FEDERAL MINISTRY OF HEALTH

GUIDELINES FOR YOUNG PERSONS' PARTICIPATION IN RESEARCH AND ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN NIGERIA

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Federal Ministry of Health,

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You are all deeply appreciated for your consistency and belief in partnership for strategic health development for which the improvement of involvement of young persons' in Sexual Reproductive Health (SRH) in Nigeria would represent one of the most befitting legacies of our partnership.

Linus N. Awute, mni
Permanent Secretary,
Federal Ministry of Health

FOREWORD

Sexual and Reproductive Health (SRH) consequences disproportionately affect children, adolescents, and young persons. They account largely for morbidity and mortality in these groups in many African countries including Nigeria and have slowed down or reversed the gains of the child survival efforts of the last decade. The need to mainstream children and adolescents in national reproductive health programmes has become even more significant because children profoundly depend on adults for participation in research and access to SRH services that affect their survival and development.

As part of efforts of the Federal Government, to strengthen SRH interventions across the country the need for the Federal Ministry of Health to develop a guidance document to address gaps currently inhibiting participation of children in SRH research and their access to services has become pertinent. This document is designed out of the need to provide guidance in determining the age at which children, adolescents and young persons can give consent for SRH research and access to services without parental consent and in addition, establish standards of practice with regards to management of confidentiality for SRH research and service provision in the best interest of the child. Also some ethical considerations become necessary when engaging children with special conditions in SRH research and service provision.

The Federal Government of Nigeria expects that all health professionals and organizations in the country involved with engaging children, adolescents and young persons in SRH research and their access to services will uphold the standards prescribed in this guidance document.

This document is expected to be implemented along with the National Health Research Ethics Council and eventually adopted as a policy document.

Dr. Khaliru Alhassan
Hon. Minister of State for Health

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DEFINITION OF TERMS

The following key terms used in this document are defined in the context of their usage during the consultative meeting of experts and stakeholders to ensure a common and shared understanding for the interpretation of the guidelines. The terms are (in alphabetical order):

Access to services

Access to services encompasses preventative efforts such as family planning and in the case of HIV and AIDS, includes counselling and testing.

Adolescent

An adolescent is a person between the ages of 10 and 19 years.

Assent

Assent is an affirmative agreement or approval to participate. It is used to define the role for an adolescent that lies between non-involvement and full decisional authority to participate in research or to access sexual and reproductive health services.

Emancipated Minor

An emancipated minor refers to any person below the age of 18 years who:

a) has been granted the status of adulthood by a court order;
b) has lived independent of parental guidance for a minimum of one (1) year;
c) is married;
d) is living in the street; or
e) is the head of household.

Guardian

The term Guardian refers to any adult other than a parent that assumes responsibility for a minor whom the minor identifies as able to act in his/her best interest.

Informed Consent

Informed consent refers to an informed agreement by a young person to participate in research or access sexual and reproductive health services. Informed consent must be voluntary[1] and documented.

Minor

A minor is any person below the age of 18 years. This excludes emancipated minors.

Non-therapeutic research

This refers to any research that does not involve physical contact with the participant in the course of data acquisition.

Parent

A parent is any biological or a legally adopted father or mother of a young person.

Therapeutic research

Therapeutic research involves physical examination and/or treatment of the participant in the course of data acquisition, including taking of bodily samples from the subject.

Youth

Youth are persons between the ages of 15 and 24 years.

Young person

A young person is between the ages of 10 and 24 years.

Treatment

Treatment refers to any therapy offered to clients including curative medications.

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[1]*Dalar Shahnazarian,Jennifer Hagemann, Monica Aburto (2009). Informed Consent in Human Subjects Research*

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BESON	Bioethics Society of Nigeria
CBO	Community-based Organisation
CRA	Child Rights Act
CRC	Convention on the Rights of the Child
DNA	Deoxyribonucleic Acid
FMoH	Federal Ministry of Health
FRN	Federal Republic of Nigeria
HIV	Human Immunodeficiency Virus
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
NACA	National Agency for the Control of AIDS
NARHS	National HIV and AIDS Reproductive Health Survey
NCHRE	Nigerian Code for Health Research Ethics
NHREC	National Health Research Ethics Council
NHVMAS	New HIV Vaccines and Microbicides Advocacy Society
SFH	Society for Family Health
SRH	Sexual and Reproductive Health
YP	Young Persons

EXECUTIVE SUMMARY

This consensus report is an outcome of strategic engagement with experts in the field of sexual and reproductive health (SRH) in Nigeria. It is designed to reconcile key ethical, legal and socio-cultural issues that pose serious challenges to the conduct of SRH research and access to SRH services. The document contains a statement of resolutions on issues such as determination of age of consent for young persons (YP) involved in SRH research and services. It also defines ethically acceptable practices with regards to confidentiality of SRH research processes, and specifies best practices in engaging with young persons who are sexual minorities, transgenders, people who inject drugs, orphans and vulnerable children, and children living on the streets amongst others.

The document contains evidence of endorsement by key institutions such as the Federal Ministry of Health (FMoH), Enhancing Nigeria's HIV and AIDS Response (ENR), Population Council, Bioethics Society of Nigeria (BESON), New HIV Vaccines and Microbicides Advocacy Society (NHVMAS), organized civil society organizations working to meet the SRH needs of YP, academics, and research institutions. It also explains the consultative process adopted to reach key consensus.

The legal perspectives of age of consent for YP in SRH research, treatment, and access to services as well as the ethical and socio-cultural considerations of age boundaries were explored. This has produced overarching recommendations which aim to improve involvement of YP in SRH research and bolster their access to treatment and services in Nigeria.

This document is to provide guidance for researchers and service providers working with YP in Nigeria. It aims to provide clarity on issues and challenges of working with these vulnerable groups and seeks to support or complement existing legal statutes. It is a complimentary addendum to the National Code for Health Research Ethics and practice in Nigeria.

BACKGROUND

The issue of young persons (YP) participating and accessing human immunodeficiency virus (HIV) and sexual and reproductive health (SRH) research and service provision has elicited numerous legal debates globally. This stems from limited legal capacity and lack of knowledge of laws that protect YP. This has led to efforts by stakeholders in some countries within and outside of sub-Saharan Africa such as Australia, South Africa, and Kenya to identify the appropriate age of consent to participate in research or access basic SRH services.

This consultative engagement did not set out to legislate or replace existing legislation governing research and provision of SRH services for YP. Rather, it focuses on identifying the appropriate age for engaging YP to participate in research and access SRH services in Nigeria.

Existing local laws and ethical guidelines relating to SRH research and service provision for YP largely focus on their vulnerability to abuse, protection from trafficking, and reduction from other general illegalities. However, these laws and guidelines are not only conflicting but they are also silent on the appropriate age of YP to participate in and access SRH research and services in Nigeria.

Although various Nigerian legislations give clear definitions of an adult and child, they are frequently conflicting. For instance, section 29(4) of the 1999 Constitution of the Federal Republic of Nigeria (FRN) defines a minor as anyone below the age of 18 years (implying that only persons 18 years and above can give consent for research). The Child Right Act (CRA) of 2003 acknowledges that children of 16 years can give consent for research. In contrast, provisions in the Children and Young Persons Act, Lagos (1958) imply that a child aged 14 years and above can give consent for research. Other references such as the Nigerian Labor Act, Laws of Federation of Nigeria 1990 CAP 1981, and the Criminal Code Act of the Federation of Nigeria 1990 CAP 772 make divergent and sometimes conflicting proclamations or inferences regarding the appropriate age of engagement.

Unfortunately, there is no legislation in Nigeria that specifically states the minimum age of consent to engage in research and access SRH services.

Although Section 64 of the CRA 2003 alludes to a child of 16 years giving consent for research, it is important to note that the research refers to paternity determination through DNA.

This conflicting information calls for a need to discuss the suitability and appropriateness of existing ethical guidelines and laws in Nigeria that guide YP's access and participation in SRH research and services. Heretofore, multiple stakeholders involved in child health research and service provision have had the arduous task of dealing with the dilemma of determining the appropriate age of consent to participate in research and access care and treatment services. With recent study findings indicating that the age of sexual debut is 17 years and anecdotal evidence suggesting lower ages, there is increasing interest in YP's SRH as well as the need to capture their information in national surveys and HIV-related operational and clinical research.

Questions such as "who is an emancipated minor, "who gives consent for adolescent's participation in research and SRH service provision" and "what happens in the event of disagreement between parents giving consent?" need to be answered. In the absence of harmonized guidelines, these unanswered questions pose challenges for researchers, health care providers, ethics committees, and other stakeholders.

Therefore, it is important that best practices on the ethico-legal implications of involving adolescents in research be identified, including the appropriate consenting age for SRH research, treatment, and service provision, recognizing the peculiarities of Nigeria. To achieve this, it is imperative that this consensus document is tailored towards relevant recommendations from other countries, e.g., Kenya and South Africa.

PRIORITY AGENDA FOR CONSENSUS BUILDING AND CONSULTATIVE PROCESS

Sexual and reproductive health research and service provision for YP is an evolving field with emerging dynamics of change in approach requiring new ethical, legal and socio-cultural considerations. The peculiar context of Nigeria and the dilemma posed by existing legislations, policies, codes, and ethical guidelines has prompted accelerated inquiry into strategies for achieving a common ground amongst researchers, programmers, and practitioners on informed consent, assent, confidentiality, and ethics as they relate to involvement of YP in SRH research and service provision.

The highly sensitive nature of YP's involvement in SRH activities coupled with the difficulty in engaging them in research to elicit empirical evidence for policy change and programming pose a unique set of challenges for SRH researchers and service providers.

Thus, the priority agenda for the consensus building process was to develop a guidance document that meets the strategic needs in SRH research and service provision targeting YP. These needs include a consensus on the appropriate age for YP to give consent to participate in research or access SRH services without the need for parental consent; management of confidentiality in the best interest of YP. This priority agenda was used to guide the consultation process towards a consensus.

This consensus report is not intended to be an all-inclusive or stand-alone guidance document for stakeholders involved in SRH research and service provision for YP in Nigeria. Also, it is not a law, policy, or guideline directed at negating the provisions of existing codes, policies, legislations, or the Constitution of the Federal Republic of Nigeria. Rather, it is the outcome of a consensus building process coordinated by the Federal Ministry of Health (FMoH) in collaboration with Enhancing Nigeria's Response to HIV and AIDS (ENR), Population Council, Bioethics Society of Nigeria (BESON), New HIV Vaccines and Microbicides Advocacy Society (NHVMAS), civil society organizations, academic and research institutions, and other national and international partners to better meet the evolving challenges of providing SRH services for YP. The consensus reached in this report would ensure that

SRH research and service provision are conducted in the best interest of YP thereby improving the quality of SRH for YP in Nigeria.

The consensus building process included a three-day consultative meeting with multiple stakeholders led by the Federal ministries of health in collaboration with the Federal Ministry of Education, Federal Ministry of Youth and Social Welfare, National Agency for the Control of AIDS (NACA), educational institutions, international non-governmental organizations, civil service organisations working in the area of SRH, parents, teachers, religious leaders, and youth-led organizations. Others included human rights organisations and medical research institutions. The meeting was coordinated by FMoH, Population Council and BESON with funding received from UKaid through ENR led by Society for Family Health (SFH Nigeria).

Issues that were identified and deliberated on at the workshop were:

- Unclear benchmarks of age of consent of YP to participate in research and provide assent to access SRH services.

  Currently, there is no clear specification of the minimum age YP are eligible to give consent and assent to participate in SRH research or the age at which they are eligible to access SRH services without parental consent.

- Non-compliance of researchers regarding application of ethical principles in research with YP.

  Young persons are generally vulnerable to abuse due to breach of ethical principles guiding SRH research and service provision for YP. This is further compounded by the fact that YP lack the power to contest even when their health and wellbeing are directly affected.

- Familial, legal, cultural, and religious barriers preventing YP from participating in research.

  The sociocultural and legal context in which YP live could be barriers to their participating and accessing SRH services.

- Lack of proactive care for YP who participate in research and access SRH services.

  SRH research and service provision present situations where YP often times disclose sensitive information to the researchers and service providers. The way such information is managed determines the potential benefit or harm the child will confront afterwards. The standard of practice for researchers and service providers is to provide measures for minimizing anticipated risks that would not be in the best interests of the young person. Approaches to SRH research and service provision in Nigeria currently do not sufficiently focus on proactive care for YP involved in research or access to services.

- Limited access of YP to information, SRH services and research

  Across Nigeria, although 37.4% of female and 20.0% of male YP aged 15–19 years reported ever having sex (National HIV and AIDS Reproductive Health Survey [NARHS] 2014), they do not have commensurate access to

SRH information and services. This could negatively affect their chances of growing into healthy adults because of the risky sexual activities they may engage in out of ignorance.

Based on the foregoing issues identified, the consultative meeting reached a consensus on key issues (such as the definition of who an adolescent is and the determination of the minimum age of consent for participating in SRH research and access services) which hitherto posed as challenges for SRH researchers and service providers. As a supplement to the three-day workshop, two consultative meetings (one-day each) were held with adolescents aged 16–17 to obtain their thoughts and recommendations on the issues around the age of consent and findings were taken into consideration during the final drafting of the consensus recommendations.

ETHICO-LEGAL AND SOCIO-CULTURAL PERSPECTIVES

It is important that a range of ethical, legal, and socio-cultural issues be considered and addressed to create a favourable and supportive environment for SRH research and service provision. This is predicated on the fact that poor consideration of these issues can result in harm to the physical, psychological, and social wellbeing of YP. Such legal, ethical, and sociocultural issues could also impact families and support systems (communities, researchers, and SRH service providers) and as such should be taken into consideration.

Legal perspectives for engaging YP in SRH research, treatment and services

Young adolescents below 15 years constitute over 45% of Nigeria's population among who, 40% are out of school (UNICEF 2013). Furthermore, there are anecdotal reports of initiation of risky sexual reproductive activities at ages lower than the median age of sex debut of 17 years (NARHS 2014) based on the increasing incidence of violence, trafficking of children, and rising poverty which could increase the likelihood of earlier initiation of sexual activities.

Lack of recognition of differences in the SRH needs of YP coupled with lack of data on YP in national surveys leads to their exclusion from national, state and local policies, and programs and puts a disproportionate burden of poor SRH outcomes on YP. Therefore, an age disaggregated approach to SRH research and service provision will put YP at an advantage.

There are provisions in the constitution, enacted laws, codes and guidelines directed at protecting the sexual and reproductive health of YP. These instruments include the Constitution of the Federal Republic of Nigeria, 1999 as amended, CRA 2003, Labour Act 1974, the Penal Code, as well as international conventions and optional protocols such as the

Child Rights Act 2003—Legal backing for consensus on age of consent for SRH research and service provision

a) **Section 1** provides for the best interest of a child to be of paramount consideration in all actions; hence, need for age of consent;
b) **Section 2** provides that a child is to be given protection and care necessary for his well-being;
c) **Section 4** provides that every child has a right to survival and development;
d) **Section 8** provides for the right to privacy and family life; and
e) **Section 13** provides that every child be entitled to enjoy the best attainable state of physical, mental, and spiritual health.

Convention on the Rights of the Child (CRC) and the African Union Charter. Notwithstanding, there is no provision in existing legal instruments on the age at which YP can give consent to SRH research or give assent to accessing services without parental consent. A reliance on 18 years stipulated in the Constitution of the FRN 1999 as the legal age for classifying a child as an adult limits participation of YP under 18 years of age who must rely on parental consent irrespective of whether they are able to comprehend the contents of a consent form and are able to rationally take decisions to participate or decline from enrolment into SRH research and services.

On the other hand, Section 64 (2) of the Child's Right Act 2003 which states that a child who has attained the age of 16 years has a right to give consent for deoxyribonucleic acid (DNA) test without parental consent, implies that at age 16, a child is considered mature enough to understand the contents of a consent form and give informed consent.

In addition, existing legislation is not conclusive on persons deemed eligible to act as representatives of YP who are unable to provide consent to participate in SRH research and access services without parental consent.

Whilst sections 20 of CRA 2003 and 59 of the Labour Act 1974 stipulate that parents, guardians, institutions, persons, and authorities responsible for the care, maintenance, upbringing, training, socialisation, and rehabilitation of a YP may qualify as representatives in taking decisions in the best interest of the child, however, the list is very broad and includes persons who may not necessarily be close to the YP. As a result, their decisions may not be in the best interests of the child. This is more so as the CRA (2003) stipulates that actions taken by stakeholders should be guided by the need to protect the best interests of the child. However, the law does not define what constitutes the "best interests of a child" thus creating possibility for variations between what guardians, researchers, and service providers consider as best interests, and YP's decisions particularly where the socio-cultural beliefs are at variance with best practices in SRH. The dilemma is more likely to occur in the case of rape and/or sexual abuse of an adolescent or young person, where a guardian may turn down the option of reporting the rape and/or sexual abuse believing that doing so will expose the child to stigma. Unfortunately, this may not be in the best interest of the child.

Thus, in order for the rights of YP to be respected with regards to research and provision of SRH services, setting and defining the minimum age of consent is vital.

This consensus document also clearly defines what constitutes "best interests of the child" with regards to consenting to participate in research and access treatment and care services. Furthermore, the document equally establishes disaggregated age boundaries for YP in special circumstances such as those with disability, emancipated minors, albinos, child sex workers, child household heads, and destitute children. Above all, it aims to improve ethics and standards of practice in SRH research and service provision in the best interests of the child.

Ethical considerations in engaging YP in SRH research, treatment, and services

Ethics refers to a set of moral values that provides rules and standards of professional conduct or practice (UNAIDS 2012). In SRH research and service provision involving YP, it is essential that fundamental ethical principles—respect for research participants, beneficence, and justice guide all activities and decision making.

One ethical consideration in reaching a consensus on age of consent for YP is respect for persons and their rights to make their choices and decisions. Thus, the cognitive ability of YP to understand the content of consent forms and to take rational decisions on whether or not to participate in research or access SRH services underscores the need for determining the minimum age YP can give consent without parental consent. Also, to ensure respect of the autonomy and self-determination of YP in special circumstances (those living on and in the streets, lesbian, gay, bisexual, transgender, queer, and intersex [LGBTQI], and orphans and vulnerable children with limited education, living in poverty, or who have limited access to health care services), ethical considerations must be made to guarantee adequate protection for them because their conditions could compromise their ability to refuse participation.

Generally, YP of school age are deemed to be mature enough to understand the vocabulary of a consent form and give consent for participating in any SRH research irrespective of their legal status as minors.

Ethical considerations are also dependent on the nature of SRH research and services provided and YP must be of an appropriate age and mature enough to be able to weigh the benefits and risks of certain therapeutic research or SRH services (other than surgery) that may involve physical contact.

In determining the age boundaries for engaging children in SRH research and services, the principle of beneficence is fundamental. The researcher must understand that s/he is responsible for the participant's physical, mental, and social wellbeing as related to the study or service rendered. Therefore, effort must be made to ensure that SRH research and services do not cause harm to YP. Beneficence helps to define when information provided by YP should be kept confidential or disclosed in their best interest. Ultimately, confidentiality of information provided by or elicited from YP and conditions for exclusion from research and service provision must be managed in the best interest of the child. Furthermore, beneficence underscores the need to link research with intervention plans in order to provide immediate help to secure YP's wellbeing if the need arises.

Another ethical consideration is justice. Researchers must weigh the costs and benefits of engaging YP in research as a way of ensuring that they receive the expected benefits of the research outcomes proportionate to the burden they bear during the research process. It upholds the need to distribute equally the risks and benefits of participating in research and does not permit engaging YP in special circumstances (i.e., children on the street, LGBTQI, hawkers, and so forth) as research participants for the exclusive benefits of the more privileged groups.

Socio-cultural perspectives of engaging YP in SRH research, treatment, and services

Nigeria's heterogeneous population of over 250 ethnic groups promotes diverse religious and cultural practices that define engagement of YP in SRH research, treatment, and services. Going by the existing cultural beliefs, consenting to SRH research, treatment, and services is recognized as an exclusive responsibility of parents for YP in each culture. Moreover, some religious beliefs go to the extent of proscribing participation of YP in therapeutic services such as blood screening. Thus, researchers and service

providers ought to factor these peculiarities into the design and delivery of SRH research and service provision.

ADOLESCENT PARTICIPATION IN THE CONSENSUS BUILDING PROCESS

Introduction

Young people's leadership and partnership are vital to tackling the pivotal HIV/sexual and reproductive health challenges facing Nigeria. The right to participate has been recognized as a foundation of good development practice, as outlined in the UN Declaration on the Right to Development, as well as a basic right for children in the International CRC. With these principles in mind, Population Council with support from the ENR project and Ford Foundation held two consultative meetings (one day each) with adolescents in order to include adolescent voices and opinions in the ongoing deliberations.

Mode of Participation

Two consultative meetings with adolescents residing in the Southern and Northern geopolitical zones of Nigeria on the age of consent for research and access to HIV/ SRH were implemented. The consultative meetings were held on 30 October 2014 in Lagos for the Southern zones and on 6 November 2014 for the Northern zones. In attendance at each meeting were 30 male and female adolescents (in and out-of-school; 10 from each geopolitical zone; aged 16–17), accompanying staff of YP-focused community-based organisations (CBOs), members of the media, representatives of the State ministries, and staff of the Population Council.

The adolescents were mobilized by YP-focused CBOs located across the six geopolitical zones of Nigeria. The adolescents resided in the following states: Adamawa, Anambra, Akwa-Ibom, Borno, Benue, Cross Rivers, Edo, Enugu, Federal Capital Territory, Gombe, Kaduna, Kano, Lagos, Nasarawa, Ogun, Oyo, and Sokoto. The meetings included a facilitated discussion in which participants were divided into groups (by geopolitical zone resulting in six groups of adolescents and two adult only groups).

KEY RESULTS

Age of Consent for Participation in HIV/SRH Research

An overwhelming majority of participants thought that all adolescents aged under 18 should participate in HIV/SRH research except for one male adolescent residing in the North East geopolitical zone who believed that adolescents could misuse the information they would receive during the course of the research. Participants recognized the important roles played by parents/guardians, teachers, school authorities, and health care workers in providing informed consent for HIV/SRH research but also believed that adolescents aged under 18 should be able to consent to participate in HIV/SRH research on their own. Reasons given for this were that adolescents:

- do not tell parents everything they do;
- may be involved in behaviours that will meet the disapproval of parents;
- know themselves best and are conscious of their needs;
- have the right to make decisions concerning their own lives; and
- are directly involved and affected by the research.

Age limits recommended for adolescent consent for HIV/SRH research without parental/adult approval ranged from 10 to 17. When asked whether their previous responses would change if the HIV/SRH research was physically invasive (described as taking blood and/or tissue samples, giving medications, or doing a medical procedure), some participants felt that it would change their responses. These participants were either of the opinion that adolescents should not be permitted to provide consent for themselves or increased the age of consent for adolescents they had previously recommended. A key factor in their decisions was the safety, risk, or benefit of the research and the fact that parents/guardians as primary caregivers would have to deal with any negative outcomes if any arose.

Age of Consent for Access to HIV/SRH Services

Participants were asked if adolescents below the age of 18 years should be able to access HIV/SRH services without parental/adult consent. Most participants were in support of the age of consent being lowered but a few others were against not requiring parental consent. Reasons participants gave for not requiring parental consent were to increase knowledge,

decrease risky behaviours among adolescents, improve access to services and information which might be hindered by parental disapproval, and adolescents being mature enough to give consent for themselves. Those in support of requiring parental/adult consent evoked parental rights and the fear that access would increase adolescent sexual activity and sexual exploration.

For those who thought that adolescents should have access to HIV/SRH services without parental consent, the recommended minimum age for adolescent consent by HIV/SRH service were in the following ranges:

- Condom distribution/messaging: 10–17 years
- HIV education: 4–17 years
- HIV counselling and testing: 9–16 years
- Sexually transmitted infection screening and treatment: 10–15 years
- HIV treatment, care, and support: 8–16 years
- Contraception: 13–17 years
- Ante-natal care: any age as long as she is pregnant–15 years

RECOMMENDATIONS

Available data from NARHS 2012 report the median age of sexual debut as 17 years for both boys and girls. This implies that persons below 18 years of age who constitute a significant proportion of the population (23%) of Nigeria, should have their voices and choices mainstreamed in national surveys as well have access to SRH services. The use of the non-minor benchmark for access to SRH services inadvertently excludes this group and ultimately impacts negatively on the outcomes of SRH research and interventions.

In arriving at a consensus on the minimum age at which YP give consent for SRH research and access services, there is a need to mirror considerations against allied policies. For instance, the Nigerian Code for Health Research Ethics (NCHRE) specifies nine years of education as the minimum level of education for understanding the vocabulary and content of an informed consent document for research purposes[2]. However, considering that the age of enrolment into basic education as specified by the National Policy on Education (Federal Ministry of Education 2004) has been pegged at five years, this implies that the minimum age to consent to research should be 14 years (5+9 years).

Although the suggested age of 14 years may be too young in the minds of YP gate keepers, it is the general consensus that continued education to increase awareness and strong advocacy will ultimately influence gate keepers to adopt 14 years old as the standard of practice for the minimum age to consent to HIV/SRH research.

However, comprehension differs from responsibility, and given that the median age of sexual debut is 17 years (NARHS 2012), there is the need to differentiate between minimum age of consent for participating in research and accessing SRH services. Thus, while the suggested age of consent for research is 14 years, the suggested age for access to services is considered to be 12 years.

[2]Retrieved from www.nhrec.net.

1) Obtaining consent for purposes of research and accessing SRH services

Informed consent is a voluntary agreement to participate in research (Shahnazarian et al. 2009) or uptake a service. It is a process in which the subject of the research has full understanding of the research or procedure and its benefits and risks. Informed consent is essential for all types of human subject research including: diagnostic, therapeutic, interventional, social and behavioural studies. Obtaining consent involves informing the subject about his or her rights, the purpose of the study, the procedures to be undertaken, and the potential risks and benefits of participation.

The goal of the informed consent process is to provide sufficient information so that a participant can make an informed decision about whether or not to enrol in a study or to continue participation. The informed consent document must be written in a language that is clear and well understood by the subject.

It is necessary to note that obtaining consent for an YP to participate in research is often a more complex procedure than from older persons. Many researchers working with YP recognise the need to view them as autonomous individuals, capable of making their own decisions. However, in practice this is constrained by legislation, which limits those under certain ages from providing consent on the assumption that they are not able to make the decision on their own and that their decisions are often shaped and influenced by their parents and other adult gatekeepers, such as teachers, and legal and social workers.

Generally, the approval of gatekeepers in the community such as teachers, religious leaders, tribal elders, local government representatives, and even health or education ministries, departments and agencies is necessary for SRH research involving YP. These gatekeepers are custodians hence, their permission is necessary to gain access to the YP. These must be pre-empted at the research design stage.

Parental consent generally provides additional protection when a young person is not able to fully understand what research or accessing SRH services entails or the young person is not willing to properly consider the contents of an informed consent form. Seeking parental consent is however inappropriate where parents are neglectful or abusive. In such situations, consent from another adult who has responsibility for the young person's

safety, security, and wellbeing might be more appropriate. In some situations asking for parental consent may be risky rather than protective. The act of obtaining parental consent may result in disclosing personal identifiable information such as a name and address of YP thereby increasing the risk of breach of confidentiality to individuals.

Parental consent is necessary when the subject is too young or does not have cognitive capacity to speak for him or herself sufficiently for the purposes of research or accessing services. Also, parents may need to give consent when information needed is about something the child would not have knowledge of (e.g., information about the child's health history in infancy). Nevertheless, young adolescents whose consent is not sufficient to authorize research but who are able to understand some relevant information should be included in discussions about the research and have the opportunity to say if they do not want their personal information shared.

Consensus on who gives parental consent

In a situation where parental consent is required for an adolescent to access SRH services or participate in research, consent from one parent or guardian is deemed sufficient. The choice of the guardian is determined by the socio-cultural context in which the research is taking place, without prejudice to instances where assent is required.

Consensus on age of consent for YP participating in SRH research in Nigeria

Consent is a significant requirement for ethical justification for research involving all vulnerable persons including YP. Consent in this regard is a function of the age of the research participant and context in which the research is conducted. As a result of the nature of SRH research, the consensus is disaggregated on the basis of therapeutic and non-therapeutic research.

Obtaining consent for therapeutic research

Therapeutic research involves physical contact with and taking of bodily samples from YP. Relating this to the age at which YP can consent to research, the consensus is that to participate in therapeutic research, persons aged 9 and under require only parental consent, and persons aged 10–15 require both parental consent and assent from the minor/adolescent. Young persons aged 16 and above can consent for themselves without parental consent. Similarly, given that emancipated persons are considered to be adults, they can consent for themselves also.

Consent in non-therapeutic research

Non-therapeutic research is defined as research that does not involve physical contact through examination, treatment, or collection of bodily samples.

To participate in non-therapeutic research, persons aged 9 years and under require only parental consent while persons aged 10–12, require parental consent as well as assent from the YP. However, persons aged 13 and above and emancipated minors can consent for themselves without parental consent.

Consent in situations of disagreement between parents

In situations where parents or guardians are available but there is disagreement between parents on whether to consent for research purposes, the YP should be excluded from participating in the research in the best interests of the YP. However, with regards to obtaining consent to accessing SRH services, the family should be referred to social welfare services or other relevant support service providers.

Consensus on age for obtaining consent for YP to access SRH services in Nigeria

Available evidence indicates that most of the reproductive morbidities in later life have their roots in childhood and adolescence. Therefore, a proactive strategy requires that services should be made more accessible to YP to prevent morbidity and mortality. The government of Nigeria in collaboration with international agencies and local non-state authorities have taken affirmative actions in this regard. For example, human papillomavirus (HPV) vaccine is now being offered to adolescent girls between ages 9 and 15 to prevent cervical cancer (National Policy on Prevention of Cervical Cancer, FMOH 2010). It is therefore, important to define who can provide consent for YP who desire to access SRH services.

The consensus is that adolescents aged 12–14 can access SRH preventive services such contraceptive information and services but preclude treatment and care without parental consent. YP aged 14 and above do not require parental consent for treatment and care, except when a surgical procedure is required. Only persons aged 18 years and above can give consent for a surgical procedure on themselves.

Consensus for waiving parental consent for SRH research and accessing services in Nigeria

In selected cases, YP are deemed fit to give consent to participate in SRH research and access services without parental consent. The consensus is that for therapeutic research, parental consent should be waived when an YP is aged 16 and under, but married, a head of household, emancipated, or where the parent or guardian is the perpetrator of abuse on the YP. However, for non-therapeutic research, the waiver applies to YP who are aged 14 and under, but are married, a head of household, emancipated, or where the parent or guardian is the perpetrator of abuse on the YP.

Similarly, to access treatment, parental consent should be waived for YP aged 16 and under if they are married, heads of household, emancipated minors or where the parent or guardian is the perpetrator of abuse. However, waiver of parental consent does not apply when surgical procedure is to be performed on an YP aged under 18.

2) Accessing SRH Research and Services by YP in Special Circumstances

To ensure sound ethical and scientific quality of the outcomes of SRH research targeting YP and its relevance to all persons and communities affected by the problem investigated, researchers and trial sponsors should consult all sub-groups of YP through a transparent and meaningful participatory process.

Researchers and service providers must consciously recognize and engage YP in unique circumstances such as orphans, LGBTQI groups, and children living in the streets in the design of their research. This is essential because these groups are often excluded from research, have poorer access to services, or are exposed to abuse in the research process. Thus, YP in special situations require adequate protection including confidentiality of information provided during research and linking them to care services following the research.

Researchers are under the obligation to refer and link YP in special circumstances to sources of help. The researcher must conduct the research in the best interests of the adolescent and young person. This is in compliance with best practices in health research ethics.

To conduct research among participants in orphanages and institutions, the researcher must obtain written permission from the relevant state ministries in addition to other relevant approvals.

Researchers targeting in-school young persons within the school environment must obtain permission from the school authorities, in addition to obtaining consent from parents and assent from the AYP.

3) Reporting of Child Abuse During Research or Accessing Treatment

In the course of conducting SRH research and providing service provision, YP who have experienced any form of abuse may be discovered. Currently, no legislation provides for management of such cases. However, in line with the three ethical principles, researchers must always act in the best interests of the child.

The consensus is that cases of child abuse revealed during research or counselling must be reported to the appropriate authorities only if it borders on criminality.

4) Confidentiality

The notion of confidentiality is founded on the principle of respect for autonomy. Confidentiality is taken to mean that identifiable information about individuals collected during research will not be disclosed without permission. It also means not disclosing any information elicited from a respondent deliberately or accidentally in ways that might identify an individual (Talerico 2012). In a SRH research context, confidentiality means not discussing information provided by an individual with others, and presenting aggregated findings.

As a result of stigma, discrimination, and deep-seated prejudices, the confidentiality of the information provided by YP must be guaranteed because the consequences of disclosure for participants and service providers may be grave. Confidentiality must be assured irrespective of how the data are collected including the use of technology and social media platforms. This is in compliance with the national guidelines on SRH, which excludes surgery.

Breaching confidentiality may occur in some circumstances in the best interests of the YP. For example, in cases of abuse that threatens the life and wellbeing of YP, disclosing such information may be required by law.

5) Stakeholders in SRH Research and Access to Service Provision for YP

SRH research targeting YP must be planned in a way that addresses the needs of persons who cannot give consent themselves. YP aged 14 years and under generally cannot fully understand the contents of consent request

forms sufficiently to decide to/not to participate in the research. The need to promote and protect the rights of YP in the area of SRH research and service provision makes it imperative that key stakeholders in this regard be identified.

The consensus is that stakeholders must include YP, parents/ guardians, gatekeepers, community leaders, managers of YP programmes, researchers working with YP, SRH service providers, academia, policy makers at all levels, development partners, religious leaders, teachers and school authorities, and the government at different levels.

CONCLUSION

This consensus document neither constitutes a policy nor legislation. It is a guidance document for research and practice involving YP in the area of SRH. It complements the NCHRE and is designed to improve efficiency and effectiveness of SRH research and service delivery. It is a veritable advocacy tool that should remain relevant in creating desired changes in the SRH field.

REFERENCES

Federal Republic of Nigeria: Child Rights Act (2003)

Federal Ministry of Education. (2004). National Policy on Education. Abuja: FME. Retrieved 19 July 2014 from www.nhrec.net

Ministry of Health Kenya. (2006). *Reproductive Health Research Guidelines. A guidance document of UNAIDS/WHO*. Nairobi: Regal Press Kenya Ltd.

Shahnazarian, Dalar, Jennifer Hagemann, Monica Aburto, and Susan Rose. (2009).*Informed Consent in Human Subjects Research.* Los Angeles: University of Southern California. Retrieved July 19, 2014.

Spriggs, Merle. (2010).*Understanding Consent in Research Involving Children: The Ethical Issues. A handbook for Human Research Ethics Committees and researchers.* Retrieved 13 July 2014 from http://www.mcri.edu.au/media/62539/handbook.pdf

Strode, A., C. Slack and Z. Essack. (2010). "Child consent in South African law: implications for researchers, service providers and policy makers," *South African Medical Journal* 100(4): 247–249.

Talerico, Deanna. (2012).Privacy and Confidentiality: Issues in Research Ethics. NorthEast Education Partnership. Retrieved from http://ccnmtl.columbia.edu/projects/cire/pac/foundation/, July 19 2014.

UNICEF. (2013). The Children: Education. Retrieved from www.unicef.org/nigeria/children.

UNAIDS. (2012). *Ethical considerations in biomedical HIV prevention trials:Additional guidance point added in 2012*. Geneva: UNAIDS. Retrieved from www.unaids.org

APPENDICES

Appendix 1

ATTENDANCE LIST
CONSULTATIVE MEETING
DATE: 15–17 JULY 2014
VENUE: BOLTON WHITE HOTEL, ABUJA

S/N	NAME	ORGANIZATION
1	Sylvia Adebajo	Population Council/ENR
2	Babatunde Ahonsi	Population Council
3	Wole Fajemisin	ENR/SFH
4	Zubaida Abubakar	UNFPA
5	Kola Oyedeji	Bioethics Society of Nigeria (BESON)
6	Williams Ogala	BESON
7	Best Ojo	BESON
8	Morenike Ukpong	NHVMAS
9	Olayide Akanni	Journalists Against AIDS (JAAIDS)
10	Maryam Uwais	Wai-Uwais & co
11	Matthias Alagi	NACA
12	Innocent Ujah	NIMR
13	Ezechi Oliver	NIMR
14	Abraham Idokoko	Action Health Inc. , Lagos
15	Fadekemi Agarau	Education as a Vaccine
16	Oyinlola Amosun	Education as a Vaccine
17	Friday Okonofua	Ford Foundation
18	Amina Abdullahi	National Human Rights Commission (NHRC)
19	Oluyemisi Akhile	NHRC
20	Femi-Oyekola Dolapo	NHRC
21	Mairo Bello	Adolescent Health Information Project (AHIP)
22	Michael Akanji	The Initiative for Equal Rights (TIER)
23	Louise O'Rourke	Girl Hub Nigeria
24	Abolanle Jegede	Positive Action for Treatment Access (PATA)
25	Moses Okpara	Youth Network on HIV/AIDS in Nigeria (NYNETHA)
26	Ademola Ajuwon	Uni. Of Ibadan
27	O.A. Ladipo	Adolescent Reproductive and Family Health (ARFH)

28	Adefalu Adewole	ARFH
29	Mukhtar .A. Ijaiya	ARFH
30	Naomi Akpan-Ita	Impact for Change & Devt.
31	Innocent Akpan-Ita	Impact for Change & Devt.
32	Valentine V. Kwaghchimin	Impact for Change & Devt.
33	Aminu Yakubu	Nigeria Health Research Ethics Committee (NHREC) Department of Health Planning and Research, Federal Ministry of Health
34	Adedeji Adekunle	Nigerian Institute of Advanced Legal Studies
35	Maduekwe Nkiruka Chidia	Nigerian Institute of Advanced Legal Studies
36	Olomada Lukman	Nigerian Institute of Advanced Legal Studies
37	Peter Obi	Association of Positive Youths In Nigeria (AYPIN)
38	Prince Bhati	Intl. AIDS Vaccine Initiative
39	Helgar Musyoki	Ministry of Health/NASCP Kenya
40	Dawodu Adegoke	FMoH
41	Araoye Segilola	FMoH
42	Adamu Jummai	FMoH/NASCP
43	Olugbenga Olubayode	FMoH
44	S.A. Kadiri	FMoH
45	Ikah Rita	NASCP/FMoH
46	Bridget Okoeguale	FMoH
47	Evelyn Ngige	FMoH
48	Owolabi Oluwakemi	FMoH
49	Elusmin R.S	FMoH
50	Sowunmi Iyabode Olukemi	FMoH
51	Nwamaka Ani	Fed. Ministry of Justice
52	Omokiri Justina	Fed. Ministry of Justice
53	Bello Saliu	Fed. Ministry of Women Affairs
54	Umar Sa'Adatu	Fed. Ministry of Women Affairs
55	Otaru Florence	Fed. Ministry of Education
56	Chime Eucharia	Fed. Ministry of Education
57	Olusegun Sangowawa	Population Council
58	Uzomba Chiamaka	Population Council
59	Itunu Fakunle	Population Council
60	Raphael Nnakwe	Population Council
61	Alalade Akinola	Population Council
62	Kikelomo Taiwo	The Lancet

Appendix 2

CONSULTATIVE MEETING AGENDA

Arrival: Monday, 14 July 2014

Consultative meeting for the development of consensus document on guidelines for children/adolescents participation in research and accessing SRH services in Nigeria

Day 1: Tuesday, 15 July 2014

09:00 Opening prayer/Welcome (FMOH)

09:10 Expectations and objectives of the workshop (BESON)

09:20 Goodwill messages from stakeholders

Session I Children/adolescents' participation in research and accessing SRH services in Nigeria: Where are we? Current field experiences

Objectives: Review the status of children/adolescents' involvement in health research and accessing SRH services in Nigeria. Where are we now? Where are we going? What are the key problems and impasses that keep us from moving forward? What is the position of the National Code for Health Research Ethics (NCHRE) on this issue?

09:45 Current regulations guiding children/adolescents' participation in health research and accessing SRH services in Nigeria (NHREC)

10:25 Involvement of children/adolescents in research in Nigeria- Field experience (Prof. Ademola Ajuwon)

11:00 Access and uptake of SRH services by children/adolescents: Programmer's perspectives (Ms. Fadekemi Agarau, Education as a Vaccine)

11:25 Questions and discussion

12:00 Tea Break

Session II Reviewing the ethical-legal problems in children/adolescents' involvement in research and accessing care in Nigeria: What do we know? What new issues are coming up?

Objectives: Review the ethical-legal challenges, concerns and impasses. What issues have already been identified from the field? What are other emerging issues?

12:10 Children/adolescents' participation in research and accessing *SRH* services in Nigeria: An ethical-legal analysis (Dr. Kola Oyedeji, BESON).

12:40 Children/adolescents' participation in research and accessing SRH services in Nigeria: Program perspective (Dr. Babatunde Ahonsi, Pop Council)

13:10 Children/adolescents' participation in research: Overview of international guidelines (Dr. Prince Bhati, International AIDS Vaccine Initiative)

13:25 Discussion

13:45 Lunch

Session III Roundtable Discussion: Refining the problems: A problem analysis

Objectives: Discussion of the subject matter using many lenses (i) Community (ii) Science (iii) Ethical and (iv) Legal/Regulatory domains.

(a) What are the issues? (b) Is there anything unique about Nigerian children (c) What is the way forward?

Chairman of session: Dr. Matthias Alagi representing Prof. John Idoko

Roundtable: Representatives of Community/Gatekeepers *(Ms. Fadekemi Agarau, Mr. Peter Obi)*, Research scientists *(Prof. Fatusi)*, Bioethicists *(Prof. Ajuwon)*, Legal and Regulatory domains *(Mrs. Maryam Uwais)*; FMoH *(Dr. Mrs. Ngige)*; Journalist Against AIDS *(Ms. Olayide Akanni)*

14:45 Sharing experiences from the field (International): EDCTP funded SHASHA project

15:15 Discussion

16:30 Tea break/Closing prayer/Instructions

Day 2: Wednesday, 16 July 2014

09:00 Opening prayer

09:10 Recap

09:20 Group work instructions (BESON)

Session IV Consultative Discussions

Objectives: Develop a more refined view of the issues from different perspectives (i) Community/Human rights/Ethical: *(Lead: Dr. Morenike Ukpong)* (ii) Science/Research: *(Lead: Prof. William Ogala)* (iii) Legal / Regulatory domains: *(Lead: Representative of the Ministry of Justice)* (iv) Access to and uptake of services *(Lead: Mrs. Fadekemi Agarau)*

What are the issues? (b) What are the strength and weakness of the issues? (c) Possible solutions/how can these be surmounted?

09:20 Group work: Consultative discussions in four parallel sessions

10:30 Tea break

Session V Consultative Discussions continued

11:00 Group work: Consultative discussions

13:00 Lunch

Session VI Summary of Group Work/Discussions

Chairman: Prof. Ladipo/Prof. Fatusi

14:00 Feedback from group/Consultative discussions

16:00 Questions/Clarifications

16:30 Tea break/Closing

Day 3 : Thursday, 17 July 2014

Chairman: Dr. Babatunde Ahonsi

Session VII Harvest from Groups Towards Consensus Document

Objectives: Discuss issues identified by each group towards building consensus on most critical concerns

09:00 Opening prayer

09:10 Recap on feedback from groups/ combined summary

09:30 Facilitated discussion on issues identified (*Lead rapporteur)*

11:30 Tea break

Session VIII Towards a Roadmap on the National Guidelines: The Role of NHREC

Chairman of the session: Prof. Friday Okonofua/Prof. William Ogala

Objectives: Develop consensus. What is needed to resolve ethical-legal complexities and fill critical gaps? Suitability for the national guidelines on children/adolescents.

11:30 Group-work by small groups on harvested feedbacks—small group to be determined

12:30 Feedback from small group by selected rapporteurs

13:00 Lunch

14:00 Next steps: From consensus to actions: Facilitated discussion (FMOH/NHREC)

15:00 Closing remarks/Prayers (FMOH)

Departure Friday, 18 July 2014 Appendix 3

ATTENDANCE LIST
CONSULTATIVE MEETING WITH ADOLESCENTS ON AGE OF CONSENT
DATE: 30 OCTOBER 2014
VENUE: ACTION HEALTH INCORPORATED, LAGOS

Adolescents

S/N	Organisation	Name
1	Planned Parenthood Federation of Nigeria (PPFN)	Okpala Chukwudubem .F.
2		Obu Tobenna Ifechukwu
3		Obumneke Emmanuel Kosisochukwu
4	Braveheart Initiative	Beauty Giwa
5		Nathaniel Ajibode
6		David Emmanuel
7		Romanus Adamson
8	Girl Power Initiative	Peace Ibiang
9		Deborah Peter
10		Joy-Nsikan Jimmy
11	Association for Reproductive and Family Health (ARFH)	Erioluwa Victorious-matter Popoola
12		Ayomipo Ademilusi
13	Community and Youth Development Initiative (CYDI)	Mercy O. Dike
14		Jovita Ihechukwu Ogamba
15		Ahamefula I. A. Ekwonna
16	Youth Future Savers Initiative	Oladiran Folashade
17		Bakene Ismail
18	Global Health Awareness Research Foundation (GHARF)	Eneh Chidera
19		Ezema Harbert
20		Obasi Vivian Chinonso
21		Nweze John
22	Glocare Initiative	Mercy Akpan Obot
23		Wilfred Moses Ofot
24		Micheal Jackson Otu
25	Action Health Incorporated	Glory Nwoji
26		Oyedeji Opeoluwa
27		Jerome Prince
28	Positive Action for Treatment Access (PATA)	Fagbemi Omolara
29	Hello Lagos	Anthony Praise
30		Oyegbile Samuel

Stakeholders

S/N	Organisation	Name
1	Planned Parenthood Federation of Nigeria (PPFN)	Oputa Benedict
2	Braveheart Initiative	Priscilla Usiobaifo
3	Girl Power Initiative	Margaret Udo
4	Association for Reproductive and Family Health (ARFH)	Mercy Ukeni
5	Community and Youth Development Initiative (CYDI)	Ugochukwu I. Anozie
6	Youth Future Savers Initiative	Olaide Akinrinade
7	Global Health Awareness Research Foundation (GHARF)	Mbakwe Chinyere
8	Glocare Initiative	Wilfred Etuk
9	Action Health Incorporated (AHI)	Funsho Bukoye
10	Hello Lagos	Adeyanju Olayinka
11	Positive Action for Treatment Access (PATA)	Abolanle Jegede
12	UNICEF	Anselem Audu
13	Journalist Against AIDS (JAAIDS)	Adeeyo Benjamin Joseph
14	Lagos State Min. of Health	Alakija-Ladapo C. Ibidunni
15	Lagos State Min. of Education	Adegboye Adekunle Michael
16	Lagos State Min. of Women Affairs	Adeniji Toyin
17	Population Council	Kikelomo Taiwo
18		Otibho Obianwu
19		Lolade Abiodun
21		Uzomba Chiamaka
22		Alalade Akinola
23		Faizah T. Ibrahim

Appendix 4

ATTENDANCE LIST
CONSULTATIVE MEETING WITH ADOLESCENTS ON AGE OF CONSENT
DATE: 6 NOVEMBER 2014
VENUE: BOLTON WHITE HOTEL, ABUJA

ADOLESCENTS

S/N	ORGANIZATION	NAME
1	Save the Child Initiatives	Amina Mohammed Aminu
2		Blessing Sunday
3		Mubarak Saidu
4	Jireh Doo Foundation	Mlu Ukali
5		Saater Adams
6	Adolescent Health and Information Project (AHIP)	Abdulsamad Saminu
7		Abdulaziz Iliyas
8		Saadatu Aminu
9		Safiya Ibrahim
10	Teenagers Empowerment Initiative	Usaku Mark
11		Moses Daniel Koting
12		Ashiru Garba
13		Jacob Adamu
14	Centre for Women & Adolescent Empowerment (CWAE)	Zainab Ahmed
15		Maimuna Dauda
16	Family Health Care Foundation (FAHCI)	Theresa A Joseph
17		Clara Morris
18	All Child Charity International Foundation	Godwin Idoko
19		David James
20	All Child Charity International Foundation	Faith Egbadu
21	Health Care Development Focus Initiative (HECADF)	Miss Jagila I. Ndakudiya
22		Mal. Ibrahim Bukar Hassan
23		Mal. Mohamed Yusuf Mohammed
24	OROL Youth	Kate Ataina
25		Aboh Moses
26		Ebot Goodluck
27	Education as a Vaccine (EVA)	Josephine Angulu
28	Not Applicable	Japhets Baron
29	Not Applicable	Edeh Ajuma

STAKEHOLDERS

S/N	ORGANIZATION	NAME
1	Save the Child Initiatives	Abdulganiyu A Abubakar
2	Jireh Doo Foundation	David Habba
3	Adolescent Health and Information Project (AHIP)	Hadiza Esmaeel
4	Teenagers Empowerment Initiative	Rachel Recto
5	Centre for Women & Adolescent Empowerment (CWAE)	Zubainatu Yahaya
6	Family Health Care Foundation (FAHCI)	Isaiah Usman
7	All Child Charity International Foundation	Charles Irole
8	Health Care Development Focus Initiative (HECADF)	Agnes U. B. Gadzama
9	OROL Youth	John Dolapo
10	Education as a Vaccine (EVA)	Izundu Kosi
11	Kuje Youth Friendly Clinic	Jerry Igbang
12	Population Council	Ibrahim Suleiman
13		Desmond Iriaye
14		Raphael Nnakwe
15		Uzomba Chiamaka
16		Bala Abdullahi
17		Alalade Akinola
18		Ifekandu Chiedu .C.
19		Faizah T. Ibrahim
20		Ajibade Tosin
21		Otibho Obianwu

Appendix 5

CONSENSUS STATEMENT

Obtaining consent for young persons for research purposes

To participate in therapeutic research; the consensus is that minors aged 9 and under require only parental consent, whereas adolescents aged 10–15 years require parental consent as well as assent of the adolescent. Young persons aged 16 years and above do not require parental consent but must consent themselves.

To participate in non-therapeutic research; minors aged 9 and under require only parental consent while adolescents aged 10–12 require parental consent as well as assent of the adolescent. Young persons aged 13 years and above can consent by themselves.

Obtaining consent for young persons accessing SRH services

Young persons aged 12 years and above can access SRH services without parental/guardian consent. However, this does not apply to surgical interventions.

Obtaining consent for young persons accessing SRH services

The consensus reached is that for access to treatment and care, young persons aged 12 years and above do not require parental consent. Some conditions that could necessitate a waiver for those aged 11 and under, including minors/young persons who are married, head of a household, emancipated, or where a parent/guardian is the perpetrator of abuse.

Considerations in single or dual parental consent

To ensure that adolescents have easy access to SRH services and participate in research, the consensus is that consent of one parent/guardian is sufficient. The choice of the guardian is determined by the socio-cultural context in which the research is taking place, without prejudice to instances where assent is required.

In a situation where parents/guardians are available and there is a disagreement on consent for research purposes, it is in the best interests of the young person that he/she should be excluded from participating in the research. However, with regards to access to services, the family should be referred to the social welfare services or other relevant supportive service providers.

Confidentiality

As a result of stigma and discrimination and deep seated prejudices on SRH issues, the confidentiality of the information provided by children, adolescents, and young persons must be guaranteed as the researcher or service provider may not be able to handle the consequences that may arise from such disclosure.

Confidentiality must therefore be ensured for children/adolescents in research (irrespective of how the research is being conducted including the use of technology and social media platforms) and SRH services except surgery.

However, confidentiality may be breached in circumstances where it is in the best interests of the child for disclosure to be made such as in cases of abuse or where required by law.

Guardianship

This consensus report defines a guardian as any adult other than a parent that assumes responsibility for a minor and whom the minor can identify as fit to act in their best interest.

Considerations on participation in research and access to SRH services of special groups

This consensus holds that researchers and service providers must make efforts to ensure that these populations are not excluded on the basis of their unique circumstances. Researchers and service providers must provide equal opportunities for these groups to participate in and benefit from the processes on equal terms with others.

Other ethical requirements in conducting research in young persons

Though the NCHRE stipulates basic ethical codes for conducting SRH research with; and providing SRH services for children, adolescents and young persons, a highlight of key ethical requirements is necessary for emphasis. These include the mandatory requirement to obtain permission from relevant authorities and gatekeepers before embarking on research in their domains, and gaining of approval from a properly constituted ethical review committee for all planned research. Where necessary, researchers should consider creating community advisory boards.

Stakeholders that constitute guardians

The consensus holds that the following shall constitute guardians that can represent YP in SRH research and access to services.

- Gatekeepers
- Community leaders
- Managers of children and adolescent programmes
- Teachers and school authorities
- Academia
- Policy makers at all levels
- Religious leaders
- Government at all levels

Funded by UK Department of International Development, Ford Foundation and International AIDS Vaccine Initiative