Information sheet

Evidence to catalyze food environment policy action toward healthy diets and prevention of the double burden of malnutrition in Kenya (FEP-ACTION)

Participant Information and Informed Consent Document for participating in FOPL survey

\Introduction

Hello. My name is (_____) from the African Population and Health Research Center. I am part of a research team working on a project that aims to understand consumer understanding of front-of-pack labels (FOPL) on packaged foods and how they influence consumer intention to purchase foods. Outputs and learnings from this study will inform the development of Kenya's front-of-pack labeling (FOPL) system for packaged foods and beverages.

Explanation of procedures

The African Population and Health Research Center (APHRC) is conducting a study to investigate consumer understanding of front-of-pack labels (FOPLs) and how they influence consumer purchase intentions. We aim to do this study by administering a questionnaire.
We are giving you this information because we would like to invite you to participate in our study, as you are a consumer of packaged food and beverages. As such, you are able to shed light on consumer understanding of FOPLs and how they help you in identifying foods and beverages high in nutrients of concern, unhealthy foods and how it can influence your purchase intentions. If you prefer not to participate in this study, you are free to choose not to do so with no negative impact. We want to ensure that you have all the information you need to make your decision. If you do not understand any of the ideas or words presented in this form, please ask us to explain the information to you. You can speak to anyone from our team whom you feel comfortable with about the project. This interview will take approximately 25 to 30 minutes.

Voluntary participation and confidentiality

Your participation in this discussion is voluntary, and if you choose not to participate, you will NOT be treated with prejudice. Please note that if at any point in time, you feel you do not want to continue participating, you can withdraw at any time without any consequences or penalty. If at any point you feel uncomfortable about any of the questions, you do not have to answer them. We encourage you only to share information that you are comfortable sharing without exchanging personal information you wish to keep private. You will not be asked to explain your reasons for withdrawing.
We will not identify you while sharing the information that you share with us. The

information that we collect from this project will be kept private. The data collected will be kept in a password-protected file in a computer used by the research team for not more than 2 years after which it will be discarded. Your information will not be shared with or given to anyone outside of our study team.

Benefits, harms and risks

You will not get any material gifts for participating in this study. However, your participation will have greater benefit to the country as it will inform the development of Kenya's front-of-pack labelling (FOPL) system. Additionally, you will receive a reimbursement for your time.

Questions and your rights as a participant

You have the right to ask and get answered, any questions you may have about this research. If you have any questions or concerns about this study you can ask me before or after the interview or you can contact the Principal Investigator, **Dr. Gershim Asiki** at APHRC on **+254 020 400 1000.** This study has been approved by a nationally recognized Ethics Review Committee in your country. If you have questions about your rights as a research participant, or concerns or complaints about the research, you may contact the Scientific Steering Committee Member on The Research Officer, AMREF Kenya, Office Tel: + 254 20 6994000. Do you still have any questions now?

If you still have any other questions feel free to ask me before, during or even after the interview.

Part II: Certificate of Consent

PARTICIPATING IN THIS STUDY	**YES (tick)**	**NO (tick)**
This research study has been explained to me, including the risks and benefits, and other important things about the study. I have been given the opportunity to ask questions about the project and I confirm that I understand it.		
I understand that all procedures for this study have been approved by the Ethics and Scientific Review Committee of my country.		
I understand that I will not benefit directly from the research done using the data provided.		
I agree to take part in the project as a volunteer. This will involve being interviewed. I understand that I may withdraw from the study at any time.		
USE OF THE INFORMATION PROVIDED		
I am in agreement that data collected from me may be stored in a data repository and used for the purpose described above.		

I am in agreement that the data generated may be made available as stated above.		
I am in agreement that the information l have supplied in the list of questions may be used as stated above.		
I agree that some or all the data l provided may be stored in a database and that these may be shared with other researchers according to the processes and procedures of this study by using my study code or another code that de-identifies my data (or preserves the confidentiality of the information l		
I understand that every time a new study is done using the data l provided, permission will be obtained from the ethics committee for the study to make sure that it is used only for the purposes stated above.		
Print name of Subject …….. Signature of Subject …….. DD/MM/YYYY …….. *If visually impaired, physically impaired, mentally impaired or illiterate* Print Name of subject …….. Thumb print DD/MM/YYYY ……..		
I have witnessed the accurate reading of the Consent Form to the potential study subject, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely. Print name of Subject…….. Signature of Witness …….. Date (dd/mm/yyyy……..		

Statement by the researcher/person taking consent I confirm that the study subject was given an opportunity to ask questions about the study, and all the questions asked by the study subject have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. A copy of this Informed Consent Form has been provided to the study subject. Print Name of researcher/person taking the consent…….. Signature of researcher/person taking the consent……. Date (dd/mm/yyyy)……		