

## ATTITUDES AND PERCEPTIONS OF FAMILY BUILDING AMONGST ALL U.S. TRAINEES: A CROSS-SECTIONAL SURVEY

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### Abstract

**Background:** Family building during residency is a complicated issue. Previous studies have focused on female gender and fertility preservation options specific to females or within a specific specialty.<sup>1-4</sup> However, differentiation between surgical and non-surgical specialties as well as gender within those specialties with broader questioning on different types of family building options have not been investigated.

**Objective:** This study examines differences between males and females within surgical and non-surgical residencies on intentions for family building, reproductive services considered, and barriers to use.

**Methods:** A survey including demographics, residency factors, and family building questions was administered to 278 trainees (Female n=199; Male n=79). A series of univariate comparisons were conducted to assess differences based on residency type (surgical and non-surgical) and based on gender. Further analyses were conducted to evaluate differences between males and females within both surgical and non-surgical residencies.

**Results:** More male residents in both surgical and non-surgical programs had/planned to have children during residency compared to females ( $p=0.03$ ) despite female residents expressing greater concern about training affecting future fertility ( $p=0.001$ ). Females were more likely to use reproductive services, including oocyte cryopreservation and intrauterine insemination ( $p=0.001$ ), while males reported higher semen cryopreservation use. Females faced more barriers to reproductive services, particularly time, financial costs, and physical impact. Surgical residents perceived financial costs as a bigger barrier and had more awareness of discounted family-building programs, with female surgical residents showing greatest interest (all  $p$  less than 0.05). When asked about awareness of discounted family building programs for residents, surgical residents had more awareness than non-surgical residents ( $p<0.001$ ), and similarly, females had more awareness than males ( $p=0.026$ ). When asked about whether their training program supported family building goals, there was no difference based on type of residency, however, females overall reported significantly less support ( $p=0.009$ ). Further, when asked if the ability to utilize reproductive services would impact their timeline for family planning, females reported higher likelihood compared to males, regardless of type of residency ( $p=0.033$ ). Both females and surgical residents reported thinking about family planning more, and a higher proportion of females in both surgical residencies and non-surgical residencies reported the thought of family building to cause distress (58.6% females vs. 47.4% males and 61.0% females vs. 38.3% males respectively,  $p=0.004$ ).

**Conclusions:** Female residents' family building goals are more impacted than male residents, and those in surgical residencies experience additional barriers and concerns. Discounted family-building programs should be accessible to all residents, regardless of sex or training type.

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