

Youth Reproductive Rights & the COVID-19 Response

Please reach out to
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with any questions.

Access to comprehensive reproductive health care is critical for young people, especially during a public health emergency. Young people encounter persistent barriers to accessing the care and information they need to make decisions about pregnancy, parenting, abortion, and their sexual health.

As the United States continues to face the COVID-19 pandemic, young people—particularly young people of color, LGBTQI+ and nonbinary youth, immigrant youth, and young people in the South and Midwest—are facing added barriers to reproductive health care access.

In this environment, young people must have access to information and services that are respectful, responsive to their unique needs and challenges, and uphold their dignity, autonomy, and human rights. This factsheet addresses several aspects of sexual and reproductive health and rights that governments must be held accountable for protecting, respecting, and fulfilling, including for young people whose ability to exercise these rights is further imperiled by the COVID-19 pandemic. These include:

- 1) comprehensive sexual health education,
- 2) contraceptives and testing and treatment for sexually transmitted infections (STIs),
- 3) maternal health care, including prenatal and postnatal care, and 4) abortion care.

CULTURALLY RESPONSIVE, COMPREHENSIVE, AND EVIDENCE- BASED SEXUAL HEALTH EDUCATION

In an environment characterized by heightened serious health risks, young people must be able to access comprehensive, evidence-based sexual health education that empowers them to make

healthy decisions about their lives.

Sex education that is comprehensive and culturally responsive speaks uniquely to the needs of each young person, encompassing sexual development, gender identity and expression, bodily autonomy, consent, healthy relationships, and sexual and reproductive health—including information on the full range of birth control methods and pregnancy options.

Remove barriers and expand access to sexual health education.

The COVID-19 pandemic has exacerbated gaps that young people already face in accessing accurate, unbiased information and sex education. Due to the pandemic, schools have closed their physical locations and educators are teaching online, leading to a de-prioritization of certain topics, such as sexual health education. The United States has historically failed young people in providing comprehensive and culturally responsive sex education, instead promoting and funding scientifically inaccurate abstinence-only programs. Abstinence-only programs stigmatize young people's sexual health decisions and ignore their needs by asserting that individuals should only engage in sexual activity within marriage or in heterosexual relationships. Currently, only 29 states mandate sex education, and only 17 states require that program content be medically accurate. Moreover, only 38% of high schools and



Sexual
Health

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May 27, 2020

“I think that this whole thing is just making me very numb. I honestly don’t know how to feel. Many people have asked me this question and honestly I am just surviving at this moment. Taking it day by day.”

Young Person from
URGE California

14% of middle schools provide education on all 19 topics identified by the Centers for Disease Control and Prevention (CDC) as critical sex education topics.

Due to COVID-19 school closures, young people are left with even more limited education on sexual and reproductive health, rights, and justice. While parents and guardians can be a helpful source of information on sexual health topics, they may lack accurate and complete knowledge or may be unavailable, or unable, to have these conversations. Throughout the pandemic, young people will continue to need sexual and reproductive health care and information, and must be equipped with comprehensive, culturally responsive, and evidence-based education to best meet their needs.

Elected officials at the federal, state, and local levels should acknowledge the critical importance of sex education and create systems prioritizing young people’s access to comprehensive, evidence-based information easily, within or outside of a school setting. Officials should ensure that this information is relayed from a trauma-informed lens that addresses inequities

experienced by young people of color, LGBTQI+ and nonbinary young people, young people with disabilities, and more.

CONTRACEPTIVE ACCESS AND STI TESTING AND TREATMENT

Expanding access to contraceptives and to STI testing and treatment is critical for the sexual health of young people during the COVID-19 pandemic. Young people are particularly susceptible to STIs, and face numerous structural and social barriers to accessing confidential, safe, and effective contraceptive and STI information and services. Closures of local health departments and health clinics, social distancing and self-quarantine requirements, and other factors caused by the COVID-19 pandemic have left young people with limited options for accessing STI services and obtaining contraception safely and confidentially.

Expand access to affordable contraceptives and STI testing and treatment.

Due to the COVID-19 pandemic, many young people are displaced from their homes, colleges, and universities, and from their trusted health care providers. Closures of local health care clinics, including those that provide free or low-cost sexual health screenings for young people, have left many young people to navigate the current landscape on their own, without familiar resources. For young people who rely on free or low-cost health services through their school-based health centers, school closures, displacement from campus housing, and other social distancing requirements pose challenges to accessing confidential and affordable care. For some, especially young people of color, LGBTQI+ and nonbinary young people, immigrant young people, and those with limited resources, these obstacles to obtaining birth control or STI treatment can be insurmountable.

A reduction in in-person medical appointments has made it especially difficult to obtain intrauterine devices (IUDs) or hormonal implants, which require insertion by a medical professional, thereby reducing the number of contraceptive options available. This is also true for oral contraceptives, which often require a prescription from and in-person consultation with a health care provider.

State and local health departments should work to protect access to STI and contraceptive services during the COVID-19 pandemic, with particular consideration of the needs and barriers facing young people. Officials can mitigate the harms of service disruption by expanding telehealth options for young people seeking contraceptive or STI services and by adapting public health messaging for youth audiences. States should broaden telehealth coverage for Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries as much as possible and should proactively remove any potential barriers that may impede young people’s access to these services. Pharmacies and other private health care providers should revise their policies to remove age-based barriers for sexual health services such as STI testing and should work to provide more low-cost services. In addition, schools and universities should explore ways to keep free or low-cost services available for young people displaced from their physical campuses wherever possible.

For young people, especially low-income and marginalized youth, logistical and financial barriers to acquiring and filling a birth control prescription can push contraception out of reach altogether. Over-the-counter contraceptive access should be expanded, and once the Food and Drug Administration (FDA) makes birth control pills available for over-the-counter use—as it is already in over 100

countries around the world—Congress and administrative agencies should ensure that it is covered by insurance and available without age restrictions.

SAFE, EQUITABLE, AND RESPECTFUL MATERNAL HEALTH CARE

Young people who experience pregnancy and birth during the COVID-19 pandemic are facing new sources of uncertainty and escalating barriers to safe and respectful maternal health care. Information about COVID-19 and pregnancy is still evolving, and the risks of the virus to pregnant people remain largely unknown. However, as COVID-19 strains health care system capacity, the provision of maternal health care is rapidly changing in ways that may undermine the health and rights of pregnant and birthing young people.

Improve maternal health care for young people.

Before the COVID-19 pandemic, maternal health care in the United States was already fragmented, expensive, over-medicalized, and difficult for many to access. Despite spending more money on maternity care than any other country, the United States has the highest maternal mortality ratio among wealthy nations, and illnesses and injuries caused by pregnancy complications are also rising. The majority of pregnancy-related deaths in the United States are preventable. Due to structural, institutional, and interpersonal discrimination that shapes access to resources and opportunity across an individual's lifespan, maternal mortality and morbidity disproportionately affect low-income individuals, and Black and Indigenous people of all socioeconomic backgrounds.

The stigmatization of pregnant and parenting young people makes them more vulnerable to discrimination during health care encounters. For young people of color,

those with disabilities, low-income youth, immigrant youth, LGBTQI+ and non-binary youth, and/or non-English speaking young people, the risks of mistreatment in medical settings are even greater. Provider biases—whether implicit or explicit—impact treatment decisions and affect the quality of care an individual receives.

The COVID-19 pandemic is exacerbating barriers to pregnancy-related care for everyone, and young people will be among those harmed. Young people who do not have access to independent income, health insurance, or information about their options may find it especially difficult to find a maternity care provider and initiate prenatal care. Social distancing measures have led many providers to cancel prenatal appointments or conduct them remotely. Young people may also be forced to navigate maternity care alone, under stressful circumstances that increase the risk of coercion, disrespect, and complications with medical encounters. To conserve Personal Protective Equipment (PPE), reduce transmission of the virus, and ease the strain on hospitals, some facilities and providers are encouraging birth interventions and adopting policies that limit the in-person support patients may have when obtaining pregnancy-related care, including restrictions on who may accompany pregnant people during prenatal appointments, labor, birth, and postpartum recovery. With social distancing measures in place, postpartum youth are recovering and caring for newborns in isolation and without access to adequate social and economic support.

Ensure affordable, high quality, respectful maternity care that meets young people's needs.

Access to affordable, high quality, respectful care before, during, and after pregnancy is critical to ensuring positive health outcomes. To ensure positive

“I want policymakers to consider the marginalized groups. The poor, people of color, people that do not have healthcare, college students, [and] the people that already had scarce resources before this pandemic.”

Young Person from
URGE Kansas

experiences and healthy outcomes during pregnancy and birth, young people must have access to respectful maternity care that upholds their dignity, autonomy, and human rights both during and after the pandemic. State and federal governments can promote such care by ensuring that evidence-based health care policies and resources are implemented and distributed equitably and without discrimination. Governments should ensure that young people who are pregnant have immediate access to maternal health care providers, and the ability to choose a provider they trust to deliver effective, dignified care. All people should be allowed the company of at least one support person of their choosing during labor, birth, and postpartum recovery, as recommended by the World Health Organization. Insurance coverage and financial assistance should be made available for doula services, childbirth education, and patient advocates who can help young people navigate their care and connect with needed resources. Presumptive eligibility for public insurance, and reimbursement and licensure for home, birth center, and hospital-based midwifery services, are important steps toward ensuring

that young people have adequate support during pregnancy and birth. After pregnancy, extension of pregnancy-related Medicaid coverage for a full postpartum year, accessible mental health and lactation services, and social and economic support with nutrition, diapers, and other needs are essential to safeguarding young people's health and rights as parents.

ABORTION CARE ACCESS

Young people have unique needs when accessing reproductive health care services, including abortion care. They are already disproportionately impacted by abortion restrictions such as parental involvement requirements, waiting periods, and financial constraints. Lack of privacy under stay-at-home orders, unstable housing due to on-campus housing changes, diminished health care provider options, and limited access to the courts during the COVID-19 crisis all add to the cumulative burden of an array of existing restrictions on abortion. These barriers may prevent young people from getting the timely care they need altogether. Although leading health experts in the United States have affirmed that comprehensive reproductive health care, including abortion, is essential care that should not be restricted, states such as Texas, have exploited the pandemic as an excuse to try to ban abortion. The World Health Organization (WHO) and the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) have established that, even in emergencies, abortion care is essential for preventing maternal mortality and morbidity and protecting the right to live with dignity, and thus should remain available. Forcing young people to overcome heightened barriers to abortion care under immense pressure with life-altering consequences is a violation of young people's human rights to access safe, essential health care.

Eliminate forced parental involvement requirements.

Thirty-seven states currently require parental involvement for young people (usually under the age of 18) seeking abortion care. This means that providers or clinics should either: 1) notify parents or legal guardians of young people seeking abortion care prior to an abortion, 2) document parents' or legal guardians' consent to a young person's abortion, 3) or both. Judicial bypass, or court approval, is required for those who cannot involve a parent.

Forced parental involvement laws create substantial barriers for young people seeking abortion care. The reality is that most young people voluntarily involve their parents in their abortion decisions. Those who do not have listed among their reasons that they face the threat of violence in their home, do not live with either parent, or may be kicked out of the house as a result of disclosing their pregnancy or intention to seek abortion care. Under quarantine, risks to a young person's personal safety after such a disclosure may be heightened.

Regardless of their circumstances, young people who are unable to involve their parents in states with parental involvement laws must instead navigate the court system in order to obtain a judicial bypass of these requirements. They must find information about how the judicial bypass process works and then aim to secure legal support. Those who cannot secure legal support are forced to represent themselves in front of a judge or wait for an attorney to be appointed to them after their petition is filed. This process is difficult to navigate under normal circumstances, but in the current pandemic, the judicial bypass process may be delayed or unavailable due to court closures and social distancing measures, posing even more severe challenges and delaying access to time-sensitive care.

Forced parental involvement laws that require parental consent, notification, or judicial bypass should be eliminated.

Lift abortion restrictions and make telemedicine health care easily accessible for all.

In order to limit the spread of COVID-19, many states have issued orders relaxing telehealth regulations. However, despite overwhelming evidence that medication abortion can be provided safely and effectively via telemedicine, existing state and federal restrictions on telemedicine abortion care remain in place. The FDA requires that medication abortion be provided by a registered provider in a clinic, medical office, or hospital setting, and many states have gone a step further by explicitly prohibiting the use of telemedicine for medication abortion. Many states have additional restrictions in place, such as waiting periods, forced in-person biased counseling sessions, and medically unnecessary ultrasound requirements. These restrictions delay abortion care and necessitate multiple clinic visits with additional patient-provider contact, increasing the risk of COVID-19 transmission.

Abortion restrictions that require multiple provider visits are particularly burdensome for young people, who often lack resources such as means of transportation and independent income to cover health care and travel costs. Expanding telehealth abortion services and removing multiple visit requirements would allow young people to access reproductive health care safely at home without unnecessary clinic visits and in-person interactions with health care providers, thereby reducing the risk of contracting or spreading COVID-19. Young people could be seen faster by their providers, who could focus more on providing patient-centered care. Expanded access to telehealth services

would also reduce disparities in access to care for young people in rural areas or areas where abortion care is limited.

Increasing the health care options available to young people, particularly those for whom access is already limited, is critical to alleviating burdens caused by the COVID-19 pandemic and empowering young people to control their health, wellbeing, and futures, both during and long after the pandemic.

Eliminate abortion coverage restrictions and other health care funding barriers.

Though federal COVID-19 relief legislation has increased funding for Community Health Centers, where many young people seek care, this funding continues a longstanding prohibition on insurance coverage of abortion care known as the Hyde Amendment. [The Hyde Amendment](#), passed yearly by Congress in federal appropriations legislation, denies coverage of abortion for those who receive their insurance coverage or care through the federal government—such as Medicaid and CHIP beneficiaries—limiting options for low-income young people seeking abortions.

Young people already face financial challenges that jeopardize their ability to make the best decisions for their health and futures. For many, the pandemic has cut off sources of income and methods of obtaining affordable abortion care. Even if they have the means to travel to places that offer more affordable care, doing so puts young people at an increased risk of contracting or spreading COVID-19. Federal legislative relief packages should not include funding restrictions like the Hyde Amendment, and instead should expand options for young people to access affordable, respectful abortion care locally.

CONCLUSION: RESPOND TO YOUNG PEOPLE'S UNIQUE NEEDS DURING COVID-19 AND BEYOND.

Lawmakers should recognize the distinctive needs young people have when accessing health care information and services and should take immediate steps to ensure pandemic relief efforts address these needs. The COVID-19 pandemic exposes the gaps young people already face when accessing the information and care they need to make decisions about their sexual health, pregnancy, parenting, and abortion.

Lawmakers should take steps to permanently eliminate longstanding barriers to accessing care that have inhibited young people's ability to make their own decisions about pregnancy and parenting, including passing critical legislation that centers the reproductive health, rights, and justice of young people.

Congress should increase funding for the CDC's Division of Adolescent and School Health (DASH), which supports states, districts, and schools to improve student health, and should enact legislation that supports young people's sexual health education and access, such as the [Real Education for Healthy Youth Act \(REHYA\)](#) and the [Youth Access to Sexual Health Services Act \(YASHS\)](#). Congress should also enact legislation to tear down major barriers to comprehensive abortion care for all, including the [Women's Health Protection Act \(WHPA\)](#), which would create a statutory right to access abortion free from restrictions intended to impede access to care, and the [Equal Access to Abortion Coverage in Health Insurance \(EACH Woman\) Act](#), which would eliminate abortion coverage bans and prevent government interference in insurance coverage of abortion.

State and local policymakers should expand evidence-based, culturally responsive, comprehensive sexual health education. State lawmakers should repeal abortion restrictions that limit and impede young people's decision-making. Forced parental involvement requirements for access to sexual health education and abortion should be repealed. Policymakers at all levels and health care providers should prioritize the provision of essential maternal health care services during the pandemic, and should safeguard the rights and health of pregnant, birthing, and parenting youth.

These changes in law and policy would go a long way to make care more accessible during the current pandemic and any future public health crisis and would minimize the risk of COVID-19 transmission for health care providers and young people seeking care.

ADDITIONAL INFORMATION AND RESOURCES

[Advocates for Youth](#)—Learn more about Youth Mutual Aid for Abortion Care during the COVID-19 Pandemic [here](#).

[Center for Reproductive Rights](#)—Learn more about Young People's Human Rights [here](#).

[If/When/How: Lawyering for Reproductive Justice](#)—Lawyers and law students can learn more about how to get involved and support young people's reproductive decisions [here](#).

[SIECUS: Sex-ed for Social Change](#)—Learn more about state sex education laws, policies, and guidelines [here](#).

[URGE: Unite for Reproductive Equity](#)—Learn more about Young People's Reproductive Justice Policy Agenda [here](#).