



# CYBERSENGA PHASE THREE FOCUS GROUPS WITH YOUTH ADVISORY COUNCIL MEMBERS: YOUTH ASSENT FORM

## Background/ Purpose

You are 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.

As a member of the Youth Advisory Council, we will ask you to take part in focus groups and 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 you our ideas for the *design* of the internet HIV/AIDS education program. We also will share with you the *information* that the program will provide. We will ask you to tell us what you like and do not like about our design ideas, and your thoughts about what is the most important information that the program should include. Topics may include sex and abstinence.

### Curriculum and Interviews

You 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 you use the computer program to see what you like and do not like about the program. We also will ask you to tell us what you like and do not like about the program.

# Audio-recording

We are asking for your permission 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 to be taped but still take part in the Council.

### Video-recording

We are asking for your permission to be videotaped. The purpose of the videotaping is to help us see the way you use the website program, and watch the way you and the other Council members talk about the 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 to be videotaped and still take part in the Council.

# **Risks and Discomforts**

The risks of participating in the Youth Advisory Council are low. It is possible that you might feel tired during parts of the Council meetings. Some of the questions in group discussions or topics in the internet HIV/AIDS education program might make you feel shy or uncomfortable. If this happens, you 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 is no benefit to you to take part in the Youth Advisory Council.

# Compensation

You 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 you complete, you shall receive one hour of free Internet time or an equivalent of a free cell phone airtime card, depending on your choice. If you complete 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 answers. Your name will not be used in any reports or articles we publish. We will not tell your parents, your teachers at school, or anyone else what you say 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 privacy.

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

#### Rights of Refusal and Withdrawal

Taking part in this Youth Advisory Council is your choice. If there is any session you do not want to attend, you do not have to attend it.

If you change your mind after you have joined the Council and you decide you don't want to be in the Council any further, 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 the Youth Advisory Council, 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 in Mbarara, Plot 13, Stanley Road, Kashaka building Next to Stanbic Bank Mbarara branch.

If you have questions about your rights as a student taking part in the Youth Advisory Council, 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 understand the information above. I have been able to ask questions. All questions have been answered. I would like to take part in the Youth Advisory Council.

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 be videotaped.

Yes

No

I agree to be audio-taped.

Yes

No

I agree to take part in this Youth Advisory Council.

Signature of the Student

Date

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