# Annex 14 - Debriefing and Re-consent - Text Message Subjects

## Introduction

When we offered to send you text message reminders or information on deworming take-up in your village/neighborhood, we were actually inviting you to participate in a social research study which aims to generate information on factors influencing compliance with Mass Drug Administration (MDA) for Intestinal Worms in your community. Intestinal worms (sometimes called soil transmitted helminths or STH) are common parasitic infections in Kenya, and cause many health problems. In particular, we wanted to study how people are influenced by reminders and/or being told about other people’s take-up of deworming.

In order not to bias your response to the adult deworming program, we did not tell you when you signed up to receive our text message reminders and information that we were in fact interested in seeing whether you got dewormed or not after you got the text messages. We apologize for not giving you the full details of the study, but since this study is about how people react to information we did not want you to feel that we were monitoring your take-up and therefore we had no way to get you to sign up for text messages and tell you the real goal of the study.

## Purpose of Study

It is hoped that the information generated from this study will help improve communities’ compliance with mass drug administration for worms’ elimination. An assessment will be made of their knowledge, perceptions, preferences around factors influencing coverage and compliance with community MDA for STH. The long-term aim is to eliminate worms improve the health status of the community members.

## Benefits

Information on how text messages influence deworming take-up will be used to address challenges affecting compliance with MDA. In the long run we hope that you and your community members will have better health as a majority of the targeted community members will be reached during MDA and the intestinal worms will be eliminated. Whether you decide to take part in this survey or not will have no impact on the level of treatment available to you, your family, or your community.

## Risks

As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

## Assurance of Confidentiality

Your study data will be handled as confidentially as possible. If results of this study are published or presented, individual names and other personally identifiable information will not be used. No personally identifiable information will be shared with any governmental or nongovernmental organization. To minimize the risks to confidentiality, all devices on which we collect information will be password protected. Only the research team at evidence action will have access to surveys. You will receive a copy of the consent form.

## Storage of Data

The data will be stored in secure cabinets and password protected computers and mobile devices. Data will only be accessible to the investigators.

## Right to Refuse or Withdraw

It is important that you understand the following general principles that will apply to all participants in the study:

1. Participation in research is completely voluntary.

2. Your choice whether to participate will have no impact on the treatment or benefit available to you , your family, or your community.

3. You may withdraw from this study at any time without penalty or loss of benefits.

Please feel free to ask any questions that you may have. **Do you agree to participate?**

I acknowledge that this consent form has been fully explained to me in a language that I understand and had the opportunity to ask questions which have been answered to my satisfaction. I agree voluntarily to participate in this study and understand that I have the right to withdraw at any time without penalty.

Participant's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's signature or thumbprint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Study No.: KEMRI/SERU**

Name of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: Questions about research

If you have any questions about this study, you may contact Doris W. Njomo at the Kenya

Medical Research Institute, Nairobi Tel; 2722541 during the study and in the future. If you have

concerns about human rights, ethics and welfare issues you may contact the Secretary of the KEMRI. Scientific and Ethics Review Unit; Tel; 020-722541, mobile; 0717 719477 or email [seru@kemri.org](mailto:seru@kemri.org). The research is being led by Karim Naguib and Anne Karing, and Supervised by Ted Miguel from the UC Berkeley in the United States of America.