

CYBERSENGA PHASE THREE FOCUS GROUPS WITH YOUTH ADVISORY COUNCIL MEMBERS: PARENT CONSENT FORM FOR YOUTH PARTICIPATION

Background/ Purpose

Your child is one of 20 students being asked to take part in the “Mbarara Adolescent Health Youth Advisory Council”. The Council will help us learn what students think about the design of an internet HIV/AIDS education program we are developing. The internet HIV/AIDS education program will address information that adolescents have about the way people get HIV, the reasons why or why not adolescents do things to keep themselves safer from HIV, and the skills adolescents have to keep themselves safer from HIV. The aim of the program is to help adolescents lower their chances of getting HIV.

We are asking for your permission to allow your child to participate in focus groups and to test out the internet HIV/AIDS education program as it is being developed.

Procedures

The Council will meet every so often over the next year.

Focus groups

During the focus groups we will show your child our ideas for the *design* of the internet HIV/AIDS education program. We also will share with your child the *information* that the program will provide. We will ask your child to tell us what he/she likes and does not like about our design ideas, and your child’s thoughts about what is the most important information that the program should include. Topics may include sex and abstinence.

Curriculum and Interviews

Your child will be asked to come to our Computer Lab and complete parts of the internet HIV/AIDS education program as it is being developed. Topics will include sex and abstinence. We will watch how your child uses the internet program to see what your child likes and does not like about the program. We also will ask your child to tell us what he/she likes and does not like about the program.

Audio-recording

We are asking for your permission for your child to be audio-recorded. The purpose of the recording is to help in writing up the discussions later so that nothing is forgotten or wrongly reported. The recordings will not be made available to anyone outside the research team. The audio-recording will be erased from the recorder as soon as it is transferred to the computer. Computer files of the audio-recordings will be password protected during the study and erased at the end of the study. You may refuse for your child to be audio-taped but still take part in the Council.

Video-recording

We are asking for your permission for your child to be videotaped. The purpose of the videotaping is to help us see the way your child uses the website program, and watch the way your child and the other Council members talk about the education program. The videotapes will not be made available to anyone outside the research team. The videotape will be erased from the video camera as soon as it is transferred to the computer. Computer files of the videotape will be password protected during the study and erased once the intervention is developed (we plan this to be December, 2009). You may refuse for your child to be videotaped and still take part in the Council.

Risks and Discomforts

The risks of participating in the Youth Advisory Council are minimal. Your child might feel tired during their participation in the Council. Some of the questions in group discussions or topics in the internet HIV/AIDS education program might make him or her feel shy or uncomfortable. If this happens, he /she can (a) leave the discussion session or website page (b) take a rest or (c) stop completely.

Benefits

This research is intended to help us create a website that will help prevent the spread of HIV among youth. There are no direct benefits for your child to participate in the Youth Advisory Council.

Compensation

Your child shall not be paid to participate in the Youth Advisory Council. There are six parts of the internet HIV/AIDS education program. For each part your child completes, he or she shall receive one hour of free Internet time or an equivalent of a free cell phone airtime card, depending on his or her choice. If your child completes all 6 modules, a total of 6 hours of free internet or an equivalent of free cell phone airtime will be provided.

Confidentiality

Only researchers will be able to see your child's answers. Your child's name will not be used in any reports or articles we publish. We will not tell you, your child's teachers at school, or anyone else what your child says during the Council meetings.

All computer files will be protected with a password. All audio- and video-recordings will also be password protected and destroyed at the end of the project. This will protect your child's privacy.

It is possible that your child's privacy will be broken. We will do everything we can to prevent this. We will ask your child and other members of the Council not to share any of the discussion from the focus groups with people outside of the group. We cannot guarantee that what your child says will not be shared by other students.

Rights of Refusal and Withdrawal

Your child's participation in this Council is voluntary. You have the right to not allow your child to participate. Your child has the right to refuse to take part in the Youth Advisory Council, even if you give permission.

You and your child can change your minds about participating at any time, including during the Council meetings. The decision to not participate will not change your child's 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 or contact the study coordinator at any time.

If you have questions about the Youth Advisory Council, you may contact Dennis Nabembezi, the Study Coordinator on telephone number: 0772 568 359 or you may visit him at the study offices located at Uganda Research Initiative in Mbarara, Plot 13, Stanley Road, Kashaka building Next to Stanbic Bank Mbarara branch.

If you have questions about your child's rights as a research subject, 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 read/been read this information, and I understand the purpose of my child's participation in the Youth Advisory Council. I have had the opportunity to ask questions, and questions that I have asked have been answered to my satisfaction. I understand that my child's participation is voluntary. I consent to allow my child to participate in the Youth Advisory Council, and understand that I or my child has the right to withdraw from the Council at any time.

I will allow my child to be videotaped.

Yes No

I will allow my child to be audio-taped.

Yes No

I will allow my child to take part in the Council.

Signature of the Parent/Guardian

Date _____