**CONSENT TO PARTICIPATE IN RESEARCH**

**WASH BENEFITS MIDLINE FATHER’S LIFE EXPERIENCES */WRITTEN* CONSENT**

**Study** **Title**: WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

**Introduction**

My name is *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, [staff name],* I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null Innovations for Poverty Action in the United States. I am *[We are]* planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because we collected information on your household earlier in our study and would like to learn more about your health and life experiences.

**Purpose**

The purpose of this study is to conduct research on children’s health to better understand how nutrition and environmental factors might affect child growth and health. We are interested in learning if the exposure of a child to diarrheal disease has long-term effects. We also are interested in learning how certain foods, nutrition, or life experiences in general may interact with diarrhea or other illnesses.

We are also doing research on factors children inherit from their parents that affect the way they fight serious illnesses in this community, such as malaria. Children inherit many things from their parents and grandparents. Most people know about physical characteristics, like height. But children can also inherit factors from their parents that make them stronger or weaker than others at fighting particular illnesses. Finding these inherited factors will help scientists to develop new drugs and vaccines for these illnesses.

We are interested in evaluating your saliva for markers of infections, stress and health.

**Procedures**

To achieve the aim of the project, if you agree to be in this study, today, we will collect a saliva sample from you. The saliva sample from you will help us to understand indicators of factors children inherit from their parents and the long-term physical effects of infections and stress.

If you agree to participate today, we will collect your saliva sample and administer a short, 10-minute survey. You will also be asked about your personal life experiences, health, and social norms that may affect a child’s health.

Total participation time today will be approximately 15 minutes.

Later, at the laboratory, we will measure your saliva for markers of infections, stress, and health.

**Study time**: Study participation will take a total of approximately *15 minutes.*

**Study location: Today, all study procedures will take place here at your household.**

**Benefits**

If you choose to answer these questions there will not be a direct benefit to you but you will help us to understand *the health impact of infections, stress, and life experiences in general and how they interact with health and disease.*

**Risks/Discomforts**

Possible risks, discomforts, and/or side effects related to the study procedures include:

* Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. You may feel uncomfortable talking about some of the topics. You do not have to answer any question or take part in the discussion/interview/survey if you don't wish to do so, and that is also fine. You do not have to give us any reason for not responding to any question, or for refusing to take part in the interview. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
* There is also a slight risk of breach of confidentiality.

**Confidentiality**

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

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.

To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted.Your personal information may be given out if required by law.

***Retaining research records:***  Your saliva sample will be stored for a long time after the study ends. This is because new laboratory techniques will become available in the future to help us better understand how infections, stress, and life experiences affect health. The information collected from this study may be shared with other researchers if needed, but we will strictly maintain your confidentiality and privacy as described previously. The samples may be shipped to other countries for analysis without further consent from you.

You have the right to refuse to allow your saliva samples to be stored long term for future studies.

Compensation/Payment

You will not be paid for taking part in this study.

Rights

***Participation in research is completely voluntary****.* You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled. Your participation will not affect the assistance that IPA may or may not provide to you or your community.

Questions

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions or concerns about your rights and treatment as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003, or the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu)*.*

# CONSENT

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate. Please sign and date below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thumb print

Participant's Name *(please print)* Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Obtaining Consent Date

Opt-out

|\_\_| I do not want my saliva samples to be collected

|\_\_| I do not want my saliva samples to be stored long term