


relevance to recent understanding of health and healing. *Journal of Advanced Nursing, 27*(6), 1-4.


APPENDIX A

1. RESPONDENT INFORMATION LEAFLET AND INFORMED CONSENT

TITLE OF PROJECT


INTRODUCTION

You are invited to volunteer for a research study. This information leaflet is to help you decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions which are not fully explained in this leaflet, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about all procedures involved.

WHAT IS THE PURPOSE OF THIS RESEARCH?

Death is one of the aspects that impact on bereaved people. After a family member dies, it is a custom that African people perform bereavement rituals. Currently I am investigating the ways in which African Christian and African traditional women perceive performance of such rituals. The purpose of the investigation is to explore the value of such rituals on the lives of bereaved people. Preliminary studies have shown that bereavement rituals are performed for therapeutic purposes.

A minimum of six groups of five women who have an experience of losing a family member and/or participated in bereavement rituals will be invited to participate in a focus group setting where they are exposed to the main research question. The main objective of the group session is that most of bereavement rituals are performed in groups and are communal in nature. This session will also provide information regarding realities that individuals and the groups construct when dealing with bereavement rituals.

WHAT IS EXPECTED OF ME DURING THIS RESEARCH?

If you agree to participate in this project, you will be involved in such a session for ±60 minutes during which time all procedures will take place. Time will be determined by data saturation. For the purpose of research, the session will be tape-recorded in order to analyse the discourses regarding bereavement rituals.

The single focus group session will take place on the date and time negotiated with you upon indicating your willingness to participate.
HAS THE RESEARCH PROJECT RECEIVED ETHICAL APPROVAL?

The Research Ethics Committee of the Faculty of Humanities at the University of Pretoria has evaluated the ethical form of the purpose of this study and granted the researcher permission to continue with this study.

WHAT ARE MY RIGHTS AS PARTICIPANT IN THIS PROJECT?

Your participation in this project is entirely voluntary and you can refuse to participate or stop at any time without stating any reason. Also consider that you will not be penalised for withdrawing your participation in this project. The investigator retains the right to withdraw you from the study if it is considered to be in your best interest.

WHAT ARE THE RISKS INVOLVED IN THIS PROJECT?

There are no risks or any particular inconveniences involved, either physical or psychological. During the session you will be required to participate in the discussion around performance of bereavement rituals. If participation can lead to any unanticipated emotional problem, it will be the researcher’s responsibility to ensure that the participants get professional counselling immediately. The session will take place in a well-equipped classroom in one of the schools around your area. The researcher is also qualified to facilitate group sessions of this kind, while the research assistant will operate the tape-recorder.

CONFIDENTIALITY

All information obtained during the course of this investigation is strictly confidential. Data that may be reported in scientific journals will not include any information that identifies you or disclose any personal detail about you as participant of this investigation. Any information uncovered regarding yourself as a result of your participation in this project will be held with strict confidence. A formal report will also be handed to you if required.

You will be informed of any finding of importance to your participation in this investigation but this information will not be disclosed to any third party without your written permission. The only exception to this rule is that the supervisor will access the final report since this study is for academic purposes.

Thank you for your willingness to participate in this investigation. If you have any further enquiries prior to the group session, please do not hesitate to contact me, M.S. Radzilani in this regard. The telephone number is: 015 962 8419 or cell phone: 0824912784.

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M.S. Radzilani
Research investigator
2. PARTICIPATION LETTER

Date: ---------------------

Dear Participant

Re: Participation in perceptions regarding bereavement rituals study

In the information leaflet I outlined the purpose of this study regarding the performance of bereavement rituals. You have indicated that you are willing to participate in a project regarding performance of bereavement rituals, involving also other community members who had an experience regarding the phenomenon.

I would like to thank you in advance for participating in this project, which will take place on ----  --------------- in your community school classroom. The venue is specifically equipped with tape recording facilities, and by signing the accompanying letter of informed consent, you approve that the session will be tape recorded for research purposes. The tape recorder will be used for research purposes alone and will not be used for any training or other purposes. Confidentiality of all participants is ensured throughout the process. I will be the facilitator for this session and the research assistant will operate the tape recorder.

Please find attached an indemnity form to be completed by each participant prior to the session.

Thank you for your cooperation in this regard.

With kind regards

Yours sincerely

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M.S. Radzilani
Research investigator
3. INDEMNITY


Location: School classroom

Date: ----------------------

I, -------------------------------------- (name and surname, and identity number) am willing to participate in the perceptions regarding bereavement rituals study in a group setting. I understand that this is a research project and that my identity will not be disclosed. I also give permission that the session may be tape-recorded for research purposes.

I, --------------------------------------

• Declare and undertake towards the research that I discard any claim of any kind that I have now or might have in the future due to any form of action or neglect arising from any activities within the project and which can form the basis of a civil claim that I may obtain in my personal capacity against the researcher on account of a casualty suffered by myself while involved in the project.

• Hereby indemnify M.S Radzilani and the research assistant against any liability which might arise from any actions by me and undertake not to hold them liable for loss of any kind that I might suffer during my involvement with the mentioned project.

Thus signed at ------------------------- on this ------------------------ day of ---------------- 2004

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Signature of participant

Witnesses

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1.                                      2.
INFORMED CONSENT

I, ______________________________________ (full name and surname) hereby confirm that I have been informed by the investigator, M.S. Radzilani about the nature, conduct, benefits and risks of this research regarding the bereavement rituals in traditional African families. I have also received, read and understood the above written information (Patient Information Leaflet and Informed Consent) regarding the research and the processes involved.

I am aware that the findings of the research, including personal details and comments will be anonymously processed into a research report.

I may, at any stage, without prejudice, withdraw my consent and participation in the research. I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the focus group session for this research.

Participant’s signature___________________ Date____________________

Researcher’s name _____________________ (Please print)

Researcher’s signature ___________________ Date ___________________

I M.S. Radzilani herewith confirm that the above participant has been informed fully about the nature, conduct and expectations regarding this research project.

Witness’s name* _________________________ (Please print)
*Consent procedure should be witnessed whenever possible.

Witness’s signature _____________________ Date ___________________
VERBAL PARTICIPANT INFORMED CONSENT
(applicable when patients cannot read or write)

I, the undersigned, M.S Radzilani, have read and have explained fully to the participant, named……………………… and/or his/her relative, the information leaflet, which has indicated the nature and purpose of the research in which I have asked the person to participate. The explanation I have given has mentioned both the possible risks and benefits of the focus group session. The participant indicated that he/she understand that he/she will be free to withdraw from the research at any time for any reason and without jeopardizing him/her in any, to which he/she agrees.

I hereby certify that the participant has to take part in this research project.

Participant’s name ___________________________ (Print please)
Research’s name ____________________________ (Print please)
Researcher’s signature________________________ Date _______________
Witness’s name______________________________ (Print please)
Witness’s signature______________________  Date________________