



Vaccinating Our Children for Sexually Transmitted Diseases?

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In October of 2011, an advisory committee of the Centers for Disease Control and Prevention (CDC) in Atlanta recommended that 9 to 12 year old boys be vaccinated against the human papillomavirus (HPV), a virus transmitted through sexual contact. The goal of the recommendations was to prevent cancers caused by HPV, such as certain cancers of the digestive tract.

The same committee had already recommended, back in March of 2007, that girls and young women between the ages of 9 and 26 be vaccinated against HPV, to help prevent various cancers of the reproductive tract, such as cervical cancer.

While the motivation to prevent cancer and diseases is clearly good, a universal recommendation of this type raises ethical concerns. Because the recommendations of the committee relate to important aspects of human behavior and sexuality at formative ages for children and adolescents, parents need to look at the psychological and social messages they might be conveying by choosing to vaccinate their children against HPV. Beyond all the medical considerations, parents also have a duty to inoculate their children against harmful and immoral behaviors. Thus, decisions

about vaccinations ultimately need to be made on a case-by-case basis within a particular family.

Parents are often rightly concerned that getting their kids vaccinated for a sexually-transmitted virus could be taken to signal tacit approval of pre-marital sex. Young people might surmise that their parents and physicians do not believe they can remain chaste, but instead begrudgingly expect them to become sexually active prior to marriage.

The widespread phenomenon of condom distribution among youth certainly conveys the same message, and young people today are not fools; they perceive how the culture around them has caved in on this question, no longer insisting, or even believing, that they have the wherewithal to refrain from pre-marital sex. Girls and boys are no longer treated as free individuals who can make higher and better choices when encouraged and supported, but instead are treated as mere creatures of sexual necessity.

I recall one time speaking with a middle-aged woman about the CDC vaccination recommendations. She commented:

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“When I was a girl, if my mom had taken me to get vaccinated for a sexually transmitted disease, I would have been horrified,” she said. “I would have wondered to myself, ‘What does she suppose I am, a tramp or something?’”

Parents do need to be careful about conveying a sense of fatalism when it comes to questions of the sexual behavior of their kids. Against the backdrop of a highly permissive culture, parents, who are the first educators of their children in sexual matters, are right to be concerned about sending conflicting messages.

Pursuing universal vaccination for sexually transmitted diseases like HPV could have the unintended effect of setting up a false sense of security, a kind of mental “safety net,” for boys and girls who are potentially sexually active. In the hormonally-charged environment of adolescence, young people might come to believe that the risks of premarital sex would be reduced by the vaccination, to the point that they would be “protected” and could risk promiscuous behaviors, when in fact, they would be increasing their odds of contracting

sexually transmitted diseases of any kind.

To consider an example where using the HPV vaccine might be sensible, we could consider a young woman who had been chaste all her life but who was preparing to marry a man whom she suspected had been sexually active (and might therefore expose her to HPV in their marriage). She could decide, prior to marriage, that receiving the HPV vaccination would be reasonable, and even without any suspicions about her future spouse’s past behavior, she might still prefer to leave nothing to chance.

Evaluating the potential risks and benefits of vaccinating boys or young men would similarly indicate various situations where the HPV vaccination would be reasonable. Also, at younger ages, children may not need to know the exact purposes behind a vaccination. They could simply be told by their parents (if they even asked) that the vaccine would protect them against possible cancers in the future.

Parents themselves, however, might still have doubts about the safety of the HPV vaccine, given that its side effects and complications are still being actively debated and stud-

ied. They might still have questions about its long-term benefits since it affords only a 5 year window of protection, and has only been surmised, but never scientifically demonstrated, to prevent cancer at a timepoint far in the future.

In sum, many factors need to be considered. Rather than a universal mandate, a careful, case-by-case risk/benefit analysis ought to be made by each family to determine whether the HPV vaccine is a reasonable choice, not only medically, but also in terms of where a young person may be in his or her life as a “moral agent.”

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