

CYBERSENGA PHASE TWO QUANTITATIVE DEVELOPMENT SURVEY: YOUTH ASSENT FORM

Background/ Purpose

You are one of about 1500 students who we have asked to take part in the “Mbarara Adolescent Health Survey”. This research study will help us learn how students make decisions about sex. We want to ask about the information you have about sex and HIV, the reasons why you make certain decisions about sex, and the skills you may and may not have to keep yourself free of HIV.

Procedures

It will take you about one and half hours to do the survey.

You will fill out the survey by yourself. Please make sure that you have enough room to do the survey where no one can see your answers. The headmaster or headmistress and teachers will not be in the room when you do the survey.

There are many questions and many topics in the survey. We will ask you if you use mobile phones and the Internet. We also will ask you questions about how you feel about yourself, your family, and your friends; and your thoughts about your future. There are many questions about health. We will ask about where you find health information, and if you have used health services here in Mbarara. There also are questions about what you know about HIV and AIDS. Finally, there are questions about the relationships you may or may not have, including your sexual practices.

Your answers will help us make a web site that will help secondary school students in Uganda prevent HIV.

Risks and Discomforts

You might feel tired during the survey. Some of the questions might make you feel shy or uncomfortable. If this happens, you can (a) leave such questions (b) take a rest or (c) stop completely and hand in the survey.

Benefits

There is no benefit to you to take part in the survey.

Compensation

You will not be paid to take part in this survey

Confidentiality

Please do not write your name anywhere on the survey. Once you hand it in, we will not be able to tell which survey is yours. This will protect your privacy.

We will not tell your parents, your teachers at school, or anyone else what you will answer during the survey.

All surveys will be kept in a locked office at the Uganda Research Initiative offices in Mbarara. All computer files will be protected with a password.

When we talk about your survey answers in reports or articles, nothing will be used to identify who you are.

Rights of Refusal and Withdrawal

Taking part in this survey is your choice. You do not have to do the survey if you do not wish to.

If there is a question you do not want to answer, you do not have to answer it.

If you change your mind after you have started the survey and you decide you don't want to finish it that is your choice. This decision will not change your marks in school or any future medical care.

Questions and Contact Numbers

If you don't understand something, or if you want more information, please ask now.

If you have questions about this survey at any time, you may contact Dennis Nabembezi, the Study Coordinator, on telephone number: 0772 568 359.

You may visit him at the Study offices located at Uganda Research Initiative, Mbarara, Plot 11-13, and Lower Circular Road.

If you have questions about your rights as a student taking part in the survey, you may call Emmanuel Kyagaba, Chairman of the Institutional Ethical Review Committee of Mbarara University of Science and Technology on telephone number: 485 21387.

Signatures

I have fully explained to the student the nature, purpose and the procedures of the survey. I have also explained the risks involved in taking part in this survey.

I have asked if she/he has any questions about the survey. I have answered all questions that have come up from the student to the best of my ability.

Signature of Study Research Assistant

Date

I understand the information above. I have been able to ask questions. All questions have been answered. I would like to take part in this survey.

I know that I can stop at any time. If I stop, it will not change my marks in school or future medical care.

I agree to take part in this survey.

Signature of the Student

Date