

# PARENT/GUARDIAN'S INFORMED CONSENT FORM-ENGLISH

Project title Critical thinking about health claims and choices in Uganda (Informed Health Choices Project). Version 1.0 dated: 8th May 2020

Sponsor: The Research Council of Norway

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## 1. INTRODUCTION

Thank you for agreeing to take part in this study. My name is \_\_\_\_\_.

The Informed Health Choices project on critical thinking about health claims and choices in Uganda is a research collaboration that seeks to improve health literacy by developing and testing resources that can be used by the public to appraise health information.

In Uganda, the study is being conducted by researchers from Makerere University College of Health Sciences and will involve continuous interaction with students, teachers and policy makers.

Your child has been identified as one of the students that can participate in this study however; he/she alone cannot decide by themselves since he/she has not yet reached the legal age of consent for Uganda. We are therefore seeking permission for your child to participate in this study.

The information in this document is meant to help you decide whether or not your child should take part in this study but first there are a few things to note.

- In addition to your acceptance, your child will also be requested to provide assent (agreement) for participation in this study.
- We anticipate that once you agree your child will be in the study for a period 2-3 years.
- You will be offered a copy of this form and your child 's assent form for your reference.
- Please feel free to ask if you have any questions or concerns at any time before the start or during the conduct of the research.

## 2. WHY IS THIS RESEARCH BEING CONDUCTED?

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The aim of the collaborative research project is to improve population health outcomes by improving health literacy in low-income countries. We will do this by developing and evaluating teaching resources for school children and policy makers.

### 3. HOW WILL THE STUDY BE CONDUCTED?

This project will be implemented using the strategy below for improving health literacy:

- i) The development of teaching resources for school children to improve their ability to appraise and use information about the effects of health care services/ interventions made available to them.

The Research project will be conducted under 3 different phases, one following on the other.

- Phase one will include: **Priority setting, context analysis and stakeholder involvement.**
- The second phase will focus on **Resource development, user testing and claim evaluation tool development.**
- Phase three will concentrate on **Evaluation of the resources developed and process evaluation.**

These strategies will be evaluated in a community trials testing the effectiveness of the developed resources in improving health literacy among the target audiences for teachers and students.

### 4. POSSIBLE RISKS TO YOUR CHILD

We anticipate that your child's participation in the study/research presents no risk to him/her as an individual. Your child's participation in the study will not affect his /her performance at school.

### 5. POSSIBLE BENEFITS TO YOUR CHILD

There will be no direct benefit to your child from participating in this study and there is no promise of gaining any material or financial benefit from the project currently or in the future.

Your child's participation in the study could contribute to gaining new knowledge that will be used to design resources aimed at improving population health outcomes by improving health literacy in low income countries. Your child may be equipped with skills to enable him/her obtain, process and understand health information that he/she might need to make appropriate healthcare decisions. Your child will benefit from free health information.

### 6. COST TO THE PARTICIPANT

You will incur no cost whatsoever as a result of your child taking part in the study.

### 7. COMPERSATION

Your child or you will not gain any form of compensation, monetary or otherwise for participating in the study but appropriate reimbursement in form of a snack and drink during our engagement will be provided and when your child is required to attend any special study sessions outside school hours.

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### 8. CONFIDENTIALITY

The information your child may give during the conduct of this research will be kept confidential in accordance to the ethical standards agreed upon by the local and international organizations governing the conduct of research involving human participants.

Any information resulting from this study, if published in scientific journals or presented to policy makers or at scientific meetings, will not reveal your child's identity.

### 9. RIGHT TO REFUSE/ WITHDRAW YOUR CHILD'S PARTICIPATION

Your child's participation in this research is purely voluntary and you are free to decline to take part, or withdraw your child's participation at any time without any repercussions.

### 10. QUESTIONS ABOUT THE RESEARCH

In case of any further questions, please contact Professor Nelson K. Sewankambo, the Principal Investigator at Makerere University, College of Health Sciences, P.O.Box 7072, Kampala Uganda: Tel: 0414530021 or Mr. Ronald Ssenyonga, Ms Allen Nsangi and Dr. Daniel Semakula, co-investigators on 0700733108, 0773333629 or 0716543000 respectively.

In case of questions in regards to research ethics, you may contact Professor Ocamo Ponsiano Chairperson, MakCHSSchool of Medicine Research and Ethics Committee; Tel 0414531875.

### 11. DECLARATION OF CONSENT

The information about this study has been availed and explained to me and all my questions have been answered. I have read this form and I feel that I have had enough information and time to consider my decision to allow my child participate in the study. I fully understand that by signing this form, I do not waive any of my legal rights, nor does it relieve the study investigators their duty (liability), but merely indicates that I have been informed about the research study. A copy of this form will be availed to me.

Having understood all the information pertaining to this study I therefore agree to my child's participation in this study by appending my signature and name below.

Parent/Guardian

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Telephone number \_\_\_\_\_

Witnessed by

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Telephone number \_\_\_\_\_