*Ishmael Jeko, Ezron Mangwaya & Sylvan Blignaut*

# Obtaining informed consent in non-Western contexts: reflections on fieldwork experiences in Zimbabwe

First submission: 24 August 2011
Acceptance: 6 June 2012

Current ethics frameworks for regulating social science research seem to be based mainly on Western sociocultural traditions, arguably making it difficult for researchers in non-Western contexts to use them as ethics guides. Yet, these frameworks tend often to be used, un-adapted, as default ethics compasses to guide the conduct of research in non-Western contexts. In this article, the authors reflect on their experiences in obtaining informed consent for an educational research study in Zimbabwe using a Western-based ethics protocol. The experiences are reflectively interpreted in the context of literature with a view to suggesting some sensitive issues that need to be taken into account when seeking informed consent of research participants in non-Western contexts, particularly in Africa.

## Die verkryging van ingeligte toestemming in nie-Westerse kontekste: nadenke oor veldwerkervaringe in Zimbabwe

Huidige etiekraamwerke vir die regulering van sosiale wetenskapnavorsing blyk hoofsaaklik op Westerse sosiokulturele tradisies gebaseer te wees en maak dit moeilik om deur navorsers in nie-Westerse kontekste as etiese gidse gebruik te word. Tog word hierdie raamwerke, sonder om aangepas te word, as etiese kompasse gebruik vir navorsing in nie-Westerse kontekste. In hierdie artikel fokus die skrywers op hul ervaringe met die verkryging van ingeligte toestemming vir 'n opvoedkundige navorsingstudie in Zimbabwe deur 'n Westers-gebaseerde protokol te gebruik. Die ervaringe is vertolk in die konteks van literatuur met die oog op voorstelle oor sensitiewe kwessies wat in ag geneem moet word wanneer daar ingeligte toestemming verlang word van navorsingsdeelnemers in nie-Westerse kontekste, veral in Afrika.

*Mr I Jeko, Mr E Mangwaya, Dept of Educational Foundations, Management and Curriculum Studies, Midlands State University, Private Bag 9055, Gweru, Zimbabwe & Prof S E Blignaut, School for Education Research and Engagement, Nelson Mandela Metropolitan University, P O Box 77000, Port Elizabeth 6031; E-mail: jeko@msu.ac.zw, mangwayae@msu.ac.zw & sylvan.blignaut@nmmu.ac.za.*

*Acta Academica*
*2012 44(4): 184-201*
*ISSN 0587-2405*

*<http://www.ufs.ac.za/ActaAcademica>*

SUN MEDIA BLOEMFONTEIN

In recent years ethical concerns have been recognised as issues in social science research, in particular in qualitative research (Fisher & Anushko 2008, Hopf 2004). Qualitative researchers often find themselves working in contexts where they wield disproportionately greater power than their participants, making them more prone to abusing the power than the quantitative researchers who do not work in close social proximity to participants (O'Leary 2004). One can thus conclude that qualitative researchers have a greater need for a closer and tighter ethics monitoring framework than their quantitative counterparts.

As part of efforts to regulate the conduct of research with human subjects, several internationally recognised frameworks of ethics principles have been formulated over the years. The best known frameworks to date include the *Nuremberg Code* (1948), the *Declaration of Helsinki* (1964) and more recently the *Belmont Report* (1979). However, it appears that the first two ethics frameworks exclusively focus on the conduct of biomedical research. The search for an ethics framework to regulate the conduct of social and behavioural science is a relatively recent development which only gathered momentum in the 1970s. The *Belmont Report* seems to be arguably the best known ethics frameworks to date for regulating social and behavioural sciences.

The following three principles receive consistent and continuing emphasis in most codes of ethics, namely respect for persons, justice and beneficence. These principles have a long history, dating back to the work of Ross, an American philosopher (Pring 2002). These principles are now regarded as universally valid, putatively representing a set of moral values to which all researchers who espouse them ought to adhere in their conduct of research irrespective of spatio-temporal location.

By their nature principles delineate relatively general ethical parameters within which social research ought to be conducted. As McNamee (2002) and Pring (2002) suggest, principles are rules that have no exceptions, suggesting that they represent a universal, context-free and overarching consensus. However, this does not preclude differential interpretation of these principles by researchers operating in different sociocultural situations. This view therefore suggests that principles cannot readily provide an absolute basis for practical ethical decision-making on a daily basis for the researcher in the field

in all contexts. This may be the reason why various professional and academic organisations have found it necessary to extract specific guidelines and rules from the principles in order to guide ethical decision-making in different practical situations. In this respect, Pring (2002) argues that principles, unlike rules, are more tightly defined and less amenable to interpretation. However, rules are concrete derivatives of principles. Such rules and guidelines include those relating to informed consent, confidentiality and anonymity, selection of subject, and so on. Such rules can be obeyed in different ways depending on the sociocultural context of the person who is formulating them (Graffigna *et al* 2010).

Similarly, several scholars note that the current internationally sanctioned ethical guidelines seem to be based on assumptions founded on Western sociocultural traditions (Wall & Overton 2006). It is thus perhaps natural for such organisations to interpret the ethics principles from their own sociocultural perspective. In support of this line of reasoning, Pring (2002), among other scholars, suggests that factors peculiarly operating in different sociocultural and political environments influence the interpretation of ethical principles.

While several scholars have engaged the question of the suitability of such Western-based guidelines for non-Western contexts, hardly any attention has been paid to ethics guidelines anchored in non-Western traditions. However, some attempts have been made to adjust these ethics guidelines and rules to make them suitable for the conduct of research in non-Western contexts. Such efforts are consistent with Hammersley's (2009) observations that what is ethically acceptable is contingent upon context. It follows that these Western-based guidelines are likely to be difficult to apply (as is) and translate to non-Western sociocultural settings such as Africa and other developing countries (Marshall 2007). As such these guidelines may be of limited practical utility to those conducting research in non-Western settings.

A factor that aggravates the fate of developing countries in this respect is the absence of nationally sanctioned and clearly defined guidelines for ethical review of research projects prior to implementation (Hyder *et al* 2004). As a result, developing countries must have recourse to Western-based ethical rules and guidelines.

In the face of the unavailability of non-Western ethics guidelines, it may be helpful to adjust the Western ethics guidelines to make them at least compatible with the sociocultural values and norms in non-Western settings. Marshall (2007) similarly highlights the fact that researchers in non-Western settings also need guidelines when they make ethical decisions in the field. Such adjustments need to take into account ethical sensitive issues and concerns in non-Western contexts.

In light of the above, this article reflects on the authors' fieldwork experiences in trying to obtain informed consent on the basis of a Western research ethics protocol for an educational qualitative study in Zimbabwe. The authors locate these experiences in the context of literature with a view to drawing out their significance in order to understand how the Western model of informed consent interfaces with non-Western contexts. A full understanding of the significance of these fieldwork experiences potentially informs us about the sensitive issues that need to be taken into account when seeking informed consent of research participants in non-Western settings.

## 1. Concept of ethics and research ethics

Bless *et al* (2006) trace the origin of the term ethics to the Greek word *ethos*, meaning character or disposition. Similarly, Wellington (2000: 92) maintains that ethics is mainly concerned with efforts to control human conduct when he describes ethics as "... moral principles, guiding conduct, which are held by a group or even a profession". This view is shared by Litchman (2010: 153) who observes that ethics "... represents a set of moral principles, rules or standards governing a person or a profession".

It is thus obvious that ethics mainly refers to standards which define the limits of acceptable and unacceptable behaviour in a social group. Ethics is thus closely connected if not synonymous with the concept of morality, a view also shared by Pring (2000) and Mukherji & Albon (2010). These standards serve as premises from which a person in a practical situation can logically deduce morally appropriate decisions (Small 2002).

The above seems to suggest a top-down approach whereby ethics is an *a priori* and predefined moral framework which essentially operates regardless of those whom it regulates, a view which Hammersley

(2009: 215) refers to as principalism. In a similar vein, Hammersley notes that some scholars contend for particularism which holds that ethics is not defined beforehand but emerges from the crucible of social experience. This seems to be essentially a chicken-and-egg issue, clearly irresolvable within the scope of this article. However, this article adopts a compromise and average stance between the two contending perspectives by viewing ethics as being in place before experience while simultaneously admitting that ethics is amenable to modification on the basis of insights from experience.

From a principalist perspective, moral principles are regarded as capturing universally espoused values for organising and governing human relationships (Hammersley 2009). At a deeper philosophical level, this view is arguably anchored in the Kantian argument which views human nature as having some inviolable transcendental and essential nature (Israel & Hay 2006: 14-5). In the context of this argument, it follows that human beings are of equal worth regardless of their social, geographic and temporal location.

The above view logically entails that standards governing human relationships must of necessity be similar and of transhistorical and geographical validity. On the basis of this premise, moral principles are conceptualised in deontological and universalistic terms. Hence, they are regarded as having imperative and non-negotiable force since they are taken to represent ideal standards of human behaviour. Thus, from a deontological point of view, a person is viewed as having the duty to do what is best irrespective of the contextual circumstances (Israel & Hay 2006: 14-5).

However, these moral ideals need not be satisfied in the same way. As noted earlier, ethical principles can be satisfied in different ways, depending on the sociocultural context and circumstances (Graffigna *et al* 2010). This implies that, while moral principles are universal, they are not at all absolute, allowing for justifiable exceptions (Tangwa 2004). Moral principles are necessarily broadly conceptualised and formulated, admitting of being adjusted and differentially interpreted in different contexts to suit the different circumstances. Such adjustments are what constitute moral or ethical rules, tailored to suit different contexts.

In a research context, the term ethics implies a code of conduct that helps researchers maintain their moral compass as they work (Pring 2000). O'Hanlon (2003) similarly maintains that research ethics constitutes the moral dimension of research regulating the conditions under which data are gathered and released. Research ethics thus primarily concerns the researcher's moral responsibility to behave honourably towards the participants with whom s/he is interacting (Marvasti 2004). The thrust of research ethics is to protect the interests of those who have volunteered to participate in the research study (Flick 2006: 46).

Research ethics is mainly a code of ethics which Pring (2002: 118) defines as "... principles and rules which guide research from an ethical point of view". Thus a code of ethics specifies moral standards at two levels, namely the level of principles and that of guidelines or rules. As pointed out earlier, ethical principles tend to be conceptualised and couched in general and broad terms, making it difficult for them to be readily translated into specific rules of engagement in practical situations. They do transcend national boundaries and are not confined to academic or professional groups. This is the reason why principles are regarded as universal, providing an overarching moral compass whose validity transcends spatial and historical boundaries. This implies the possibility of realising the same ethical principle in different ways in different places or at different times. Examples of research ethics principles include respect for persons, justice, beneficence, and so on.

On the other hand, ethical rules or guidelines are more specific and contextually based than principles. However, the former are derived from the latter. Such guidelines are usually held or subscribed to by a group of researchers (Schneider 2006) to govern the conduct of its members. A code of ethics does not have the force of law; hence it is seldom based on enforcement mechanisms (Small 2002). Rather, a code of ethics primarily appeals to the professional and/or academic conscience of the researcher to behave responsibly and accountably as s/he interacts with research participants (Musschenga 2005).

## 2. Major ethics guidelines in social research

As noted earlier, the principles of respect for person, justice and beneficence or non-maleficence inform specific ethics guidelines and rules intended to provide a more readily applicable moral compass for researchers in practical situations. Such guidelines include informed consent, assessing and balancing risks and benefits, maintaining confidentiality, and ensuring anonymity. However, each rule or guideline can take a different form as it is shaped by the sociocultural context in which it is to be applied (Wall & Overton 2006). This suggests that for the guidelines to be useful, they should be tailored to suit the specific contexts in which they are to be applied.

However, while it appears that the rules and guidelines for Western societies have been fully worked out, this is not so for non-Western contexts. As a result, research ethics protocols prepared with Western contexts in mind are often applied without adjustments in non-Western contexts. This, as Wall & Overton (2006: 64) note, may create the problem of a potential clash between the Western-based ethics protocols and the sociocultural traditions of the non-Western contexts in which they are applied.

## 3. Informed consent

Informed consent was first formally promulgated in the Nuremberg Code (1948) in response to the abuses of human subjects by Nazi-aligned biomedical researchers in the concentration camps (*cf* Homan 2002, McNamee 2002, Ijsselmuiden & Faden 1992). In Marshall's (2007: 23) formulation, informed consent is an "... interactive process in which individuals or their surrogates voluntarily agree to participate in a research study after the purpose, risks, benefits and alternatives have been thoroughly described and understood". Similarly, Marvasti (2004: 139) points out that informed consent refers to "... written or verbal statements that provide the research participants with a general description of the research project along with its potential harms and benefits". The above views suggest that informed consent essentially involves supplying prospective participants with information that is meant to give them a basis for making informed participation decisions.

As several scholars note, informed consent is a central and standard procedure used to ensure that the conduct of a research study is consistent with the principle of respect for persons.[1] By providing participants with adequate information on the nature of the study, informed consent enables them to make independent and informed decisions regarding participation, thereby upholding the autonomy of research subjects. Similarly, Woodsong & Karim (2005: 413) assert that informed consent provides tangible evidence that the researcher has done due diligence in relation to ensuring respect for individuals.

As Homan (2002: 23) notes, informed consent relates to the requirement that participants in research should not be studied without their prior agreement. Informed consent is like a contract specifying the researcher's ethical responsibility to the participants (Marvasti 2004: 139). Participants are meant to make this agreement on the basis of sufficient and fully understood information about the purpose and nature of the research project (*cf* Flick 2006, Abbot & Sapford 2006, Marvasti 2004). By consenting to participation, it is assumed that the subjects are satisfied with the safeguards put in place by the researcher against any possible abuse.

Informed consent practically involves three aspects, namely provision of information, comprehension of information, and voluntary participation (Marshall 2007, Belmont Report 1979: 4). The first concerns the need to provide subjects with accurate information on all pertinent aspects of what is to and might occur. According to Marshall (2007), such information mainly relates to study goals, procedures, risks and benefits. In specific terms, the information provided encompasses the following aspects: extent of time commitment; type of activities; purpose of such procedures; anticipated benefits; a statement offering the participants the opportunity to ask questions and to withdraw at any time from the research; topics that will be covered; all physical and emotional risks involved; extent and limits of confidentiality; incentive for participation; who to contact with questions regarding the research and their research rights, and an opportunity to ask questions. This information can be provided in either verbal or written form (Marvasti 2004: 139).

1 *Cf* Fisher & Anushko 2008, Marshall 2007, Homan 2002, Gilbert 2001.

The second aspect addressed in informed consent protocols relates to the conditions under which information is supplied, the intellectual capacity as well as the psychological maturity of the respondents to comprehend the information provided (O'Leary 2004). This aspect takes due regard of the fact that merely supplying the right information is not sufficient for the purposes of informed consent. The researcher is also required to convey the information in a way that "... does not adversely affect a subject's ability to make an informed choice and to understand" (Belmont Report 1979: 4). In this respect, the researcher is required to pitch the information at the level at which the respondents can comprehend it fully. In addition, the situations in which the information is provided must be free from coercion and undue influence.

If all such conditions are met, there would be sufficient grounds for deeming the participation decisions made by the subject to be voluntary. As briefly indicated earlier, voluntariness concerns the requirement that situations in which the informed consent protocol is administered be free from coercion and undue influence. As defined in the Belmont Report (1979: 4), coercion occurs where one person overtly threatens another with harm in order to make him/her comply. However, the threats do not have to be overt; they can be subtle and implied. Closely related to coercion is undue influence, which as the Belmont Report (1979: 4) notes, occurs where there is "... an offer of excessive, unwarranted, inappropriate or improper reward or overture in order to obtain compliance". Both coercion and undue influence imply manipulation of subjects to make them agree to participate in a research study. This undermines the autonomy and integrity of research subjects, thereby violating the principle of respect for persons.

## 4. Reflections on researchers' field experiences in obtaining informed consent

In this section the authors reflect on their experiences in trying to obtain informed consent for a qualitative study in Zimbabwe using a Western-based informed consent protocol. The ethics protocol mainly required the researchers to obtain first-person informed consent from the participants; hence the informed consent exercise mainly involved completing a form individually. During the exercise, the researchers

discovered that, despite their relatively higher level of education, the participants (qualified school teachers) tended to consult with friends, colleagues and relatives prior to giving their consent.

Despite the researchers' efforts to make the informed consent process an individual undertaking, the participants tended to make the process a collective exercise. For all their education, the participants were consistently clustering together in groups, exchanging views about the request for consent. Consistent with our experiences, Woodsong & Karim (2005: 417) point out that in some countries decision-making may be collective.

However, the above experience left the researchers wondering whether they had truly obtained informed consent as required by the informed consent protocol. Confirming the well-founded nature of the foregoing doubts, Lindegger & Richter (2000) similarly suggest that approval from family members should not be taken as a valid substitute for that of the individual, because when they make decisions as a group, it is difficult to account for their individual input. Under such circumstances the exercise of autonomy in making participation decisions may be abrogated. The tendency of the participants to make collective decisions may be ascribed to African sociocultural traditions that are fundamentally at odds with the notion of individual autonomy and liberty, ideals mainly cherished in Western sociocultural traditions (Agulanna 2010).

The researchers' experiences described above seem to suggest that decisional authority on important matters tends to lie outside the individual. The locus of decisional authority in such contexts is spread across various centres of power in social formations which are bigger than the individual.[2] As Marshall (2007: 23) observes, Africans seem to have an enlarged conception of personhood, suggesting that the individual is an extension of the family and tribe, a point of view also echoed by Lindegger & Richter (2000) when they assert that in Africa a person is conceptualised in terms of relationships rather than as a separate and unique individual. Such an outlook is a deep-seated defining feature of the African worldview and *ubuntu*, as aptly captured in the statement "I am because we are". This implies that

2 *Cf* Marshall 2007, Kaphagawani 2004, Tangwa 2003, Gbadegesin 1998, p'Bitek 1998.

African societies are mainly a community-oriented culture based on values of togetherness, community feeling and solidarity (Agulanna 2010). In light of the above line of argument, it is not surprising that Africans tend to locate decisional authority within the family, tribe, or social group and not an individual.

Yet, the Western-based informed consent protocol used emphasised the importance of freedom of choice and personal decision-making. Thus, inasmuch as informed consent protocol valorises the individual autonomy and rights, it is likely to be difficult to implement in African society. In this respect, Hyder *et al* (2004) indicate a potential clash between Western ethical guidelines and non-Western cultural norms. Expressing the same point, Lindegger & Richter (2000) contend that individual informed consent is invalid when it is obtained in communities where people are defined in terms of membership of communities since doing so is prejudicial to the norms of the community.

In another incident, the participants were visibly surprised when the researchers asked them to complete and put their signatures on an informed consent form. They did not seem to appreciate the necessity of putting things in black and white when they had already verbally consented to taking part in the research study. It took a great deal of explaining and placating by the researchers to convince the prospective participants to put down their signatures on the consent forms.

In the same context, a few participants seemed to be sceptical about the researchers' motives of insisting on a written contract. There were even insinuations that the researchers may be seeking an evidential basis for punitively pinning them down later. To them, it seemed as if there was something covertly sinister behind our request for their signatures. This fear seemed not far-fetched in Zimbabwe, owing to the recently documented political culture of official persecution of teachers for their purported loyalty to the political opposition.

From a Western perspective this refusal to sign a written contract could easily be rather simplistically interpreted as credulity or gullibility on the part of the participants. Yet, on closer inspection, it may be indicative of the fundamental sociocultural differences between Western and African societies, with the latter being based on a culture of oral communication and the former being a literate society. To the participants the verbal pre-signing briefing the researchers had

given them was sufficient to secure their consent and this is consistent with the oral orientation of the African society and with Marshall (2007) experiences in a study in Kenya where participants could not understand why they were being asked to sign consent forms when they had already consented to being interviewed.

Despite the participants' reluctance to sign the informed consent forms, the researchers insisted on a written contract with the participants as evidence to the sponsors that due process of obtaining informed consent had been undertaken. However, this insistence in itself may be viewed as amounting to insensitivity to the oral communication that is part of the cultural nature of Africans, arguably bordering on ethnocentric prejudice on the part of researchers. This is consistent with Bayer (1994) who regards cultural sensitivity as an integral part of being ethical.

The researchers also observed that the participants rather too readily offered their consent to take part in the study without duly scrutinising the informed consent form. Although the researchers gave the participants three days to make participation decisions, some of them surprisingly returned the completed and signed form within an hour of receiving it. This left the researchers wondering whether the consent given was adequately informed and well-considered.

The above scenario can be better understood and appreciated if one relates it to the deeper issues regarding African culture and worldview. As illustrated in Marshall's (2007) study into the process of seeking informed consent in Kenya, African culture encourages unquestioning and unconditional cooperation with visitors and those in positions of social authority, in order to avoid disappointment. As pointed out earlier, strictly speaking there are no visitors or strangers in the African society since everybody fits into the closely connected broader human family. Lindegger & Richter (2000) explain the above scenario in terms of the concept of social desirability, which they define as a phenomenon whereby participants in the context of obtaining informed consent behave insincerely in certain ways in order to please researchers. This tendency on the part of participants is considered to be widespread in African countries, a view which perhaps explains Africans' tendency to readily defer to the wishes and requests of strangers or visitors (Lindegger & Richter 2000). This may explain

partly why the participants in the study, for which informed consent was being sought, offered their consent to participate unquestioningly and with alacrity that could be surprising to Westerners.

In addition, the unguarded readiness with which the subjects agreed to participate in the study may also be explained in the context of the circumstances of socio-economic deprivation prevailing in Zimbabwe at the time when the research study was conducted. Teachers received salaries which, by general account, placed them well below the poverty line, putting them into circumstances of unprecedented privation. At the outset, the researchers told the participants that during the focus groups basic refreshments such as fruit juice and biscuits would be supplied, merely as a modest token of appreciation. With all due respect, and surprisingly, after this intimation, the teachers appeared to be markedly more interested in participating in the study. This left the researchers wondering whether the prospective participants became more interested in participating due to the promise of refreshments.

While under normal socio-economic circumstances such paltry things as refreshments cannot be expected to influence decisions regarding participation, in resource-poor circumstances such a relatively insignificant token of appreciation as refreshments can have the effect of an undue inducement, undermining the voluntariness of the informed consent process (Marshal 2007). As our experiences during the exercise of obtaining consent illustrate, whether an incentive is coercive or otherwise is relative to the level of socio-economic development of the context in which the study is conducted. In the above context, a modest and non-coercive incentive from the researchers' point of view seemed to have a coercive effect on the participants, compromising the voluntariness of the informed consent. This seemed to create tension between fair treatment or compensation and outright coercion (Fisher & Anushko 2008). According to Fisher & Anushko (2008: 104-5), a coercive incentive makes those who would otherwise not choose to participate, do so.

In addition, the participants continually requested the researchers' assistance in both deciphering and completing the form. The subjects tended to ask questions at the level of basic comprehension, indicating that they could hardly decipher discourse written in English. This was so frequent that the researchers had to guide them every step of the way,

section-by-section, through the consent form. This surprised us since all the participants were teachers with at least four years' secondary education and a diploma in education. In addition, English had been the language of instruction throughout their education.

Their difficulty in understanding content presented in English suggests that they were operating at a level of literacy far below what would under normal circumstances be expected of people with their level of education. We thus doubted their intellectual capacity and maturity for giving informed consent. Yet, "spoon-feeding" them potentially undermined the voluntariness and independence of the informed consent process. Marshall (2007: 23) also points out that the difference in language between that of the participants and that used on the informed consent form often poses a barrier to comprehension of information about the study.

A related incident in the same study concerns issues regarding the translation of the concept of risk into Shona and the different interpretations of this concept by Westerners and Africans. In the course of trying to explain this concept, the researchers translated it from English to Shona, the first language of the participants. However, it appears that the concept of risk does not have a linguistic equivalent in Shona. The nearest translation of the concept of risk into Shona is the word "Ngozi", which literally means danger. The problem is that this word is more semantically and culturally loaded than its English near equivalent. As a result, when we explained the concept of risk and the risks which participants faced by choosing to take part in the study, several of them visibly displayed fear and shock at the suggestion of them participating in such a research study. This case scenario illustrates the potentially damaging nature of language and cultural barriers on the quality of informed consent (Fisher & Anushko 2008).

In hindsight, we realised that we had unwittingly 'overt-told' the prospective participants about the risks which the research study posed to them, well above their tolerance levels. The word "risk" translated into Shona carries far more fearsome semantic content and cultural meaning than we had anticipated. Marshall (2007: 23) observes that some research concepts cannot be easily translated since

they do not have linguistic equivalents. The process of translation may thus misrepresent and distort meaning.

## 5. Conclusion

The insights from reflections on our experiences obtaining consent in non-Western settings suggest the following. First, that it may be difficult to obtain first-person informed consent in some non-Western contexts owing to the residual communalistic orientation of the participants in these settings. Researchers in such settings should be more culturally sensitive by seeking to reconcile the ethos of particular communities and the informed consent protocol. Secondly, that some difficulties faced when obtaining informed consent stem from communication problems associated with the use of a language that is different from the mother tongue of the participants. Despite their relatively higher levels of education, the participants found it difficult to comprehend the information in the informed consent form. This may have compromised the quality of the informed consent obtained. Relatedly, the researchers' attempt to skirt the problem of language by translating some central concepts backfired. Some English concepts had no linguistic equivalents in Shona (mother tongue of the participants), with the researchers having to manage with near equivalents. This often resulted in distortion and misrepresentation of meaning, often with damaging consequences for the quality of informed consent, as our experiences show. Lastly, the article also demonstrated that in resource-poor settings it is often difficult to use incentives without undermining the voluntariness of the informed consent. In research contexts where there is socio-economic deprivation, even a modest token of appreciation or incentives promised to subjects at the outset can unduly influence participation decisions.

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