

**DESCRIPTIVE STUDY OF HIV/AIDS-RELATED STIGMA EXPERIENCED BY
PEOPLE LIVING WITH HIV/AIDS (PLWHA) IN HEALTHCARE SETTINGS
OFFERING FAMILY PLANNING AND/OR HIV SERVICES IN KAPIRI-MPOSHI,
ZAMBIA**

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Assignment presented in partial fulfillment of the requirements for the
Degree of Master of Philosophy (HIV/AIDS Management) at the
University of Stellenbosch



Africa Centre for HIV/AIDS Management
Faculty of Economic and Management Sciences
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Appendix 2

Informed Consent

Protocol Title: DESCRIPTIVE STUDY OF HIV/AIDS-RELATED STIGMA EXPERIENCED BY PEOPLE LIVING WITH HIV/AIDS (PLWHA) IN HEALTHCARE SETTINGS OFFERING FAMILY PLANNING AND/OR HIV SERVICES IN KAPIRI-MPOSHI, ZAMBIA

Purpose of the research study: The purpose of this questionnaire is to gather information potentially related to stigma and discrimination that may be experienced by people living with HIV/AIDS (PLWHAs) while receiving HIV/AIDS and/or family planning services at Kapiri-Mposhi Government Hospital in Zambia.

Introduction of the interviewer: My name is **Dr George Sinyangwe** and I am a student at Stellenbosch University. I am here to collect some information about HIV/AIDS and/or family planning services and would like to ask you some questions about HIV/AIDS and/or family planning services you have received. The results of our discussion and data collection will be used to better understand the current situation in these services and to identify areas that might be strengthened. Thank you for your assistance in helping us better understand the services in this district.

Time required: 20 minutes

Voluntary participation: Your participation in this study is completely voluntary.

Right to withdraw from the study: You have the right to withdraw from the study at any time without consequence.

Confidentiality:

Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number. When the study is completed and the data have been analyzed, the data will be destroyed. Your name will not be used in any report.

Do you have any questions for me?

Yes No

Do you agree to participate in this interview?

Yes No

Agreement:

I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

Participant: _____ Date: _____

Principal Investigator: _____ Date: _____