

CORONAVIRUS

In a pandemic, young people lose access to birth control and vaccines against STDs

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Lack of privacy, loss of earnings and insurance, and limited peer-to-peer relationships are causing young people's reproductive health to suffer as a result of the coronavirus pandemic, experts said, creating disruptions in their lives that could continue snowballing even after the outbreak ends.

The pandemic has interrupted access to critical services such as contraception and routine screenings for sexually transmitted infections, according to an article published last month in the journal *Perspectives on Sexual and Reproductive Health*.

"We're only a few months into what is likely to be a long-term impact," said Laura Lindberg, principal research scientist at the Guttmacher Institute, a policy institute focused on reproductive health and rights. "We need to be focusing on policies that will help people get access to health insurance. We need policies that support the reality that contraception is essential health care."

For young people, the situation changed fast. Some college students were told on a Friday they needed to depart campus by the following Monday, leaving them little time to plan for contingencies such as getting extra birth control from their school's health center.

Many moved in with their families, where prying parents and curious siblings have limited their privacy. Others may even have been forced to cohabitate with their partners sooner than planned.

And despite the outbreak, some young people have continued pursuing physical relationships. During the pandemic's initial peak, according to the article, roughly one-third of 13- to 17-year-olds said they would continue in-person interactions with close friends.

The lack of in-person health care services has already led to some clear impacts, such as a “huge decline in adolescents receiving HPV vaccines,” said Leslie Kantor, chair of the Department of Urban-Global Public Health at Rutgers University, referring to vaccines that protect against infection with human papillomaviruses. Some of these viruses can cause genital warts and others can cause cervical and other types of cancer.

But whether those limitations on health care will result in more unplanned pregnancies and sexually transmitted infections among young people remains to be seen.

“There is something that is quite different because you have this person-to-person transmitted disease,” said Kantor, who co-wrote the article with Lindberg. “It will alter people's behavior in different ways than an economic situation might.”

Imperfect virtual health care

For contraceptives, telemedicine is an effective care method — and it's likely to appeal to young people, experts said.

Providers rely mostly on patient history to prescribe contraceptives, according to a May article published in a leading pediatric medical journal. But they must shift their approaches slightly to help young patients who might be quarantined at home and unable to speak freely during virtual visits, said Tracey Wilkinson, assistant professor of pediatrics at Indiana University School of Medicine, who co-wrote the article.

Providers can use yes-or-no questions to identify and meet patients' needs in sensitive situations, Wilkinson said. In her article, a suggested flowchart includes questions such as “Are you interested in talking about pregnancy prevention today?” and “Are you currently using any method of contraception?”

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But there are major barriers. The digital divide excludes individuals who don't have technology or internet access from getting care, disproportionately affecting households that are non-white, low-income or rural, Lindberg said.

Online, birth control might not be free or as highly subsidized as it is at family planning clinics such as Planned Parenthood health centers, which provide affordable reproductive health care through federal Title X funding, Lindberg said. The cost online could make it inaccessible to some patients.

Telemedicine wasn't used extensively for younger age groups until the pandemic made it a necessity, and there's little guidance available to providers about virtual visits with minors, Wilkinson said. Rules and regulations governing interactions between minors and health care providers vary by state. In some places, minors can speak to a doctor without permission from a parent or guardian. In others, that's not the case.

New Jersey neither explicitly authorizes or prevents minors from consenting for contraception without parental approval, according to the Adolescent and Young Adult Health National Resource Center. Minors can consent for services through Title X or Medicaid, and they can access emergency contraception without parental consent.

The pandemic has also made it harder for doctors to reach young patients who might not know they need reproductive health services.

"Often, I have conversations about topics related to contraception that were not always the intended reason of the visits," Wilkinson said. "I'm taking advantage of the time I have with patients face to face."

When in-person visits were suspended, she said, "I just wasn't seeing and having the opportunities for those conversations to happen anymore."

Education

The pandemic limited access to reproductive health information even for youth who didn't need immediate services when schools transitioned to online learning.

Experts suspect sex education was minimized or skipped altogether, although they don't yet have statistics illustrating those losses.

While teens can get sex education from family and media, “the formal instruction that takes place in school is really critical,” Kantor said. “We don't think any of that has translated over to the virtual education that took place this spring.”

Kantor and her colleagues said they hope sex education will be included in online curricula this fall because schools will have had more time to plan. National sex education organizations are also putting out virtual materials that schools can adapt, she added.

In the absence of that school instruction, young people head to the internet.

“In some ways, young people have been training all of their adolescence for this pandemic,” Lindberg said. “No generation is more capable of engaging in the digital world.”

But online resources, which might not be accurate or complete, won't fill in the gaps.

“We cannot expect young people to Google their way to good health,” Lindberg said. “They can only Google the questions they know to ask.”

The long term

The pandemic's implications for young people's reproductive health could be long-lasting, experts said.

Between 2010 and 2015, more than a quarter of teen and young adult women who received contraceptive care went to Title X clinics, according to the article by Lindberg and Kantor.

Loss of income and insurance due to the pandemic could increase that figure, according to the article, but clinics may not be able to meet those demands due to coronavirus-driven

state budget cuts and the Trump administration's domestic "gag rule," which cut the Title X network's capacity by nearly half.

In a separate survey last month of 2,000 women in the U.S., Lindberg found that a third planned to delay having children due to the pandemic. Although young people might not be thinking about having children now, she added, the pandemic has touched several considerations, such as the ability to complete education, find stable employment and build intimate relationships, that will affect those decisions in the future.

"How will this group of young people find the resiliency to face these challenges?" Lindberg said. "It all ties together."

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