ORAL CONSENT FORM: Statement of Research Purposes

Title of Project: Food Insecurity and Rural Livelihoods of Elderly-Headed Households with School-Age Grandchildren in rural Kenya

Principal Investigator: Naoko Mizuno, Department of Development Sociology, Cornell University
133 Warren Hall, Cornell University, Ithaca NY 14853-7801 USA

Explanation of Research Project:
I am conducting a research project as a student of Department of Development Sociology, Cornell University in Ithaca, NY. The name of research project is "Food Insecurity and Rural Livelihoods of Elderly-headed households with school age grandchildren in rural Kenya." The purpose of my study is to find out how fostering school-age orphans affects elderly men and women in rural communities as a result of losing his/her adult child. During my research, I will be talking to individual household member to learn about your family life stories, food security and livelihoods situation.

We have chosen to talk to you, since one of your household members are going to _____ (name of Primary School) and member of _____ (name of) Junior Farmer Field and Life Schools (or FAO club). You will receive no personal benefit from being part of the study. However, your participation will help us understand your household members' history, health, education, food security, and social support systems. We require about 90 minutes of your time.

We have a set of questions that we would like to ask you. These questions are about your life story and the individual household members. Some questions we are about to ask you might bring back memories that might be upsetting to you. While this may not occur, we would like you to be aware of this possibility. We would be very happy to refer you to an organization that could provide you with counseling services in Bondo town or Kisumu if you are interested. Please find the contact number of Mr. _____ (Translator for my future field research activities) who will assist you in reporting your concerns and problems caused by the participation in this research project.

We will be recording your answer to our questions on a tape recorder. Any information you may provide will be confidential. This means that while we may publish and share the information you provide for research purposes, your name and identity will be not be provided. You can stop being a part of the study at any time. Your participation in this study is voluntary. There is no compensation made for your participation in the study. If you wish not to be a part of this study, please inform us so.

Do you have any questions about the project [ACTION: No Rush. Wait for at least 10 seconds.] ?

If you want to talk to anyone about this research project, I am leaving you the contact information of the principal investigator for this study. [ACTION: A flyer stating the researcher's name, affiliation, address, telephone and fax numbers, and email address will be provided at this time.]

If you agree to be in this study, please let us know by saying YES.
[ACTION: ***Interviewer***] Please circle: YES or NO

In case NO (not wishing to participate in the study), could I ask you its reasons? : _____
[ACTION: ***Interviewer: Please END here.***]

[If YES] Thank you for your agreement in participating in this study. Next, we would like to obtain your agreement to be tape-record our questions and your responses.
If you agree to be **tape-recorded** your responses, please let us know by saying YES.
[ACTION: ***Interviewer***] Please circle: YES or NO
In case NO (not wishing to be tape-recorded), could I ask you its reasons? : _____

_____ _____
Participant's Name (Written by the Investigator) Signature of Investigator

_____ _____
Place Date and Time

Action required: Signed copies of this consent form must be retained on file by the Principal Investigator (PI) and given to the participant by the time the PI leaves the field village.