

ANNEXURE B: CONSENT FROM THE RESPONDENTS

INFORMED CONSENT BY RESEARCH PARTICIPANT

I confirm that I was fully informed of the research project. I am aware that my privacy will be safe guarded and that all the information I share with the researcher will be confidential. I am also aware that I can withdraw from participation any time and that this will not influence the health care given to me. I have been informed that I will not suffer any injury or harm during the research process . The information that I will give the researcher should not be used against me in future.

Name:-.....

Signature:-.....

Date:-.....

Place:-.....