

ORD No. IRB/.....



INFORMED CONSENT FORM

***PROJECT TITLE:* PREVALENCE OF SUBSTANCE ABUSE AND ITS MENTAL HEALTH EFFECTS AMONG THE YOUTH: A CASE STUDY OF SEROWE.**

What you should know about this research study:

- We give you this informed consent document so that you may read about the purpose, risks, and benefits of this research study.
- You have the right to refuse to take part, or agree to take part now and change your mind later.
- Please review this consent form carefully. Ask any questions before you make a decision.
- Your participation is voluntary.

PURPOSE

You are being asked to participate in a research study on the prevalence of substance abuse and its mental health effects. The purpose of the study is to contribute to the knowledge gap with regards to substance abuse and mental health among the youth in a semirural village. You were selected as a possible participant in this study because you play a pivotal role in providing the us with necessary information to achieve the research objectives. Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

PROCEDURES AND DURATION

If you decide to participate in the interview you will be invited and asked to sign a copy of the informed certificate of consent form (see section 2, below). You will receive a copy of both the consent form and information sheet. The interview will take about an hour.

RISKS AND DISCOMFORTS

Before the study is conducted any foreseeable risks and benefits for the participants must be weighed. The study will be initiated and continued only if the risks and discomforts are ready to be dealt with. In the event that the study poses risks to the participants, measures will be put in place to minimize the risks, for instance referral system for counseling will be done.

BENEFITS AND/OR COMPENSATION

There are no personal benefits such as token of appreciation for participating in this study. However participants will be duly acknowledged after their interview. Due to limited resources it is unfortunate that my participants will not be compensated for their participation rather appreciation of their participation will be displayed in words.

CONFIDENTIALITY

The data from this investigation will be kept confidential. None of these will be used for commercial use. One of the critical principles in social work is confidentiality. Therefore, when conducting this study, we would take into consideration the right to privacy of my participants. Also, we would not take the clients photographs without consent and display them in a bad manner instead we would notify the participants and seek for their consent about the release of the private information and the possible outcomes before the release is made. On the other hand we would protect the participant's confidentiality when responding to requests from members of the media, on written and electronic records and other sensitive information, the participant's record will be stored in a secure location, and these records will not be retrieved to people who are not authorized to have access.

VOLUNTARY PARTICIPATION

Participation in this study is voluntary. You may not choose to participate in this in-depth interview if you do not wish to do so. You may also choose to stop participating at any time during the interview. Withdrawal from the interview at any time will not have any negative effect. If you agree to participate in the interview you will be asked to sign a copy of the informed certificate of consent form. You will receive a copy of both the consent form and information sheet. No consequences from the study will occur based on participation or non-participation in the in-depth interview

AUTHORIZATION

You are making a decision whether or not to participate in this study. Your signature indicates that you have read and understood the information provided above, have had all your questions answered, and have decided to participate.

Name of Research Participant (please print)

Date

Signature of Participant or representative

Relationship to the Participant

Signature of Witness
(Optional)

Signature of Staff Obtaining Consent

YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.

If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research participant; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact the Office of Research and Development, University of Botswana