



**Keys to youth-friendly services:
Obtaining informed consent**

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Obtaining the consent of your client before treating them is a cornerstone of good medical practice and in most countries, a legal requirement, and the process of obtaining it is a specific example of when health professionals must apply the concept of evolving capacity. When you are providing sexual and reproductive health services to young people, it is important to include them in the decision-making process. To be fully included in the decision-making process and to give informed consent, young people need accurate and comprehensive information presented in an accessible manner.

Sexual rights



Sexual rights are an evolving set of entitlements related to sexuality that emanate from internationally-recognized human rights to freedom, equality, privacy, autonomy, integrity and dignity. Consent links the right to participation with the rights to information and health.

Article 8 of Sexual Rights: An IPPF Declaration states that young people must be able to access information that is comprehensive enough for them to be able to make independent, informed decisions about their sexual and reproductive health. Information must be presented in an understandable way and in a way that is consistent with the young person's maturity level.

Article 7 of the Declaration gives every young person the right to enjoy the highest attainable standard of sexual and reproductive health. Many barriers – legal, cultural, financial, logistical, etc - prevent young people from accessing the services they require to exercise this right. Crucial to the realization of this right is the removal of legal barriers, such as parental consent laws, and health professionals are often the most credible advocates for the removal of such barriers.

By giving their young clients a voice – supporting and helping them to understand their rights – you can provide them with the tools they need to make informed choices about their sexual and reproductive health.

The legal framework for consent

Legal limitations on young people's ability to consent to treatment and care vary from country to country. In the UK, for example, when a young person reaches the age of 16, he or she is presumed in law to be competent to consent to clinical treatment. In Kenya the age of consent to treatment is 15 whilst it is as high as 18 in Zimbabwe, Mozambique and Zambia.¹ You should be aware of the laws that govern young people's consent in your own country context.

It can help to use a proven framework for establishing competency to give consent for health services. One example is the Fraser Guidelines, used in England and Wales to ascertain whether young people under the age of 16 are competent to consent to treatment. The guidelines assist and protect health professionals in the provision of sexual and reproductive health services to young clients who have not yet reached the legal age of maturity while, at the same time, provide capable young people of accessing services without a parent or guardian.

Although an age limitation for consent exists in the UK, the application of the Fraser Guidelines mean that if a young woman under the age of consent presents herself at a clinic, the health professional can provide her with advice and services so long as certain criteria are met. This approach seems to be a good compromise between the age limitation approach, which provides certainty and predictability for young people who are 16 or older, and the evolving capacities approach, which allows competent under-16s the opportunity to participate in and make decisions related to their sexual and reproductive health (see Keys to youth-friendly services: understanding evolving capacity for more information).

In applying the Fraser Guidelines, a health professional could proceed to give contraceptive advice and treatment if satisfied that the following criteria are met:

- 1) that the young person (although under the age of 16 years of age) will understand the advice;
- 2) that the health professional cannot persuade the young person to inform his/her parents or to allow him/her to inform the parents that he/she is seeking contraceptive advice;
- 3) that the young person is very likely to continue having sexual intercourse with or without contraceptive treatment;
- 4) that unless the young person receives contraceptive advice or treatment his/her physical or mental health or both are likely to suffer;
- 5) that the young person's best interests require the provision of contraceptive advice, treatment or both without the parental consent.

Establishing, understanding and modelling consent

It is important that you provide young people with all the facts and information they need to make an informed decision based on a clear understanding of the options you are proposing, whether that is STI testing or contraceptive fitting, one-to-one counselling or group work on sexual health.

Always keep in mind that it may be the first time that a young person has had to make his or her own decisions or take responsibility for his or her own body. Even walking into a clinic for the first time is a huge step for a young person, and they may lack the confidence to manage the decisions that follow. The process is an important part of personal development, and can be a positive experience and immensely empowering for them.

It helps to visualize a model of obtaining consent: what does the ideal scenario look like? Write down each step of the process, each simple decision from the very beginning, including the time and location of the appointment. Consent is closely linked to choice and control, and giving the young person choices – however small – establishes a feeling of being in control from the outset, helping to prepare them for the bigger decisions that are likely to follow.

It can also help to use different words for consent that may be more familiar to the young person – such as agreement, authorisation, or permission – and to put consent into context by using an example they will understand, such as the concept of a parental consent form for a school trip.

Asking questions is a simple way of establishing understanding and informed consent. Here are just a few examples:

- How much do you know about the contraceptive methods available?
- Would you mind if I ask some questions to assess your risk of chlamydia?
- Do you have any concerns about the options presented?
- Would you like a bit more time to think about this?

Always preface your questions by giving the young person the right to refuse to answer, if they need it. For example, “I need to ask you a few questions – if you feel uncomfortable at any point, just tell me you don’t want to answer.” It is also important to reinforce the young person’s right to change their mind at any stage of the process, using statements such as: “I can stop at any time”; “You can change your mind”; or “Are you sure you want to go ahead?”

Finally, it’s vital to reinforce that all discussions are confidential. You should always obtain consent to break that confidentiality if you have reason to suspect that the young person in your care is being abused or exploited: “I’m really concerned about your situation and I’d like to talk to someone...”.

Case study one: contraception

A 16-year-old female asks you for contraception. You have examined her medical history to establish that no method of contraception is contraindicated. You have also informed her of her right to confidentiality as well as the situations in which you may be obliged by law to breach that confidentiality.

Assuming she has never used contraception before, discuss all methods of contraception, using a leaflet or other visual materials. You explain the efficacy of each contraceptive method, including abstinence, condoms, sterilization, long-acting reversible methods (IUD, implant and injection) and user-dependent methods (pills, patch).

Clearly explain the differences, cost, benefits, shortcomings and possible side-effects of each available method, then ask the young person which method they think sounds best for them. Check their understanding before prescribing any method, and reinforce the fact that they can change their mind at any time.

Finally, finish the consultation by explaining how to use their chosen method, answering any questions, and providing leaflets on other related topics to support them in their decision.

A youth-friendly health professional...



- Always acts in the best interests of the client, taking the time to understand their needs and circumstances and offering clear choices supported by easy-to-understand information.
- Treats all young people with respect, trust and empathy, is non-judgemental and friendly, and keeps an open mind.
- Balances the young person's need for familial or peer support with the need to see the client alone at some point during the consultation, to enable them to speak freely about their needs and concerns.
- Treats every young person as an individual, with differing needs and concerns, different levels of maturity and an understanding of their sexual and reproductive rights.
- Never assumes a level of knowledge, but instead describes processes using clear language, open questions, and visual aids or tools if appropriate.
- Always checks understanding, offers alternatives, and stresses that young people can change their mind at any time.
- Provides enough time for the young person to make a decision, and never places pressure on them to consent to treatment.
- Provides support and advice throughout the process of gaining consent.
- Documents discussions with young people clearly and fully, to demonstrate informed consent.

Resources



United Nations Convention on the Rights of the Child (1989) Available at: <http://www2.ohchr.org/english/law/crc.htm>

Accessed 23 March 2011.

Brook. (2010) Consent to medical treatment. Available at: <http://www.brook.org.uk/professionals/information/sex-and-the-law/consent-to-medical-treatment>

Accessed 23 March 2011.

UK Family Planning Association. (2009) Under-16s: consent and confidentiality in sexual health services. Available at: <http://www.fpa.org.uk/professionals/factsheets/consent>

Accessed 23 March 2011.

UK Department of Health (2001) Seeking Consent, Working with Children. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4007005

Accessed 23 March 2011.

World Health Organisation (2006) Consent and Confidentiality: Increasing Adolescents' Access to Health Services for HIV and SRH. Available at: http://www.searo.who.int/LinkFiles/Meetings_SEA-AHD-12.pdf

Accessed 23 March 2011.

¹ Ministry of Gender Equality and Child Welfare – Namibia, UNICEF. Consent to Medical Treatment, Contraceptives and Testing. Available at: <http://www.lac.org.na/projects/grap/Pdf/CCPA18-MedicalConsent.pdf>
Accessed on 5 April 2011.

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