

ETHICAL CONSIDERATION

Ethical approval to conduct the study was obtained from the Muhimbili University of Health and Allied Sciences ethical review committee with the reference number (Ref.No.HD/MUH/T.543/2017). The Permission to conduct the study was requested from all appropriate authorities starting from Regional Administrative Secretary (RAS), and District Executive Director (DED) for Ubungo. Also, permission was requested from the District Medical Officer in charge, who recommended the permission to health care/hospital authorities where data was collected. Written consent was obtained from each caregiver who was found in the period of data collection from the proposed study area.

Voluntary participation was encouraged and the participants were assured of the confidentiality. Privacy and confidentiality were highly maintained by avoiding unauthorized persons from accessing study information. Anonymity was maintained by using the participant's ID. No name of the participants was recorded in the interview guides. The detail of the study was clearly explained to the study participants. The detail included the purpose of the study concerning the benefits associated. The results were saved in a password-protected computer to avoid access from unauthorized personnel. Participants were assured that there was no possibility of harm due to their participation in this study. Lastly, participants were assured that their participation would not affect the care they received at the hospital.

CONSENT FORM (ENGLISH VERSION)

Muhimbili University of Health and Allied Sciences Directorate of Research and Publications

Informed Consent Form

ID-NO

Consent to participate in an interview

Greetings!

My name is **Novest Matee**, I'm a Master of Public Health student at Muhimbili University of Health and Allied Sciences. Currently, I am doing my research on the study titled“ **Caregivers’ perceptions of factors influencing undernutrition among under five in Ubungo, Dar es**

Salaam, Tanzania”... This study will create awareness, understanding, and add knowledge on the primary **factors associated with undernutrition among under-fives children's year of age in Ubungo, Dar es Salaam**. The findings will be of clinical importance to health care professionals and all other stakeholders in the nutritional sector specifically on the future management of under-fives in the controlling of the factors influencing undernutrition in Tanzania.

Purpose of the study

The finding of this study will help to develop key strategies focused on reducing undernutrition and thus decrease vulnerability among under-fives children to undernutrition by improving the quality of life through delivering good hygiene and sanitation and proper environmental management for reducing the risk of contracting diarrhea which ultimately reduces undernutrition problem

What participation involves

If you agree to join the study, you will participate by responding to the asked questions. The interview will ask you about Socio-demographic, socio-economic and other factors influencing undernutrition among under-fives children in Ubungo, Dar es Salaam.

Confidentiality

All the information on the forms will be saved in a password-protected computer to avoid access from unauthorized personnel, the only identification number will be used; no names will appear on the questionnaire.

Risk/discomfort

Some of the questions may be sensitive and personal so at some point, you may feel uncomfortable at the same time it will take your time. There will be no risk associated with this study, as there will be no invasive procedure associated with this study. However, if there is a risk associated with this study, it will be prevented.

Right to withdraw and alternatives

Participating in this study is completely your choice. You are free to choose either to participate in this study or not. You can decide to stop participating in this study any time you wish even if you have already given your consent. Refusal to participate or withdraw from the study will not involve penalty or loss of any benefits to which you are otherwise entitled.

Cost/ compensation

This exercise is voluntary; therefore, there will be no payment to participants.

Whom to Contact

If you ever have questions about this study, your rights as a participant, you should contact the principal investigator **Novest Matee**, Mobile 0784-824949 and **Dr Ezekiel Mangi**

The major supervisor of this study, phone number 0713-788811 of Muhimbili University of Health and Allied Sciences, P.O, Box 65004, Dar es Salaam. Other supervisors are Dr. Temesgen Anjulo Ageru with Phone number +251949154387, and Dr Francis Walugembe 0959907172.

If you have any questions about your rights as a participant you may call **Dr. Bruno Sunguya of the University Research and Publications Committee, P.O. Box 65001, Dar es Salaam.**

Telephone number: 21503026. He will be glad to answer you

Do you agree?

Participant agrees _____ Participants does not agree _____

I, _____ have read the content in this form. My questions have been answered. I agree to participate in this study.

Signature of participant _____

Signature of researcher _____

Date of signed consent _____