

Using a Human Rights Lens to Support Adolescent Reproductive Health

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SCHOOL OF MEDICINE
DEPARTMENT OF PEDIATRICS



INDIANA UNIVERSITY

CENTER FOR BIOETHICS

Land Acknowledgement

IUPUI stands on the ancestral lands of the Miami, Potawatomi and Shawnee people. Founded in 1969, IUPUI additionally displaced a vibrant Black community. We wish to acknowledge these injustices.



Disclosures

- My spouse works for Eli Lilly, Inc.



Reproductive Justice

- Reproductive Justice: *“The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”* (Sister Song)



Developmental Tasks of Adolescence



Decision-Making Capacity

- Capacity – the ability to appreciate the risks and benefits of clinical situation and to make reasoned choices
- Elements:
 - Understanding
 - Appreciation their own situation
 - Reason among different options
 - Voluntary choice
- Evolves across childhood and into adulthood



Development of Cognitive Capacity

- 12-14 years – Adult-type decision-making
- Empiric studies:
 - Capacity to make treatment decisions – 14 yrs (Weithorn, 1982)
 - Capacity to consent to health research – 11-12 yrs (Hein, 2014)

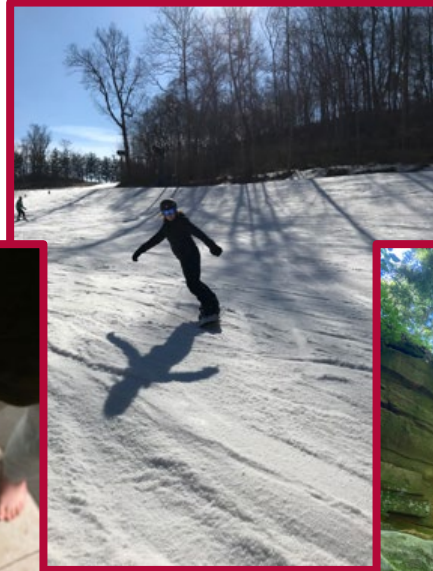


TEEN-AGE MOUSE



Risk Taking

– An Evolutionary Perspective



Capacity to Consent to Birth Control 14-21 year old females in Eskenazi Clinics

Capacity Criteria	Mean Score
UNDERSTANDING, range 0-4	3.8 +/- 0.2
APPRECIATION, range 0-6	5.9 +/- 0.2
REASONING, range 0-8	7.6 +/- 0.5
EXPRESSING CHOICE, range 0-2	2



Youth Understand Nuanced Messages

- “Yeah, keep it real...I hate when people be like ‘don’t have sex, it is not for you’. I want someone to tell me sex is ok, but if you do this make sure that you do it this way. I am for real, say sex is good, just wrap it up.”

- 18 year old mother
Gary, Indiana



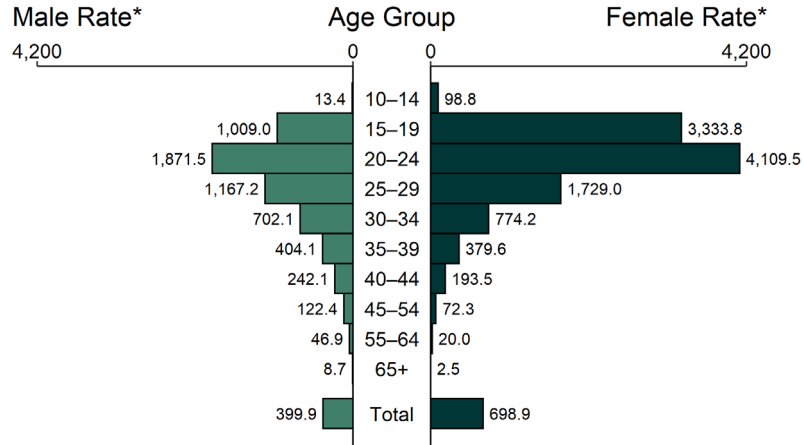
Health Equity - WHO

- “Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation).
- Health is a fundamental human right.
- **Health equity is achieved when everyone can attain their full potential for health and well-being.”**

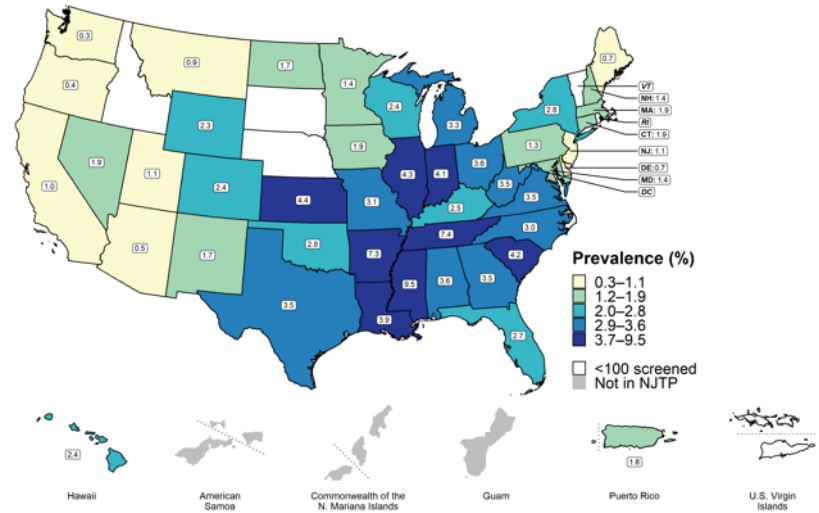
Source: https://www.who.int/health-topics/health-equity#tab=tab_1



Inequities – STIs by Age, State



Chlamydia by Age, 2019



Gonorrhea by state of residence,
at Job Corp entry, 2019



Inequities - Teen Births 2019

- Indiana 12th highest in US at 20.8 births/1000 15-19 yo
- Race/ethnicity:
 - White 17.7 births
 - Latinx 30.0
 - Black 34.5
- Rurality: 15 counties with highest teen birthrates all rural, ranging from 30.9-49.5 (1.5x - 2.5x state)



Inequitable Access to Sex Education

Sexual Health Topic	CDC defines as Essential	% IN Schools
Healthy & respectful relationships	✓	96%
Contraception (other than condoms)	✓	62%
Gender roles, identity, and expression	✓	50%
How to correctly use a condom	✓	41%
LGBTQ++ inclusive instruction	✓	41%
Taught all 19 essential sexual health topics	✓	31%

Source: 2015-16 CDC School Health Profiles
(Indiana has not participated in more recent surveys)



IN DOE Sex Education Standards

REQUIRED

- Teach AIDS instruction
- Stress abstinence until marriage
- Make 2 attempts for written parental permission

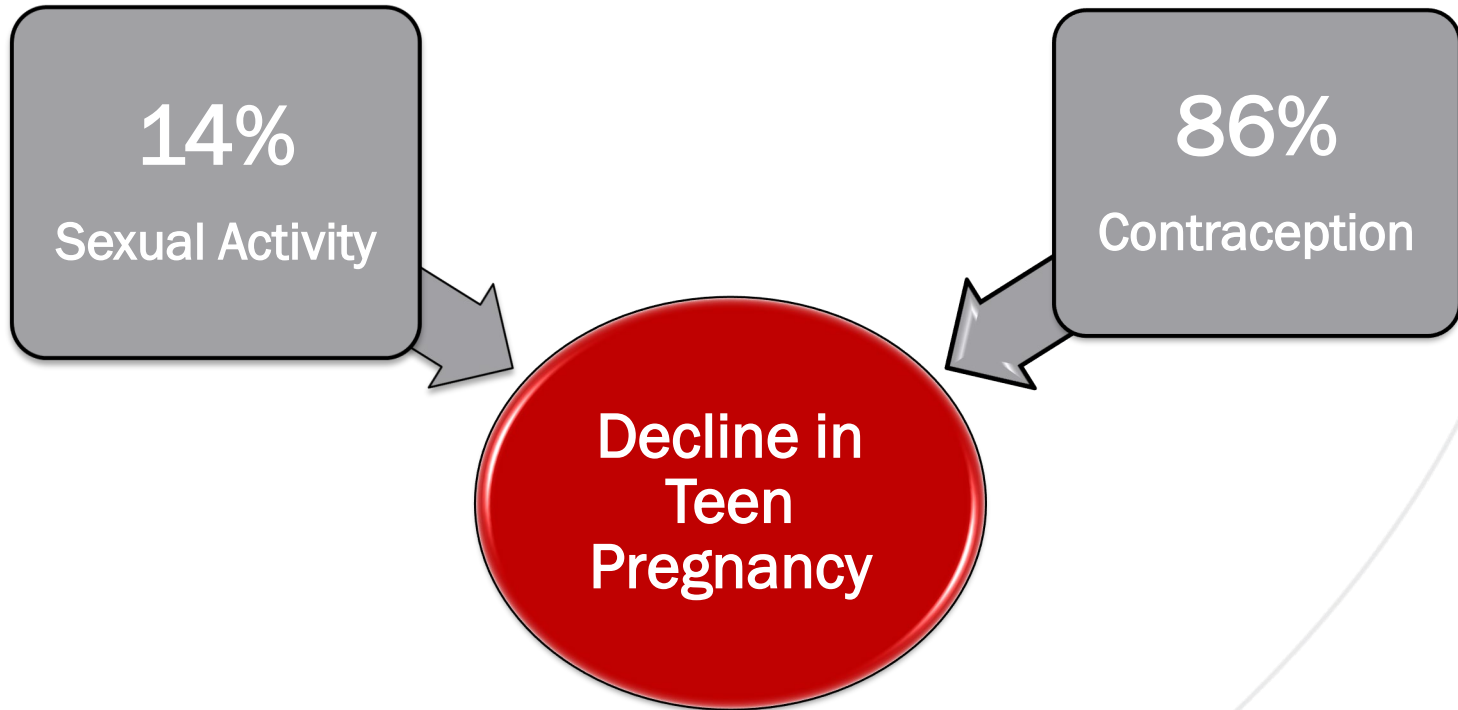
NOT REQUIRED

- Teach sex ed at all!
- Comprehensive or medically accurate
- Include sexual consent, gender, or sexual orientation



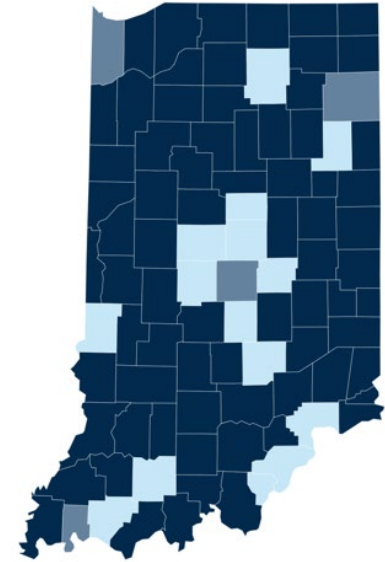
Contraception Lowers Teen Pregnancy

2006 NSFG analysis, 15–19 year olds:



Inequitable Contraceptive Access

- **>50%** “contraceptive deserts”
- **Primary Care HPSAs** → most rural counties
- ~~Minors’~~ alternative contraceptive access
(Apps, pharmacist, telehealth)



Inequitable Abortion Access





GLOBAL STANDARDS FOR QUALITY HEALTH-CARE SERVICES FOR ADOLESCENTS

*A GUIDE TO IMPLEMENT A STANDARDS-DRIVEN APPROACH TO IMPROVE
THE QUALITY OF HEALTH-CARE SERVICES FOR ADOLESCENTS*



Human Rights

UNIVERSAL

Human rights *belong to all people.*

INALIENABLE

Human rights *cannot be taken away.*

INTERCONNECTED

Human rights *are dependent on one another.*

INDIVISIBLE

Human rights *cannot be treated in isolation.*

NON-DISCRIMINATORY

Human rights *should be respected without prejudice.*



United Nations

CRC/C/GC/20*



Convention on the Rights of the Child

Distr.: General
6 December 2016

Original: English

Committee on the Rights of the Child

General comment No. 20 (2016) on the implementation of the rights of the child during adolescence



Adolescents as Rights Holders

- Rights to highest attainable health
 - Progressively exercise with evolving capacity
- Rights to sexual and reproductive health
 - Contraception & safe abortion
 - HIV/STI care
 - Freedom from violence
 - Choose partners & decide about childbearing
 - Complete & accurate sexual health information
- Right to be heard, challenge violations, seek redress

Shifting Role of Parents

Making
Decisions



Supporting
Decisions

- Provide direction and guidance consistent with evolving capacity
- Take into account the adolescents' views
- Provide a safe and supportive environment for adolescents to exercise those rights

General Comment No. 4: Adolescent health and development. New York (NY): United Nations Committee on the Rights of the Child; 2003 (CRC/ GC/2003/4).



Role of State Policies in Adolescent SRH

- Recognize unique vulnerabilities
- Health systems meet sexual health needs (including contraception & safe abortion)
- Provide sexual health information & services
- Privacy and confidentiality, including services without parental consent
- Educate and support parents - enhances their capacity to build relationships of trust/confidence with adolescents

Views on Communication No. 17/2008: Alyne da Silva Pimentel Teixeira v. Brazil. Geneva: UN Committee on the Elimination of Discrimination against Women; 2011 (CEDAW/C/49/D/17/2008).



Our future: a *Lancet* Commission on adolescent health and wellbeing

THE LANCET

~~Big problem~~ Huge opportunity

This generation of adolescents and young adults can transform all of our futures;
there is no more pressing task in global health than ensuring they have the resources to do so.

