



Legal minimum ages and the realization of adolescents' rights

A review of the situation in Latin America and the Caribbean

This publication provides strong evidence of UNICEF's assault on parental rights.

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**Direct quotes from UNICEF's
"Legal Minimum Ages and the Realization of Adolescents' Rights: A Review of the
Situation in Latin America and the Caribbean"**

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Below are direct excerpts from this publication that were prepared by Family Watch International. These excerpts provide clear evidence of UNICEF's assault on parental rights.

"When dealing with sexual and reproductive health, the obligation to inform parents and obtain their consent becomes a significant barrier with significant consequences for adolescents' lives and for public health in general." (Pg. 30)

"... in some areas the very requirement of parental consent may put children at risk, for example with respect to marriage and in relation to sexual and reproductive health." (Pg. 12)

"... topics for which adolescents may demonstrate increased maturity and ability to make informed choices. This is the case in relation to medical treatment, in particular for sexual and reproductive health, where consent can be deemed valid at a lower age following an assessment of the child's maturity and understanding." (Pg. 12)

"Yet here it is about transferring the ability to consent from parents or legal guardians to the child, therefore increasing the adolescent's autonomy in exercising rights." (Pg. 12)

"... legal minimum ages can be waived to transfer consent from the child to parents, thereby weakening the protection the law offers." (Pg. 12)

"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." (Pg. 28)

"... for adolescents, the possibility to have access to sexual and reproductive health services without parental consent is a critical dimension of access." (Pg. 30)

"In accordance with their evolving capacities, children should have access to confidential counseling and advice without parental or legal guardian consent, where this is assessed by the professionals working with the child to be in the child's best interests." (Pg. 32)

"States should review and consider allowing children to consent to certain medical treatments and interventions without the permission of a parent, caregiver, or guardian, such as HIV testing and sexual and reproductive health services, including education and

guidance on sexual health, contraception and safe abortion. (General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health)” (Pg. 32)

“States parties need to introduce legislation or regulations to ensure that children have access to confidential medical counselling and advice without parental consent, irrespective of the child’s age, where this is needed for the child’s safety or well-being. Children may need such access, for example, where they are experiencing violence or abuse at home, or in need of reproductive health education or services, or in case of conflicts between parents and the child over access to health services.” (Pg. 32)

“The right to counselling and advice is distinct from the right to give medical consent and should not be subject to any age limit. (General Comment on the right to be heard, paragraph 101).” (Pg. 32)

“Similarly, in its General Comment on adolescent health and development, the Committee has emphasized that **‘States parties should ensure that [adolescents] have access to appropriate information, regardless of their marital status and whether their parents or guardians consent.’**” (Pg. 32)

“In relation to consent to medical treatment, the Committee advocates for provisions that set a minimum age, while at the same time **recognizing that a younger child may demonstrate capacity to form informed views and should therefore be heard ...**” (Pg. 32)

“... the Committee strongly recommends that States parties ensure that, **where a younger child can demonstrate capacity to express an informed view on her or his treatment,** this view is given due weight. (General Comment on the right to be heard, paragraph 102).” (Pg. 32)

“The CEDAW Committee has also addressed the issue of **access of health, in particular sexual and reproductive health for adolescents, underlining the importance of confidentiality:** States parties should ensure, without prejudice and discrimination, the right to sexual health information, education and services for all women and girls (...).” (Pg. 32-3)

“In particular, States parties should ensure the rights of female and male adolescents to sexual and reproductive health education by properly trained personnel in specially designed programmes **that respect their rights to privacy and confidentiality.** (CEDAW General Comment on the right to health, paragraph 18).” (Pg. 33)

“Age is one of the significant barriers adolescents meet with in accessing health services, particularly sexual and reproductive health services.” (Pg. 35)

“Given the high rates of early sexual initiation in the region, in particular for girls, **the question of the minimum for medical consent without parental consent is a critical public health issue.**” (Pg. 35)

“It is important to differentiate access to medical information, counseling and testing, and access to medical treatment. **According to international standards, the former should not have any**

minimum age, while the latter **may** involve parental consent and should provide **the possibility to set a lower age according to the child's maturity**. In all cases, confidentiality is an essential element.” (Pg. 35)

“**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.” (Pg. 35)

“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.” (Pg. 35)

“Health providers should be sensitized to the need to offer adequate counseling and testing to adolescents, **regardless of their age**.” (Pg. 35)

“International standards differentiate medical information and counseling, for which **no minimum age should be set, and medical treatment for which parental consent may be required** under a certain age with the possibility to waive the minimum age when the child demonstrates adequate maturity and understanding.” (Pg. 57)

“**Testing should be understood as falling under the scope of medical information and counseling and be performed without the parental consent requirement**.” (Pg. 57)

“**Laws should avoid criminalizing consensual sexual activity between underage adolescents** taking into consideration the age difference and possible balance of power in determining the validity of consent.” (Pg. 64)

“**Discriminatory provisions, in particular on the basis of gender and sexual orientation, should be removed**.” (Pg. 64)