Barriers and enablers to adolescent self-consent for vaccination: A mixed methods evidence synthesis

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Background

- Increasing routine vaccines recommended during adolescence
- UN Convention on the Rights of the Child recognises rights of young people to participate in decision-making processes affecting them
- Requirement for parental consent can be a barrier to uptake of vaccination programmes
- Could adolescent self-consent increase uptake?
Aim

• To identify, appraise and synthesise the available qualitative and quantitative literature relating to self-consent procedures for adolescent vaccination programmes
Objectives

I. To describe the effectiveness of self-consent interventions at increasing uptake of adolescent vaccination programmes

II. To report the barriers and enablers of implementation of self-consent procedures for adolescent vaccination programmes
Methodology

• Systematic searches of ten databases
• Independent screening of titles and abstracts, full texts, data extraction, and assessment of bias
• Methodology for thematic synthesis used to synthesise qualitative data
• Quantitative data described narratively, then integrated into qualitative framework
5,692 records identified through database searching

3 additional records identified by other sources

4,140 records screened after duplicates removed

65 full-text studies assessed for eligibility

25 publications related to 23 studies identified

Records excluded

Full-text studies excluded
Results

• No intervention studies found

• Three main themes in relation to barriers and enablers identified:
  - Policy framework
  - Notions of protection
  - Self-determination of young people
Theme: Policy framework

- National and local policy frameworks
- Understanding of legal guidelines
- Context
Theme: Notions of protection

• Young people’s health
• Reputation of professionals
• Relationships

“They should be able to request it (HPV vaccine) – if they are having sex and seem able to understand the issues.”

“If you were to immunise a Gillick competent girl and her parents were dead against the vaccination, the ripples that that would cause in the school, you know ‘the nurse immunised my daughter even though we were against it’. It doesn’t really matter what the law would say, you’ve undermined confidence in the service.”

(Respondent 9, Wales)
Theme: Self-determination of young people

• Parental responsibility
• Young people’s autonomy
• Characteristics of young people

“There is no way you can be giving a vaccination to a child without their parents’ consent. That is beyond crazy!”
[School teacher 3, England]

“If they are old enough, regardless if you say no as parents, they have the right to go”
[Hmong Parent, USA]
Discussion

• Individual characteristics of young person influences acceptability

• Protection of professional reputation: health practitioners, teachers

• Parents’ role as main consenters are major barriers

• Clarification of policy framework is required

• Future studies to examine implementation
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Abstract

The declining teenage vaccination rates in adolescent vaccination programmes has the potential to reduce the burden of vaccine-preventable diseases and improve their health. Although legal frameworks in many countries permit young people to consent for vaccinations if competent, lack of written parental consent can still prevent uptake. We aimed to review systematically the associated barriers and enablers to implementation of adolescent self-consent procedures.

Methods: A comprehensive search strategy of ten databases from inception to June 2018 was undertaken to identify relevant qualitative and quantitative studies. Titles, abstracts and full texts were assessed for eligibility, and the methodological quality of eligible primary studies evaluated. Thematic synthesis methods were used to interpret and combine qualitative data, and to identify overarching themes as well as similarities and differences within themes. Quantitative data were summarised and, because the data were sufficiently similar in focus, were integrated within the qualitative framework.

Results: Twenty-five publications related to 23 studies were included. Three themes were identified which related to the policy framework, protection, and self-determination. Despite supportive national policy frameworks, implementation of adolescent self-consent procedures can be prevented by local policies, professionals’ misunderstandings of the legal framework and the context in which the vaccination programme is delivered. Motivation to protect young people’s health increased acceptability of adolescent self-consent, but implementation might be prevented to protect the reputation of professionals or relationships with parents. Further, maintaining the role of parents as decision-makers for their child’s healthcare was frequently prioritised over enabling young people’s autonomy to consent.

Conclusions: Barriers to the implementation of adolescent self-consent procedures have implications for young people’s health and uptake of vaccination programmes. There is a need to clarify the policy framework and challenge the primacy of parental consent.

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