Pediatric Primary Care Provider Knowledge, Attitudes and Skills in Caring for Gender Non-Conforming Youth

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Gender non-conforming (GNC) youth have specific healthcare needs. Pediatricprimary care providers may be the first or only point of contact for these children in the healthcare system, and thus can play an essential role in their health and well-being. However, very little is known about pediatric primary care providers' comfort and experience with caring for GNC youth. The objective of this study is to better understand pediatric primary care providers' knowledge, attitudes, and skills in caring for gender non-conforming youth. Between January and May 2017, we conducted a cross-sectional survey of 460 pediatric primary care providers employed in two pediatric hospital care networks and in the city health department clinics in a large metropolitan area. Participants from the hospital network practices were recruited via email invitation and those at the city health centers were recruited in-person. Surveys were administered electronically or on paper and included 18 items about knowledge, experience, and comfort providing care for gender non-conforming youth. Data were analyzed using descriptive statistics and Pearson chi square for bivariate analyses. Of the 161 respondents (35% response rate), 134 (83%) were physicians and 11% were nurse practitioners and been in practice for an average of 18.6 years (sd: 10.9, range: 1–44). The majority of respondents were female (83%) and 80% were white, 7% Asian, and 5% African American. In regards to knowledge, more than half (54%) of the participants did not know that there were professional guidelines to support puberty blocking medications for a child who identifies as transgender. Providers who reported having prior experience caring for LGBT youth reported feeling more comfortable knowing where to refer patients with questions about gender identity than providers with no experience (68.3% and 23.08%, respectively, p = .002). A higher proportion of providers with personal experience knowing someone who identifies as transgender reported feeling more comfortable talking to patients about gender identity than those without personal experience (88.5% vs 48.8%, p = .002). There were no differences in knowledge or comfort by provider primary insurance type, age, race, gender or years in practice. The majority of participants (86.3%) either agreed or strongly agreed that they would be a better clinician if they had more training on supporting gender non-conforming youth. In this study of pediatric primary care providers in a large urban area prior experience with gender non-conforming youth, whether personal or professional, was associated with increased comfort in providing care. There was also poor knowledge of existing guidelines and high levels of interest in additional training in this area. Our findings suggest an urgent need for targeted educational interventions addressing the care of gender non-conforming children and adolescents for practicing pediatricians.

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