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Informed Consent Template

Informed Consent to Participate in Research

I am/We are asking you to take part in a research study called:
An In-Depth Examination of Ugandan woman's health Seeking Behaviors and Attitudes Towards Adolescent health care services

The person who is in charge of this research study is Atim Fiona. The research will be conducted in Gulu District of Uganda.

Purpose of the study

The purpose of this study is to:

- To assess social, cultural, economic, or political barriers Ugandan adolescents face in accessing treatment in health facilities.
- To disseminate information to local stakeholders as clinical officials, support organizations, and public health representatives to inform community-based advocacy and program development in regards to adolescent heath. To explore..... etc

Study Procedures

You are being asked to participate in this study, as you are a Ugandan woman who can help us to better understand beliefs and attitudes towards adolescent health care services.

If you take part in this study, you will be asked to:

- Take part in a one-time, one-on-one, semi-structured interview;
- The interview will take approximately one hour;
- The interview will take place at a location most convenient to you as the participant;
- The interview will be transcribed, in the form of field notes, to ensure accuracy in reporting your statements;

Benefits

There may be no direct benefits associated with your participation in the study, but the information you will provide will be useful in planning and organizing health awareness campaigns on adolescent health services.

Risks or Discomfort

This research is minimal risk. That means that the risks associated with this study are the same as what you face every day. There are no known additional risks to those who take part in this study.

Compensation

You will be given *5,000 Uganda Shillings (for bachelor's students) and masters and PhD students will give a compensation worth 10,000 Uganda shillings* as compensation for your time during your participation in the study.

Or

A notebook and a pen will be provided to the study participant. For the Focus Group discussion, refreshments will be provided to the study participants.

Privacy and Confidentiality

We will keep your study records private and confidential. Certain people may need to see your study records. By law, anyone who looks at your records must keep them completely confidential. The only people who will be allowed to see these records are:

The research team, including the Principal Investigator and those involved with the study**.**

I may publish what I have learnt from this study. If I do, I will not include your name. I will not publish anything that would let people know who you are.

Voluntary Participation / Withdrawal

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study.

You can get the answers to your questions, concerns, or complaints

If you have any questions, concerns or complaints about this study, or experience an adverse event or unanticipated problem, contact the researcher on 077…….

If you have questions about your rights as a participant in this study, general questions, or have complaints, concerns or issues you want to discuss with someone outside the research, call the CIUREC Chairperson Dr. Samuel Kabwigu on (0312307400) & the executive secretary of UNCST on (0414 -705500) respectively.

Assessment of understanding

Please check which box best describes your assessment of understanding of the above informed consent document:

☐ I have read the above informed consent document and understand the information provided to me regarding participation in the study and benefits and risks. I give consent to take part in the study and will sign the following page.

☐ I have read the above informed consent document, but still have questions about the study; therefore I do not give yet give my full consent to take part in the study.

_____ _____

Signature of Person Taking Part in Study Date

_____

Printed Name of Person Taking Part in Study

_____

Thumb print of Person Taking Part in Study

Please note that for the translated version, provision for a witness to attest to the study process should be included.

_____ _____

Signature of Person Obtaining Informed Consent / Research Authorization Date

_____

Printed Name of Person Obtaining Informed Consent / Research Authorization