
- Sex/Gender Beliefs (10 questions, 10-70)
 - Median 61, range 20-70

Education and Experience

- Median Education: 2 hours
- 37% No Education
- 73% know a transgender person personally
- 91% cared for a transgender patient

The following transition types should be available to transgender patients less than 18 years old.

Transition Type	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Agree	Strongly Agree
Social	0.7%	0.7%	3%	4%	4%	20%	68%
GnRH Agonists	7%	4%	5%	9%	14%	25%	36%
GAHT	8%	4%	7%	14%	14%	28%	25%
'Top' Surgery	9%	11%	9%	19%	15%	21%	15%
'Bottom' Surgery	11%	9%	13%	19%	13%	20%	15%

GnRH = Gonadotropin-Releasing Hormone (puberty blocker), GAHT = Gender-Affirming Hormone Therapy (testosterone or estrogen)

Conclusions

The majority of surveyed pediatric residents are supportive of transgender youth, though there is some hesitation for providing medical therapy for these youth.

Additionally, most surveyed pediatric residents had cared for at least one transgender patient, yet over a third had never received formal education on transgender issues and most had received 2 hours or less. This highlights a need for education on transgender specific issues at both the undergraduate and graduate medical education levels.

References

a. Stroumsa D, Shires DA, Richardson CR, Jaffee KD, Woodford MR. Transphobia rather than education predicts provider knowledge of transgender health care. Med Educ. 2019;53(4):398-407. doi:10.1111/medu.13796

b. Kanamori Y, Cornelius-White JHD, Pegors TK, Daniel T, Hulgus J. Development and Validation of the Transgender Attitudes and Beliefs Scale. Arch Sex Behav. 2017;46(5):1503-1515. doi:10.1007/s10508-016-0840-1

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