

INFORMED CONSENT FORM FOR COMMUNITY MEMBERS/PARENTS/GUARDIANS

Informed Consent Form for Indepth interviews

Informed Consent Form for participants who we are inviting to participate in the study, titled:

AN ANTHROPOLOGICAL STUDY ON THE PERCEPTIONS OF PRAZIQUANTEL TREATMENT AND ADHERENCE TO MASS DRUG ADMINISTRATION IN PERSISTENT SCHISTOSOMIASIS MORBIDITY HOTSPOTS ALONG LAKE ALBERT, HOIMA DISTRICT WESTERN UGANDA

Name of Principle Investigator (PI): Dr. Stella Neema

Introduction

I am _____, working on behalf of Makerere University. We are conducting a study about the perceptions of the drug (Praziquantel) that is used to treat Bilharzia and adherence to Mass Drug Administration in your community. The interview will take about 40 minutes.

Purpose of the research

The study in question is to understand the views of people perceptions of the drug (Praziquantel) that is used to treat Bilharzia and adherence to Mass Drug Administration in your district and to inform policy, on the best ways to improve MDA adherence.

Participant Selection

You are being invited to participate in this study because of your experience and knowledge about Bilharzia and Mass Drug Administration.

Voluntary Participation

Your participation in this research is entirely voluntary. You are free to stop at any time during the interview or to decline responding to some questions you do not wish to answer.

Procedures

During the interview, I ask questions from the prepared guide and also some that may arise from your responses. The information will be recorded on a digital recorder for accurate transcription later. If you do not agree to being recorded, then written notes will be taken. Only the core research team members will have access to the information recorded and transcribed. The tape and other materials will be reviewed to make that anonymous before analysis. All research materials will be kept in a secure place under the custodianship of the investigators. Study findings will be shared with the community.

Risks

We do not envisage any personal risk in the answers you provide. Your name and that of your institution will not be used in any output of this research process. Furthermore, to ensure confidentiality, identifiers of professional position will be removed. All your responses will remain anonymous outside of the core research team.

Benefits

Version 2: June 5 2019, AN ANTHROPOLOGICAL STUDY ON THE PERCEPTIONS OF PRAZIQUANTEL TREATMENT AND ADHERENCE TO MASS DRUG ADMINISTRATION IN PERSISTENT SCHISTOSOMIASIS MORBIDITY HOTSPOTS ALONG LAKE ALBERT, HOIMA DISTRICT WESTERN UGANDA



There are no direct benefits for your participation but the information you provide will help understand the what may inhibit Praziquantel treatment and adherence to MDA. There are no monetary incentives for taking part in this research however you will be given a bar of soap as an appreciation.

Ethics Review and Approval

This proposal is submitted for review and approved by the Makerere University School of Social sciences Research Ethics Committee (MAKSSREC) and the Uganda National Council for Science and Technology (UNCST) which are committees whose task is to make sure that research participants are protected from harm.

Who to contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact the leader of the research team Dr. Stella Neema at Makerere University. She can be reached at: Tel: +256772457576/ sheisim@yahoo.com

Should have any interest to speak to someone other than the researcher about this study, please feel free to contact:

Dr. Fred Bateganya

Vice Chair

Makerere School of Social Sciences

Research Ethics Committee

Telephone: +256- 772 451422

E-mail: fredb@chuss.mak.ac.ug

Or

The Executive Secretary

The Uganda National Council of Science and Technology,

Kimera Road. Ntinda P. O. Box 6884 Kampala, Uganda

Telephone: (256) 414 705500

Fax: +256-414-234579

Email: info@uncst.go.ug

Thank you again for your help.

Name of the participant: _____, Signature/thumbprint: _____

Date: ____/____/____

Name of the person obtaining consent _____, Signature/Thumbprint _____

Date: ____/____/____

Name of Witness (Incase the respondent is illiterate) _____ Signature/Thumbprint _____

Date: ____/____/____

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