

Knowledge of Adolescent Consent and Confidentiality Laws and Use of Sexual and Reproductive Health Care among Adolescents

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INTRODUCTION

In 2017, researchers from the Center for Interdisciplinary Inquiry and Innovation in Sexual and Reproductive Health (Ci3) at The University of Chicago sought to explore the context within which young people on the South Side of Chicago seek sexual health care services. We conducted a survey with more than 300 high school students from two South Side Chicago schools. Part of the survey explored knowledge among young people about their legal rights to seek sexual and reproductive healthcare services; we discuss these findings in this brief.

Despite laws that provide adolescents the legal right to obtain sexual and reproductive health services without parental consent, many young people were not aware of this fact.

BACKGROUND

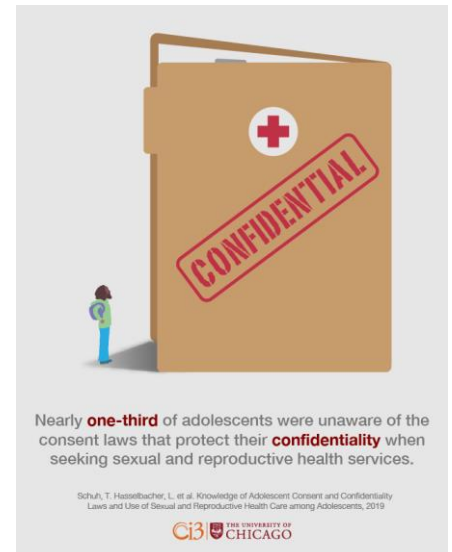
The majority of states allow minors 12 and older to consent to STI services and contraception care in recognition that some minors may not seek services if they were forced to involve a parent. Prior research has shown that youth may forego needed health care due to concerns about privacy and confidentiality.^{1,2} Specifically related to sexual and reproductive health (SRH) care access, young people's fears and concerns around confidentiality and consent are linked to lower use of contraceptives and higher adolescent pregnancy rates.³ While many minors may involve a parent when seeking SRH services, there are laws in place which recognize that not all adolescents would seek SRH care if they had to include a parent or guardian. These laws aim to improve health outcomes and access for young people.

Current Illinois statutes allow minors (young people under age 18) to consent to several sexual and reproductive health services without involving a parent or guardian:

- Testing and treatment for sexually transmitted infections (STIs) if 12 years of age or older;⁴
- Contraception services (including pregnancy testing);⁵
- All healthcare if the minor is pregnant, a parent, married or emancipated;⁴

Young people who are pregnant under 18 years old can consent to an abortion in Illinois, but an adult family member (parent, grandparent, legal guardian, stepparent who lives in the home) must be notified prior to a minor's abortion⁶.

Both consent and confidentiality are important for young people. In general, a minor who can consent to care should have their health information treated as confidential; Illinois law contains several provisions that protect the confidentiality of information associated with sexual health care. In some situations, the healthcare professional is encouraged to inform parents or assist the minor in sharing information with parents, but the laws do not require providers to disclose information in these situations. Furthermore, these laws do not allow for disclosures that would be detrimental to the minor, that do not serve the minor's best interest, or that are not necessary to ensure the minor's safety.⁷ Furthermore, federal regulations prohibit disclosure when a minor has consented to family planning services that are funded by Title X or Medicaid.



If providers and young people are unaware of the laws and their legal ability to seek sexual health care without an adult, young people may not receive needed services. Research shows that both adolescent patients and providers lack information about consent and confidentiality laws. For instance, providers in a University of Michigan survey answered just over half of the legal knowledge questions correctly. In addition, after taking the survey, 76.6% of physicians felt they needed additional training on confidentiality law.⁸ In 2011 and 2014, colleagues in the University of Chicago Section of Family Planning conducted surveys with South Side high school students and also found many adolescents were unaware of consent laws. This can be a challenging topic for young people and parents alike, but there is strong support among both groups for access to confidential care. For example, in a recent nationally representative survey of 1,209 adolescents between 13–18 years-old and their parents, over half of adolescents (51.1%) and nearly half of parents (44.8%) agree that adolescents getting tested for STIs should be confidential.⁹

Knowledge of consent laws continues to be a challenge and new approaches to increasing awareness about the rights of minors to see sexual health care are needed.

2017 SCHOOL-BASED SURVEY

In 2017, Ci3 surveyed 308 adolescents, aged 14 to 18 years, with a mean age of 16.3 years at two high schools on the South Side of Chicago. Most participants were Black/African-American, and over half were female. About one in five participants identified as Hispanic/Latinx.

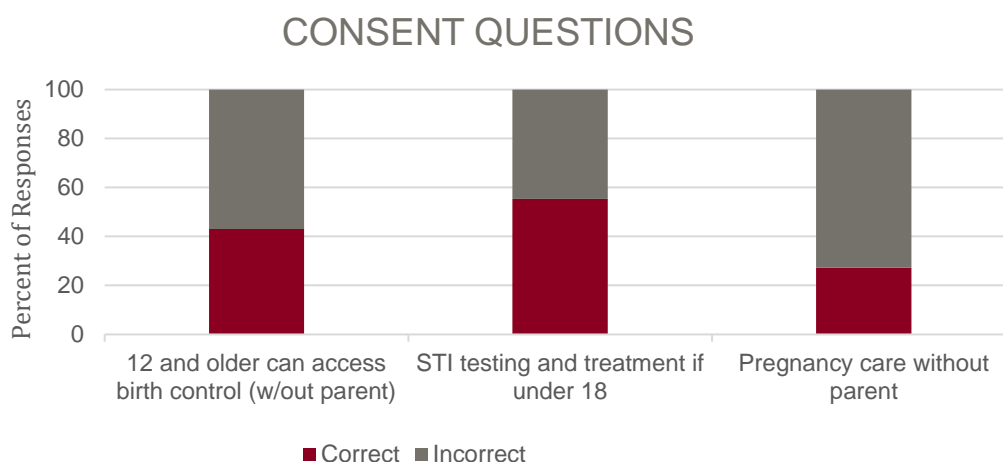
FINDINGS

Participants from surveyed high schools need both sexual health services and education about their legal right to access these services. Within our sample, 41% of students reported ever having vaginal or anal intercourse. Among students who ever had sex, 43% of participants had ever been tested for HIV, and 61% had ever been tested for other STIs. At last sex, 51% of participants reported using a condom and approximately 33% reported using a form of birth control other than a condom.

Nearly one-third of adolescents who took part in our survey were unaware of the consent laws that protect their confidentiality when seeking sexual and reproductive health services. Overall, 14.9% of respondents answered all three legal consent questions correctly, and 30.7% did not answer any of the legal consent questions correctly.

Forty-three percent of students surveyed knew that adolescents aged 12 years and older could access birth control without parental consent, and 55.4% knew that adolescents under 18 can access STI testing and treatment without parental consent. Only 27.2% knew that adolescents do not need a parent to receive pregnancy care (Figure 1).

Figure 1. Participant Knowledge of Consent Laws



Concerns over parental awareness of sexual activity prevented nearly 20% of respondents from seeking sexual and reproductive health care. When asked, “have you ever avoided seeing a doctor or nurse about birth control, STIs or pregnancy because you didn’t want your parent(s) to know about your sexual activity”, 17.7% of respondents answered **yes**.

DISCUSSION

Findings from Ci3’s 2017 school-based survey, along with other national studies^{10,11,12}, suggest that young people avoid care due to concerns about confidentiality, despite laws in place to protect them. Addressing concerns about confidentiality and supporting adolescents’ ability to obtain sexual health care could encourage young people to seek care. Connecting youth to supportive sexual health care could be particularly influential in Chicago neighborhoods where young people experience disproportionately high rates of unintended pregnancy and sexually transmitted infections (STIs). Research suggests that the majority of pregnancies among youth aged 15 to 19 years are unintended¹³ and teens on the South and West Side of Chicago have birth rates nearly 2.5 times Chicago’s overall teen birth rate, which is 1.5 times higher than the national teen birth rate.¹⁴ In 2016, rates of chlamydia and gonorrhea infections among youth on Chicago’s South Side were more than 20 times the rates among youth living in neighborhoods on the North Side of Chicago.¹³

These disparities in sexual health outcomes do not stand in isolation; they reflect deeper and more complex systemic and structural barriers – transportation, community violence, economic and housing instability, among other factors – that interfere with a young person’s ability to seek and obtain care. At the same time, young people should have an understanding of their right to access sexual health care.

Multiple U.S. professional medical associations endorse confidential health care for adolescents. Specifically, it is recommended that adolescents spend time alone with their provider and that providers do not disclose protected information to parents or guardians.^{15,16} The American Academy of Pediatrics recommends confidential sexuality discussion and education during annual health maintenance visits.¹⁷ Providers should also remind young people of their right to confidential services and offer ways to help them navigate their right to privacy of care or offer to support conversations with trusted adults. Professional organizations also recommend assessment of clinic policies around insurance and billing, as well as electronic health record (EHR) systems and other communication channels (e.g., lab results, prescriptions) that can jeopardize confidentiality for young people. In case the provider or clinic cannot guarantee confidentiality, young people should be informed at the beginning of the visit. Training providers to ensure they understand confidentiality laws and apply them to their practice, as well as creating targeted messaging to help young people understand their right to confidential care, is critical to improving quality care for adolescents.

Ci3 IMPACT

Ci3 is committed to connecting students to high-quality sexual health care. The findings of Ci3's recent study underscore the need to engage more deeply with local schools, students, parents and community organizations to improve awareness about the laws that enable young people to seek confidential SRH care on their own. In response, Ci3 has been inviting local youth and other stakeholders to collaborate to design new ways to reach young people in schools, mobile health clinics, and traditional brick-and-mortar clinics, more widely.

To date, these joint efforts include:

- Designing branded content that speaks to young people and is more effective in raising awareness about their legal rights to SRH care. This information is shared through posters, palm cards, and sandwich boards, as well by text messaging, social media and a series of in-school performances and workshops.
- Developing and sharing communication strategies that would encourage young people and their parents, guardians, or other trusted adults, to conversations about sexuality and sexual and reproductive health care.
- Identifying local forums to engage parents, guardians, school administrators, and community stakeholders in conversations about consent and confidentiality laws.
- Training and coaching providers and clinical support staff on Illinois consent and confidentiality laws as well as providing technical assistance about how to ensure their systems maintain confidentiality.

If you are interested joining Ci3 in these efforts to increase awareness, please contact Lee Hasselbacher at lhasselbacher@bsd.uchicago.edu

REFERENCES

1. Spear SJ, English A. Protecting confidentiality to safeguard adolescents' health: finding common ground. *Contraception*. 2007; 76(2):73-76.
2. Ford CA, Millstein SG, Halpern-Felsher BL, et al. Influence of physician confidentiality assurances on adolescents' willingness to disclose information and seek future healthcare. A randomized controlled trial. *JAMA* 1997;278:1029-34.
3. English A. Sexual and reproductive health care for adolescents: legal rights and policy challenges. *Adolescent medicine* 2007; 18(3):571 -581.
4. Consent by Minors to Medical Procedures Act, 410 ILCS 210/4.
5. Birth Control Services to Minors Act, 325 ILCS 10/0.01 et seq.
6. 750 ILCS 70/10, Parental Notice of Abortion Act of 1995.
7. English A, Mulligan A, Coleman C. Protecting Patients' Privacy in health Insurance Billing & Claims: An Illinois Profile. National Family Planning & Reproductive Health Association. June 2017.
8. Riley, M., Ahmed, S., Reed, B. D., & Quint, E. H. Original Study: Physician Knowledge and Attitudes around Confidential Care for Minor Patients. *Journal of Pediatric and Adolescent Gynecology*, 2015; 28, 234-239.
9. Song X, Klein J, Hanying Y, Catalozzi M. et al. Parent and Adolescent Attitudes Towards Preventative Care and Confidentiality. *Journal of Adolescent Health*; 2019; 64, 235-241.
10. Fuentes L, Ingerick M, Jones R, Lindberg L. Adolescents' and Young Adults' reports of Barriers to Confidential Health Care and Receipt of Contraceptive Services. *Journal of Adolescent Health*. 2018; 62(1):36-43.
11. Ford CA, Millstein SG, Halpern-Felsher BL, et al. Influence of physician confidentiality assurances on adolescents' willingness to disclose information and seek future healthcare. A randomized controlled trial. *JAMA*. 1997;278: 1029-34
12. Jones RK, Purcell A, Singh S, et al. Adolescents' reports of parental knowledge of adolescents' use of sexual health services and their reactions to mandated parental notification for prescription contraception. *JAMA*. 2005; 293:340-8.
13. Mosher WD, Jones J, Abma JC. Intended and unintended births in the United States: 1982-2010. National health statistics reports; no 55. Hyattsville, MD: National Center for Health Statistics. 2012.
14. Dircksen JC, Prachand NG, et al. Healthy Chicago 2.0: Partnering to Improve Health Equity. City of Chicago, March 2016.
15. A. English, M.J. Park, M.-A. Shafer, et al. Healthcare reform and adolescents—an agenda for the lifespan: A position paper of the Society for Adolescent Medicine *J Adolesc Health*, 45 (2009), pp. 310-315.
16. Adolescent confidentiality and electronic health records. Committee Opinion No. 599. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2014;123:1148-50.
17. Breune CC, Mattson G. Adolescence CO, Health C on PA of C and F. Sexuality education for children and adolescents/ *Pediatrics*, 2016; 138. p. e20161348

