Background/ Purpose
Your child is one of about 1500 students 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 are asking for your permission to allow your child to take part in this survey.

If given permission, we will ask him or her about the information she/he has about sex and HIV, the reasons why she/he makes certain decisions about sex, and the skills she/he may and may not have to keep him or herself free of HIV.

Procedures
It will take your child about one and half hours to do the survey by him or herself.

We shall make sure that there is enough room where no one can see his/her answers. The headmaster or headmistress and teachers will not be present.

The topics in the survey will include how young people use mobile phones and the internet. We will also ask him/her questions about how she/he feels about self, his or her family and friends, and his or her thoughts about the future.

There will also be many questions about health. We will ask about where young people find health information, and if young people have used health services here in Mbarara. There also are questions about what young people know about HIV and AIDS. Finally, there are questions about your child’s relationships, including his or her sexual practices.

The answers your child will provide us will help in making a website that will help secondary school students in Uganda prevent HIV.

Risks and Discomforts
Your child might feel tired during the survey. Some of the questions might make him or her feel shy or uncomfortable. If this happens, he/she can (a) leave such questions (b) take a rest or (c) stop completely and hand in the survey.

Benefits
There are no direct benefits for your child to complete the survey.
Compensation
Your child shall not be paid to participate in the survey.

Confidentiality
We will tell your child not to write his or her name anywhere on the survey. Once the survey is handed into the researcher, we will not be able to tell which survey is your child’s. This will protect his or her privacy.

We will not tell you, his or her teachers at school, or anyone else what your child’s answers to the survey questions are.

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 child’s survey answers in reports or articles, nothing will be used to identify who your child is.

Rights of Refusal and Withdrawal
Your child’s participation in this survey 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 survey, even if you give permission.

If there is a question that your child does not want to answer, he or she can skip it.

You and your child can change your mind about participating at any time, including during the survey itself. 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 have questions about this survey, 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 11-13, lower Circular Road.

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 understand that the information given above is true to the best of my knowledge and ability. I also understand that the parent/Guardian has the right to allow his/her child to participate or not to participate. He/she/the child has the right to withdraw from the survey, even during the course of the survey if the child chooses to do so.

__________________________________________  ________________
Signature of the Study coordinator Date

I have read/been read this information, and I understand the purpose of the survey. 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 this survey and understand that I or my child has the right to withdraw from the survey at any time.

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

__________________________________________  ________________
Signature of the Parent/Guardian Date