



**Tshwane University
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Adelaide Tambo School of Nursing Science

Promoting children's access to health care: Nurses' perceptions and practices when obtaining consent from children

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DISCLOSURE

Authors

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Learner objectives:

1. Describe nurses' perceptions and practices when obtaining consent from children.
2. Critically reflect on how these perceptions and practices influence children's access to health care.

Conflict of interest

The authors declare that there is no conflict of interest

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OUTLINE

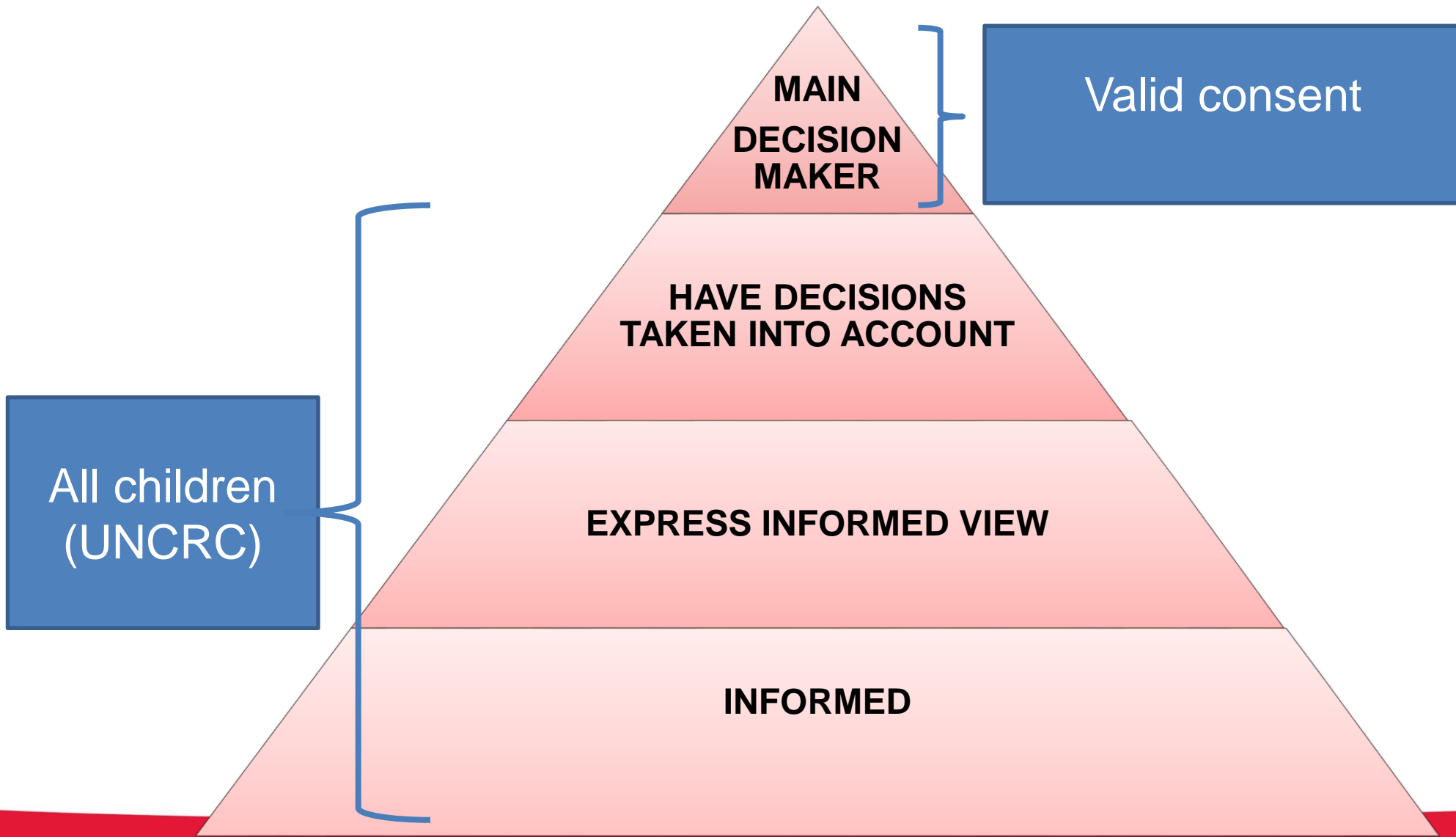
- Background
 - Problem statement
 - Aim and objectives
 - Research design
 - Methods
 - Findings
 - Conclusions
 - Acknowledgments
 - List of references
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- A thick, red, wavy graphic element that starts from the bottom left and curves upwards towards the right, ending near the center of the slide.

BACKGROUND

- Children should not be deprived of their **right to access health services**.
 - The ability to **consent** promotes children's access to health services.
- Children have the **right to express their views** in all matters that affect them and have their views be given weight.
 - Enhances involvement in **decision-making**.



LEVELS OF DECISION-MAKING



BACKGROUND

- In South African legislation, **valid consent** is:
 - Given by a **person capable** in law to do so.
 - Informed, unambiguous, comprehensive and voluntary.
- **Capable person:**
 - Age threshold
 - Mental capacity ↔ Decisional capacity

National Health Act, 2003; Medical
Protection Society (MPS), 2010

AGE LIMITS

Full decisional capacity in South Africa is 18 years

**Medical
treatment**

Surgery

HIV Testing

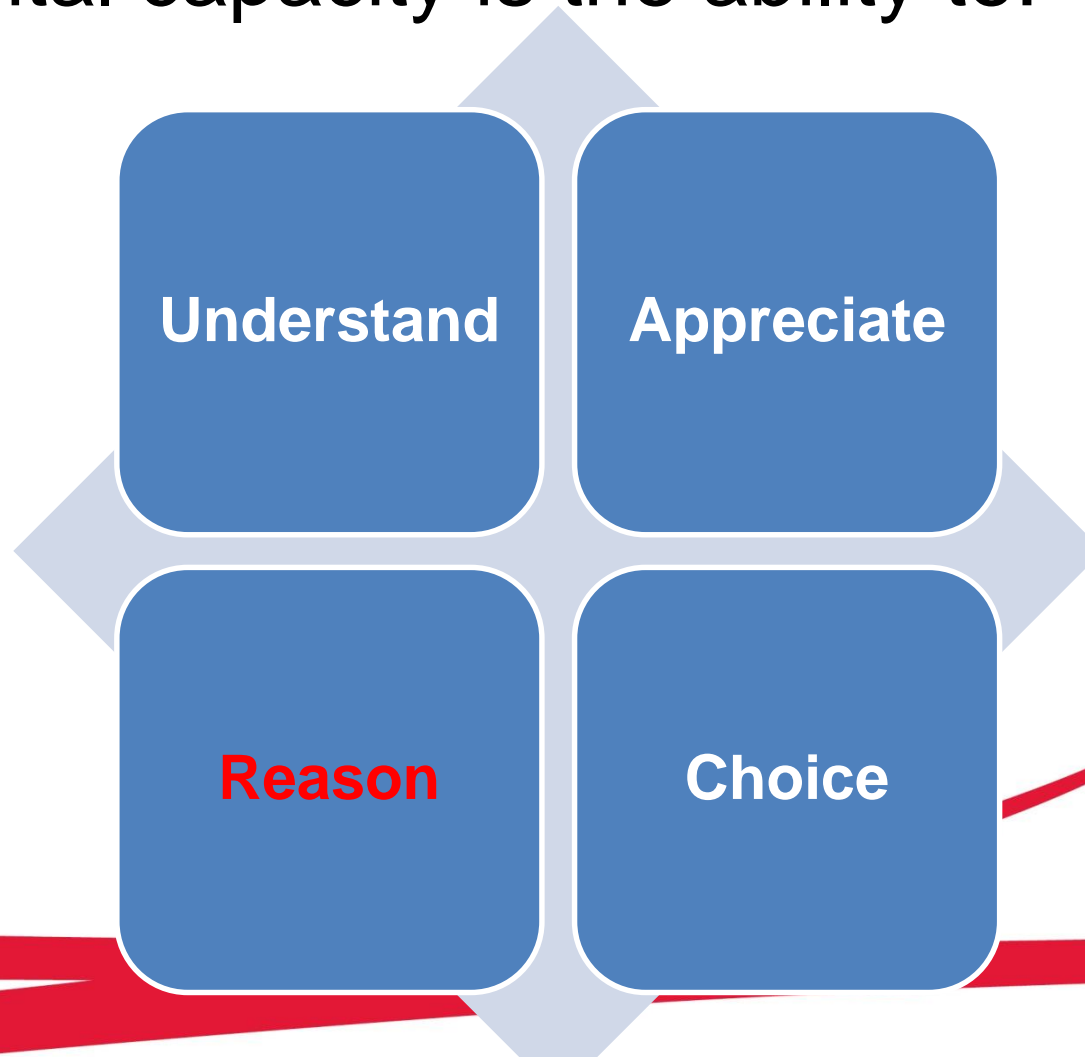
Contraceptives

**Termination
of Pregnancy**

Children's Act (2005) & Choice on
Termination of Pregnancy Act (1996)

BACKGROUND

- Mental capacity is the ability to:



Appelbaum, 2007

BACKGROUND

Factors that influence mental capacity:

- Parent
- Child
- Procedure
- **Health care provider**
 - Attitude & competency:
 - share information
 - respect for children's views and perspectives
 - assess mental capacity

PROBLEM STATEMENT

- No clear guidelines for capacity assessment.
- Limited trained to do cognitive and mental health assessments.
- No single test available.
- Intuition used in assessments.
- A guide needs to be developed.
- First step is to **determine what the current practice and perceptions are of nurses who have to enact the laws.**



OBJECTIVES

The **objective** of the study is to determine nurses' perceptions and practices in obtaining consent from children to treatment.



RESEARCH DESIGN

Explorative and descriptive qualitative design.

SETTING

- Tshwane, Gauteng South Africa.
- Administrative capital.



RESEARCH METHODS

Sampling

- Purposive
- 19 Professional nurses
- A hospital, primary health care clinics

Data collection

- Semi-structured interviews
- English
- 30-60 minutes
- Audio recorded

Data-analysis

- Verbatim transcription
- Descriptive qualitative content analysis

Ethics

- Ethical approval
- Informed consent
- Anonymity & confidentiality
- No harm

FINDINGS

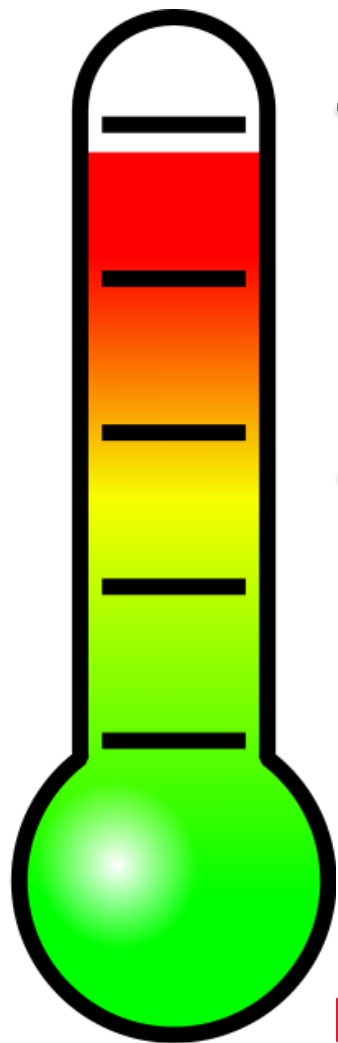
Category	Subcategory	Unit of meaning
Inconsistent implementation of consent laws	Degrees of implementation	
	Factors related to degrees of implementation	Limited knowledge and misinformation Perceptions and personal frame of reference Obligation to protect Practical barriers
Practices in determining capacity to consent	Establish trust and rapport	
	Health Information	Appropriate levels Peer groups
	Assessment	History and social circumstances Understanding Use of different yardsticks

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DEGREES OF IMPLEMENTATION OF CONSENT LAWS



**Not providing services
without parental consent**

*"Parents are needed
for consent,
children without
parents are sent
home."*

- Advise to bring a parent but provided the service
- Dual consent
- Implement as per the requirement of the Act

*"I will never send them
away with no kind of
treatment but I will ask
them to come back with
someone they trust that I
can speak to."*

**No limits to the health
service provided**

*"You just give them
everything they
want...We don't ask
many questions."*



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CONTRIBUTING FACTORS

Knowledge limitations

Unit of meaning	Quotes
Limited of knowledge	<p>First you need to know what the Law says, which I myself have very little knowledge about.</p> <p>South Africa is 14[years], certain is 16 [years], stuff like that, so I get confused sometimes [about] what actually is the right age.</p>
Misinformation	<p>I have been trained in child legislation, in South Africa it is 14 and 16..”</p> <p>I was under the impression a 14 year old can never consent on their own.</p>



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Perceptions & personal frame of reference

Unit of meaning	Quotes
Perceptions	<p>There is a thin line between what the law says I should do and my personal opinion. As a HCP I don't think children are able to consent.</p> <p>[An] eleven year old ... does not understand anything other than schoolwork according to me.</p>
Personal frame of reference	<p>I know in this new South African law that children can consent to HIV [tests] and they can come and look for contraception at that age, it is a difficult one, because I think when it comes to that I am biased as well.</p> <p>You start turning the things to you, what if this was your child?</p>



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CONTRIBUTING FACTORS

Obligation to protect

Unit of meaning	Quotes
Feel obligated to protect children	<p>I just speak to her as a mother... protect her...</p> <p>They don't really know what they are doing to their bodies, they need to be protected.</p>
Feel obligated to protect parental rights	<p>I think a parent has a right to know what is happening with their child. I would want to know.</p> <p>I think the parents ... must be called and be informed and be involved, they must know.</p>

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Practical barriers

Unit of meaning	Quotes
Limited time	<p>We do not have enough time, there are queues, and queues and queues. I don't have enough time with a child.</p> <p>You look at the queue outside and this child is here, you smile...</p>
A need for multi-professional team support	<p>[A child] who is going to need prolonged treatment or rehabilitation...that is the time when I would like to have support from other professionals, like social workers and psychologists.</p>
Lack of guidelines	<p>A standard operating procedure can be used by everyone, so that it can be uniform...that would guide us and that would protect us.</p>

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ESTABLISHING TRUST AND RAPPORT

- Time
- Interpersonal qualities
- Confidentiality and privacy

“If you talk in a very formal way, above their heads, ...they won't, feel that we care about them, they will consent without really understanding all the implications, **but if they learn to trust you, then they will ask all the questions to know exactly what is going on with their bodies.**”

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HEALTH INFORMATION

Unit of meaning	Quotes
Appropriate level	Use the language they use [on] the street so that they [connect] with you. Don't use those sophisticated medical terms... even your English must be simple.
Peer group	<p>They normally come in groups; you find they are 3 or 4.</p> <p>Children tend to come to facilities in groups and healthcare providers were happy to talk to them together or provide education or information in a group.</p>

FINDINGS

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ASSESSMENT

Unit of meaning	Quotes
History and social circumstances	If the child is less than 12 years but he is matured ... he comes here and she tells you that 'my mother or my parent [is] dead because of HIV' then you can see that this child [has] knowledge about HIV .
Understanding	<p>The fact that this child came to the clinic and asked help, says to me that this child understands ... when she comes here alone not with a parent.</p> <p>If you probe and they give back, what the procedure holds..., why it is necessary and what is the reason for the future.</p>

FINDINGS

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DIFFERENT YARDSTICKS

Unit of meaning	Quotes
Age	Cannot consent if you are not 16 years old.
Experience and background	<p>You cannot do it in age, it is impossible.</p> <p>Children's development depend on background and understanding and stimulation at home.</p>
Understanding of the topic	Assesses knowledge on a specific topic. Any misinformation indicates lack of capacity.
Future consequences	The moment they can see the bigger picture, they are mature enough to make decisions on their own.



CONCLUSION

Inconsistent practice in this context by health care providers

- Refusal of services
 - Impedes access health services.
 - Violates right to participate and be listened too.
- Providing any service regardless of maturity and mental capacity:
 - Children not mature: Burdened with responsibilities.
 - Invalid consent.

CONCLUSION

Nurses competence influence children's capacity to consent.

Guidelines, education and support are required.

*“Children’s competence greatly depends
on
adults’ competence to be
**supportive, generous, courageous and
‘big enough’ to respect them”***

ACKNOWLEDGEMENT

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