

## MINIMUM AGE OF MEDICAL CONSENT (WITHOUT PARENTAL CONSENT)

- Access to health care and counseling for adolescents relates to the right to health and health services articulated in Article 24 of the CRC, which provides that "States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services."
- Traditionally, consent for healthcare is understood as falling within the scope of parents' primary responsibility in the child's upbringing and development (art. 18 of the CRC). This principle however needs to be balanced with the evolving capacities of children to make decisions concerning their lives, and their right to information.
- Domestic laws should not state a minimum age for access to medical information, counseling and testing without parental consent. They should contain explicit provisions requiring universal access, in particular for sexual and reproductive health, and guaranteeing the privacy and confidentiality of information.
- When setting a minimum age for medical treatment without parental consent, laws should provide for mechanisms to waive the minimum if the adolescent demonstrates adequate maturity and understanding of the implications of the medical decision.
- Health providers should be sensitized to the need to offer adequate counseling and testing to adolescents, regardless of their age.
- On sexual and reproductive health matters, the minimum age of medical consent should never be higher than the age of sexual consent.

*When dealing with sexual and reproductive health, the obligation to inform parents and obtain their consent becomes a significant barrier with consequences for adolescents' lives and for public health in general.*

## AGE OF MEDICAL CONSENT – A SIGNIFICANT ISSUE FOR ADOLESCENTS' RIGHTS IN LAC

Latin America and the Caribbean is the world region where the fertility rate for women aged 15-19 is the highest after sub-Saharan Africa. While maternity rates decreased in all age groups of the countries in the region, they continue to increase in adolescents between 15 and 19 years of age.<sup>1</sup> It reached over 12.5 per cent of all adolescent girls in the region in 2010.

A systematic increase in the proportion of unwanted births among adolescents, which, in the majority of the countries where data is available, is higher than in the total population, suggesting that many adolescents do not have access to sexual and reproductive health information and services that would support them in family planning and to prevent unwanted pregnancy.

**82.000**  
**ADOLESCENTS**  
**10 to 19**  
live with HIV

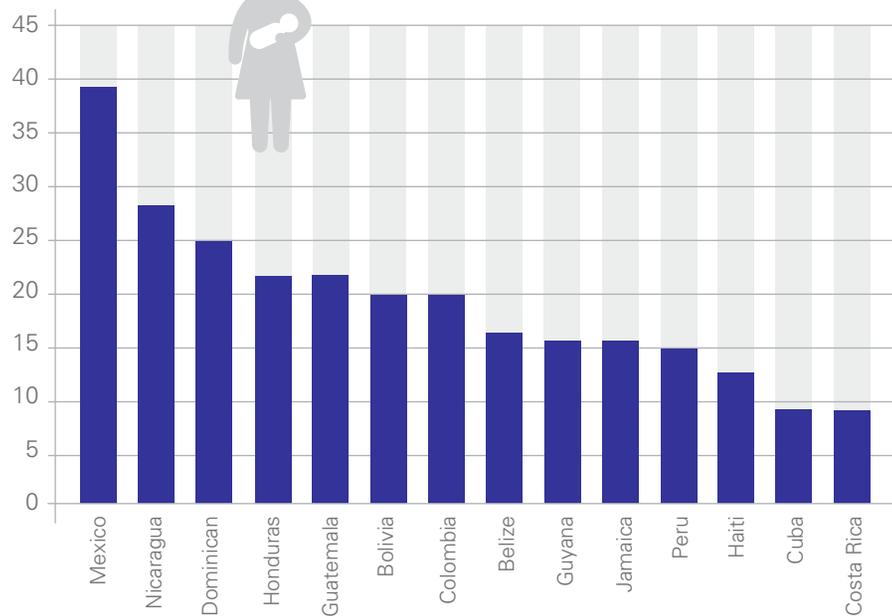


<sup>1</sup> ECLAC, Notes for Equality, no. 5.

<sup>2</sup> United Nations Children's Fund, Towards an AIDS-Free Generation – Children and AIDS: *Sixth Stocktaking Report, 2013*, UNICEF, New York, 2013.

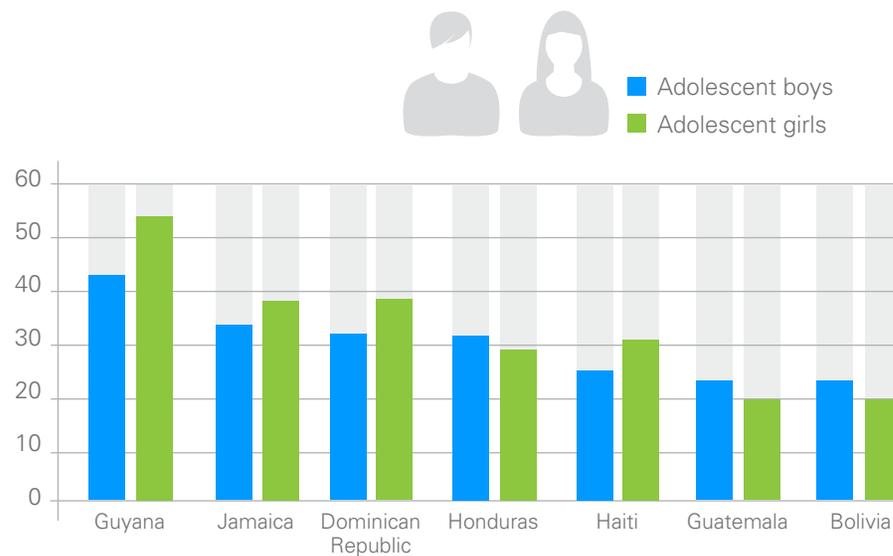
<sup>3</sup> UNICEF, Guía regional sobre adolescentes, 2014.

## BIRTH BY AGE 18



Source: UNICEF datasets, State of the World's Children 2014.

## COMPREHENSIVE KNOWLEDGE OF HIV



Source: UNICEF datasets, State of the World's Children 2014.

## RECOMMENDATIONS

- Domestic laws should not state a minimum age for access to medical information, counseling and testing without parental consent. They should contain explicit provisions requiring universal access, in particular for sexual and reproductive health, and guaranteeing the privacy and confidentiality of information.
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